



IOM DTM's enumerator in Akobo County moving to one of the randomly sampled household ©

INTER-SECTORAL NEEDS ASSESSMENT (ISNA)

Rural Component's Quantitative Assessment Findings Report

Data collected from 1 to 30 September 2022

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TABLE OF CONTENTS

GLOSSARY.....	2
ACRONYMS.....	3
BACKGROUND AND AIMS.....	3
KEY FINDINGS.....	4
METHODOLOGY.....	4
ASSESSMENT FINDINGS.....	5
<i>Demographics</i>	5
<i>Displacement and Mobility</i>	7
<i>Shelter and Non-food Items</i>	9
<i>Health</i>	9
<i>WASH</i>	11
<i>Sanitation Facility</i>	11
<i>Protection</i>	11
<i>Education</i>	14
<i>Accountability to Affected Population</i>	14
APPENDIX.....	15
<i>Methodology</i>	15

GLOSSARY

Household: A household is a group of people living in the same dwelling and share food and other key resources. This may include people who are not part of the family but who are being hosted by the family. If there is any ambiguity, survey respondents will have the final say on who belongs to their household.

Household head: A member of the household who is recognized by other members as the main decision maker regarding food and other resources and major household activities. A household head can be male or female.

Host Community: For this survey, host community are considered South Sudanese people that have never been displaced from their habitual residence since the start of the conflict in South Sudan in December 2013.

Internally Displaced Persons (IDPs): Persons who have been forced to leave their homes or places of habitual residence because of or to avoid 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. There is no time limit on being an IDP, as the status ends when the person is able and willing to return to their original home or makes a free choice to settle in a new location. For this study, persons displaced since the start of the conflict in South Sudan 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 their exact location of their habitual residence, or an adjacent area based on a free decision since 2014. South Sudanese displaced persons having crossed the border into South Sudan from neighboring countries without having reached their home are considered still displaced.

ACRONYMS

AAP:	Accountability to Affected Population
ANC:	Antenatal Care
EA:	Enumeration Area
GBV:	Gender-based Violence
HH:	Households
IDP:	Internally Displaced Person
IOM:	International Organization for Migration
MHPSS:	Mental Health and Psychosocial Support
NBS:	National Bureau of Statistics
NFI:	Non-food Items
OSM:	OpenStreetMap
PPS:	Probability Proportion to Size
PSU:	Primary Sampling Unit
PwD:	People with Disabilities
RRC:	Relief and Rehabilitation Commission
R-ARCSS:	Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan
SSU:	Secondary Sampling Unit
VAS:	IOM's Village Assessment Survey

BACKGROUND AND AIMS

There has been slow progress in the humanitarian situation in South Sudan as a consequence of prolonged conflict, social and political instability, climate-related shocks – such as flooding and erratic rainfall – and economic depreciation. The interrelated hardships continue to adversely impact the humanitarian conditions of civilians in South Sudan, in terms of protection risks, food insecurity, exposure to violence, public health challenges, barriers to services and more. Despite the signing of the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS) in 2018, progress on its implementation has been modest.

Vulnerable people in South Sudan, including people with disabilities (PwD), are more susceptible to the cascading and compounding effects of protracted violence, extreme weather events and poor macro-economic conditions, further aggravating their vulnerabilities.

The overall objective of the 2022 humanitarian Inter-Sectoral Needs Assessment (ISNA) is to collect and analyze data on household needs and vulnerabilities, displacement and migration history, shelter and non-food items (SNFI), water, sanitation and hygiene (WASH), health, education, protection - including gender-based violence (GBV), child protection - humanitarian assistance and social cohesion.

The ISNA aims to fill the information gaps for the 2023 Humanitarian Needs Overview and provide an update to the two-year Humanitarian Response Plan (2022 – 2023). The data collection, conducted between 1 and 30 September 2022, addresses these gaps, while fully respecting accountability to the affected populations and minimizing assessment fatigue.

KEY FINDINGS

- 8,706 HH members participated in the survey, of whom, 53.8 per cent were host community members, 23.9 per cent returnees, and 22.3 per cent IDPs.
- 57.7 per cent of HHs were female-headed and 42.3 per cent male-headed
- 93.4 per cent have at least one child under the age of 18 in their household, 88.5 per cent have at least one child between the ages of 6 and 17, and 85.5 per cent have at least one child aged 5 years or younger.
- 12 per cent have at least one PwD in their HH, of whom 57.8 per cent are women and girls with disabilities and 42.2 per cent are men and boys with disabilities.
- 26.5 per cent of IDPs reported being forcibly displaced, mainly due to natural disasters (33.8%), access to livelihoods (16.8%), and insecurity and communal clashes (12.9% each).
- Main reported factors hindering IDPs from returning include lack of services in area of return (39.1%), home and land destroyed (34%) and lack of means and financial support and lack of livelihoods (29.2% each)
- 72.4 per cent own the plot they currently live in and the most common type of shelter, as reported by 63.2 per cent is a Tukul. 84.5 per cent do not have formal written documentation to prove their occupancy arrangement.
- 76 per cent described the relations between the host community and displaced groups as good.
- 52 per cent have one member in their HH with a health problem and 65.4 per cent reported having a member in their household was unable to access healthcare when needed, mainly due to the unavailability of a nearby functional health facility (34.7%) and unavailability of medicine or treatments (29.4%).
- 19.3 per cent reported that members in their household had to restrict their movement due to insecurity.
- 49.2 per cent are in need of accessing justice mechanisms and 32.7 per cent were unsuccessful; 50.7 per cent are in need of accessing civil documentation and 39.7 per cent were unsuccessful; 59.7 per cent are in need of accessing protection services and 46.4 per cent were unsuccessful.
- 55.3 per cent reported that the main protection concern for girls was early marriage and 35.2 per cent reported that the main protection concern for boys was the need for every HH member to work to meet the family's basic needs.
- 34.5 reported that all primary school-aged children in their household attend school and 44.1 per cent reported having children in their household who dropped out of school.
- 48.1 per cent perceive that they are able to provide feedback and make complaints regarding humanitarian assistance.
- 62.7 per cent reported that members in the household were in need and tried to access humanitarian assistance but were unsuccessful.
- 75.6 per cent reported food assistance as the priority need, followed by healthcare (61%), and shelter (60.5%).

METHODOLOGY

The quantitative assessment of the ISNA rural component is based on household surveys representative at the county level in all 78 counties of all ten states and Abyei Administrative Area, using a multi-sector questionnaire, which has been updated in collaboration with relevant clusters to fill in information gaps relevant to effective humanitarian planning and programming.

Three population groups – host community, internally displaced persons (IDPs) and returnees – participated in the survey. Survey findings are representative at a 90 per cent confidence level with a 10 per cent margin of error at the county level (Admin 2) for the overall population and stratified by population groups (host community, IDPs, and returnees), for a 90 per cent level and 10 per cent margin of error at the State level (Admin 1).

This exercise was coordinated with relevant government agencies, including the Relief and Rehabilitation Commission (RRC) and the National Bureau of Statistics (NBS), to mitigate any potential operational challenges and ensure a high-quality sampling frame reliant on up-to-date enumeration areas (EAs).

The population estimates for the host community were taken from [WorldPop South Sudan's gridded population estimates for the non-displaced population](#) and were adjusted to discount returnee figures. A population growth factor was applied to account for the minimum changes since these non-displaced population estimates were released. The data for population estimates for IDPs and returnees were provided by [Mobility Tracking Round 12](#) which has collected individual and household estimates of IDPs, returnees, and host community on location-level. The presence of populations, population figures and access to sampled areas were validated by field teams undertaking Mobility Tracking Round 13. The exercise collects GPS points for the assessed locations given to the ISNA field teams during data collection, avoiding delays in identifying settlements in an area.

Coordinates are validated and triangulated with data from the One Settlement Initiative, OCHA OpenStreetMap (OSM), IOM’s Village Assessment Survey (VAS) and existing data on urban extents.

