

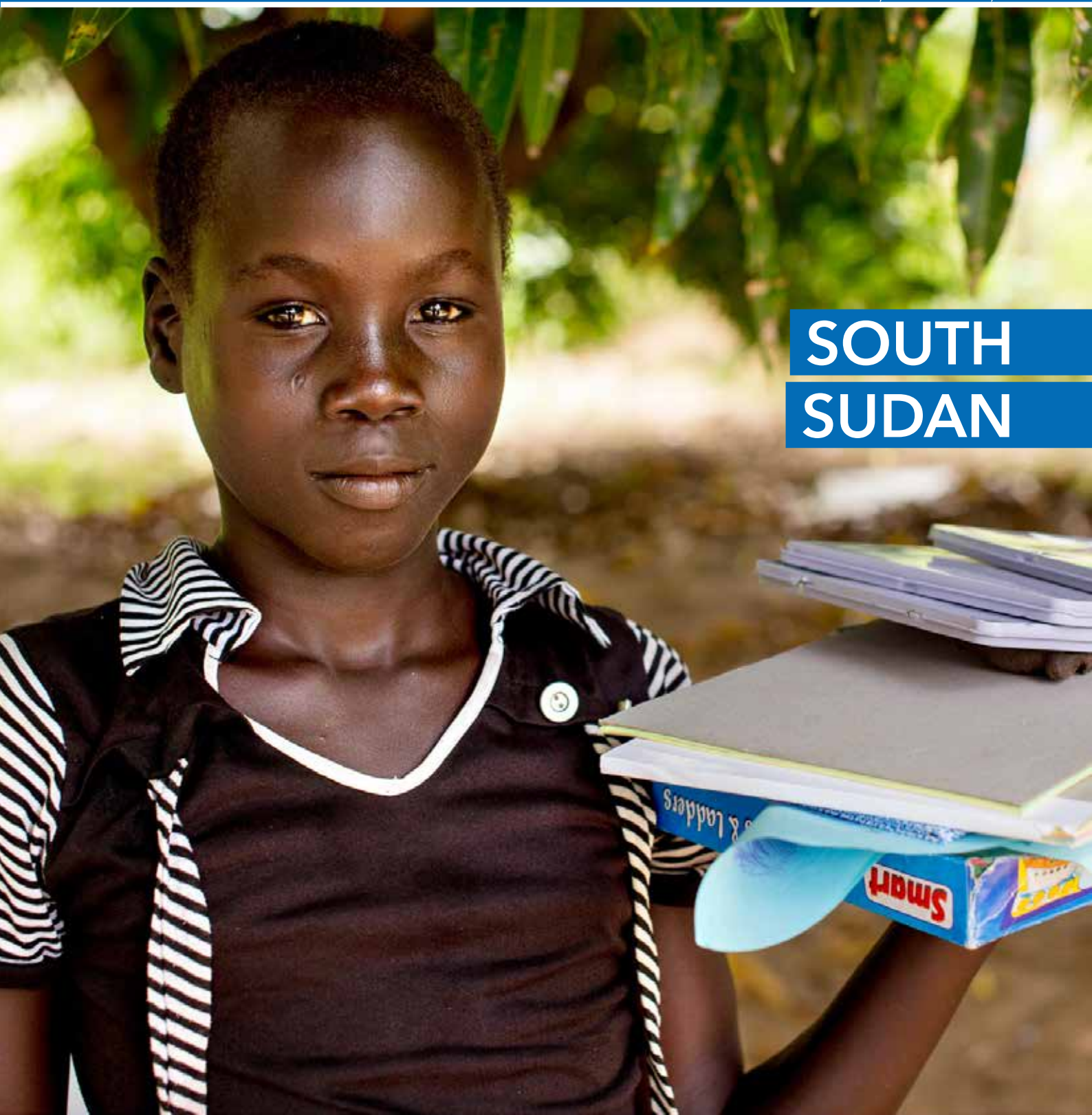
2016

# HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

6.1M

NOV 2015



**SOUTH  
SUDAN**

INTERNALLY DISPLACED PEOPLE

1.66M

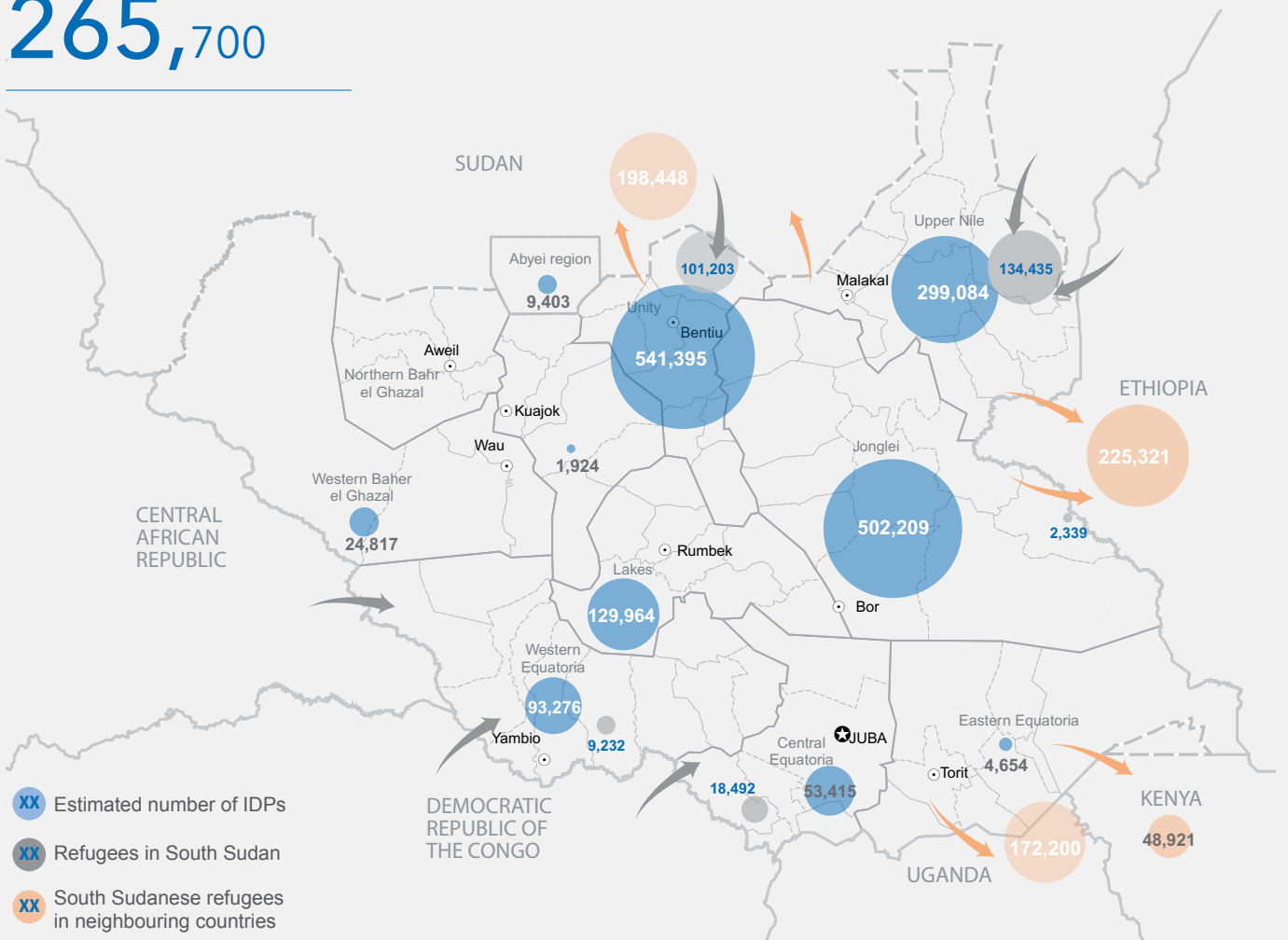
REFUGEES FROM SOUTH SUDAN IN NEIGHBOURING COUNTRIES

(POST 15 DEC 2013)

646,000

REFUGEES IN SOUTH SUDAN

265,700



Source: OCHA and partners, Nov 2015  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of South Sudan and the Republic of Sudan has not yet been determined. Final status of Abyei region is not yet determined

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

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

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

- [www.unocha.org/south-sudan](http://www.unocha.org/south-sudan)
- [www.humanitarianresponse.info/en/operations/south-sudan](http://www.humanitarianresponse.info/en/operations/south-sudan)
- @OCHASouthSudan

**HUMANITARIAN**

# NEEDS & KEY FIGURES

The world's newest nation, South Sudan, is faced with myriad challenges, some of which arise from historical marginalization, conflict and under-development whilst others are driven by more recent developments, including the armed conflict since December 2013. There are humanitarian needs across South Sudan as a result of multiple and interlocking threats: armed conflict and inter-communal violence, economic decline, disease, and climactic shocks.

HUMANITARIAN NEEDS



**1** **The population is uprooted.** More than 2.3 million people one in every five people in South Sudan - have been forced to flee their homes since the conflict began, including 1.66 million internally displaced people (with 50 per cent estimated to be children<sup>1</sup>) and nearly 646,000 refugees in neighbouring countries.



**2** **Hunger is widespread.** 3.9 million people – nearly one in every three people in South Sudan – were severely food insecure and 3.6 million were considered to be 'stressed', in September 2015. An estimated 30,000 people were facing catastrophic food insecurity (IPC Level 5), leading to starvation, death, and destitution during the same period.



**3** **Another generation is at risk.** Nearly one in every three schools in South Sudan has been destroyed, damaged, occupied or closed, impacting on the education of more than 900,000 children, including some 350,000 who have been forced out of school by the conflict. More than 686,200 children under age 5 are estimated to be acutely malnourished, including more than 231,300 who are severely malnourished. Between 15,000 to 16,000 children are estimated to be recruited by armed forces in South Sudan. Over 10,000 children have been registered as unaccompanied, separated or missing. An adolescent girl in South Sudan is three times more likely to die in childbirth than complete primary school.



**4** **Thousands have lost their lives.** Mortality has been exacerbated by acute malnutrition and disease, with more than one in five Counties surveyed (10 out of 46) having Crude Death Rates (CDR) above the threshold of 1 death per 10,000 people per day. There continues to be deaths from preventable diseases. Malaria is the biggest recorded killer, with more than 1,100 deaths due to the disease reported in health facilities from January to October 2015.



**5** **Infrastructure losses are extensive.** 110 million square metres of land is known to be contaminated by landmines and explosive remnants of war. Thousands of homes have been ruined during the fighting. In three counties of Unity State alone, more than 9,000 structures are estimated to have been destroyed or damaged from April to October 2015. As of September 2015, some 55 per cent of the health facilities in Greater Upper Nile were no longer functioning.



**6** **Sexual and gender-based violence is pervasive.** In Leer, Mayendit and Koch counties of Unity State from April to September 2015, an estimated 1,300 women and girls were raped and 1,600 women and children abducted.

