

**INTER SECTORAL NEEDS ASSESSMENT (ISNA)**  
**Urban Component's Quantitative Assessment Report**  
**Yei County**

**DTM**  
IOM DISPLACEMENT  
TRACKING MATRIX  
SOUTH SUDAN



**USAID**  
FROM THE AMERICAN PEOPLE



## TABLE OF CONTENTS

- Glossary .....3
- Acronyms .....4
- Background and Aim .....4
- Key Findings .....4
- Overview of Methodology .....5
- Assessment Findings .....5
  - 1. Demographics .....5
  - 2. Displacement and Mobility .....7
  - 3. Shelter and Non-food Items .....8
  - 4. Health .....8
  - 5. WASH .....9
  - 6. Sanitation Facility .....10
  - 7. Protection .....10
  - 8. Education .....11
  - 9. Accountability to Affected Population .....12
- Appendix .....13

## GLOSSARY

- **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 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 the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border. 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 December 2013 are considered in this category.
- **Returnees:** Persons who have been displaced from their habitual residence either within South Sudan or abroad, who have since returned to their habitual residence. In this survey, this category is restricted to individuals who returned to the exact location of their habitual residence, or an adjacent area based on a free decision since 2016. 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
- FSNMS: Food Nutrition and Nutrition Monitoring System
- GBV: Gender-based Violence
- HH: Household
- IDP: Internally Displaced Person
- MHPSS: Mental Health and Psychosocial Support
- NBS: National Bureau of Statistics
- NFI: Non-food Items
- PPS: Probability Proportion to Size
- PSU: Primary Sampling Unit
- PwD: Person with Disabilities
- RRC: Relief and Rehabilitation Commission
- SSU: Secondary Sampling Unit
- VAS: IOM's Village Assessment Survey

## BACKGROUND AND AIM

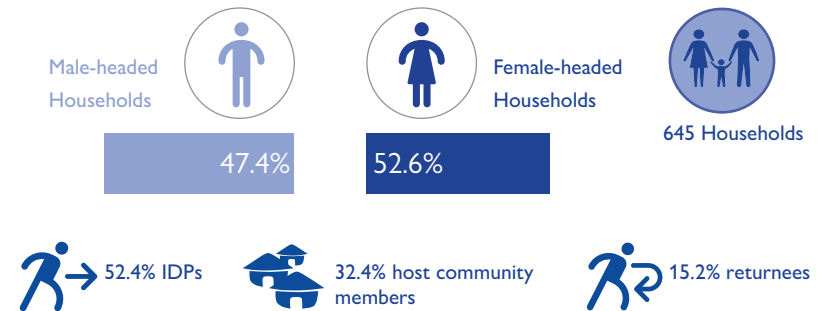
There has been slow progress in the humanitarian situation in South Sudan as a consequence of prolonged conflict, social and political instability, climate-related shocks – such as severe flooding and erratic rainfall – and economic depreciation. The interrelated hardships continue to adversely impact 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 September and October, addresses these gaps, while fully respecting accountability to the affected populations and minimizing assessment fatigue.

## KEY FINDINGS



- 92.3% have at least one child under the age of 18 in their households, 81.8% have at least one child between the ages of 6 and 17, 75.5 per cent have at least one child aged five years or younger.
- 9.5% have at least one PwD in their HH, of whom 60.7% are women and girls with disabilities and 39.3% are men and boys with disabilities.
- 52.2% of IDPs reported being forcibly displaced, mainly due to interrupted access to services due to the conflict (31.2%), insecurity (26.1%), interrupted access to livelihoods due to the conflict (14.5%).
- Main reported factors hindering IDPs from returning include insecurity (63.7%), house is destroyed (53.4%), lack of services (41.8%), lack of livelihoods (28.4%), among other reasons.
- 44.4% own the plot they currently live in and the most common type of shelter, as reported by 58.8% is a Tukul.
- 89% described the relations between the host community and displaced groups as good.