The survey used two units of measurements for the final dataset:

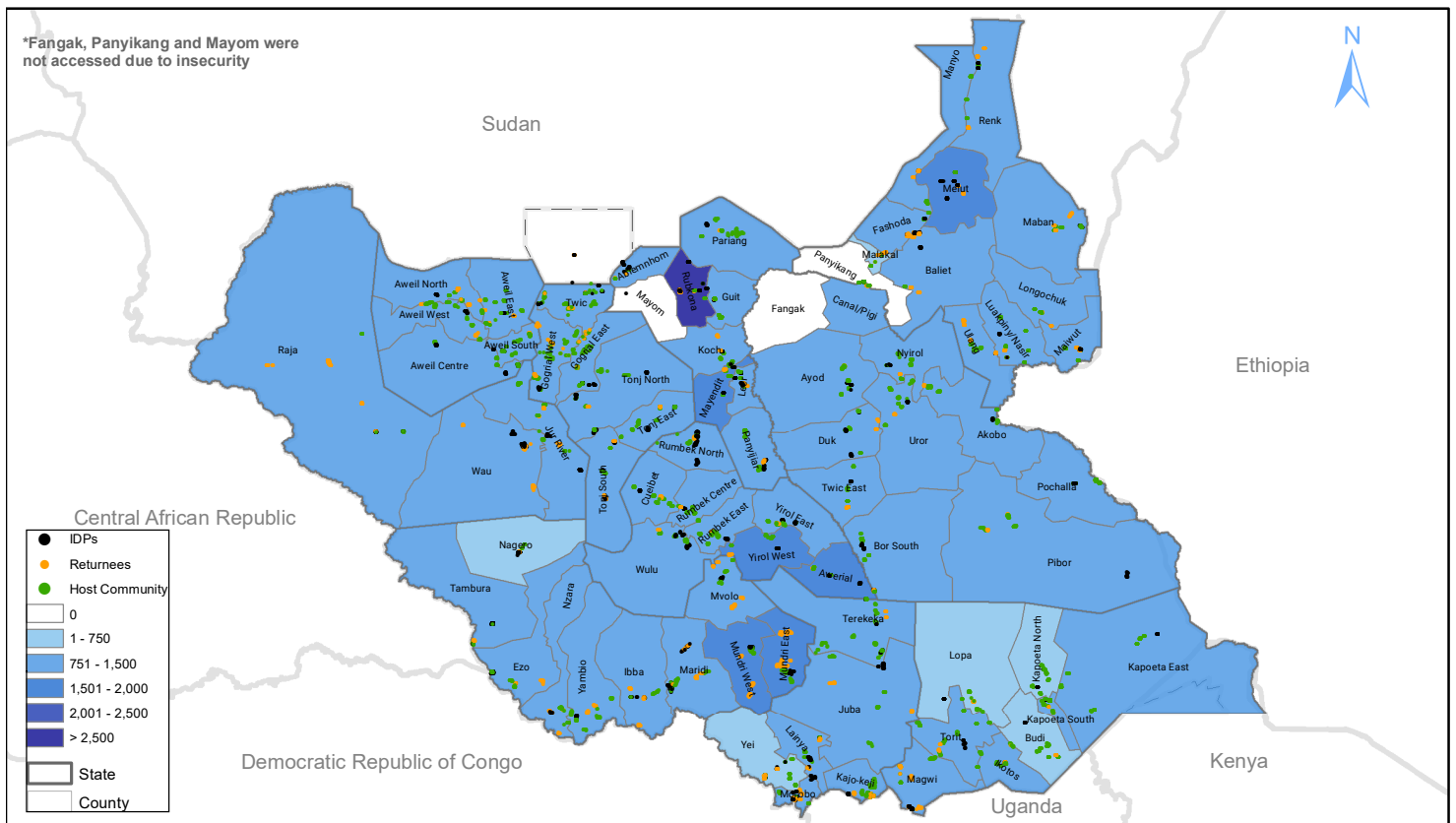
Household: A household is a group of people who live in the same dwelling and share food and other key resources. This may include people who are not of the family but who are being hosted by the family. If there is any ambiguity, survey respondents will have the final say on who belongs to their household.

Stratum: In this assessment, for the rural component, a stratum represents the intersection between a geographic area (i.e., location), population group (i.e., host community, IDP, and returnee), and rural areas.

Limitation and risks while undertaking the quantitative assessment included the rainy season, floods and security concerns became inaccessible, causing delays.

Please see the appendix on page 15 for further information on the methodology used.

Map 1: Distribution of respondents, by the location of data collection, under the Inter-Sectoral Needs Assessment coverage area



Disclaimer: This map is for illustration purpose only. The boundaries and names shown, and the designations used on this map do not imply official endorsement or acceptance by IOM.

ASSESSMENT FINDINGS

DEMOGRAPHICS

Sociodemographic Profile

A total of 8,706 individual household members (hereinafter referred to as ‘the survey respondents’ or ‘respondents’) across South Sudan’s 10 states and Abyei’s administrative area (hereinafter referred to as ‘Abyei’) participated in the assessment. Among the total, 53.8 per cent were host community members, 23.9 per cent were returnees, and 22.3 per cent were IDPs. The reported average household size is 8.7 persons per household. The survey targeted heads of the household, but in their absence, an individual household member answered on their behalf.

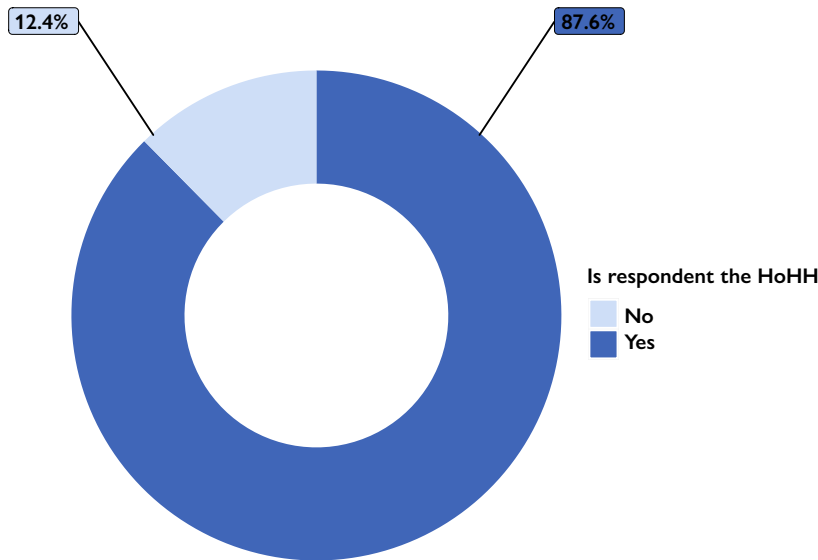
Gender and age disaggregated data revealed that 57.7 per cent of households were female-headed and 42.3 per cent male-headed. A higher-share of female-headed households may indicate that adult men are not present within that household, seeing that women are not usually considered heads of a household even if they are the main economic contributors, unless there are no adult men living in the house.

In seven states and in Abyei Administrative Area, the share of female-headed households was higher than male-headed households (more than 50%). However, the share of female-headed households was less than 50 per cent in three states, namely, Western Equatoria (31.5%), Western Bahr el Ghazal (45.9%), and Central Equatoria (46.2%).

Among all respondents, the average age was 40 years, and the majority (85.8%) were married, while 8.6 per cent were widowed, 4 per cent were single and less than 2 per cent were divorced or separated. Overall, 93.4 per cent of respondents reported having at least one child under the age of 18 in their household, 88.5 per cent reported having at least one child aged 5 years or younger.

Across each state, the highest share of widowed household heads was in Eastern Equatoria State, comprising 15.2 per cent of the state's respondents, and the highest share of single household heads was in Western Equatoria State, comprising 13.1 per cent of the state's respondents.