NUMBER OF PEOPLE WHO NEED HUMANITARIAN ASSISTANCE<sup>2</sup>

6.1M



NUMBER OF PEOPLE IN NEED BY SECTOR (IN MILLIONS)

CLUSTER	IDPS	RETURNEES	HOST COMMUNITIES	OTHERWISE AFFECTED	REFUGEES	SECTOR TOTAL
Camp Coordination & Camp Management	0.30	0.30	-	-	0.30	0.90
Education	0.64	0.14	0.19	-	0.12	1.09
Food Security and Livelihoods	1.36	0.30	2.20	0.07	0.30	4.23
Health	0.77	0.30	2.20	1.16	0.30	4.73
Emergency Shelter & NFIs	1.10	0.30	0.15	0.04	0.30	1.92
Nutrition	-	-	-	1.00	0.30	1.3
Protection	1.60	0.30	1.57	0.90	0.30	4.68
Water, Sanitation and Hygiene	1.36	0.30	2.20	0.57	0.30	4.73

## IMPACTS OF

## MULTIPLE CRISES

**Across South Sudan, people have been affected by multiple and interlocking threats**, including armed conflict, inter-communal violence, economic decline, disease and climactic shocks.

**Despite the signing of the Agreement on the Resolution of the Conflict in the Republic of South Sudan in August 2015, violence continues to affect civilians in Unity, Upper Nile, Jonglei, Lakes, Western Equatoria and Central Equatoria.** Civilians have been attacked and homes have been destroyed. It is estimated that Koch, Leer and Mayendit counties in Unity State saw 95 incidents of insecurity and fighting between May and September 2015, affecting at least 29 villages and towns. The conflict has littered vast swathes of land, access routes and buildings with unexploded ordnance that threatens the safety of individuals, communities and humanitarian actors. The International Crisis Group estimated that between 50,000 to 100,000 people across South Sudan had been killed in the period December 2013 to November 2014<sup>3</sup>. This number increased as fighting continued 2015. In Leer, Mayendit and Koch counties of Unity State, an estimated 1,080 civilians were killed from April to October 2015.

**In addition to the conflict, communities are struggling with inter-communal violence, including as a result of cattle raiding.** In Lakes State, for example, at least 470 people were killed and some 300 people were injured in the first nine

months of 2015. In the second half of 2015, fighting between armed actors erupted in new locations, including in Western and Central Equatoria. The conflict in Greater Upper Nile has disrupted livestock migration patterns, contributing to new patterns of natural resource-based conflicts between cattle keepers and settled farming populations, including in the Equatorias and Warrap State. It has restricted communities' movement and access to markets and services, and has eroded positive coping strategies.

**Violations against civilians have been widely reported.**

Sexual and gender-based violence has been used as reward for fighters and one in four cases of gender-based violence reported to humanitarian partners involve sexual violence. In Leer, Mayendit and Koch counties of Unity from April to September 2015, an estimated 1,300 women and girls were raped and 1,600 women and children abducted. Even in close proximity to the Protection of Civilians (PoC) sites, women have been killed or attacked when collecting firewood. Between 15,000 to 16,000 children, primarily boys, have been recruited and are being used by armed actors.

## DISPLACEMENT

**1** out of **5**  
people has been forced  
to flee their homes



## EDUCATION

**1** out of **3**  
schools is closed



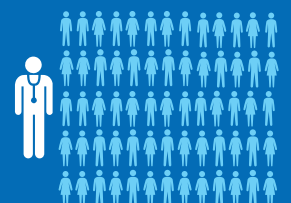
## FOOD INSECURITY

**1** out of **3**  
people are severely  
food insecure



## HEALTH

**1** doctor  
per **65,000** patients



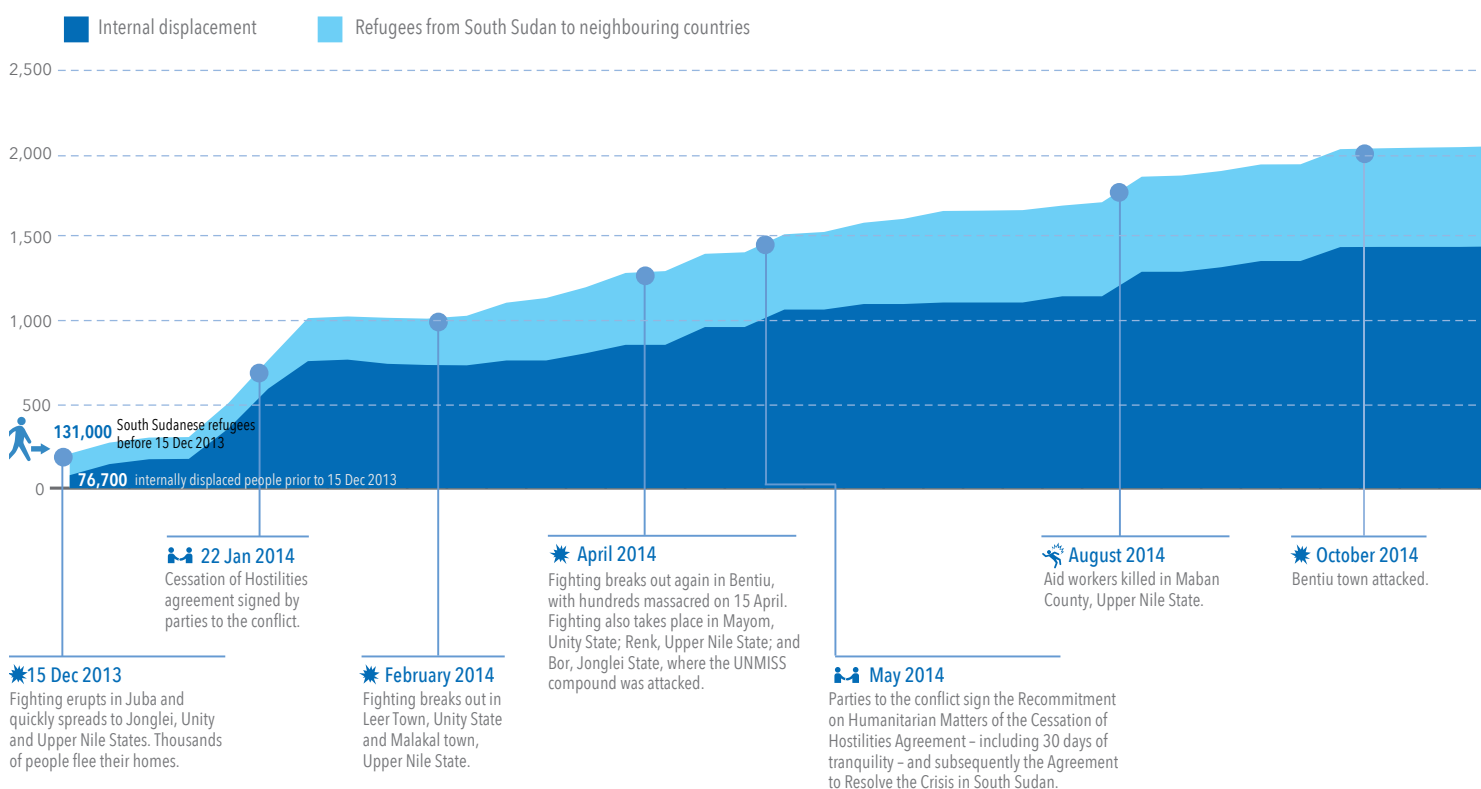
**More than one in five people in South Sudan have been forced to flee their homes in the past 22 months,** including over 1.66 million people who are currently internally displaced and nearly 646,000 people who have fled to neighbouring countries as refugees. Many have been displaced multiple times because of repeated attacks, particularly in counties such as Leer, Koch, Mayendit and Rubkona in Unity State, Fangak and Pigi County in Jonglei, and Malakal and surrounding areas in Upper Nile. Some 185,000 internally displaced people (IDPs) have sought refuge in UN Protection of Civilians (PoC) sites<sup>4</sup>, while around 90 per cent of IDPs are on the run or sheltering outside PoC sites. Due to the fluidity of displacement, it is difficult to determine the number of IDP returnees. However, humanitarian partners estimate that some 300,000 will be in need of assistance in 2016. Children, the elderly, people with disabilities and people living with HIV have been particularly vulnerable during displacement; the majority of the displaced are children. Many families report having had to abandon the aged and infirm when they fled attacks through difficult and swampy terrain. Children have drowned as they attempted to flee. Over 10,000 separated, unaccompanied, and missing children have been identified by humanitarian partners. Thousands of people living with HIV have seen their life-sustaining treatment interrupted without possibility of resumption and fresh violence in Western and Central Equatoria is affecting populations with the highest prevalence rates of HIV/AIDS in South Sudan.

**Insecurity and traumatic incidents have affected millions of civilians.** An estimated one million children are believed to be

in psychosocial distress and a survey in South Sudan in July 2015 found that 41 per cent of respondents showed symptoms of post-traumatic stress disorder (PTSD)<sup>5</sup>. Respondents experienced a mean of 7.62 traumatic experiences during their lifetimes, with the most frequent traumatic experiences being the killing of a close family member (63 per cent) and the destruction of a house (55 per cent) or other property (64 per cent). Due to decades of conflict, nearly eight million people in South Sudan live in counties where there are unexploded ordnance or explosive remnants of war. In recently conducted surveys in Juba PoC1, Juba PoC3 and Mingkaman, 92 per cent, 84 per cent and 82 per cent of IDPs respectively indicated that lack of security remains their main reason for not returning, while lack of food was cited most frequently as the second reason (by 60 per cent, 33 per cent and 39 per cent of respondents respectively).

**Due to instability in neighbouring countries, the refugee population in South Sudan has increased.** South Sudan is hosting 265,770 refugees from Sudan, the Democratic Republic of the Congo (DRC), Ethiopia and the Central African Republic (CAR). This number is expected to increase to 304,072 by the end of 2016. Due to fighting in Sudan's South Kordofan and Blue Nile states, refugees continue to arrive in Pariang, Unity State and Maban, Upper Nile State. The capacity of Ajuong Thok camp in Unity state is reaching its limit and the establishment of a new camp is crucial. All refugees are in need of international protection. These needs are more acute among women, children and youth who face greater protection risks, including sexual and gender-based violence, child marriage and forced recruitment by armed

**INTERNALLY AND EXTERNAL DISPLACEMENT IN SOUTH SUDAN (IN THOUSANDS)**



actors. With nearly 90 per cent of refugees living in camps in Upper Nile and Unity States where the South Sudan conflict has been particularly intense, tensions over scarce resources have increased between refugees and local populations.

