

HUMANITARIAN NEEDS OVERVIEW SOUTH SUDAN

HUMANITARIAN
PROGRAMME CYCLE
2023

ISSUED NOVEMBER 2022



About

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

PHOTO ON COVER

Nyadeng Majok in her flooded farm in Padeah, Unity State. Photo: WFP/Gabriela Vivacqua

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The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

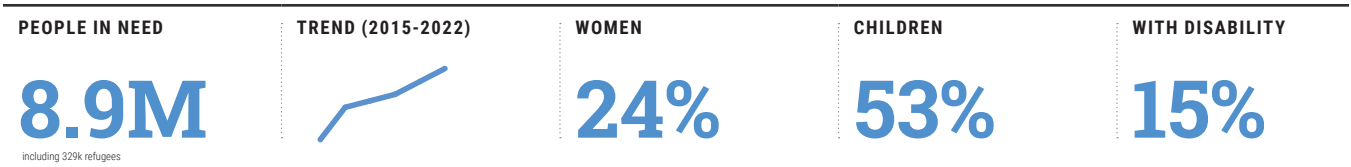
<https://fts.unocha.org/appeals/overview/2022>

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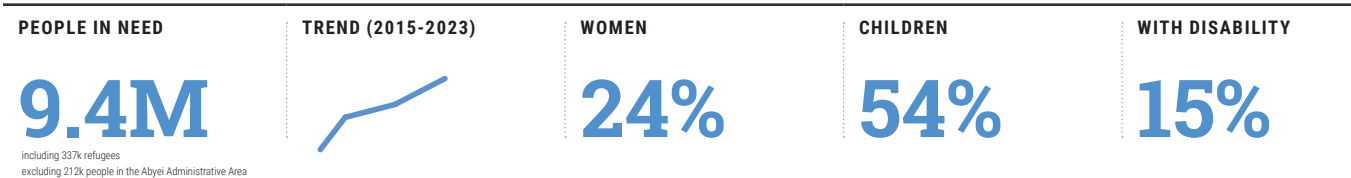
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Summary of Humanitarian Needs and Key Findings

Current figures



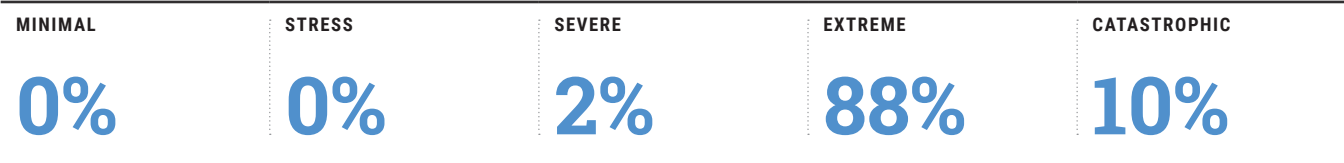
Projected figures (2023)



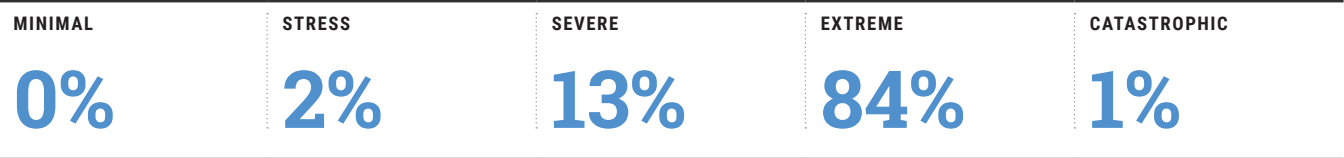
BENTIU/UNITY STATE, SOUTH SUDAN

The hospital provides primary and secondary health care services for patients coming from various parts of Unity State. Photo: WHO

Severity of needs: current



Severity of needs: projected (2023)



By population groups

POPULATION GROUP	PEOPLE IN NEED
Host community/Non-displaced people	5.8m <div></div>
Internally displaced people	1.9m <div></div>
Returnees	1.4m <div></div>
Refugees in South Sudan	337k <div></div>

By gender*

GENDER	PEOPLE IN NEED	% PIN
Girls	2.4m <div></div>	26%
Boys	2.5m <div></div>	28%
Women	2.2m <div></div>	24%
Men	2.0m <div></div>	22%

By age*

AGE	PEOPLE IN NEED
Children (0 - 17)	4.9m <div></div>
Adults (18 - 60)	3.5m <div></div>
Elderly (60+)	0.7m <div></div>

With disability*

AGE	PEOPLE IN NEED	% PIN
Persons with disabilities	1.9m <div></div>	15%

Abyei Administrative Area

POPULATION GROUP	PEOPLE IN NEED
Host community/Non-displaced people	140k
Internally displaced people	72k
Returnees	480

* excluding 337k refugees

Context, shocks and impact of the crisis

Eleven years after independence and four years after the signing of the revitalized peace agreement, people in South Sudan continue to face deteriorating humanitarian conditions. Their situation is worsened by endemic violence, conflict, access constraints and operational interference, public health challenges such as measles and cholera outbreaks and climatic shocks resulting in extraordinary flooding and localized drought. These in turn have a severe impact on people's livelihoods, hamper access to education and water, sanitation and hygiene and health services. Protection concerns remain high, especially for women and girls. People affected by violence have limited access to formal justice as well as restriction in their movement and access to basic needs such as food.

An estimated 2.2 million people are displaced in the country since 2013 and more than 2.3 million South Sudanese refugees are hosted in the neighbouring countries. At least 148,000 returnees from abroad remain displaced within the country, unable to reach their homes. Continued conflict and instability in South Sudan, combined with flooding, have resulted in large-scale internal and cross-border displacement. Above normal rainfall for the fourth consecutive year in 2022 led to prolonged flooding, which affected areas that had not flooded in previous years. Since July 2022, an estimated 1 million people were affected by severe flooding in 36 counties across South Sudan and in the southern part of the Abyei Administrative Area. People in Northern Bahr el Ghazal, Warrap, Unity and Western Equatoria states are the worst affected and 80 per cent of those affected were from Jonglei, Unity and Upper Nile states. People were forcibly displaced repeatedly due to multiple compounding shocks, both in areas of displacement and return.

The humanitarian community in South Sudan estimates that 9.4 million people will be in need of humanitarian assistance in 2023, a staggering 76 per cent of South Sudan's population, increased by 500,000 people from 2022. At least 148,000 returnees from abroad remained displaced within the country, unable to reach their homes.

Scope of analysis

The 2023 South Sudan Humanitarian Needs Overview (HNO) focuses on the humanitarian needs of the internally displaced persons (IDPs), returnees and vulnerable host communities/non-displaced people in South Sudan and in the Abyei Administrative Area. The current analysis also includes vulnerable sub-groups, including female-headed households and people with disabilities (PWD), whose vulnerabilities have been aggravated by the ongoing conflict, flooding and economic depreciation.

Given the inter-connected nature of the shocks and risks in South Sudan, their impacts on people's situation into and beyond 2023 remain uncertain. The 2022 Inter-Sector Needs Assessment (ISNA) conducted in 75 out of 78 counties across South Sudan and the Abyei Administrative Area was used to understand and analyse the evolution of people's humanitarian needs and to identify the impact of shocks on the vulnerable population groups. Potential risks that could affect the humanitarian needs of the most vulnerable communities are outlined in section 2.1 of this analysis. A most likely scenario for 2023 is also outlined in section 2.1, with support from the United Nations Disaster Risk Reduction (UNDRR).

Humanitarian conditions, severity and people in need

The deterioration of people's physical and mental well-being, living standards and coping mechanisms is expected to leave 9.4 million people in need of humanitarian assistance in 2023, higher than the 8.9 million people in need of humanitarian assistance in 2022. This increase is largely driven by compounded shocks triggered by continued conflict, widespread flooding, deepening food insecurity, inflation, high food prices and lack of access to basic services.

The inter-sectoral analysis conducted using cluster people in need (PiN) revealed that there are needs in every county of the country. Of the 9.4 million people in need, an estimated 56,325 people will experience catastrophic need in Panyikang county. Moreover, there will be 7.6 million people experiencing extreme need in 66 out of 78 counties and 1.7 million people in severe

need in 10 out of 78 counties. Upper Nile and Western Equatoria States will contain the highest number of counties in critical need. In the Abyei Administrative Area, 212,000 people will be in extreme need of humanitarian assistance.

The projected 9.4 million people in need for 2023 include 1.9 million IDPs, 1.4 million returnees, 5.8 million host community/non-displaced people and 337,000 refugees. Among them, there are 2.2 million women and 4.9 million children, including 2.4 million girls and 2.5 million boys. Nearly 15 per cent of the total people in need are PWD.

Covariate climatic, conflict and economic shocks as well as other household-level stressors, like gender-based violence (GBV) and poor WASH services, are some of the key drivers of humanitarian needs in South Sudan. The cumulative impact of recurrent flooding has contributed to the destruction of, and damage to water facilities, increasing the likelihood of water-borne diseases and intensifying the existing vulnerabilities of the affected people, which include high poverty rates, widespread displacement and limited access to basic services such as health, nutrition and education.

More people are projected to experience severe food insecurity in 2023. Between December 2022 and March 2023, an estimated 6.31 million people are expected to face crisis levels under the Integrated Food Security Phase Classification (IPC) Phase 3 and 33,000 people are estimated to face catastrophic levels under IPC Phase 5 of acute food insecurity. Global Acute Malnutrition (GAM) prevalence is projected to be above 15 per cent in 59 counties in 2023.

Women and girls continue to be exposed to risks when carrying out their routine activities to access their basic needs, which are further exacerbated by flooding that limits livelihood opportunities (e.g., collection of firewood and water). Increased cases of sexual violence against, and harassment of, women and girls were also reported, along with the risks of abduction, killings, revenge killings and threats from armed forces. Most verified conflict-related sexual violence cases occurred in Southern Unity State in 2022. Children continue to be at risk of recruitment into local defense groups and other forms of abuse, including abduction and possible trafficking.

Estimated number of people in need

TOTAL POPULATION

12.44M



(excluding 337k refugees and 250k people in the Abyei Administrative Area)

PEOPLE IN NEED

9.1M

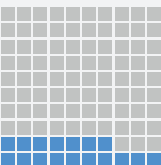


(excluding 337k refugees and 212k people in need in the Abyei Administrative Area)

BY SECTOR

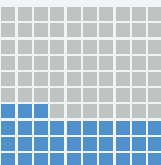
CCCM

1.7M



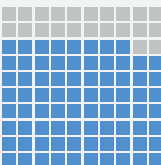
EDUCATION

3.3M



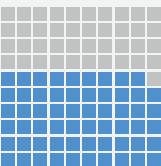
FSL

7.8M



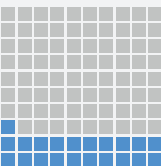
HEALTH

5.9M



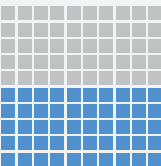
NUTRITION

2.1M



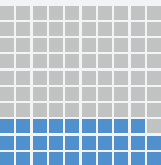
PROTECTION

6.0M



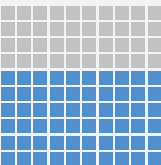
SHELTER & NFI

2.9M



WASH

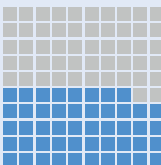
6.0M



BY AGE & SEX

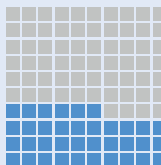
CHILDREN
<18 YEARS

4.8M



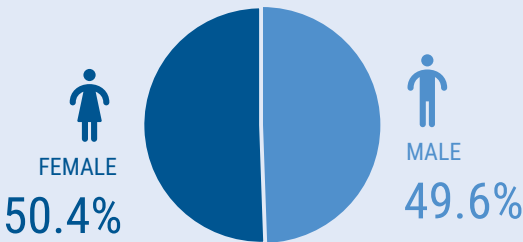
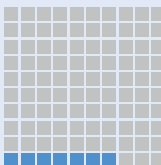
ADULT
18-60 YEARS

3.6M



ELDERLY
>60 YEARS

669K



Abyei Administrative Area PiN

CHILDREN
<18 YEARS

113K

ADULT
18-60 YEARS

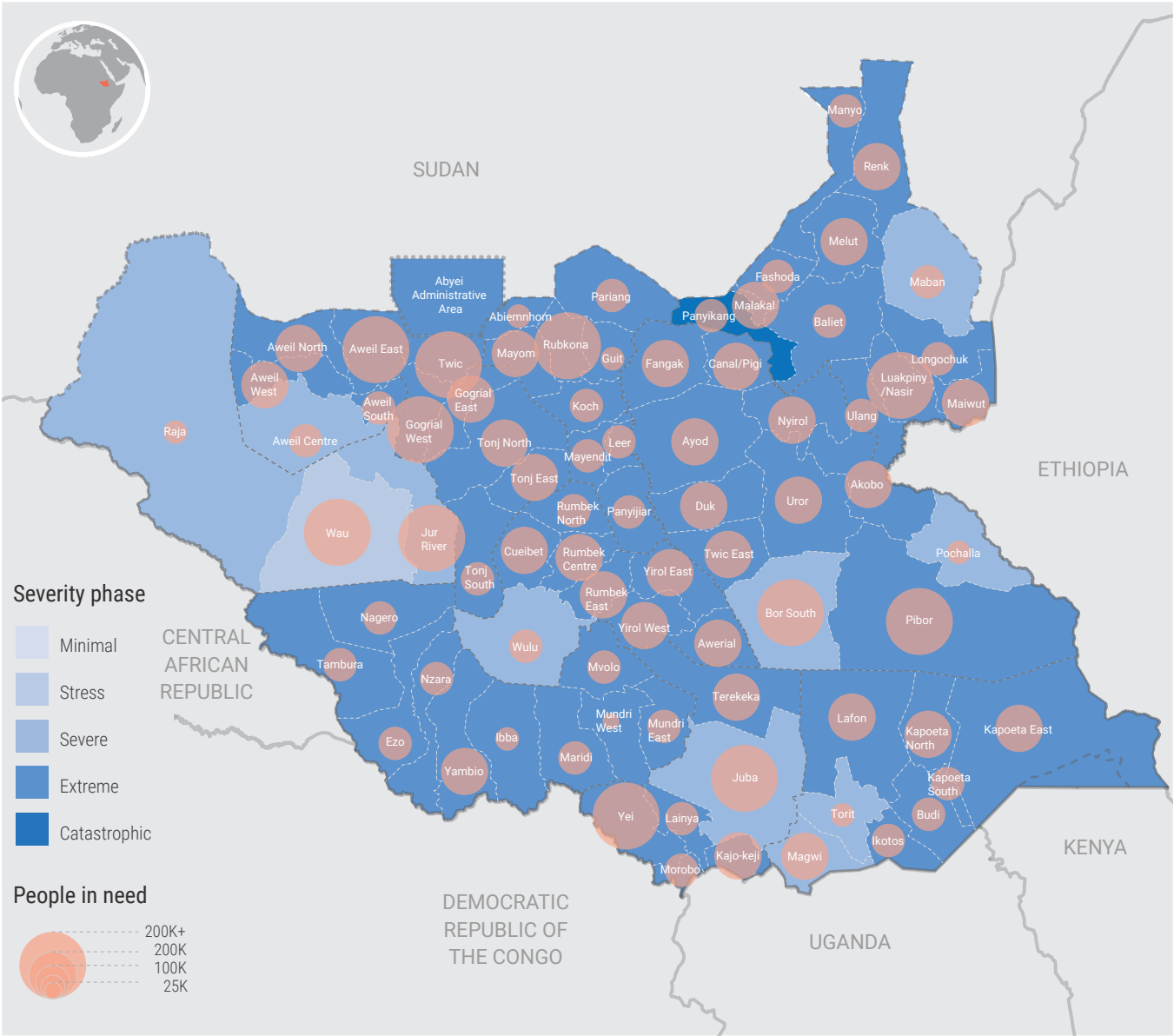
83K

ELDERLY
>60 YEARS

15K

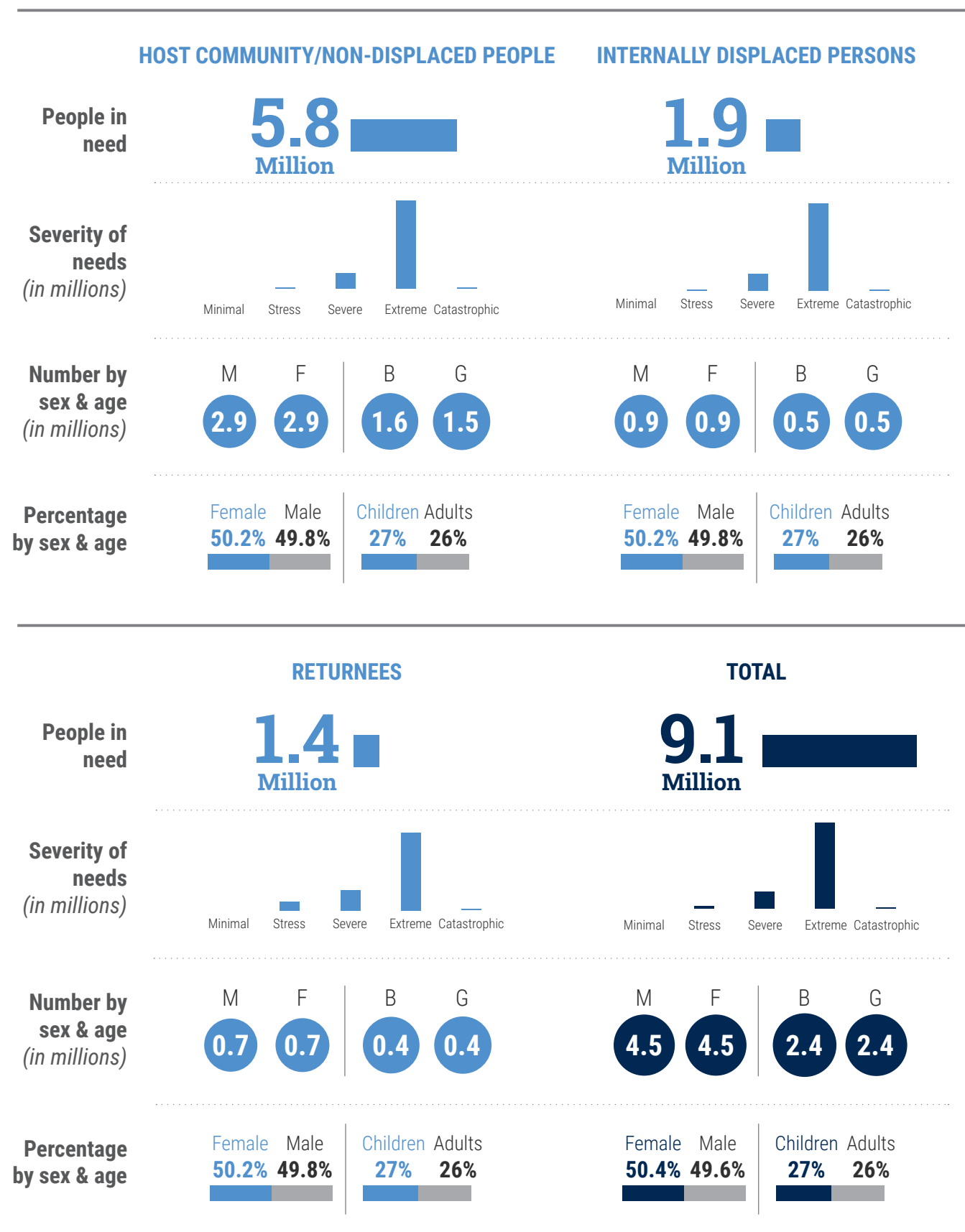
Source: Clusters

Severity of humanitarian conditions and number of people in need



Source: Clusters

Severity of humanitarian conditions and number of people in need



Source: Clusters

Part 1:

Impact of the Crisis and Humanitarian Conditions

TWIC EAST/JONGLEI STATE, SOUTH SUDAN

13-year-old Achior Chol Deng looks out at submerged houses in the village of Panyagor in Twic East, Jonglei State. Photo: UNICEF/Mark Naftalin



1.1

Context of the Crisis

Peace process

The pervasive insecurity fueled by sub-national violence and opportunistic crime driven by economic deprivation continues to obstruct the realization of durable and sustainable peace in South Sudan. The ceasefire continues to hold in many parts of the country, albeit with an overall increase in tension and violence across different parts of the country. Political unrest, localized conflict between non-signatories and recurring violence at sub-national and local levels, including between non-signatories, have affected the country's peace process and led to human rights violations. Throughout 2022, sub-national violence recurred in seven out of ten states and the Abyei Administrative Area, leading to displacement, limitation of people's access to critical humanitarian services and livelihoods and disruption of humanitarian operations. Conflict across the country has displaced an estimated 257,000 people as of July 2022.¹ More than 80 per cent of civilian casualties were attributed to sub-national violence and community-based militias.²

In 2022, the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS) reached some milestones through the implementation of the transitional security arrangements for a single joint command structure under the Necessary Unified Forces (NUF). More than 21,000 members of the armed forces graduated as part of the NUF for the first time and public consultations were launched to establish the Commission for Truth, Reconciliation and Healing.³ The slow implementation of other key components of the R-ARCSS, however, has led to the extension of the current transitional period for another 24 months until 22 February 2025. A roadmap has been developed to enable the implementation of key outstanding tasks, which will address the occurrence of violations and abuses and ensure a conducive environment for credible elections.

Demographic and socio-cultural profile

South Sudan's population is estimated to be 12.44 million people in 2022, with 54 per cent of the population under 18 years of age.⁴ More than 2.2 million people are internally displaced and 1.92 million are returnees⁵. As of October 2022, over 537,000⁶ of the 2.2 million IDPs live in displacement sites, including 36,718 in the Malakal Protection of Civilians (PoC) site. Since the signing of the peace agreement in October 2018, more than 600,247 spontaneous refugee returnees have been recorded.⁷ South Sudan also hosts nearly 337,120 refugees,⁸ mainly from the Republic of the Sudan, who are not included in the estimated population baseline. There are 2.34 million South Sudanese refugees in neighbouring countries.⁹

Conflict has driven changes, influencing some of the traditional gender roles. Female-headed households, commonly found in rural areas, are underprioritized for food assistance programs due to their traditional, cultural and social roles as caregivers of children and the elderly. As a result, they experience greater food insecurity. For example, where men are no longer present, women may be required to support and care for the family and their assets. Women tend to experience greater food insecurity given their cultural and social roles as caregivers of children and older persons, which leads to others being prioritized and served food first. Female-headed households are more commonly found in rural areas.

GBV is a prevailing issue in South Sudan, ranging from domestic violence to sexual violence in conflict. Despite gender equality being guaranteed in the Constitution of South Sudan,¹⁰ women and girls remain marginalized and subject to cultural and patriarchal constraints. These constraints, along with the low status of women at an individual and systemic level, contribute to an environment that hinders women's access to the justice system and threatens of their



TONGA/UPPER NILE STATE, SOUTH SUDAN

A woman displaced by fighting between armed factions in Tonga Panyikang County in Upper Nile.

Photo: OCHA/Krasimira Antimova

physical security.¹¹ Studies indicate that some 75.2 per cent of women and girls have experienced some kind of intimate partner violence (IPV) ranging from threats to forced sexual acts while approximately 46 per cent reported experiencing at least one incident of GBV against a female in the household in 2018.¹² Impunity for sexual and gender-based crimes enables the continuation of GBV and IPV to continue to take place, while the absence of state security forces, including the military and the police, enables armed actors to commit sexual and gender-based crimes. In armed conflict, both women and men are subjected to sexual violence, rape, murder and torture. Men and boys are likely to face the risk of recruitment by armed forces. Therefore, they refrain from engaging in essential activities, such as collecting firewood, water and food, to avoid being targeted by armed actors. As a result, women and girls tend to take over the responsibilities for such activities, placing them at risk of sexual violence and GBV. Women and girls are at a higher risk of domestic violence, which is considered acceptable in some parts of the communities in South

Sudan.¹³ The elderly and PWD were reportedly the most vulnerable demographic groups in terms of protection issues, barriers to services and access to assistance.

Existing legal and policy frameworks

Despite the capacity building efforts by the United Nations and others, South Sudan largely lacks efficient and independent judicial institutions committed to upholding the rule of law and safeguarding fundamental human rights. Weak rule of law institutions and economic deterioration have led to increased criminality and the targeting of civilians and humanitarian workers. Every year, 1.75 million people in South Sudan face one or more legal problems, while there is a wide annual justice gap of almost two million unresolved legal problems. This is also triangulated by the 2022 ISNA household survey, which indicates that 42 per cent of households who were in need and tried to access justice mechanisms reported no formal access to justice or compensation and to any customary/informal justice mechanism.¹⁴

in their location. Since 2017, 25 mobile courts have been deployed across 10 locations in Kapoeta, Pibor, Rumbek, Ruweng Administrative Area, Terekeka, Yambio, Malakal, Yirol, Bentiu and Mundri West, resulting in a significant reduction (86 per cent) of the case backlogs.¹⁵ Customary courts, covering issues such as marriage, divorce, childcare and property rights, resolve up to 57 per cent of the cases in South Sudan. While all South Sudanese have access to these traditional systems, it is particularly challenging for women as patriarchal views remain entrenched in the existing systems and mechanisms and are reflected in their decisions in favour of male applicants.¹⁶

Following its commitments to advance and witness progress on the legislative reform, the revitalized government inaugurated the ad-hoc Judicial Reforms Committee to recommend judicial reforms required to strengthen the rule of law in South Sudan.¹⁷ The establishment and operationalization of the Hybrid Court to try war crimes committed during more than six years of conflict is yet to happen.¹⁸

On GBV, the Government of South Sudan has taken some limited but symbolic steps to pursue justice for the survivors of sexual violence during the conflict. In June 2022, a General Martial Court took place in Yei, Western Equatoria and resulted in the conviction of the perpetrators.¹⁹

Economic profile

South Sudan is among the poorest and least-developed countries in the world, ranking as the third least economically resilient country in Africa in 2022.²⁰ The economy is heavily dependent on oil, which accounts for 75 per cent of the Gross Domestic Product (GDP) and more than 90 per cent of public revenue. The Coronavirus disease (COVID-19) pandemic severely affected the economy with the sharp decline of international oil prices in 2020 and part of 2021, which subsequently had a knock-on effect and worsened people's existing vulnerabilities and long-term implications for economic growth and development. Oil prices picked up towards the end of 2021 and continued to increase in 2022 as a result of the war in Ukraine. While the utilization of the windfall from

increased prices of oil is not clear, the government was able to clear some salary arrears. Despite abundant natural resources, including arable and grazing land, water resources, oil and timber, the GDP per capita was estimated to be US\$700 at the end of 2021, but is expected to grow by 5.3 per cent in 2022 with the increased oil exports.²¹

Agriculture remains the main source of income for the vast majority of the population.²² Approximately 80 per cent of the total population lives in rural areas²³ and up to 95 per cent of the South Sudanese people rely on farming, herding or fishing as their main source of income. A significant 72 per cent of the population is under 30 years old, representing one of the youngest populations in the world. The youth face severe livelihood challenges due to limited income-generating activities and protection risks, including revenge killings, which limit their mobility. Conflict and climate-driven shocks have significantly damaged livelihoods and disrupted agricultural production and services in South Sudan. Disruption in the agricultural sector has resulted in substantial repercussions for the country's economy, leading to dramatic increase in food prices and affecting the production of food, worsening the food insecurity situation and contributing to high poverty rates.

Local currency depreciation, inflation, increasing import and fuel costs, obstacles to trade and seasonal factors are sustaining high staple food prices and limiting economic activity, which in turn restricts household purchasing power. The implementation of monetary and exchange rate policy reforms led the South Sudanese pound (SSP) to appreciate in early 2022 to rates equivalent to 2021. However, the official exchange rate slowly depreciated in June 2022 with the COVID-19 pandemic and the appreciation of the US dollar and high inflation due to the conflict in Ukraine.²⁴ Since the implementation of prudent macroeconomic policies through the IMF Staff Monitored Programme, the huge gap difference between the official and parallel market exchange rates has been closed.

According to the World Bank, remittances of \$1.3 billion account for a third of South Sudan's GDP, which is the highest share in sub-Saharan Africa. Much of

South Sudan's productive capacity and infrastructure have been destroyed by years of conflict, which has hampered investment and economic growth. The latest World Bank economic analysis from February 2022 shows that the economy is expected to slowly grow depending on several factors such as the sustained implementation of the peace agreement, oil sector developments, climatic shocks, future path of the COVID-19 pandemic, and a weaker global economic context.²⁵ The economy is, however, highly vulnerable to macroeconomic shocks, described further in section 1.2.

Infrastructure and communications

Infrastructure and communications remain poorly supported in South Sudan. Of an estimated 17,000 km of the roads across the country, around 350 km outside urban areas are paved.²⁶ Two-thirds of South Sudan's roads become impassable during the rainy season, cutting people off from markets, basic services and in some cases, humanitarian assistance. The situation is further exacerbated by insecurity in many parts of the country, including the risk posed by explosive remnants of war (ERW). The lack of reliable road infrastructure makes the supply chain in South Sudan exceedingly expensive and inefficient.

Only four airstrips are equipped with tarmac in South Sudan, with another 234 functioning airstrips across the country to enable humanitarian actors to serve the people in hard-to-reach areas. However, due to poor maintenance and sensitivity to adverse weather conditions, a large majority of the airstrips are reachable only by helicopter during the rainy season. Waterways have become an increasingly reliable means of transportation for commercial goods and humanitarian cargo, but some of the river routes are dependent on seasonality and river operations are generally fluid, affecting the reliability of the services. Over wide areas, communications and trade rely on river transport on the White Nile, particularly between the ports of Juba, Bor and Malakal and with the Republic of the Sudan.

Only 7 per cent of the population has access to electricity in urban areas, versus 5.6 percent in the rural

areas.²⁷ Mobile network coverage is poor in most parts of South Sudan and largely non-existent in many rural areas. Radio is a key communications tool for people in hard-to-reach areas.

Conflict and security environment

Intercommunal conflict among different tribes, particularly pastoralist groups, is rooted in traditional societal practices in South Sudan. However, this conflict is now often carried out with military-style tactics and military grade weapons.²⁸ The impacts of continued violence are large and continue to obstruct the realization of a durable and sustainable peace in South Sudan. During the first half of 2022, intercommunal violence was the primary source of violence affecting civilians, accounting for more than 60 per cent of civilian casualties. Persistent attacks on civilians by armed cattle keepers, cattle raids and revenge attacks in several counties in Jonglei, Eastern Equatoria, Western Bahr el Ghazal, Warrap and Lakes States and the Greater Pibor Administrative Area resulted in the displacement of at least 257,000 people, several killings, increased incidents of sexual violence, abductions and looting/destruction of property and resources. Between January and June 2022, United Nations Mission in South Sudan (UNMISS) Human Rights Division (HRD) documented more than 534 violent incidents that affected at least 2,430 civilians, subjected to one of the four major types of individual harm (killing, injury, abduction and conflict-related sexual violence).²⁹ Women and children comprised 28 per cent of all incidents. Incidents occurred in remote areas where victims of violence or survivors of sexual assault had little to no access to health services. Conflict and insecurity have had a profound impact on humanitarian access, and thereby delivery of assistance to people in need, significantly affecting women and children in accessing health care, education and livelihoods services. Children were also at risk of recruitment into armed groups and other forms of abuses, including abduction and possible trafficking.

South Sudan is listed in medium-intensity conflict in the current World Bank's Harmonized List of Fragile Situations. In the Global Peace Index 2022, South

Sudan is ranking at 159 out of a total of 163 countries listed.³⁰ Although South Sudan remains the least peaceful country in the region and one of the least peaceful countries in the world with high levels of internal conflict, the number of deaths from the conflict decreased by 15 per cent in 2022 with its homicide rate being at its lowest level since the country's establishment in 2011, recording 4.42 homicides per 100,000 people.³¹

The presence of ERW contamination, mainly in the southern part of the Greater Equatoria region, straddles a primary return route for the 911,000 refugees in Uganda and the 55,000 refugees in the Democratic Republic of Congo. Safe land is a prerequisite for their safe return as well as for resettlement and agricultural purposes.

