

2018

HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

7M

NOV 2017

SOUTH SUDAN



INTERNALLY
DISPLACED PEOPLE

1.9M

PEOPLE LIVING
IN PROTECTION OF
CIVILIANS SITES

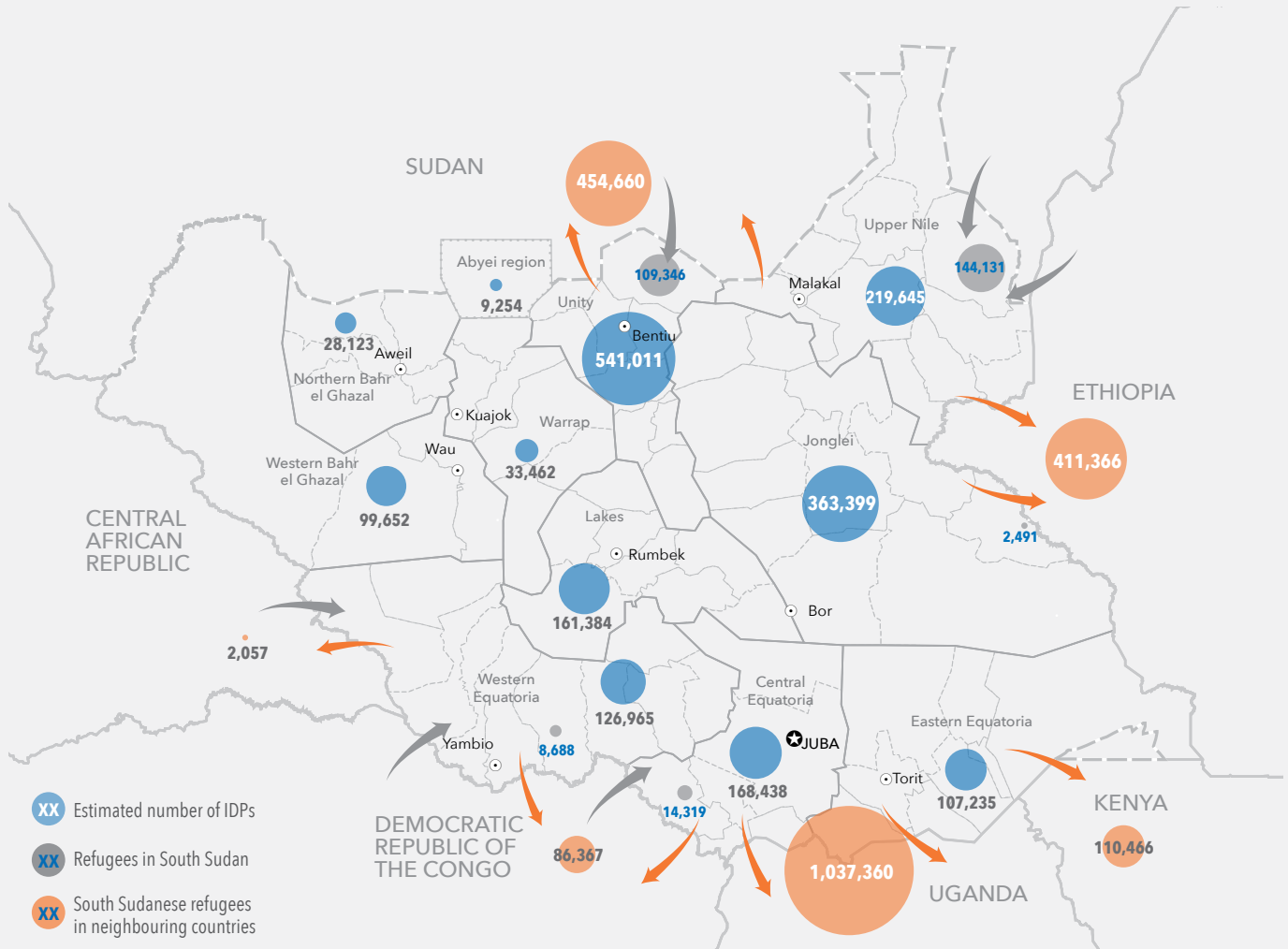
210K

REFUGEES FROM SOUTH
SUDAN IN NEIGHBOURING
COUNTRIES

2.1M

REFUGEES IN
SOUTH SUDAN

279K



Source: OCHA and partners, November 2017

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

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

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

Cover photo: UNICEF/Albert González Farran. Juba, October 2017.

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HUMANITARIAN

NEEDS & KEY FIGURES

As the conflict in South Sudan enters its fifth year in 2018, the humanitarian crisis has continued to intensify and expand, on a costly trajectory for the country's people and their outlook on the future. The compounding effects of widespread violence and sustained economic decline have further diminished the capacity of people to face threats to their health, safety and livelihoods. People in need of assistance and protection number 7 million, even as more than 2 million have fled to neighbouring countries.

HUMANITARIAN NEEDS



Ongoing fighting and surges of violence in new areas have forced people to flee their homes, many of them multiple times. The number of people uprooted since the start of the conflict in 2013 has reached more than 4 million, including 1.9 million internally displaced people, with up to 85 per cent estimated to be children¹ and women.² More than 2 million people have departed to neighbouring countries—up 1.3 million since the renewed violence in July 2016. One million people, largely from the Equatorias, have fled southward to Uganda alone.



Violence and rights violations continue unchecked and have become a persistent reality for civilians. Internally displaced people's access to services has eroded with insecurity and economic decline. Rape and other types of gender-based violence are pervasive but go largely unreported—the 1,324 cases reported in the first half of 2017 represent just a fraction of the aggressions faced mostly by women and girls, in a situation where undertaking daily survival tasks, such as collecting firewood and water, places them under threat.



Continued economic decline has undermined people's access to basic resources. The cost of living has continued to escalate markedly. The effects are particularly acute in urban areas, with inflation reaching 183 per cent in Juba year on year.³ The South Sudanese pound (SSP) continued to depreciate to lower-than-ever values of more than 130 SSP to 1 US dollar in October 2017. Fuel shortages have constrained activity and led to theft and insecurity, while long gaps and inconsistency in salary payments to public sector employees have impacted the provision of health-care and education services, and the rule of law.



Hunger and malnutrition have escalated on an unrelenting course, with nearly 1.1 million children under age 5 estimated to be acutely malnourished and in need of life-saving services. Although localized famine was stopped in 2017, severe food insecurity continued to increase for the fifth consecutive year and a record-high 6 million people were severely food insecure in September. Post-harvest gains in October-December are expected to reduce the number to 4.8 million, though pockets of populations are in humanitarian catastrophe status in Eastern Equatoria, Jonglei and Western Bahr el Ghazal. Severe food insecurity is expected to rise again to 5.1 million people in early 2018 and deteriorate further in the lean season, with the worst-case scenario of a return to famine in multiple locations across the country.



Conflict and economic crisis have taken a toll on health. Disease outbreaks have lasted longer than ever and reached previously unaffected areas, weakening already vulnerable people's ability to cope with multiple shocks. In 2017, South Sudan has seen the longest-running cholera outbreak in its history, which began in June 2016 and is expected to continue into 2018. Destruction of health-care facilities, attacks on health workers, and shortages of drugs and skilled professionals mean access to health care is increasingly sparse. Preventable diseases like measles spread unchecked, and cases of kala-azar and meningitis are on the rise. With only 22 per cent of health facilities fully operational, the absence of services means that cases of emergency obstetric care, tuberculosis, HIV/AIDS and mental health issues go largely untreated, causing increased mortality and morbidity.











Children continue to suffer the brunt of conflict and economic pressures. The situation for children has deteriorated over 2017, with continued incidents of recruitment, abuse, exploitation and other grave violations having directly affected about 100,000 children since the beginning of the conflict. More than 19,000 children are estimated to have been recruited by armed actors, up from 17,000 in 2016. A total of 16,055 unaccompanied, separated or missing children have been registered in South Sudan since December 2013. Destruction of schools and the departure of teachers from many affected areas severely impact access to education, with 2 million children out of school—more than ever.

NUMBER OF PEOPLE WHO NEED HUMANITARIAN ASSISTANCE⁴

7_M



NUMBER OF PEOPLE IN NEED BY SECTOR (IN MILLIONS)

| SECTOR | IDPS | HOST COMMUNITIES | OTHERWISE AFFECTED | REFUGEES | SECTOR TOTAL |
|--|------|------------------|--------------------|----------|--------------|
|  CAMP COORDINATION AND CAMP MANAGEMENT | 0.60 | 0.20 | - | 0.30 | 1.10 |
|  EDUCATION | 1.29 | 0.39 | - | 0.16 | 1.84 |
|  EMERGENCY SHELTER AND NON-FOOD ITEMS | 1.53 | 0.08 | 0.06 | 0.30 | 1.98 |
|  FOOD SECURITY AND LIVELIHOODS | 1.88 | 3.30 | 0.21 | 0.30 | 5.69 |
|  HEALTH | 1.88 | 2.92 | - | 0.30 | 5.10 |
|  NUTRITION | - | - | 1.76 | 0.30 | 2.06 |
|  PROTECTION | 1.88 | 1.43 | 2.83 | 0.30 | 6.44 |
|  WATER, SANITATION AND HYGIENE | 1.88 | 3.45 | - | 0.30 | 5.63 |

IMPACTS OF

MULTIPLE CRISES

More than 7 million people are in need of humanitarian assistance and protection in South Sudan, as the cumulative effects of four years of conflict and multiple, inter-related crises grow ever more debilitating. The spread of the crisis to new areas has further compromised critical services to people in need, resulting in shocks such as disease outbreaks and the collapse of markets.

In 2017, the conflict continued largely unabated, with pervasive clashes across the regions and hotspots of violence and insecurity arising in new locations. Major offensives in Jonglei and Upper Nile have added to the continued mass displacement and re-displacement of civilians, who have frequently been caught in the crossfire and continue to be deliberately targeted in violent attacks. Fighting has also been intense in the Greater Equatoria region, causing record numbers of South Sudanese people to flee to Uganda, where the number of refugees surpassed 1 million in 2017. Some 58 per cent of them are children and 56 per cent female. Tensions are growing around areas where internally displaced people (IDPs) are sheltering in the Equatorias as fighting persists, including Kajo-keji county. The border towns of Kajo-keji and Kaya have all but emptied since the beginning of 2017.

Continued fighting in Upper Nile, including on the western bank of the River Nile, Renk, Mathiang, Longochuk and Pagak, has caused tens of thousands of people to flee their homes, with some moving to Sudan and Ethiopia. Inter-communal fighting, including cattle raids, has caused peaks in tensions, displacement and deaths in areas of Jonglei, Lakes and Western Equatoria.

New waves of displacement add to the already massive numbers of South Sudanese who have fled their homes, as families are repeatedly uprooted and remain on the move. Protection concerns related to conflict and violence continue to be the primary drivers of displacement. Yet, destitution and hunger are increasingly being cited as reasons for leaving. In a time of severe economic deterioration, the factors of high inflation, limited access to basic resources such as fuel, and deepening impacts of the conflict on agricultural production, have meant that people remain on the move, continuing to leave behind farms, livelihoods and more secure access to food. People’s vulnerability to disease and malnutrition has compounded due to multiple displacements.

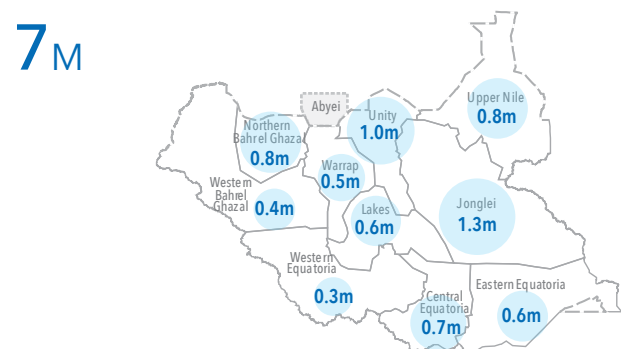
The displacement trend has intensified in 2017, with numbers fleeing across the borders from the Equatorias reaching 350,000 from January to September alone. At the

same time, there is a sustained trend of people retreating into more remote areas not easily accessible with assistance and basic services. This is also likely to result in increasing concentration of IDPs in camp-like settings in remote areas in 2018, particularly in the Equatorias and Greater Upper Nile, which is an ongoing trend.

As conditions of violence and insecurity persist, killings, attacks and violations—including sexual violence—have become part of the reality of civilians’ lives. Protection concerns are acute and widespread, both inside and outside Protection of Civilians (PoC) sites and across 58 of 79 counties in South Sudan. A recent report found that the clashes in Upper Nile in 2017 forcibly displaced tens of thousands of people, while armed forces and allied militia were responsible for deliberate killings, indiscriminate attacks and systematic looting.⁵ Insecurity along key routes and attacks on road convoys have resulted in the killing of civilians. Attacks on aid workers and destruction and looting of assets have forced hundreds of aid workers to relocate, disrupting services to affected people.

The 1,324 cases of sexual and gender-based violence that were reported in the first half of 2017 are the tip of the iceberg of aggressions that largely go unreported and unchecked. These chiefly affect women and girls, who represent 95 per cent of the reported cases, while 19 per cent are children. Women have

PEOPLE IN NEED IN 2018



been attacked in and outside the PoC sites, facing increased risk as they venture to collect firewood, water and basic resources for their families' survival. As displaced communities settle far from towns, in makeshift dwellings without proper privacy and protection, women and girls are further exposed to sexual violence. Pervasive gender-based violence consists not only of rape or sexual assault, which represented 18 per cent of the reported cases in 2017, but also harmful traditional practices, including early and/or forced marriages that make up 12 per cent of the cases.