“Re-build old clinics and hospitals destroyed by the war”

“Re-build water pipes”

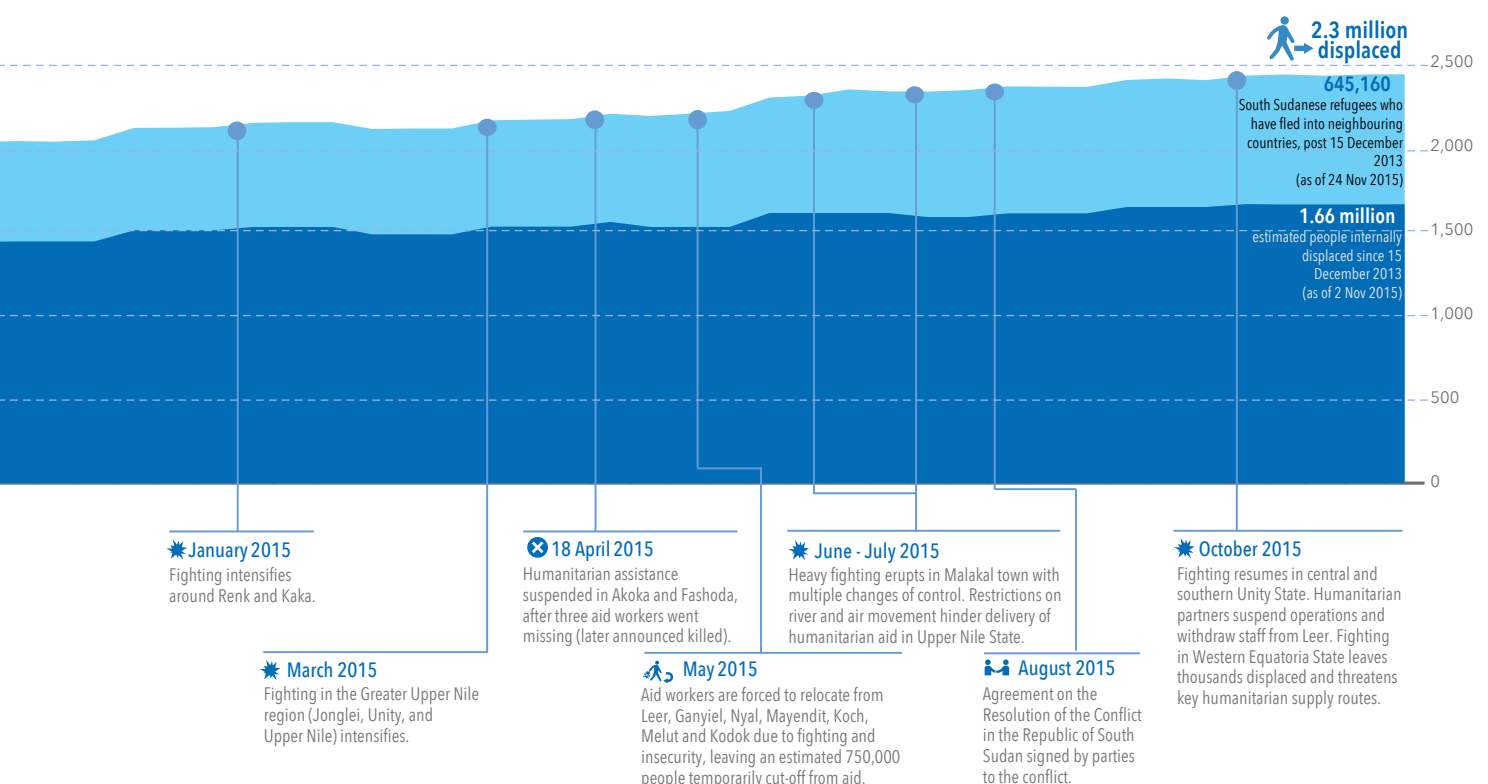
“Re-build the schools that have been destroyed during the war”

-Quotes from people in Malakal regarding their needs if they were to return home.

**Vital civilian infrastructure, including health and education facilities, water points, markets, roads and airstrips, has been damaged, destroyed and shut down due to direct attacks, generalized insecurity, economic crises, and lack of resources and staff.** Prior to the conflict, healthcare was extremely difficult to access in South Sudan, with an estimated 0.15 doctors per 10,000 patients and 0.2 midwives/nurses per 10,000 people. This has been exacerbated by the fighting, with some 55 per cent of health facilities in the Greater Upper Nile region not functioning as at September 2015. Education infrastructure also has been dramatically impacted by violence. Nearly one in three

schools (1,066 out of 3,125) in South Sudan is now closed, impacting the education of more than 900,000 children, including some 350,000 who have been forced out of school by the conflict. Since December 2013, 331 schools have been damaged or destroyed and 113 have been or remain occupied by armed actors. 53 schools are being used as shelters by IDPs. When fighters abandon schools they have occupied or damaged, they often leave behind small arms ammunition and UXOs that render the buildings unsafe. An adolescent girl in South Sudan is three times more likely to die in childbirth than complete primary school.

**South Sudan’s economic crisis has been driven by the rapidly depreciating value of the South Sudanese Pound (SSP), shortages of hard currency, global declines in oil prices and significant dependence on imports.** The South Sudan annual Consumer Price Index (CPI) increased by 91.3 per cent from September 2014 to September 2015, with a 14.9 per cent increase from August 2015 to September 2015<sup>6</sup>. The informal exchange rate of SSP against the US dollar reached an all-time low of 18 SSP to US\$1 in October 2015 – compared to an official rate of 2.9 SSP to \$1. The price of staple foods, such as sorghum, maize and beans, are at record highs (up to 150 per cent compared to average), affecting the purchasing power of households across the country, particularly in the Greater Bahr el-Ghazal states and amongst the urban poor. From mid-2014 to mid-2015<sup>7</sup>, oil production accounted for 99 per cent of exports, 95 per cent of government revenue and about 50 per cent of GDP in South Sudan. Whilst crippling the Government’s social



services sector, the decline in oil price has negatively affected more than 40 percent of the population, both poor and non-poor. Since December 2013, an additional one million people have been pushed below the poverty line<sup>8</sup>. Reports indicate that people are increasingly resorting to negative coping mechanisms, including child labour and child marriage. Intimate partner violence, which often rises during conflict and economic decline, accounts for 50 per cent of the incidents of gender-based violence reported to humanitarian partners. As at September, 30 per cent of the urban poor were in IPC Phase 3 or 4.

“Before we were displaced, family members used to farm and fish but now we don’t have any tools. I sell canes at the market to be able to buy some food”

- a woman in Wau Shilluk explained to OCHA.

**Conflict, insecurity, market disruption, economic downturn and localized crop failures have caused record high food prices and hunger has spread to locations that were previously stable.** Livelihoods have been decimated by the conflict and economic decline, with livestock looted, killed and disease-prone and crops destroyed or planting delayed due to violence and displacement. In September 2015, there were an estimated 3.9 million South Sudanese people were severely food insecure and 3.6 million were considered to be ‘stressed’. The situation is most alarming in parts of Unity State, where 30,000 people were estimated to be facing extreme lack of food and other basic needs, leading to starvation, death and destitution (IPC Level 5). Some households have had to reduce their food intake to as little as one meal per day, consisting of only fish and water lilies.

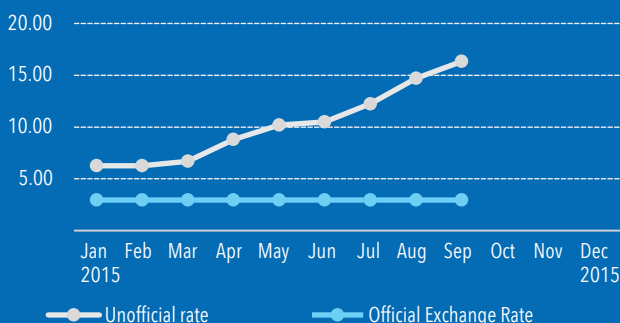
These seasonal resources will become even scarcer over the dry season. Women and the elderly have been particularly impacted by the increasing food shortage, as households are prioritizing food for children. Women are shouldering the burden of foraging for wild foods that are increasingly depleted, forcing them to travel longer and arduous distances by foot, and exposing them to the risk of attacks or sexual violence. The loss of protein sources more rapidly affects women, who are more vulnerable to Vitamin A deficiency. In addition to the deterioration of the situation for the most vulnerable, food insecurity has spread to areas previously considered relatively food secure, including Northern Bahr-el-Ghazal, Lakes, Warrap and the Greater Equatoria (Central, Eastern and Western Equatoria), highlighting the deepening cumulative impact of conflict, economic downturn and climactic shocks. Households considered stressed (IPC Level 2) are able to minimally meet their food needs but are unable to meet their basic non-food needs without resorting to negative coping mechanisms.

“No one has their cattle anymore and people want to have them back to be able to get milk and meat and become less dependent on humanitarian organizations”

- a person in Bor speaking of their greatest needs in listening group convened for the HNO.

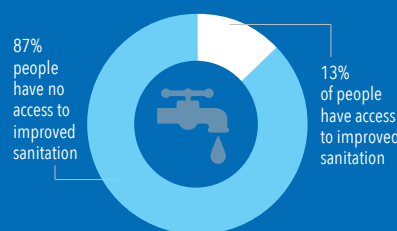
**The rising cost of living and impact of the conflict have also undermined people’s ability to access safe water.** It is estimated that only 13 per cent of South Sudanese people have access to improved sanitation, while 85 per cent of the population practice open defecation and only 41 per cent have access to safe water. Families in urban centres have had to

EXCHANGE RATES (SSP/USD): OFFICIAL VS UNOFFICIAL RATE



Source: WFP South Sudan market price monitoring bulletin, Sep 2015.

ACCESS TO IMPROVED SANITATION



PRICE OF STAPLE FOOD

150% higher than average



spend an increasing portion of their income to obtain clean water, while water trucking has decreased due to the cost of fuel<sup>9</sup>. Borehole repairs have not been possible in areas hardest hit by conflict, including large swathes of Upper Nile, due to lack of access due to insecurity and lack of technical expertise and supplies. Lack of access to safe water and sanitation poses protection risks for women, with the search to find a safe place to defecate and the trek to collect water leaving women exposed to the threat of violence. When consulted about their needs, focus groups convened for the HNO highlighted shortage of water as a growing source of tension. More than 500,000 IDPs live in flood-prone areas, where the spread of water-borne diseases, including cholera, remains a major concern. For the second year in a row, the Government declared a cholera epidemic in 2015 with more than 1,800 cholera cases, including 47 deaths, reported in Juba County and in Bor, Jonglei State.

**“There’s a shortage of water in villages so people are fetching water from the Nile River”**

- a person in Mingkaman speaking about their most urgent needs in a focus group for the HNO.