Natural environment and disaster risk reduction

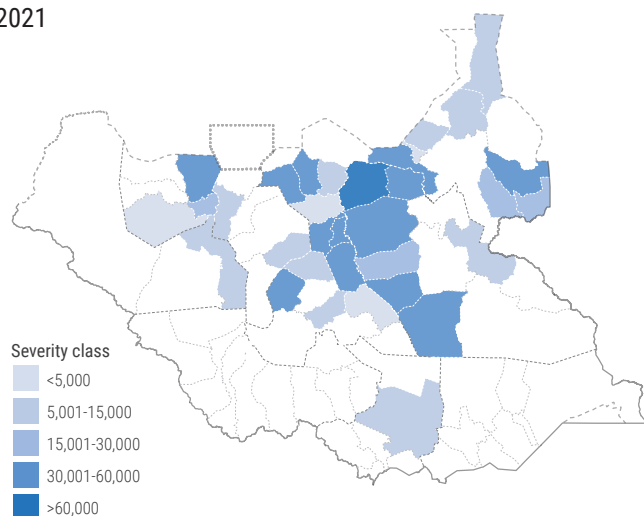
South Sudan ranks among the top 10 countries in the world most vulnerable to climate impact, including droughts and flooding. While conflict and insecurity remain the main drivers of displacement, seasonal flooding contributes to displacement and exacerbates vulnerability.³² Torrential rain and floods for the fourth consecutive year have resulted in the displacement of almost one third of the total displaced persons in South Sudan,³³ contributing to secondary displacement.³⁴ Over 97 per cent of South Sudan

lies within the Nile Basin, with the rainfall within the Equatorial Lakes region passing through, while the wider Bahr el Ghazal areas are further linked to Bahr el Ghazal water flows from Sudan.³⁵ Abnormally high flooding since 2019 has been traced to a variety of factors including high levels of rainfall in South Sudan itself, rainfall and water levels upstream in neighbouring countries and a lack of river system management. This resulted in flood waters in the Sudd wetlands failing to fluctuate during the 2021 dry season and creating a pre-existing problem in the 2022 rainy season.³⁶

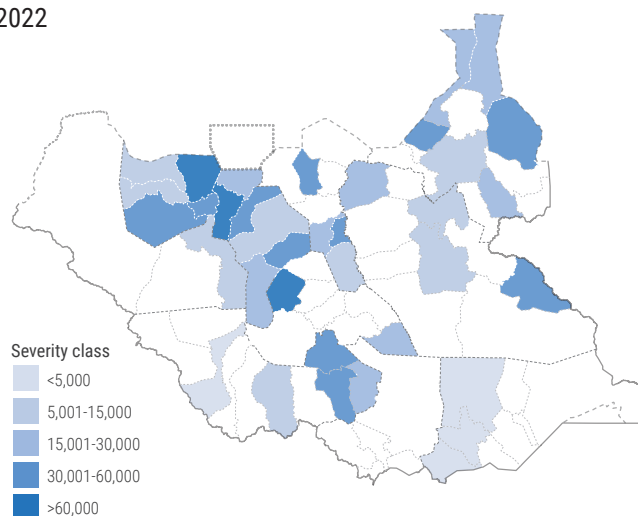
Climate change increases the vulnerability of rural communities as it contributes to a decline in the amount and viability of land for cultivation. Traditional seasonal migration routes used by pastoralists and their livestock are affected, as access to water changes and efforts to seek grazing and water contribute to conflict. These effects of climate change, in turn, decrease agricultural productivity, which most of the population depends on for their livelihoods. Unless communities adapt, climate change will hinder socio-economic development and contribute to existing tensions and conflicts over natural resources in South Sudan. Children in South Sudan are at extremely high risk of suffering from the impacts of climate change as they affect disproportionately their access to health, education and protection services.³⁷

Floods risk areas in 2021 and 2022

2021



2022



Source: OCHA and partners, South Sudan NBS, Global Risk Data Platform



PANYIKANG COUNTY/UPPER NILE STATE, SOUTH SUDAN

Heavy fighting between armed factions erupted mid-August in Tonga town and neighbouring areas in Panyikang County and forced vulnerable people, predominantly women and children, to flee to neighbouring counties leaving their belongings behind. Photo: OCHA/ Krasimira Antimova

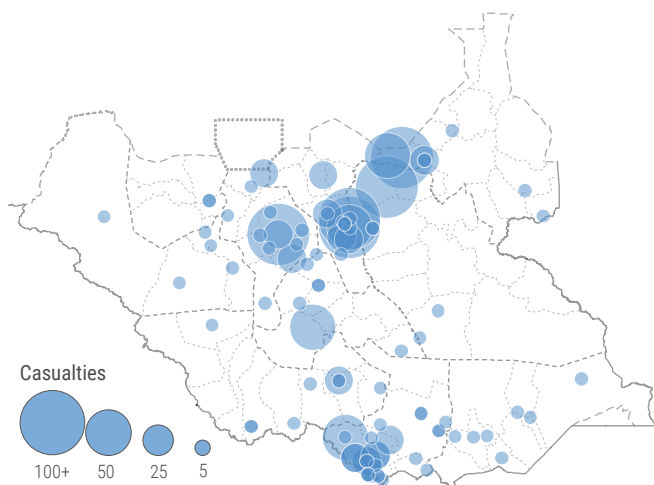
1.2 Shocks and Impact of the Crisis

Shocks and ongoing events

Conflict, insecurity and climate shocks continue to be the main drivers of humanitarian needs in South Sudan. Protracted displacement continues for more than 2.2 million people, many of whom are unable to return. In 2022 alone, an estimated 257,000 people were displaced due to conflict,³⁸ primarily sub-national conflict associated with attacks on civilians by armed cattle keepers and cattle raids, resulting in loss of access to markets and basic services and increasing underlying vulnerabilities. In addition, seasonal

flooding continues to affect and displace people. Floodwaters have destroyed critical infrastructure and have limited humanitarian access to heavily affected people, while simultaneously limiting the ability of people to migrate to access services. Over 1 million people were reportedly affected by flooding in 36 counties across South Sudan and in the southern part of the Abyei Administrative Area. People in Northern Bahr el Ghazal, Warrap, Unity and Western Equatoria states are the worst affected.³⁹ Barriers to movement imposed by flooding and insecurity have also limited the ability of the vulnerable groups in the

Violence affecting civilians due to conventional conflict from January to September 2022



Casualties include deaths, injuries, abductions and incidents of sexual violence
Source: UNMISS HRD

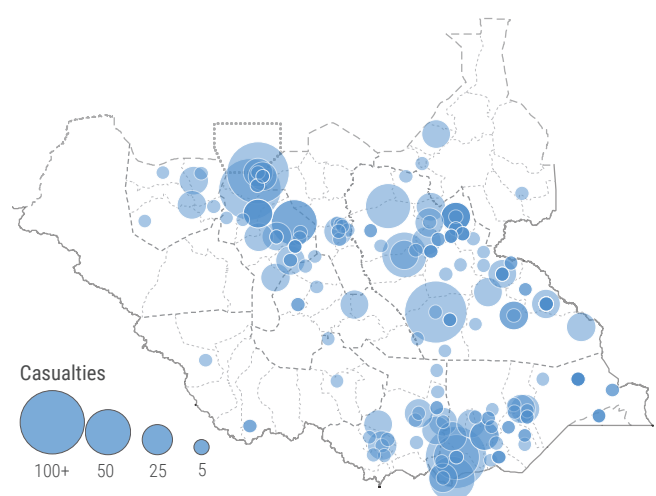
affected areas, particularly women, to adopt already weakened coping strategies, further exacerbating their vulnerabilities.

Climate change is aggravating the risk as well as cascading and compounding the effects of hydro-meteorological hazards. As their severity, frequency and complexity increase, the level of disruption of socio-economic systems and of destruction affecting livelihoods and infrastructure rises. South Sudan is one of the countries most affected by weather-related loss events globally.⁴⁰

Impact on people

An estimated 2.2 million people in South Sudan continue to remain displaced by conflict and natural disasters since 2014, with most in Rubkona, Juba, Twic, and Tonj North counties. Among the total population of IDPs who remain displaced, almost two thirds are individuals who were displaced after the signing of the peace agreement. Seventy-six per cent are displaced within host communities, adding additional strain to limited essential services. Conflict remains the primary reason for those in protracted displacement.

Violence affecting civilians due to sub-national conflict from January to September 2022



In 2022, sub-national and localized violence, continued to intensify in similar levels as previous years, leading to the displacement of more than 300,000 people. An estimated 69,000 people across Upper Nile and Jonglei, primarily women, children and the elderly, were reported to be affected by the violence, including 35,474 children. Many of them were exposed to major risks, including family separation and trauma. An unconfirmed number of civilians, mostly elderly, are also reported as stranded in the affected locations.⁴¹ The second quarter of 2022 witnessed an increase in security incidents affecting civilians. Conflict deteriorated the security situation, preventing people to access fields, livestock and income-generating activities, damaging shelters, disrupting trade and market functions, driving up the food prices and constraining humanitarian access. People's access to humanitarian assistance was reportedly affected by crime and violence en route to aid distribution sites. High levels of insecurity contributed to decreased food production due to limited access to land for cultivation. Host communities and IDPs reported that fears of cultivating outside settlements led them to cultivate homesteads. Movement restrictions also disrupted firewood collection, an important livelihood source for women in particular, as well as collection of wild food and livestock grazing. The 2022 ISNA household

survey showed that half of the households cited death or injury due to insecurity or intercommunal violence as the primary factor to restricting their movements.⁴²

Women across all affected groups were at higher risk of attacks while moving to access humanitarian services or to attend to family needs.⁴³ Increased cases of sexual violence against, and harassment of, women and girls as well as risks of abductions and killings, including revenge killings and threats from armed forces, were also reported. Most verified conflict-related sexual violence cases occurred in Southern Unity State. Children were at risk of recruitment into armed groups and other forms of abuse, including abduction and possible trafficking.⁴⁴

Instability and flooding have also resulted in a significant number of people remaining in protracted displacement, aggravating their existing needs. Over 148,000 people, previously displaced abroad, were unable to reach their homes and remained displaced. The 2022 ISNA shows that two thirds of the assessed IDPs reported an intention to return to their area of habitual residence (57 per cent) or to relocate to a different location (6 per cent). Destruction of house/land (39 per cent), insecurity (39 per cent), lack of services in the area of return (37 per cent) and lack of financial means are the main barriers for the IDPs to return to their homes.⁴⁵

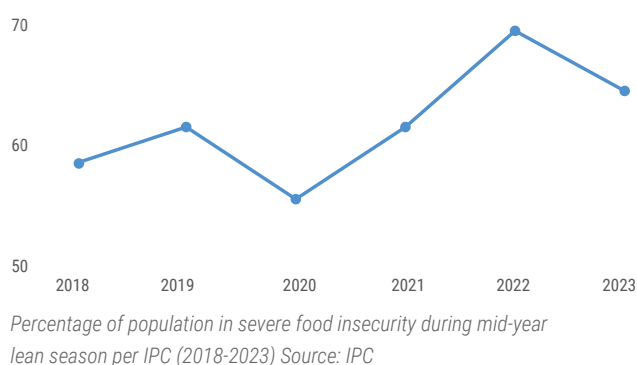
Climate shocks, including abnormal levels of flooding and drought, exacerbate the vulnerabilities of the South Sudanese people. From July to October 2022, more than 1 million people got affected by floods. Torrential rain and flooding affected 36 counties across South Sudan and the southern part of the Abyei Administrative Area. People in Northern Bahr el Ghazal, Warrap, Unity and Western Equatoria states are the worst affected. An estimated 16,500 hectares of cropland have been potentially affected by flooding, interrupting the livelihood activities and aggravating the already alarming level of food insecurity. In addition, water submerged boreholes and latrines, contaminating water sources and causing outbreaks of waterborne diseases and other illnesses. In flood-affected areas, there has been an increase in cases of malaria, diarrhoea, pneumonia, anemia and skin

infection diseases. Ongoing cholera and Hepatitis E outbreaks in Bentiu and Leer are likely to persist due to inadequate water and sanitation services, increasing the vulnerability of children.

In areas with combined shocks from conflict and floods, such as Northern Bahr el Ghazal, Warrap, Upper Nile and Unity, people's already dire living conditions further deteriorated as insecurity and violence affected the delivery of urgent humanitarian assistance.

Food security needs remain high in 2022 in similar levels as the previous year. A staggering 8 million people or 64 per cent of the total population are expected to experience severe food insecurity by the peak of the lean season between April and July in 2023.⁴⁶ Continued disruption of livelihoods due to violence or insecurity, inflation and high food prices, floods and dry spells and household-level stressors (such as death of the bread winner, GBV and morbidity and mortality due to poor hygiene and lack of access to essential basic services) are the main drivers of food insecurity in South Sudan. Food was identified as the top priority need by 77 per cent of the households assessed in the 2022 ISNA.⁴⁷

Evolution of food insecurity from 2018 to 2023



In conflict- and flood-affected areas, people could not access food and income sources either due to displacement to new locations or disruption of delivery of food assistance and trade flows. In some occasions, insecurity affected people's ability to move outside of their immediate area to cultivate.⁴⁸ Warrap, Lakes, Unity, Jonglei and Upper Nile states have experienced an intensification of the conflict in a number of counties with the affected people in need of food assistance

and livelihoods. Above normal rainfall for the fourth consecutive year have destroyed or submerged crops in several counties in Lakes, Unity and Upper Nile states, contributing to a lower crop production than last year. As of October 2022, some 290,039 people have been assessed to be in need of food and livelihoods assistance across 22 counties. The severity of food insecurity is compounded by the depreciation of the local currency and the global impacts of the conflict in Ukraine. The cost of the Minimum Expenditure Basket has increased by 15 to 30 per cent since last year despite the availability of local harvests, while increases on wage rates have been minimal. The highly food insecure people are in locations with chronic vulnerabilities worsened by frequent climate-related shocks (severe flooding and dry spells), the macro-economic crisis, conflict and insecurity and low agricultural production.

Disease outbreaks

Communicable diseases, maternal mortality and neonatal health continue to be the leading causes of morbidity and mortality in South Sudan. Malaria is the leading cause of morbidity, accounting for 33 per cent, followed by pneumonia and diarrhoea.⁴⁹ Since January 2022, measles outbreaks were confirmed in 12 counties, affecting mostly children under age 5 due to low routine vaccination coverage. Juba and Maban counties have recorded the highest number of measles cases. South Sudan also experienced a cholera outbreak in Bentiu in 2022, with a total of 389 cholera cases reported and almost one third of the patients children between 0 and 4 years old. Hepatitis E virus (HEV) cases continue to be reported in Bentiu IDP Camp since 2019. The two rounds of HEV vaccination campaign, targeting people between 16 and 40 years old, resulted in a decline from 60 cases to 40 every fortnight. The outbreaks of cholera and Hepatitis E are partly fueled by people's inability to access safe water and sanitation facilities and negative practices among the population.⁵⁰ Women and children are reported to have poor access to health care, driving maternal and child mortality rates to be among the highest in the world. Poverty and limited access to skilled health assistance for childbirth are the key factors contributing to the high risks of maternal mortality.

South Sudan is one of the high-risk countries for Ebola virus disease (EVD), as the outbreak in Uganda is ongoing. High volume of population movement across the borders between Uganda and South Sudan, inadequate screening at the official border crossing points, existence of unofficial crossing points between the two countries, lack of capacity by the health system to respond to EVD cases and the ongoing instability increase the potential of an outbreak in South Sudan. As of 24 September 2022, eight alerts of EVD were received in the country. Sub-national task forces were activated in high-risk areas and Rapid Response Teams have been deployed to high-risk locations, while screening at the Nimule point of entry has been reactivated.⁵¹

South Sudan continues to record COVID-19 cases. As of 20 October 2022, 18,292 COVID-19 cases were confirmed across South Sudan and 138 deaths were reported. Only 15 per cent of the population is fully vaccinated against the virus.⁵²

Impact on systems and services

Deteriorating economic situation and market functionality

The South Sudanese economy has become extremely volatile and fragile due to fluctuations in international oil prices triggered by the impact of the COVID-19 pandemic and devastating floods, which have eroded economic gains linked to the peace process. Although the price of oil increased in 2021 and into 2022, the gains were not reflected in the market for consumers. South Sudan continues to rely on commercial imports of basic commodities, including cereals and pulses from neighbouring countries.

The recent depreciation of the SSP, coupled with insecurity and disruptions to global supply chains caused by the war in Ukraine, have strained business activities and the flow of goods, leading to sharp increases in the price of food and other commodities. From July to September 2022, the cost of food baskets increased by 3 per cent as a result of inflation, further reducing household purchasing power.⁵³ This economic crisis, exacerbated by insecurity along the main supply routes and the eruption of conflict in the

country's breadbasket region that hampered domestic food production for the states, resulted in record-high numbers of food-insecure people in the country. These factors continue to contribute to high staple food prices and limit household purchasing power among both urban and rural households in the country.

Disruption of already limited basic services

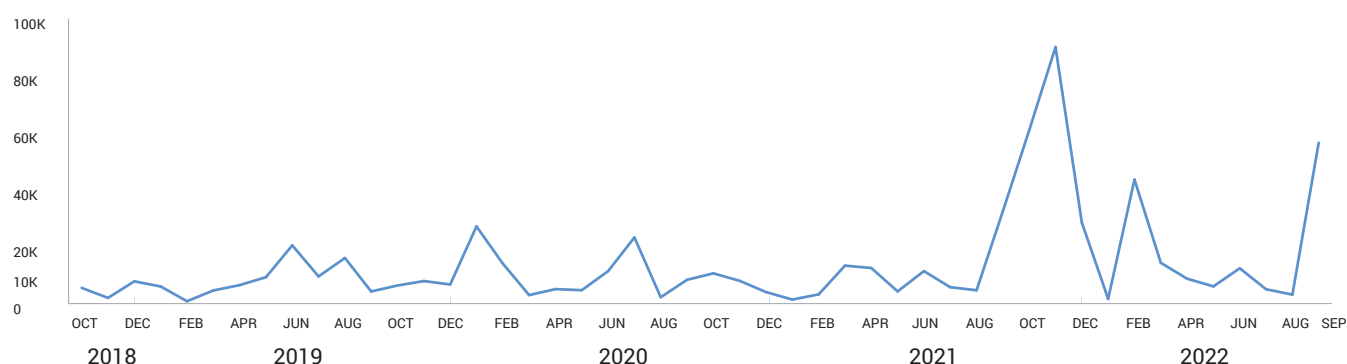
The effects of prolonged violent conflict, insecurity, flooding and limited investment in the country's infrastructure have taken a heavy toll on the availability of, and access to, basic services.

Children's access to education has been impaired in 2022 due to conflict and insecurity, natural disasters and lack of or poor quality of resources for education, such as teachers, education facilities and inability to afford school fees. Due to flooding, some 877 schools were reported damaged,⁵⁴ a 20 per cent increase from the number of schools damaged by flooding in 2021, interrupting the education of an estimated 381,495 children in Warrap, Northern Bahr el Ghazal, Unity, Upper Nile, Lakes and Jonglei States.⁵⁵ Sub-national violence and insecurity en route to school led some 6,326 children in Jonglei, the Abyei Administrative Area, Upper Nile, Unity and Western Equatoria to drop out of school.⁵⁶ One in three operating schools reported having no access to a safe, functioning water source and less than half have clean water and soap available. Safety and security incidents in and around the education facilities as well as destruction or occupation of facilities during conflict were reported as factors limiting access to schools for children. This

includes displacement of teachers and children and the risk of revenge killings of boys in schools. Other barriers include distance to schools from settlements and limited financial resources within communities to enrol their children in school. Girls face additional challenges with parents discouraging girls from attending school.⁵⁷ Due to cultural perceptions that educated girls engage in criminal activities or face risk of getting pregnant, which would result in low dowries when they get married. Delayed or unpaid salaries and incentives for teachers result in teacher apathy, high turnover rate and poor-quality teaching. Some 21,510 identified children with disabilities (CwD) face numerous challenges accessing quality education.⁵⁸ Limited resources and infrastructure to access education, lack of adequate training for teachers to deliver inclusive education that addresses the needs of CwD and social stigma make them feel unwelcomed and unsupported within the local schools.⁵⁹

Conflict and flooding have disrupted basic health care provision across the country. More than 45 health facilities in Jonglei, Upper Nile and Warrap states were damaged or forced to relocate to higher grounds due to flooding affecting the quality of services and people's ability to access community-level health care. Essential medical supplies, reference services and routine immunization activities were not available to provide regular health services to 675,000 people. Access to health services by communities is further hindered by conflict, insecurity and harassment en route to the facilities. Women and girls face additional barriers due to the lack of female health workers

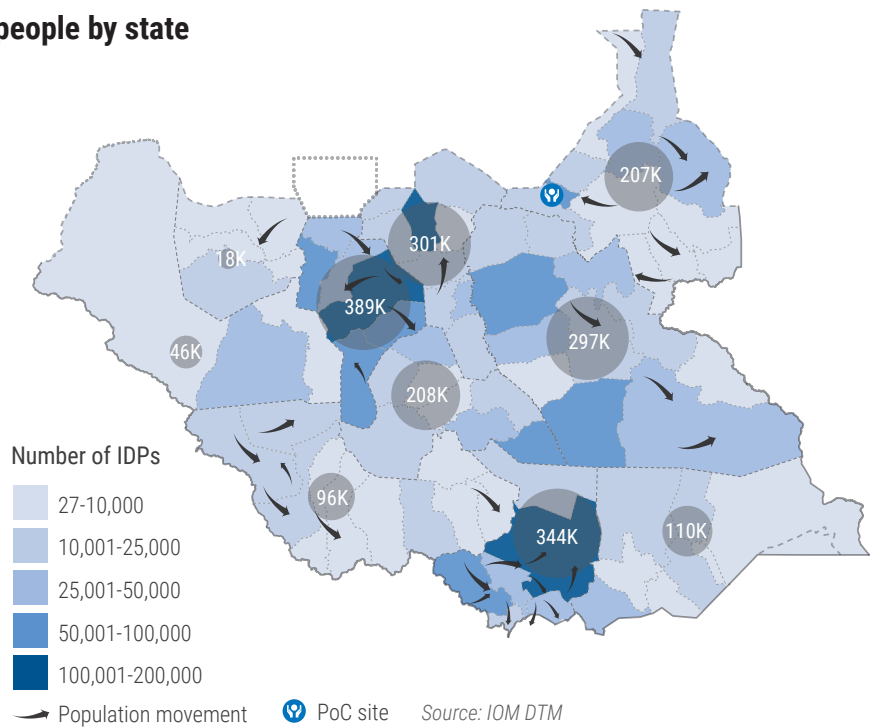
Spontaneous refugee return trend from October 2018 to September 2022



Source: UNHCR, September 2022

Population movement

Internally displaced people by state



TOTAL POPULATION

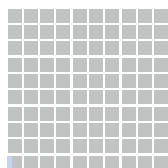


INTERNALLY DISPLACED PEOPLE IN SOUTH SUDAN



IDPS IN MALAKAL PROTECTION OF CIVILIANS SITE

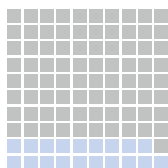
37K



IOM DTM as of October 2022

RETURNEES SINCE 2016

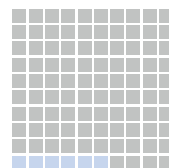
1.9M



IOM DTM Round 12

SPONTANEOUS REFUGEE RETURNEES SINCE 2018

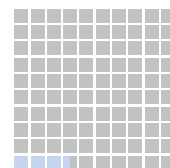
600K



UNHCR as of September 2022

REFUGEES IN SOUTH SUDAN

337K



UNHCR as of October 2022

and limited women's health supplies. PWD face challenges to access services, with greater challenges experienced among women and especially CwD. Extremely low immunization coverage (45 per cent Penta 3 coverage) increases children's vulnerability to vaccine-preventable diseases.

A total of 111 nutrition sites are affected by floods and conflict in 42 counties across eight states, affecting the provision of nutrition services to an estimated 108,000 children and pregnant and lactating women. Several nutrition sites in flood-affected areas were reported to be inaccessible, hampering the delivery of nutrition supplies and access to nutrition services by the communities. People's access to nutrition programmes was disrupted due to displacement, while the capacity of some nutrition sites was overstretched by the influx of newly displaced people. Nutrition supplies were looted in conflict-affected areas, leaving malnourished children under the age 5 without access to treatment. Children in South Sudan are among the world's most vulnerable to preventable diseases, including diarrhoea and malaria, which consequently contribute to acute malnutrition in children under age 5. As of August 2022, the number of acutely malnourished children admitted into treatment programs increased by 25.1 per cent, as a result of conflict, floods and displacement across the country.⁶⁰

People's access to safe and improved water and sanitation is low. Commonly reported issues in accessing WASH facilities include long lines and congestion at the water collection points, leading to disputes and tension. Women and girls frequently face physical and sexual assault and harassment at the water collection points, bathing areas and latrines. The destruction of WASH facilities, inadequate hygiene and sanitation facilities and lack of access to clean drinking water contribute to poor health conditions, with communities at risk of water-borne diseases such as diarrhoeal diseases, cholera and Hepatitis E.

Impact on humanitarian access

Humanitarian access in South Sudan continues to be challenged by active conflict, insecurity, bureaucratic impediments, restriction of movement, operational

interference and violence against humanitarian personnel and assets, combined with the challenging physical environment due to flooding and poor road network. Unequal access to services exacerbated tension between the communities in conflict and is a source of violence, shaping patterns of attacks, including attacks on humanitarian assets and personnel, as well as the destruction of vital public infrastructure. These challenges imposed by different actors undermine the efforts to promote accountability to affected people. Humanitarian workers continue to operate in highly dangerous conditions, imperilling their lives and reducing their capacity to deliver.

Bureaucratic administrative procedures continue to present impediments to the provision of timely and quality humanitarian assistance. Administrative measures vary considerably between the state and county levels, which often is a result of disconnected administration of policies and procedures. Humanitarians continue to experience frequent operational interference and bureaucratic impediments, restricting their ability to access people in need. Tensions related to perceived bias in the recruitment of national staff led to attacks by youth groups against humanitarian workers and assets, notably in Renk, Torit, Pibor and Ruweng.

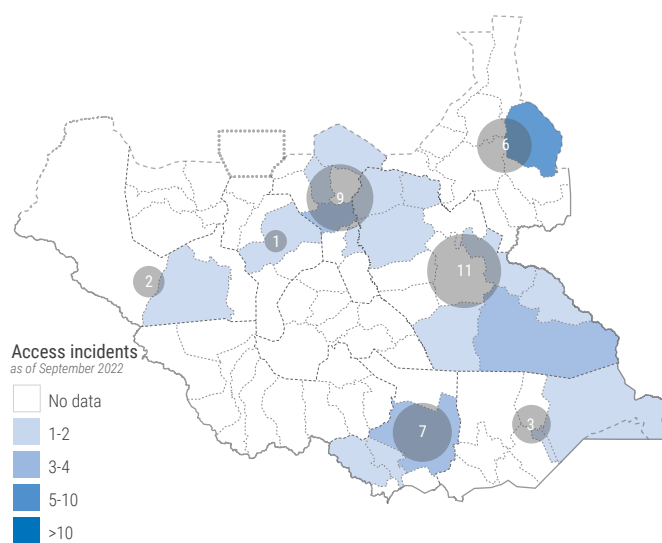
Active hostilities and criminality led to the suspension of humanitarian activities in Unity, Warrap, Upper Nile, Eastern Equatoria and the Abyei Administrative Area.

Between January and October 2022, a total of 344 access incidents were reported, reflecting a 31 per cent decrease from those reported during the same period in 2021.⁶¹ Most incidents were reported in Jonglei, Eastern and Central Equatoria, Unity and Upper Nile. During that reporting period, 200 aid workers were relocated mainly from Lainya, Longochuk, Twic, Koch, Mayendit, Canal and Pibor counties due to insecurity, affecting humanitarian assistance to people in need. These numbers represent a 33 per cent decrease from the 298 aid workers relocated over the same period in 2021. Persistent roadside ambushes continue to have serious consequences on civilians and aid workers. The Torit-Kapoeta, Kapoeta-Narus, Yei-Maridi in Equatorial States, Bor-Gadiang and Kapoeta-Pibor

roads in Jonglei State remain as hotspot areas for roadside ambushes. These incidents severely affected the pre-positioning of humanitarian supplies.

During the rainy season, unprecedented floods limited physical access in many locations. Roads became impassable and humanitarian organizations relied on air transport to deliver aid. Agok airstrip became inaccessible for humanitarians due to violence in northern Warrap State. An increase in riverine checkpoints and extortion incidents were reported, hindering deliveries by river and identifying the need for increased access negotiation capacity. In many instances, humanitarian cargo was accompanied by UNMISS Force Protection as a last resort. Many parts of Jonglei, Lakes and Upper Nile remain cut off by poor infrastructure and flooding, making it difficult to reach people in need.

Humanitarian access incidents by county



Source: OCHA

1.3

Scope of Analysis

The 2023 South Sudan HNO focuses on the humanitarian needs of the IDPs, returnees and vulnerable host communities/non-displaced people in South Sudan and in the Abyei Administrative Area. The current analysis also includes vulnerable sub-groups, including female-headed households and PWD, whose vulnerabilities have been aggravated by the ongoing conflict, flooding and economic depreciation.

The impact on people's situation into and beyond 2023 remains uncertain, given the interconnected nature of the shocks and risks. The 2022 ISNA, covering 75 out of 78 counties across South Sudan and the Abyei Administrative Area, was used to understand and analyse the evolution of people's humanitarian needs and to identify the impact of shocks on specific vulnerable sub-groups. Its results were used to complement other cluster-specific data sources and were the main source of inter-sectoral analysis. UNDRR led the analysis of the potential risks to humanitarian needs of the most vulnerable communities in South Sudan using secondary data and outlined a most likely scenario for 2023. These risks and potential implications are further explored in the risk analysis section on page 41.

Given the scope of needs and the anticipated outlook for the coming year, the HCT decided to target the following vulnerable population groups for 2023:

Internally Displaced Persons: persons who have been forced to leave their homes or places of habitual residence because of or to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border.⁶² There is no time limit on being an IDP, as the status ends when the person is willing and able to return to their original home or makes a free choice to settle elsewhere. For this analysis, persons displaced anytime since the start of the conflict in December 2013 are considered in this category.

Returnees: persons who have been displaced from their habitual residence, either within South Sudan or abroad, who have since returned to their habitual residence. In this survey, this category is restricted to individuals who returned to the exact location of their habitual residence or an adjacent area based on free decision anytime since 2014. Displaced South Sudanese people crossing the border into South Sudan from the neighbouring countries, who have not returned to their original homes, are still considered displaced.

Host Community/Non-displaced people: for this analysis, the host community is considered as South Sudanese people who have never been displaced from their habitual residence since the start of the conflict in December 2013 but have been affected most severely by the evolving crisis.



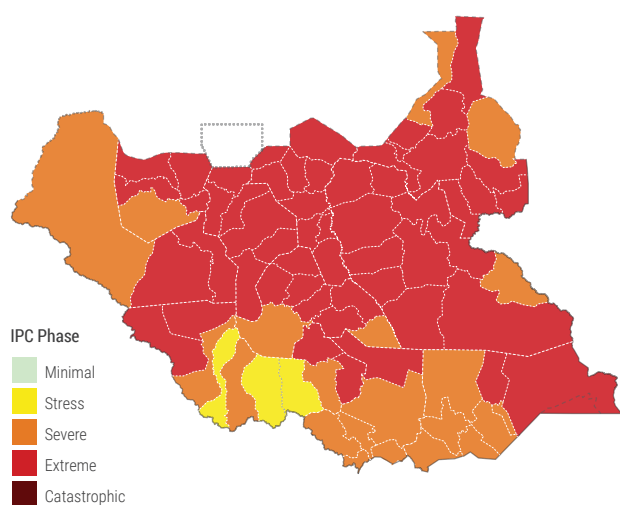
RUBKONA/UNITY STATE, SOUTH SUDAN

People affected by floods in Rubkona County in Unity State.

Photo: Welthungerhilfe

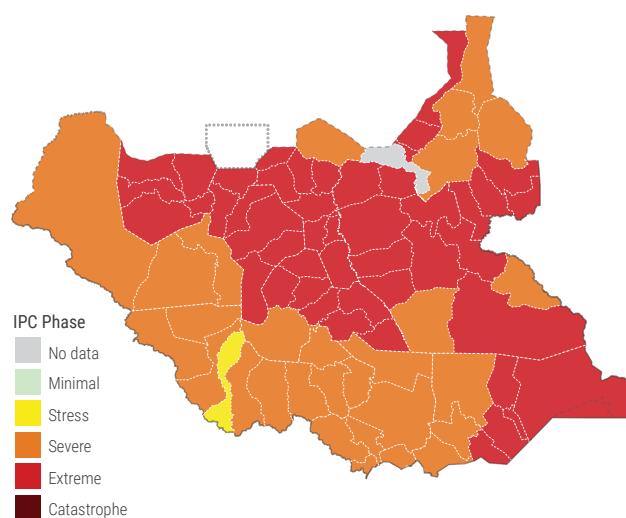
Deteriorating food security situation from 2022 to 2023

April to July 2022 projection



Source: FSL Cluster's IPC-compatible acute food insecurity analysis for the HNO

May to July 2023 projection



Source: IPC

1.4

Humanitarian Conditions and Severity of Needs

Internally Displaced Persons

TOTAL POPULATION	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
2.2M	1.9M	0	20K	0.24M	1.6M	13K

Humanitarian conditions: inter-sectoral severity of needs

More than 2.2 million people in South Sudan have been displaced by conflict and natural disasters since 2014, with most in Rubkona, Juba, Twic and Tonj North counties. Seventy-six per cent are displaced within host communities, adding additional strain to limited essential services. Conflict remains the primary reason for protracted displacement. Flooding has only aggravated the existing needs in the states. Delays in the implementation of the provisions of the peace agreement, compounded by the underlying vulnerabilities, lack of services and widespread insecurity, led to an increase in displacement over the past four years since the signing of the R-ARCSS. Instability has also resulted in a significant number of people remaining in protracted displacement.

Almost 60 per cent of the IDPs reported that 6 to 12 family members stay in a tukul or rakooba and almost one third mentioned that they are being hosted by someone.⁶³ Long-term stays in inadequate shelters well below acceptable standards have a negative impact on the IDPs’ health and well-being. Such shelters are sensitive to the weather conditions in South Sudan, rendering their tenants vulnerable to rain and flooding. During the rainy season, most shelters end up flooded due to their temporary nature, leading to an increase in malaria cases and other diseases.

