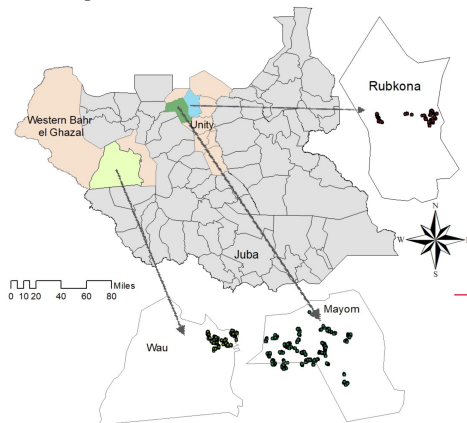


## Multi-Year Emergency (MYE) Activity Impact Evaluation

Baseline Findings from RCT Study, South Sudan, May 2022

USAID/BHA funded a Multi-Year Emergency (MYE) Activity for the period of 2021-2023 with the objectives of mitigating the impact of shocks, preventing the erosion of household assets and livelihoods, and accelerating recovery in South Sudan. To measure the impact of the MYE Activity, we designed a Randomized Control (RCT)-based impact evaluation in which some villages in program areas were assigned to Control (not receiving interventions) and Treatment (receiving interventions). To establish the baseline values, we calculated the values for indicators and presented them below.

### Study Area and Household Profile



**3**  
Counties



**150** Villages  
**76** Treatment  
**74** Control



**3,442**  
Households



Average  
HH size: **11**



Average  
age of HH  
head: **43**



Percent of  
female HH  
heads: **30%**



Percent of HH  
heads with children  
below 2-years  
(6-23  
months old): **47%**



Percent of HH  
heads with no  
schooling: **66%**

### Household sample distribution by county

Wau	Treatment: 484	Control: 369
Rubkona	Treatment: 506	Control: 519
Mayom	Treatment: 780	Control: 784



Percent of HHs that received  
support (food and other  
support) from external  
sources last year: **36%**

### Food Access and Nutrition



Prevalence of  
exclusive breastfeeding  
of children under 6  
months: **43%**



Percent of children  
(6-23 months old)  
receiving a minimum  
acceptable diet: **12%**



Percent of HHs with soap and  
water at hand-  
washing station  
on premises

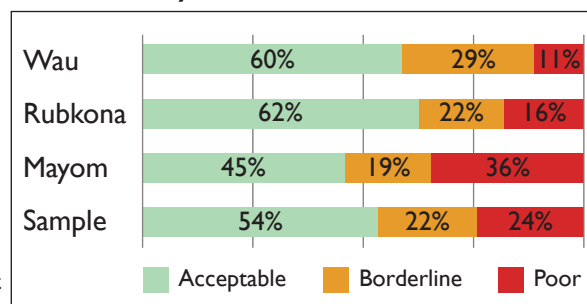
Sample  
**3%**

Wau: **3%**  
Rubkona: **9%**  
Mayom: **0.6%**

**56%** Prevalence of HHs with moderate household hunger scale score

**43%** Prevalence of HHs with severe household hunger scale score

### Food consumption scores (FCS)\* by percentage of HHs surveyed



\*FCS calculation: The FCS is a composite score based on dietary diversity, food frequency and relative nutritional importance of different food groups. The frequency of consumption (in days) is asked over a recall period of 7 days.

Note: No differences were found between control or treatment villages for agriculture and resilience related indicators

## Agriculture and Resilience



Sample **26%**  
 Wau: **5%**  
 Rubkona: **25%**  
 Mayom: **37%**

Percentage of producers who have applied targeted improved crop production practices or technologies



Sample **57%**  
 Wau: **8%**  
 Rubkona: **61%**  
 Mayom: **92%**

Percentage of producers who have applied targeted improved livestock production practices or technologies



Sample **30%**  
 Rubkona: **35%**  
 Wau: **14%**  
 Mayom: **35%**

Percentage of HHs with access to sufficient seed to plant



Sample **1.73**  
 Wau: **1.7**  
 Rubkona: **1.56**  
 Mayom: **1.85**

Average number of HH income sources

**\*Shocks and stresses index:** To calculate this index participants are asked about 1) their ability to meet food needs before and after a shock in the last 12 months and 2) their belief in being able to meet food needs in the next year. Responses to these questions are rated on a scale of 1 to 3 (1=worse, 2=the same, 3=improving). Responses to these questions are then combined into a single index variable with a range from 2 to 6.