65.8% have one member in their HH with a health problem and 47.6% reported having a member in their household was unable to access healthcare when needed, mainly due to not being able to afford the cost of treatment (38.7%) and unavailability of medicine or treatments (35.1%).

87.4% reported boreholes or protected wells as their main source of drinking water and 4.3% reported feeling unsafe while collecting water.

11.6% reported that members in their household had to restrict their movement due to insecurity.

23.4% are in need of accessing justice mechanisms and 15.5% were unsuccessful; 53.1% are in need of accessing civil documentation and 41.2% were unsuccessful; 64.8% are in need to accessing protection services and 55.3% were unsuccessful.

64.8% reported that the main protection concern for girls was early marriage and 47.8% reported that the main protection concern for boys was the need for every HH member to work to meet the family's basic needs.

39.7% reported that all primary school-aged children in their household attend school and 32.8 per cent reported having children in their household who dropped out of school.

80.6% reported not possessing written formal HLP documentation and 8.1% reported facing an ownership dispute.

53.6% perceive that they are able to provide feedback and make complaints regarding humanitarian assistance.

79.2% reported that members in the household were in need and tried to access humanitarian assistance but were unsuccessful.

68.8% reported food assistance as the priority need, followed by education for children (50.7%) and cash assistance (44.2%).

## OVERVIEW OF METHODOLOGY

As humanitarian conditions and response modalities vary significantly in urban, rural, and camp settings, prioritized urban areas and IDP camps were included in the sampling design as separate strata. Given the need to efficiently allocate limited resources for data collection and analysis, these six priority areas – Juba, Wau, Yei, Bor, Rubkona/ Bentiu, and Malakal –were selected based on their size and expected level of humanitarian needs for inclusion as separate strata.

For humanitarian needs analysis, urban areas in South Sudan were defined as the ten state capitals plus the three towns of Yei, Nimule and Renk, which combine relatively high population sizes with significant cross-border markets. While some of the other county capitals may qualify as urban areas based on purely geographical criteria (built-up extent), they tend to have low population sizes and serve primarily as local markets for the rural population in the respective counties, being exposed to similar shocks and drivers of need.

Selected urban areas are representative at a 95 per cent confidence level with a 5 per cent margin of error at the location level. Urban areas not assessed independently were included in the rural component's sampling frame to ensure nationally representative data.

IOM DTM relied on the enumeration area assessment that was done in 2022. The enumeration area assessment births a cost-effective methodology to avoid door-to-door listings, which may attract crowds in densely populated areas if the local population interprets them as counting or registration exercises linked to the distribution of assistance. These steps ensure that only residential buildings are targeted in the ISNA data collection, minimizing delays due to sampling failure.

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 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.

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

Limitations and risks while undertaking the quantitative assessment included the rainy season, floods and security concerns which limited physical access and caused some roads to become impassable while other parts across the country became inaccessible, causing delays.

Please see the Appendix on page 12 for further information on the methodology used.



*DTM enumerator interviewing a head of household in Yei*

## ASSESSMENT FINDINGS

### DEMOGRAPHICS

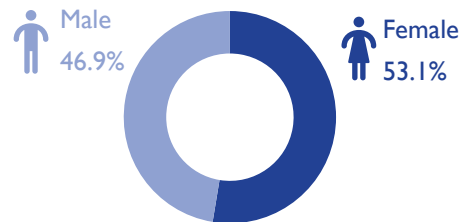
#### Sociodemographic Profile

A total of 645 individual household members (hereinafter referred to as ‘the survey respondents’ or ‘respondents’) across Yei city, the capital of Yei County in Central Equatoria State in South Sudan participated in the assessment. Among the total, 52.4 per cent were IDPs, 32.4 per cent were host community member and 15.2 per cent were returnees.

The reported average household size is 7.5 persons per household. The survey targeted heads of the household, but in their absence, an individual household member answered on their behalf.

Among all respondents, the average age was 40 years, and the majority (71.5%) were married, while 16.3 per cent were widowed, 7.4 per cent were divorced or separated and 4.8 were single. Overall, 94 per cent of respondents reported having at least one household, 83 per cent reported having at least one child between the ages of 6 and 17, and 71.7 per cent reported having at least one child aged five years or younger.