Crowded living conditions in organized camps bring increased protection risks for the IDPs, including sexual violence and GBV. Almost two thirds of IDP households identified improving their shelter as one of the top three priority needs, with 65 per cent reporting the lack of plastic sheets at home. Almost half of the IDPs (48 per cent) report that they face housing, land or property issues. Disputed ownership, meaning multiple land claims, unclear rules and processes on housing and land, as well as lack or loss of housing, land tenancy or ownership documents are the primary concerns the IDPs face in improving their shelter situation. Two thirds of the IDPs have access to the nearest functional health facility, within an hour reach from their house. Notably, 60 per cent of the IDPs reported having a health need unmet. The main barriers limiting access to health care include unavailability of specific medicine, treatment or service needed (reported by 38 per cent of all IDPs), long wait time to receive the services (21 per cent) and lack of functional health facility nearby (20 per cent). Antenatal care (ANC) services are not common across South Sudan, leading to high rates of maternal mortality. Access to ANC services remains low despite the presence in their area (only around 6 per cent of the respondents across all three groups mentioned that there are no available ANC services). Only 38 per cent of the IDP households reported that they tried to access these services during their pregnancy,

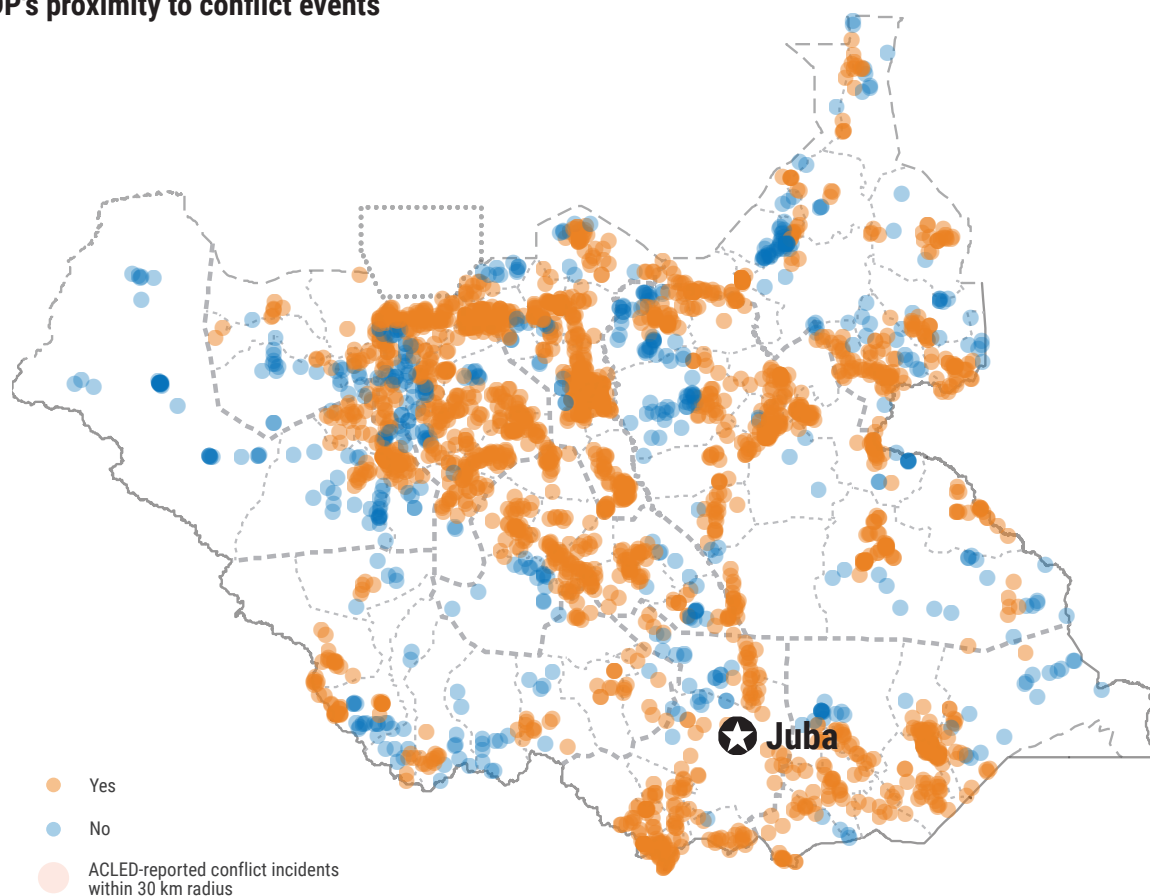
compared to host community (22 per cent) and returnees (19 per cent).⁶⁴

A high majority of the IDPs reported having access to water from a borehole/protected well, standing tap that serves not more than five households and a public tap serving more than five households, taking them less than an hour to collect water and return home. The proximity to the main water sources has resulted in only a small percentage of the IDP households (12 per cent) to report feeling unsafe while collecting water. Furthermore, almost half of the IDP households reported that they do not treat their water prior to consumption. Open defecation was reported by 29 per cent of the IDP households, the lowest score compared to the other population groups, while it is the most common practice for children under age 5. Lack of sanitation facilities use enhances health risks as it can contaminate the water sources and cause waterborne diseases, including cholera and Hepatitis E.⁶⁵

IDP children continue to face several challenges due to conflict, displacement and flooding. In interviews, the IDPs indicated insufficient or no access to food for children and nutrition services in Leer, Mayendit, Malakal, Akobo, Wau and Juba counties.

Displaced women continue to disproportionately bear the brunt of conflict and insecurity. While women and girls take the primary responsibility for fulfilling household chores, such as collecting water and firewood, displacement sites remain high-risk areas for exposure to sexual violence. The risk of sexual violence disrupting life and movement is reported more by the displaced households (42 per cent) compared to the other population groups. Almost 53 per cent of IDP households identified routes to collect firewood as the primary high-risk site for women and girls, followed by latrines and bathing sites. Across all population groups, early marriage continues to pose significant risks for women and girls, impinging on their

IDP's proximity to conflict events



Yes: IDP locations within 30 km radius of conflict incidents | No: IDP locations outside 30 km radius of conflict incidents.
Source: IOM DTM and ACLED

health and well-being. More than 50 per cent of the IDP households covered in the ISNA survey identified early marriage as the primary risk factor for women and girls in the settlement, followed by sexual violence. For boys, the imperative to work outside the family for economic sustenance as well as child recruitment into armed groups, fighting, killings and kidnapping remain significant risk factors. The ISNA findings also indicate that in the current context, the dropout rate from school is higher for young boys than it is for girls (32 per cent and 29 per cent respectively). As indicated and supported by global evidence, 'being in school' serves as a protective factor against risks for children, particularly against early marriage and recruitment. Boys who dropped out of school face increased risk to child recruitment in South Sudan, as corroborated by the ISNA findings.⁶⁶

Mobility continues to serve as a critical coping mechanism and a source of resilience for the population grappling with multiple shocks related to conflict, natural disaster and diseases. The impact of conflict and flooding on accessing humanitarian assistance, including food and health services, has led to an increase in negative coping mechanisms. For example, some IDPs during the Key Informant Interviews (KIIs) as part of the 2022 ISNA, reported consuming wild foods and relying on traditional medicines to cope with the lack of food and health services respectively.⁶⁷ Leaving their livelihoods, mainly cattle, behind to avoid any tension with farmers in the host community was also mentioned by some IDPs in Juba.⁶⁸ The use of such coping mechanisms is likely to undermine the ability of households to cover their basic needs and their resilience to face any future shocks.

IDPs have the highest levels of successfully accessing humanitarian assistance when in need among the population groups (24 per cent for the IDPs compared to 14 per cent for returnees and 13 per cent for host community).⁶⁹ However, access to humanitarian assistance remains significantly low for all groups when they were in need of and tried to access it. In almost two-thirds of the interviews held with the IDPs, it was indicated that the assistance received was not sufficient to meet their needs due to insufficient

quantities of aid. Registration issues, inadequate planning, allocation criteria and lack of assistance in remote areas were the main reasons reported by the IDPs in different counties. In Rubkona, Juba and Yambio counties, participants in Focus Group Discussions (FGDs) and KIIs reported the diversion of aid by the local authorities⁷⁰ and community leaders to specific groups as reason for differential access to humanitarian assistance. The IDPs mentioned in their interviews that they receive information about assistance from the local authorities and community leaders and in almost half of the interviews, the IDPs reported equal access to aid information, which could be explained due to the concentration of the IDPs within specific areas. However, certain vulnerable sub-groups faced specific barriers to accessing information on humanitarian assistance. For example, in Leer County, participants indicated that PWD could not hear the announcements, while female participants in Juba and Leer counties explained that women were less aware of humanitarian assistance as they could not access the location the announcements were made or were not available during information dissemination sessions.⁷¹

Half of the IDPs reported that they feel able to provide feedback and make complaints regarding humanitarian assistance and 54 per cent of them submitted a case in a complaint and feedback mechanism (CFM) in the last three months. Of the IDPs who have been able to provide feedback through the CFM system, three out of four IDP households consider it easy to be accessed and used, trustworthy and a means to voice their concerns or complaints. Of the IDP households reporting that they have not submitted a complaint or feedback through the CFM system, 53 per cent indicated that they are not aware of the CFM system, while other reasons include lack of physical access to the system/no phone or coverage (15 per cent), lack of trust in the system to help (13 per cent) and fear of any consequences (4 per cent).⁷²

Returnees

TOTAL POPULATION	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
1.9M	1.4M	0	0.1M	0.23M	1.0M	9K

Humanitarian conditions: inter-sectoral severity of needs

Since 2016, some 1.92 million people returned to their areas of habitual residence, 67 per cent of whom returned from within South Sudan after the signing of the peace agreement.⁷³ Returnees from within South Sudan returned mostly to Warrap, Unity, Western Bahr el Ghazal, Upper Nile and Eastern Equatoria states.⁷⁴ The 2022 ISNA found that 63 per cent of the returnees did not receive any support to return or relocate, indicating that returnee households may be vulnerable upon return to their area of return or habitual residence. Of the IDP households who received support to return or relocate, UN/non-governmental organizations (NGOs) and family/friends in South Sudan were the main sources of support. Improved security (68 per cent), improved livelihoods (41 per cent) and political developments (16 per cent) in the area of return/relocation were the most important factors for households' decision to return or relocate. Almost one third of the returnee households indicated that they are not satisfied with their decision to return but will remain in the location.⁷⁵

A cumulative number of 613,520 spontaneous refugee returnees⁷⁶ were reported to have returned to South Sudan between October 2018 and September 2022, including one fifth who returned to South Sudan in 2022 alone. Cross-border movement remains significant but in lower levels than in 2020 and 2021. High transportation costs as a result of inflated fuel cost, insecurity due to inter-communal violence and clashes between opposition and closure of some border points in Upper Nile and the Abyei Administrative Area due to conflict are some of the reasons for the decline of spontaneous refugee returns

in 2022. Most of the verified returns were from Sudan (87 per cent), with 9 per cent from Ethiopia and less than 2 per cent from Uganda and Kenya. The highest number of refugee returnees is in Central Equatoria, Eastern Equatoria, Upper Nile and Unity states.⁷⁷

According to the 2022 ISNA household survey, 75 per cent of the returnee households reported food as a priority need, followed by shelter (61 per cent) and health care (53 per cent). More than 1 million returnees are expected to be in need of food in 2023. Returnees were found to largely live in tukuls (58 per cent) and rakoobas (25 per cent). A significant 72 per cent of the households reported to own the house/compound they live in, but, only 21 per cent of the returnee households have formal documentation to prove occupancy arrangements. Disputes over land ownership (for example, multiple land title claims) was the most common problem related to housing, land and property (HLP) as communities return to their areas of origin. Among returnee households, 31 per cent live in open areas and 21 per cent in unfinished buildings.⁷⁸ Returnees have significant shelter needs as they lack access to safe and dignified shelters or have to rebuild their houses, making them highly vulnerable to the impacts of heavy rain and floods.

Almost half of the returnee households have access to a deep borehole/protected well, while 24 per cent reported to have access to shallow water points. Related to sanitation and hygiene, open defecation is a common practice among adults (32 per cent) and children (66 per cent).⁷⁹ Access to unsafe water, lack of water treatment before consumption and harmful sanitation and hygiene practices pose serious public health risks like the transmission of waterborne

diseases, including acute watery diarrhoea (AWD) and cholera. In addition, returnees face protection needs, compounded with their shelter situation.

Twenty-one per cent of the returnee households reported that their children do not attend school. Unaffordable fees are the main barrier for children accessing learning (64 per cent), followed by schools closed due to conflict (17 per cent) and lack of school materials (15 per cent). The returnees dropout rate for children is the highest among the three population groups (37 per cent), with boys in the age group of 6 to 13 years reportedly being more susceptible. Children in return locations can be subjected to different protection risks, especially when the family is not able to provide a safe and dignified life in the places of return. Some 34 per cent of the returnee households report that children in the household having to contribute to the family income is their main concern for boys and girls under 18. Child recruitment is of great concern for boys under 18 (33 per cent), while early marriage is the main concern for girls under 18 for the majority of the returnee households (55 per cent), followed by sexual violence against children (39 per cent). However, for households that reported child dropouts from schools, risk and exposure to sexual violence for both boys and girls was expressed as primary safety concern. This attests to the importance of ensuring children are in school to offset the exposure to violence. Lack of support and training for specific school programmes (70 per cent), lack of specific services/adaptations that make school inaccessible (31 per cent) and unavailability of assistive devices for PWD (29 per cent) were reported as the main barriers to access education.⁸⁰

Almost half of the returnees have access to a health facility (52 per cent) and more than one third report that it takes them between one to more than two hours to reach the nearest functional health facility on foot. More returnees (at 37 per cent) among the three population groups report the unavailability of a health facility nearby as a significant barrier to accessing health care. Approximately one fifth of the returnee households indicated that pregnant women in their household tried to access ANC services at least four times. Some two thirds of the returnees reported that

members of their household had an unmet health care need in the last three months. Similar to the IDP group, the lack of specific medicine, treatment or service needed was the main barrier to accessing health care reported by 34 per cent of the returnee households, followed by presence of functional health facilities (30 per cent) and long wait time for the service (22 per cent).⁸¹

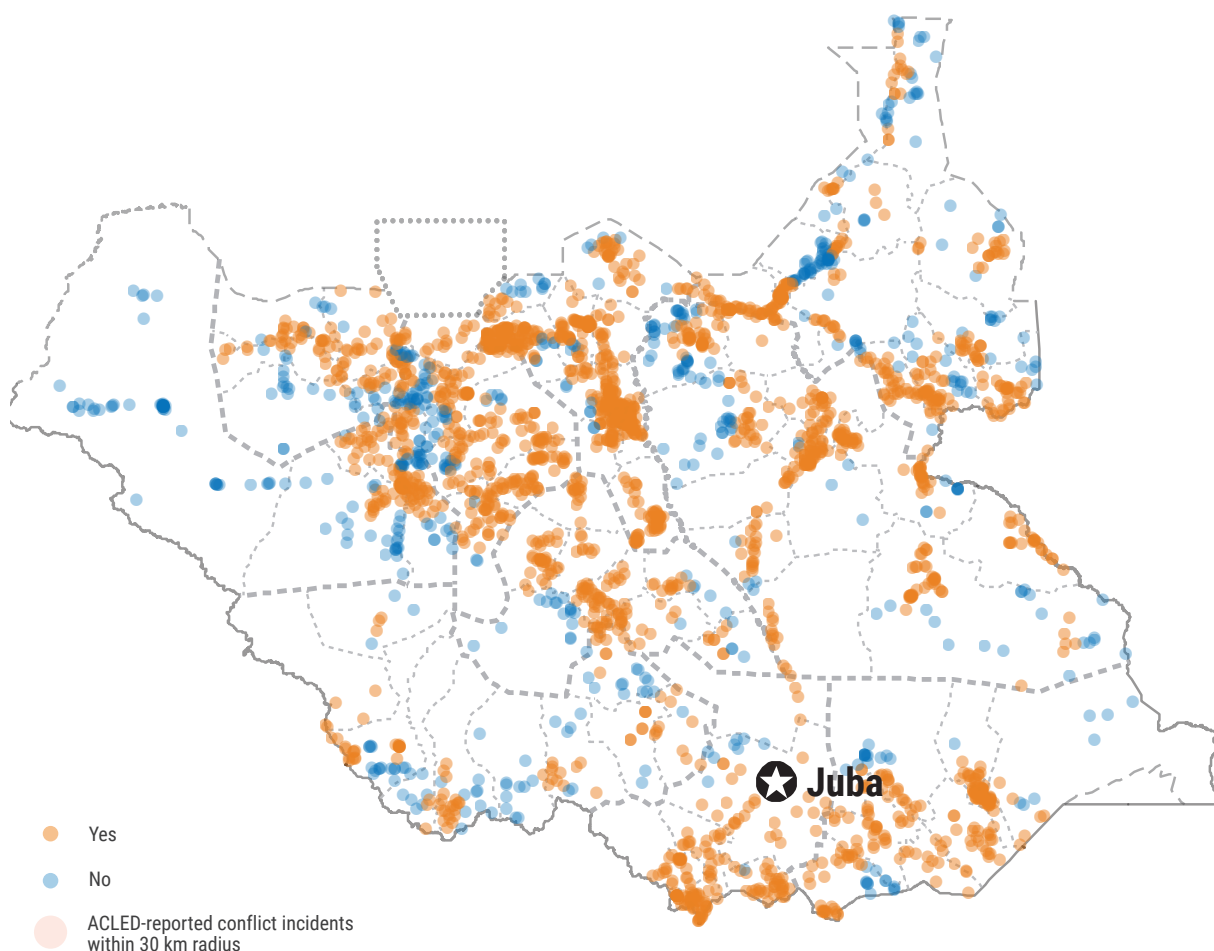
Inter-communal conflict and flooding have increased protection concerns for women returnees, highly affecting their livelihood activities and increasing mobility restrictions. In half of the interviews held with the returnees, rape against women and girls was reported as the main safety challenge, associated with movement related to livelihood activities such as collecting water and firewood. For example, a female key informant explained that flooding had increased the travel time for women to collect firewood in Leer, resulting in an increased risk to their safety and security and affecting their access to food and livelihoods activities.⁸² In Malakal and Rubkona counties, returnee interviewees indicated that the elderly and PWD were unable to access health services due to insecurity.⁸³ Female-headed households were also mentioned for their increased vulnerabilities to food insecurity, disruption of livelihood opportunities and educational opportunities for children.

Access to humanitarian assistance remains significantly low for the returnees. Despite their attempt to access it when in need, only 14 per cent of returnee households reported to have successfully accessed humanitarian assistance.⁸⁴ Flooding and insecurity was the most reported reason in interviews with returnees. Returnee households reported that lack of assistance increases harmful practices and protection risks. In FGDs in Akobo and Mayendit counties, it was mentioned that looting and stealing were used as practices to cope with food shortages. Several returnee households reported having resorted to harmful coping strategies to sustain themselves. Returnees in Mayendit and Akobo counties reported that they consumed one meal a day to cope with the lack of food, ate water lilies and became seasonal migrants. Differences in access to humanitarian assistance were indicated in more than three

fourth of the interviews with the returnees, a higher proportion than in the interviews with the IDPs and host communities. Like IDPs, returnees reported insufficient assistance, registration issues, inadequate planning and allocation criteria as the main reasons for differential access in assistance. Certain vulnerable groups, including PWD, the elderly and women, were mentioned to be particularly affected by the diversion of aid. For example, older persons and women in Leer county reportedly missed assistance because men who controlled the whole distribution process prioritized men, affecting women's ability to care for their families.⁸⁵

Like IDPs, returnees feel able to provide feedback and make complaints regarding humanitarian assistance. Only 44 per cent of returnee households reported to have submitted a case in the CFM in the last three months.⁸⁶ Meanwhile, the low level of awareness about the CFM by the returnee households is the main barrier for submitting complaint or feedback. Likewise, qualitative findings indicated the low level of awareness of the CFM in Wau, Bentiu, Leer, Akobo, Mayendit and Yambio counties.⁸⁷ In several discussions held with both women and men on CFM, the need to complete the feedback loop was reiterated. Several respondents reported not hearing back on the filed complaints, affecting the effective utilization of reporting mechanisms by the communities.

Returnees' proximity to conflict events



Yes: Returnees locations within 30 km radius of conflict incidents | No: Returnees locations outside 30 km radius of conflict incidents.
Source: IOM DTM and ACLED

Host community/Non-displaced people

TOTAL POPULATION	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
8.3M	5.8M	0	60K	0.7M	5M	35K

Humanitarian conditions: inter-sectoral severity of needs

An estimated 5.8 million South Sudanese people who are not displaced will continue to require immediate humanitarian assistance. As mentioned in chapter 1.1, agriculture remains as the main source of income for the vast majority of the population.⁸⁸ The seasonality of the crop production plays a vital role in the livelihoods and food security in South Sudan. Almost 95 per cent of the population depends on climate-sensitive resources for their livelihoods. Severe flooding in parts of South Sudan, which resulted in the killing of livestock, destruction of food stocks and damage of crops ahead of the harvest season, has exacerbated the food insecurity situation. An estimated 5.2 million people will suffer from acute food insecurity in 2023, including 1.5 million people with acute malnutrition. Additional external shocks, including ongoing sub-national conflict coupled with the economic decline in 2020 and 2021, structural challenges related to weak governance and inadequate service delivery have contributed to higher levels of food insecurity and widespread poverty for large segments of this population group, aggravating an already dire humanitarian situation and further deteriorating their living standards.⁸⁹ Widespread poverty remains a key driver of the host community's vulnerability, with 7 out of 10 people living in extreme poverty. Unemployment among the South Sudanese youth is estimated at 50 per cent and continues to rise as a result of low levels of education, limited skills and a weak economy. Three quarters of the host community reported food as the top priority needs, similar to the other population groups. Climate, conflict and economic shocks have eroded their coping mechanisms on securing food

for their households, increasing their vulnerabilities. For example, in Akobo county, host communities reported limiting the areas they cultivate their crops in due to fears of attacks, affecting their access to food. Children were reported to be more prone to diseases due to the lack of food and nutrition. In FGDs with the host communities in Akobo county, consumption of water lilies was mentioned as a coping strategy to cope with the lack of food.

Access to health care (59 per cent) and shelter (52 per cent) are the other top priority needs. Half of the host community households reported that a member of their household had a health issue requiring access to health care, but only 33 per cent were able to access it when they felt they needed it. Similar to the other population groups, lack of a functional nearby health care facility served as the main barrier to access health care as reported by 29 per cent of the host community households, followed by unavailability of specific medicine, treatment or service needed (25 per cent), long wait time for the service (22 per cent) and cost of treatment (20 per cent). Like the IDPs and returnees, access to ANC services remains low for the host community women (22 per cent).⁹⁰ Destruction of physical infrastructure due to conflict and collapse of service delivery have led to even lower levels of access to social services, leaving the host communities dependent on food and livelihoods assistance and additional humanitarian services. South Sudan's high reliance on imported food has affected the ability of poor host communities to buy food, which is mostly imported, with its prices and availability severely affected by inflation.

Although a significant majority (74 per cent) of the host community households reported to access the nearest drinking water collection point in less than an hour, almost one third of the host community does not have access to improved water sources as they reported their use of rainwater or water from shallows. Moreover, the host community households indicated an unimproved sanitation facility as the most common type available, with 43 per cent of them to practice open defecation.⁹¹ Relying predominantly on unsafe water sources and sanitation practices has increased incidents of waterborne diseases. Given the increase in food insecurity and the dysfunction of health facilities, further affected by flooding, insecurity and diminished access to health care services, may have dramatic consequences for the host community households. Lack of functional health facilities with comprehensive treatment, inclusive of medicine and supplies, remains a challenge.

Host community households experience the highest school dropout rate among all population groups, with 24 per cent of the households reporting that their children do not attend school. Similar to the other population groups, the high cost of school fees is the main barrier for children to access education (65 per cent), followed by the lack of school materials (18 per cent), early marriage (13 per cent), lack of physical access/transport to school (13 per cent) and closed, damaged or destroyed schools due to floods or other natural disaster (13 per cent).⁹² Early marriage was reported as the main safety and security concern for girls under 18 years old (59 per cent) among host community households. In FGDs held in Bentiu, participants mentioned that girls had to leave school to be married. Similar to the IDPs and returnees, host community CwD continue to struggle

to access school. As many as 65 per cent of the host community households with CwD reported that children cannot access school as it lacks support and training for specific school programmes to accommodate their needs.

According to the ISNA findings, shelter is one of the top priorities needs among the host community households. Almost 59 per cent of the households reported staying in tukuls and 21 per cent in rakoobas. Host community households have the highest tenure security among the population groups, as approximately 80 per cent reported owning the house/compound they live in.⁹³

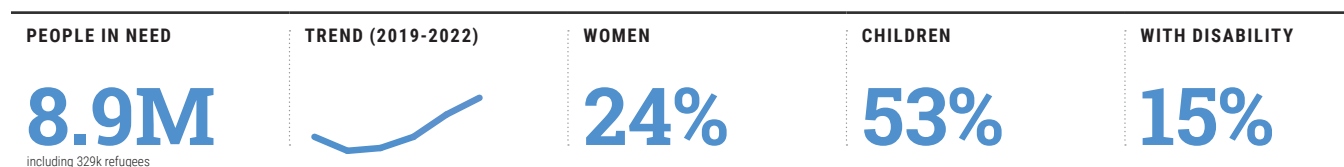
About 62 per cent of the host community households were in need and tried unsuccessfully to access humanitarian assistance.⁹⁴ The main barriers to accessing assistance included the distance to the distribution sites from the settlements and lack of accessibility to the sites due to flooding or insecurity. Moreover, host community members reported that the IDPs and returnees were accessing more humanitarian assistance in Malakal, Yambio and Wau counties compared to the host community.⁹⁵

The level of awareness of the host community about the CFM is the lowest among the population groups. Less than 47 per cent feel able to provide feedback and make complaints regarding humanitarian assistance, while only 40 per cent of them have submitted a case in CFM in the last three months.⁹⁶ In over a third of interviews, mainly in Akobo, Juba, Yambio, Rubkona and Mayendit counties, host community members reported the lack of channels to provide feedback and make complaints to humanitarian actors.⁹⁷

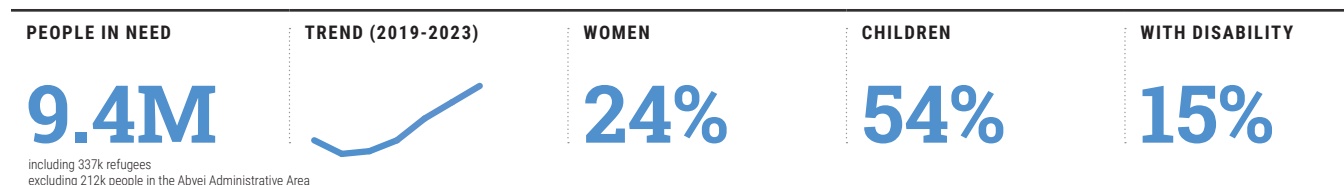
1.5

Severity of Need and Number of People in Need

Current figures



Projected figures (2023)



A total of 9.4 million people are estimated to need humanitarian assistance, including 1.9 million IDPs, 1.4 million returnees, 5.8 million host community/non-displaced people and 337,000 refugees. Among them, there are 2.2 million women and 4.9 million children, including 2.4 million girls and 2.5 million boys. Nearly 15 per cent of the total people in need are PWD. An estimated 212,000 people in the Abyei Administrative Area are in need of humanitarian assistance.

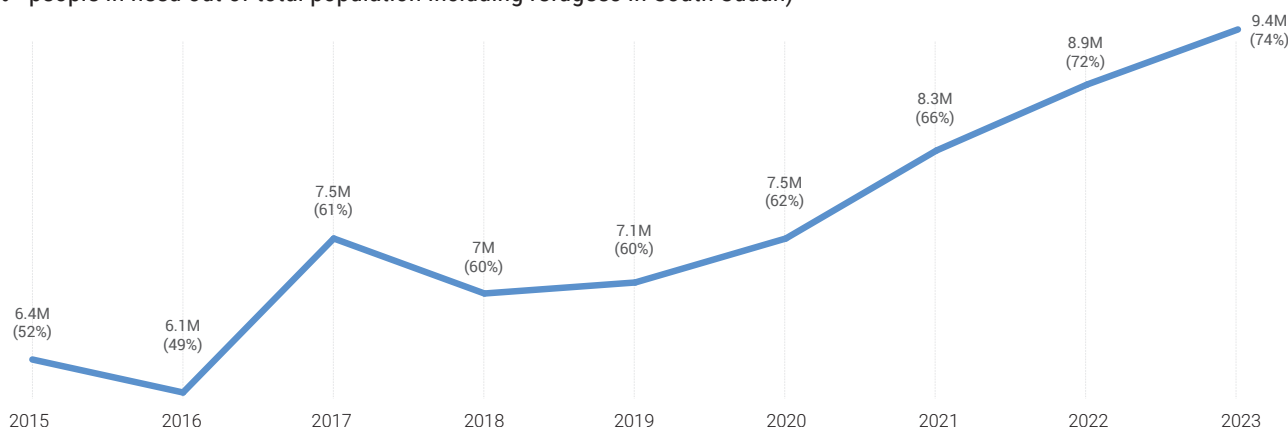
The overall number of people in need in South Sudan went from 8.9 million people in the 2022 HNO to 9.4 million people in the 2023 HNO, a 5 per cent increase and reflecting the multi-dimensional and

protracted crisis that continues to affect most parts of the country.

Every county of the country is in need of humanitarian assistance, along with the Abyei Administrative Area that is in extreme need. Of the 9.4 million people in need, an estimated 56,325 people experience catastrophic need in Panyikang county. There are 7.6 million people experiencing extreme need in 66 out of 78 counties and 1.7 million people in severe need in 10 out of 78 counties. Almost all population groups of concern are present in every county. Upper Nile and Western Equatoria States contain the highest number of counties in critical need.

People in need trend from 2015 to 2023

(% - people in need out of total population including refugees in South Sudan)



PiN by population group and state*

STATE	TOTAL PIN	HOST COMMUNITY/NON-IDPS	IDPS	RETURNEES
Central Equatoria	1,099,031	695,387	247,624	156,020
Eastern Equatoria	723,434	533,788	82,287	107,359
Jonglei	1,605,734	1,191,791	258,645	155,298
Lakes	790,533	576,861	169,111	44,561
Northern Bahr el Ghazal	659,196	571,963	19,701	67,532
Unity	928,111	443,885	350,556	133,669
Upper Nile	1,241,252	741,081	191,738	308,433
Warrap	947,912	483,551	354,710	109,652
Western Bahr el Ghazal	413,354	218,733	29,119	165,502
Western Equatoria	651,840	361,286	149,289	141,265
Grand-total	9,060,397	5,818,326	1,852,781	1,389,290





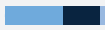

























*excluding 337k refugees

PiN by population group in the Abyei Administrative Area

LOCATION	TOTAL PIN	HOST COMMUNITY/NON-IDPS	IDPS	RETURNEES
Abyei Administrative Area	211,923	139,675	71,768	480
Grand-total	211,923	139,675	71,768	480

For detailed county-level PiN by severity phases and population group, please visit: <https://bit.ly/3X47LXx>

Disaggregated PiN by state

STATE	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)
Central Equatoria	27 28 	45 47 8 	15 
Eastern Equatoria	23 20 	57 38 5 	15 
Jonglei	25 21 	54 39 7 	15 
Lakes	22 22 	56 38 6 	15 
Northern Bahr el Ghazal	22 19 	59 35 6 	15 
Unity	24 22 	55 36 9 	15 
Upper Nile	25 25 	50 40 10 	15 
Warrap	22 23 	55 37 8 	15 
Western Bahr el Ghazal	23 20 	58 39 4 	15 
Western Equatoria	26 23 	51 44 5 	15 

Part 2:

Risk Analysis and Monitoring of Situation and Needs

BENTIU/UNITY STATE, SOUTH SUDAN

People are living close to stagnant flood water increasing the risk of waterborne diseases. Photo: WHO



2.1

Risk Analysis

This section examines the potential risks to the humanitarian needs of the most vulnerable communities in South Sudan and outlines a most likely scenario for 2023.⁹⁸

South Sudan is the second highest at-risk country in the world after Somalia and the highest of all 189 countries that lack coping capacity due to weak infrastructure and institutional capacity,⁹⁹ with extremely high socio-economic vulnerability, high number of displacement due to flooding and high dependency on humanitarian and development aid remittances.

The impact on people, services and humanitarian access is described further in section 1.2.

Main risks

The situation in South Sudan continues to worsen, with increased humanitarian needs due to insecurity, conflict and climate change. Potential drivers of risk and anticipated shocks, which could affect the humanitarian needs in 2023 include:

- Floods and drought
- Disease outbreaks as a result of flooding and/or poor sanitation conditions
- Economic deterioration leading to exacerbation of vulnerabilities
- Localized violence and conflict among armed groups

For 2023, the most significant risks identified are floods, drought, disease outbreaks, economic deterioration, violence and conflict.

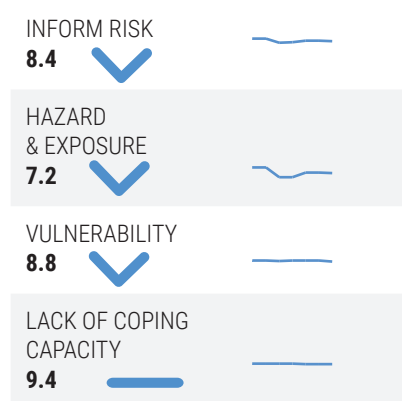
Floods and drought

Based on historical records of severe, unprecedented flooding for four consecutive years, further fluvial and flash floods are expected to occur in 2023. As the water levels still remain at historic highs,¹⁰⁰ there is a high risk of catastrophic flooding in recently flooded areas surrounding the Sudd in Jonglei and Unity states. Much of the flooding since 2020 has reportedly been due to high levels of water upstream from the neighboring countries. South Sudan is projected to become wetter as the levels of flood waters are expected to remain high, due to the water released from the reservoirs in Uganda likely causing more flooding downstream.

South Sudan has been exposed to drier than average conditions, expanding inland from the Horn of Africa. West and Central Equatoria were the main hotspots for drought, reaching the driest levels on record in South Sudan, with drought also observed in Eastern Equatoria and Western Unity. Severe rainfall deficits and more prolonged dry spells are forecasted for 2023,¹⁰¹ with significant drought expected to extend beyond the Greater Equatorias.