**Diseases endemic to South Sudan continue to cause death and illness.** From January to October 2015, more than 2.1 million cases of malaria were reported in health facilities, including more than 1,100 deaths. These figures include only deaths reported at health facilities and the overall death rate from disease is likely much higher, as the national disease surveillance system is functioning at barely 50 per cent of expected levels. There have been five confirmed outbreaks of measles in 2015, in Bentiu PoC (Unity State), Duk (Jongei), Wulu (Lakes), and Yei and Juba PoC 3 (Central Equatoria). Conflict, displacement and lack of access have frustrated

efforts to ensure vaccination coverage with the disruption of routine immunization: only six out of South Sudan’s 79 counties have the requisite minimum 80 per cent measles vaccination coverage and 55 counties have less than 60 per cent coverage, including 26 with less than 20 per cent coverage, mostly in the Greater Upper Nile. This has resulted in two cases of circulating vaccine derived Poliovirus type 2 (cVDPV) reported in Mayom County, Unity state in 2015. An estimated 400,000 children under age 5 remain at risk of contracting measles in Unity, Upper Nile and Jonglei. Hepatitis E Virus (HEV) outbreaks were a major public health challenge in IDP populations in 2015. Stock-outs of essential medicines are likely to exacerbate the already dire health situation, as health facilities are likely not to have access to lifesaving essential medicines into early 2016.

**Malnutrition has spiked as a result of lack of access to safe water and sanitation, increasing disease rates, rising food insecurity and conflict.** More than 1 million people across South Sudan are now acutely malnourished. This includes an estimated more than 231,300 children under age 5 who are severely acutely malnourished (SAM), more than 454,900 children who are moderately acutely malnourished (MAM), some 316,200 pregnant and lactating women and 3,900 elderly IDPs in PoCs. The resumption of conflict in April 2015 led to the closure of 80 outpatient therapeutic programme and 91 therapeutic supplementary feeding programme sites in Unity and Upper Nile States between April and June, cutting off access to treatment for more than 5,600 SAM and nearly 17,500 MAM children. Out of 50 counties surveyed in 2015, 33 had Global Acute Malnutrition (GAM) rates deemed to be critical (above 15 per cent), including two counties in Unity where GAM rates were more than twice the emergency threshold. Children suffering from severe acute malnutrition are nine times more likely to die than their healthy peers, while those with moderate acute malnutrition are three times more likely to die.

**As the crisis prolongs, affected people need better information regarding the situation and the humanitarian response.** With just one per cent of the population having access to the internet and only around one in five people having access to a mobile phone, radio and “word of mouth” remain the most common methods of communication in South Sudan. In recent surveys, only around one third of people who participated felt that they had all of the information that they needed. The top priorities for displaced people in PoC sites include the need for impartial information regarding the peace process, the situation in their areas of origin, services available to people returning to pre-displacement areas, services available in their place of displacement (including how to access food, education and healthcare), how to find people with whom they have lost contact and the general situation outside of the PoC sites and across the country.

## ACCESS TO INFORMATION

**1** out of **5** people  
have access to a mobile phone

















**1%** of the population  
has access to internet




































**BREAKDOWN OF**



















# PEOPLE IN NEED














NUMBER OF PEOPLE IN NEED BY SECTOR

COUNTY	HEALTH (IN '000)	FSL (IN '000)	PROTECTION (IN '000)	CCCM (IN '000)	WASH (IN '000)	EDUCATION (IN '000)	NUTRITION (IN '000)	ES & NFI (IN '000)	TOTAL PEOPLE IN NEED (IN '000)
<b>CENTRAL EQUATORIA STATE</b>									
 JUBA	199.1	138.8	518.2	55.8	170.8	19.1	33.3	37.5	199.1
 KAJO-KEJI	92.4	14.0	-	-	114.8	-	6.0	-	114.8
 LAINYA	49.9	22.0	-	-	22.0	-	3.2	-	49.9
 MOROBO	68.5	0.2	0.2	0.2	0.2	4.1	4.5	0.2	68.5
 TEREKEKA	61.3	27.0	-	-	26.9	10.9	4.0	5.8	61.3
 YEI	99.7	25.5	12.5	12.5	55.6	5.0	18.3	-	99.7
<b>EASTERN EQUATORIA STATE</b>									
 BUDI	39.2	17.0	-	-	14.8	-	7.2	-	39.2
 IKOTOS	45.1	24.0	-	-	58.5	1.7	9.5	-	58.5
 KAPOETA E.	64.5	28.0	-	-	27.3	-	10.3	-	64.5
 KAPOETA N.	40.4	18.0	-	-	18.0	-	9.0	-	40.4
 KAPOETA S.	31.7	14.0	-	-	14.0	-	5.8	-	31.7
 LAFON	45.6	54.0	-	-	54.0	-	8.4	-	54.0
 MAGWI	71.6	20.0	-	-	60.1	43.4	12.8	-	71.6
 TORIT	48.2	28.0	-	-	21.9	-	8.8	-	48.2

COUNTY	HEALTH (IN '000)	FSL (IN '000)	PROTECTION (IN '000)	CCCM (IN '000)	WASH (IN '000)	EDUCATION (IN '000)	NUTRITION (IN '000)	ES & NFI (IN '000)	TOTAL PEOPLE IN NEED (IN '000)
<b>JONGLEI STATE</b>									
 AKOBO	71.0	38.0	173.3	-	44.3	30.5	19.2	81.1	81.1
 AYOD	94.3	77.0	175.1	-	134.3	77.0	19.3	111.6	134.3
 BOR SOUTH	101.7	32.0	-	22.3	22.4	3.6	32.2	7.6	101.7
 CANAL/PIGI	49.5	16.0	124.1	20.0	39.3	26.5	18.7	23.7	49.5
 DUK	51.0	30.0	121.1	-	93.5	22.5	12.1	31.8	121.1
 FANGAK	79.5	85.0	163.2	-	82.1	74.5	17.2	97.4	85.0
 NYIROL	67.5	75.0	139.3	-	78.5	40.8	15.2	104.5	104.5
 PIBOR	60.5	17.0	-	-	14.0	3.0	12.0	5.2	60.5
 POCHALLA	31.2	18.5	2.5	2.5	10.7	1.0	8.6	2.5	31.2
 TWIC EAST	42.9	59.0	-	-	59.0	0.8	12.1	0.5	59.0
 UROR	77.4	101.0	209.2	-	94.7	15.4	22.7	77.8	101.0
<b>LAKES STATE</b>									
 AWERIAL	40.8	86.0	59.2	71.6	85.7	38.8	3.7	41.2	86.0
 CUEIBET	61.5	71.0	-	-	69.8	0.3	10.2	0.6	71.0
 RUMBEK C.	83.1	60.0	243.6	-	60.0	2.4	15.1	2.4	83.1
 RUMBEK E.	69.0	47.0	-	-	47.0	8.1	11.9	8.5	69.0
 RUMBEK N.	20.0	25.0	-	-	25.0	6.4	3.4	4.3	25.0
 WULU	27.1	11.0	-	-	11.0	6.9	2.8	7.3	27.1
 YIROL E.	42.9	49.0	-	-	48.4	3.1	6.9	2.2	49.0
 YIROL W.	55.5	40.0	-	-	40.0	0.4	10.2	10.6	55.5

COUNTY	HEALTH (IN '000)	FSL (IN '000)	PROTECTION (IN '000)	CCCM (IN '000)	WASH (IN '000)	EDUCATION (IN '000)	NUTRITION (IN '000)	ES & NFI (IN '000)	TOTAL PEOPLE IN NEED (IN '000)
<b>NORTHERN BAHR EL GHAZAL STATE</b>									
 AWEIL C.	37.1	44.0	-	-	44.0	-	16.3	-	44.0
 AWEIL E.	184.3	189.0	-	-	188.6	-	78.9	-	189.0
 AWEIL N.	93.1	95.0	-	-	95.0	-	39.9	-	95.0
 AWEIL S.	50.4	59.0	-	-	58.9	-	22.4	-	59.0
 AWEIL W.	103.4	121.0	-	-	120.9	-	44.3	-	121.0
<b>UNITY STATE</b>									
 ABIEMNHOM	11.9	13.0	24.2	20.0	14.2	25.0	2.8	11.5	25.0
 GUIT	21.3	43.0	48.6	20.0	42.1	7.8	6.0	17.6	43.0
 KOCH	54.3	82.0	137.6	20.0	81.3	12.6	17.0	26.6	82.0
 LEER	57.5	68.0	117.9	20.0	66.3	28.0	14.6	55.0	68.0
 MAYENDIT	28.4	82.0	81.9	20.2	82.0	1.8	10.1	2.5	82.0
 MAYOM	98.9	99.0	183.3	20.0	141.4	58.3	22.7	94.1	141.4
 PANYIJJAR	52.5	109.0	77.5	20.0	107.3	41.3	8.3	68.0	109.0
 PARIANG	147.1	204.4	177.3	124.4	202.6	101.4	139.2	146.9	204.4
 RUBKONA	164.2	160.0	212.2	152.4	171.5	102.8	30.3	160.8	212.2