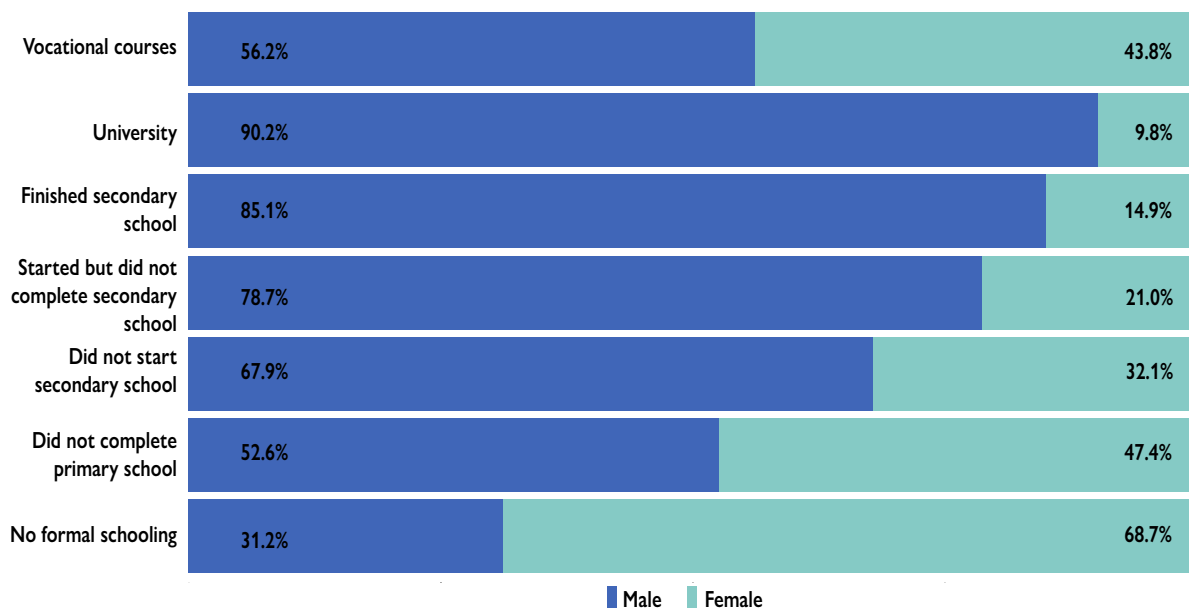
Chart 1: Distribution of respondents by those who reported being Heads of Household (HoHH) (%)



Educational Background

A large share of respondents, or 65 per cent, did not receive formal education. Across each state, the highest shares of respondents who reported not receiving any formal education were in Lakes, Unity, and Upper Nile States (85.1% and 79.3% of the state's respondents each). The survey findings show that respondents lacked access to education, with 19.2 per cent reporting having started but did not complete primary school, 6.2 per cent completed primary school, 3.6 per cent started but did not complete secondary school, 3.8 per cent completed secondary school, less than 1 per cent have a university degree, 0.4 per cent received vocational training, and less than 1 per cent either do not know or prefer not to answer.

Chart 2: Reported education background of respondents (%)



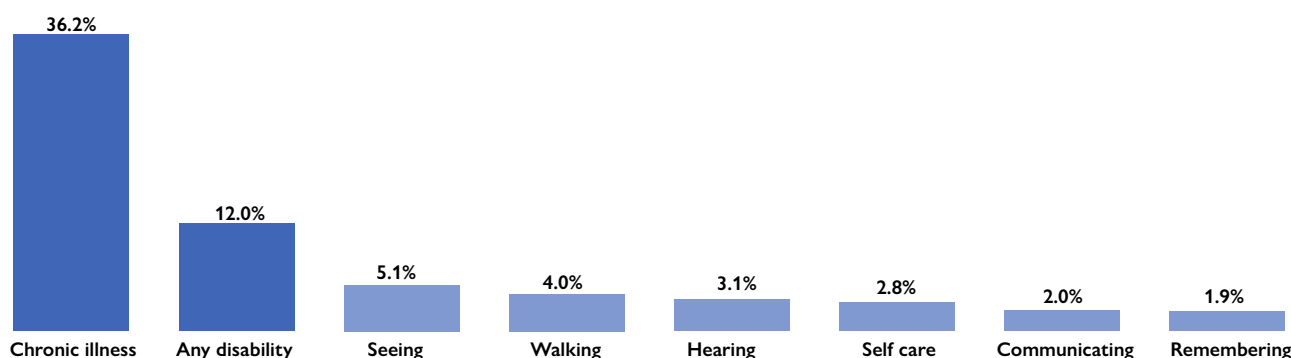
People With Disabilities (PwD)

Survey findings show that 12 per cent of households have a member who has at least one disability that limits their functionality, according to the Washington Group Questions which ask respondents about the difficulties they have while doing certain activities due to a disability. Among those who reported having a member in their household with at least one disability (12%), female members accounted for 57.8 per cent of people with disabilities (PwDs), and male members accounted for 42.2 per cent of PwDs. Around 3 per cent of households reported having at least one child with disabilities.

When comparing survey findings across each state, the highest shares of PwDs were in Warrap State (16.7% of the state's respondents), Jonglei State (15.6% of the state's respondents), and Upper Nile State (14.9% of the state's respondents). The most prevalent form of disability was reported to be in the functional domain of seeing, as reported by 5.1 per cent of the total survey respondents, followed by difficulties in walking or climbing steps (4%), hearing (3.1%), self-care (2.8%), communication (2%), and cognition (1.9%).

Survey findings show that 36.2 per cent of households have a member who has a chronic illness or illness that has lasted longer than three months, of whom 59.2 per cent are female members and 41.1 per cent are male members. The top three states with the highest shares of households reporting a member with a chronic illness or illness are Jonglei State (46.3%), Unity State (39.1%), and Upper Nile State (38.1%).

Chart 3: Distribution of people with disabilities by their reported disability (%)



Safety and Security

Overall, 14.6 per cent of the total respondents reported that members in their households have been affected by a safety or security incident in the last thirty days, of whom 62.7 per cent were female members, and 37.3 per cent were male members. The share of female household members who reported experiencing a safety or security incident is higher than the share of males is likely due to women and girls being highly prone to domestic and sexual violence and subject to heightened protection risks.

Across each state, the highest share of household members who reported being affected by a safety or security incident in the last 30 days was in Jonglei State, accounting for one quarter (24.9%) of the state's respondents.

Whereas, the highest share of respondents who answered no when asked if members of their households have been affected by a safety or security incident was in Warrap State, accounting for 95.2 per cent of the state's respondents (where only 4.8% answered yes). This may likely indicate that among all states, Jonglei is relatively the least safe and secure state while Warrap is the safest and most secure.

DISPLACEMENT AND MOBILITY

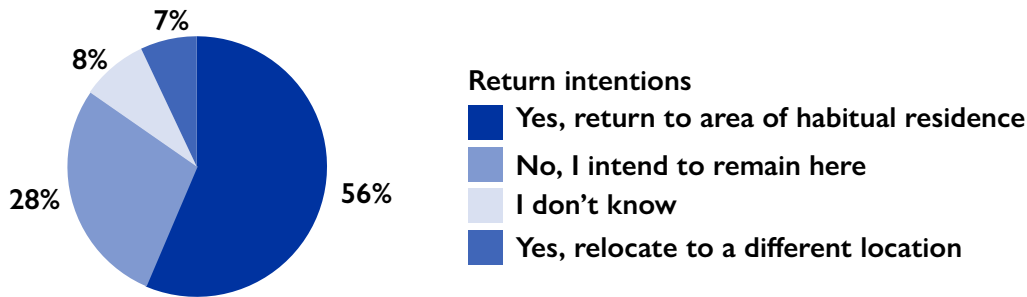
Displacement Trends, Intentions and Perceptions

IDPs (23.9%) and returnees (22.3%) comprised of 46.2 per cent of survey respondents. When IDPs and returnees were asked if their households had been forcibly displaced to their current locations, among the 46.2 per cent, 53.3 per cent reported being forcibly displaced, while 46 per cent answered no, and less than 1 per cent preferred not to answer.