Particularly vulnerable groups such as children, people with disabilities and older people, suffer the most intense consequences of sustained displacement, violence and lack of access to services. In a country where children aged 3-17 represent 48 per cent of the population,⁶ the long-term effects of multiple crises, loss of time in school, psychosocial stress and other protection concerns will ripple into the decades to come. Children continue to suffer the brunt of these pressures, and their situation has deteriorated over 2017, with continued incidents of recruitment, abuse, exploitation and other grave violations amounting to have directly affected about 100,000 children since the beginning of the conflict. More than 19,000 children are estimated to have been recruited by armed actors, up from 17,000 in 2016. The number of those registered missing, separated and unaccompanied increased by 178 over the course of the year. More than 16,000 unaccompanied and separated children have been registered in South Sudan since December 2013. Destruction of schools and the departure of teachers from many affected areas mean that access to education is severely impacted, with more children out of school than ever.

In a context where more than half of the older people interviewed for a study on humanitarian assistance had never visited a local health centre, health post, clinic or hospital,⁷ reaching them with services while displaced from their homes is even more difficult. Protection concerns for those living in tents or poor, insecure conditions are acute. In 2017 attacks on the western bank of the Nile, it was reported that older and disabled people with reduced mobility and poor eyesight were left behind when others fled the violence. Some were burned in their homes and others faced looting and theft by armed actors of what little food and property they had left to survive.⁸

“What is the point of telling us we can stay in our homes if then they steal our food and leave us with nothing? We can't stay if we have no food.”

- Elderly woman from Ogot village recounting the consequences of attacks by armed actors

Food insecurity is becoming more severe across a wider area and is deepening for people already made vulnerable by displacement and conflict. In 2017, food insecurity in

Unity, Jonglei and parts of Greater Equatoria and Greater Bahr el Ghazal remained critical as spikes in conflict, economic collapse and impacts of flooding reduced agricultural production. About three quarters of counties countrywide are expected to face severe food insecurity in the first quarter of 2018.

Even after the harvest in late 2017, food prices remained high, and the 2018 lean season is projected to begin early and become worse than in 2017. Particularly for people living in market-dependent urban areas, economic decline has meant a reduction in access to staple food and clean water, and to a variety of foods. Conflict-affected and displaced households in Greater Equatoria, Greater Upper Nile and Western Bahr el Ghazal are reported to have alarming gaps in food consumption, and are resorting to using savings or selling productive assets, such as animals, seeds or land, to buy food. More than 70 per cent of all households participating in a recent vulnerability survey said that they had no food to eat and went to sleep hungry at least once during the 30 days preceding the survey.⁹

“Many people are suffering because food commodities are very expensive. Also many people are unable to access their farms due to insecurity.”

- Female respondent to WFP Vulnerability Assessment and Mapping (VAM) survey from Yambio County

Insecurity and related displacement have undermined already compromised agricultural production, destroying the livelihoods of farmers and herders and causing food shortages. Livestock have been looted or killed, crops have been destroyed, and planting has been delayed due to violence, displacement and unfavourable weather. In Greater Equatoria, an area previously known as a major source of food production, an outbreak of fall army worm is further damaging farming and has already undermined production. Late rains have worsened limited prospects in an area that is all but empty as people have abandoned their farms and land, their traditional source of income, for fear of violence. Yambio is a key area of concern, though these trends have intensified across the Equatorias in hotspots where insecurity has peaked.¹⁰ These factors have exacerbated food shortages in parts of the country where half the population is already facing hunger. In a context where 78 per cent of households depend on crop farming or animal husbandry as their primary source of livelihood,¹¹ these negative effects on farming and livestock compound already severe vulnerability.

The nutrition situation has deteriorated steadily in the last four years, as the factors driving hunger and malnutrition have intensified in scale and severity. Nearly 1.1 million children under age 5 and some 672,500 pregnant and lactating women are estimated to be acutely malnourished. At the

peak of the lean season in July 2017, eight out of the nine states assessed¹² showed global acute malnutrition (GAM) rates above the emergency threshold of 15 per cent—up from seven of ten in 2016. Apart from Central Equatoria, which was lower (8 per cent), prevalence in the other areas ranged from 18 per cent in Northern Bahr el Ghazal to 23 per cent in Unity. A localized deterioration was also observed in Baggari in Western Bahr el Ghazal, which consistently reported proxy GAM rates above 17 per cent. Deterioration was especially significant from 2016 to 2017 in Eastern Equatoria and Lakes. Insecurity in Western Equatoria constrained the completion of the survey, leaving a gap in the understanding of needs in an area where the effects of continued clashes on food security are believed to be immense.

While the overall level of food insecurity has risen to become severe in more areas, the most dire life-threatening situations are limited to a few more isolated locations. In early 2017, famine was declared in two counties in Leer and Mayendit in southern Unity, while at the peak of the lean season, 6 million people were classified as severely food insecure. Death rates higher than emergency threshold were reported in Mayendit (Unity), and Kapoeta South and Torit (Eastern Equatoria). It is projected that 48 per cent of households in South Sudan will be classified as food insecure during first quarter of 2018. Children suffering from severe acute malnutrition (SAM) are nine times more likely to die than their healthy peers, while those with moderate acute malnutrition are three times more likely to die.

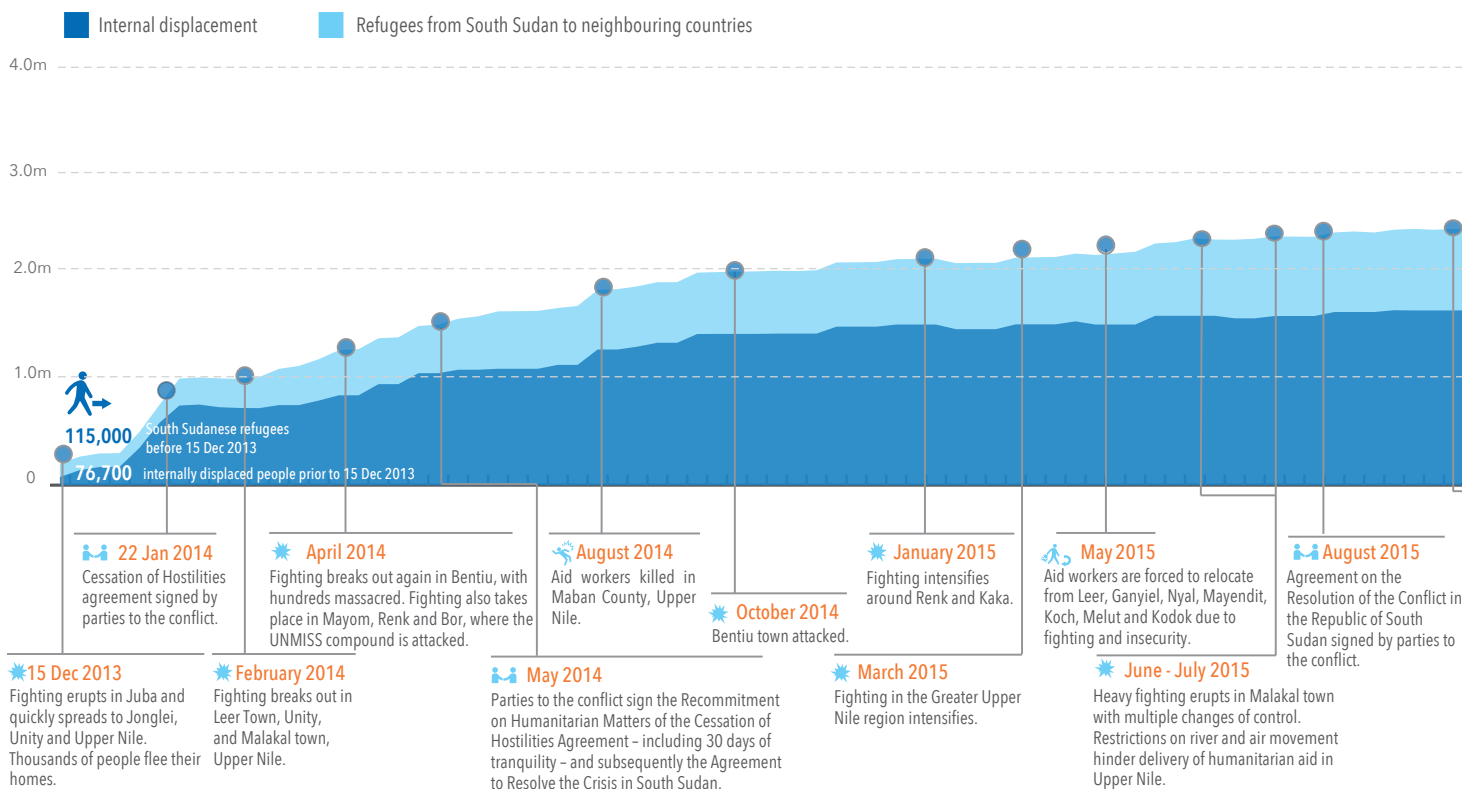
As the nutrition situation has worsened every year for four consecutive years, it means that an increasing number of children suffering from prolonged undernutrition who survive are becoming locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities.

The deepening economic crisis is exacerbating humanitarian needs, particularly for the urban poor.

Depreciation of the currency, rising prices of cereals and shortages of imported commodities in local markets have left people across the country struggling to feed their families. The cost of living has continued to escalate, with the Consumer Price Index increasing by 165 per cent from August 2016 to August 2017. The effects are particularly acute in urban areas, with inflation reaching 183 per cent in Juba year on year.¹³ The average exchange rate was 180 SSP per US dollar in the Juba parallel market, while the official rate was 130 SSP in October—this variability and divergence makes it difficult for families to cope, especially the many who are separated geographically. In urban areas, almost 80 per cent of households surveyed reported to be using moderate or high levels of negative coping strategies—such as skipping meals—in a recent vulnerability assessment.¹⁴

Inconsistency and delays in payment of salaries to public sector employees are translating to a continued breakdown in the provision of critical primary services, impacting basic education and health status, and affecting rule of law.

TIMELINE OF KEY EVENTS, INTERNAL AND EXTERNAL DISPLACEMENT IN SOUTH SUDAN



Economic need is also linked to increased criminality in many areas, including the Equatorias, where civilians—including humanitarian workers—are increasingly being affected by theft, looting and related violent attacks. This will continue to disrupt services to affected people. Economic deterioration will undermine the ability to halt the spread of diseases like cholera into new areas. With continued food insecurity, malnutrition and weak access to services, morbidity and mortality rates will likely increase in an already very vulnerable population.

“If you are not healthy, you cannot work. If someone from the household is sick, we pay for the drugs instead of buying food.”

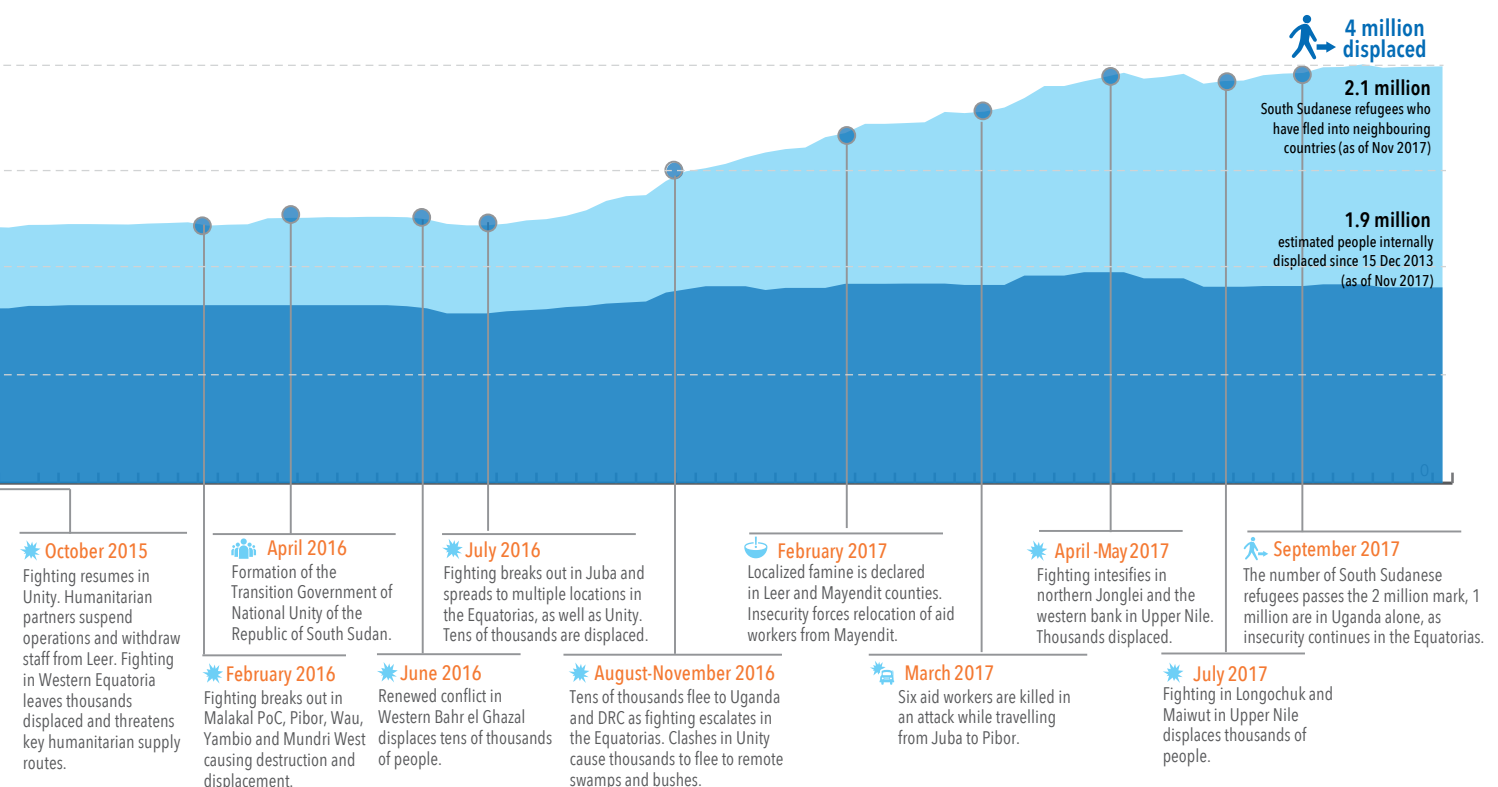
- Female participant from Akobo West in a REACH focus group discussion