INFORM index 2015 - 2023

Very High Risk class



INFORM
INDEX FOR RISK MANAGEMENT

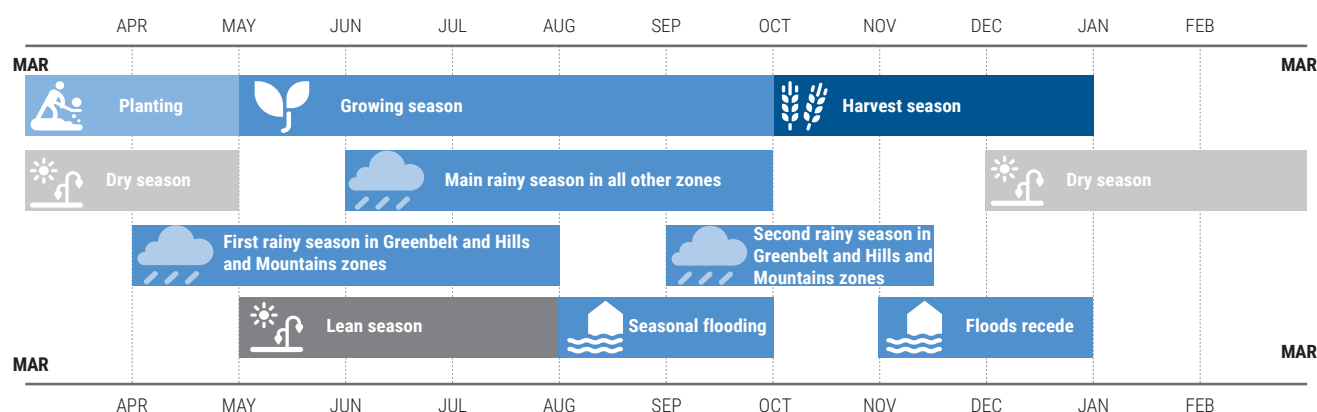
For more information,
visit: www.inform-index.org

Disease outbreaks

In 2022, malaria was the leading cause of morbidity among children under age 5. With historically high flood levels and limited prevention and control measures due to prolonged violence over the past years, the malaria caseload is projected to significantly increase over the next 12 months. Poor living conditions and low immunization rates will fuel

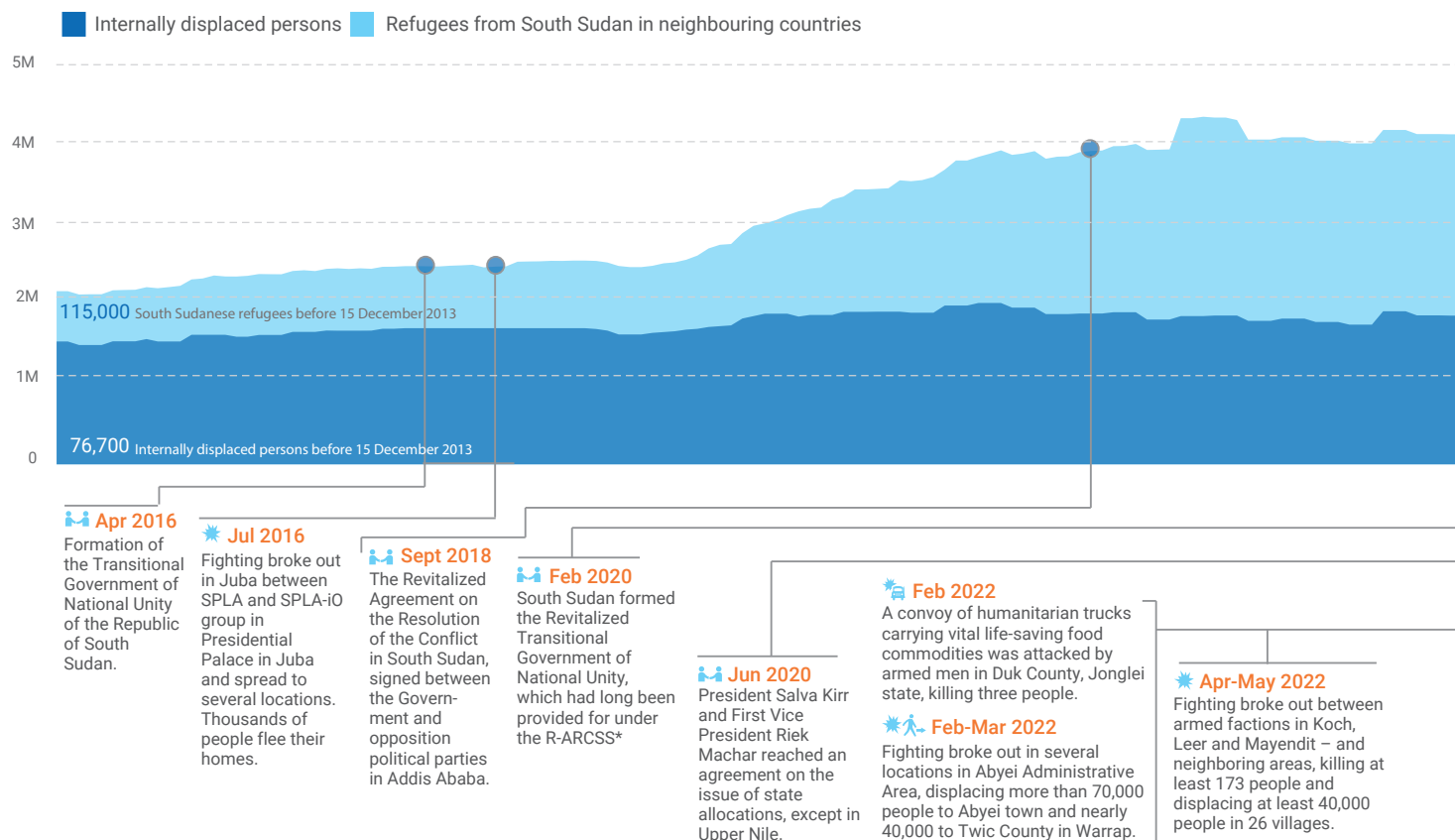
measles and cholera outbreaks and cases of Hepatitis E and other neglected tropical diseases will likely rise. The projected case fatality rate is likely to be even more severe in 2023, compounded by the high rates of malnutrition (with GAM projected to be above 15 per cent in 59 counties in 2023)¹⁰² and limited access to health care (only 57 per cent of the population can access health services under one hour time).¹⁰³

SEASONAL CALENDAR



Source: FEWS NET

Internal and external displacement



Economic deterioration

The depreciation of the SSP has dramatically increased the cost of basic goods and services. With most of the available market commodities sourced outside the country, including food and essential items, South Sudan is vulnerable to the regional and global dynamics such as the rise in fuel and food prices from speculative trading triggered by the conflict in Ukraine. Inflation will likely continue to increase in 2023, further eroding the purchasing power of households.

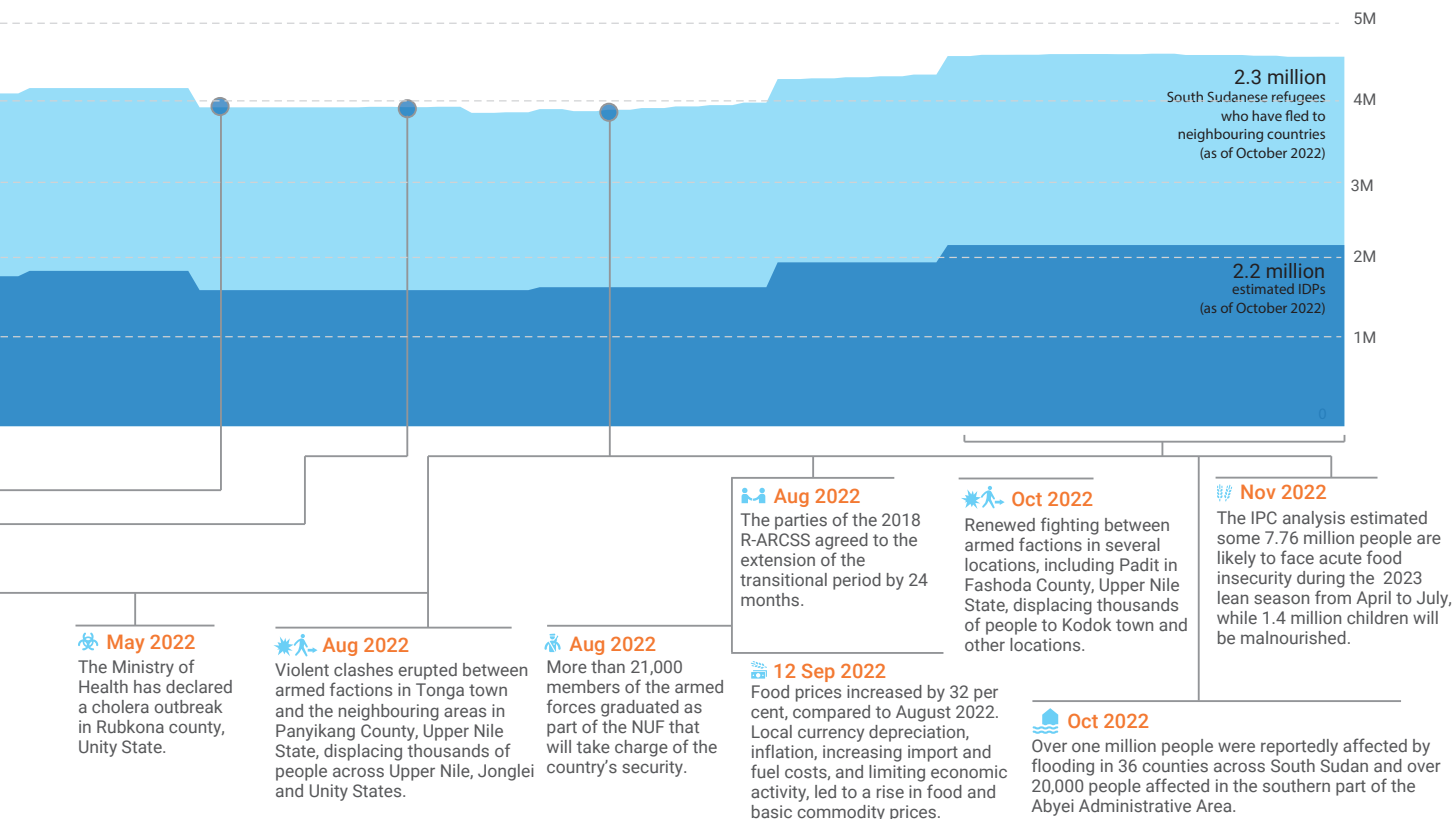
Violence and conflict

Widespread communal and localized violence continued in 2022, leading to displacement of people, destruction of infrastructure and obstruction of the provision of essential services such as health, education and livelihoods. The risk of violence remains very high, mainly during the dry season. Small arms and light weapons in circulation within the country will likely intensify inter-communal conflict. The recent postponement of the elections to December 2024 is expected to escalate the existing tension in the country.

Most likely scenario

The humanitarian needs of the people in South Sudan will likely continue to increase in 2023, affecting the humanitarian situation of the various population groups differently.

Fluvial and flash floods will occur in 2023, affecting the areas that have already faced similar climate shocks over the past years. Inter-communal violence will continue to increase, exacerbated by the political situation, competition over natural resources and land ownership. Inter-communal tension is expected to rise during the dry season when the pastoralist communities migrate. People will continue to be forcibly displaced until their areas of origin become accessible. Many displaced people will live in overcrowded settlements that do not adhere to the minimum standards. Food insecurity is expected to worsen, resulting in high malnutrition rates. Natural hazards and conflict will lead to widespread loss of pasture, farmed land, livestock, crops and natural resources and disrupt the markets, reducing people's access to and the availability of food. Lower



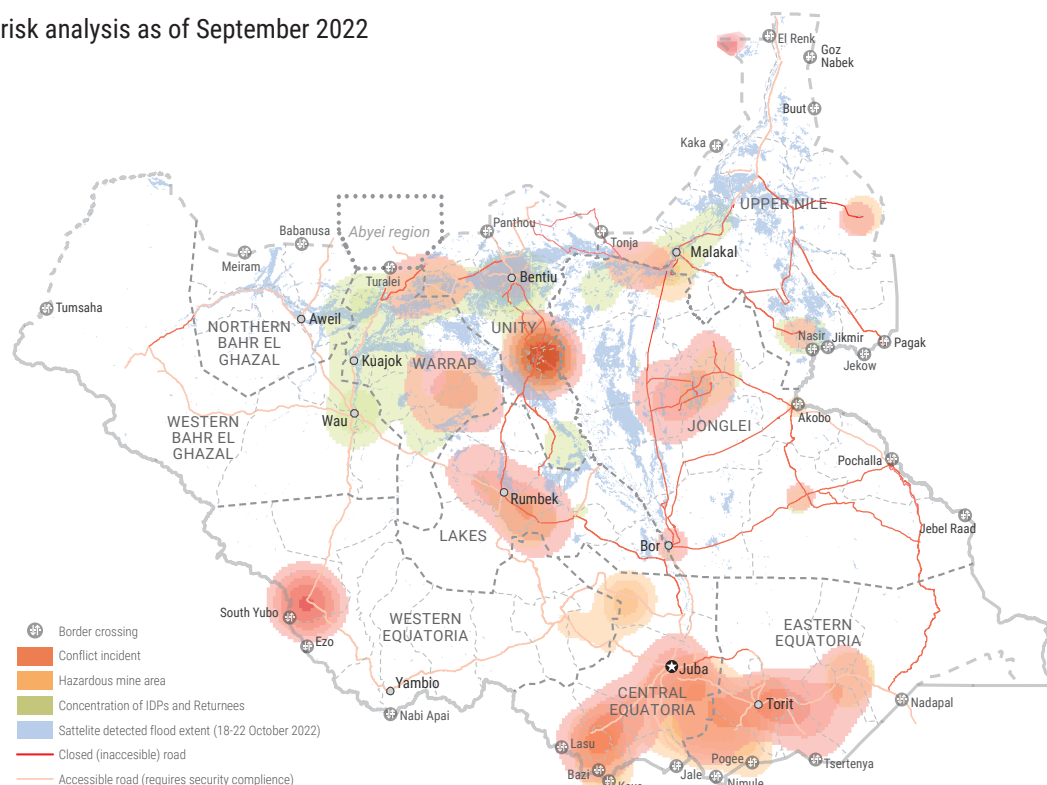
agricultural yield risks further deepening of the food gap. More than 6.31 million people are expected to face crisis levels (IPC Phase 3) and 33,000 people are estimated to face catastrophic levels (IPC Phase 5) of acute food insecurity between December 2022 and March 2023.

Communities will struggle to access basic health care, nutrition and WASH services due to physical, security and financial constraints. Their health needs are likely to remain high, exacerbated by their insufficient access to safe drinking water and sanitation. Poor access to WASH facilities will lead to increased cases of malnutrition, waterborne diseases and malaria. Malaria will continue to be the leading cause of morbidity among children under age 5. Basic services to help mitigate and address these risks, such as immunization campaigns, will likely continue to be disrupted due to insecurity and inaccessibility. Lack of access to food, combined with poor living conditions in flooded communities and displacement sites, will contribute to increased cases of acute malnutrition and associated morbidity and mortality risks.

The disruption of services, compounded by the high rates of unemployment and depletion of livelihood assets, will force households to adopt desperate coping strategies, particularly affecting the most vulnerable people. There will be increased risks of GBV and high burden and pressure of early marriage for women and girls. More children are expected to drop out of school and work to meet their family's basic needs.

Physical access will continue to be limited in 2023 due to poor and damaged infrastructure as well as floods increasingly occurring outside the rainy season. Humanitarian activities will be negatively affected by violence and fluctuating operating environment. The security situation will remain volatile with continued risk of attacks against humanitarian personnel and looting of humanitarian warehouses. Aggressive demands from marginalized youth groups for employment, bureaucratic impediments and increased presence of illegal check points along the major supply routes (e.g., roads and rivers) by armed groups will restrict access to the vulnerable groups.

Humanitarian risk analysis as of September 2022



Sources: ACLED, WFP, Logistics Cluster, IOM DTM Round12, Mine Action AoR, UNOSAT and OCHA

DRIVERS OF NEEDS

DRIVERS OF NEED	CURRENT (2022)	MOST LIKELY	TREND (2018-2022)	PROJECTED TREND (2023)
NATURAL HAZARDS	<ul style="list-style-type: none"> An estimated 1 million people in 36 out of 78 counties and Abyei Administrative Area were affected by flooding between July and November 2022. Significant damage to infrastructure. More than 36 health facilities, 111 nutrition sites and 877 schools were impacted. 	<ul style="list-style-type: none"> In areas where floodwaters have not yet receded, people remain displaced and are not able to engage in livelihood activities, leading them to continue to rely on humanitarian assistance. Further fluvial and flash floods are expected to occur in 2023 due to severe, unprecedented levels of continuous flooding for four consecutive years Lack or inadequate disaster risk management, reduction and mitigation measures and activities will expose South Sudan to the risks of continued climate emergencies. 	<p>Flood-affected population</p> <p>2019 2022</p>	
CONFLICT	<ul style="list-style-type: none"> Recurrent sub-national and localized violence, and clashes between State and non-State armed forces and community-based armed militias or civil defence groups displaced civilians. Violence in the Greater Tonj area, Jonglei and Upper Nile States displaced tens of thousands of people with civilian casualties and reports of human rights violations and abuses 	<ul style="list-style-type: none"> The risk of violence remains very high, mainly during the dry season. Small arms and light weapons in circulation within the country will likely intensify inter-communal conflict. People will continue to be forcibly displaced until their areas of origin become accessible. The recent postponement of the elections to December 2024 is expected to escalate the existing tension in the country. 	<p>IDPs</p> <p>2018 2022</p> <p>Refugees</p> <p>2018 2022</p> <p>Returnees</p> <p>2018 2022</p>	
PUBLIC HEALTH	<ul style="list-style-type: none"> Malaria remained the leading cause of morbidity in 2022. Multiple disease outbreaks, including measles and cholera outbreaks Poor living conditions and low immunization rates will fuel measles and cholera outbreaks. Limited access to health care compounded by high malnutrition rates. 	<ul style="list-style-type: none"> Health needs are likely to remain high, exacerbated by people's insufficient access to safe drinking water and sanitation. Morbidity and mortality rates due to vaccine-preventable diseases will remain high if routine immunization and vaccination campaigns will continue to be disrupted due to insecurity and inaccessibility. 	<p>Malaria</p> <p>2018 2022</p> <p>COVID-19</p> <p>2019 2022</p>	
ECONOMY	<p>The depreciation of the SSP has dramatically increased the cost of basic goods and services.</p> <p>People in South Sudan have become vulnerable to the regional and global dynamics such as the rise in fuel and food prices from speculative trading triggered by the conflict in Ukraine</p>	<p>Inflation will likely continue to increase in 2023, further eroding the purchasing power of households.</p>	<p>Inflation rate</p> <p>2018 2022</p>	



TWIC EAST/JONGLEI STATE, SOUTH SUDAN

A mother and daughter look out over submerged houses in Panyagor in Twic East, Jonglei State.

Photo: UNICEF/Mark Naftalin

2.2 Monitoring of Situation and Needs

People's needs are likely to evolve in 2023 due to conflict intensity, climatic shocks, flooding, disease outbreaks, economic factors and the challenges related to humanitarian access and response effectiveness. Humanitarian organisations continue to monitor the humanitarian situation and needs on a regular basis.

Changes in the situation and the resulting humanitarian needs of the affected people require timely communication to enable operational partners and decision-makers to respond. OCHA will publish monthly Humanitarian Snapshots with narrative and infographic analysis of the main changes in the

humanitarian situation and needs over the past month, such as changes in population movements, conflict and violence, flooding, food prices and key figures. The operational context will be described in the quarterly humanitarian access snapshots and in the monthly information products. OCHA will generate an inter-sectoral analysis of the response progress using the 5W monthly cluster response progress data.

The Needs Analysis Working Group (NAWG), co-chaired by OCHA and REACH, provides evidence-based and contextualized analysis of critical life-saving humanitarian needs for the Inter-Cluster Coordination Group (ICCG) on a regular and ad hoc basis. The

ICCG utilizes this information to inform prioritization of people's critical humanitarian needs to guide the response.

To monitor sudden changes in people's needs following shocks such as conflict or flooding, inter-cluster Initial Rapid Needs Analysis (IRNA) teams guided by OCHA deploy to assess the needs of the affected population. Teams use an agreed assessment framework, which enables trends analysis over time. IOM's Displacement Tracking Matrix (DTM) field teams monitor large-scale displacement, return incidents and the resulting immediate needs.

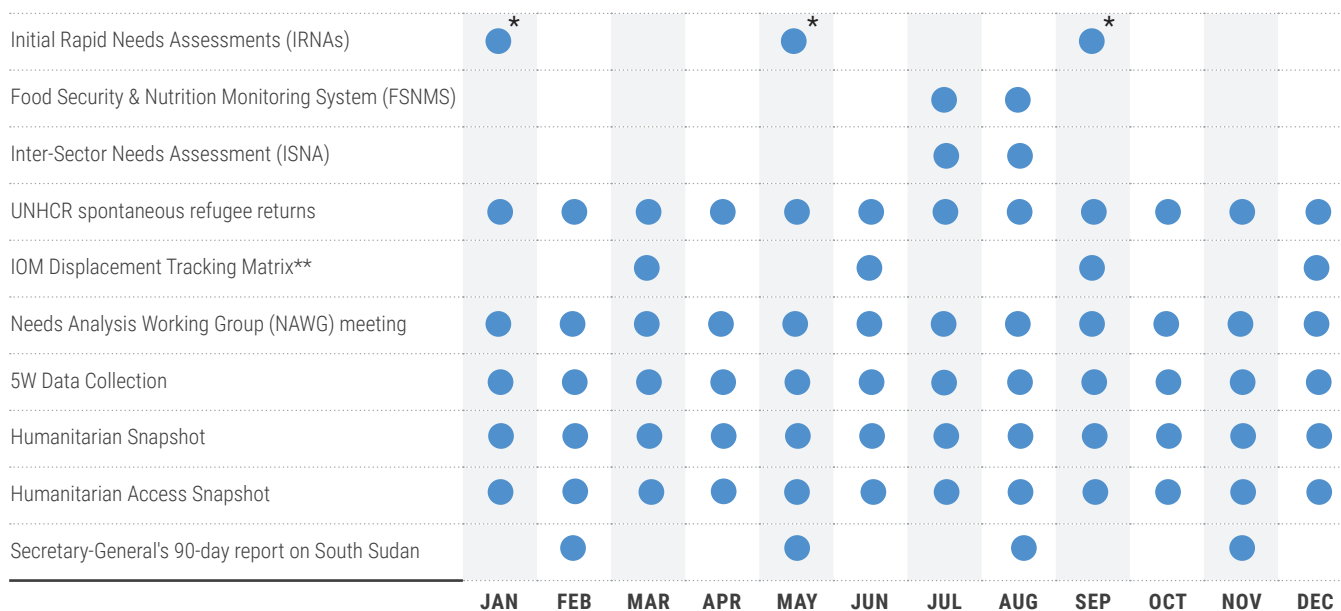
The annual ISNA and the Food Security and Nutrition Monitoring System (FSNMS) remain the most extensive household-level assessments in South Sudan. The ISNA was implemented for the first time in 2022 to collect and analyze data at the household level. The data gathered includes needs and vulnerabilities, displacement and migration history, shelter and

non-food items (SNFI), WASH, health, education, protection – including GBV and child protection – humanitarian assistance and social cohesion. The ISNA approach leverages a mixed method approach, with quantitative and qualitative components to gather data from people in urban and rural settings

The DTM teams monitor Internal and cross-border population movements and humanitarian needs in the IDP and returnee communities. The United Nations High Commissioner for Refugees (UNHCR) provides information on spontaneous refugee returns, refugees and asylum seekers in the country.

Depending on the timing of the assessments and availability of data, the number of people in need may be reviewed in 2023 to inform adjustments to the response. The response monitoring plan will be detailed in the 2023 Humanitarian Response Plan (HRP).

Inter-sectoral needs monitoring and reporting timeline for 2023



* IRNAs are triggered by a significant event such as flooding or conflict | **IOM Displacement Tracking Matrix - Mobility Tracking (Baseline & Multisectoral Location Assessment) & Event Tracking

Part 3:

Sectoral Analysis

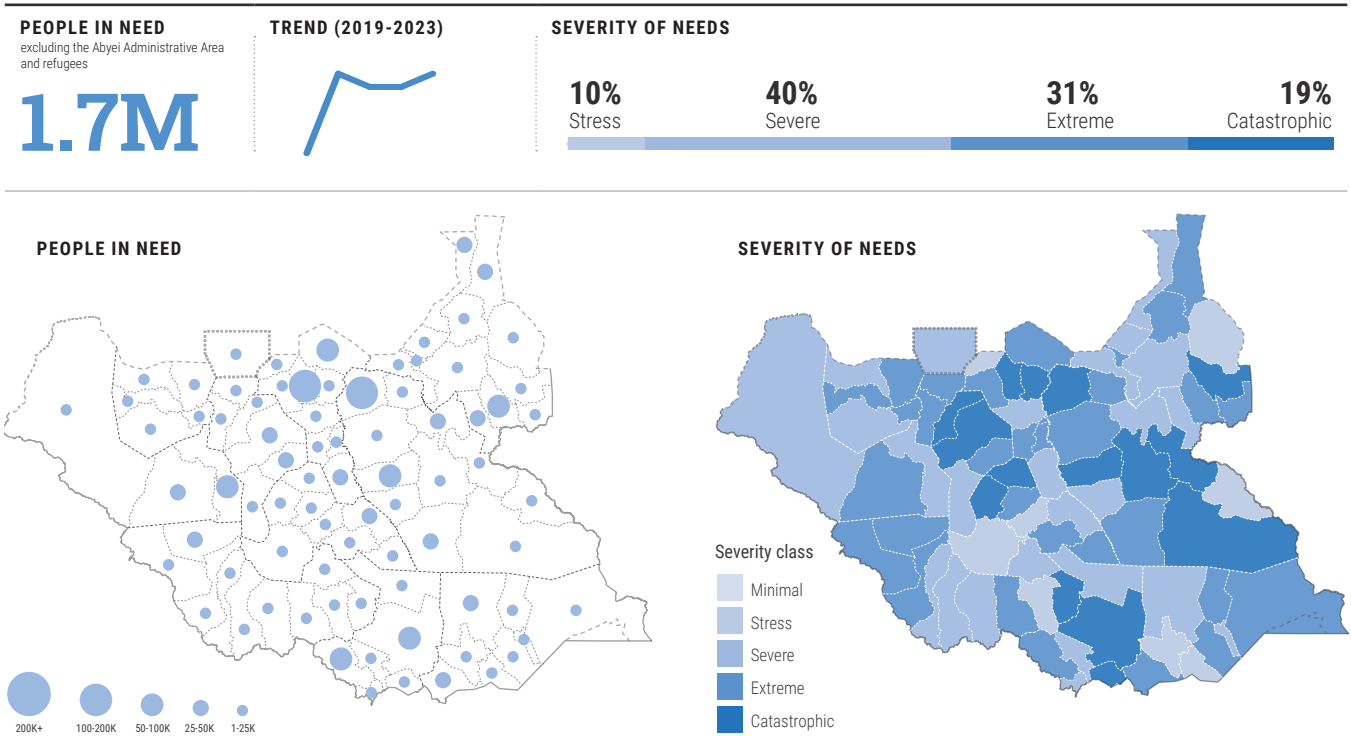
MABAN/UPPER NILE, SOUTH SUDAN

Shelter damaged by heavy floods in Maban.

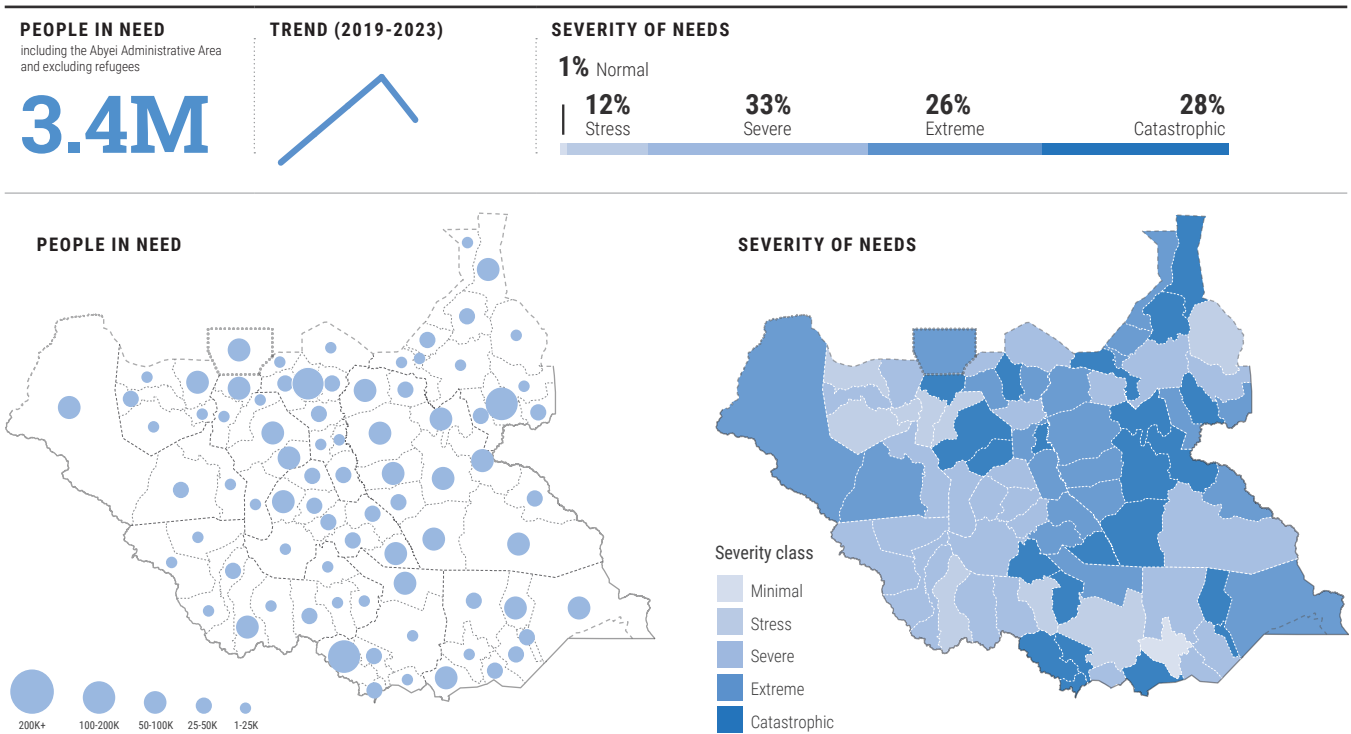
Photo: Jesuit Refugee Service



3.1 Camp Coordination and Camp Management



3.2 Education



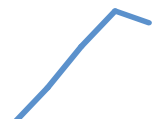
3.3 Food Security and Livelihoods

PEOPLE IN NEED

including the Abyei Administrative Area
and excluding refugees

8.0M

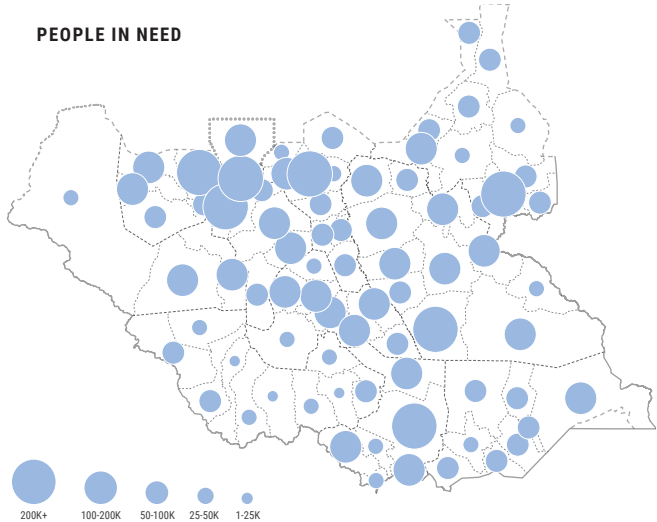
TREND (2019-2023)