Among those who reported being forcibly displaced to their current locations (53.3%), the top reason for their latest displacement was loss of their shelters due to natural disasters (33.8%). Other top reasons included armed conflict interrupted their access to livelihoods (16.8%), insecurity as a result of armed conflict (12.9%), communal clashes including cattle raids (12.9%), natural disasters interrupted their access to livelihoods (5.7%), among other reasons (18.1%).

When IDPs who reported being forcibly displaced (26.5%) were asked whether they intend to return to their habitual residence, or relocate to a different location within the next two years, 56 per cent reported their intentions to return to their habitual residence (58.6% females, and 39.4% males). Whereas, 28% per cent reported their intention to remain in their current locations (60.6% females, and 39.4% males), 8 per cent did not know and 7 per cent preferred not to answer. Among the IDPs who reported their intention to return to their habitual residence, 21.3 per cent reported that they intend to do so within the next 4 to 6 months, whereas 19.9 per cent did not know, 17.8 per cent within 1 to 3 months, 15.6 per cent in more than 12 months, 13.7 per cent in less than 1 month, 11.4 per cent within 7 to 12 months, and 0.3 per cent preferred not to answer.

Chart 4: Showing reported intentions of Internally Displaced People (%)



The main reported barriers preventing IDPs from returning to their areas of habitual residence prior to displacement (area of return) include lack of services in area of return (39.1%), home and land have been destroyed (34%), lack of means and lack of financial support (29.2%), lack of livelihoods (29.2%) and insecurity and conflict in area of return (26.3%).

Those who reported not being forcibly displaced (46%) were asked if their households had voluntarily returned / relocated to their current location after being displaced within South Sudan or abroad. Around 43.6 per cent returned or relocated from within South Sudan, while 17.5 per cent returned from abroad, and 38.7 per cent reported neither, while 0.2 per cent preferred not to answer.

Among the 38.7 per cent of respondents who reported neither (did not return / relocate from within South Sudan or abroad), 7.5 per cent reported that their households voluntarily migrated to their current locations from within South Sudan or from abroad and 92.5 per cent answered neither (did not voluntarily migrate from within South Sudan or abroad), suggesting that this is their first displacement.

Of those respondents who returned or relocated from within South Sudan (43.6%) or from abroad (17.5%) 67.2 per cent reported being satisfied with their decision to return, 29.2 per cent are not satisfied but will remain in their current locations, 2.9 per cent regret their decision and intend to relocate elsewhere and less than 1 per cent do not know.

Among those who reported that their households voluntarily migrated to their current locations either from within South Sudan or from abroad, the top reported reasons for their migration include, education opportunities (17.5%), conflict and targeted violence (13.2%), food insecurity (13.2%), livelihood opportunities (10.5%), among other reasons (45.6%).

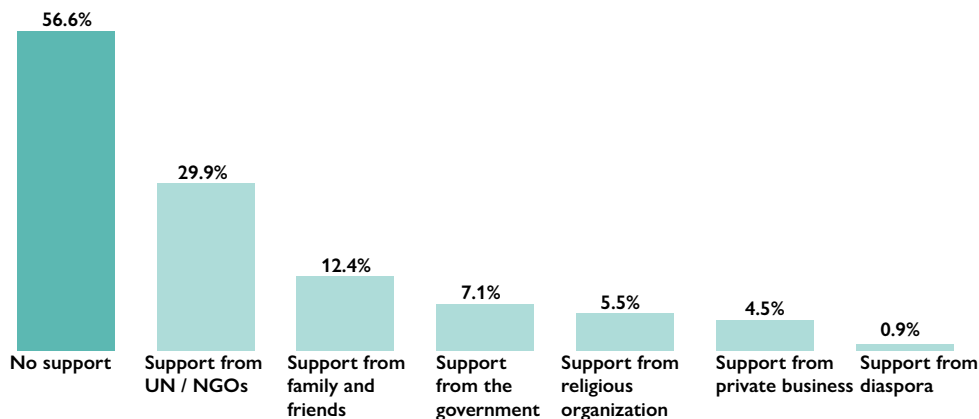
Around 27.3 per cent of the households interviewed, are hosting IDPs and / or returnees / relocated persons and or children. Some 19.2 per cent of respondents reported that their households are hosting IDPs, 14.4 per cent are hosting returnees or relocated persons, and 16.1 per cent are hosting separated children.

Among those households (27.3%) hosting IDPs and / or returnees / relocated persons and / or children, 62.4 per cent have members of their families living abroad, most of whom are children (81.3%). The top reasons why some members of the family are living elsewhere are searching for employment opportunities (32.3%), education (24.9%), conflict and targeted violence (11.8%), food insecurity (6.3%), among others (24.7%).

However, seeing that children comprised the largest share of family are living elsewhere, the reasons were relating to education opportunities (48.4%), marriage (43.2%), searching for employment opportunities (27.5%), visiting family or friends (22%), sent to live with relatives (12.9%), and joining the army (10.7%).

Within those households that have members of their family living abroad, 29.4 per cent reported to have children in their households who engage in local employment opportunities. This may suggest that these households are struggling with access to livelihoods, considering that they have family members who live elsewhere mainly to search for employment opportunities, and 29.4 per cent have children in their households who are engaging in local employment.

Chart 5: Showing organizations providing support for returns



SHELTER AND NON-FOOD ITEMS (NFIs)

Shelter and Non-Food Items

The majority of survey respondents (72.4%) reported that they own the plot they are currently living in, while 11.8 per cent reported that they are hosted by someone at no cost, 7.2 per cent reported that their current shelter is owned by relatives, 3.4 per cent are renting the property, 3.4 per cent do not pay rent and do not know the owners of the plot, 1.1 per cent reported that their employer is providing their shelter, and less than 1 per cent preferred not to answer.

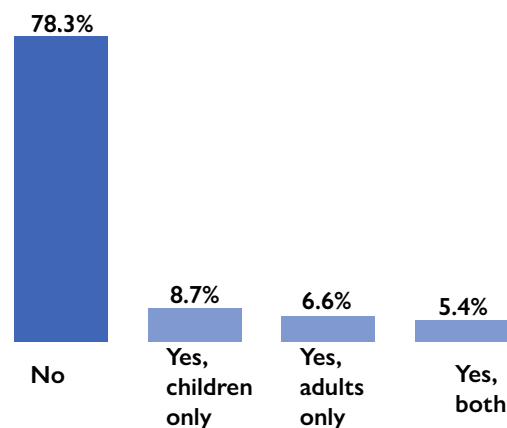
Almost two thirds (63.2%) of survey respondents reported that the type of shelter their household currently resides in is a Tukul, followed by Rakooba (25.1%). Smaller shares of respondents reported that they are living in improvised shelters mostly made of plastic sheets (3.6%), or in communal shelters shared by several households (3.2%), or in semi-permanent or permanent concrete buildings (1.9%), and around 1.4 per cent reported that they do not live in any shelter and sleep in the open, while the remaining 1.5 per cent reported other types of shelter such as community buildings (churches, schools) and emergency or transitional shelters provided by the UN or NGOs.

Across each state, the highest shares of respondents who reported not having any shelter and sleeping in the open were (1.4%) in Upper Nile State, comprising of 2.7 per cent of the state's respondents, and Northern Bahr el Ghazal, comprising of 2.2 per cent of the state's respondents.

Female members accounted for three quarters (75.8%) of respondents reported not having a shelter and sleeping in the open (1.4%), while male members accounted for one quarter (24.2%). Gender-based violence (GBV) remains a threat across the country, women and girls are especially exposed to protection risks and exploitation.

The most common non-food items households reported to have at home are blankets, mosquito nets (61.4% each) and sleeping mats (54.9%), followed by kitchen kits (40.2%), plastic sheets (29.5%) and solar lamps (11.1%).