Impacts of the conflict on civilian infrastructure and economic pressures have left basic health and education services compromised and less accessible. Satellite imagery of Central Equatoria showed more than 18,300 destroyed or damaged structures within an analyzed area of approximately 3,640 square kilometres as of early March 2017. Most of the damage extended along the roads radiating from Yei, and along

the road connecting the villages of Morobo and Kaya. Entire villages were razed and abandoned.¹⁵

Destruction and looting of health-care facilities, attacks against health workers, and shortages of skilled health professionals mean access to health care is increasingly sparse in a country where already some 80 per cent of health-care services are managed by NGOs, with continuity of services reliant upon funding. Between May and October 2017, three attacks against health facilities in Central Equatoria, Lakes and Upper Nile were reported, and another three incidents required health worker evacuations across several locations. At least one in ten health facilities have been affected, and up to 73 per cent of those in the Equatorias are reported to be non-functional. Ongoing conflict and insecurity in most affected areas are preventing patients from seeking medical services, which prevents timely attention and propagates the spread of diseases like kala-azar. It also leaves non-communicable illnesses to largely go untreated.

Access to education remains a major challenge in a context where education workers have been displaced and schools have been occupied and destroyed as part of the conflict. A national assessment has indicated that about 30 per cent of primary schools had suffered at least one or more attacks since December 2013 and 48 per cent of the schools are not functioning. Already unfavourable student to teacher ratios¹⁶ have been worsened by education professionals leaving and schools closing because of insecurity, for example in the



Equatorias, or giving up duties due to non-payment and loss of value of salaries.

People are left increasingly susceptible to disease as access to safe water and sanitation has deteriorated significantly under conditions of protracted crisis and declining investment in services. Debilitating outbreaks of cholera have taken hold each year since the conflict began in 2013. The latest outbreak has defied usual seasonal bounds to become the longest-running and largest in magnitude and geographical spread to date—starting in June 2016 and expected to run into 2018—recording 21,551 cases and causing 462 deaths as of 24 November, with a case fatality rate of 2.1 per cent. Its persistence and reach are symptomatic of the recurring and intensifying threats to the health of already vulnerable people. Access to safe hygiene and clean water has been compromised due to repeated displacement, insecurity and damage to key infrastructure, increasing people’s susceptibility to disease and the possibility of it resulting in death. Fatality rates have been highest in counties with poor access to health care, especially in islands and cattle camp communities. In one of the hardest-hit counties, Budi in Eastern Equatoria, where access is limited due to rains, the case fatality rate reached 9.74 per cent in the second half of 2017 (83 deaths of 852 cases). These trends and feedback from affected communities in PoC sites also point to the congestion and poor living conditions, particularly in large camp settings.

“Latrines are full and their structures are being stolen, water is not adequate and the overall hygiene in the PoC is very bad.”

- Resident at Bentiu PoC site in a focus group discussion

The cumulative effects of poor living conditions, malnutrition and inadequate services in a context of conflict and massive displacement have weakened resistance to illnesses and made them more life-threatening for crisis-affected people. Malaria continues to be a prevalent threat, as it accounts for 61 per cent of all illnesses reported in health facilities across the country and is the leading cause of death from disease in South Sudan (representing 70 per cent of disease-related deaths in November 2017). More than 2.2 million cases have been reported since the beginning of 2017, resulting in more than 1,000 reported deaths. More than 77,500 people are infected every week, most of whom are children under age 5. In addition to generally limited availability of health services across the country, challenges with the supply chain to deliver malaria drugs has weakened people’s access to timely treatment.

Routine vaccine coverage of only 20 per cent in Jonglei, Unity and Upper Nile means that preventable diseases like measles spread unchecked—more than 1,000 suspected cases have been reported in 2017. About 546,000 children under age 5, mainly in Greater Upper Nile, were estimated to be at risk of contracting measles. South Sudan faces various endemic communicable diseases, including hepatitis E, that are propagated by poor sanitation and overcrowded living conditions. Cases of meningitis are on the rise in more remote areas, including in Greater Bahr el Ghazal.

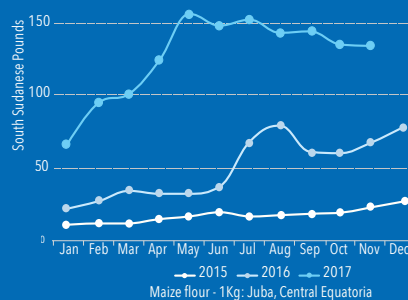
The parasitic disease kala-azar poses a persistent threat, as it is fatal if untreated and can kill those with weak immune systems within weeks. In 2017, it has taken the lives of at least 56 people and sickened more than 2,700 in South Sudan. Given poor reach and quality of services and reporting, health partners have warned that many more are likely to be infected, and environmental change favouring the proliferation of sand-flies that spread the disease has escalated the problem. Violence and displacement in the Greater Equatoria region have severely affected populations with the highest prevalence of HIV/AIDS and disrupted access to life-saving treatment.

DISPLACEMENT

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



INCREASE OF PRICES FOR STAPLE FOODS



Source: Climis South Sudan, Nov 2017

HEALTH FACILITIES

1 out of 5 health facilities is not functional



Source: Health Cluster

People from neighbouring countries taking refuge in South Sudan face threats to their safety and well-being as they settle in conditions which perpetuate their vulnerability.

At the end of 2017, some 279,000 refugees were being hosted in South Sudan, a number which is expected to reach 304,560 in 2018. Most came because of the ongoing fighting in South Kordofan and Blue Nile states in Sudan and settled predominantly in 21 refugee locations in Unity and Upper Nile. A smaller number of refugees from the Central African Republic, Democratic Republic of Congo and Ethiopia have been displaced on a protracted basis, and are mostly settled in Central and Western Equatoria.

Continued clashes in conflict-affected areas leave refugees subject to attacks, and drive them to areas where their access to food and basic resources and livelihood options are limited. Particularly in the north, protection is compromised by people remaining under emergency or makeshift shelters after years of displacement, with little capacity to improve these conditions. Competition for scarce resources has led to tensions between refugee and host communities, further aggravating the situation for refugees. Apart from insecurity and violence and proximity to armed elements, major protection concerns include recruitment of children, sexual and gender-based violence, insufficient food and education facilities, and limited economic opportunities and skills training are their major protection concerns. As a result, refugees in camps will continue to rely heavily on life saving multi-sectoral assistance.

The risk of epidemics among refugees continues and gaps remain in providing comprehensive services specifically in HIV/AIDS, chronic diseases, mental health and psychosocial support, and maternal and new born care. Results from the 2017 nutrition surveys showed an average GAM prevalence of 9.1 per cent and SAM prevalence of 1.7 per cent among children aged 6-59 months for the refugee camps, indicating

poor nutrition status. Food insecurity has also worsened, with post distribution monitoring results reporting 29 per cent of refugees with acceptable food consumption scores. Some 60 per cent of refugees, especially in the northern camps, remain under emergency or makeshift shelters after years of displacement, with little self-capacity to shift to semi-permanent shelter. There is a considerable gap in shelter improvement due to continuous arrival of refugees and general population growth in camps. Access to camps like Lasu and Ezo is no longer possible, and access to other camps in Equatoria continues to be a concern.

“We need milling vouchers because people are forced to sell some of their food ration to grind their grains and it results in little food left. Food ration need to be increased because it is very little.”

- Male refugee in a focus group discussion at Jamjang

The economic crisis has also impacted the lives of refugees and host communities, with approximately 80 per cent of host and refugee populations facing food scarcity, limited livelihood options, and gap in food supply. Competition for scarce resources has led to high tensions between refugee and host communities, further aggravating the situation for refugees.

Access to education also remains a big challenge for refugee children and the learner-teacher ratio is still at 150:1. Children in urban and peri-urban Juba struggle to access education due to closure of public schools because of limited government funding, while insecurity and conflict disrupted all education activities in Lasu refugee camp in Yei County.

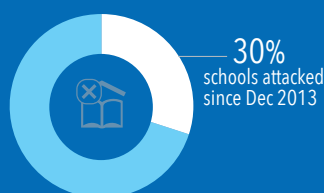
FOOD INSECURITY

Nearly **5** out of **10** people are expected to be severely food insecure



Source: IPC, Sep 2017

SCHOOLS ATTACKED



Source: Education Cluster, Nov 2017

ACCESS TO SAFE WATER

1 out of **2** people has access to clean water

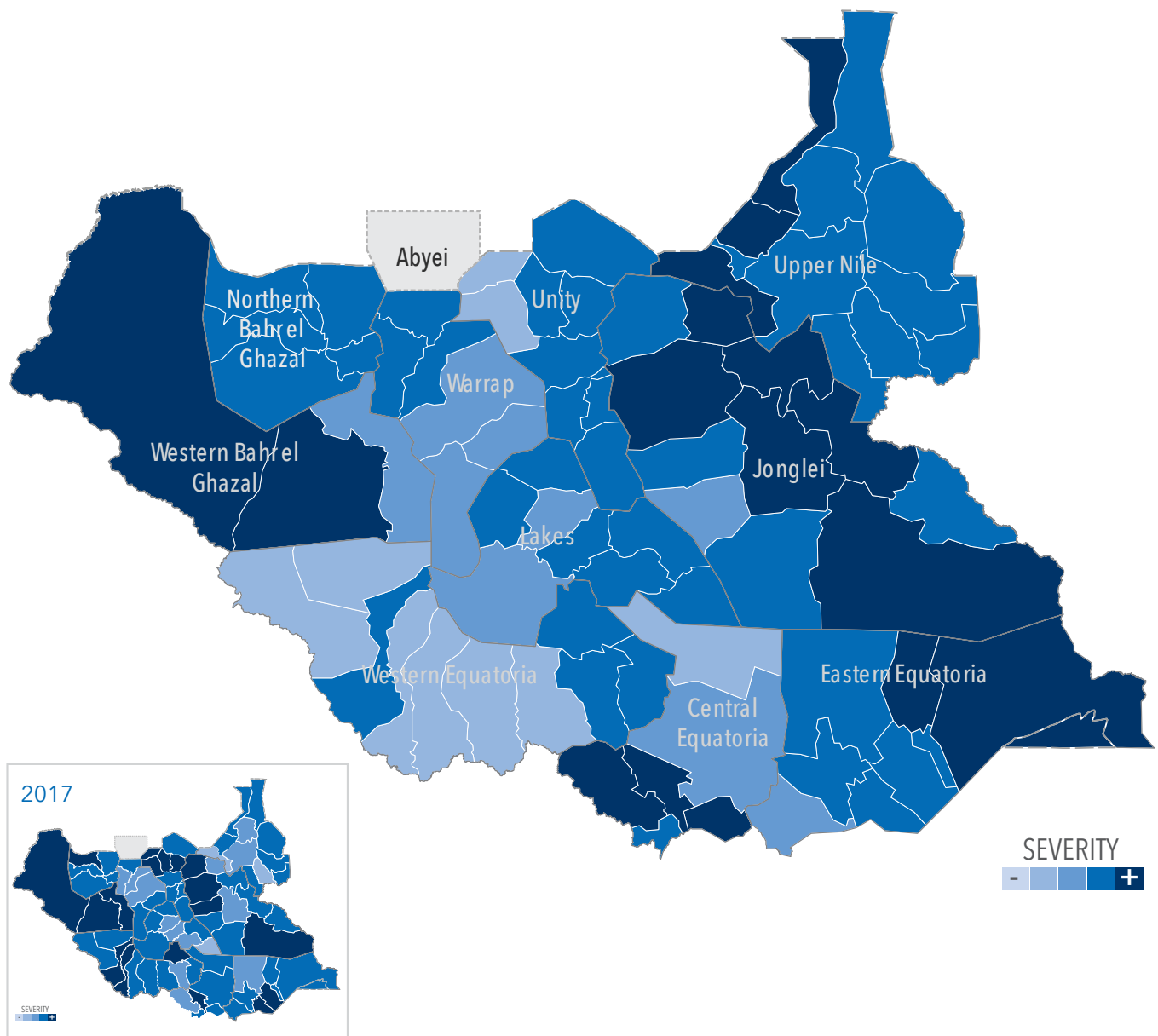


Source: WASH Cluster, Nov. 2017

SEVERITY OF

NEED

This map presents an overview of where humanitarian needs are most severe across sectors. It is based on a variety of indicators for each county, including: the number of displaced people, food insecurity and malnutrition rates, number of violent incidents and casualties, number of children separated from their families, disease outbreaks, vaccination coverage, number of schools attacked, and access to safe water sources and improved sanitation.
