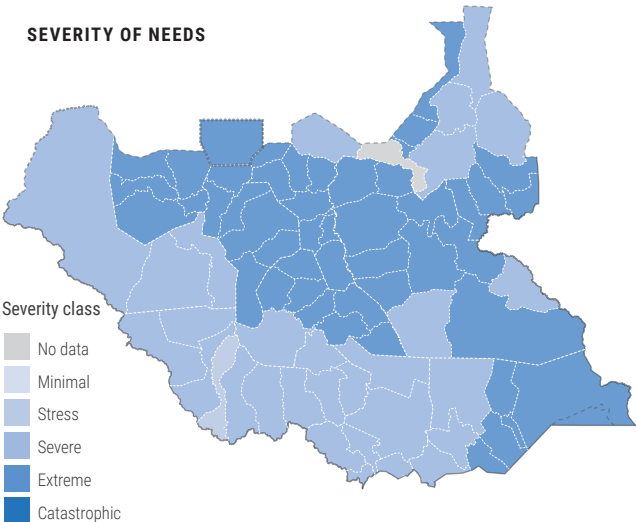
SEVERITY OF NEEDS



PEOPLE IN NEED



SEVERITY OF NEEDS



3.4 Health

PEOPLE IN NEED

including the Abyei Administrative Area
and excluding refugees

6.1M

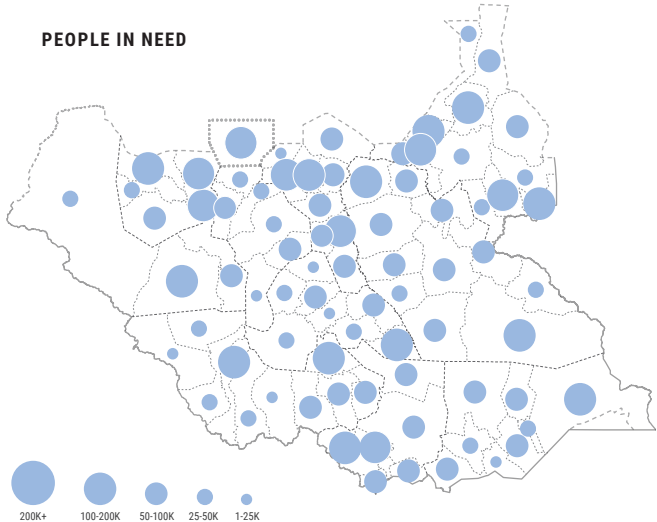
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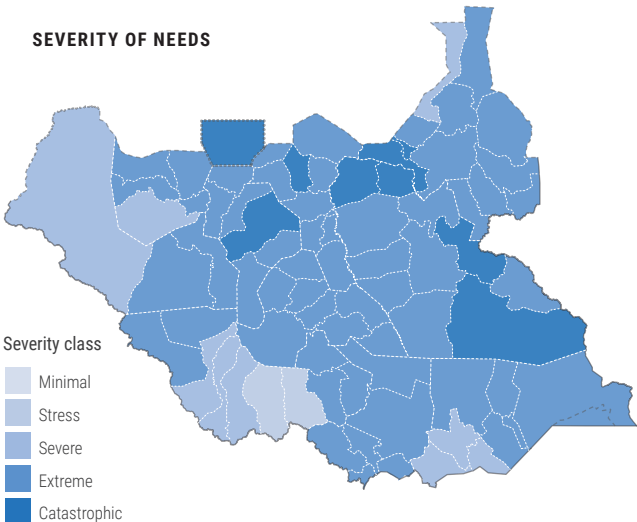
SEVERITY OF NEEDS



PEOPLE IN NEED



SEVERITY OF NEEDS



3.5 Nutrition

PEOPLE IN NEED

including the Abyei Administrative Area
and excluding refugees

2.2M

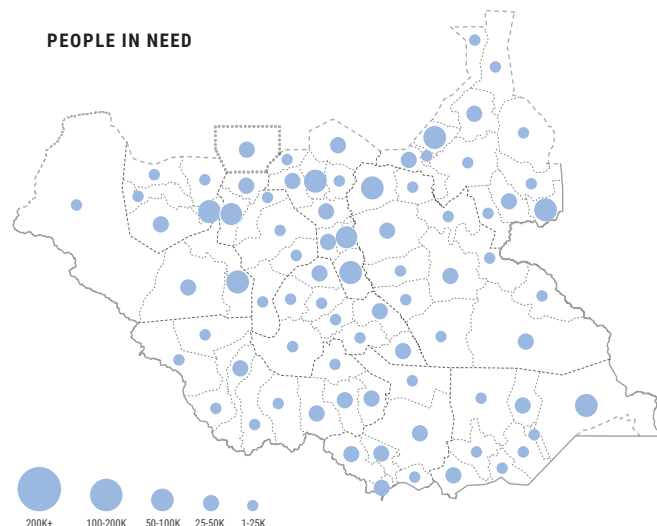
TREND (2019-2023)



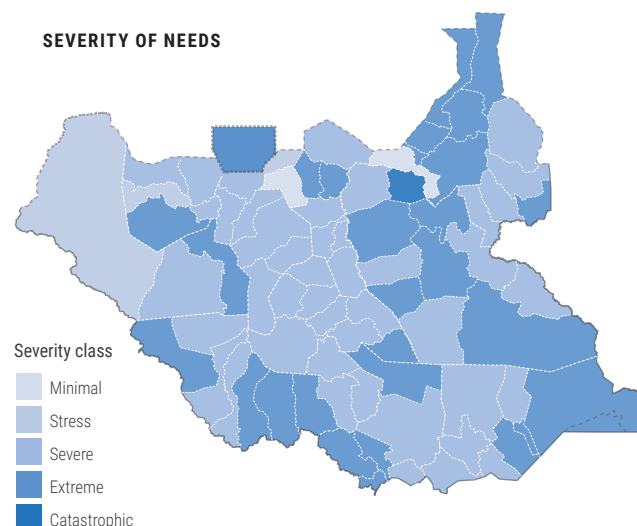
SEVERITY OF NEEDS



PEOPLE IN NEED



SEVERITY OF NEEDS



3.6 Protection

PEOPLE IN NEED

including the Abyei Administrative Area
and excluding refugees

6.1M

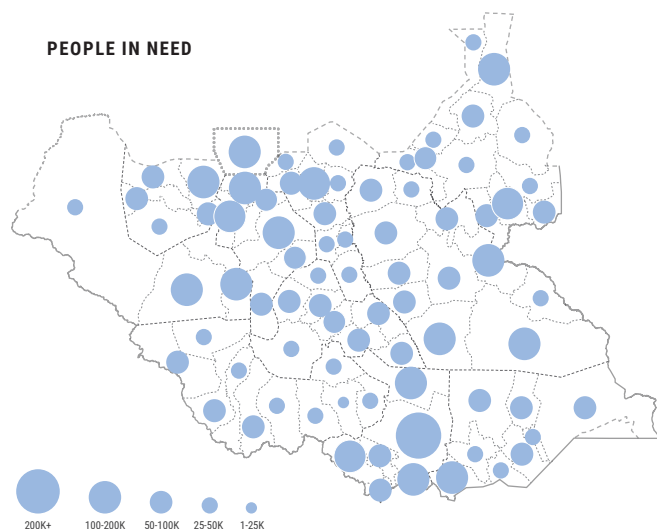
TREND (2019-2023)



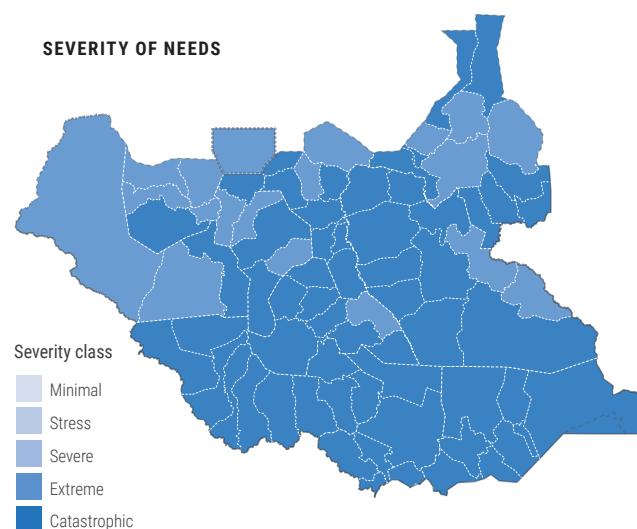
SEVERITY OF NEEDS



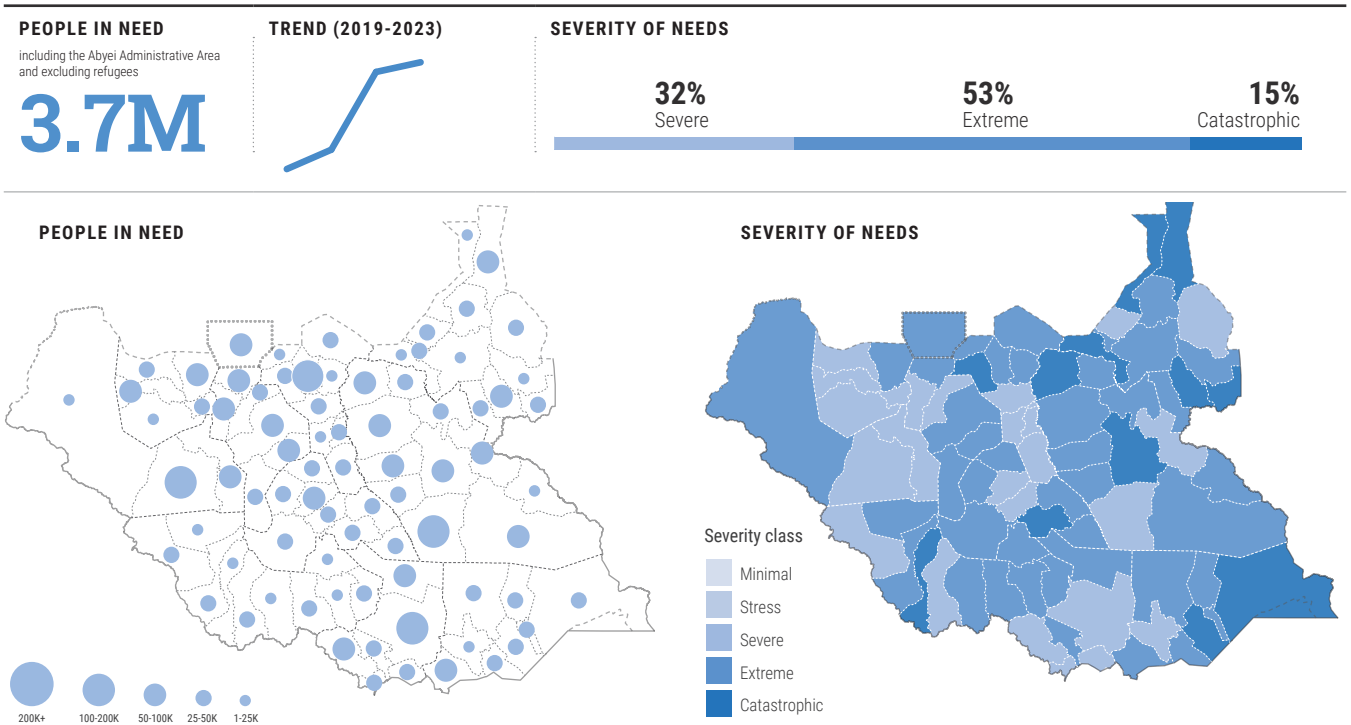
PEOPLE IN NEED



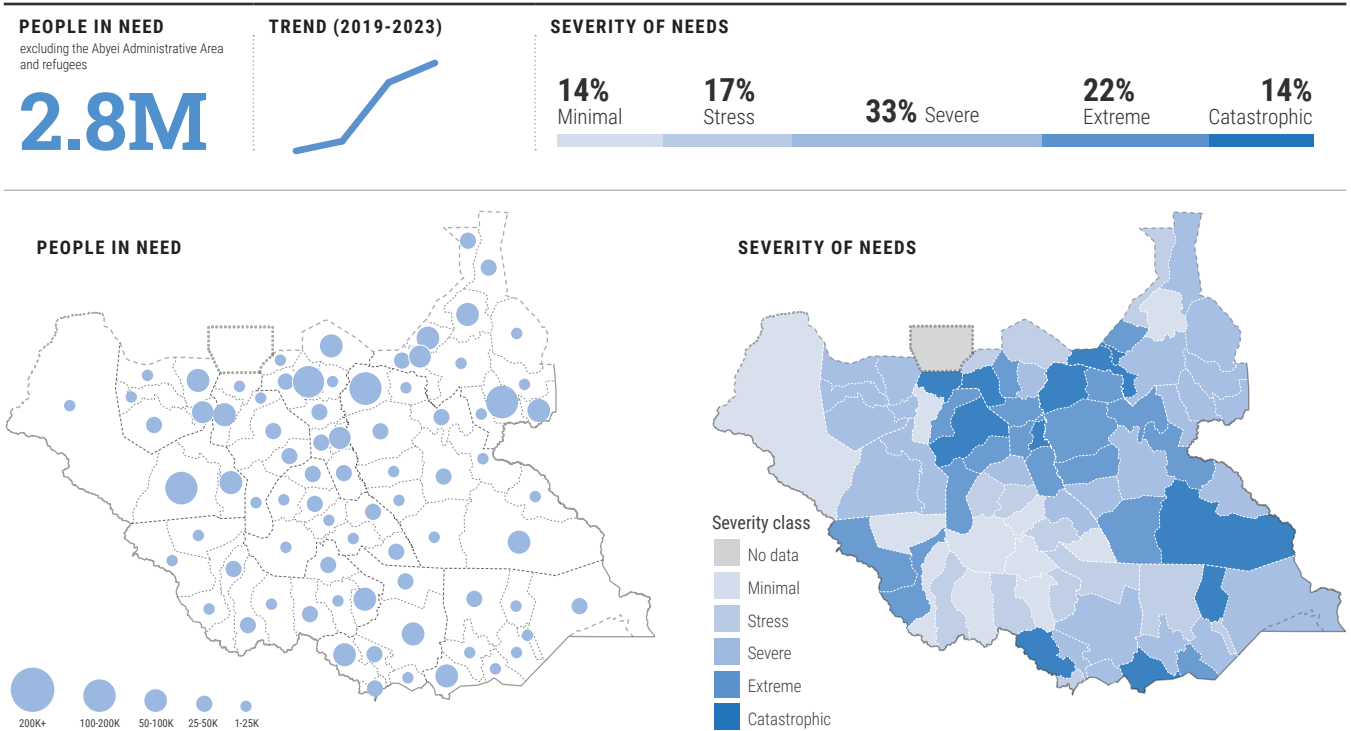
SEVERITY OF NEEDS



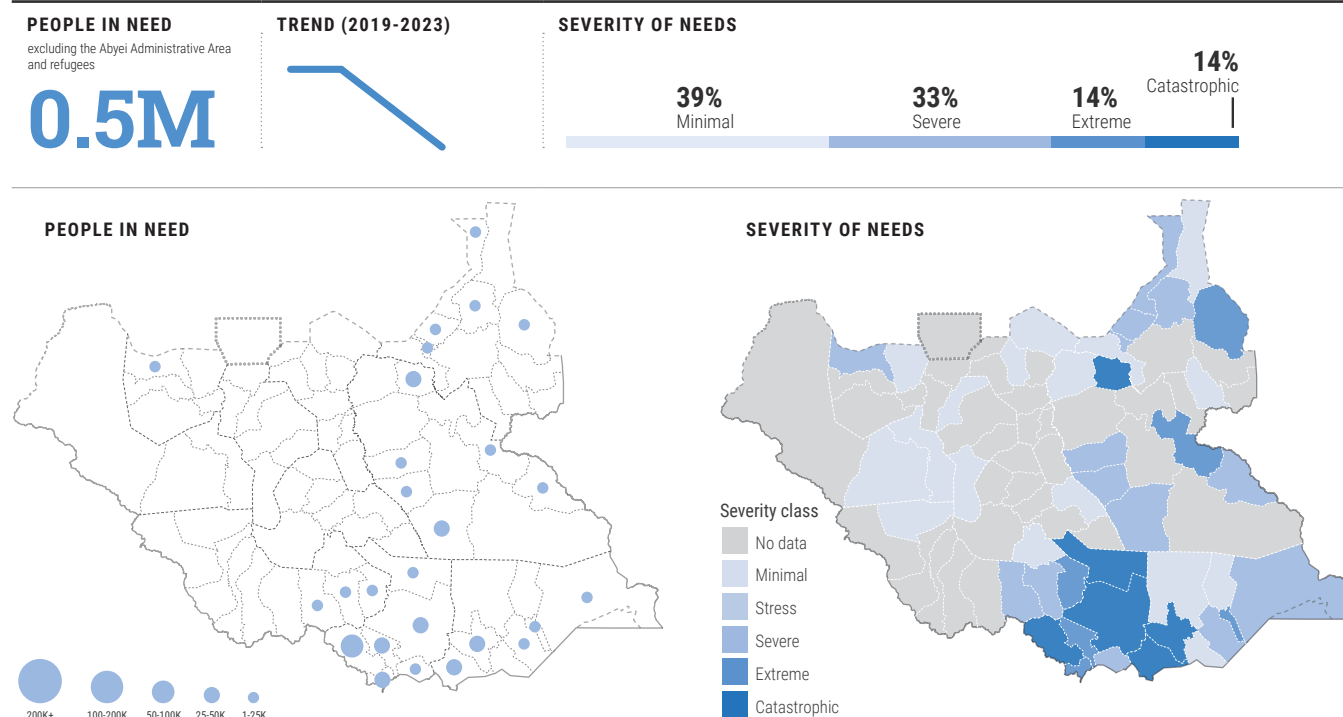
3.6.1 Protection: Child Protection



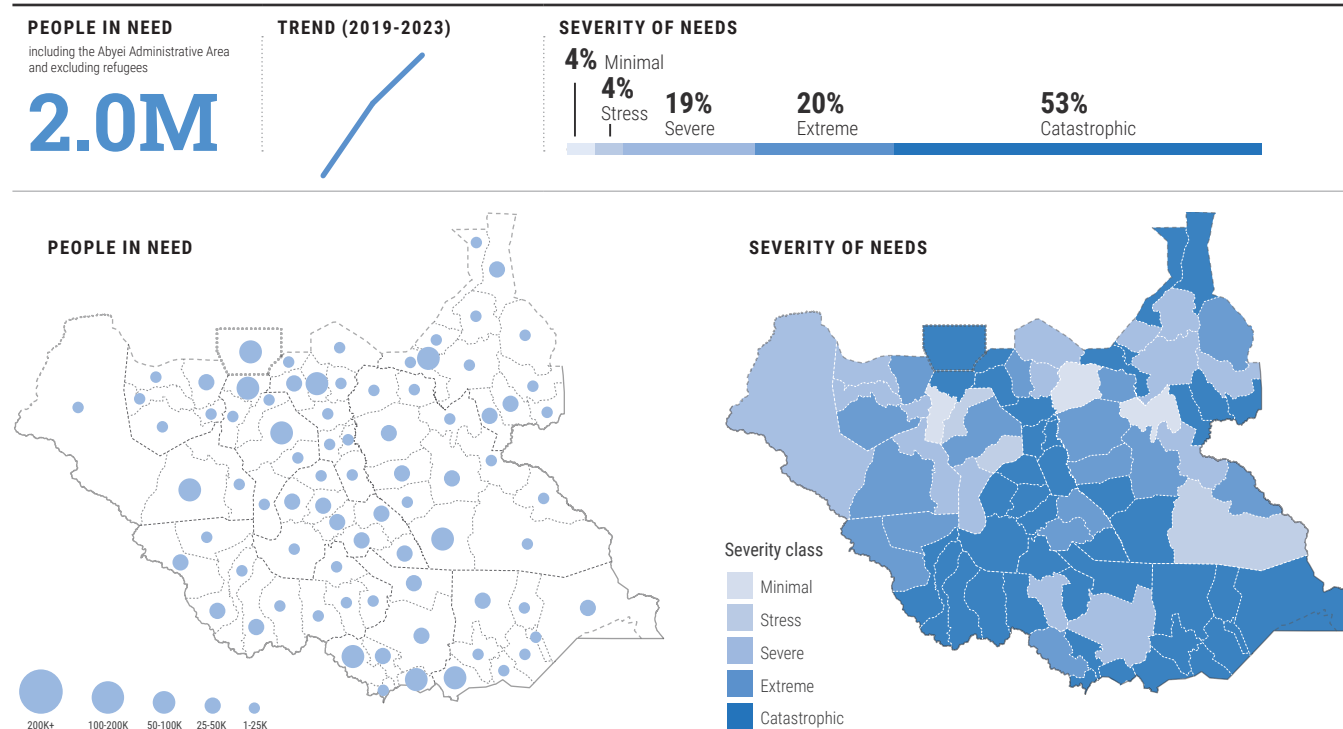
3.6.2 Protection: Gender-Based Violence



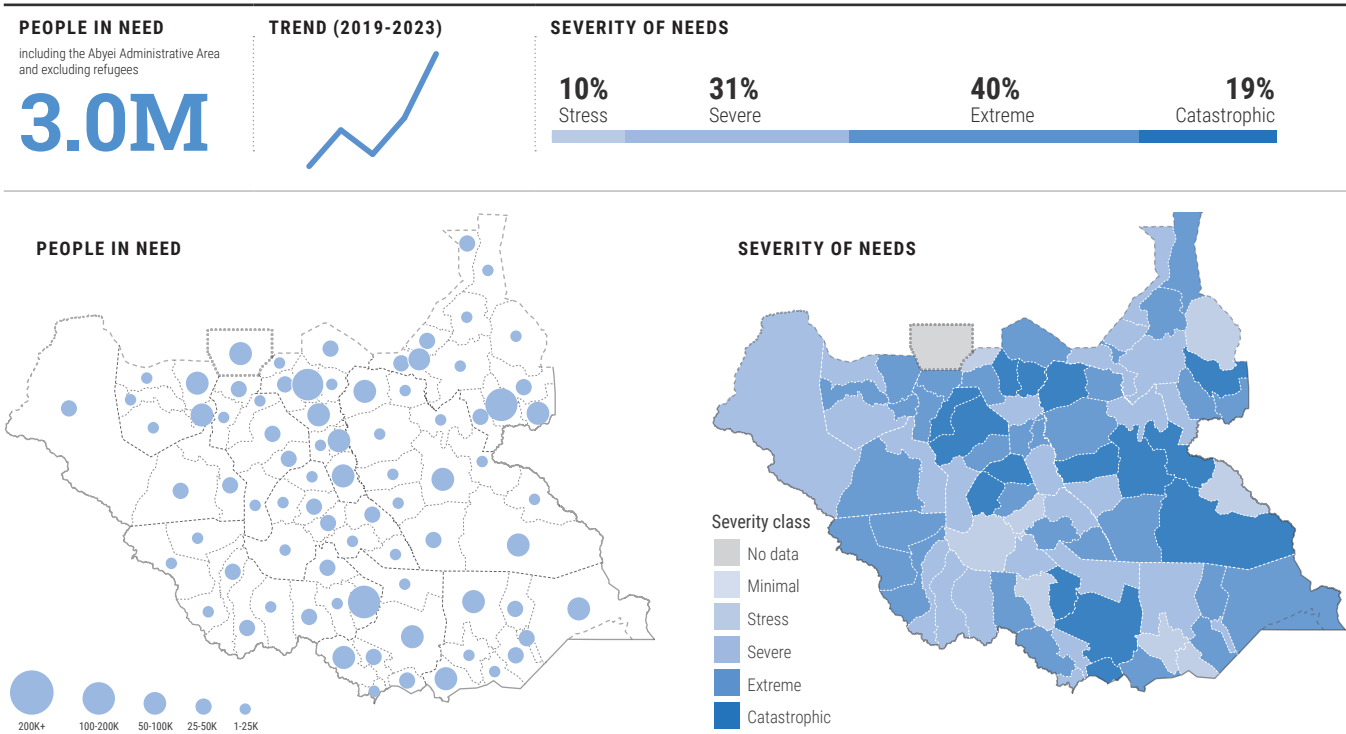
3.6.3 Protection: Mine Action



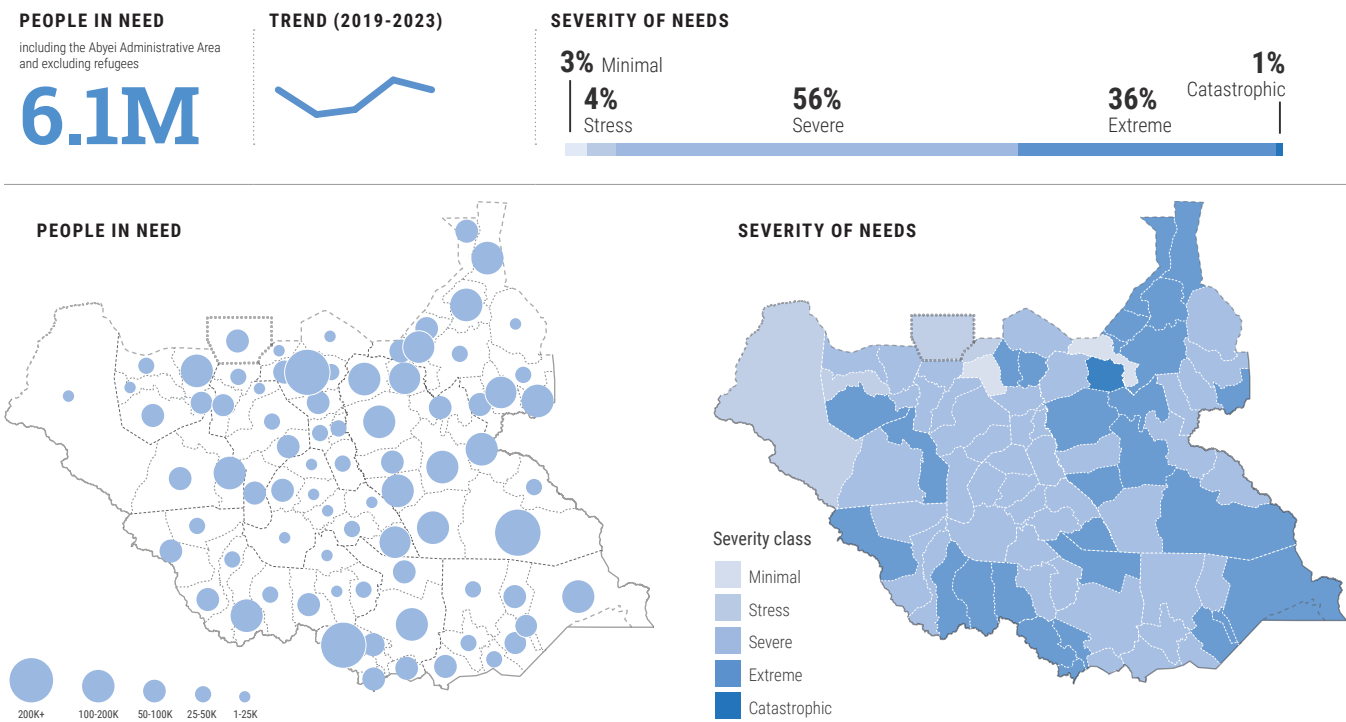
3.6.4 Protection: Housing, Land and Property



3.7 Shelter and Non-Food Items



3.8 Water, Sanitation and Hygiene



3.1

Camp Coordination and Camp Management



PEOPLE IN NEED <small>excluding the Abyei Administrative Area and refugees</small>	MALE	FEMALE	CHILDREN	WITH DISABILITY
1.7M	49.8%	50.2%	52%	15%

Analysis of humanitarian needs

More than 2.2 million people remain internally displaced in South Sudan. Most of them have either settled in former PoC sites, collective sites, or with host communities outside the camps. The continued displacement of the people living in these conditions exacerbates the ongoing humanitarian situation in South Sudan, requiring Camp Coordination and Camp Management (CCCM) services to meet their basic needs. Ongoing conflict and flooding have forced hundreds of thousands of people to relocate and remain in displacement sites across the country. Protracted displacement is a major driver of humanitarian needs, as significant coping strategies of IDPs are eroded, and unresolved security and livelihood obstacles lead people to remain vulnerable and in need of humanitarian assistance. Comprising 15 per cent of the total IDP population in camps, camp-like settings and outside camps with host communities, women, girls and PWD are even more vulnerable. The safety and security of women and girls continue to be threatened by early marriage and sexual exploitation/GBV. They lose livelihoods and access to education as they are not prioritized by their families. Information gathered from the IDPs through CFM revealed that people with specific needs (i.e., people with chronic illnesses, PWD, the elderly, female-headed households, child-headed households and minority groups) are disproportionately affected by the crisis. According to the findings from the qualitative component of the ISNA, community members most in need received humanitarian assistance but several vulnerable groups were left out due to distribution time, access barriers and lack of timely receipt of information on the time and place of distribution. These population groups include PWD, elderly people, widows, orphans, newly arrived IDPs and returnees, non-registered returnees, host communities and other persons with psychosocial vulnerabilities.

Representative camp committees and community groups need effective camp management with community engagement and robust care and maintenance activities to push for community self-management and long-term resilience. IDPs living in camps and camp-like

settings need better access to safe and secure living standards. IDPs living in communal shelters and with host communities outside of camps are disproportionately affected due to poor living conditions, which can lead to disease outbreaks. For those displaced in flood-prone areas, their sites need to be secured from flooding and communities need to mobilize and actively participate in flood mitigation and response activities as an integral part of the daily care and maintenance of the site.

Inter-sectoral analysis

Poor living conditions, lack of access to basic services and exhausted coping capacities (e.g., lack of financial resources) result in increasingly negative coping mechanisms for the IDPs in camps and camp-like settings and potential tensions between the population groups. The protracted nature of the displacement and the overcrowded conditions in the IDP sites are the primary factors to the challenges in maintaining hygiene in the sites. The transition of the PoC sites to IDP camps deteriorated the security situation in the sites and resulted in a weakened protective environment. The failure of the humanitarian community to properly interpret the transition of the PoC sites led to drastically reduced humanitarian services in Bor, Juba and Bentiu IDP camps. The IDPs interviewed in these sites discussed the consequences of the withdrawal of UN troops, citing perceived (and in some cases real) reduction in protection and humanitarian services. The transition came at a time of dire humanitarian conditions, leading to substandard living conditions, inadequate water and sanitation services (e.g., failure to desludge pit latrines) and insufficient provision of health services. Ineffective responses to these issues resulted in an alarming increase in Hepatitis E and AWD, with Bentiu IDP camp being particularly affected. The only remaining PoC in Malakal, already suffering from overcrowding, has recently witnessed a major influx of new arrivals, worsening an already dangerous situation from a public health perspective.

The nutrition situation in the camps has also become deeply concerning, with malnutrition rates exceeding WHO emergency thresholds and affecting CCCM operations and delivery of services. Equitable access to humanitarian assistance and protection for displaced women, men, girls, and boys seeking dignified solutions after life in IDP camps remains one of the most important needs yet to be addressed in South Sudan. The CCCM Cluster will work closely with the Protection, WASH, SNFI and other clusters to address the dire living conditions of displaced families, by ensuring that the sites are safer, habitable and better organized while respecting the fundamental rights of the IDPs to voluntarily choose options for durable solutions.

The protracted nature of the displacement of people in South Sudan has led to increased pressure on the families suffering from overcrowded conditions in the camps, lack of privacy for women and girls in camps/shelters, limited access to livelihoods, increased anxiety and hopelessness for the future. Reports from the safety audit by the Protection Cluster indicate that this has led to an increase in the incidence and severity of sexual violence and GBV, including domestic violence.

Projection of needs

Years of conflict, outbreaks of sub-national violence, growing uncertainty about the political process to achieve peace and recurrent flooding due to climate change are severely affecting the living conditions of the people in South Sudan. The number of people displaced by the conflict has increased progressively since the R-ARCSS was signed. In addition, 350,000 people were displaced between May to December 2021 due to seasonal flooding. The compounding impacts of these shocks are eroding hopes of ending the displacement and implementing durable solutions. Although tension between the two main actors of conflict in South Sudan has eased, there is still considerable uncertainty about the overall security environment, which is reflected in the

relatively stable number of displaced people in former PoC sites the past three years. It seems unlikely that the displaced persons in these sites will return to their homes or areas of habitual residence any time soon. As a result, humanitarian needs will continue to rise as the displaced people rely on displacement sites as their only way to access the resources necessary for their survival. With dwindling resources to fund a robust and durable humanitarian response, the IDP sites are becoming unsafe, undignified and precarious. The majority of IDPs in South Sudan hosted in camps have continued to live in collective shelters known as “Communal Shelters”,¹⁰⁴ originally constructed in 2013 along with other facilities in the IDP camps as a temporary measure and designed to last for up to one year. Many of these shelters require urgent and continuous maintenance or repairs to ensure that the minimum living standards are met. The communal shelters are overcrowded and lack privacy and space for safe and separate cooking areas, increasing the risk of fire in the camps. Continued provision of CCCM and protection services remains essential in the camps.

Monitoring

As part of the continuous monitoring of the provision of camp management service to the displaced people in the sites, the CCCM Cluster will conduct household satisfaction surveys in all displacement sites, with active camp management services to monitor the IDP satisfaction levels with the camp management and services provided. The CCCM Cluster will ensure that the reporting and monitoring mechanisms, including displacement site profiles, dashboards and the 5W, are in place and harmonized across the IDP sites. It is crucial that CFM are designed and continuously upgraded, taking Accountability to Affected People (AAP) into consideration.

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
02	% of population in sites or area who are in need of appropriate site management services	CCCM	Intention Survey, Service mapping, CCCM satisfaction survey, IOM DTM Site assessment	Twice a year

3.2 Education



PEOPLE IN NEED <small>including the Abyei Administrative Area and excluding refugees</small>	MALE	FEMALE	CHILDREN	WITH DISABILITY
3.4M	49.6%	50.4%	99%	15%

Analysis of humanitarian needs

In 2023, 3.3 million children and adolescents, of whom 53 per cent are girls, will face barriers to education services in South Sudan. The closure of schools due to COVID-19 and the broader socio-economic hardship continue to exacerbate the existing education challenges and inequities. Since 2021, an estimated 2.8 million children, almost 65 per cent of all school-aged children, are believed to be out of school.¹⁰⁵ Dropout has been higher for boys during the last three years, while more girls tend to drop out after completing their primary education. The enrolment rate is almost four times higher for the primary level of education than for the secondary level (62.9 per cent and 13.4 per cent respectively). Transition from primary to secondary education is significantly low and most children do not graduate from high school. Approximately 150,434 refugee children, of whom 51 per cent are girls, need support to access quality education.

Schools are commonly used as evacuation centres and safe spaces for the displaced population in Eastern Equatoria, Upper Nile, Jonglei, Warrap, Unity States and Greater Pibor and the Abyei Administrative Area. Active conflict and recurring communal violence throughout 2022 led to school closures and affected the education of 1,160 pre-primary and 2,882 primary school children.¹⁰⁶ Some 887 schools¹⁰⁷ were affected by flooding in Jonglei, Warrap, Northern Bahr el Ghazal, Unity and Upper Nile states and disrupted education services. Food insecurity is another key factor leading parents with school-aged children to adopt negative coping mechanisms, such as child marriage, child labour and even recruitment into armed groups or gangs that prevent school enrolment and attendance.