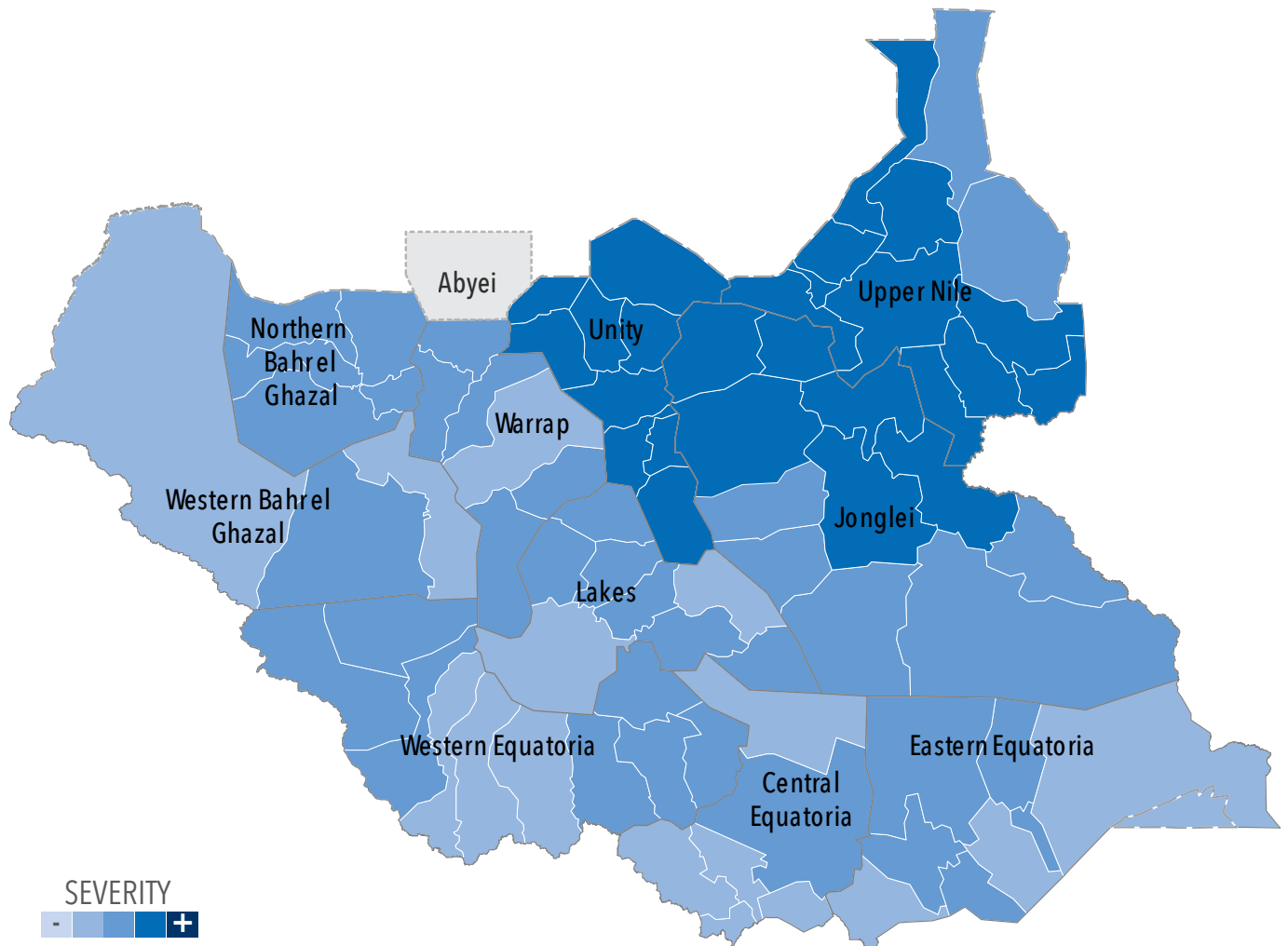
COUNTY	HEALTH (IN '000)	FSL (IN '000)	PROTECTION (IN '000)	CCCM (IN '000)	WASH (IN '000)	EDUCATION (IN '000)	NUTRITION (IN '000)	ES & ES (IN '000)	TOTAL PEOPLE IN NEED (IN '000)
<b>UPPER NILE STATE</b>									
 BALIET	25.1	21.0	62.6	-	16.2	7.4	5.1	12.1	25.1
 FASHODA	18.9	27.0	43.3	20.0	25.2	8.7	3.1	14.3	27.0
 LONGOCHUK	30.7	58.0	82.6	-	58.0	5.7	7.1	26.8	58.0
 LUAKPINY/ NASIR	102.1	207.0	257.2	-	207.0	28.9	21.0	69.4	207.0
 MABAN	124.5	161.0	209.3	145.0	161.0	62.7	148.7	152.9	161.0
 MAIWUT	43.2	70.0	103.9	-	70.0	15.9	8.5	68.7	70.0
 MALAKAL	93.9	168.0	152.8	67.8	168.0	39.7	11.8	123.1	168.0
 MANYO	21.9	37.0	65.1	-	37.0	-	4.7	-	37.0
 MELUT	26.7	57.0	59.3	41.7	57.2	11.9	4.3	28.3	57.2
 PANYIKANG	21.5	22.0	146.9	20.0	22.0	6.9	3.8	21.4	21.5
 RENK	66.7	26.0	182.3	-	39.2	14.3	13.3	18.2	66.7
 ULANG.	40.3	87.0	110.3	-	87.0	5.9	7.0	29.3	110.3
<b>WARRAP STATE</b>									
 GOGRIAL E.	49.5	43.0	73.8	-	17.9	-	15.3	-	49.5
 GOGRIAL W.	111.5	98.0	-	-	46.7	-	44.5	-	111.5
 TONJ E.	46.1	40.0	-	-	9.4	-	14.0	-	46.1
 TONJ N.	72.5	64.0	-	-	66.1	-	17.0	-	72.5
 TONJ S.	37.8	34.0	-	-	106.8	-	11.5	-	106.8
 TWIC	119.6	105.0	-	-	40.0	0.9	36.3	1.1	119.6

COUNTY	HEALTH (IN '000)	FSL (IN '000)	PROTECTION (IN '000)	CCCM (IN '000)	WASH (IN '000)	EDUCATION (IN '000)	NUTRITION (IN '000)	ES & NFI (IN '000)	TOTAL PEOPLE IN NEED (IN '000)
<b>WESTERN BAHR EL GHAZAL</b>									
 JUR RIVER	69.3	50.0	-	-	-	0.2	16.9	0.5	69.3
 RAGA	29.9	18.0	-	-	34.0	-	6.6	-	34.0
 WAU	87.5	47.0	-	0.2	103.8	4.9	19.6	13.6	103.8
<b>WESTERN EQUATORIA STATE</b>									
 EZO	39.1	4.8	4.8	4.8	4.8	1.9	7.3	4.8	39.1
 IBBA	12.0	2.0	-	-	2.0	0.7	1.1	1.2	12.0
 MARIDI	36.9	10.3	0.3	0.3	10.1	3.4	2.7	5.0	36.9
 MUNDRI E.	36.3	12.0	61.0	-	60.0	28.6	1.4	41.9	60.0
 MUNDRI W.	23.5	5.0	55.5	-	18.2	8.7	1.3	13.6	23.5
 MVOLO	20.7	12.0	-	-	12.0	-	1.4	-	20.7
 NAGERO	5.4	3.0	-	-	3.0	-	0.4	-	5.4
 NZARA	24.5	-	-	-	-	-	1.8	-	24.5
 TAMBURA	26.3	5.8	1.8	1.8	5.8	0.7	3.5	1.8	26.3
 YAMBIO	71.5	4.8	4.8	4.8	4.5	5.1	9.2	9.3	71.5
<b>TOTAL</b>	<b>4,728.1</b>	<b>4,233.1</b>	<b>4,679.6</b>	<b>908.1</b>	<b>4,730.3</b>	<b>1,087.6</b>	<b>1,306.5</b>	<b>1,924.1</b>	<b>6,139.8</b>

## SEVERITY OF

## NEED

This map compares the severity of humanitarian needs in each county taking into account indicators related to mortality, morbidity and vulnerability, including: the number of displaced people, food insecurity and malnutrition rates, number of explosive hazards, number of violent incidents and casualties, number of missing children, number of functioning health facilities per person, disease outbreaks, vaccination coverage, and number of schools destroyed or closed.



For details see: <http://bit.ly/1OpSKry>

Source: OCHA and humanitarian partners  
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of South Sudan and the Republic of Sudan has not yet been determined. Final status of Abyei region is not yet determined



Photo: IOM/Bannon 2015

# ANNEX I: SECTORAL NEEDS OVERVIEW

## INFORMATION BY SECTOR

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

## ANNEX II: METHODOLOGY, INFORMATION GAPS AND ASSESSMENT PLANNING

# CAMP COORDINATION AND CAMP MANAGEMENT

## OVERVIEW

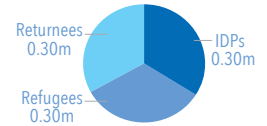


1.66 million people remain on the move in South Sudan, and displacement will continue to be a significant factor in 2016. Of these, an estimated 604,000 are in need of direct Camp Coordination and Camp Management (CCCM) services, including IDPs in camp and camp-like settings and a preliminary estimate of 300,000 returnees. In addition, displacement tracking is needed for all 1.66 million IDPs. The most acute needs remain in Unity, Upper Nile and Jonglei, but inter-communal fighting in Lakes and Western Equatoria is also driving displacement. Despite the signing of the peace agreement, fighting has yet to cease and shifting front lines continue to cause people to flee multiple times. In addition, a projected 304,000 refugees are in need of camp coordination and camp management services

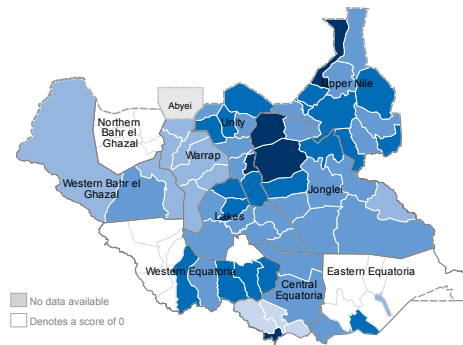
## NO. OF PEOPLE IN NEED

908,100

## BY STATUS



## SEVERITY MAP



Sources: CCCM, IOM/DTM

## AFFECTED PEOPLE

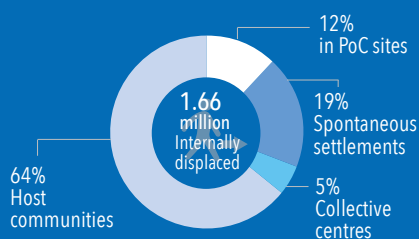
As of October 2015, an estimated 1.66 million people are internally displaced (IDPs). This includes some 185,000 people who have sought protection and assistance in UNMISS Protection of Civilians (PoC) sites. There are some 320,000 IDPs living in spontaneous settlements, 80,000 IDPs in collective centers and up to one million IDPs in host communities.

## HUMANITARIAN NEEDS AND DRIVERS

Shifting frontlines and continued fighting have led to large scale destruction of houses and communal and humanitarian infrastructure and forced more than 2.3 million people from their homes. People in Unity and Upper Nile states remain most at risk of displacement, with conflict continuing, while the last quarter of 2015 saw new displacement outside of the

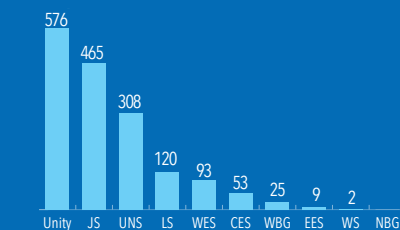
Greater Upper Nile, particularly due to growing tensions and clashes in Central and Western Equatoria. Over one million displaced people live outside the PoC sites. The already limited resources of host communities have been further depleted, and in many instances exhausted, due to accommodating IDPs. In 2015, the number of people seeking protection inside Protection of Civilian (PoC) sites almost doubled. The living conditions inside PoCs have improved through the expansion and upgrade of the sites. However, the constant influx of new arrivals has meant that over 100,000 people across all sites have been forced to share a shelter with another family.

## IDP POPULATION BY SITE TYPE



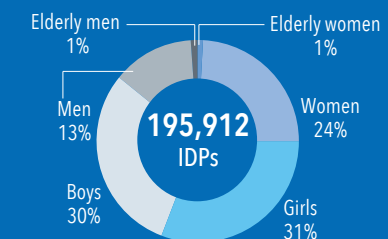
Source: IOM/DTM, Nov 2015

## IDP POPULATION BY STATES ('000)



Source: IOM/DTM, Nov 2015

## IDPS IN PROTECTION OF CIVILIAN SITES



Source: IOM/DTM, Nov 2015

# EDUCATION

## OVERVIEW



The education of 967,000 children has been affected by conflict and displacement, the majority of them in Unity, Jonglei, Upper Nile and Lakes states. Nearly one in three schools across the country are not functional (1,066 out of 3,125), including 331 that have been damaged or destroyed. The Primary Net Enrolment rate in South Sudan decreased from 42 per cent in 2013 to 35 per cent in 2015,<sup>10</sup> as a result of disruption of education services due to conflict and displacement, as well as lack of facilities, trained teachers, supplies and funding. In addition, some 121,000 refugee children in South Sudan are in need of education assistance.