For details see: <http://bit.ly/2AtXwSf>
























Source: OCHA and humanitarian partners






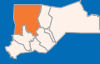









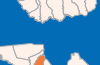


BREAKDOWN OF





























PEOPLE IN NEED

 NUMBER OF PEOPLE IN NEED BY SECTOR¹⁷

| COUNTY | CCCM (IN '000) | EDUCATION (IN '000) | ES & NFI (IN '000) | FSL (IN '000) | HEALTH (IN '000) | NUTRITION (IN '000) | PROTECTION (IN '000) | WASH (IN '000) | TOTAL PEOPLE IN NEED (IN '000) |
|---|-------------------|------------------------|-----------------------|------------------|---------------------|------------------------|-------------------------|-------------------|---|
| GREATER BAHR EL GHAZAL | | | | | | | | | |
| LAKES | | | | | | | | | |
|  AWERIAL | - | 18.2 | 61.3 | 24.0 | 116.1 | 19.9 | 120.9 | 114.7 | 116.1 |
|  CUEIBET | - | 27.2 | 6.8 | 54.0 | 43.6 | 27.2 | 105.6 | 72.8 | 72.8 |
|  RUMBEK C. | - | 38.5 | 3.5 | 101.0 | 53.4 | 43.5 | 190.1 | 100.9 | 101.0 |
|  RUMBEK E. | - | 30.8 | 9.3 | 72.0 | 70.3 | 30.7 | 78.8 | 82.2 | 82.2 |
|  RUMBEK N. | - | 8.9 | 0.7 | 27.0 | 12.6 | 10.2 | 0.9 | 23.8 | 27.0 |
|  WULU | - | 10.2 | 2.7 | 14.0 | 16.5 | 8.5 | 18.7 | 13.6 | 16.5 |
|  YIROL E. | - | 19.8 | 3.7 | 33.0 | 30.3 | 19.7 | 20.8 | 79.2 | 79.2 |
|  YIROL W. | - | 25.3 | 10.2 | 42.0 | 44.6 | 25.8 | 66.9 | 67.5 | 67.5 |
| NORTHERN BAHR EL GHAZAL | | | | | | | | | |
|  AWEIL C. | - | 2.5 | 1.9 | 64.0 | 23.4 | 20.8 | 15.6 | 42.7 | 64.0 |
|  AWEIL E. | - | 80.1 | - | 294.0 | 167.0 | 116.9 | 75.1 | 214.0 | 294.0 |
|  AWEIL N. | - | 40.8 | 3.9 | 177.0 | 85.3 | 45.6 | 38.6 | 108.8 | 177.0 |
|  AWEIL S. | - | 21.8 | - | 102.0 | 29.1 | 24.4 | 42.7 | 42.7 | 102.0 |
|  AWEIL W. | - | 45.2 | 6.0 | 196.0 | 96.1 | 50.6 | 44.7 | 120.7 | 196.0 |

| COUNTY |  CCM (IN '000) |  EDUCATION (IN '000) |  ES & NFI (IN '000) |  FSL (IN '000) |  HEALTH (IN '000) |  NUTRITION (IN '000) |  PROTECTION (IN '000) |  WASH (IN '000) | TOTAL PEOPLE IN NEED (IN '000) |
|---|--|--|---|--|---|--|---|---|--------------------------------------|
| WARRAP | | | | | | | | | |
|  GOGRIAL E. | - | 17.9 | - | 47.0 | 23.4 | 22.4 | 14.6 | 46.8 | 47.0 |
|  GOGRIAL W. | - | 52.4 | 3.1 | 122.0 | 72.7 | 68.3 | 263.2 | 139.9 | 139.9 |
|  TONJ E. | - | 19.0 | - | 25.0 | 25.4 | 18.7 | - | 50.8 | 50.8 |
|  TONJ N. | - | 35.0 | 14.2 | 47.0 | 61.9 | 36.3 | 45.8 | 46.7 | 61.9 |
|  TONJ S. | - | 18.8 | 7.0 | 25.0 | 32.5 | 19.5 | 36.5 | 25.1 | 32.5 |
|  TWIC | - | 61.9 | 1.4 | 124.0 | 84.2 | 107.4 | 104.7 | 165.3 | 165.3 |
| WESTERN BAHR EL GHAZAL | | | | | | | | | |
|  JUR RIVER | - | 22.5 | 3.9 | 92.0 | 34.8 | 23.3 | 42.3 | 61.5 | 92.0 |
|  RAGA | - | 14.3 | 16.8 | 67.0 | 44.3 | 13.0 | 54.3 | 38.1 | 67.0 |
|  WAU | 49.6 | 46.6 | 81.9 | 227.7 | 135.7 | 48.4 | 299.1 | 186.6 | 227.7 |
| GREATER EQUATORIA | | | | | | | | | |
| CENTRAL EQUATORIA | | | | | | | | | |
|  JUBA | 51.6 | 62.8 | 78.0 | 228.4 | 152.5 | 46.3 | 394.5 | 259.1 | 259.1 |
|  KAJO-KEJI | 17.4 | 17.9 | 12.9 | 83.0 | 82.3 | 7.3 | 102.0 | 22.0 | 83.0 |
|  LAINYA | - | 13.9 | 6.8 | 69.0 | 67.5 | 6.2 | 56.0 | 18.5 | 69.0 |
|  MOROBO | - | 21.7 | - | - | 50.4 | 9.6 | 72.3 | 28.9 | 50.4 |
|  TEREKEKA | - | 23.6 | 17.4 | 24.0 | 101.2 | 10.5 | 69.4 | 63.0 | 101.2 |
|  YEI | - | 23.5 | 25.1 | 135.1 | 95.1 | 10.4 | 147.5 | 62.7 | 135.1 |

| COUNTY | CCCM (IN '000) | EDUCATION (IN '000) | ES & NFI (IN '000) | FSL (IN '000) | HEALTH (IN '000) | NUTRITION (IN '000) | PROTECTION (IN '000) | WASH (IN '000) | TOTAL PEOPLE IN NEED (IN '000) |
|---|-------------------|------------------------|-----------------------|------------------|---------------------|------------------------|-------------------------|-------------------|---|
| EASTERN EQUATORIA | | | | | | | | | |
|  BUDI | - | 13.6 | 20.8 | 37.0 | 46.6 | 15.9 | 59.6 | 54.5 | 54.5 |
|  IKOTOS | - | 19.5 | 11.4 | 60.0 | 42.1 | 18.7 | 22.7 | 48.0 | 60.0 |
|  KAPOETA E. | - | 25.7 | - | 103.0 | 31.7 | 33.5 | 19.8 | 95.3 | 103.0 |
|  KAPOETA N. | - | 15.0 | - | 65.0 | 20.1 | 15.9 | 12.6 | 40.2 | 65.0 |
|  KAPOETA S. | - | 9.8 | 7.5 | 43.0 | 26.7 | 10.2 | 23.1 | 39.4 | 43.0 |
|  LAFON | - | 14.9 | 3.7 | 35.0 | 52.2 | 14.0 | 27.1 | 39.8 | 52.2 |
|  MAGWI | - | 26.9 | 22.5 | 45.0 | 68.9 | 26.5 | 165.8 | 107.8 | 107.8 |
|  TORIT | - | 24.4 | 32.9 | 68.0 | 64.2 | 20.0 | 142.4 | 90.3 | 90.3 |
| WESTERN EQUATORIA | | | | | | | | | |
|  EZO | - | 15.3 | 15.7 | 15.0 | 37.2 | 6.7 | 41.3 | 43.9 | 43.9 |
|  IBBA | - | 4.5 | - | 3.0 | 8.9 | 2.0 | - | 6.0 | 8.9 |
|  MARIDI | - | 11.1 | 2.3 | 11.0 | 24.7 | 4.9 | 20.9 | 14.9 | 24.7 |
|  MUNDRI E. | - | 10.6 | 11.6 | 2.3 | 29.5 | 5.3 | 36.6 | 26.3 | 29.5 |
|  MUNDRI W. | - | 8.6 | 29.5 | 8.0 | 41.8 | 4.2 | 51.6 | 37.1 | 41.8 |
|  MVOLO | - | 12.4 | 22.4 | 45.0 | 55.8 | 8.1 | 59.2 | 28.8 | 55.8 |
|  NAGERO | - | 1.6 | - | - | 2.1 | 0.7 | 1.8 | 2.1 | 2.1 |
|  NZARA | - | 8.2 | - | 5.0 | 16.3 | 3.6 | - | 10.9 | 16.3 |
|  TAMBURA | - | 10.8 | 5.3 | 4.0 | 28.3 | 4.7 | 22.3 | 14.4 | 28.3 |
|  YAMBIO | - | 28.2 | 12.0 | 9.0 | 67.7 | 12.3 | 173.2 | 80.3 | 80.3 |

| | |  |  |  |  |  |  |  |  | TOTAL PEOPLE IN NEED (IN '000) |
|---|------------|---|---|---|---|---|---|---|---|--------------------------------|
| COUNTY | | CCCM (IN '000) | EDUCATION (IN '000) | ES & NFI (IN '000) | FSL (IN '000) | HEALTH (IN '000) | NUTRITION (IN '000) | PROTECTION (IN '000) | WASH (IN '000) | |
| GREATER UPPER NILE | | | | | | | | | | |
| JONGLEI | | | | | | | | | | |
|  | AKOBO | - | 25.8 | 54.0 | 117.0 | 118.4 | 26.9 | 145.2 | 99.6 | 118.4 |
|  | AYOD | 83.1 | 24.9 | 56.7 | 142.0 | 96.9 | 25.5 | 115.7 | 99.8 | 142.0 |
|  | BOR SOUTH | 46.9 | 34.8 | 16.4 | 95.4 | 64.7 | 35.9 | 188.3 | 140.8 | 140.8 |
|  | CANAL/PIGI | - | 14.3 | 33.8 | 77.0 | 51.1 | 19.2 | 27.4 | 57.5 | 77.0 |
|  | DUK | 47.0 | 16.8 | 29.2 | 90.0 | 53.3 | 22.7 | 80.1 | 67.5 | 90.0 |
|  | FANGAK | - | 31.5 | 21.5 | 169.0 | 119.2 | 31.8 | 70.9 | 126.1 | 169.0 |
|  | NYIROL | - | 25.4 | 37.3 | 136.0 | 73.4 | 33.9 | 101.9 | 101.7 | 136.0 |
|  | PIBOR | - | 30.1 | 8.7 | 139.0 | 98.7 | 31.9 | 170.5 | 74.3 | 139.0 |
|  | POCHALLA | - | 11.9 | 1.1 | 12.0 | 58.79 | 12.0 | 20.9 | 31.7 | 58.7 |
|  | TWIC EAST | 33.0 | 17.5 | 14.4 | 69.0 | 68.0 | 22.8 | 52.7 | 46.7 | 69.0 |
|  | UROR | - | 28.5 | 48.8 | 162.0 | 152.8 | 37.3 | 159.1 | 114.4 | 162.0 |
| UNITY | | | | | | | | | | |
|  | ABIEMNHOM | - | 3.9 | 9.4 | 3.0 | 14.2 | 4.4 | 22.0 | 12.0 | 14.2 |
|  | GUIT | 10.2 | 7.2 | 57.5 | 33.0 | 16.9 | 8.5 | 14.1 | 18.9 | 33.0 |
|  | KOCH | - | 22.3 | 48.2 | 87.0 | 101.4 | 25.5 | 124.2 | 53.8 | 101.4 |
|  | LEER | - | 22.3 | 61.3 | 108.0 | 92.1 | 25.8 | 121.4 | 80.8 | 108.0 |
|  | MAYENDIT | - | 17.2 | 50.2 | 94.0 | 78.2 | 20.0 | 101.9 | 62.5 | 94.0 |
|  | MAYOM | 115.4 | 28.7 | 57.5 | 28.0 | 108.2 | 35.1 | 138.1 | 112.7 | 115.4 |
|  | PANYIJAR | 69.4 | 14.8 | 64.0 | 36.0 | 77.1 | 16.4 | 88.1 | 74.1 | 77.1 |
|  | PARIANG | - | 37.0 | 19.0 | 36.0 | 133.8 | 47.7 | 76.1 | 260.8 | 260.8 |
|  | RUBKONA | 216.5 | 31.0 | 175.4 | 136.7 | 164.4 | 34.8 | 187.1 | 158.7 | 216.5 |





















| COUNTY |  CCM (IN '000) |  EDUCATION (IN '000) |  ES & NFI (IN '000) |  FSL (IN '000) |  HEALTH (IN '000) |  NUTRITION (IN '000) |  PROTECTION (IN '000) |  WASH (IN '000) | TOTAL PEOPLE IN NEED (IN '000) |
|--|---|---|--|---|--|---|--|--|---|
| UPPER NILE | | | | | | | | | |
|  BALIET | - | 12 | 7 | 5.0 | 3.1 | 1.0 | 4.0 | 3.1 | 7.7 |
|  FASHODA | 10.3 | 22 | 8.2 | 8.0 | 11.5 | 17 | 13.5 | 13.7 | 13.7 |
|  LONGOCHUK | - | 10.6 | 10.0 | - | 31.0 | 9.0 | 46.5 | 28.9 | 31.0 |
|  LUAKPINY/ NASIR | - | 42.3 | 42.4 | 158.0 | 168.3 | 35.8 | 183.3 | 173.2 | 173.2 |
|  MABAN | - | 29.0 | 25.8 | 30.0 | 66.0 | 24.6 | 161.8 | 275.1 | 275.1 |
|  MAIWUT | - | 6.4 | 12.1 | - | 21.0 | 5.0 | 39.7 | 16.1 | 21.0 |
|  MALAKAL | 48.8 | 15.3 | 33.0 | 70.4 | 48.9 | 8.8 | 93.0 | 57.8 | 70.4 |
|  MANYO | - | 24 | 53 | 14.0 | 8.9 | 2.1 | 14.9 | 7.0 | 14.0 |
|  MELUT | 27.2 | 10.8 | 27.4 | 33.7 | 36.7 | 9.2 | 71.4 | 44.3 | 44.3 |
|  PANYIKANG | - | 35 | - | 18.0 | 16.6 | 29 | 17.8 | 9.5 | 18.0 |
|  RENK | - | 18.1 | 12.4 | 19.0 | 48.6 | 21.7 | 53.2 | 74.0 | 74.0 |
|  ULANG. | - | 14.1 | 15.2 | 57.0 | 73.2 | 9.2 | 39.2 | 38.4 | 73.2 |
| TOTAL | 1.1M | 1.8M | 1.9M | 5.7M | 5.1M | 2.1M | 6.4M | 5.6M | 7.0M |



Photo: Oxfam/Albert González Farran. Pading (Nyiró County), July 2017.