Chart 6: Showing if support is available



Relations between host community members and displaced groups

When survey respondents were asked to describe the relations between the host community and displaced groups in the settlements they currently live in, the majority, or 76 per cent, described it as good, reporting that there are significant daily social and economic interactions, sharing of assistance and resources, and no conflict in communal areas. Around 12 per cent described it as neutral and 6 per cent as poor, reporting frequent conflict or threats of conflict in communal areas and limited or no sharing of assistance and resources. Around 4.5 per cent reported that there are no IDPs and / or returnees / host community members in their settlement, and the remaining 1.5 per cent preferred not to answer.

HEALTH

Over half (52%) of survey respondents reported having household members with a health problem and needs healthcare, of whom 32.6 per cent reported that they sought healthcare in government hospitals, government health centers (25.6%), NGO hospitals (10.3%), NGO clinics (6.4%), among others (17.4%), such as private clinics / hospitals, traditional healers and pharmacies, while 7.8 per cent reported not seeking healthcare.

Almost one third of respondents (65.4%) reported that a member in their household was unable to access healthcare when needed, of whom 57.2 per cent were female members and 42.8 per cent were male members. Across each state, the highest shares of respondents who reported that a member in their household was unable to access healthcare when needed were in Jonglei, Upper Nile, and Central Equatoria states (78%, 72.5% and 71.2% of each state's respondents respectively).

The main barriers preventing those members in the household (65.4%) from accessing healthcare include the unavailability of a nearby functioning health facility, as reported by 34.7 per cent of respondents, unavailability of specific medicine or treatments (29.4%), long wait times to receive services (19.3%), long distance to health facility (15.4%), health services are only available on certain days (13.3%) and unable to afford the cost of treatment (11.8%).

Around 39.7 per cent of respondents who have had at least one pregnant woman in their household on the last two years since the survey was conducted, reported that the pregnant woman was successfully able to access antenatal care (ANC), whereas, 47.5 per cent reported that the pregnant women in their household did not try to access ANC but 6.1 per cent reported that at least one pregnant woman in their household tried access ANC but ANC services are not available in their location.

When survey respondents were asked how long it takes any household members to reach the nearest functional health facility, 29 per cent reported in one to two hours, 24 per cent reported in 30 minutes to one hour, 20 per cent reported in more than two hours, 14 per cent in 15 to 30 minutes, 11.2 per cent in less than 15 minutes and 1 per cent did not know. For those who require one hour or more to reach the nearest functional health facility, 56.0 per cent are female members and 43.8 per cent are male members.

Out of the total survey respondents, 36 per cent reported that their household experienced the passing away of a child five years of age or younger, of whom 58.3 per cent were boys and 41.7 per cent were girls. Upper Nile State accounted for the largest share of reported child mortality, accounting for 20.4 per cent, followed by Jonglei (14.1%), Unity (10.8%), Western Equatoria (10.0%), Eastern Equatoria (9.5%), Abyei (8.1%), Warrap (6.3%), Lakes and Western Bahr el Ghazal (5.8% each), Northern Bahr el Ghazal (5%), and Central Equatoria (4.3%).

Among household with children five years of age or younger (85.5%), 79.4 per cent reported that children have been vaccinated, of whom 78 per cent received the Polio vaccine and 64 per cent received the Tuberculosis vaccine. The most common places children received vaccinations at were in primary health centers (44%), house to house teams (41.3%), government hospital (40.2%), and NGO clinic (18.4%).

Whereas, 20.6 per cent of households with children five years of age or younger reported that children have not been vaccinated, mainly due to the unavailability of vaccines (19%), and the long wait times for the vaccination services at health facilities (10.2%). Across each state, the highest shares of respondents who reported that children five years of age or younger have not been vaccinated (20.6%), were in Jonglei, Upper Nile, and Unity states (30.1%, 29.2% and 27.8% of each state's respondents, respectively).

Chart 7: Main reported barriers to accessing health services (%)

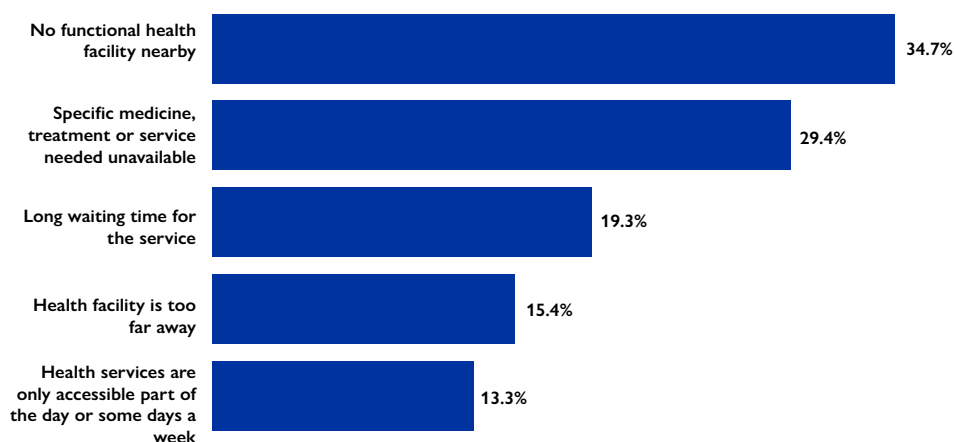
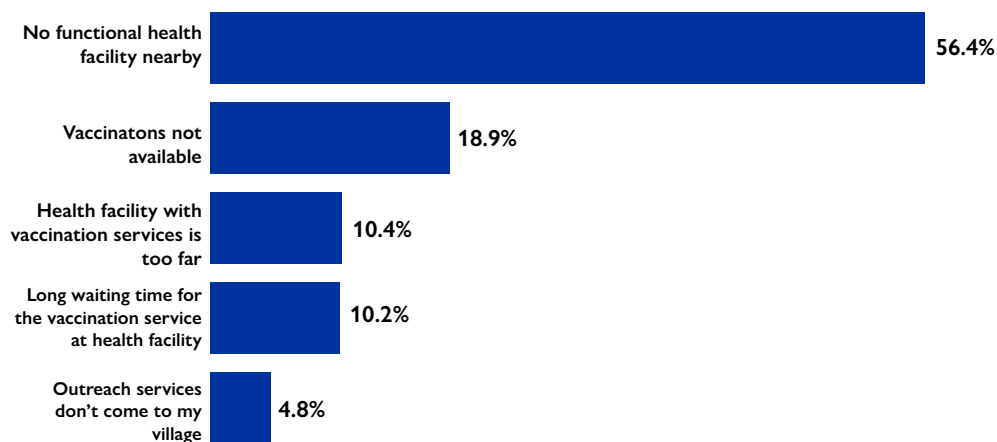


Chart 8: Main reported barriers to accessing vaccination services (%)



WASH

Drinking Water

Almost half of the survey respondents (49.4%) reported boreholes or protected wells as their main source of drinking water, followed by shallow wells, rivers or ponds (31.8%). Smaller shares included rainwater (7.3%), public tap serving more than five households (5.2%), tap stand serving more than five households (3.9%), among other sources (2.4%).

The majority of respondents (71.3%) reported that they do not follow any water treatment methods before drinking water, whereas, 14 per cent reported that they boil the water, 12.6 per cent use chlorine tablets, 1.1 per cent reported other methods and 1 per cent preferred not to answer.