## AFFECTED PEOPLE

South Sudanese school-aged children (3 to 18 years old) have been endangered and had their education disrupted by attacks against schools (113 incidents of military use and attacks on schools, affecting more than 36,700 children<sup>11</sup>). Though all children who have been displaced are vulnerable, adolescent boys and young men remain particularly vulnerable to participation in dangerous activities and recruitment by armed actors. Adolescent girls are at risk of early and forced marriage, as well as sexual abuse and exploitation due to the low value placed on the girl child. The closure of learning spaces has left separated and unaccompanied minors without opportunities for case management.

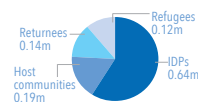
## HUMANITARIAN NEEDS AND DRIVERS

Some 967,000 children have lost access to education due to the crisis in South Sudan.<sup>12</sup> School-aged children represent more than 47.75 per cent of the displaced population.<sup>13</sup> Fighting and displacement have been the main drivers leading to interruption of education and lack of protection for 3-18

## NO. OF PEOPLE IN NEED

1.09M

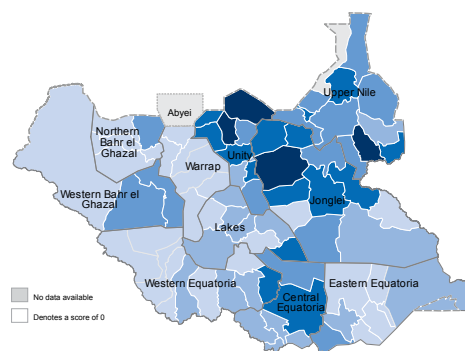
## BY STATUS



## BY SEX



## SEVERITY MAP

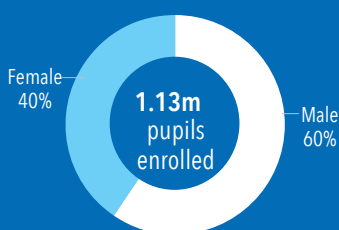


Source: Education cluster

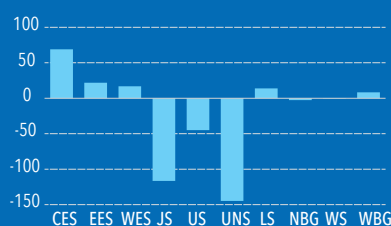
year old children. In the states and areas where education continued, the quality of teaching deteriorated due to missed opportunities to train teachers, delays or cessations in salary payments to teachers and inadequate capacity of existing systems to address complex psychosocial trauma.

This interruption of education will have immediate, medium and long-term consequences for the stability and development of the country as children who are not in school will lack the structure and stimulation for healthy cognitive and psychosocial development that a child's developing mind requires. The risk is high that more out-of-school adolescents voluntarily join or are forcibly recruited by armed actors.<sup>14</sup> Children, parents and the community consider education a critical priority.

## SCHOOL ENROLMENT BY SEX



## 2013-2015 SCHOOL ENROLMENT VARIATION



Source: Education cluster, Oct 2015

## SCHOOLS OCCUPIED



## EMERGENCY SHELTER AND NFIS

### OVERVIEW



There are currently some 1.66 million internally displaced people in South Sudan many of whom have been displaced multiple times. An estimated 1.62 million IDPs are in need of some sort of emergency shelter and non-food item support, including new shelters (e.g. in expanded POC sites to which people are being relocated) or reinforcements (e.g. for those whose shelters have worn throughout the course of 2015). In addition, some 304,000 refugees are expected to need shelter and non-food items assistance in 2016.

### AFFECTED PEOPLE

The displaced are most in need of emergency shelter and non-food items, particularly in Unity, Upper Nile and Jonglei states. In both Unity and Upper Nile, many people have been displaced multiple times. Of the displaced, women and children are especially vulnerable both due to their roles in society and the protection risks inherent in being without shelter or social support networks. A small number of host community members, who have used their already limited resources to provide for the displaced, also require assistance.

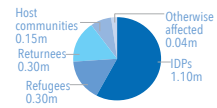
### HUMANITARIAN NEEDS AND DRIVERS

Forced displacement remains a defining feature of the crisis in South Sudan, with more than 1.66 million people currently internally displaced. New outbreaks of violence continue to push more people to flee their homes, leaving their shelter and belongings behind. Many people have been displaced multiple times, particularly in Counties such as Leer, Koch, Mayendit and Rubkona in Unity State, Fangak and Canal/Pigi Counties

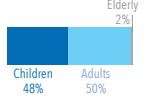
### NO. OF PEOPLE IN NEED

1.92M

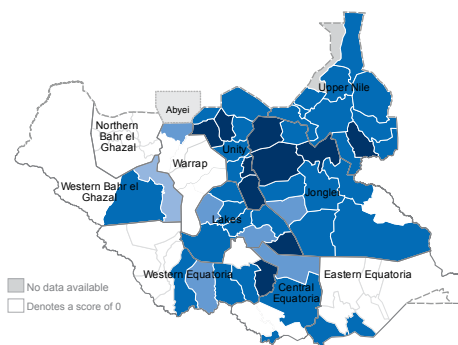
### BY STATUS



### BY AGE



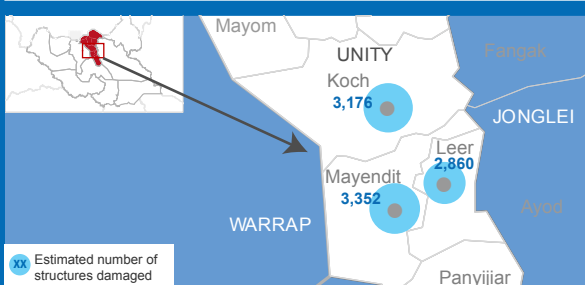
### SEVERITY MAP



Sources: IOM/DTM

in Jonglei, and Malakal and surrounding areas in Upper Nile. In southern Unity State alone, more than 9,000 structures were estimated to have been destroyed or damaged as at October 2015. Ongoing perceptions of insecurity continue to prevent people from moving out of the PoC sites and may cause additional influxes, particularly in Malakal and Bentiu. The deteriorating economic situation and the accompanying lack of markets and cash has decreased the ability of both IDPs and host communities to cope with the ongoing crisis, making them further dependent on humanitarian assistance.

### DESTRUCTION IN UNITY



Source: UNOSAT, Oct 2015

### INTERNALLY DISPLACED PEOPLE

9 out of 10 IDPs are outside PoCs



# FOOD SECURITY AND LIVELIHOODS

## OVERVIEW



There were 3.9 million South Sudanese people (34 per cent of the population) experiencing severe food insecurity and 3.6 million who were considered to be 'stressed', in September 2015. This is an 80 per cent increase compared to the same period last year. The situation is most alarming in parts of Unity State, where 30,000 people were estimated to be facing extreme lack of food and other basic needs. The Integrated Phase Classification (IPC) analysis indicates that, if the conflict continues, food availability and access will deteriorate heightening the risk of famine from October to December 2015, particularly in Unity State. In addition, some 304,000 refugees in South Sudan are expected to need food assistance in 2016.

## AFFECTED PEOPLE

Displaced households and people trapped in conflict areas remain worst-affected and are facing alarming food consumption gaps, with some households reducing intake to as little as one meal per day consisting of only fish and water lilies. However, food insecurity is spreading and deepening. Women and the elderly have been particularly impacted by increasing food insecurity, as meals are often given first to children and women bear the burden of foraging for increasingly scarce wild foods in arduous terrain and dangerous conditions.

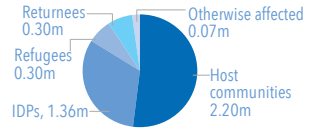
## HUMANITARIAN NEEDS AND DRIVERS

The cumulative effects of conflict, high food prices, erratic rainfall patterns, depleted livelihood options and limited humanitarian access continue to put pressure on households' food security, affecting not only the Greater Upper Nile states, but also extending to traditionally more stable states like Northern Bahr el Ghazal, Lakes, Warrap and the Greater

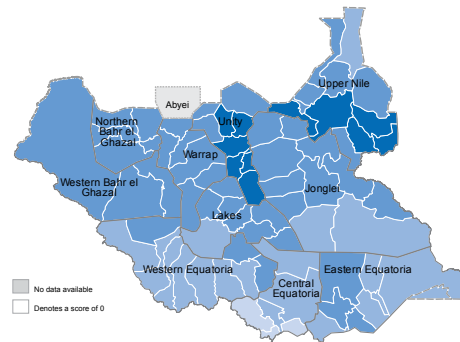
## NO. OF PEOPLE IN NEED

4.23M

## BY STATUS



## SEVERITY MAP

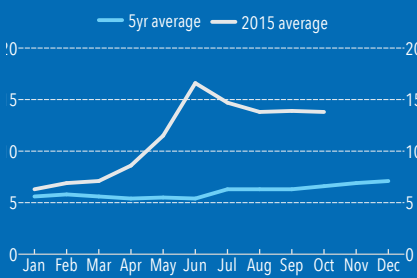


Sources: IPC TWG

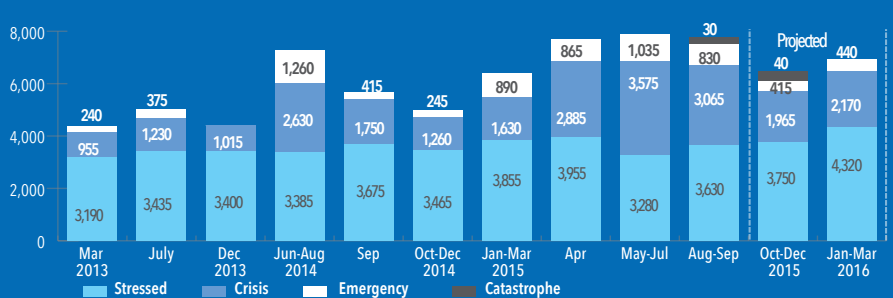
Equatoria . For the first time in the IPC history of South Sudan, large deterioration can be seen in the Greater Equatoria region due to market disruption, economic downturn, insecurity and localized crop failures. The economic downturn has resulted in record high food prices (up to 150 per cent compared to average), which has significantly affected the purchasing power of households, particularly in Greater Bahr el Ghazal and amongst the urban-poor.