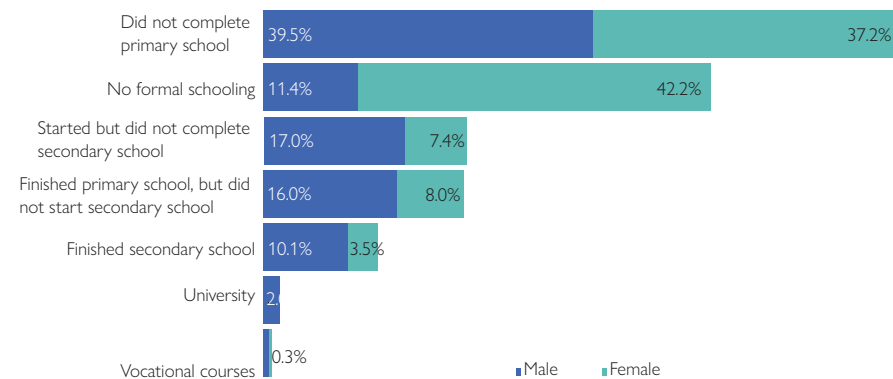
Chart 1: Distribution of respondents households by gender (%)



#### Educational Background

More than a quarter of respondents, or 27.6 per cent, did not receive formal schooling. The survey findings show that respondents lacked access to education, with 38.3 per cent reporting having started but did not complete primary school, 11.8 per cent completed primary school only, 11.9 per cent started but did not complete secondary school, 6.7 per cent completed secondary school. Only a reported 0.9 per cent have a university degree and 0.5 per cent received vocational training.

Chart 2: Reported education status of households (%)



#### Persons with Disabilities (PwD)

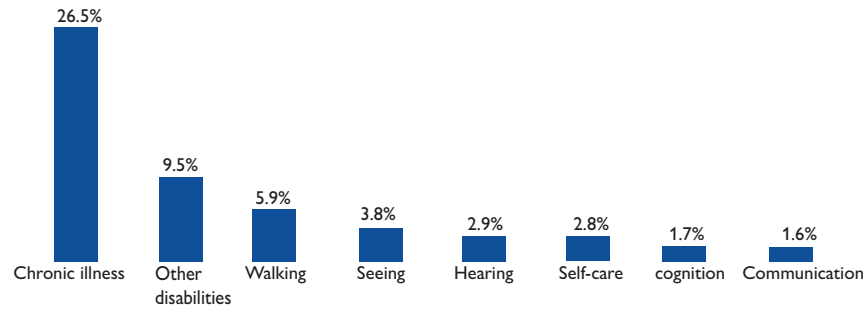
Survey findings show that 9.5 per cent of households have a member who has at least one disability that limits their functionality, according to the Washington Group Questions which ask respondents about the difficulties they have while doing certain activities due to a disability.

Among those who reported having a member in their household with at least one disability (9.5%), female members accounted for 60.7 per cent of people with disabilities (PwD) and male members accounted for 39.3 per cent of PwD. Around 3 per cent of households reported having at least one child with disabilities.

The most prevalent form of disability was reported to be in the functional domain of walking or climbing, as reported by 5.9 per cent of the total survey respondents, followed by difficulties in seeing (3.8%), hearing (2.8%), self-care (2.9%), cognition (1.7%) and communication (1.6%).

Survey findings show that 26.5 per cent of households have a member who has a chronic illness or illness that has lasted longer than three months, of whom 60.8 per cent are female members and 39.2 are male members.