ANNEX I: SECTORAL NEEDS

INFORMATION BY SECTOR

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

ANNEX II: METHODOLOGY AND INFORMATION GAPS

CAMP COORDINATION AND CAMP MANAGEMENT

OVERVIEW



An estimated 827,000 people will require direct Camp Coordination and Camp Management (CCCM) services in 2018. This includes nearly 300,000 internally displaced people (IDPs)

of whom about 210,000 reside in UNMISS Protection of Civilians (PoC) sites, more than 27,700 in informal settlements, and more than 58,000 in collective centres. In addition to already recognised sites, CCCM will contribute to community stabilization for 527,000 IDPs and surrounding host communities in other camp-like settings in Central Equatoria, Jonglei, Unity, Upper Nile and Western Bahr el Ghazal. Furthermore, an estimated 304,560 refugees will be in need of CCCM services by the end of 2018.

AFFECTED PEOPLE

A total of 827,000 IDPs in camps and camp-like settings and surrounding host communities in Central Equatoria, Jonglei, Unity, Upper Nile and Western Bahr el Ghazal will remain of concern to CCCM Cluster throughout 2018. Unity, Upper Nile and Western Bahr el Ghazal continue to host the highest number of displaced people in need of CCCM services in camp and camp like settings. However, the expansion and intensification of the conflict at different times and in different locations in the country continue to cause people to seek refuge in recognized sites as well as in other camp-like settings where perception of safety is gained by living together.

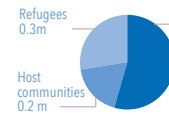
HUMANITARIAN NEEDS AND DRIVERS

Since the December 2013 crisis in South Sudan, IDPs have continued to seek refuge in PoC sites, collective centres and settlements. IDPs cite insecurity as the main driver of decisions to remain in displacement in camps and camp-like settings.

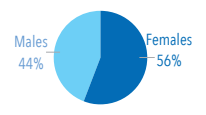
NO. OF PEOPLE IN NEED

1.1M

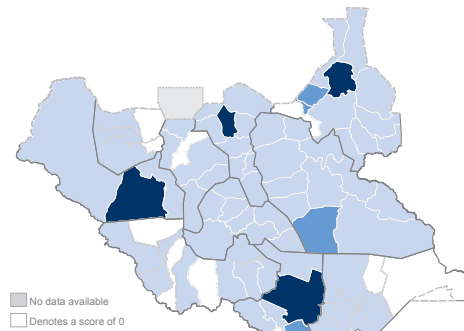
BY STATUS



BY SEX



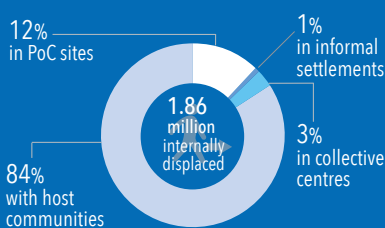
SEVERITY MAP



Sources: CCCM, IOM/DTM

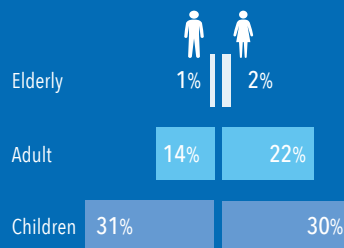
During 2017, new fighting and violence in Central Equatoria, Jonglei, Upper Nile and Western Bahr el Ghazal increased the population of IDPs in Wau by 20,000 and in Bor by 800. In Upper Nile, one spontaneous settlement was created in Aburoc with 10,000 IDPs and, in Central Equatoria, three settlements in Kajo-keji were hosting 17,000 IDPs respectively. Living conditions in these sites remain dire due to heavy congestion that exposes the IDPs to risks including mental health, disease, insecurity and protection, particularly for women and girls. In Western Bahr el Ghazal, IDPs in the protective site in Wau are living in spaces of 6.1 square metres (m²) per person while in some of the collective sites, the average space per person is less than 3 m², far below the Sphere standard of 30 m² per person.

IDP POPULATION BY SITE TYPE



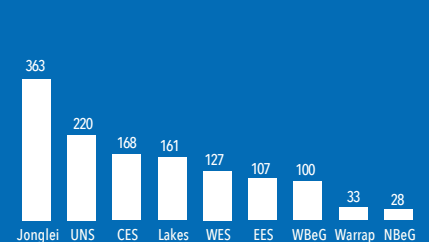
Source: IOM/CCCM, Nov 2017

IDPS IN PROTECTION OF CIVILIAN SITES



Source: IOM/DTM, Nov 2017

IDP POPULATION (IN THOUSANDS)



Source: OCHA, IOM, UNHCR and REACH, Nov 2017

EDUCATION

OVERVIEW



By the end of 2017, some 1.7 million children aged 3-17 years (58 per cent boys and 42 per cent girls) were in need of education services as the conflict continued to severely impact the already fragile education system. Before the conflict began in 2013, 73 per cent of men and 84 per cent of women above 15 years of age were illiterate and three out of five school-age children were not enrolled in primary school.¹⁸ Although a few indicators have improved,¹⁹ the national assessment conducted by the Education Cluster in 2017 showed that 11 per cent of primary schools open in the beginning of 2017 were no longer functional in October-November, and that 30 per cent of primary schools had suffered at least one attack since December 2013. In addition, some 158,000 refugee children in South Sudan will be in need of pre-school, primary and secondary education assistance in 2018.

AFFECTED PEOPLE

Children aged 3-17 represent some 48 per cent of the population²⁰, and they have borne the brunt of the immediate impact and long-term effects of violence and displacement. The interruption of learning will have serious short- and long-term consequences for the stability and development of South Sudan as children missing out on school lack structured opportunity for healthy cognitive, physical, linguistic, social and emotional development during this critical phase of growth. Another consequence of the lack of continued access to quality education is the potential fuelling of new conflicts, with an estimated 19,000 children already recruited into armed groups.²¹

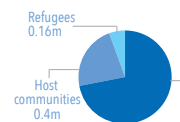
HUMANITARIAN NEEDS AND DRIVERS

Fighting, displacement and emergency levels of food insecurity have interrupted education for children. Disease

NO. OF PEOPLE IN NEED

1.8M

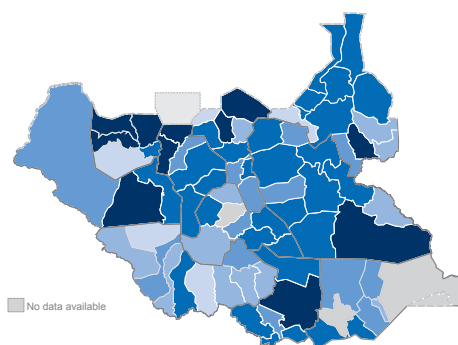
BY STATUS



BY SEX



SEVERITY MAP

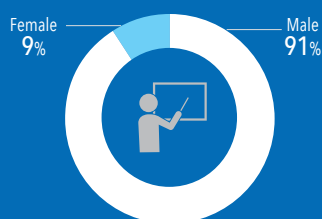


Source: Education Cluster

outbreaks such as cholera have also interrupted access to education as many schools have to close and children are not able to fully participate. In the areas where education continued, the quality of teaching deteriorated due to missed opportunities to train teachers and delays in payment of salaries.

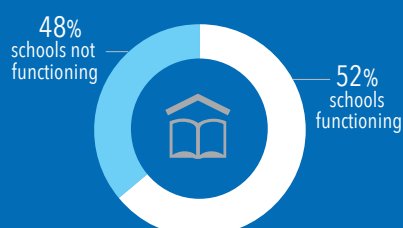
This interruption of education will have immediate, medium and long-term consequences for the stability and development of South Sudan. Apart from missed development, the longer children stay out of school, the more vulnerable they are to forced recruitment by armed actors. Children, parents and the communities consider education a critical priority.

TEACHERS BY SEX



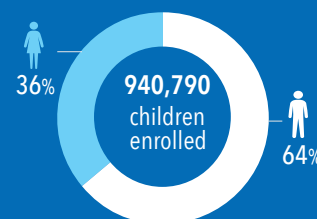
Source: Education Cluster, Nov 2017

FUNCTIONING SCHOOLS



Source: Education Cluster, Nov 2017

PRIMARY SCHOOL ENROLMENT



Source: Education Cluster, Nov 2017

EMERGENCY SHELTER AND NON-FOOD ITEMS

OVERVIEW



It is estimated that of the 1.9 million IDPs in South Sudan, many of whom have been displaced multiple times, about 1.7 million will need some sort of emergency shelter and/or non-food item (ES/NFI) support in 2018. This includes the majority of nearly 300,000 IDPs living in PoCs and other camp-like settings and collective centres, 1.22 million IDPs living outside PoCs and 82,257 host communities who will require new shelters or reinforcement of existing infrastructure. In addition, some 304,560 refugees are expected to need shelter and NFI assistance in 2018.

AFFECTED PEOPLE

The need for emergency shelter will remain high among IDPs in PoCs and collective sites in particular, as they do not have alternative sources of shelter materials. IDPs outside camps, on the other hand, will require basic household items, particularly those who have been displaced multiple times. Women and children remain especially vulnerable to protection risks due to lack of shelter. A small number of host community members will also require assistance due to pressure on their limited resources to support displaced populations. In addition, it is estimated that pockets of populations returning to border areas, such as the Ugandan border in Central and Eastern Equatoria and the western bank of the River Nile in Upper Nile, will also need shelter and NFI assistance.

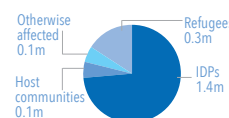
HUMANITARIAN NEEDS AND DRIVERS

The ongoing conflict compounded by the economic crisis will continue to drive ES/NFI needs in 2018 as people fleeing fighting are forced to leave behind basic household items and shelter materials, and the economic crisis weakens their purchasing power and access to markets.

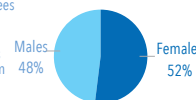
NO. OF PEOPLE IN NEED

2M

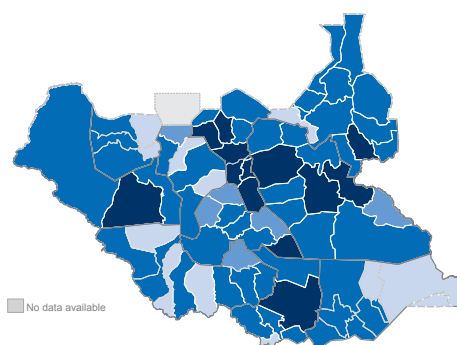
BY STATUS



BY SEX



SEVERITY MAP

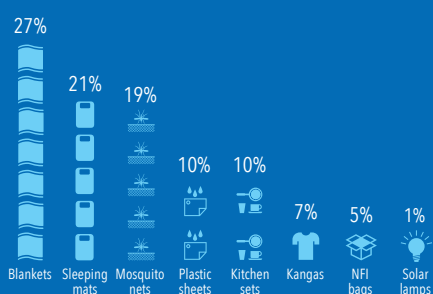


Source: Emergency Shelter and NFIs Cluster

After four years of conflict and protracted displacement, the coping mechanisms of the displaced communities have been eroded. Those that are willing to return to relatively stable areas, such as areas in the Equatoria or the catchment areas of Bentiu PoC, will face challenges to re-establish themselves in the short- and medium-term because of weak and volatile security, and due to house and land property rights.

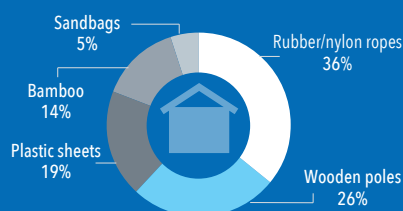
Emergency shelter and NFI supplies, including blankets, sleeping mats, mosquito nets, plastic sheets, kitchen sets, bags, solar lamps and *kangas* (a large piece of cloth used as clothing, for carrying personal items or protection infants), are critical to ensuring the health, safety and dignity of South Sudan's most conflict-affected populations.