Conflict continues to have a profound impact on livelihoods. Multiple shocks, such as loss of livestock due to looting and disease, crop failure and multiple displacement, have left people with no choice but to rely on wild food and/or humanitarian assistance.

## TREND FOOD PRICES



## FOOD INSECURITY 2013-2016<sup>15</sup>



# HEALTH

## OVERVIEW

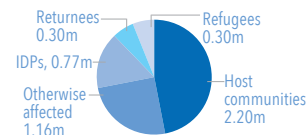


An estimated 4.42 million people are in need of emergency healthcare, including those who have no access to healthcare due to the combination of conflict, economic downturn, drug shortages, lack of funding for health infrastructure and health workers, and inadequate vaccination coverage. In addition, some 304,000 refugees are expected to need health assistance in 2016.

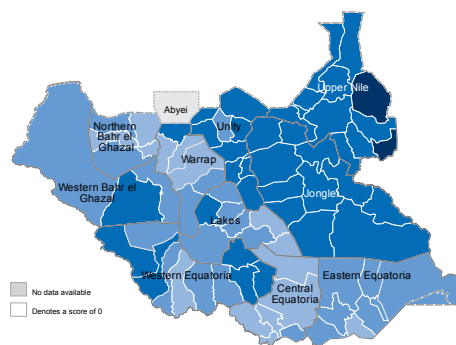
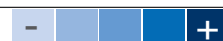
## NO. OF PEOPLE IN NEED

**4.73M**

## BY STATUS



## SEVERITY MAP



Source: Health cluster

## AFFECTED PEOPLE

Displaced people face the greatest challenges accessing healthcare, particularly in Unity, Upper Nile, Jonglei, Warrap and Western Bahr Ghazal states. Reproductive health and psychosocial services are limited. Women are at risk of dying during childbirth. There are only 12 trained midwives, one anaesthetist and one obstetrician/gynaecologist per 200,000 people in South Sudan. There are no paediatricians in South Sudan.

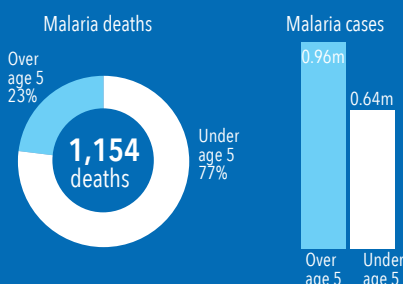
## HUMANITARIAN NEEDS AND DRIVERS

The conflict has compounded an already dire health situation and caused a major public health crisis disrupting essential primary and secondary health care services. Prior to the current crisis, South Sudan had shocking health indicators, including the maternal mortality rate (2,054/100,000 live-births), neonatal mortality rate (43/1,000), infant mortality rate (83/1,000) and under-five mortality rate (106/1,000). Health facilities have been attacked, damaged and looted. As of September 2015, some 55 per cent of the health facilities in Unity State, Upper Nile State and Jonglei were no longer functioning. In Unity, more than 1 million people access one single county hospital. Vaccination, malnutrition screening and antenatal care have been interrupted, while surgery and referral services are limited or non-existent, as are services to manage HIV, TB and mental health. Stock-outs of essential medicines

are likely to exacerbate the already critical situation.

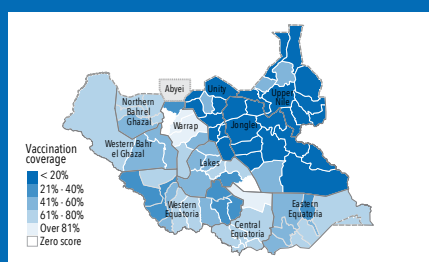
Communicable diseases are a concern throughout the country due to poor sanitation, lack of access to safe water and crowded living conditions. There has been a notable upsurge in the scale and frequency of outbreaks of epidemic prone diseases, especially in displacement sites where malnutrition and poor immunity renders young children and pregnant women particularly vulnerable. Conflict, displacement and lack of access have frustrated efforts to ensure vaccination coverage: only six out of South Sudan's 79 counties having the requisite minimum 80 per cent measles vaccination coverage and 26 counties with less than 20 per cent coverage, mostly in the Greater Upper Nile. An estimated 400,000 children under age 5 remain at risk of contracting the disease.

## MALARIA CASES BY AGE (2015)



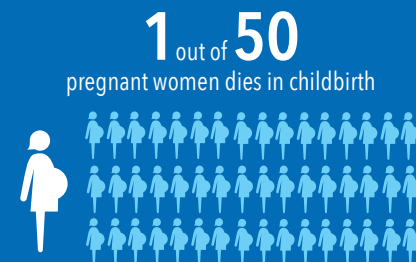
Source: WHO, Oct 2015

## HEALTH VACCINATION COVERAGE



Source: IOM/DTM, Nov 2015

## MATERNAL MORTALITY RATES



Source: WHO, 2008

# NUTRITION

## OVERVIEW



The nutrition situation remains precarious, with more than 1 million people acutely malnourished. Nearly 686,300 children under age 5 are acutely malnourished, including more than 231,300 severely malnourished children and more than 454,900 moderately malnourished children. More than 312,200 malnourished pregnant and lactating women require assistance countrywide, and 3,900 elderly IDPs in PoCs are estimated to be moderately malnourished. In addition, some 304,000 refugees are expected to need nutritional assistance in 2016.

## AFFECTED PEOPLE

Acute malnutrition mostly affects children under age 5 and women, as well as other vulnerable groups including the elderly and HIV and TB patients. The conflict-affected states in the Greater Upper Nile) and states with chronic malnutrition rates, including Warrap and Northern Bal el Gazal, continue to have the highest malnutrition burden. However, there has been an increase in GAM rates in Lakes, Eastern Equatoria and Western Equatoria.

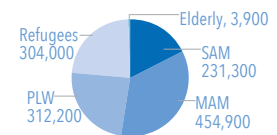
## HUMANITARIAN NEEDS AND DRIVERS

The overall nutrition situation remains Critical, with GAM prevalence above the Emergency threshold (GAM >15%) in Jonglei, Unity and Upper Nile States. Out of 50 counties surveyed in 2015, 33 had GAM rates deemed to be critical (above 15 per cent), including two counties in Unity (Mayom and Rubkona, which hosts Bentiu PoC) where GAM rates were above the Catastrophe threshold (>30%). It is anticipated that the situation in the counties of origin of people arriving in Bentiu PoC is worse. The continued increase in malnutrition has been driven by rising food insecurity, increasing spread of endemic diseases (Malaria,

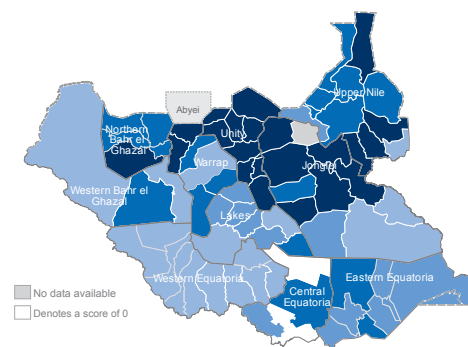
## NO. OF PEOPLE IN NEED

1.30M<sup>16</sup>

## BY STATUS



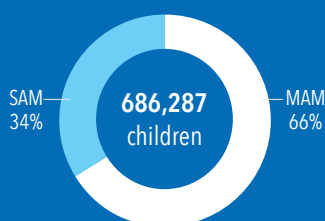
## SEVERITY MAP



Source: Nutrition cluster

AWD, ARI, measles, worms, etc.), limited access to safe water and sanitation, and declining availability of health and nutrition services, especially in states affected by conflict. The resumption of conflict in April 2015 led to the closure of 80 outpatient therapeutic programme and 91 therapeutic supplementary feeding programme sites between April and June, cutting access to treatment for 5,624 SAM and 17,455 MAM children. Acute malnutrition is a life threatening condition that requires urgent treatment. Children suffering from severe acute malnutrition are nine times more likely to die than their healthy peers, while those with moderate acute malnutrition are three times more likely to die. Undernourished children who survive may become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities.

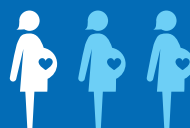
## GLOBAL ACUTE MALNUTRITION



Source: Nutrition cluster, Oct 2015

## PLW MALNUTRITION

1 out of 3 pregnant or lactating mothers are malnourished



## CHILD MALNUTRITION

1 out of 4 children under age 5 is malnourished



# PROTECTION

## OVERVIEW

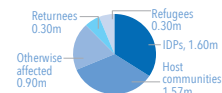


An estimated 4.37 million are in need of protection assistance, including IDPs, unaccompanied and separated children, survivors of gender-based violence and people living in Counties frequently affected by violent incidents. In addition, some 304,000 refugees are expected to need protection in 2016.

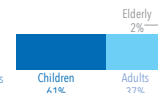
## NO. OF PEOPLE IN NEED

4.68M

## BY STATUS



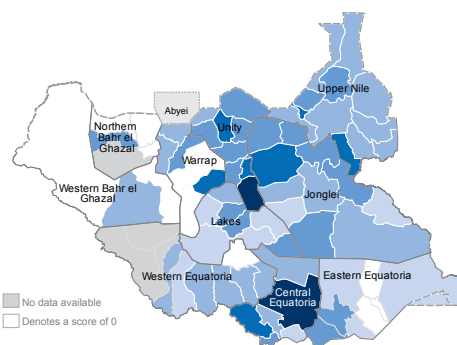
## BY AGE



## AFFECTED PEOPLE

Violence and conflict have affected people of all ages, genders and ethnicities. Groups living in areas of active conflict faced particular risks, for example in Leer, Mayendit and Koch counties of Unity State, where an estimated 1,000 people were killed, 1,300 women and girls were raped and 1,600 women and children abducted between April and September 2015.<sup>17</sup> Across the country, there were high levels of sexual violence<sup>18</sup> and boys were forcibly recruited by armed actors. The elderly and infirm face increased risks of being left behind and separated from their families in case of displacement.

## SEVERITY MAP



Sources: CPSC, IOM/DTM, Mine Action, Aclcd data

## HUMANITARIAN NEEDS AND DRIVERS

Targeting of civilians continued throughout 2015 in multiple locations in South Sudan. Ethnically-targeted attacks, sexual violence and other gender-based violence, grave violations of children's rights (notably child recruitment), abduction, family separation, and threats from mines and explosive remnants of war (ERW) all continued to be prevalent and to threaten the lives and livelihoods of civilians. By the second quarter of 2015, there were twice as many reports of children being killed, and almost three times as many reports of sexual assault against children, compared with the entire year of 2014. Around one million children are likely to be suffering from psycho-social distress. Rape and

other forms of sexual violence constituted 25 per cent of cases recorded through Gender-Based Violence Information Management System between April to September 2015. Even in close proximity to the PoC sites, women have been killed or attacked when collecting firewood and food. Thousands of people were forced from their homes in 2015 due to violence and instability. Nearly 110 million square meters of known contamination continue to threaten the safety of communities. Access to protection services is insufficient, including referral pathways for clinical management of rape, leaving people who have survived violence and violations without necessary support.