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



### Safety and Security

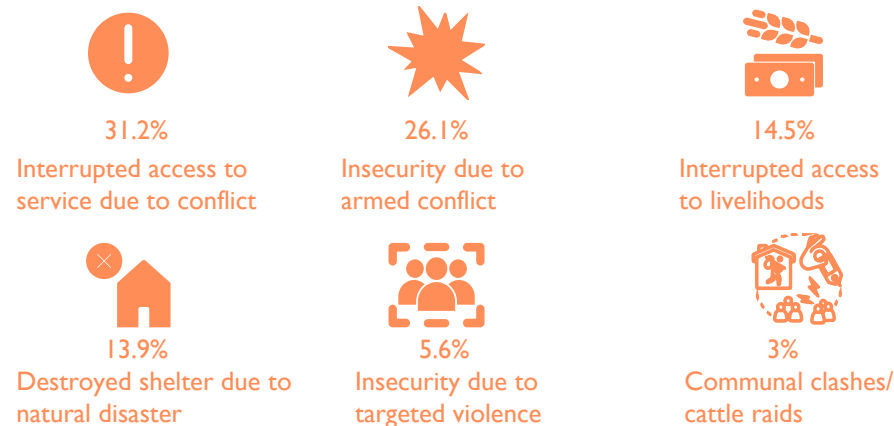
Overall, 5.9 per cent of the total respondents reported that members in their household have been affected by a safety or security incident in the last thirty days, of whom 63.2 per cent were female members and 36.8 per cent were male members. The share of female household members who reported experiencing 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 gender based (GBV) violence and subject to heightened protection risks.

### DISPLACEMENT AND MOBILITY

#### Displacement Trends, Intentions and Perceptions

When survey respondents were asked if their households had been forcibly displaced to their current location, 52.2 per cent reported being forcibly displaced, while 47.3 per cent answered no, 0.3 per cent preferred not to answer and 0.2 per cent reported being refugees or asylum seekers.

#### Main reasons for forced displacement to current locations



The majority of IDPs were forcibly displaced from within South Sudan (98.2%), while 1.5 per cent were displaced from Uganda and 0.3 per cent were displaced from the Democratic Republic of Congo. The highest share of respondents was displaced from Central Equatoria State, accounting for 97 per cent of those who reported being forcibly displaced. Others were displaced from Arua and Koboko in Uganda (0.6% each), Western Equatoria, Eastern Equatoria and Northern Bahr el Ghazal states (0.3% each) among other places (0.6%).

When IDPs who reported being forcibly displaced (52.2%) were asked whether they intend to return to their habitual residence or relocate to a different location within the next two years, 63.2 per cent reported their intention to return to their habitual residence (48.8% females and 51.2% males), 13.9 per cent reported their intention to remain in their current location (61.7% females and 38.3% males) and 4.7 per cent reported their intention to relocate to a different location (62.5% females and 37.5 males), while 18.1 either did not know or preferred not to answer.

Among IDPs who intend to return to their habitual residence or relocate elsewhere, 61.6 per cent reported not knowing when they plan on doing so, whereas 25.3 per cent reported that they plan on doing so in more than 12 months, 9.2 per cent in 7 to 12 months, 1.7 per cent in 1 to 3 months, 1.3 per cent in 4 to 6 months and 0.9 per cent preferred not to answer.

The main reported barriers preventing IDPs from returning to their areas of habitual residence prior to displacement (area of return) include insecurity (63.7%), house is destroyed (53.4%), lack of services (41.8%), lack of livelihoods (28.4%), lack of financial means (25.9%), among others (5.4%).

Those who reported not being forcibly displaced (47.3%) were asked if their households had voluntarily returned/relocated to their current location after being displaced within South Sudan or abroad. Around 14.2 per cent returned or relocated from within South Sudan, while 17.5 per cent returned from abroad, and 68 per cent reported neither, while 0.3 per cent preferred not to answer.

Of those respondents who returned or relocated from within South Sudan (14.2%) or from abroad (17.5%), 80.2 per cent reported being satisfied with their decision to return while 19.8 per cent are not satisfied but will remain in their current location.