The lack of proper education infrastructure, including gender-segregated WASH facilities, is one of the key barriers to access safe education services, affecting mostly girls. An estimated 17,030 classrooms are operating under trees or in open air, exposing children to protection risks and harsh weather conditions. Almost

63 per cent of primary schools are without any latrines and 52 per cent have either limited or no access to safe drinking water.¹⁰⁸ According to the Education Needs Assessment (ENA), more than 60 per cent of these latrines are inaccessible to students with disabilities.¹⁰⁹ Overcrowded classrooms resulting in unhygienic conditions and the lack of essential teaching and learning materials are some of the key barriers to a quality learning experience, leading to more dropouts. Delayed or insufficient payment of teachers' salaries result in teacher absenteeism and high turnover. Monthly salaries for teachers in South Sudan remain low, just above \$20 compared to \$100 per month in 2011. Some 43,548 teachers (13 per cent female) are in need of humanitarian assistance. Although the government budgeted for a substantial increase in the fiscal year 2022/2023, it was not sufficient to attract qualified teachers. School fees are also a key barrier to regular school attendance. Girls are affected disproportionately, as they drop out due to early marriage, early pregnancy or support with livelihoods activities.¹¹⁰

The lack of female teachers has a negative effect on girls' retention in schools. Only 13 per cent of all teachers are female at the primary level and 9 per cent at the secondary level.¹¹¹ CwD also face numerous challenges in accessing quality education, as most schools are not equipped with mobility or assistive devices. Over half of schools also reported their latrines were inaccessible for CwD. Teachers are not trained to foster or deliver inclusive education and school communities are not sensitized on the need to create an enabling environment for CwD. Travelling long distances to schools is also a barrier for girls and CwD, posing additional risks and hardship. People living in remote locations or continuously on the move, such as IDPs/refugees and pastoralist communities, do not always have access to formal education services and require support through flexible pathways and alternative learning programmes.¹¹²

Inter-sectoral analysis

Most students do not get a meal before school and over 60 per cent of the schools assessed for ENA do not provide food for students. Hunger is therefore a key barrier to education, resulting in poor academic performance, and stunting cognitive development and children's overall well-being. This is a key causal factor that underpins school dropout.

The lack of access to safe drinking water and sex-segregated latrines is a critical barrier to a safe and quality learning environment. Almost 49 per cent of primary schools do not have latrines and less than half of the schools have clean water and soap available, increasing the risk of communicable diseases and resulting in irregular attendance for both students and teachers. Half of the schools never received dignity kits for female students and teachers. The lack of menstrual health management poses a significant barrier to the attendance, learning and progression of female students.

Over 80 per cent of the schools assessed for ENA reported a rise in child protection cases during the COVID-19 school closures. The number of pregnant students nearly doubled between 2020 and 2021 in some schools. Nonetheless, over a third of schools that were assessed reported not having the mechanisms in place to refer cases of pregnancy or GBV issues. Less than a quarter of the schools reported having a general protection referral mechanism. Teachers and other school personnel need training on GBV disclosures, including sexual exploitation and abuse (SEA) and GBV referral pathway in their area. The lack of general child safeguarding/SEA prevention and response systems in schools also limits the capacity to mitigate risks posed to children and adolescents, which warrants consideration to make the education response safer and more accountable.

Projection of needs

An estimated 3.3 million girls and boys between ages 3 and 17 in conflict- and crisis-affected areas are estimated to have inadequate or no access to education in 2023. More than 43,000 teachers (13 per cent female) and members of school management committees require humanitarian assistance. Some 150,434 refugee children will need education support in 2023. Increasing effects of climate change, food insecurity and localized conflict exacerbate existing barriers, including inadequate school infrastructure, costs associated with accessing quality education, untrained education personnel and irregular and insufficient teacher payments. Needs are particularly dire and may worsen in Unity, Jonglei, Upper Nile and Warrap states.

Monitoring

The Education Cluster has developed an online monitoring tool to monitor incidents that impede education activities, including protection/GBV risks. The cluster will continue to include education questions into the needs assessments, like the 2022 ISNA, conducted by other partners to monitor the situation related to accessing quality education. The status on the new enrolment at all school levels, including the parent-teacher association (PTA) and teachers benefiting from the capacity development training, will be collected monthly through the 5Ws. Through the same template, the cluster collects other data from national and international education actors, including on the setup and rehabilitation of classrooms and WASH facilities as well as the distribution of school materials. The cluster collects monthly sex, age and disability disaggregated data on two main indicators – the number of children and adolescents provided with access to education in emergencies and the number of trained teachers, members of the PTA and school management committee. The cluster will also monitor the education situation through secondary data review, updated through the needs assessments conducted by cluster members.

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of school-aged children attending school regularly (at least 4 days a week) in the 2021 school year while schools were open, per age and sex group.	Education	SAMS	Quarterly
02	% of school-aged children dropping out of school in the previous school year	Education	EMIS 2021	Annually
03	Pupil-Teacher Ratio	Education	EMIS 2021 / Education Nation-Wide assessment 2021	Quarterly
04	Schools with access to safe drinking water within / near the school compound/distance to the nearest water source	Education	EMIS 2021	Annually

3.3 Food Security and Livelihoods



PEOPLE IN NEED <small>including the Abyei Administrative Area and excluding refugees</small>	MALE	FEMALE	CHILDREN	WITH DISABILITY
8.0M	49.6%	50.4%	54%	15%

Analysis of humanitarian needs

An estimated 7.8 million people,¹¹³ as well as 188,000 people in the Abyei Administrative Area are likely to experience severe food insecurity at the peak of the 2023 lean season (April – July).¹¹⁴ This is comparable with the situation described in the Food Security and Livelihoods (FSL) sectoral analysis in December 2021 and the IPC analysis in March 2022,¹¹⁵ where food security needs remained high and severe. Food insecurity is highest in Jonglei, where 79 per cent of the population will likely face severe acute food insecurity (IPC Phase 3 or worse) at the peak of the lean season in 2023, followed by Unity (75 per cent), Warrap (70 per cent), Northern Bahr El Ghazal (66 per cent), Lakes (61 per cent) and Upper Nile (60 per cent).

The main drivers of FSL needs include covariate climatic, conflict and economic shocks such as floods and dry spells, inflation and rising food prices, continued disruption of livelihoods due to conflict and insecurity and household-level idiosyncratic stressors, like death of the breadwinner, GBV, morbidity and mortality due to poor hygiene and the lack of access to essential basic services. Food insecurity is greatest when these shocks and stressors are compounded by the persistent high levels of vulnerability and poverty associated with the protracted crisis since December 2013. The situation progressively worsened over time, reaching its peak in 2022 and projected to continue into 2023.

Displaced people are more likely to be severely food insecure (IPC 3 or worse), with 61.1 per cent of all IDPs severely food insecure. This is particularly significant in Western Bahr el Ghazal (69.9 per cent of the total IDPs), Central Equatoria (67.3 per cent) and Unity (61.2 per cent) States. In Eastern Equatoria, returnees are relatively more food secure (80 per cent of the total number of returnees) compared to other residential groups. The host community is the most food insecure among the residential groups in Eastern Equatoria, Jonglei, Northern Bahr el Ghazal and Upper Nile States.

The age of the head of household has a strong link to food security. Households headed by an adult between 18 to 60 years old are more likely to be marginally food secure, compared to young (under 18 years old) and the elderly (60 years old and above) heads of households, which is particularly significant in Eastern Equatoria, Jonglei, Lakes, Northern Bahr el Ghazal, Upper Nile and Western Equatoria States. Gender also plays a role in the food security status of the household, with female-headed households slightly more food insecure across the country.

Inter-sectoral analysis

Food availability, access, utilization, stability and seasonality are the main factors affecting food security in South Sudan. Other sectors have a significant impact on these dimensions of food security. Nutrition affects mental and physical growth, educational attainment and livelihood opportunities. The health of a person affects their ability to carry out manual livelihood activities and to travel long distances to herd livestock or collect wild foods and firewood. Easy access to markets and health care facilities affects people's productivity and vulnerability to disease or illness. WASH influences food preparation and safety. Protection concerns such as conflict, displacement and GBV disrupt people's livelihoods and mental well-being, affecting food security. Due to the protracted nature of the crisis in South Sudan, poverty and vulnerability have resulted in significantly greater levels of food insecurity and lack of livelihood opportunities, forcing many families to resort to negative coping strategies. Some strategies are harmful for children, including transactional sex, sale of productive assets, early/forced marriage and child labour. Highly educated heads of households are more likely to be food secure. Households whose heads have low or no education tend to be more severely food insecure, especially in Jonglei (79 per cent), Unity (74 per cent), Central Equatoria (54 per cent) and Eastern Equatoria (52 per cent) states.

Projection of needs

Access to markets affected by the economic crisis, protracted conflict and flooding, limiting the flow of both commercial and humanitarian goods and services, is a key factor to high levels of food insecurity into the foreseeable future. Sub-national violence is expected to continue in similar or lower intensity until the peace process and governance become truly inclusive. Atypical flooding for the fourth consecutive year displaced people, damaged homes and affected agricultural livelihoods and the households' ability to produce their own food, with the added effect of water logging and waterborne diseases on livestock and human health. Other locations experience periodic dry spells and localized drought at critical times of crop growth, requiring livestock to move further from the homestead (with a detrimental impact on child malnutrition). Persistent high food prices despite the 2021 fiscal reforms continue to threaten people's food security across the urban locations, former PoCs and small towns where more people are becoming market dependent. Seasonality also results in 'normal' heightened food insecurity and poor nutritional status at times in the agroecological calendar.

Monitoring

Between July and September 2022, the FSNMS Round 28 collected food security data from 8,995 households during the lean season/ beginning of the harvest period. Some counties in Upper Nile were only assessed in September. The resulting data analysis produced information for use in the IPC analysis and the HNO. Phase classification at the IPC analysis is based on the outcome indicators and contributing factors from the FSNMS, assessment reports, KIIs or secondary data sources. The IPC provides people in IPC3+, whilst the FSNMS data analysis provides the Livelihood Change Index and the Resilience Capacity Index. The FSL Cluster also uses field assessments, IRNAs and other reports provided by the NAWG or other forums and sources to track shocks and events. The main output level data comes from the monthly 5W matrix that collects information from the operational partners. The FSL Cluster guides its partners on incorporating AAP and GBV prevention and mitigation throughout the Program Management Cycle, and engages with the community to actively seek the views of the affected people at each stage.

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	Integrated Food Security Phase Classification (IPC) Analysis - Second Projection	FSL	FSNMS	Annually
02	Livelihood coping strategy (food) - 30 day recall	FSL	FSNMS	Annually
03	*Resilience Capacity Index (RCI)	FSL	FSNMS	Annually

3.4 Health



PEOPLE IN NEED <small>including the Abyei Administrative Area and excluding refugees</small>	MALE	FEMALE	CHILDREN	WITH DISABILITY
6.1M	49.7%	50.3%	53%	15%

Analysis of humanitarian needs

South Sudan's health system is unable to cope with, respond to and provide essential life-saving health services in humanitarian emergencies, as it relies heavily on international humanitarian assistance. Limited functionality of health facilities, capacity and poor coverage, including recent closures of health facilities due to reduced funding, have made it difficult to meet increasing health needs worsened by floods, food insecurity and conflict. Women, children, the elderly and PWD are particularly vulnerable to the limited access to health care. The government's allocations to health services increased from 1.9 per cent in 2020/2021 to 7.9 per cent in 2021/2022 national budget allocations.¹¹⁶ However, the actual expenditure is not in line with the budget allocation.

The lack of medicine and staff as well as equipment transportation cost, insecurity, floods, long distance to health facility and high cost of health care are the main barriers to accessing health services. Only 49 per cent of the population can access health facilities in one hour's time. Sixty-six per cent of the population has difficulty accessing health services, with additional barriers faced by women and girls.¹¹⁷ Inadequate health workers, limited supplies, long wait time, water, maternal health services and lack of follow up care were most reported.

A health service functionality assessment across South Sudan conducted in October 2022 revealed that only 11 per cent of the 1,980 health facilities provide the full package of Basic Package of Health and Nutrition Services (BPHNS). Some 46 per cent of the facilities are moderately functional, resulting in inadequate access and unavailability of some health services to the communities in many parts of the country. At Boma-level, 58 per cent of the community health system is not functional.

Children remain vulnerable to preventable diseases. Almost 69 per cent of all counties are classified as at high risk of measles outbreaks, with 20 counties identified as cholera hotspots and immunisation coverage (49 per cent Penta 3 coverage) remaining extremely low. As of October 2022, 20 counties in eight states have reported measles outbreaks.¹¹⁸ A cholera outbreak was declared in Rubkona county, Unity State in May 2022. Malaria continues to be the leading cause of morbidity and mortality, accounting for 63 per cent of all morbidities and 69 per cent of all mortalities in 2022.¹¹⁹ Hepatitis E cases have remained above the epidemic thresholds in 2022, with over 3,473 cases and 26 deaths. Some 59 Vaccine Derived Poliovirus 2 (cVDPV2) cases have been reported since the outbreak in 2020, of which 42 per cent are female.

Maternal mortality in the country is one of the highest in the world, with 789 per 100,000 live births. Only 39 per cent of the households reported that women in their household used ANC during their pregnancy and only 14.7 per cent had skilled birth attendance.¹²⁰ According to the 2022 ISNA, approximately 112 under-five children per 1,000 live births die every year and at least 18.5 per cent of the households reported losing a relative. Teenage pregnancy rate is estimated to be at 30 per cent among girls between 15 to 19 years old. Contraceptive prevalence rate for all methods is at 6 per cent, with modern methods at 5 per cent, and the unmet need for family planning estimated to be at 29.7 per cent in 2020.¹²¹ Gender inequality and GBV are widespread and perpetuated by several factors, including socio-cultural norms and armed groups presence in the communities.

Recent mapping in 37 out of the 78 counties revealed that leprosy is still endemic in all surveyed counties. Only 20 health facilities provide treatment for leprosy in 17 counties nationwide. A staggering 17 out of the 20 neglected tropical diseases as listed by WHO are endemic in the country. Access to Mental Health and Psychosocial Support (MHPSS) remains inadequate.

WHO prevalence estimates mental disorders in conflict settings in South Sudan to be approximately 2.5 million cases, emphasizing the risk of mental health burden in the affected population. Research shows 41 per cent of probable occurrences of Post-Traumatic Stress Disorder in six states. Attacks on health care continue to negatively affect the provision of and access to health services.

Inter-sectoral analysis

The drivers of health outcomes and needs cut across various sectors, including food, nutrition, shelter, protection and WASH. MHPSS and interventions on sexual violence and GBV are integrated in the health facilities. Overall, poor infrastructure, including road network and loss of agricultural livelihoods due to flooding, drought and sub-national conflict, implies that many households rely on humanitarian assistance as they are unable to meet their health needs. The destruction of WASH facilities, inadequate hygiene and sanitation facilities and limited access to clean drinking water contribute to poor health conditions. Communities are at risk of waterborne diseases like diarrhoeal diseases, cholera and Hepatitis E and vector-borne diseases such as malaria, lymphatic filariasis, and schistosomiasis due to flood water. Overcrowding in parts of the country due to presence of IDPs or damage to shelters due to conflict and floods are the potential drivers for communicable diseases such as Hepatitis E. Increased levels of malnutrition, driven by natural disasters and aggravated by conflicts, result in increased cases of severe acute malnutrition (SAM) and put further strain on stabilisation centres and the health system. Cases of sexual violence and GBV are driven by protection issues, like overcrowded displacement areas, inadequate shelter and long distance to WASH sources, leading to increased need for provision of clinical management of rape services in health facilities.

Projection of needs

Essential life-saving health care services will be key priorities, including maternal, child, adolescent health provision through static health facilities, medical mobile teams and community health volunteers. Sub-national health delivery systems (particularly at the community and county levels) and quality improvements will be enhanced. Disease outbreaks need to be timely detected, investigated and responded to, by supporting and strengthening disease outbreak surveillance and response systems. Maintaining the core pipeline

for essential medicines and supplies to respond to emergency health needs will be vital. Strengthening routine immunization and vaccination campaigns will be necessary to prevent morbidity and mortality due to vaccine preventable diseases and to improve the COVID-19 vaccination coverage. COVID-19, Ebola Virus Disease (EVD) and Neglected Tropical Diseases response and prevention need to be included in the humanitarian health response. Technical support and coordination to provide quality humanitarian health services will be needed at all levels. Most pressing concerns include the prevention of and response to SEA and harassment in health service delivery, as well as the safeguarding of health care, provision of MHPSS, attacks on health care and incorporation of GBV.

Monitoring

In collaboration with the Ministry of Health (MoH), the Health Cluster has deployed various health information management systems to manage gender and age disaggregated health data in the country. The Early Warning Alerts and Response System (EWARS) monitors morbidities and mortalities reported from the health facilities on a weekly basis. The District Health Information System (DHIS2) collects monthly information on health indicators such as immunization coverages, reproductive health indicators and other indicators. Monthly 5Ws, Health Cluster dashboard and bulletins will be used by health service providers to report on the response progress indicators, including outpatient department consultations. A COVID-19 vaccination dashboard has been established, providing real-time updates on vaccination in the country. Surveillance system for attacks on health care will be used to monitor attacks on health care workers, facilities, commodities and access. Community-based surveillance will be strengthened to monitor health events at the community level and link the community with the health facilities to improve access to health facilities. Ad hoc health-specific and inter-sectoral assessments will provide evidence-based information for response. Availability of health services at the facility-level will be monitored on a quarterly basis. CFM will be used as part of the implementation strategy for AAP. The cluster continues to advocate the collection of all data aggregated by sex, age and disability.

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	Percentage of population that can access primary health care within one hour's walk from dwellings	Health	ISNA	Annually
02	Coverage of DTC3 (DPT3 / PENTA3) in < 1 year old, by administrative unit	Health	DHIS2	Monthly
03	Percentage of children aged six months to 15 years who have received measles vaccination	Health	DHIS2	Monthly
04	Number of HF with Basic Emergency Obstetric Care/ 500,000 population, by administrative unit	Health	Health Service Functionality (HSF) monitoring	Quarterly
05	Number of people per functioning health facility	Health	Health Service Functionality (HSF) monitoring	Quarterly

3.5 Nutrition



PEOPLE IN NEED <small>including the Abyei Administrative Area and excluding refugees</small>	MALE	FEMALE	CHILDREN	WITH DISABILITY
2.2M	49.6%	50.4%	54%	15%

Analysis of humanitarian needs

Malnutrition is one of the top global causes of death in children under age five, affecting children's long-term abilities to live to their full potential. It is estimated that a child with SAM is 12 times more likely to die than a well-nourished child. Children with moderate acute malnutrition (MAM) are three times more likely to die than a well-nourished child.

South Sudan continues to face overlapping crises, including floods, conflict and food insecurity, which contribute to persisting high levels of malnutrition. Preliminary results from the FSNMS Round 28 and the 2022 Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys show that children between 6 and 59 months suffering from acute malnutrition remain at an average of 16 per cent in the lean season, surpassing the emergency threshold of 15 per cent and thus considered very high.¹²² No improvement has been recorded since 2019, when the GAM prevalence was at an average of 16.2 per cent in the lean season. Admission of children and women with acute malnutrition has increased by 24 per cent compared to 2021.¹²³ Urgent action and investment is required to curb the impact of aggravating factors, safeguard the gains made and prevent any deterioration of the nutrition situation in South Sudan.

An estimated 2.2 million people, including 1.5 million host community, 315,500 returnees and 390,000 IDPs, will suffer from acute malnutrition in 2023. Out of 1.4 million children under age 5, 353,600 children will suffer from SAM, 1 million will suffer from MAM and 737,800 pregnant and lactating women (PLW) will have acute malnutrition. An estimated increase of 172,900 children and PLW suffering from acute malnutrition is expected in 2023. Furthermore, 26,560 (7.9 per cent) out of 337,120 refugees residing in 11 counties in South Sudan will need treatment for acute malnutrition, including 5,140 SAM children, 14,350 MAM children, 4,337 acutely malnourished PLW and 2,730 patients with HIV or tuberculosis.

A total of 31 counties in Jonglei, Unity, Warrap and Upper Nile states have GAM prevalence above the emergency threshold of 15 per cent.¹²⁴ The most affected counties include Rubkona, Koch, Leer, Mayendit, Mayom, Guit, Panyijiar, Uror, Duk, and Akobo, with GAM levels at 20 per cent or above. From the 2022 IPC for Acute Malnutrition (IPC-AM) analysis, 15 counties are classified in Phase 3 (Serious) and 30 are classified in Phase 4 (Critical). The projection for the 2023 lean season indicates a worsening situation, with 59 out of 78 counties projected to be in Phase 4, representing the highest classification in the IPC-AM for the past three similar seasons. Food insecurity also remains in Phase 4 across the counties and states affected by high malnutrition rates, according to the IPC Acute Food Insecurity (IPC AFI) calculations. The IPC AFI projections suggest a worsening situation in 2023, with 48 counties in six states and the Abyei Administrative Area projected to be in IPC Phase 4.

New shocks, including sub-national conflict and floods, have negatively affected access to nutrition services in 2022, affecting 111 nutrition service delivery sites in 42 counties across Jonglei, Unity, Upper Nile, Lakes, Warrap, Western Bahr el Ghazal, Northern Bahr el Ghazal and Western Equatoria states. Affected people in these counties reported constrained access to services, long wait times, damage/loss of prepositioned nutrition supplies and loss of follow-up with some nutrition beneficiaries already enrolled in the nutrition programme due to their displacement. Insecurity and increased targeting of humanitarian workers also affect humanitarian work. Women reported that insecurity, sexual violence and GBV when carrying out livelihood activities or accessing social services compromised their welfare, especially affecting the nutrition situation of children in their households and contributing to increased malnutrition.

Inter-sectoral analysis

High food insecurity, lack of hygiene, sanitation, health and environmental services and inadequate maternal and child care continue to drive malnutrition levels higher, negatively

affecting the health and well-being of women and children. An estimated 6.6 million people, almost 53 per cent of the total population, face Crisis (IPC Phase 3) or worse acute food insecurity, of whom 2.2 million people are in Emergency (IPC Phase 4) or acute food insecurity and 61,000 are in Catastrophe (IPC Phase 5) or acute food insecurity. These figures are projected to increase in 2023 to an estimated 7.76 million people, a staggering 62.7 per cent of the total population. Only 4.6 per cent of children between 6 and 23 months have access to minimum acceptable diet diversity for growth and development. This is compounded by reduced funding for the blanket supplementary feeding programme (BSFP), restricting support to areas with extreme needs only.¹²⁵

Only 35 per cent of the households covered in the ISNA reported having access to an improved water source in under 30 minutes without facing any protection concerns.¹²⁶ Sanitation remains a critical issue, with 50 per cent of the households in 56 counties practicing open defecation.¹²⁷ The morbidity rate is high for children under age 5, with 62.7 per cent of children reported sick from one or more illness and 62 per cent of the households could not access health care in the past three months due to distance, cost, insecurity, disability and ill-equipped and staffed health facilities. This is compounded by the significant reduction in the Health Pooled Fund by 24 per cent, negatively affecting the delivery of health services in at least 220 facilities across the country. Childhood ailments and disease outbreaks, including cholera, malaria and measles also relate to high levels of malnutrition, compromising the malnutrition recovery rates and resulting in increased child mortality. Persistent gender inequality for women and girls in South Sudan hampers their ability to access nutrition and other social services. Traditional notion of men as decision-makers and socio-cultural views on maternal health continue to present challenges to male involvement in maternal, child health and nutrition programmes.¹²⁸

Projection of needs

Based on the FSNMS Round 28, SMART nutrition surveys and admission trends for 2022, an estimated 2.1 million people will be in need of treatment for acute malnutrition in 2023, including 353,600 children (180,340 girls and 173,270 boys) suffering from SAM, 1 million children (552,900 girls and 531,220 boys) suffering from MAM

and 737,810 acutely malnourished PLW. An estimated 2.1 million children (1.1 million girls and 1 million boys) will require Vitamin A Supplementation (VAS), including 1 million children (517,800 girls and 497,500 boys) between 0 and 23 months and 507,650 pregnant women who will require Maternal, Infant and Young Child Nutrition (MIYCN), 1.7 million children (902,330 girls and 866,950 boys) between 12 and 59 months who will require deworming and 1.8 million children and women who will require BSFP.

IPC's acute malnutrition projections for the 2023 lean season indicate a worsening situation. A total of 59 counties are projected to be in Phase 4, representing the highest classification in the IPC for the past three similar seasons and contributing to an increase in the number of people in need.

Monitoring

The national and sub-national Nutrition Cluster will monitor the needs through routine or joint field monitoring visits and the Nutrition Information System, which entails data collection from the nutrition sites, compilation and analysis to monitor the admission of children and women with acute malnutrition and performance indicators of the treatment and preventative programs. Spot checks, exit interviews, supportive supervision and monitoring visits will be conducted to understand the evolving needs. Data quality assurance tools and methods will be used to ensure reliability of the data. With new shocks such as floods and conflict, rapid assessments will be carried out to understand the impact and needs of the affected population. The cluster will also use several assessments to understand the needs of the affected population, including:

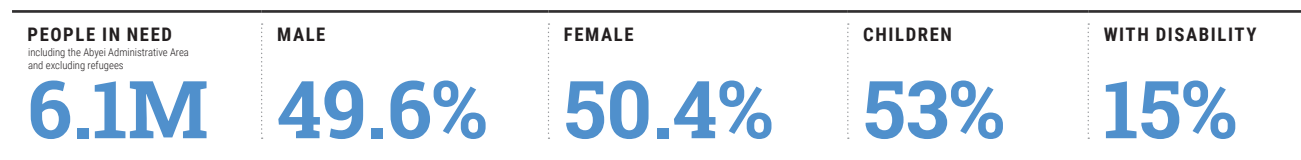
- SMART surveys in prioritized counties to determine the prevalence of malnutrition among women and children and the factors affecting malnutrition;
- FSNMS surveys conducted twice a year to determine the prevalence of malnutrition, service coverage, MIYCN practices and the drivers of malnutrition, including morbidity, WASH and food insecurity;
- Mass Mid-Upper Arm Circumference screening conducted by the implementing partners; and
- Inter-cluster multi-sectoral assessments, in which the Nutrition Cluster will participate.

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	Prevalence of Global Acute Malnutrition (GAM) among children 6-59 months	Nutrition	SMART, FSNMS	Annually

3.6

Protection



Analysis of protection needs

Deteriorating protection situation of civilians and lack of funding to mitigate emerging needs and systemic shortcomings led to an overall 16 per cent increase in the estimated number of people in need in 2022. Armed conflict, violence, human rights violations, natural disasters, food insecurity and poverty increasingly force millions of people to flee, adopt negative coping mechanisms and expose them to a multitude of risks to their lives, physical integrity and mental health, liberty, well-being, and dignity. Many areas have been affected by multiple impacts at the same time. Flood-affected areas such as Aneet/Agok also experienced inter-communal violence in Aneet/Agok in September 2022.

Child protection and general protection needs have significantly increased since 2022. It is estimated that 56 counties are at catastrophic severity 5. Safety and security, lack of freedom of movement, HLP issues, discontinuation of child protection services due to access constraints and lack of funding are the main drivers of increased protection needs.

Forced displacement, killings, injury, sexual violence, GBV, child recruitment and abduction, forced marriage, family separation, loss and destruction of civil documentation, HLP, forced eviction, and ERW contamination are some of the ongoing human rights violations. Livelihoods are disrupted or destroyed. Education and health care remain at risk, with schools and hospitals occupied, looted, or damaged by conflict and floods. Food insecurity exacerbates protection and exploitation risks, resulting to the adoption of negative coping mechanisms, including school dropouts, child labour, child marriage, and human trafficking. Public health risks, including COVID-19 and Ebola, further aggravate the protection situation.

Almost 1,500 civilians were subjected to various human rights violations. There was a 218 per cent increase in conflict-related sexual violence compared to the

same period in 2021.¹²⁹ Women are at particular risk of sexual violence and GBV. Children's constant exposure to violence, exploitation, neglect, and abuse takes a toll on their wellbeing and development. Young people are subject to instrumentalization, such as for gang violence and other forms of negative coping strategies, in the absence of viable alternatives. Persons with specific needs, including the elderly, PWD, or single-headed households are among the most vulnerable and at high risk of exploitation.

Many IDPs have suffered multiple displacements, while thousands live in protracted displacement, unable to find a durable solution. Multiple and protracted displacement has undermined people's resilience and ability to cope, as a result of loss of assets, livelihoods, homes, properties, family members and communal networks. Many barriers to durable solutions exist, including the extensive destruction of property.

Structural gender inequality persists notably due to legal and societal factors. Women are particularly disadvantaged and face unique risks, even more so when compounded with other factors, such as displacement or heading a household. Almost 80 per cent of displaced households are female headed.¹³⁰

The primary responsibility to provide protection rests with the government. Local authorities are often left with little capacity to exercise this responsibility. Community leaders remain as the main decision-makers at the local level. Due to the weakening of traditional community structures, they can offer little protection to their communities.

Inter-sectoral analysis

Protection is central to the humanitarian response and beyond. This means that protection risks and needs are interconnected with the wider humanitarian situation and vice versa: deprivation of access to available basic

services, such as water, health, nutrition or education, or food insecurity induced by behaviour of armed elements are examples of the interaction of protection with needs in other sectors. In addition, harmful humanitarian conditions, e.g., inadequate shelter conditions, or overcrowding of IDP sites, lack of separation of sanitation facilities by gender, cause protection risks. Also, critical gaps in other life-saving sectors can translate in harmful coping mechanisms and protection risks. For example, food shortages can translate in school dropouts and child marriage; lack of sanitation facilities can translate in open defecation exposing women to GBV risks; or gaps in education increase risks of child recruitment.

Projection of needs

Government's limitations to exercise its primary responsibility, the significant shortcomings of law enforcement or justice systems, resulting in an environment of impunity, the persistence of root causes and drivers of displacement and humanitarian crisis, widespread food and economic insecurity and poverty are the key characteristics of the humanitarian protection crisis in South Sudan. Climate change is expected to aggravate the intensity of natural hazards, while violence and conflict are potentially going to be exacerbated as a result of shrinking oil revenues and seeking of other sources of wealth such as land or livestock. In an environment with limited access to rule of law and justice, and delays in achieving development, political and peace milestones, the protection situation will worsen.

It is anticipated that protection needs are likely to increase, while protection risks will exacerbate, and vulnerabilities rise. Repeated shocks have weakened community-based structures and services. Inadequate access to services will continue to push families to adopt negative coping mechanisms, exposing the most vulnerable, particularly children and women, to protection risks, such as violence, exploitation, abuse, recruitment, trafficking, child labour, and early marriage. Further splitting along pre-existing and highly localized groups will continue to impact security, like in the Greater Pibor Administrative Area, and Central and Western Equatoria. Economic pressures will increase crime incidents, especially along the main supply routes. Humanitarian access constraints will impact the most vulnerable communities, requiring more agile and mobile response modalities.

As protection needs by far outweigh the current response capacity and with limited humanitarian resources, the need-response gap will further grow. People in need will not be able to receive urgent protection services and assistance. This situation will also likely push responders

to resort to more low-cost activities, such as awareness raising, due to unavailability of sufficient resources for the implementation of quality protection services and protection assistance.

Protection monitoring

In 2022, the Protection Cluster developed a joint Protection Monitoring System (PMS) in South Sudan, based on a shared methodology, analytical framework and harmonized tools intended to monitor and analyze the protection environment throughout the country with the purpose of providing regular and standardized information on the most serious protection concerns.¹³¹ Through a nation-wide training campaign, the cluster built the capacity of national and international NGOs staff to gather, analyze, report, and share information on protection conditions. The system will be implemented at the end of the year and is not expected to feed the overall HNO assessment for 2023; however, it will be an integral part of the HRP at activity level with the intention to become major driver for future assessments.

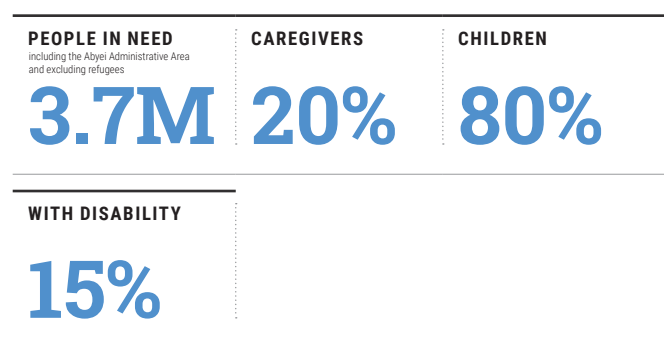
The Cluster Information Management team will continue to provide support and ensure that records of all activities are well analyzed and shared to inform advocacy, planning and programming. The Areas of Responsibility (AoR) will engage in focused monitoring and analysis through the Child Protection Information Management System (CPIMS) and GBV Information Management System.

The Protection Cluster will also support the NAWG, the National Bureau of Statistics, the Monitoring and Reporting Mechanism and the national Information Management System for Mine Action. The HLP AoR will regularly collect data related to evictions while monitoring legislative changes on land rights.

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

Monthly 5W data, regular field assessments, ISNA and other AoR specific IM tools as well as situation reports will remain part of the protection monitoring framework in South Sudan.

Child Protection



Overview and affected population

The protective environment for children in South Sudan remains unsafe exposing them to multiple protection risks. Among the total population in need, including caregivers, an estimated 3.1 million children and adolescents are in need. Child Protection needs are the highest in 12 counties compared to 9 counties in 2022.¹³²

The persistent violations of children's rights continue to be a critical concern in South Sudan. Children and adolescents are often targets of abduction, recruitment into armed forces or armed groups, family separation abuse, neglect, abduction, exploitation, and violence. From January to September 2022, the Country Task Force on Monitoring and Reporting verified 302 grave violations affecting 246 children (141 boys, 105 girls). Boys between 13 and 17 years old are significantly at risk of conflict-related violence including abduction, killing and recruitment. A total of 66 children (64 boys and 2 girls) were verified as victims of recruitment. Some 65 children (55 boys, 10 girls) were killed/maimed, 45 children (22 boys, 20 girls) were abducted, and 73 girls were victims of rape/sexual violence.