MOST URGENTLY NEEDED NON-FOOD ITEMS



Source: ES/NFI Cluster, Nov 2017

MOST URGENTLY NEEDED SHELTER MATERIALS



Source: ES/NFI Cluster, Nov 2017

FOOD SECURITY AND LIVELIHOODS

OVERVIEW

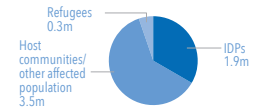


In 2018, the food security situation is likely to deteriorate for the fifth consecutive year with 5.4 million people projected to be severely food insecure in January – March 2018. This is the highest number of severely food insecure people at this time of year since the start of the crisis. With no end in sight to the conflict, economic crisis and disease outbreaks, the 2018 lean season is projected to begin earlier and become worse than in 2017. The conflict has also disrupted natural resource based livelihoods and the cereal deficit of 500,000 metric tons in 2017 is expected to be worse in 2018, especially with the conflict expanding into the Greater Equatoria region—the country’s former ‘bread basket’. In addition, 304,560 refugees are projected to require food assistance and access to livelihoods in 2018.

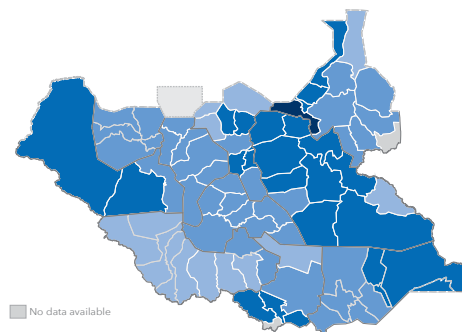
NO. OF PEOPLE IN NEED

5.7M

BY STATUS



SEVERITY MAP



Source: FSL Cluster

AFFECTED PEOPLE

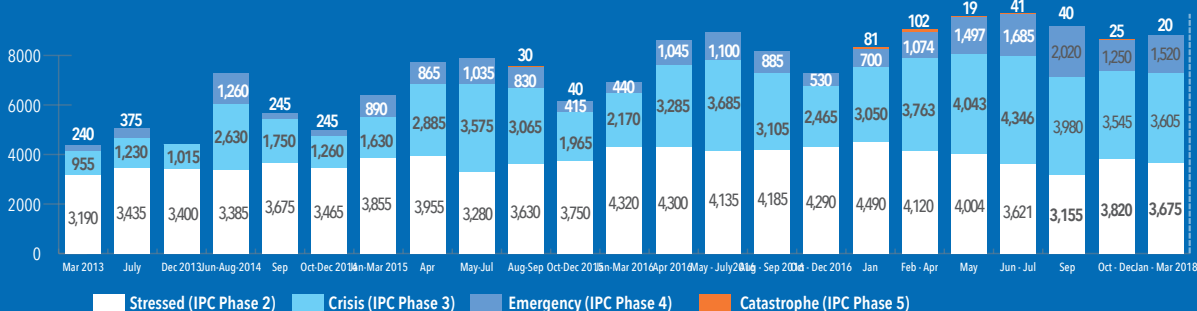
Conflict-affected and displaced households are facing alarming food consumption gaps, asset depletion and high acute malnutrition rates. Hotspots with populations at an elevated risk of famine were identified in Ayod, Kapoeta East, Nyirol and Wau. The economic crisis is further worsening access to food across the whole country and especially for the market-dependent urban populations. Food insecurity is also deteriorating in other areas previously unaffected by conflict, such as Lakes and Warrap, through a combination of hyper-inflation and intensified communal conflict. The depressed economy will also compound needs and reliance on assistance due to lack of opportunities for employment. Older people, children under age 5 as well as those from single (mainly women) headed households are most vulnerable to food insecurity.

HUMANITARIAN NEEDS AND DRIVERS

The combination of protracted conflict and violence resulting in large scale displacement, and the economic crisis, characterized by rising prices and worsening terms of trade for cereals in exchange for labour or livestock, has continued to drive food

insecurity to unprecedented levels. Reduced cereal production, especially in the ‘bread basket’ regions due to conflict, and the increase in disease outbreaks and other seasonal and climatic shocks such as floods, drought spells and crop and livestock diseases and pests, including the fall army worm infestation, have also further undermined people’s resilience by depleting household assets. The affected populations are increasingly adopting negative coping strategies by reducing meals, going without food or selling their last animals. This is reflected in food consumption gaps, reduced dietary diversity and increased household hunger scores. Livelihoods have been decimated by the crisis with limited access to land, reduced harvests, fear of violence preventing cultivation of new fields, loss of livestock, loss of assets, and limited investments in market-based employment opportunities, ever-deepening poverty, vulnerability and food insecurity making it increasingly difficult for affected populations to recover.

IPC TREND 2013 - 2018 (IN THOUSANDS)



Source: IPC TWG, September 2017

HEALTH

OVERVIEW



The combination of conflict and economic crisis has weakened the health system across the country, with an estimated 4.8 million South Sudanese people in need of assistance to access health-care services in 2018. Some 304,560 refugees will also require health assistance in 2018. Of the 1,893 health facilities, 419 (22 per cent) are non-functional, and 955 are functioning at 10 per cent of their capacity due to a combination of extensive looting and vandalization, critical loss of human resources, frequent stock outs of drugs and pharmaceuticals, and fiscal delays. Communicable diseases have spread in 2017, including cholera which has reached new locations along the River Nile and persisted in the Equatorias. There has also been a notable increase in malaria cases in the Bahr el Ghazals.

AFFECTED PEOPLE

Displaced people face the most complex challenges in accessing health care, particularly those who have fled to remote areas. Children under age 5 are particularly vulnerable to disease, including due to the low level of routine immunization and poor nutrition status. Survivors of gender-based violence have inadequate access to services and women do not have adequate access to skilled personnel during pregnancy and childbirth. People living with HIV/AIDS or tuberculosis, mental health and disabilities have been cut-off from life-saving treatment by the conflict and the lack of resources due to the economic crisis.

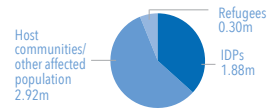
HUMANITARIAN NEEDS AND DRIVERS

The conflict has taken a major toll on the health care system, with the Equatorias, Jonglei and Upper Nile being the hardest hit. In this context, humanitarian partners have continued to provide up to 80 per cent of health care services in South Sudan, with continuity of services relying on availability of funding. Since 2016, for example, disruptions in financial flows have affected health-care services in many parts of Jonglei and Upper Nile. South Sudan

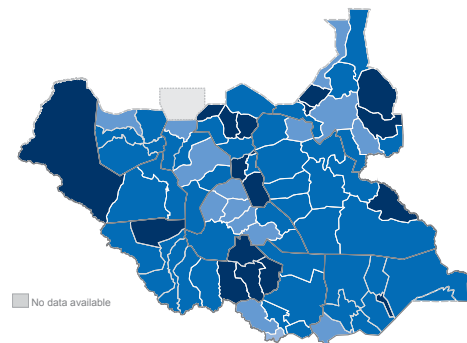
NO. OF PEOPLE IN NEED

5.1M

BY STATUS



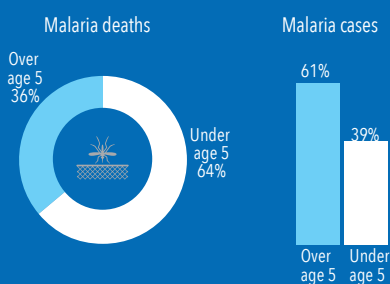
SEVERITY MAP



Source: Health Cluster

remains highly susceptible to endemic communicable diseases, and in 2017, outbreaks of cholera, measles, malaria, hepatitis E and kala-azar persisted, and affected large parts of the country due to poor living conditions, poor sanitation, overcrowding and lack of health services. There is also a lack of infection control, health-care waste management, water quality control and monitoring to mitigate risks of diseases spreading. Cholera for example reached historic levels in 2017, persisting longer than ever before in the Equatorias and reaching remote areas along the River Nile and other areas for the first time. In 2016, the WHO-UNICEF estimate of national immunization coverage for Penta3 vaccine, which prevents the most common preventable and potentially deadly diseases was 26 per cent below the globally recommended target of at least 80 per cent. Current efforts to reach the conflict-affected locations of Jonglei, Unity and Upper Nile with measles campaigns have been fraught with a myriad of challenges recording a minimal response of 7 out of 32 counties to date.

MALARIA CASES BY AGE



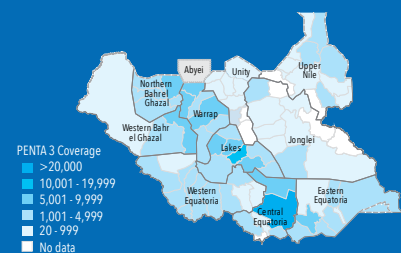
Source: WHO, Nov 2017

HEALTH FACILITIES



Source: Health Cluster

VACCINATION COVERAGE²²



Source: MoH/WHO, October 2017

NUTRITION

OVERVIEW



The burden of acute malnutrition has been increasing gradually and reaching at higher levels since 2015. Nearly 1.1 million children under age 5, nearly 673,000 pregnant and lactating women (PLW) and 3,900 elderly people are estimated to be acutely malnourished and in need of life-saving nutrition services in 2018. SMART survey results continue to report a deteriorating nutrition situation, with 82 per cent reporting critical levels (GAM \geq 15 per cent) in 2017. Admissions in selective feeding programmes increased by 23 per cent in 2017 compared to the same period in 2016, while children with moderate acute malnutrition (MAM) alone increased by 46 per cent during the same period. In addition, some 304,560 refugees will require nutrition assistance in 2018.

AFFECTED PEOPLE

People in conflict-affected areas are especially vulnerable to malnutrition, in part due to often disrupted health and nutrition services. Children under age 5, and pregnant and lactating women are the most vulnerable groups to acute malnutrition due to their increased biological and physiological needs. Other vulnerable groups include older people, tuberculosis patients and people living with HIV/AIDS. The Greater Bahr el Ghazal and Greater Upper Nile regions continue to have the highest prevalence of acute malnutrition for the last four years. In 2017, children in Eastern Equatoria and Lakes showed significant high levels of acute malnutrition compared to the previous three years.

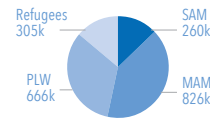
HUMANITARIAN NEEDS AND DRIVERS

The conflict and increasing levels of food insecurity worsened by rising staple food prices and collapse of the market, have had the most direct impact on people's nutrition status. Some 48 per cent of the population are projected to be classified as food insecure during first quarter of 2018. Limited access to safe water, hygiene and sanitation services further impacts

NO. OF PEOPLE IN NEED

2.1M

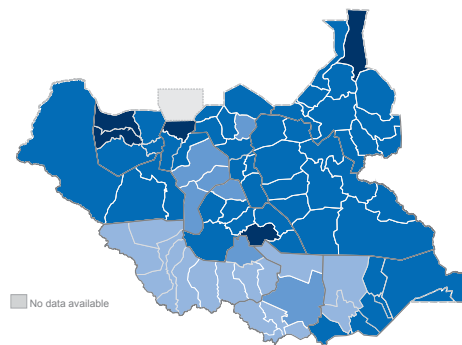
BY STATUS



BY SEX



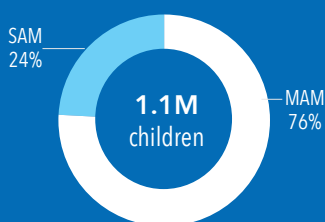
SEVERITY MAP



Source: Nutrition cluster

the nutrition situation of people in South Sudan, particularly among children who are susceptible to the combination of malnutrition and water-related diseases, such as cholera, which are challenging to treat simultaneously. Health service provision remains low, hampering the ability to identify and treat SAM and MAM conditions before worsen. Children suffering from SAM are nine times more likely to die than their healthy peers. Children suffering from prolonged undernutrition who survive may become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities. Active hostilities, threats and attacks against aid workers have severely impacted the provision of life-saving nutrition services during the conflict. In the first half of 2017, these factors resulted in closure of services and disrupted treatment for more than 15,000 malnourished children and pregnant or breastfeeding women.

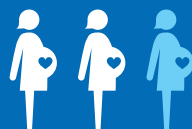
SEVERE/MODERATE MALNUTRITION



Source: Nutrition cluster, Oct 2017

PLW MALNUTRITION

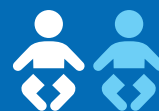
2 out of 3 pregnant or lactating mothers are malnourished



Source: Nutrition cluster, Oct 2017

CHILD MALNUTRITION

1 out of 2 children under age 5 is malnourished



Source: Nutrition cluster, Oct 2017

PROTECTION

OVERVIEW



The crisis in South Sudan continues to be first and foremost a protection crisis, with more than 6.1 million people in need some form of protection from violence, abuse, exploitation and violations of fundamental human rights. Additionally, some 304,560 refugees in South Sudan will need protection in 2018. Protection threats continue to intensify in scale and scope, with increasing numbers of areas newly affected by the armed conflict and instability. Parties to the conflict repeatedly fail to respect provisions of international humanitarian and human rights law protecting civilian populations and their assets. Although protection interventions have strengthened, protection needs are far from being met as protection actors continue to face daunting challenges to respond effectively to growing protection needs throughout the country.

AFFECTED PEOPLE

The conflict exposes all segments of the population to protection risks. Men and boys are at risk of forced recruitment by armed actors, targeted detention, ill-treatment and killings. Girls and women of all ages are at risk of abduction, injury and killings in addition to all forms of gender-based violence (GBV), including sexual violence, in their homes and public spaces. Children are the majority of the people in need. Approximately one in every three South Sudanese have been forced to flee their homes and are either internally displaced or have sought refuge in neighbouring countries. The proliferation of the crises and resulting displacement places extremely vulnerable individuals at risk of being abandoned.