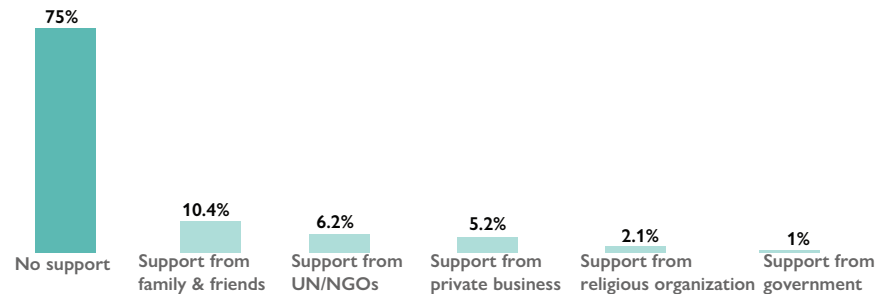
Around 6.2 per cent of the households interviewed are hosting IDPs, 7.4 per cent are hosting returnees/relocated persons and 9.6 per cent are hosting separated children. Among those households hosting IDPs and/or returnees/relocated persons and/or children, 37.4 per cent have members of their family living elsewhere in South Sudan, 15 per cent have members of their family living abroad and 12.1 per cent have members of their family both living elsewhere within the country and abroad.

The top reasons why some members of the family are living elsewhere are searching for employment opportunities (35.5%), conflict and targeted violence (32.3%), education opportunities (16.1%), among others (16.1%). The reasons children were living elsewhere within South Sudan or abroad were relating to education opportunities (52.4%), marriage (42.9%), searching for employment opportunities (23.8%), sent to live with relatives (21.4%) visiting family or friends (19%).

The reasons children were living elsewhere within South Sudan or abroad include being sent to live with relatives (34.8%), visiting family or friends (30.4%), marriage (21.7%), education opportunities (21.7%) and searching for employment opportunities (17.4%).

Within those households that have members of their family living abroad, 21.7 per cent 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.

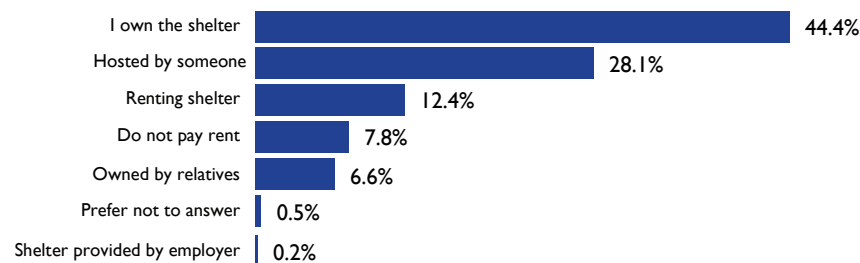
Chart 4: Showing organizations providing support for returns and relocated individuals (%)



## SHELTER AND NON-FOOD ITEMS (NFIs)

### Shelter and Non-Food Items

Chart 5: Showing shelter ownership (%)



More than half (58.8%) of survey respondents reported that the type of shelter their household currently resides in is a Tukul, followed by semi-permanent or permanent concrete buildings (25.6%). Smaller shares of respondents reported living in a Rakooba (9.3%) or in improvised shelters mostly made of plastic sheets (5.1%) and 1.3 per cent reported other types of shelters such as community buildings (churches, schools) and emergency or transitional shelters provided by the UN or NGOs.

The most common non-food items households reported to have at home are kitchen kits (84.7%), blankets (71.8%), sleeping mats (70.4%), mosquito nets (70.4%), plastic sheets (45.9%), Kangas (31.8%), NFI bags (20%) and solar lamps (17.1%).

### Relations between host community members and displaced groups

When survey respondents were asked to describe the relations between the host community and displaced groups, the majority, or 89 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 9.8 per cent described it as neutral and 1.2 per cent as poor, reporting frequent conflict or threats of conflict in communal areas and limited or no sharing of assistance and resources.

## HEALTH

Almost two thirds (65.8%) of survey respondents reported having a household member with a health problem and is in need of healthcare, of whom 79.4 per cent reported that they sought healthcare in government hospitals, private hospital (4.7%), government health center (3.9%), NGO hospital (3.9%), NGO clinic (3.4%), private clinic (2.6%), among others (0.8%), while 1.3 per cent reported not seeking healthcare.