## GENDER-BASED VIOLENCE

1,300 women and girls were raped and 1,600 women and children were abducted from April to September in Unity State



## SEPARATED CHILDREN

10,000 children have been separated from their families



## CHILD SOLDIERS

15,000 to 16,000 children are currently associated with armed forces or armed groups



# WATER, SANITATION AND HYGIENE

## OVERVIEW

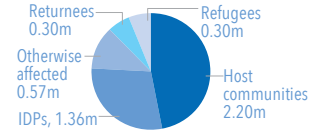


An estimated 4.43 million of the most vulnerable people across South Sudan are in need of support to access safe water and basic sanitation facilities. Most IDPs live in remote rural locations that had limited to no basic services before the crisis, which are now overstretched by the increase in population. In addition, some 304,000 refugees are expected to need WASH support in 2016.

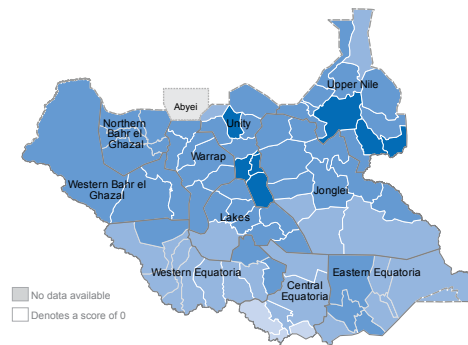
## NO. OF PEOPLE IN NEED

4.73M

## BY STATUS



## SEVERITY MAP



## AFFECTED PEOPLE

IDPs outside PoC sites and in areas that have remained largely inaccessible due to the conflict have the highest WASH needs. These include about 750,000 people that were cut off from access to safe drinking water and food in southern Unity and Upper Nile for more than five months in 2015, as well as people in areas where conflict has erupted more recently, including in the Greater Equatoria. People in PoCs require ongoing WASH assistance to prevent further outbreaks of water-borne and water-related disease, including cholera.

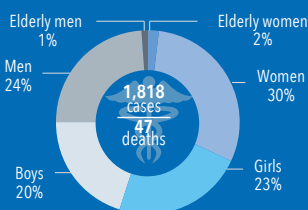
Sources: IOM/DTM, Health and WASH clusters

## HUMANITARIAN NEEDS AND DRIVERS

The protracted conflict in South Sudan has compounded the WASH needs of an already vulnerable population. It is estimated that only 13 per cent of South Sudanese people have access to improved sanitation, while 85 per cent of the population practice open defecation and only 41 per cent have access to safe water. The main drivers of vulnerabilities related to WASH are closely linked to the conflict. In Unity, Upper Nile and Jonglei, the existing WASH services outside PoC sites are inadequate to address the needs of both the displaced and host communities and have been further

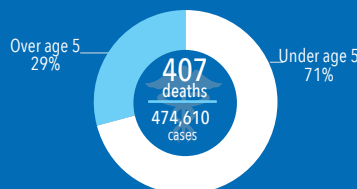
overstretched by new arrivals. WASH infrastructure has been deliberately targeted by armed actors. Other main drivers include natural disasters and lack of services due to chronic under-development that increase pressure on scarce supplies. The lack of WASH investment in urban areas has resulted in a worsening public health crisis leading to yearly occurrences of cholera outbreaks. Over the past year, this trend has been exacerbated by a dramatic rise in the cost of safe water for urban residents. High malnutrition rates are also strongly linked to poor WASH conditions, as exemplified in the diarrhea-malnutrition cycle which is prevalent in vulnerable populations.

## CHOLERA CASES



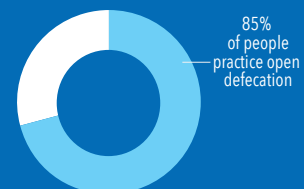
Source: MoH/WHO, Oct 2015

## DIARRHEA FATALITIES



Source: WHO, Oct 2015

## OPEN DEFECTION



## INFORMATION AND INFRASTRUCTURE

### OVERVIEW

South Sudan is one of the most logistically challenging places in the world and has one of the most underdeveloped communications technology infrastructures. The severely under developed and under maintained roads makes 60 per cent of the country inaccessible by road during the rainy season. In a country of approximately 650,000 km<sup>2</sup>, there is only one sealed international road, the 192 km stretch between Juba-Nimule on the Ugandan border. The majority

of river ports are in poor condition, resulting in significant delays with loading and offloading. Since the eruption of the conflict, telecommunications infrastructure has been vandalized and destroyed. The absence of a national communications backbone, the unreliability of the minimal mobile network and the lack of access to conventional power sources creates a challenging starting point for communicating with communities.

### ROADS SITUATION



Source: Logistics cluster, Nov 2015  
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of South Sudan and the Republic of Sudan has not yet been determined. Final status of Abyei region is not yet determined

## METHODOLOGY, INFORMATION GAPS AND ASSESSMENT PLANNING

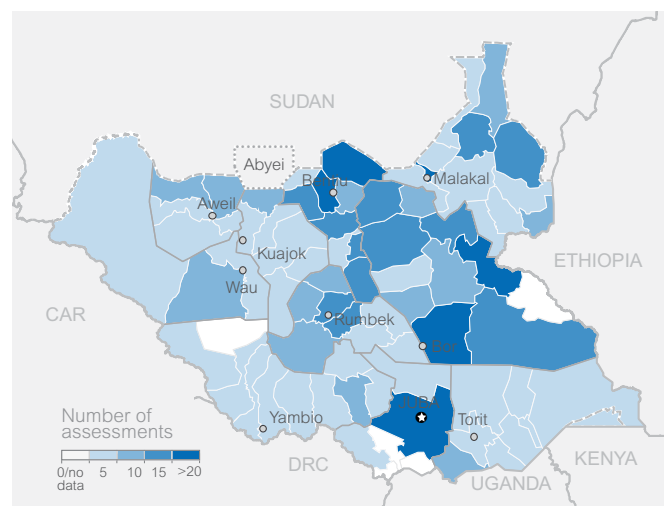
The challenge of providing concrete data in South Sudan is well known. The last census of the area was conducted in 2008 and all population data since that time has been based on projections. The National Bureau of Statistics projected that by mid-2015 the population of South Sudan would be 11.6 million. While these projections may have been partially reliable prior to the conflict, the degree of displacement during the conflict has made it immensely difficult to track the movement of people. At the same time, due to insecurity and logistical constraints, many of the remote locations in which IDPs are sheltering have not been accessible and displacement figures are therefore also rough estimates. The combination of these factors makes it challenging to estimate the number of IDPs and the host community population in any given location. Another challenge generated by the absence of accurate baseline data is the scarcity of sex and age disaggregated data.

For this Humanitarian Needs Overview, partners utilised existing population projections, alongside available information regarding displacement, including the counties of origin of people who have fled the country as refugees and those who have arrived at PoC sites, in order to attempt to determine the number of people in need across the country. It is recognised that there is a wide margin of possible error in these calculations. However, they are the best available at this time.

Given the absence of reliable baseline data, determining the overall number of people in need in South Sudan is challenging. For the purpose of the HNO, a calculation was used which the number of People in Need was calculated by: a) breaking down the number of people in need per cluster at county-level; b) identifying the highest cluster people in need figure per county; and c) adding up the highest cluster people in need figures per county to develop the total. This method of calculation minimizes the risk of duplication as it calculates the number of unique individuals in need, rather than double-counting across clusters.

In order to better reflect the voices of affected people in the HNO, InterNews held 34 listening groups in Bor PoC, Juba (PoCs 1 and 3) and Malakal, as well as radio sessions and SMS feedback in Malakal and Mingkaman. Points made by people during these sessions are reflected throughout the document.

Although the amount of available data improved in 2015,



there continue to be substantial gaps in the humanitarian community's knowledge regarding the needs across the country. In the coming six months, humanitarian partners have committed to working, together with relevant authorities, to further refine population and displacement estimates in order to better determine the location and number of people in need. Humanitarian partners will focus in particular on filling information gaps in areas that have been inaccessible. Humanitarian partners will also focus on improving availability of sex and age disaggregated data.

## END NOTES

- 1 Throughout this document, the term “children” is used to describe those under 18 years of age, in accordance with international legal standards.
- 2 The number of People in Need was calculated by: a) breaking down the number of people in need per sector at county-level; b) identifying the highest sectoral people in need figure per county; and c) adding up the highest sector people in need figures per county to develop the total. This method of calculation minimizes the risk of duplication as it calculates the number of unique individuals in need, rather than double-counting across sectors.
- 3 <http://reliefweb.int/report/south-sudan/50000-and-not-counting-south-sudans-war-dead>
- 4 Source: UNMISS, Note however, that the number of people registered at PoC sites is higher than the official head-count. DTM/IOM registration records show that some 195,500 people are currently registered at the sites.
- 5 UNDP (2015) Perception Survey on Truth, Justice, Reconciliation and Healing in South Sudan.
- 6 <http://www.ssnbs.org/cpi/2015/10/12/consumer-price-index-for-south-sudan-september-2015-1.html>
- 7 <http://www.africaneconomicoutlook.org/en/country-notes/east-africa/south-sudan/>
- 8 [http://www.wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2015/08/11/090224b0830648c3/1\\_0/Rendered/PDF/Alternative0so0ators000poverty0note.pdf](http://www.wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2015/08/11/090224b0830648c3/1_0/Rendered/PDF/Alternative0so0ators000poverty0note.pdf)
- 9 <https://www.oxfam.org/sites/www.oxfam.org/files/media-brief-oi-15-07-10-a-city-exposed-juba-south-sudan.pdf>
- 10 EMIS 2015.
- 11 MRM Briefing Note, October 2015.
- 12 Based on displacement and host community numbers provided by IOM, as well as reports from Education Cluster members and State Focal Points. IOM/DTM IDP Data, September 15, 2015.
- 13 IOM/DTM IDP Data, September 15, 2015.
- 14 Education Cluster State Focal Points report that this is especially the case in Upper Nile counties of Nasir, Wau Shilluk, Maiwut and Longuchuk.
- 15 Numbers expressed in thousands (‘000) Source: IPC
- 16 This figure includes only children under age 5 who are severely or moderately acutely malnourished and pregnant and lactating women, elderly IDPs in PoC sites who are moderately acutely malnourished, and all refugees. In addition to the SAM and MAM caseloads, the cluster notes that the most vulnerable are in need of preventative interventions – including Vitamin A supplementation, deworming, blanket supplementary feeding and infant and young child feeding counselling - to avoid an increase in acute malnutrition.
- 17 South Sudan Protection Cluster, Protection Situation Update: Southern and Central Unity (April-September 2015), 25 September 2015.
- 18 Gender-Based Violence Information Management System data.