**\*\*Bridging/linking social capital index:** To calculate the bridging social capital index participants are asked whether they would be able to get help or give help to various categories of people outside their community. For the linking social capital index, participants are asked whether they know a government official and/NGO leader, how well they know them, and whether they believe the official/leader would help their family or community if help was needed. Using these responses, an index ranging from 0 to 6 is calculated for both bridging and linking social capital.

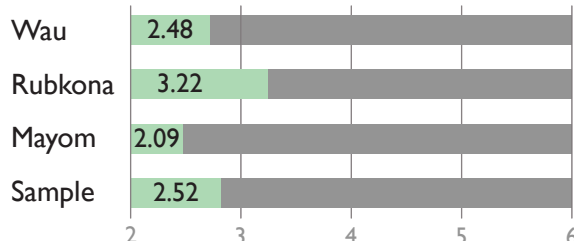


Average number of shocks HHs faced in the last 12 months: **3**

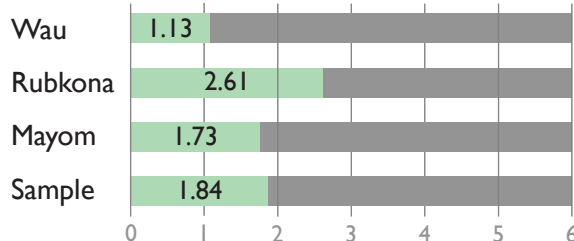


Percent of HHs that believe that the local government will respond effectively to future shocks and stresses **12%**

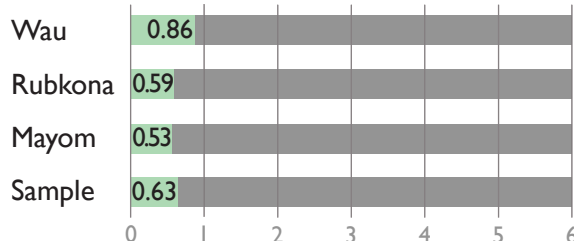
Ability to recover from shocks and stresses index\*



Index of bridging social capital at the HH level\*\*



Index of linking social capital at the HH level\*\*



**Finance and Social Activities**



Sample **9%**

Wau: **2%**  
Rubkona: **21%**  
Mayom: **5%**

Percent of HHs participating in group-based savings, micro-finance or lending programs



Sample **7%**

Wau: **14%**  
Rubkona: **12%**  
Mayom: **0.7%**

Percent of farmers who used financial services (savings, agricultural credit, and/or agricultural insurance) in the past 12 months



**8%**

Percent of **men** in a union who are members of a community group



**5%**

Percent of **women** in a union who are members of a community group



**10%**

Percent of **men** in a union with access to credit



**14%**

Percent of **women** in a union with access to credit



**4%**

Percent of **women** in a union and earning cash who report participating in decisions about the use of self-earned cash

**Peace and Security**



Sample **33%**

Wau: **55%**  
Rubkona: **42%**  
Mayom: **15%**

Percent of respondents who said they interacted with people from a different ethnic group last week



Sample **72%**

Wau: **78%**  
Rubkona: **75%**  
Mayom: **67%**

Percent of respondents who said they interacted with their neighbor last week

Note: No differences were found between control or treatment villages for peace and security related indicators

**Conclusion and Recommendations**

We assessed the baseline situation in the Control and Treatment villages. The results show the Control and Treatment villages are statistically similar for the main socio-demographic variables. This confirms that estimating intervention impacts by comparing the results in Control and Treatment villages will not introduce a bias.

We also estimated the baseline values of various indicators before the implementation of the MYE Activity. Our baseline values for all the indicators show that both Control and Treatment villages are similar before starting the MYE Activity.

Some of these indicators capture dire situations in program areas, especially ongoing hunger and the availability of nutritious foods for infants and children. Addressing these issues is of utmost importance for the concerned authorities.