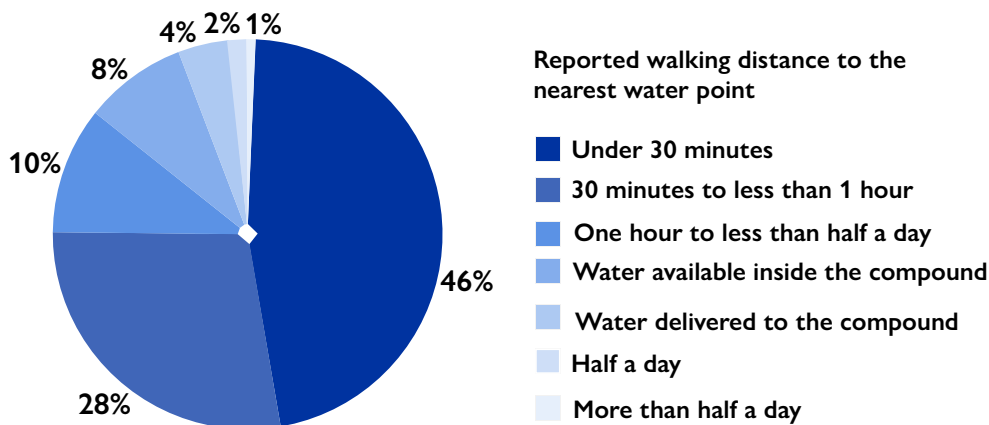
Around 46.5 per cent of respondents reported that it takes them less than 30 minutes to reach their main water source, 27.8 per cent require less than one hour and 10.5 per cent require one hour to less than half a day. Whereas 8.5 per cent reported that water is available inside their compound and 4.2 per cent reported that water is delivered to their compound. Around 2.4 per cent reported that it takes them between half a day or more.

On average, each household has around 2.7 containers for storage and to collect water, wherein households in Northern Bahr el Ghazal have the highest average number, accounting for 3.8 containers per household, and Warrap the lowest, accounting for 1.8 containers per household.

When survey respondents were asked if members in their household have felt unsafe while collecting water from their main water source, 19.4 per cent answered yes, of whom 57.6 per cent were female members and 42.3 per cent were male members.

Across each state, the highest shares of respondents who reported that a member in their household felt unsafe while collecting water from their main water source in Jonglei, Upper Nile and Northern Bahr el Ghazal states (28%, 26.6% and 21.9% each state's respondents, respectively).

Chart 9: Showing distance to water point



SANITATION FACILITY

Half of the respondents (51.4%) reported that their household members defecate in the open, of whom 61.7 per cent were female members and 38.3 per cent were male members. Around 20 per cent reported that they defecate in an open hole, 14.4 per cent in a pit latrine without a slab or platform, 8.2 in a pit latrine with a slab or platform and 5.7 per cent reported other methods, such as a flush or hanging or bucket latrines or plastic bags.

The majority of households with children under the age of five years, reported that children defecate in the open (81.3%), while smaller shares use household latrines (9%), shared (6.4%), or communal (2.1%) latrines and 1.1 per cent reported other methods.

Across each state, the highest shares of respondents who reported that household members defecate in the open were in Warrap State, accounting for 79.5 per cent of the state's respondents, and in Northern Bahr el Ghazal State, accounting for 72.5 per cent of the state's respondents.

PROTECTION

Movement Restrictions

Owing to the insecure environment, 19.3 per cent of the survey respondents reported that members in their household had to restrict their movement, of whom, 61 per cent were female members and 39 per cent were male members.

Across each state, the highest shares of respondents who reported that members in their household had to restrict their movement due to insecurity concerns were in Jonglei State, accounting for 36.8 per cent of the state's respondents, and Upper Nile, accounting for 30.7 per cent of the state's respondents.

The main reported reasons respondents were restricting their movement due to insecurity include death or injury as a result of violence, as reported by 52 per cent, followed by kidnapping (42.6%), sexual violence (40.5%), lack of identity documentation (11.7%), and checkpoints (10.6%).

Among respondents who reported restricting their movement due to death or injury due to insecurity or intercommunal violence (52%), female members accounted for 62.3 per cent while male members accounted for 37.4 per cent. The top states where respondents reported restricting their movement due to death or injury were in Jonglei, Eastern Equatoria, and Unity states (33.7%, 16.7%, and 14.5% of each state's respondents, respectively).

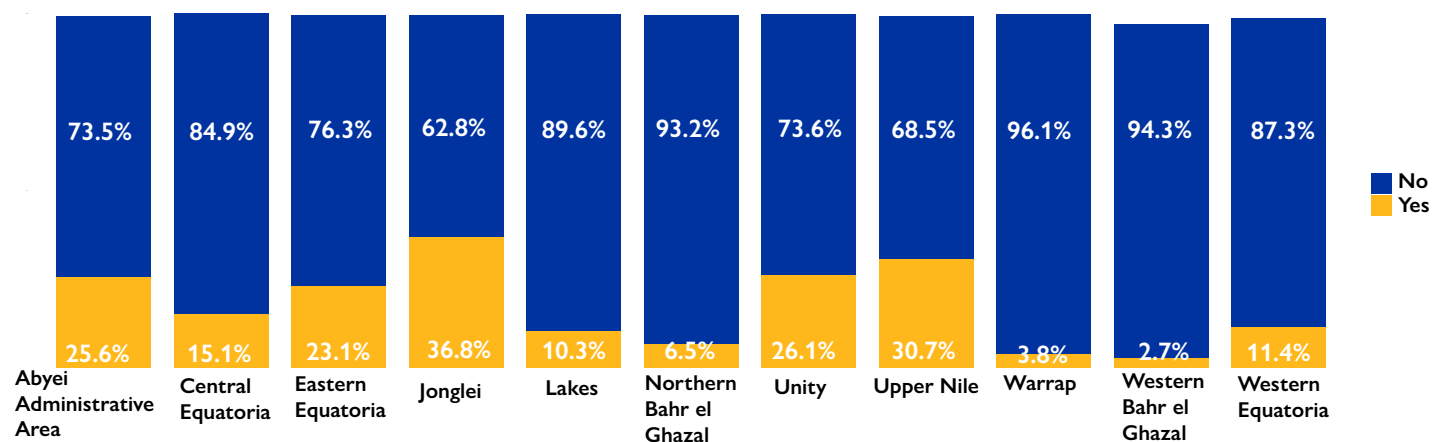
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As for respondents who reported restricting their movement due to kidnapping (42.6%), female members accounted for 60.3 per cent while male members accounted for 39.8 per cent. The top states where respondents reported restricting their movement due to kidnapping were in Jonglei, Upper Nile, and Eastern Equatoria states (28.3%, 25.7% and 13.3% of each state's respondents, respectively).

Among respondents who reported restricting their movement due to sexual violence, female members accounted for 61 per cent while male members accounted for 39 per cent. The top states where respondents reported restricting their movement due to sexual violence were in Upper Nile, Eastern Equatoria, and Unity states (20.8%, 17.9% and 15.4% of each state's respondents, respectively).

Chart 10: Distribution of respondents per state, by movement restrictions (%)



Access to Justice Mechanisms

When survey respondents were asked if household members needed to access justice mechanisms and 49.2 per cent responded yes. However, 32.7 per cent were unable to access formal justice mechanisms, but 16.6 per cent reported accessing customary or informal justice mechanisms.

Across each state, the highest shares of respondents who reported needing access to justice mechanisms but formal mechanisms were unavailable, were in Western Equatoria State, accounting for 38.2 per cent of its respondents, and Lakes State, accounting for 37.1 per cent of its respondents.

Civil Documentation

Overall, half of the survey respondents (50.7%) reported that members in their household were in need of accessing documentation, however, only 11 per cent of whom were able to successfully do so. The remaining 39.7 per cent were unsuccessful, of whom 52.5 per cent were host community members, 25.4 per cent were returnees and 22.2 per cent were IDPs.

Among respondents who reported having household members in need of accessing civil documentation (50.7%), the most common types were national identification (61.0%), birth certificates (56.4%), and passports (21.5%).

Access to Protection Services

Around 59.1 per cent of the survey respondents reported that they were in need of and tried to access protection services, of whom 46.4 per cent were unsuccessful in doing so and 12.7 per cent were successful in accessing protection services.