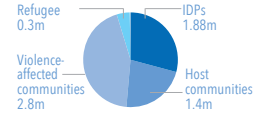
HUMANITARIAN NEEDS AND DRIVERS

The armed conflict is both resulting in and compounded by widespread food insecurity, economic deterioration, natural disasters, disease outbreaks, and multiple and protracted displacements, which increase the protection threats to

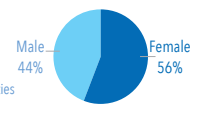
NO. OF PEOPLE IN NEED

6.4M

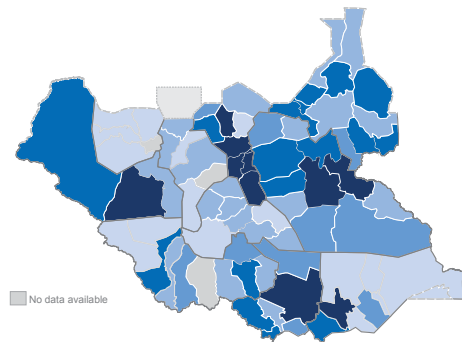
BY STATUS



BY SEX



SEVERITY MAP



Source: Protection Cluster

which people are exposed. This exacerbates vulnerabilities, reduces resilience to recover from shocks and creates growing dependency on humanitarian assistance. As a result, people are forced to resort to negative coping mechanisms that further expose them to additional protection concerns.

The prolonged conflict has had dire impacts on both the physical and psycho-social well-being of the population. Inside the PoC sites, rates of criminality, sexual and gender-based violence, and self-inflicted harm are increasing. Outside the PoC sites, survivors of the worst forms of violence, like rape and torture, have little to no access to specialized life-saving services, psycho-social support, or means of redress. Armed actors act with impunity carrying out direct attacks on civilian populations, torture, arbitrary detention, rape and killings. Meaningful measures are not in place to hold perpetrators accountable. Furthermore, large-scale and widespread

MINES, UXO, ERW

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



Source: UNMAS

GENDER-BASED VIOLENCE

In **1** out of **2** households a woman or girl experienced GBV in the past 12 months



Source: IOM survey, Nov 2017

CHILD SOLDIERS

19,000 children are currently associated with armed forces or armed groups



displacement have limited available protection mechanisms to prevent, mitigate and respond to incidents by fracturing social norms and solidarity networks and weakening community-based protection mechanisms.

Constraints on humanitarian access hamper the delivery of protection to the most affected areas of the country and the identification of and response to the needs of the most vulnerable. Further, the need to respond to immediate life-threatening emergencies has reduced capacity to address other protection concerns such as those of street children, incarcerated or exploited children, and women and girls exposed to harmful traditional practices, as well as housing, land and property concerns that hinder durable solutions for displaced persons.

Gender-based violence is pervasive, yet grossly under-reported throughout South Sudan due to fear of retaliation from perpetrators and social stigma, particularly for male survivors. Life-saving services and reporting mechanisms are not immediately available to survivors in many of the affected areas. Conflict-related sexual violence is a serious concern. Women and girls, particularly in female- and child-headed households, remain the most at risk, and they are most vulnerable to sexual assault while carrying out the most basic acts of survival. Economic desperation has resulted in more families seeking to ease hardships with dowry payments from forced and child marriages. Sexual violence was commonly reported as a primary concern for women by key informants

in four out of five counties assessed in 2017.²³ In a recent survey, 48 per cent of female respondents reported that a woman or girl in their household had experienced some form of GBV in the previous 12 months.²⁴

Up to 60 per cent of the population in need in South Sudan are children who continue to be exposed to threats of recruitment, abuse, neglect, abduction, exploitation and violence. Around 117,000 children have been directly affected by more than 3,700 incidents of grave child rights violations registered since the beginning of the conflict. More than 19,000 children affiliated with armed groups need to be demobilized. More than 12,000 unaccompanied or separated children need access to family tracing and reunification. Children released from armed forces and groups are also in need of social and economic reintegration, psycho-social support, and other critical services.

Numerous counties and a vast network of routes are affected by widespread contamination from explosive remnants of war across the country, with five new hazardous areas being discovered each day. Landmines and unexploded ordnance pose a constant threat of injury or death to the civilian population and humanitarian workers equally, and currently render at least 166 schools and 44 clinics unsafe for use. Explosive hazards make the movement of populations fleeing from conflict into unfamiliar areas or returning to their place of origin more dangerous and impede the socio-economic development of communities.



Photo: UNICEF/ Siegfried Moloda. Thonyor (Leer County), February 2017.

WATER, SANITATION AND HYGIENE

OVERVIEW



More than 5.3 million South Sudanese people urgently need water, sanitation and hygiene (WASH) support, an increase from 2017. Some 304,560 refugees will also need WASH services in 2018. The needs are closely related to the conflict, internal displacement and the economic downturn, which have all put a further strain on already limited WASH services. Some 90 per cent of the population do not have access to improved sanitation. Half of the population does not have access to improved water sources, with about 35 per cent of the existing boreholes estimated to be non-functional. Open defecation is persistent in 61 per cent of settlements in the country. Only 28 per cent of the population have access to a borehole within 30 minutes' walk.

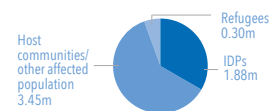
AFFECTED PEOPLE

The most vulnerable members of the population are in the greatest need of WASH support, particularly the internally displaced. This includes the severely malnourished and food insecure, who are prone to water-borne and water-related diseases. Children under age 5 are especially at risk. People living in PoC sites and collective centres depend on a consistent supply of safe water, sanitation and hygiene services, and the displaced communities living outside of PoCs are frequently deprived of WASH support due to access constraints and insecurity. Lack of water compounds risks for women and girls, who are often exposed to violence when walking to remote water sources. In urban areas, people struggle to access safe water due to ever-rising prices. People in conflict-affected counties have lower access to safe water than the country average of 50 per cent. In 2017, for example, only 9 per cent of the population in Magwi County, 13 per cent in Fashoda County and 17 per cent in Panyikang County could reach boreholes.

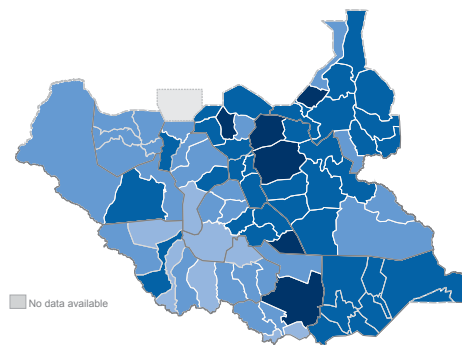
NO. OF PEOPLE IN NEED

5.6M

BY STATUS



SEVERITY MAP

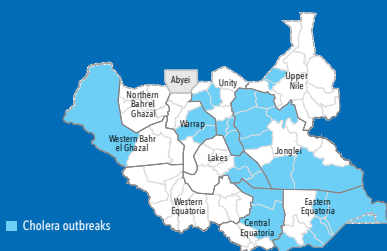


Source: WASH Cluster

HUMANITARIAN NEEDS AND DRIVERS

WASH infrastructure has been deliberately targeted by armed actors during the conflict, leaving most of the water infrastructure in conflict-affected areas destroyed. Internal displacement puts a strain on existing water sources and increases WASH needs. The deteriorating economic situation has made it difficult for the population to afford safe water, as in most locations, the price per litre has doubled while outside Juba the price has tripled compared to late 2016. With congested populations, both in crowded PoC sites and urban areas, water-borne diseases spread rapidly. The ongoing cholera outbreak, which has spread to new areas, is both a consequence and a cause of WASH needs. High malnutrition rates are also linked to poor WASH conditions, as exemplified in the diarrhoea-malnutrition cycle prevalent in vulnerable populations.

CHOLERA CASES



Source: WHO, Nov 2017

ACCESS TO SAFE DRINKING WATER



Source: WASH Cluster, Nov. 2017

ACCESS TO SANITATION

1 out of 10 people has access to basic sanitation



Source: WASH Cluster, Nov. 2017

INFORMATION AND INFRASTRUCTURE

OVERVIEW

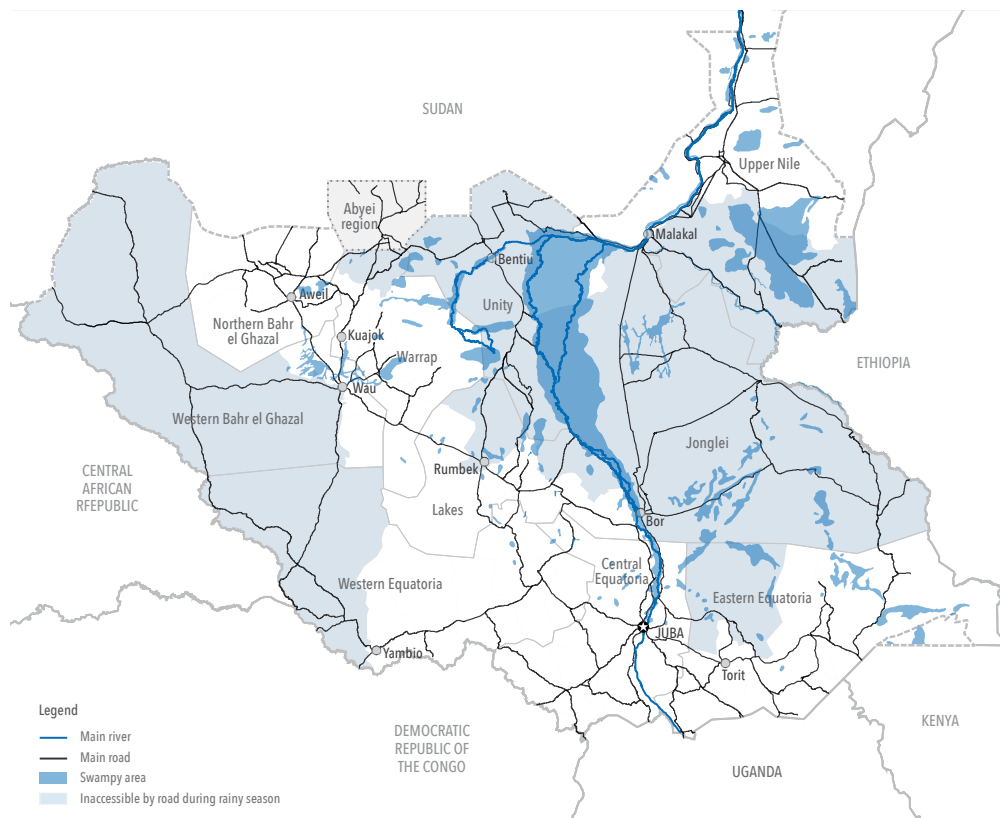
South Sudan remains one of the most logistically challenging places in the world. The already under-developed roads and airstrips deteriorate every year with cumulative effects of heavy rains and lack of maintenance. From July to December, more than 70 per cent of roads are inaccessible. Only 192 kilometres of the vast country's road network is sealed. Most of the 280 airstrips are suitable only for helicopter landing for humanitarian operations. During the wet season, fewer than 10 airstrips are suitable for landing a fixed-wing plane. The majority of the ports along the rivers are in unusable or very basic condition. With the absence of heavy lifting equipment, most ports rely on manual loading and offloading, which increases the turnaround time for barges. Insecurity along the rivers also makes them a less reliable option for transport.

The deteriorating infrastructure, lack of maintenance, cumulative effects of long and heavy rainy seasons, and disruption of road access by insecurity have left the humanitarian community with limited options to deliver relief items. During the dry season, insecurity along the main supply routes is a major challenge restricting movement and increasing transportation costs due to a high risk operational environment for transporters. Relief items pre-positioned in the field are also

vulnerable to localized conflicts, resulting in destruction and looting. Given these challenges, the humanitarian community will continue to rely on costly air transportation almost year-round with the cost of airlifts, at its highest point, being eight times higher than road transportation.

Communication options vary considerably across South Sudan, as there is not a single communication channel that covers all the country due to gaps in coverage and defective infrastructure. Despite the poor state of the telecommunication infrastructure, the language and lack of trust are the most widely reported barriers to news and information access in the country, according to a recent survey.²⁵ The most frequently reported primary news channels of IDPs are the radio (29 per cent) and in person interaction (29 per cent) followed by the telephone (21 per cent). Most of those who rely on direct face-to-face interaction receive news from their family and friends. Many women reported that they tend to receive the news last. Drums, cow horn blowing, smoke signals, war songs, shouting and sending runners to spread news from one location to the next are still common practices. Mobile communication in particular is making these forms of communication less relevant, however mobile penetration does not exceed 23 per cent of the population in South Sudan, according to the most recent estimates.

ROADS SITUATION



Source: Logistics Cluster, Nov 2017

METHODOLOGY AND INFORMATION GAPS

Humanitarian partners continue to face challenges in accessing and providing concrete data in South Sudan. All population data since the 2008 census has been based on projections, an effort that has been complicated by the high degree of displacement and mortality during the conflict. Sex and age disaggregated data is scarce due to the absence of accurate baseline data. In an effort to ensure strict prioritization of needs, the HNO applied the September 2017 Integrated Food Security Phase Classification (IPC) baseline population that was adjusted to take into account refugee outflows since the beginning of the conflict, and other population movements within the country, including in the population of IDPs in PoCs, and annual growth rates.