Due to the weak presence of child protection partners, there are Unaccompanied and Separated Children (UASC) who continue to remain unregistered in South Sudan. An estimated 1,264 UASC (587 girls and 677 boys) were documented and provided with various protection services and alternative care services between January and September 2022.¹³³ Overall, there has been an 8 per cent increase in the total number of documented child protection cases inclusive of UASC in 2022. Many of these children have been separated from families as their parents seek livelihoods activities or they are orphaned by war, disease, or poverty. Children are sent to work to meet the family's basic needs. The experience of any humanitarian crisis exerts a heavy toll on their mental health and psychosocial well-being, including compounded stress, punctuated by traumatic events

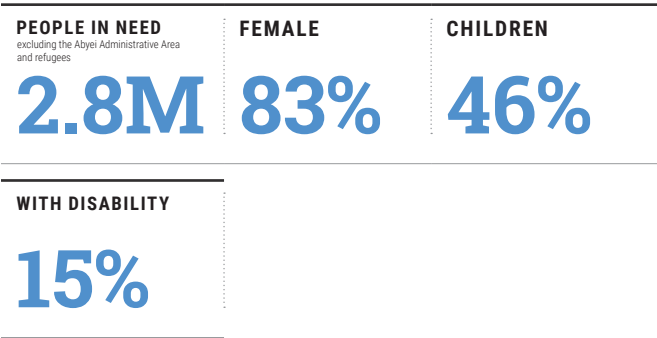
and normalisation of instability and violence as a way to resolve conflict and pursue livelihoods. Vulnerable children and youth have been instrumentalized by armed groups, mainly in Upper Nile, Jonglei, Unity and Warrap states. Lawlessness and harmful practices undermine child protection in all states.

There are few available child protection services with limited scope to support affected children. Safe houses for children and women are not present outside Juba, resulting in girls escaping child marriage frequently to lack any safe space to request assistance. Clinical services for child survivors of rape and sexual violence, or those maimed through gang violence, inter-communal violence or conflict are provided by humanitarian agencies. Mental health and psychosocial support services are being provided in a haphazard manner entirely dependent upon the availability of short-term humanitarian finances.

Efforts are made to prioritise key locations, but the sustainability and durability of all services are non-existent. Services, provided in accordance with the Inter-Agency Standing Committee (IASC) pyramid only reflect the first two layers, including provision of a safe space for a few hours a day in a child or women friendly space and promotion of non-specialised services. Psychological support is not available and risk prevention and mitigation activities are limited.

According to a United Nations Children's Fund (UNICEF) report on Child Marriage in East and Southern Africa published in 2022, 1.3 million girls in South Sudan were married before the age of 18 while 52 per cent of women between 20 and 24 years old were first married or in union before the age of 18.¹³⁴ Unlike many other countries, child marriage rates in South Sudan do not vary significantly among girls of different wealth indexes, rural or urban locality and education levels. Children continue to be abducted during cattle raids, and are implicated as perpetrators in these raids.

Gender-based violence



Overview and affected population

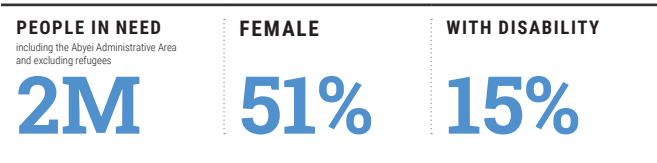
South Sudan continues to face unprecedented and persistent humanitarian crises. Reports of physical violence, rape, and other forms of GBV towards women and girls are pervasive. Societal norms, values, practices and gender related power imbalances are key drivers of the various forms of GBV women and girls face, even not related to conflict.

An estimated 2.8 million people, with a majority being women and girls, risk facing GBV in 2023. This represents a 9 per cent increase compared to 2022 estimates. Conflict, perennial flooding, and drought continue to contribute to the increase in the risk of GBV. Following the massive flooding in Bentiu, insufficient humanitarian assistance and lack of livelihoods forced women and girls to make longer and more risky journeys in flood-affected areas in search of livelihoods activities, exposing them to a higher risk of GBV, including rape. Similarly, the conflict in Leer resulted in an increase in conflict related sexual violence. Some 131 cases of rape or gang rape (113 women and 18 girls) were reported, and 26 women and 11 children were abducted during the two phases of attacks that occurred from February to March and April to May 2022. GBV needs were the highest in 11 counties, including Fangak, Malakal, Pibor, Twic, Kapoeta North, Leer, Magwi, Mayom, Panyikang, Tonj North and Yei.¹³⁵ Similarly, the ISNA findings indicated that 56.7 per cent of households surveyed in Pibor expressed sexual violence as the main security reason for movement restriction. Almost 59 per cent of returnee households in Unity state reported that sexual violence is the main reason to restrict their movements. The percentage was higher for returnees compared to IDP households (45.5 per cent) and host community (42.7 per cent). In addition, 43.3 per cent of IDPs in Eastern Equatoria, 17.2 per cent returnees in Lakes states, and 20.8 per cent of IDPs in Western Bahr el Ghazal reported that women and girls avoid firewood collection sites, water points, and latrines because of fear of GBV.¹³⁶

Participants in FGDs and KII conducted with IDPs, returnees and host communities indicated that rape was the main safety concern for women and girls.¹³⁷ The other safety issues include sexual exploitation and abuse, physical assault, and forced marriage. Killings, abductions, and forced recruitment were also identified as the main risks for men and boys, especially in conflict situations.¹³⁸ The 2021 GBV Information Management System analysis of survivors who reported and accessed services revealed that 97 per cent of survivors were women and girls. Of the reported GBV incidents, physical assault accounted for 36 per cent, sexual violence for 24 per cent, and emotional abuse for 23 per cent. In addition, inter-sectoral assessments conducted by humanitarian partners in flood-affected areas in Jonglei, Warrap, the Greater Equatoria, Unity and Northern Bahr el Ghazal states indicated lack of protection assistance, including dignity kits for displaced women and girls of reproductive age.

The increased risk of GBV and gaps in response services coupled with shrinking humanitarian funding, highlight an urgent need for GBV prevention, risk mitigation, and scaling up of specialized GBV response services. Specifically, there is a need to strengthen GBV case management, health response to GBV survivors, psychosocial support, safety and security, legal service, safe houses, livelihood, economic support, and GBV referral pathways. Primary GBV prevention interventions such as Engaging Men and Boys through Accountable Practices, and the Community Cares program, integration of GBV actions into other sectoral responses including safety audits, strengthening of GBV coordination, and provision of dignity kits are high priority interventions for the GBV AoR.

Housing, Land and Property



Overview and affected population

HLP rights are a key protection and cross-cutting issue across the country. Tenure insecurity resulting from prolonged conflict, weakened capacity of land institutions, shortage of land in towns, disputes over land and pastures rights, and fear of land-grabbing threaten stabilization efforts in South Sudan. Securing HLP requires an equitable and accessible system

of governance and access to the rule of law. In turn, predictable and rules-based systems of land ownership and usage enable returns, investment, poverty reduction and development.

HLP rights and entitlements continue to be a major protection concern across South Sudan. It is estimated that approximately 2 million people will be affected by HLP issues in 2023 across the country and in the Abyei Administrative Area. The situation is particularly challenging for some 507,000 IDPs and 401,000 Returnees.

In 42 out of 78 counties and the Abyei Administrative Area, severity is catastrophic (5) while it is very challenging in further 31 counties (severities 3 and 4). HLP needs are critical/extreme in some counties within Western Equatoria, Eastern Equatoria, Central Equatoria, Jonglei, Lakes, Unity, Upper Nile and Warrap states. Damage/destruction of houses and other public facilities by armed actors in states like Unity have been reported by IDPs as impediments to returning to their homes.

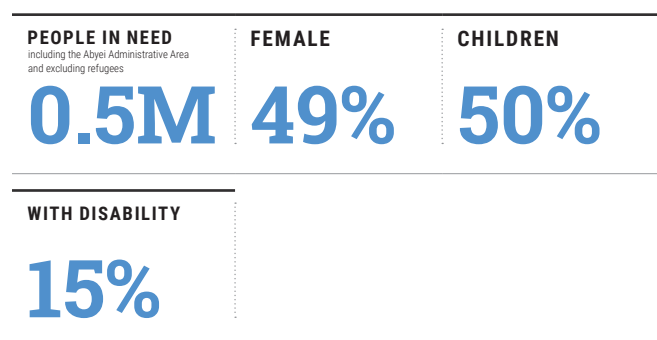
Consecutive years of flooding and communal violence have drastically affected the HLP rights of people living in flood-affected areas. In several locations, IDPs live in congested spaces and in highlands in the open, without shelters. Many displaced persons lack documents as they were damaged or lost during the floods. Whether IDPs have settled on public or private land, the longer the displacement persists, the more likely that their temporary accommodation will become increasingly permanent. In the long-term, the superimposition of HLP issues associated with two crises, one natural and the other human-made, may prove very difficult to resolve. In South Sudan 33 percent of the total population is displaced. Based on ISNA and HLP AoR expert review, in 56 counties with severities 4 and 5, where over 1.75 million people are in need of HLP services, almost 45 per cent of them are IDPs and returnees.¹³⁹ This indicates that those who are displaced are more vulnerable to loss of housing, land tenancy or ownership, and threat of eviction or harassment by landlords or others. Cases of secondary occupation, destruction, and theft of property in flood-affected areas have created several impediments for IDPs to return to their homes. HLP violations are likely to be intensified upon the return of flood-affected IDPs due the aforementioned impediments and possible realignment of land boundaries/demarcations by the receded flood waters increasing the possibility of land disputes.

In the absence of strong legal frameworks and weak land governance systems, disputes over HLP will continue to

fuel the conflict. Traditional justice mechanisms are used to handle HLP disputes providing an important alternative to the lack of formal justice institutions. Equitable access to HLP rights remains one of the main challenges in South Sudan. Women and other marginalized groups experience significant inequality in exercising their equal rights to land due to lack of implementation and reinforcement of legal provisions coupled with limited social recognition. Restrictions on their right to own, occupy or rent land and housing under customary law expose women and their dependents to serious GBV and protection risks and undermine their dignity.

In 2022, ongoing consultations are taking place within the government led by the Ministry of Lands, Housing and Urban Development (MHLUD) to review and redraft the National Land Policy which has been under consideration since independence. If adopted, this will contribute to Land reform for the realization of durable solutions for displaced people by effectively addressing HLP issues.

Mine Action



Overview and affected population

In South Sudan, over 16 million m² of land are suspected of being contaminated with landmines and ERW. The highest levels of contamination are mainly located within the Greater Equatoria region on highly productive agricultural land, along main supply routes and areas for returnees from Uganda. Explosive hazards inhibit civilians from collecting water or firewood, cultivating land, attending schools, and receiving health care, among other essential services. They further prevent humanitarian organizations from accessing vulnerable communities or providing life-saving assistance in conflict-affected areas.

In 2023, almost 540,000 people are estimated to be at risk of injury or death from landmines and ERW. The counties with the highest level of recorded contamination are Canal/Pigi, Juba, Magwi, Terekeka, Torit and Yei at the

extreme level and Akobo, Kapoeta South, Lainya, Maban, Morobo and Mundri East at the severe level.

While substantial efforts have been undertaken to assess and re-survey the extent of ERW contamination in South Sudan, there are significant knowledge gaps due to limited access and sparsely populated areas. It is therefore necessary to complement clearance efforts with extensive explosive ordnance risk education as well as non-technical surveys in collaboration with communities. In line with the government's commitment under the Ottawa Treaty to be anti-personnel landmine free by 2026, local and national actors have an important role

to play in coordinating these efforts but continue to be underfunded.

Given the increase in expected returns in 2023 as well as the agricultural potential, particularly in the Equatorias, the high contamination of explosive ordnance requires clearance of landmines and ERW to ensure the release of land and other infrastructure in this region. Mine action offers the opportunity to reduce tensions around natural resources and free up land for cultivation, livelihood activities, shelter, and education to enable development within South Sudan.

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of HHs reporting restriction of movement due to fear, imposed restrictions or disasters	Cluster	ACLED, HRD, IMSMA	Annually
02	Civilian population killed or injured by violence, conflict or natural hazards	Cluster	ISNA/PMS	Annually
03	% of HHs reporting concerns of GBV in the area where they are living in at this moment in time	Cluster	ISNA/PMS	Annually
04	% of HHs reporting restriction of movement due to fear, imposed restrictions or disasters	Cluster	ISNA/PMS	Annually
05	% of girls / women who avoid areas because they feel unsafe	Cluster	ISNA/PMS	Annually
06	% of HHs in need that could not access justice mechanisms or redress	Cluster	ISNA/PMS	Annually
07	% of HHs in need who lack/were denied civil documentation	Cluster	ISNA/PMS	Annually
08	% of HHs in need who were denied or experienced unequal treatment in accessing humanitarian services	Cluster	ISNA/PMS	Annually
09	% of HH in need having access to protection services	Cluster	IMSMA and the National Bureau of Statistics	Annually
10	% of HHs with primary school-aged children not attending school	CP	ISNA/PMS	Annually
11	% of HHs with children experiencing child-rights violations	Cluster	PC 5W / Desk Review	Annually

3.7 Shelter and Non-Food Items



PEOPLE IN NEED <small>including the Abyei Administrative Area excluding refugees</small>	MALE	FEMALE	CHILDREN	WITH DISABILITY
3.0M	49.8%	50.2%	53%	15%

Projection of needs

In 2023, approximately 3 million people in South Sudan will struggle to meet their basic needs in SNFI due to the continued destruction of houses and loss of essential goods from the ongoing floods and conflict. The increment is attributed to the current economic crisis in the country, new displacements in Tonga and ongoing floods and conflict, mainly in Jonglei, Lakes, Upper Nile, Unity, part of Western Bahr el Ghazel and Western Equatoria States. This presents an increase of 0.5 per cent from 2.4 million people who needed SNFI support in 2022, excluding the increasing number of returnees from the neighboring countries and the displaced people in the PoC and IDP sites. Of the total population in need of SNFI assistance, 58 per cent are IDPs, 33 per cent are returnees and 12 per cent are vulnerable host community members.

The continued displacement and increased movement of people, combined with sustained flooding and economic crisis, have further depleted natural resources such as timber and grass, leading to competition for the limited available resources. The competition usually generates conflict and localized violence, leading to multiple displacements. The markets lack essential items or have become non-functional, making it difficult for the community to access the required items for a safe and dignified life.

A lack of shelter presents health and protection risks and poses a negative impact on the economic situation of the affected households. Exposure to extreme weather conditions is linked to the increased morbidity rates, mainly due to malaria, easy transmission of airborne diseases as a result of congestion, and other risks associated with the lack of proper shelter. The lack of privacy and protection risks, particularly for women and girls who usually go to the bushes to collect the increasingly scarce construction materials, exposes them to GBV. The lack of privacy also prevents individuals from living a dignified life and engaging in income-generating activities. Continued displacement and relocation of the

communities from high-risk areas exacerbate conflict related to housing, land and property ownership among the displaced, returnees and host communities.

As a result of these compounding factors, the affected people have limited coping strategies. Some adopt harmful coping mechanisms, such as engaging in exploitative work, commercial sex, stealing and living under trees or in open shelters, exposing them to health and protection risks. Timely provision of SNFI to at least 3 million people across 79 counties remains critical to enable them to live a dignified life.

Inter-sectoral analysis

Inadequate or lack of shelter negatively affects physical and mental health, education, livelihoods and food security, which can generate increased protection risks, particularly for women and children. People with inadequate or no shelter, particularly women, girls and PWD, experience greater levels of violence than those with minimal shelter, which expose them to negative coping strategies. Essential SNFI are required for people's well-being, health and dignity – to have a restful night's sleep, meet their personal hygiene needs, prepare and consume food and provide the necessary levels of thermal comfort and needed privacy.

People must have the security of tenure of their shelter to avoid forced eviction from their property, to prevent the loss of their accrued assets, to instill a sense of stability and to confidently engage in livelihood activities. However, women in South Sudan continue to face considerable challenges in asserting their Housing, Land and Property (HLP) rights, exacerbating women and children's vulnerabilities. Despite the legal recognition of women's rights on land and property under South Sudanese law, cultural norms, customary land tenure law and manipulations of the system pose barriers to women in securing their rights, including access to and control over resources.

Projection of needs

In 2023, 3 million people in South Sudan will need SNFI assistance, of whom 49.8 per cent are male and 50.2 per cent are female. These numbers include 1.3 million IDPs, 629,830 returnees and 1 million host community. Approximately 13 per cent of the total number of people in need of SNFI assistance are PWD.

However, with ongoing political tensions coupled with the continued floods, economic instability and disease outbreak, South Sudan will continue to register more people requiring SNFI support. The lack of flood-resilient shelters, continued depletion of natural resources and destruction of markets aggravate the vulnerable situation, placing most households in a cyclical pattern of emergency need without the opportunity for recovery. Returnees are also in need of SNFI support and HLP services to mitigate further conflict and to facilitate their resettlement process.

Monitoring

The SNFI Cluster will continue to monitor the needs of the affected and at-risk population through inter-agency assessments, partners' needs analysis reports, DTM updates and state-level coordination meetings. The cluster will also work closely with the NAWG to prioritize the areas for assessment and response. The cluster conducts bi-weekly meetings with partners to prioritize the response areas through the SNFI Operational Working Group, which incorporates recommendations from the NAWG.

The cluster will continue to conduct comprehensive assessments, analysis and verification of the needs, following the cluster's standards of practice and monitoring of the partners' responses. The cluster will also utilize robust CFM, safety audits and monitoring visits to ensure the monitoring of the people's needs and to enhance AAP and PSEA.

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of people with access to safe emergency shelter	Shelter and NFI	DTM Event Tracking FSNMS Cluster assessments	Quarterly Annually Monthly
02	% of people with access to safe life-saving Non-Food Items	Shelter and NFI	DTM Event Tracking FSNMS Cluster assessments	Quarterly Annually Monthly

3.8

Water, Sanitation and Hygiene



PEOPLE IN NEED <small>including the Abyei Administrative Area and excluding refugees</small>	MALE	FEMALE	CHILDREN	WITH DISABILITY
6.1M	62%	41%	15%	15%

Analysis of humanitarian needs

In 2023, the standard of living and well-being of an estimated 6.1 million people will be affected as a result of inadequate or lack of access to safe water and improved sanitation. WASH conditions were found to be most severe in the Nile Basin states of Jonglei, Upper Nile, Unity and Northern Bahr el Gazhal. Canal/Pigi and Fangak were identified as the counties with the greatest WASH needs. WASH vulnerability was also found extreme, together with the high prevalence of malnutrition in Budi, Kapoeta East, Leer, Longochuk, Luapkini/Nasir, Maiwut, Manyo, Panyikang and Twic counties. The WASH situation has significantly improved in Pibor, Akobo, Bor South, Duk, Aweil South and the Greater Tonj counties, where WASH and nutrition needs were jointly prioritized in 2022.

Despite the replenishment of major waterways for four consecutive long rainy seasons, 42 per cent of the population do not have access to an improved water source and 45 per cent need to walk for more than 30 minutes to access its main water source. This is particularly problematic for persons with physical disabilities, as well as for women and girls who are increasingly exposed to GBV.

The situation is particularly concerning in Canal/Pigi, Fangak, Manyo and Fashoda, where more than 90 per cent of the population reportedly use rivers or puddles as their main water source.¹⁴⁰ Untreated surface water and the widespread practice of open defecation create a substantial public health risk, especially during floods when latrine pits seep into the waterways. Limited access to water is also compounded by only 16 per cent of households reporting to having at least one jerrycan and/or bucket to safely store water.¹⁴¹

Displacement, insecurity and economic downturn have compounded the impact of historically low coverage of water infrastructure. The economic downturn has exacerbated the disruption of water services, limiting the resources available for the maintenance of wells and

boreholes. In the areas hosting displaced people, above-capacity demand results in water points being unable to supply enough drinking water for the people, with the situation worsening when more people are displaced. Insecurity has also affected access to water. Protection concerns are also present, with 16 per cent of both rural and urban households reporting that they felt unsafe while collecting water at the water points, especially in Juba, Aweil East, Rubkona, Twic and Bor South counties.¹⁴²

Sanitation facilities across South Sudan are uncommon. Access to improved sanitation is below 10 per cent in 56 counties with the most extreme percentages found in Unity, Warrap, Northern Bahr el Ghazal and Jonglei where open defecation is practiced as a norm.¹⁴³ On the other hand, Western Equatoria has the highest proportion of households with access to a latrine. South Sudan has historically displayed one of the lowest sanitation coverages globally due to long-lasting development challenges. Using a latrine is considered a taboo in many parts of the country, especially in the states with a larger rural and/or pastoral population. In some locations, constructed latrines are hardly used due to societal pressure, with people preferring to walk long distances to practice open defecation even in the night. Recurrent flooding regularly damage the existing sanitation infrastructure and with frequent displacement, there is great hesitation by the communities to invest in, reconstruct or repair sanitation facilities.

Inter-sectoral analysis

Limited access to WASH infrastructure coverage alone, such as water points and latrines, poses multi-sectoral impacts. Poor access to WASH services and goods, combined with high levels of food insecurity, has a detrimental impact on the health of the most vulnerable people, as evidenced by the high prevalence of malnutrition in the country. At the national level, the GAM prevalence for children between 0 and 59 months is at 16 per cent, while SAM was at 5.9 per cent according to the preliminary FSNMS and 2022 SMART surveys. The

presence of water-borne diseases such as diarrhoea in children under age 5 is also indicative of poor WASH conditions.

Increasing levels of insecurity, both ethnic and politically motivated conflict, localized violence and disputes over land are the underlying drivers of WASH conditions in almost all states, limiting the ability of service providers to deliver WASH services and restricting people's access to existing WASH infrastructure. Conflict has caused families to retreat to remote areas with limited WASH infrastructure, increasing pressure on the existing WASH services in the host communities and contributing to elevated inter-community tension. Insecurity has also disrupted livelihoods, trade and supply chains, further perpetuating the economic challenges and reducing the household income for WASH goods and services. Conflict- and/or climate-driven displacement has also led to the formation of new IDP sites that require comprehensive WASH services to ensure sufficient access to water and operation of WASH facilities.

Projection of needs

In the coming three to six months, the WASH situation in certain locations is projected to worsen due to heavy flooding, which has caused further disruption to livelihoods, displacement and damage to WASH infrastructure while limiting humanitarian access. Limited sustainability of the WASH response in the IDP sites due to funding shortage will increase the likelihood of water-borne disease and outbreaks, including Hepatitis E, AWD

and cholera. Certain rural areas such as Upper Nile State are particularly at risk, as they are unreachable during the wet season due to roads washed away and existing networks cut off. This is likely to force the displaced people into urban or already populated areas, causing a knock-on effect to the existing WASH infrastructure that are already operating over capacity.

Monitoring

The WASH Cluster will monitor people's needs through direct links with the sub-national coordinators in the field. Key WASH indicators will be collected through the 5Ws, inclusive of the AAP indicators, to support the monitoring of the needs and to flag the areas with increased WASH needs. Progress on addressing the people's needs will be measured through the monthly WASH Cluster 5Ws, with specific indicators created to address the WASH Cluster's 2023 Strategic Objectives. A monthly progress dashboard will be produced to highlight the progress and the remaining gaps. The newly established WASH Cluster Accountability and Quality Assurance TWG will also support the cluster to monitor the outcome indicators that measure beneficiary satisfaction and use of services. Quality snapshots will be released on a quarterly basis. In addition to partners activity monitoring, the cluster has also designed a tool kit to measure the impact of the GBV safety audits conducted by the partners prior to the construction or rehabilitation of infrastructure.

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of HHs having access to an improved water source	WASH	FSNMS	Annually
02	% of people within 30 minutes of pottable water	WASH	FSNMS and DTM	Annually
03	% of people with access to improved sanitation facilities	WASH	FSNMS and DTM	Annually
04	% of women and girls feel safe while collecting water	WASH	FSNMS	Ad Hoc

3.9 Logistics



Analysis of humanitarian needs

Poor road infrastructure remains one of the main challenges in South Sudan for people to access essential services and assistance and for humanitarian organizations to reach the people in need. Of an estimated 17,000 km of roads, around 350 km of the roads outside urban areas are paved. A large part of the unpaved roads was rendered inaccessible during the long rainy season. Road surfaces were damaged with long-lasting impacts into the dry season due to above average rainfall and floods for the fourth consecutive year, with heavy downpour beginning as early as April and continuing until as late as December. Many roads, including main supply routes, were accessible for only a few months a year, while some communities remained cut off completely. Access routes into Unity, most of Jonglei including roads from Bor to Ayod and Bor to Pibor and Upper Nile are key areas of concern, with the latter leading to only a few communities accessible by road for a short period each year. Vast infrastructure projects are needed to ensure the sustainability of humanitarian assistance and to expand access to essential services and markets for rural communities. This includes improving the road network, which is at the heart of economic development, as well as strengthening the infrastructure works such as dykes that protect people from hazards.

The lack of reliable road infrastructure makes the supply chain in South Sudan exceedingly expensive and inefficient. The prepositioning of commodities in strategic locations is an essential strategy for the humanitarian community to reduce costs, by making use of the short window of opportunity for road transport and enhance emergency preparedness. Road transport enables the transportation of large quantities of cargo at the lowest cost. To enable prepositioning, humanitarians require access to storage facilities in key locations and the mitigation of prevalent risks such as looting.

River transport carries a great potential for South Sudan, with many locations across the country connected by waterways. In recent years, river transport has become an important transportation mode for humanitarian cargo, with commercial transporters moving large barges on main river routes or smaller boats on streams. However, river operations are generally volatile with security challenges, port congestion and boat availability affecting the reliability of the services. Riverways and docking sites

are in urgent need of rehabilitation and expansion works to maintain accessibility, improve capacity and reduce delays. This includes smaller river routes in need of proper docking sites, but mainly for the port of Malakal that faces access constraints at landside and congestion issues during the rainy season. Sub-national conflict in areas around the waterways have caused river movements to be put on hold at various times throughout the year, delaying the delivery of essential relief items to the affected communities and affecting stock levels in hubs served by river.

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

With many organizations facing budget constraints and several compounding emergencies arising each year, there is immense pressure on the available logistics services in the country. The facilitation of common logistics services for the humanitarian community remains essential to meet the needs of the affected people in South Sudan.

Projection of needs

At the end of 2022, widespread flooding continues to affect the supply chain in South Sudan, with roads cut off and bridges washed away. Unity, Jonglei and Upper Nile will remain areas of concern in terms of physical access and require longer-term infrastructure development to prevent the annual recurrence of access issues. Flood-prone areas such as Bentiu continue to be affected by standing waters, with possible dyke breaches threatening the communities who are already displaced. Without major infrastructure investments, including road and dyke works, road access will continue to be a bottleneck for the movement of large volumes of cargo. Stock levels in strategic locations will be lower than

optimal due to limited opportunities for moving cargo by road, insecurity along the riverways and insufficient funding to move high amounts of cargo by air, affecting the humanitarian community's readiness to rapidly respond to urgent needs.

Monitoring

Logistics-related needs of humanitarian organizations to reach the affected people are continuously monitored by the Logistics Cluster through regular partner consultations, active participation in coordination mechanisms and the tracking of requests for services. The Logistics Cluster has a permanent presence on both national and sub-national level with six hubs to allow close coordination and monitoring of the needs. Locations requiring priority for common logistics services are determined by the ICCG and are based on findings from the NAWG.

Road accessibility is collected from partners and analysed on a weekly basis and disseminated as a map. As the availability of paved roads is a main indicator of infrastructure development, the kilometres of paved road will be tracked regularly through World Food Programme (WFP) Engineering Unit and other partners. Potential new airstrips are regularly assessed by the United Nations Humanitarian Air Service, while the expansion of river routes is monitored in close collaboration with WFP's river operations. Tracking of common services is done through online systems, detailing all requests. Performance is further monitored through monthly, quarterly and yearly reporting against the key performance indicators and a regular revision of the Logistics Cluster Concept of Operations and strategy documents to ensure the logistics needs of the humanitarian community are met.

3.10 Coordination and Common Services



Overview of needs

South Sudan continues to face one of the largest global displacement and humanitarian crises, with increased challenges linked to persistent insecurity and humanitarian access affecting the delivery of services to the vulnerable people. Increased sub-national violence and overall insecurity has resulted in high levels of displacement and fluid population movements. The situation is compounded by the humanitarian space shrinking as a result of humanitarian assets and personnel continuously targeted by armed groups, increased bureaucratic impediments and overall protection concerns. Climatic shocks and seasonal flooding have affected at least 1 million people and destroyed critical infrastructure such as roads, schools, health facilities and markets and damaged crops ahead of the next harvest season. Economic shocks resulting in high food prices have added to the already complex and dire conditions of the vulnerable people.

In 2023, effective and sustainable humanitarian delivery will continue to depend on strengthened engagement with local duty bearers and partners, enhanced understanding of and appreciation for humanitarian

space and improved measures that promote the safety and security of humanitarian personnel. Engagement with the authorities in Juba and at the state level and training on Labour Law and NGO Recruitment Guidelines with the humanitarian organisations and authorities remain important in reducing interferences with the NGOs and bringing a competent workforce for effective delivery of assistance. The interventions contribute to respect for the humanitarian principles that govern the operations of the NGOs. Engagement with the authorities at sub-national levels will facilitate safe, unhindered and unimpeded access for the humanitarian actors to serve the people in need. Risk-informed humanitarian action and conflict-sensitivity in humanitarian programming will be critical to ensure better preparedness and to implement do no harm.

Effective and agile coordination seeking innovative ways to reach the underserved, vulnerable people will be critical to achieving an effective humanitarian response. International and national humanitarian actors continue to play a central role and need to complement and leverage each other's expertise to facilitate the humanitarian response in a protracted and complex humanitarian crisis.

AAP and community engagement facilitated through the ISNA provided a deeper understanding of the underlying protection issues and the affected people's (e.g., host community, IDPs and returnees) self-identified priorities and preferences around humanitarian assistance. The lack of awareness and limited use of CFM across all three population groups limit the ability of the humanitarian workers to enable a community- and conflict-sensitive approach to needs analysis and response planning.

Inter-sectoral analysis

South Sudan faces a multiplicity of humanitarian needs that are inter-linked and continuously increasing the humanitarian burden. To provide an overall picture of the needs, the sector will continue to facilitate and provide the humanitarian decision-makers and implementers with high-quality, country-wide multi-sectoral data and analysis through the ISNA. This will adequately inform key priorities for the humanitarian response and support evidence-based prioritization. The 2022 ISNA conducted provided rich, robust and reliable data for each cluster to calculate the levels of need and increase their understanding of cross-sectoral vulnerability at the household level. Annual assessments will provide an annual baseline for the better monitoring of the situation year-on-year.

The ISNA, aligned with the Humanitarian Programme Cycle (HPC) and IASC guidelines, contributed to the calculation of the inter-sectoral severity of needs and people in need as well as response prioritization.

AAP will continue to be a key cross-cutting theme that is mainstreamed across the humanitarian operation. This will ensure the response is people-centred and that the communities receive information and are given the opportunity to provide feedback on the quality of the humanitarian assistance received. Efforts will continue to advocate and support the widespread establishment of functional CFM to address issues such as Protection from Sexual Exploitation and Abuse and to strengthen protection measures for the communities.

Mainstreaming protection across the humanitarian response to ensure the safety and dignity of the people remains critical. This is particularly linked to the large-scale displacement in the country and the expected increase of returnees to the country and to their places of origin. Continued promotion of more conflict-sensitive approaches will facilitate a better understanding of the context and the identification of risks for better do no harm programming.

Projection of needs

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

Humanitarian access will continue to be challenged by the outbreaks of sub-national violence, bureaucratic impediments and climatic shocks, resulting in flooding and widespread displacement. Population returns in the country is expected in 2023 and will require intensified planning for humanitarian support and solutions for the returnees.

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

Part 4:

Annexes

BOR/JONGLEI STATE, SOUTH SUDAN

Child collects water from a flooded waterpoint in Bor.

Photo: UNICEF/Shelley Knowles



4.1

Data Sources

Inter-Sector Needs Assessment

In April 2022, the Humanitarian Coordinator mandated OCHA to lead the humanitarian ISNA to fill the information gaps for the 2023 HNO and to provide an update to the 2022 HRP. The data collection addresses data gaps, fully respecting AAP and minimizing assessment fatigue. According to the ISNA methodology, each cluster proposed cluster-critical indicators in compliance with the Joint Inter-Sectoral Analysis Framework (JIAF) and in line with the IASC guidance, building on the best practices of the Multi-Sectoral Needs Assessment (MSNA) globally.

The overall objective of the 2022 ISNA is to collect and analyze data on the household needs and vulnerabilities, displacement and migration history, SNFI, WASH, health, education, protection including GBV and child protection, humanitarian assistance and social cohesion. The ISNA was designed to cover all 78 counties in South Sudan and the southern part of the Abyei Administrative Area.