The majority of respondents (68%) reported that protection services were unavailable, however, 13.6 per cent reported that mental health and psychosocial support (MHPSS) services were available, in addition to the availability of livelihood services for women and girls (11.3%), treatments relating to gender-based violence (10.9%) and legal aid services (9.5%).

Safety and Security Concerns for Children

The main reported safety and security concerns for boys (under 18 years), as reported by the survey respondents, include the need for every household member to work to meet the family's basic needs (35.2%), child recruitment by armed forces (33.9%), early marriage (29.5%), sexual violence against children (19.4%), abduction of children (19.2%), child-headed households (19.2%) and killing or maiming of children (16.5%). Child recruitment by armed forces, as a protection risk for girls, was most prevalent in Warrap, according to 62 per cent of the state's respondents, followed by Upper Nile and Abyei (44.7% and 43.7%, respectively).

The order of the safety and security concerns for girls (under 18 years) was different, wherein early marriage was the most reported concern among survey respondents, accounting for 55.3 per cent. Other concerns include sexual violence against children (40.7%), the need for every household member to work to meet the family's basic needs (32.5%), child recruitment by armed forces (17.2%), child-headed households (16.5%), and killing or maiming children (10%). Early marriage, as a protection risk for girls, was most prevalent in Warrap State, according to 81.4 per cent of the state's respondents, followed by Central Equatoria and Lakes states (62.5% and 60.9%, respectively).

Chart 11: Main reported safety concerns for boys (%)

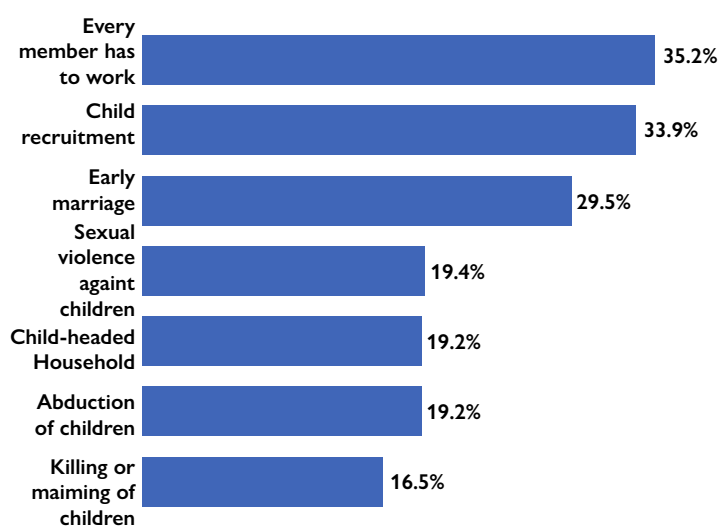
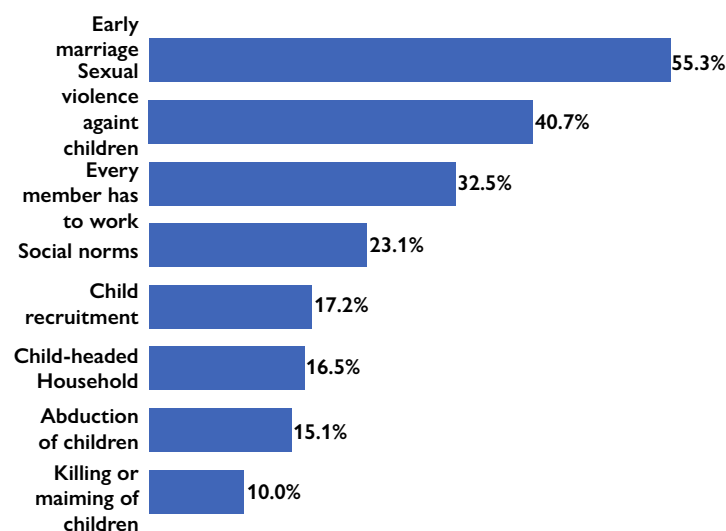


Chart 12: Main reported safety concerns for girls (%)



Housing Land and Property

The majority of survey respondents (84.5%) reported that their household do not have formal written documentation to prove their occupancy arrangement, such as a written rental agreement or ownership papers. Moreover, 52.7 per cent of survey respondents reported that their household is currently facing at least one problem relating to housing, land and property. Of whom, 43.9 per cent are facing an ownership dispute, 19.1 per cent reported that the rules and processes on housing and land are unclear, 17.1 per cent reported that the property is unlawfully occupied by others, inheritance disputes and loss of ownership documents (12% each), boundary dispute (11.2%), rental disputes (10%), and 2.9 per cent reported facing an eviction threat.

Among respondents facing threats of eviction, 62.4 per cent are female-headed households and 37.6 per cent are male-headed households. Almost half (49.6%) of those facing threats of eviction are host community members, 25.6 per cent are returnees and 24.8 per cent are IDPs.

Among respondents facing threats of eviction, 27.8 per cent are in Upper Nile State, 16.5 per cent in Unity, 13.5 per cent in Jonglei, followed by Central Equatoria (11.3% each), Western Equatoria (7.5%), lakes (6.8%), Warrap (3.8%) and Norther Bahr el Ghazal (1.5%).

When survey respondents were asked how they attempt to resolve problems relating to housing, land and property, the most common response was through traditional courts (53.4%) and community chiefs (50.8%), followed by family networks (17.3%), formal courts (16.4%), while 15.4 per cent reported not taking any action.

EDUCATION

Overall, 93.4 per cent of respondents reported having at least one child under the age of 18 in their household, of whom 34.5 per cent reported that all primary school-aged children in their household attend school, compared to 36.4 per cent who reported that some do, while 25.7 per cent reported that no primary school-aged children attend school, and 3.3 per cent either do not know or prefer not to answer.

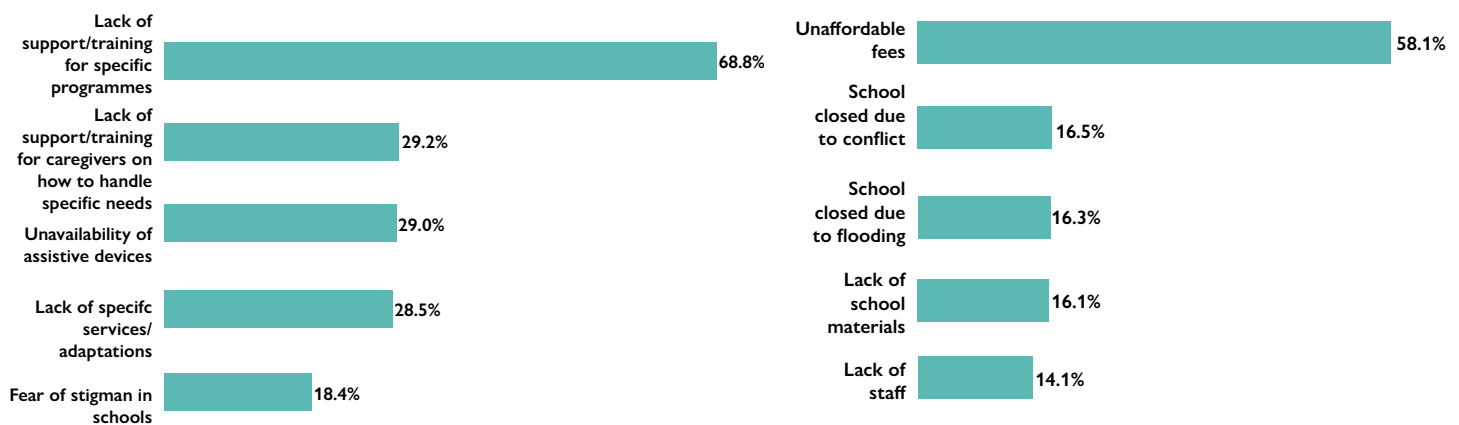
Among households with children under the age of 18 years (93.4%) reported having children in their household who dropped out of school. Around 35 per cent reported having boys in the household who dropped out of school and 31.5 per cent reported having girls who dropped out.