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

CCCM: The number of people in need was calculated by adding the number of registered and head count of IDP population living in recognised PoC sites, collective centres and settlements plus those in other camp-like settings in areas where CCCM already has presence.

Education: The number of people in need was calculated by using two indicators: the percentage of drop outs and percentage of children not attending school regularly (for example due to lack of food or school closure because of looting). To arrive at a percentage of male and female students, net enrolment ratio was used (EMIS 2016-National Education Statistics).

Emergency Shelter/Non-Food Items: The number of people in need includes IDPs living in PoC sites, IDPs living in collective centres, IDPs living outside PoC sites, host communities, returnees, and other disaster affected populations. The cluster does not have any comparative prioritization proxy indicator collected countrywide that reflects, predicts and quantifies the sector needs, but it does have a very accurate methodology to respond based on needs. Within this methodology (i.e. assessment, verification/registration and distribution standard formats) partners collect data with regards to the overall population in need and the cluster-specific population in need for each location served.

Food Security and Livelihoods: Trends in the IPC data from 2013-2017 were used to project the number of people who will be food insecure during the lean season in 2018.

Health: All IDPs in PoCs and informal settlements were targeted. Estimates for emergency health assistance were calculated using several variables. Disease burden, outbreak and immunizations in all counties were weighted for severity and scored within a range of 1-5 with 5 depicting severe challenges along all health systems parameters. These were superimposed on IPC locations of concern and new

population displacements to arrive at targets of 70 per cent (5), 60 per cent (4), 50 per cent (3), 40 per cent (2 and 1) in an IPC concerned location, 30 per cent (2) and 20 per cent (1). Given that the HNO allows for emerging relevant issues borne out of response assessments and observations, contextual judgments on severe acute malnutrition with medical complications, status of WASH in health facilities, locations with major funding disruptions and health service functionality were also factored in to fine tune targets for focussed intervention.

Nutrition: The caseload for MAM and SAM were estimated by multiplying the prevalence of SAM and MAM in a particular county with the under-five population times a correction factor of 2.6 to cater for incidence of acute malnutrition as recommended by WHO. The prevalence of SAM and MAM was estimated from the latest SMART surveys conducted in respective counties in 2017. In counties where there was no survey, Food Security and Nutrition Monitoring System (FSNMS) was used to provide estimates of SAM and MAM prevalence for estimating the people in need. The caseload for blanket supplementary feeding programming (BSFP) was estimated based on the 2017 coverage of 58 WFP counties including 8 in Central and Eastern Equatoria. The counties targeted for BSFP normally have high levels of acute malnutrition with GAM ≥ 15 per cent. BSFP can be implemented in new locations, as long there is evidence of deterioration of nutrition, as it was done in 2017 in the Equatorias, which were not planned in 2017. The caseload for Maternal and Young Child Nutrition counselling was estimated by taking 12 per cent of the total population (4 per cent pregnant, 4 per cent under age 1 and 4 per cent under age 2).

Protection: The Protection Cluster made the following assumptions when calculating people in need:

- a. People in need of some form of protection:
 - The entire IDP caseload (1.88 million).
 - Vulnerable and at risk members of the host communities are considered proportionately based on the percentage of IDPs being hosted by the community: The higher percentage of IDPs in relation to host community, the larger the impact on the host community and the larger percentage of the host community will be in need of some form of protection.
 - People in need of protection in counties that are heavily affected by violence are calculated proportionately by the number of incidents from Armed Conflict Location & Event Data Project (ACLED) data, excluding incidents with little to no impact on the protection environment.
- b. Additional counties in need of some form of protection:

- Counties that have a high number of unaccompanied, separated or missing children (>100) are in need of family tracing and reunification.
- Counties with high levels of mine/UXO contamination (>5 hazards) are in need of protection through survey and clearance activities.

WASH: The key drivers for emergency WASH response in the current context are the IDP population, GAM rates and cholera outbreaks. The people in need was calculated as described in the following steps:

- The affected population was divided into five severity intervals for each of the following parameters: a) IDP population numbers, b) GAM rates, c) number of cholera cases (2014-2017), d) percentage of assessed settlements with access to a borehole under 30 minutes, and e) % of assessed settlements with 50% or more using latrines.²⁶
- An average was taken of the rank scored within each parameter, to determine people in need for geographic locations with highest WASH needs applying a logic formula. While calculating the average, more weight was given to IDP population data, GAM rates, and number of cholera cases, as the data reliability is higher as compared to data under (d & e); although this data was referred to but only 1/3 weight was given to it during the calculations.
- Finally, in counties where the IDP population was higher than the weighted PIN, the IDP population size was considered as people in need.

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

Community feedback: To reflect the voices of affected people in the HNO, Internews analyzed 2,365 pieces of community feedback it collected between January and September 2017, and conducted 59 focus group discussions (FGD) and five key informant interviews (KII) in September 2017 across three PoC sites (Bentiu, Malakal and UN House) and three refugee camps/settlements (Ajuong Thok, Pamir and Yida) where Internews humanitarian information service operates. Each focus group discussion involved the participation of 9-10 individuals for a total of approximately 550 individuals participating in the survey across the country. Focus groups consisted of women’s groups, men’s groups, youth groups, mixed groups and community leaders. The community feedback was collected from Humanitarian Information Service radio stations/Boda boda talk talk and through call-ins, listening groups and correspondents reaching out to residents. REACH provided additional focus group reports to inform the analysis.

BREAKDOWN OF FOCUS GROUP DISCUSSIONS AND KEY INFORMANT INTERVIEWS BY LOCATION

| LOCATION | SITE | # OF FGDS AND KIIS | DEMOGRAPHIC |
|--------------------------|--------------------------|--------------------|------------------------------|
| Ajuong Thok, Pamir, Yida | Refugee camps/settlement | 26 | Mixed, youth, women |
| Bentiu | PoC | 18 | Mixed, youth, women, elderly |
| Malakal | PoC | 9 | Mixed, youth, women |
| UN House, Juba | PoC | 25 | Mixed, youth, women, men |

Assessment data: The amount of available data improved in 2017, including through: improvements in assessment methodology for the Initial Rapid Needs Assessment; better cross-referencing and complementarity between different data collection efforts (including Biometric Registration, Village Assessment Survey, Area of Knowledge data and IRNAs); expanded collection of Crude Death Rate data through the SMART surveys led by the Nutrition Cluster; and sector-specific surveys carried out at cluster-level, such as the Education Cluster’s assessment of school functionality

in November 2017. However, there continue to be gaps in the humanitarian community’s knowledge regarding the needs across the country, and the timing of the assessments could be better adapted to the planning cycle.

Humanitarian partners continue to work to further refine population and displacement estimates to better determine the location and number of people in need.



Photo: UNICEF/Albert González Farran. Torit, January 2017.

END NOTES

- 1 Throughout this document, the term “children” is used to describe those under 18 years of age, in accordance with international legal standards.
- 2 Some 54 per cent of IDPs in Protection of Civilian sites are women and girls, and 61 per cent are children.
- 3 South Sudan National Bureau of Statistics (2017). Consumer Price Index for South Sudan: August 2017. Available at: http://ssnbss.org/sites/default/files/2017-10/CPI-Aug%202017_press%20release..pdf
- 4 Calculated by taking the highest number of people in need by cluster at county level in order to reach a combined total. The refugee caseload was then added to the total. Protection figures were excluded from the calculations given that they include both direct and indirect needs. The adjusted population baseline was 11.2 million.
- 5 Amnesty International (2017). “It was as if my village was swept by a flood”: South Sudan - Mass displacement of the Shilluk population from the West Bank of the White Nile”. Available at: <https://www.amnesty.org/en/documents/afr65/6538/2017/en/>
- 6 UNICEF South Sudan Expanded Programme on Immunization and IOM Displacement Tracking Matrix estimates (2015).
- 7 HelpAge International (2016). ‘Older voices in humanitarian crises: Calling for change’. Available at: www.helpage.org/download/5730c4e01a6c7
- 8 Amnesty International (2017). Ibid.
- 9 South Sudan mVAM Bulletin #4, September 2017 (2017). World Food Programme. ‘Food security remains poor despite the harvest’. Available at: <https://docs.wfp.org/api/documents/WFP-0000023411/download/>
- 10 South Sudan mVAM Bulletin #4, September 2017 (2017). Ibid.
- 11 South Sudan National Bureau of Statistics (2017). ‘Fast facts’. Available at: <http://www.ssnbss.org/home/about>.
- 12 Food Security and Nutrition Monitoring Systems (FSNMS) survey, July 2017.
- 13 South Sudan National Bureau of Statistics (2017). Consumer Price Index for South Sudan: August 2017. Available at: http://ssnbss.org/sites/default/files/2017-10/CPI-Aug%202017_press%20release..pdf
- 14 South Sudan mVAM Bulletin #4, September 2017 (2017). Ibid.
- 15 UNOSAT analysis. Available at: <http://www.unitar.org/unosat/node/44/2568>
- 16 Teacher-student ratios were reported to be 52:1 in Southern Sudan overall in the last statistical yearbook issued for 2010 in early 2011 by the National Bureau of Statistics. Available at: http://www.ssnbss.org/sites/default/files/2016-08/statistical_year_book_for_southern_sudan_2010.pdf
- 17 Protection figures were excluded from the total calculations given that they include both direct and indirect needs.
- 18 National Bureau of Statistics’ 2011 Statistical Yearbook and Ministry of Education’s 2013 Education and Management Information System (EMIS).
- 19 The Net Enrolment Rate for primary level stood at 50.4 per cent in 2016, compared to 43.5 per cent in 2015, according to the South Sudan Ministry of General Education and Instruction, National Education Statistics Booklet, 2016.
- 20 UNICEF South Sudan Expanded Programme on Immunization and IOM Displacement Tracking Matrix estimates, 2015.
- 21 Multi Agency MRM Database, the number includes verified and unverified information.
- 22 Pentavalent vaccine protects against five major infections: diphtheria, tetanus, pertussis (whooping cough), hepatitis B and Haemophilus influenzae type b (Hib).
- 23 REACH data, August 2017.
- 24 IOM study of knowledge, attitudes and practices related to GBV (2017). Summary available at: <https://southsudan.iom.int/media-and-reports/press-release/iom-undertakes-survey-improve-prevention-and-response-gender-based>
- 25 REACH (2017), South Sudan Media Landscape Guide. Available at: http://www.reachresourcecentre.info/system/files/resource-documents/reach_ssd_report_media_and_telecommunications_landscape_guide_august_2017_1.pdf
- 26 Parameters E and D used REACH data, which is collected at a settlement level. In counties where settlement cover was below 5 per cent, no county level analysis was done. For the PIN in counties where data did not reach 5 per cent, a county wide average was used. In states without sufficient data, a nationwide average was used.

ACRONYMS

| | | | |
|----------|--|----------|---|
| A | | N | |
| ACLED | Armed Conflict Location and Event Data Project | NFI | non-food item |
| AIDS | Acquired Immune Deficiency Syndrome | NGO | non-governmental organization |
| B | | NNGO | National non-governmental organization |
| BSFP | blanket supplementary feeding programme | O | |
| C | | OCHA | Office for the Coordination of Humanitarian Affairs |
| CAR | Central Africa Republic | OTP | out-patient therapeutic programme |
| CCCM | Camp Coordination and Camp Management | P | |
| CCS | Coordination and Common Services (cluster) | PIN | People in Need |
| CDR | crude death rate | PLW | pregnant and lactating women |
| CPI | Consumer Price Index | PoC | Protection of Civilians |
| D | | R | |
| DRC | Democratic Republic of the Congo | RRM | rapid response mechanism |
| DTM | displacement tracking matrix | S | |
| E | | SAM | severe acute malnutrition |
| EiE | Education in Emergencies | SGBV | sexual and gender-based violence |
| ERW | explosive remnants of war | SMART | Standardized Monitoring and Assessment of Relief and Transition |
| ES | emergency shelter | SSP | South Sudanese pound |
| F | | T | |
| FAO | Food and Agriculture Organization | TB | tuberculosis |
| FSL | Food Security and Livelihoods | TSFP | therapeutic supplementary feeding programme |
| FSNMS | Food security and nutrition monitoring system | TWG | technical working group |
| FGD | focus group discussion | U | |
| G | | UASC | unaccompanied or separated children |
| GAM | global acute malnutrition | UN | United Nations |
| GBV | gender-based violence | UNHAS | United Nations Humanitarian Air Service |
| GNC | Global Nutrition Cluster | UNHCR | United Nations High Commissioner for Refugees |
| H | | UNICEF | United Nations Children's Fund |
| HC | Humanitarian Coordinator | UNITAR | United Nations Institute for Training and Research |
| HIV | Human Immunodeficiency Virus | UNMAS | United Nations Mine Action Services |
| HNO | Humanitarian Needs Overview | UNMISS | United Nations Mission in South Sudan |
| HRP | Humanitarian Response Plan | UNOSAT | UNITAR's Operational Satellite Applications Programme |
| I | | USD | United States dollar |
| ICWG | Inter Cluster Working Group | UXO | unexploded ordnance |
| IDP | internally displaced person | W | |
| INGO | International non-governmental organization | WASH | Water, Sanitation and Hygiene |
| IOM | International Organization for Migration | WFP | World Food Programme |
| IPC | Integrated Food Security Phase Classification | WHO | World Health Organization |
| IRNA | inter-agency rapid needs assessment | | |
| K | | | |
| KII | key informant interview | | |
| M | | | |
| MAM | moderate acute malnutrition | | |
| MoH | Ministry of Health | | |
| MUAC | mid-upper arm circumference | | |



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