Considering the complexity of the context of South Sudan, particularly conflict dynamics and their impact on people's inter-sectoral vulnerabilities and coping capacities, some 9,880 households of the planned 13,729 households were interviewed for the 2022 ISNA quantitative component. The qualitative component complemented the household surveys to contextualize and fill information gaps relating to protection challenges experienced by the affected people, their perceptions of humanitarian assistance and its impact on peace and conflict dynamics. The ISNA qualitative data collection prioritized eight counties with a geographic spread across the country. This allows for a deeper understanding of the underlying protection issues that may not be adequately captured by the quantitative findings as well as the affected people's self-identified priorities and preferences for

assistance. The analysis enables contextualization and triangulation of the household-level findings and informs a conflict-sensitive and community-centered approach to humanitarian response planning. The ISNA process, coordinated and conducted by the ISNA Technical Working Group (TWG), consists of OCHA, IOM and REACH. For more details on the ISNA methodology, please visit the ISNA concept note: <http://bit.ly/3X1WRkQ>

Food Security and Nutrition Monitoring System

The FSNMS Round 28 assessment was conducted as part of the IPC process and provided analysis to Nutrition and FSL clusters. In 2021, the FSNMS process collected data for the other clusters under Food Security and Nutrition Monitoring System Plus Humanitarian Needs Overview inputs (FSNMS+HNOi). However, with the ISNA implementation, FSNMS has discontinued collecting data for the other cluster questions except for a few WASH and AAP indicators. The FSNMS process continued the same data collection methodology as in 2021 and covered 76 out of 78 counties¹⁴⁴ and the Abyei Administrative Area. For more detail on the FSNMS methodology, please visit: <http://bit.ly/3GcGsnK>

In addition to the ISNA and FSNMS processes, the 2023 HNO used IOM's DTM round 12 for data on internal displacement and returnees and UNHCR's latest information on refugees and the spontaneous refugee returnees. Some clusters used available cluster-specific secondary and primary data to complement the ISNA and FSNMS findings when calculating the PiN and severity figures for each cluster. More information on cluster-specific data sources and the PiN calculation methodologies can be found in the methodology section.

4.2

Methodology for Inter-Sectoral Analysis

Inter-sectoral people in need methodology

The analysis followed the methods¹⁴⁵ outlined in the JIAF, with the critical indicators influencing the severity of needs. Therefore, the initial step was to select the indicators of need across all humanitarian conditions. In light of the county-level data availability, the ICCG and the Information Management Working Group (IMWG) identified relevant and appropriate indicators for the humanitarian context in South Sudan. The selection of the indicators was based on the review of the revised Indicator Reference Table, which was updated by the Global Clusters and AoR and contains a set of JIAF core indicators tailored for use in inter-sectoral needs and severity analyses. In addition, after consultation with the Global Clusters and OCHA headquarters, several context-related indicators were included, including people with access to safe emergency shelters and life-saving NFI. These indicators were analyzed using the JIAF Scenario B approach.¹⁴⁶

Some cluster analyses are restricted to specific demographic categories (e.g., school-aged children and teachers, children under age 5 and PLW), whereas the inter-sectoral analysis is conducted on the level of the entire population. Below are the steps followed during the PiN calculations.

The inter-sectoral PiN was calculated using the JIAF 2.0 methodology, where the county-level sectoral PiN was aggregated by population group. The JIAF 2.0 mosaic-max formula was applied to derive the PiN for each county. The final South Sudan PiN was calculated by summing the PiN values by county and the Refugee PiN was then added as a separate subset of the overall PiN. The percentages used in the population baseline were applied to the inter-sectoral PiN to derive the sex and age disaggregation and disaggregation by population groups across all counties.

Inter-sectoral severity methodology

The inter-sectoral severity was calculated following the JIAF 1.1 methodology¹⁴⁷, where the proportion and number of persons falling into each severity class were grouped using data from various sources per the scenario B approach. Cluster Information Management Officers prepared and provided OCHA with data for needs and severity analysis. The analysis team calculated the percentage of people per severity class for each indicator and county and then applied the 25 per cent rule to estimate the severity phase for each indicator. The severity of all the cluster indicators (except for critical indicators) was sorted by maximum to minimum value and then the average of the top 50 per cent was calculated. The result was then compared with the critical indicator values, which override the results in case it's higher than the critical indicator severity. Several inter-sectoral indicators' values were at severity 5 for a number of counties. Therefore, the preliminary severity findings were presented in a joint inter-sectoral analysis workshop for discussion and validation by the thematic and contextual experts, with the results adjusted according to the context. Similar to 2022, five critical indicators were selected by the IMWG and endorsed by the ICCG and the HCT: 1. IPC analysis - second projection; 2. Prevalence of GAM among children between 6 and 59 months; 3. Percentage of households with access to an improved water source; 4. Percentage of people within 30 minutes of potable water; and 5. Percentage of households who have suffered incidents affecting the household members in the last three months.

Sectoral methodology

Camp Coordination and Camp Management

The CCCM Cluster used one indicator to calculate the PiN of camp management services. Derived from the JIAF list of indicators that were found to be the most appropriate for the South Sudan context, the same indicator was used to analyse the severity of needs. To gather information about the indicator, the cluster developed questionnaires that were utilized by the ISNA to generate the data. Cluster partners also collected information through assessments, beneficiary satisfaction surveys and FGDs with displaced men, women, boys and girls. Consultation with community members remained the primary means for data collection, ensuring that AAP was taken into consideration as part of the PiN calculation.

The CCCM Cluster focused on the IDPs population group for the 2023 PiN calculation, which was further classified in different categories as per the magnitude of the CCCM response required in relation to the nature of displacement.

Education

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

A mapping of sector-specific and multi-sectoral data sources was done. Relevant data sources with nationwide coverage were used for the people in need and severity calculations. Data sources used include education management information system (EMIS) from the Ministry of General Education and Instruction, the Education Nation Wide Assessment at the facility-level and the ISNA survey at the household-level. Key indicators that represent the severity of the education humanitarian situation were selected. Severity thresholds for each indicator were defined using a five-point scale, as defined in the different datasets.

To calculate the PiN, a baseline figure using the enrolment indicator was calculated. For children in school, the percentage of children in each severity class from 1 to 4 was calculated, based on the learning environment indicators at the school level. For out-of-school children, the percentage in each severity class was based on

proxy indicators related to the availability and need for protection cases and level of violence. The number of teachers and education personnel was determined using the pupil-teacher ratio.

Food Security and Livelihoods

The cluster used the FSNMS methodology¹⁴⁸ to calculate their PiN. Both the sampling and questionnaire were validated by the Government of South Sudan's National Bureau of Statistics (NBS), Ministry of Agriculture and Food Security, MoH and by the core FSNMS working group (WFP, UNICEF and FAO). The FSNMS round 28 focused on assessing food security, livelihoods, agriculture and nutrition, as well as basic WASH and health indicators. A total of 9,009 households were interviewed in 76 out of 78 counties and the Abyei Administrative Area. The FSNMS was not carried out in Mayom and Panyikang due to insecurity. The number of enumeration areas was doubled in five selected counties (Pochalla, Pibor, Ayod, Ulang and Longockuk), as per the request of the Nutrition Cluster for a more in-depth assessment of the areas that have continuously shown a deterioration in nutrition outcomes in the recent past. Two-stage cluster sampling design was adopted for the FSNMS. In the first stage of selection, the Clusters or the Enumerations Areas were selected using systematic Probability Proportional to the size of households. In the second stage of selection the households already identified through the first stage have been selected using Random Sampling.¹⁴⁹

Severity of the households' acute food insecurity was determined through the IPC analysis. The outcome indicators from the FSNMS for food consumption and livelihood change were used to determine the severity of insecurity. For the two counties not covered by the FSNMS, the severity of the food security situation in Mayom was classified using the results from a recent SMART survey, while Panyikang remained unclassified due to the lack of recent data and insecurity preventing data collection.

The PiN was generated by utilizing the FSL change indicators from the IPC analysis, generating percentages for each county under the various thresholds and classifications. The Population Working Group, comprising OCHA, WFP and FAO, provided the estimated population for each county during the analysis based on the natural growth and estimated inflows and outflows of the population in each county. Using the percentage of the IPC classification for each county, the PiN was calculated from the people experiencing crisis (IPC Phase 3), emergency (IPC Phase 4) and catastrophe (IPC Phase 5), which were summed up to provide the population in need

experiencing severe levels of food insecurity. For more information on the calculation of the RCI, please visit the 2022 HNO.¹⁵⁰

Health

The PiN calculation tool developed by the Global Health Cluster was used to calculate both the PiN and severity by county. A total of 13 indicators categorized into health resources, health status and contextual factors were used for the calculation. These indicators were selected in collaboration with the Global Health Cluster and discussed with Strategic Advisory Group members. The thresholds used in the severity mapping were agreed with the Global Health Cluster and based on the sphere standards. However, some indicators were contextualized to fit the humanitarian setting in South Sudan. The PiN calculation for the host community, IDPs and returnees was done separately, by using an excel spreadsheet tool (PiN calculator) developed by the Global Health Cluster. The humanitarian needs were further analysed using the information from EWARS and DHIS2. The cholera hotspot counties and counties at high risk of measles were obtained through analysis of cases and routine vaccination data from 2019-2022. The gender approach involved describing the needs of women, men and children in relation to sexual and reproductive health, sexual violence and GBV from the ISNA data.

Nutrition

According to the Population Working Group, the population in South Sudan is estimated at 12.44 million in 2022, representing an increase of 0.4 per cent from 2021. Population growth was mainly attributed to regional population returns, including spontaneous refugee returns and other migrants from abroad, followed by births. A total of 2.36 million or 19 per cent are children under age 5 (10 per cent male and 9 per cent female) and a total of 8 per cent (1 million) are PLW.

To determine the 2023 PiN for prevention of malnutrition services, including VAS, BSFP, MIYCN and deworming, the relevant age group in need of prevention services was used in accordance with the South Sudan National Nutrition guidelines and protocols. Children between 6 and 59 months are in need of VAS, while children between 0 and 23 months need MIYCN, children between 6 and 23 months need BSFP and children between 12 and 59 months need deworming. To determine the 2023 PiN (Burden/Need) requiring malnutrition treatment, the following steps were used:

Using the following references: 1. UNICEF 'Guidance for Estimating the Number of Children in Need of Treatment for Wasting' and 2. Recent research published by BMJ Global Health, 'Improving estimates of the burden of severe wasting: analysis of secondary prevalence and incidence data from 352 sites'. The most recent SAM/MAM prevalence was considered based on 1. FSNMS Round 28 and 2. SMART Surveys conducted in 2022.

County wise combined MAM and SAM prevalence (Weight-for-height, Mid-upper arm circumference and Oedema) was used. Extrapolation of similar county GAM/SAM prevalence was used for the areas with unavailable data, either due to poor data quality of the FSNMS Round 28 findings or the lack of recent SMART surveys.

Protection

In an inclusive process across all Areas of responsibility (AoRs) and with support from OCHA and the Global Protection Cluster, the Protection Cluster established an analytical framework for the 2023 HNO based on 16 indicators, seven of which are cross-cutting across the cluster and nine which are AoR-specific. Since all indicators are either fully or partially correspondent to the JIAF, the standard JIAF severity scales were used. The same framework was used to develop protection-relevant questions and answers for the 2022 ISNA, with heavy reliance on the framework of the PMS.

All but three indicators were assessed against the data collected by the ISNA, with the remaining three relay on a trifactor of sources for safety and security (i.e., UNMISS HRD, Information Management System for Mine Action (IMSMA), ACLED) for understanding of the needs for explosive ordnance risk education trainings and Protection Cluster 5W on the availability of protection services in the country.

Upon review of the ISNA analysis (not the population type disaggregated at the county level) and other data sources at the indicator level, a draft county-level severity was established and taken to state-level Protection Cluster experts for a desk review, including at the population group level. The final severities then fed into an analytical framework that foresees the creation of an AoR-level severity from several indicators, which in turn result in an overall cluster severity.

In extrapolating the PiN and based on the severities, the Protection Cluster considered three important principles: 1. higher level of affectedness for the IDP and Returnee population (90 per cent) vs. host communities (60 per

cent); 2. age and gender considerations in affectedness depending on AoR focus; and 3. the principle of multiple protection service needs of single individual.

In extrapolating age-gender and population groups PiN from severities, the Protection Cluster followed the principle of extrapolating only in severity 3, 4 and 5 counties while using standard Protection Cluster percentages to mirror the severities onto the affected people to establish the PiN.

Shelter and Non-Food Items

The SNFI Custer has four different indicators collected by the 2022 ISNA. However, two indicators (1 per cent of people with access to safe emergency shelter and 2 per cent of people with access to safe, life-saving NFI) were used to calculate the PiN, representing the severity of people affected in categories 3, 4 and 5. These indicators were derived from the JIAF list of indicators that were found to be the most appropriate to the South Sudan context. To gather information about each indicator, the Cluster developed questionnaires that were utilized by the ISNA and supplemented by other community participatory approaches, such as rapid assessments, FGDs with displaced men, women, boys and girls, and KIs.

Water, Sanitation and Hygiene

The WASH Custer PiN calculation was derived primarily from the FSNMS 2022 exercise. All of the 79 counties as well as the Abyei Administrative Area were analysed. PiN were defined as a person or people in need of access to an improved water source from drinking water either from an open source such as river, ponds and stream and/or from an unprotected water source such as an open well or borehole. Lack of access to a latrine, having to walk long distance to reach a water point and lack of safety when using a WASH facility were also used to define and calculate the PiN.

Qualitative assessments and/or interview at subnational level were used to update the PiN of some counties, but no more than a 20 per cent increase from the initial number. Critical factors that guided the qualitative analysis were the persistence of response gaps in 2022, recurrence of flooding, recent displacements and the absence of durable solutions implemented in the concerned counties.

The severity of the needs was calculated using the same four critical indicators as well as sanitation, with each county ranking from one to five for each of the indicator based on the percentage of the people in need for each of them. The final severity was an aggregation of the five individual severity scores, more weight given to those related to access to safe water and safety when accessing WASH services.

4.3

Information Gaps and Limitations

Demographic data and baseline data

The latest census for South Sudan was conducted in 2008. In the absence of a recent census, the population baseline was estimated using the available population projections and information on the IDPs, returnees and refugees, which was endorsed by the IMWG and the ICCG. The Government of South Sudan, supported by UNFPA and partners, are currently finalizing the micro-census.

Inter-Sector Needs Assessment

The ISNA was conducted as a gap-filling data collection to complement the FSNMS data collection. Therefore, both the ISNA and FSNMS technical teams coordinated during the planning phase to minimize duplication and enhance the interoperability of the two processes. The FSNMS tool discontinued some of the cluster questions, while the ISNA tool covered most of the cluster data requirements within the available resources and limited timeline.

Data was not collected for the quantitative component of the ISNA in Mayom in Unity state, Panyikang in Upper Nile state and Fangak in Jonglei state due to access challenges, primarily due to insecurity and severe flooding. However, desk reviews and sectoral data were used to fill the gaps and to enable a comprehensive needs and severity analysis in the 2023 HNO.

Bureaucratic access barriers delayed data collection in some counties in Jonglei and Upper Nile, resulting in data collection teams failing to reach some locations planned for the ISNA. Therefore, 2,210 households were re-sampled to locations that could be accessed.

Technical glitches in the Kobo tool, such as miscoded skip logic, hampered data collection for some Protection and AAP indicators, resulting in gaps in the Protection and AAP analysis.

To minimize assessment fatigue and to reduce the length of the questionnaire, the global standard of interviewing for disability and under-five mortality questions were limited to provide baseline data. The disability questions were asked at the household level, while the under-five

mortality questions only focused on the children's gender and age.

Due to funding constraints, the initial sampling of the ISNA's quantitative component was reduced from 12,363 to 8,866 respondents.

Due to access and operational issues, Terekeka and Ulang, initially identified for the qualitative data collection for the ISNA, were replaced with other counties that met the sampling criteria. In Leer and Mayendit counties, not all interviews with female respondents were led exclusively by female staff due to the lack of female moderators, but at least one female moderator was present during the interviews. Finding female translators was a challenge for some counties, possibly affecting the quality of the data. Relevant protection concerns were reported to the pertinent agencies and sensitive findings were removed to ensure do no harm.

Sectoral data gaps challenges

Camp Coordination and Camp Management

The CCCM cluster did not encounter major issues for data gaps. The cluster used the data collected through the ISNA, IOM DTM mobility tracking (R12) and cluster partners site tracking matrix. Counties that were not covered by the ISNA were covered by the IOM DTM mobility tracking database.

Education

Both the PiN and severity scores are subject to the same limitations of the assessments, as described below:

Inaccessibility: Several schools were inaccessible due to flooding, bad road conditions and insecurity, over-representing the schools that were more accessible. Due to insecurity, the ISNA data was not collected in some conflict-affected counties, including Tambura, Nagero, and some parts of Nzara. The timing of the assessment towards the end of the rainy season meant large

areas were hard to access in some states due to road conditions or flooding.

Partner support: The Education Nationwide Assessment relies on the education partners to volunteer resources for data collection. Partners were either not present or did not have the resources to support with data collection in some locations, resulting in unmet sample targets and uncollected data in some counties and representing the need to improve the technical and institutional capacity of the partners to increase their participation in future assessments.

EMIS 2021 dataset is the most recent data source available for the education sector. EMIS survey is meant to be conducted annually but no data has been collected for 2022 due to financial constraints.

South Sudan School Attendance Monitoring System did not cover all counties, for this reason, baseline PiN was calculated based on 2021 EMIS dataset rather than the current attendance which could be more accurate.

Food Security and Livelihoods

Though population groups by residence status were not stratified in 2022, the FSNMS questionnaire enabled the identification of the status of households as host, IDP, returnee or refugee. The questionnaire also included information on the presence of disabilities and chronic illnesses within the households, disaggregated by gender and age. However, age and gender disaggregation was not conducted for all members of the households, as food security analysis remains primarily a household concern. The FSNMS concentrated on rural areas, not allowing comparability and in-depth food security analysis for urban centres. The FSNMS 28 concentrated on food security and nutrition aspects (with the removal of most of the indicators from other sectors), preventing a comprehensive, multi-sectorial analysis at the household level.

Health

Health data gaps included unavailability of important inpatient bed capacity and skilled health workers data useful for the PiN calculation. Data obtained from DHIS2 and Health service functionality is not disaggregated by host community, returnees and IDPs and severity by these sub-groups could not be calculated. The DHIS2 information system is owned by the government and as such, changing the structure of the system may

not be feasible. The health facility data is owned by administrative unit and will be difficult to change. To overcome these challenges, the cluster is discussing with the government on how to improve the reporting in DHIS2, with ongoing efforts to streamline the reporting from partners and to have DHIS2 as the only reporting tool.

Nutrition

Although sufficient data has informed the 2023 HNO analysis, several gaps still exist. Due to insecurity and inaccessibility of some conflict-affected areas, such as Panyikang County in Upper Nile State, it was difficult to obtain credible and reliable data to inform the needs analysis. The Nutrition Cluster continues to explore different modalities for obtaining data from such conflict-affected locations, while ensuring relative uniformity in data collection approaches and quality. There is limited data on disability and nutrition, impact of trauma on child caring practices and HIV prevalence across various population groups, which could be addressed in future assessments. Ad hoc and routine humanitarian assessments as well as the National Bureau of Statistics provide estimates on the age groups of various population categories, but the data is insufficient in ascertaining the age groups of the target beneficiaries. Tailored health and nutrition program assessments will be used to generate the data while delivering assistance.

Protection

Protection assessments and monitoring reports, consisting of narratives on various emergency issues in the country, highlight major protection concerns, describe the situation, shape recommendations for the protection actors and inform the ICCG and the HCT on advocacy and actions to mitigate risks. However, large amounts of qualitative information do not allow for a unified and proper trend analysis. For this reason, the Protection Cluster established the unified PMS for the protection actors to use, particularly those engaged in protection monitoring, data collection and analysis.

While data on human rights violations is collected by many protection actors, UNMISS HRD verifies and processes them. Because of the way the data is processed, the Protection Cluster does not have access to instant data sharing to aid an individual case or refer the situation. Negotiation is ongoing to improve the data sharing process.

Knowledge on contamination of explosive hazards in South Sudan remains incomplete. IMSMA is regularly updated, as the community members play a crucial role in reporting dangerous items or new hazardous areas. Nevertheless, since new areas are constantly being discovered (108 areas discovered in the last two years only) and secondary reports need to be assessed, the system is constantly challenged by coordination between partners involved in all steps. The ISNA and PMS will provide a solid source of information, triggering action and assessments.

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

Shelter and Non-Food Items

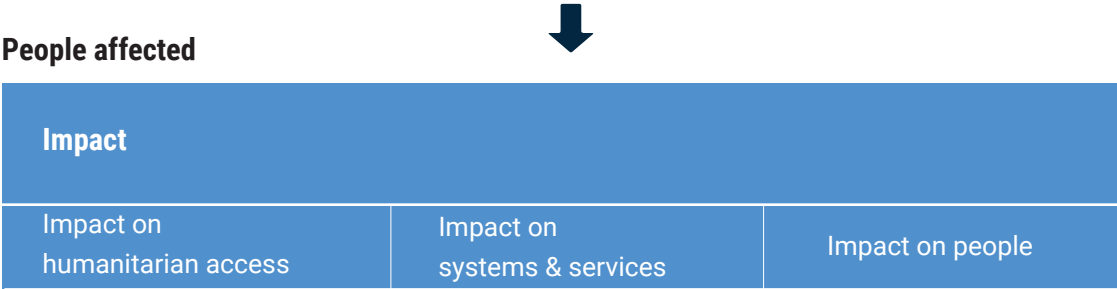
The SNFI cluster did not face major issues in terms of data gaps, except for access challenges due to conflict and floods. The SNFI Cluster used the data collected through the ISNA and SNFI partners, supplemented by the DTM mobility tracking (Round 12).

Water, Sanitation and Hygiene

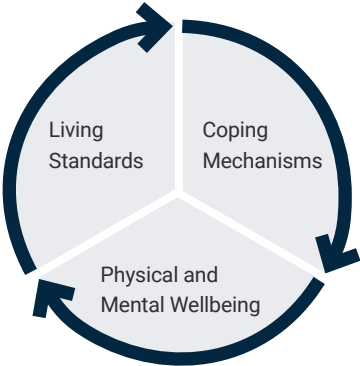
The WASH Cluster has identified as an information gap the lack of data on the specific issues faced by the PWD, including a more detailed gender breakdown of access to WASH services. To address this issue, the cluster will utilize information provided by sub-national coordinators on cross-cutting issues found in their states. However, in 2023, KIIs with specific sub-groups and safety audits will be used to improve planning. Moving into 2023, the feedback loop will be closed by communicating with the PiN to identify their perceptions on WASH programming and to better shape the WASH response.

The Joint Inter-sectoral Analysis Framework (JIAF)

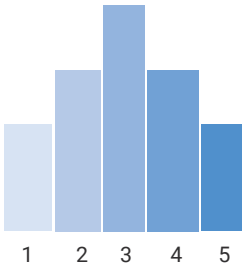
Context		
Political	Economy	Socio-cultural
Legal and policy	Technological	Demography
Environment	Security	Infrastructure



People in need



Severity of needs



Current and forecasted priority needs/concerns
By relevant age, gender and diversity characteristics

The JIAF Severity Scale

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

Framework for intersectoral analysis

Humanitarian Conditions Pillar

Physical and mental wellbeing

No.	INDICATOR/DATA	SOURCE	SECTOR	Critical	
1.	Integrated Food Security Phase Classification (IPC) Analysis - Second Projection	FSNMS	Food Security	Yes	
2.	Livelihood coping strategy (food) - 30 day recall	FSNMS	Food Security		
3.	Prevalence of Global Acute Malnutrition (GAM) among children 6-59 months	SMART, FSNMS	Nutrition	Yes	
4.	% of people with access to safe emergency shelter	DTM, FSNMS and the cluster assessments	SNFI		
5.	% of people with access to safe life-saving Non-Food Items	DTM, FSNMS and the cluster assessments	SNFI		
6.	% of school-aged children attending school regularly (at least 4 days a week) in the 2021 school year while schools were open, per age and sex group.	SAMS	Education		
7.	% of school-aged children dropping out of school in the previous school year	EMIS 2021	Education		
8.	Pupil-Teacher Ratio	EMIS 2021 / Education Nation-Wide assessment 2021	Education		
9.	Schools with access to safe drinking water within / near the school compound/ distance to the nearest water source	EMIS 2021	Education		

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

Severity Scale

Physical and mental wellbeing

	None/Minimal (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	Catastrophic (5)
	Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies	Households EITHER: Have food consumption gaps that are reflected by high or above-usual acute malnutrition OR are marginally able to meet minimum food needs but only by depleting essential livelihoods assets or through crisis-coping strategies	Housholds EITHER: Have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality OR Are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies, Starvation, death, destitution and extremely critical acute malnutrition levels are evident (For Famine Classification, area needs to have extreme critical levels of acute malnutrition and mortality)
	No stress or emergency coping observed	(Stress) strategies are the most severe strategies used by the household in the past 30 days	(Crisis) strategies are the most severe strategies used by the household in the past 30 days	(Emergency) strategies are the most severe strategies used by the household in the past 30 days	Near exhaustion of coping capacity
	<5%	5-9.9%	10-14.9%	15-29.9%	≥30%
	less than 10% of HH with no access to safe emergency shelter	25% of HH with no access to safe emergency shelter	50% of HH with no access to safe emergency shelter	75% of HH with no access to safe emergency shelter	More than 75% of HH with no access to safe emergency shelter
	less than 10% of HH unable to meet their basic non-food items	25% of HH of HH unable to meet their basic non-food items	50% of HH unable to meet their basic non-food items	75% of HH unable to meet their basic non-food items	more than 75% of HH unable to meet their basic non-food items
	"Area: 100% of school-aged children attended school in the current/most recent school year"	Area: >75% of school-aged children attended school in the current/most recent school year	Area: >50% of school-aged children attended school in the current/most recent school year	Area: >25% of school-aged children attended school in the current/most recent school year	Area: 0-25% of school-aged children attended school in the current/most recent school year
	Area: 0% of school-aged children dropped out	Area: <10% of school-aged children dropped out	Area: <20% of school-aged children dropped out	Area: <30% of school-aged children dropped out	Area: >=30% of school-aged children dropped out
	PTR < 40	PTR = 41-50	PTR = 51-60	PTR = 61-75	PTR = 76 or higher
	"Area: 0-20% Water available from an improved sources located on the premises"	"21-40% Water available from an improved source not on premises"	"41-60% Water available from an unimproved source on premises"	"61-80% Water from unimproved source not on premises"	"81-100% No water source"

Framework for intersectoral analysis

Humanitarian Conditions Pillar

Living standards

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

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

Severity Scale

Living standards

	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
	Size or type of site that does not require site management activities	Size or type of site that requires infrequent or low level of site management activities	Size or type of site that requires a moderate range of site management services	Size or type of site that requires a wide range of site management service	Size or type of site that requires a comprehensive range of site management services
	Enough water for drinking, cooking, personal hygiene and other domestic purposes OR more than 50 l/d/p	Enough water for drinking AND cooking AND personal hygiene, BUT NOT for other domestic purposes OR 15 or more but less than 50 l/d/p	Enough water for drinking AND EITHER cooking OR personal hygiene OR 9 or more but less than 15 l/d/p	Enough water for drinking BUT NOT for cooking AND personal hygiene OR 3 or more but less than 9 l/d/p	Not enough water for drinking OR Less than 3 l/d/p
	"HH: HH using latrines with walls, door, locks and functioning lighting Area: >80%"	"HH: HH using latrines with walls, door, BUT NO locks and functioning lighting Area: 51-79%"	"HH: HH using latrines with incomplete walls AND/OR no door, locks or functioning lighting Area: <50%"	N/A	N/A
	"HH: Soap is available at home AND handwashing facility is on premises with soap and water available Area: >80%"		"Soap is available at home BUT no handwashing facility on premises with soap and water Area: 51-79%"		"Soap is not available at home and no handwashing facility with soap and water on premise Area: 0-50%"
	Access to menstrual hygiene materials	N/A	No access to menstrual hygiene materials	N/A	N/A
	>= 80%	>= 80%	70% < 79%	60% < 69%	< 60%
	>= 95%	90% < 95%	85% < 89%	80% < 84%	< = 80%
	">95% in camps /urban areas >90% in scattered or rural areas"	">95% in camps /urban areas >90% in scattered or rural areas"	"90% >= 95% urban and camps 85% >= 90% in scattered or rural areas"	"85% >= 89% urban and camps 80% >= 84% in scattered or rural areas"	"< 85% urban and camps < 80% in scattered or rural areas"
	4+	4+	3	2	<= 1

Framework for intersectoral analysis

Humanitarian Conditions Pillar

Living standards

NO.	INDICATOR/DATA	SOURCE	SECTOR	CRITICAL
19.	Number of people per functioning health facility	Health Service Functionality (HSF) monitoring	Health	
20.	% of HHs reporting restriction of movement due to fear, imposed restrictions or disasters	ACLED, HRD, IMSMA	Protection	
21.	% of HHs reporting restriction of movement due to fear, imposed restrictions or disasters	ISNA/PMS	Protection	
22.	% of HHs in need that could not access justice mechanisms or redress	ISNA/PMS	Protection	
23.	% of HHs in need who lack/were denied civil documentation	ISNA/PMS	Protection	
24.	% of HHs with primary school-aged children not attending school	ISNA/PMS	Protection	
25.	% of HHs with children experiencing child-rights violations	ISNA/PMS	Protection	
26.	% of interviewed HHs that experienced family separations	ISNA/PMS	Protection	
27.	% of HH who face HLP issues?	ISNA/PMS	Protection	
28.	# of persons living or returning to areas with EO contamination	IMSMA and the National Bureau of Statistics	Protection	
29.	% of HH where at least one member is reporting signs of psychosocial distress	ISNA/PMS	Protection	
30.	# of protection services available in a county	PC 5W/Desk Review	Protection	

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

Severity Scale

Living standards

	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
	<5,000	5,000-9,999	10,000-14,999	15,000-19,999	>=20,000
	No restriction of movement	1-10% HHs have reported restriction of movement	10-25% HHs have reported restriction of movement	25-40% HHs have reported restriction of movement	>40% HHs have reported restriction of movement
	No restriction of movement	1-10% HHs have reported restriction of movement	10-25% HHs have reported restriction of movement	25-40% HHs have reported restriction of movement	>40% HHs have reported restriction of movement
	< 20%	20% - 30%	30% - 40%	40% - 50%	> 50%
	< 20%	20% - 30%	30% - 40%	40% - 50%	> 50%
	< 20%	20% - 30%	30% - 40%	40% - 50%	> 50%
	< 20%	20% - 30%	30% - 40%	40% - 50%	> 50%
	< 20%	20% - 30%	30% - 40%	40% - 50%	> 50%
	< 20%	20% - 30%	30% - 40%	40% - 50%	> 50%
	No any Hazardous area	One Hazardous area	2 to 6 Hazardous area	7 to 16 Hazardous area	Above 16 Hazardous area
	< 10%	10% - 30%	31% - 50%	51% - 70%	> 70%
	30	20	10	5	0

4.4

Acronyms

AAP	Accountability to Affected People	GBV	Gender-Based Violence
ACLED	Armed Conflict Location and Event Data Project	GDP	Gross Domestic Product
ANC	Antenatal Care	HCT	Humanitarian Country Team
AoR	Area of Responsibility	HEV	Hepatitis E Virus
AWD	Acute Watery Diarrhoea	HH	Household
BSFP	Blanket Supplementary Feeding Programme	HLP	Housing, Land and Property
CCCM	Camp Coordination and Camp Management	HNO	Humanitarian Needs Overview
CFM	Complaint and Feedback Mechanism	HPC	Humanitarian Programme Cycle
COVID-19	Coronavirus Disease	HRD	Human Rights Division
CPIMS	Child Protection Information Management System	HRP	Humanitarian Response Plan
CwD	Children with Disabilities	IASC	Inter-Agency Standing Committee
DHIS2	District Health Information Software	ICCG	Inter-Cluster Coordination Group
DTM	Displacement Tracking Matrix	IDP	Internally Displaced Person
EMIS	Education Management Information System	IMSMA	Information Management System for Mine Action
ENA	Education Needs Assessment	IMWG	Information Management Working Group
ERW	Explosive Remnants of War	INFORM	Index for Risk Management
EVD	Ebola Virus Disease	IRNA	Initial Rapid Needs Assessment
EWARS	Early Warning Alerts and Response System	IOM	International Organization for Migration
FAO	Food and Agriculture Organization	IPC	Integrated Food Security Phase Classification
FSNMS	Food Security and Nutrition Monitoring System	IPC-AM	Integrated Phase Classification for Acute Malnutrition Analysis
FSNMS+	Food Security and Nutrition Monitoring System Plus	IPV	Intimate Partner Violence
FSNMS+HNOi	Food Security and Nutrition Monitoring System Plus Humanitarian Needs Overview inputs	ISNA	Inter-Sector Needs Assessment
FGD	Focus Group Discussion	JIAF	Joint Inter-sectoral Analysis Framework
FSL	Food Security and Livelihoods	KII	Key Informant Interview
GAM	Global Acute Malnutrition	MAM	Moderate Acute Malnutrition
		MHPSS	Mental Health and Psychosocial Support
		MIYCN	Maternal, Infant and Young Child Nutrition

MoH	Ministry of Health
NAWG	Needs Analysis Working Group
NBS	National Bureau of Statistics
NFI	Non-Food Item
NGO	Non-Governmental Organization
NUF	Necessary Unified Forces
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PiN	People in Need
PLW	Pregnant and Lactating Women
PMS	Protection Monitoring System
PoC	Protection of Civilians
PTA	Parent-Teacher Association
PWD	People With Disabilities
R-ARCSS	Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan
RCI	Resilience Capacity Index
SAM	Severe Acute Malnutrition
SEA	Sexual Exploitation and Abuse
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SSP	South Sudanese pound
UASC	Unaccompanied And Separated Children
UNDRR	United Nations Disaster Risk Reduction
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMISS	United Nations Mission in South Sudan
VAS	Vitamin A Supplementation
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
5W	Who does What, Where, When and for Whom

4.5

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**HUMANITARIAN
NEEDS OVERVIEW**
SOUTH SUDAN