The main barriers hindering some children from attending school, as reported by households who have some children who attend (36.4%) and households who do not have any children who attend (25.7%), include unaffordable fees (50%), schools are closed due to conflict (14%) or due to floods (13.6%), lack of school materials (13.1%), early marriage (11.7%), lack of staff (11.6%) and no transportation (11.2%). Early marriage as a barrier to school affected a higher share of girls than boys, wherein among the 11.7 per cent who reported early marriage as a reason, 64 per cent were girls, compared to 36 per cent boys.

Households with children with disabilities reported that the main barriers hindering access to education include lack of school support (63.1%), lack of assistive devices (38.1%), lack of caregivers (30.4%), lack of specific services (22.0%), fear and stigma (22%), and negative attitudes (15.5%).

Among households with children under the age of 18 years (93.4%), 25 per cent reported that it takes members in their household between 30 minutes to one hour to reach the nearest education facility, 22.5 per cent reported it takes less than 15 minutes, 20.6 per cent reported it takes between 15 to 30 minutes and 18.2 per cent reported one to two hours, while 7.4 per cent reported more than two hours, and 6.4 per cent did not know.

Chart 13: Main reported barriers of people with disabilities to accessing education (%) Chart 14: Main reported reasons children drop out of school (%)



ACCOUNTABILITY TO AFFECTED POPULATION

Survey respondents were asked whether they perceive that they are able to provide feedback and make complaints regarding humanitarian assistance, and 48.1 per cent respondent yes. Of whom, 47.8 per cent reported that they submitted a case in a complaint and feedback mechanism (CFM) in the last three months of when the survey was conducted. Among those who submitted a claim, 66.3 per cent reported that the responsible organization responded to them regarding their complaint and provided them with updates on the actions they are taking to help provide feedback.

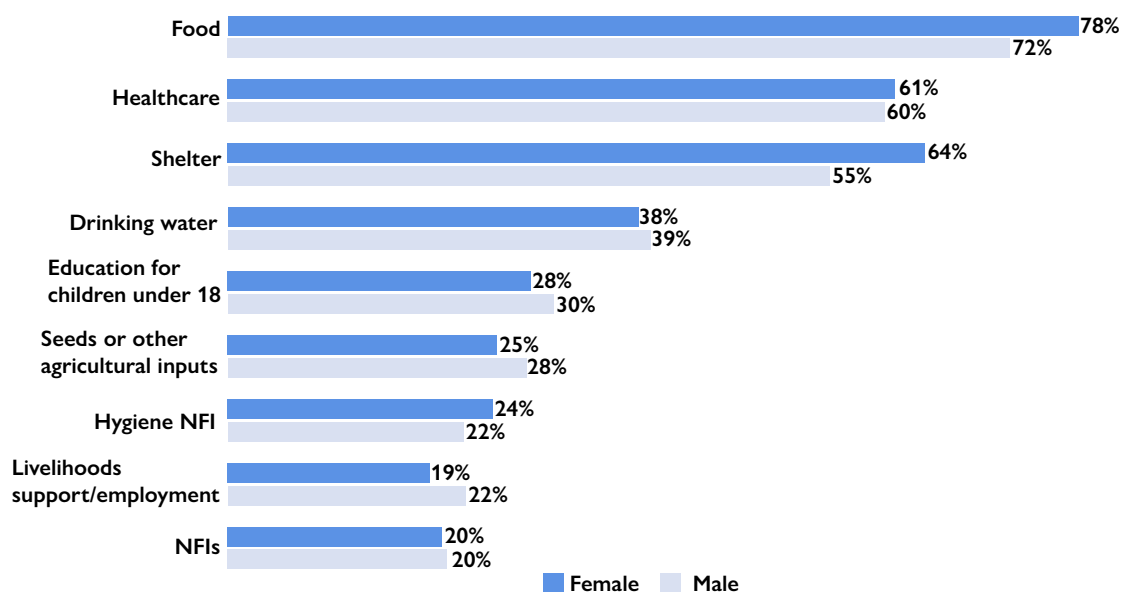
Additionally, among those who submitted a claim, 74.2 per cent reported that the mechanism to voice concerns and complaints regarding aid is easy to access and use, 78.9 per cent reported that it is appropriate for their community, 78.9 per cent reported that it is trustworthy, and finally 74.7 per cent reported that they feel that their views and opinions are taking into account in the implementation of the CFM.

The majority of survey respondents reported that members in the household were in need and tried to access humanitarian assistance within the last three months of when the survey was conducted. However, 62.7 per cent of those in need were unsuccessful in accessing it, of whom 58.1 per cent were female members and 41.9 per cent were male members.

Food assistance was reported as the top priority need among all survey respondents, accounting for 75.6 per cent. Healthcare and shelter were also amongst the top basic needs as reported by 61 per cent and 60.5 per cent of respondents, respectively. Around 38.3 per cent reported that they are in need of drinking water, education for children (28.8%), support for agricultural activities (26%), WASH NFIs (23.3%), livelihood support (20%), NFIs (19.9%), cash assistance (14.1%), protection (10.3%), and psychosocial support (7.1%).

Across each state, the highest shares of respondents who reported that members in their household need food assistance were in Abyei, accounting for 94.9 per cent of the area's respondents, and in Warrap State, accounting for 87.6 per cent of the state's respondents.

Chart 15: Main reported priority needs of households (%)



APPENDIX

Methodology

For the rural component, a desktop review of the 2008 Census Enumeration Area Assessment was conducted to update the Enumeration Areas (EAs) based on recent satellite imagery and the distribution of settlement based on Mobility Tracking Round 12 data. Further, the EA boundaries were aligned to the appropriate administrative boundaries. Footprints of building structures for the targeted areas were extracted from recent high-resolution satellite imagery from Maxar using automated image-recognition technology.

The sample drawn for the rural component underwent a risk assessment before teams were sent to the field. The IOM security team assessed selected EAs for security and access. At the same time, data collection for [Mobility Tracking Round 13](#) was taking place as it was in its last stages of data collection. The selected EAs were shared with Mobility Tracking teams for inputs on the presence of the selected population group, significant changes in the population estimates and access constraints that could hinder the ISNA data collection process. In addition, [IOM's Event Tracking](#) data and key informant network were involved and consulted to provide information on events involving large population movements.

The rural components followed a probability sampling approach, using a two-stage stratified cluster sampling without replacement strategy, stratified by county and population group (IDPs, returnees and host community) at state-level. All groups were equally represented in the final stage. Shelters were sampled from each EA in proportion to the total number of estimated residential shelters and obtained a self-weighting sample.

In the first stage, EAs were used as Primary Sampling Units (PSUs), which are aggregates of the WorldPop estimate layer and locations identified in Mobility Tracking Round 12. Two methodological reasons support the aggregation of location-level estimates to EA-level: 1) Areas with many scattered locations with fewer households were under-represented, and areas with fewer but larger locations were overrepresented as the probability of selection of clusters was dependent on their size. 2) Bomas are another plausible unit for aggregation but were consciously not used because they are larger areas with a higher probability of scattered settlements, complicating the data collection process.

PSUs were selected using Probability Proportion to Size (PPS). If population estimates were lower than 13 households in a PSU, the cluster was removed from the sampling frame. In the second sampling stage, households as Secondary Sampling Unit (SSU) were randomly selected from each cluster through systematic random sampling. The cluster size was 13 households. The sampling interval is calculated as follows:


$$\text{sampling interval} = \text{total number of households in cluster} / \text{cluster size}$$

The first household was randomly selected from the list between 1 and the sampling interval. The subsequent household was selected using the sampling interval (last household number + sampling interval). Households were selected following a walking route passing all households in the EA systematically.

As part of monitoring and evaluation, the project included a pre-assessment phase, comprising of a four day training and a pilot field test, in addition to ongoing field and office-based feedback and daily data-checks and data cleaning.



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