Almost half of respondents (47.6%) reported that a member in their household was unable to access healthcare when needed, of whom 56.8 per cent were female members and 43.2 per cent were male members.

The main barriers preventing them from accessing healthcare include being unable to afford the cost of treatment (38.7%), unavailability of specific medicine or treatments (35.1%), long wait times to receive services (29.7%) and unable to afford the cost of consultation (27%). Smaller shares reported being unable to afford the cost of transportation (7.2%), long distance to health facility (6.3%), among other reasons (11.7%).



Around 57.5 per cent of respondents reported that a pregnant woman in their household was successfully able to access antenatal care (ANC) in the last two years, whereas 27.6 per cent reported that pregnant women in their household did not try to access ANC but 1.8 per cent reported that at least one pregnant woman in their household tried to access ANC but ANC services are not available in their location, while 13 per cent reporting not having pregnant women in their households in the last two years.

When survey respondents were asked how long it takes any household members to reach the nearest functional health facility, 47.7 per cent reported in 30 minutes to one hour, 35.8 reported in 1 to 2 hours and 12.8 per cent reported in 15 to 30 minutes. For those who require one hour or more to reach the nearest functional health facility, 58.1 per cent are female members and 41.9 per cent are male members.

Among households with children five years of age or younger (75.5%), 97.7 per cent reported that children have been vaccinated, of whom 96.2 per cent received the Tuberculosis vaccine, 86 per cent received the Measles vaccine, 84.5 per cent received the Tetanus vaccine and 83.5 per cent received the Polio vaccine. The most common places children received vaccinations at were in a government hospital (92.2%), house to house teams (16.3%), government health post (15.5%), primary health centers (7.2%), NGO clinic (3.4%) and private clinic (1.7%).

Whereas 2.3 per cent of households with children five years of age or younger (75.5%) reported that children have not been vaccinated. The top five reported reasons why children have not been vaccinated are: the unavailability of a nearby functional health facility, long waiting times, unable to afford the cost of vaccines, lack of transportation and insecurity near the health facility (18.2% each).

Chart 6: Main reported barriers to accessing health services (%)

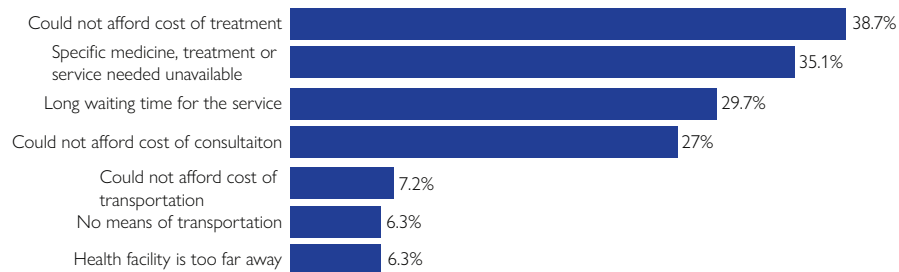
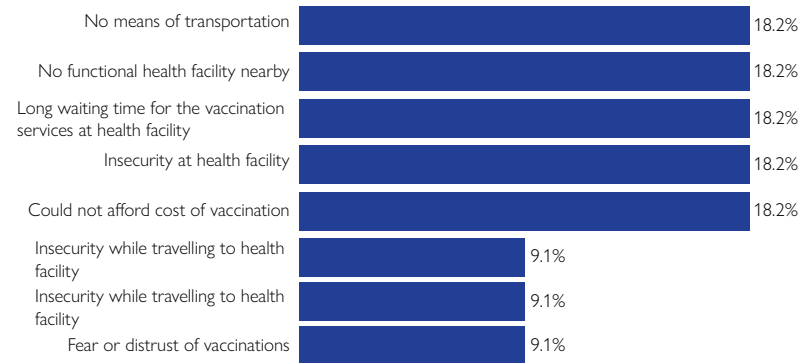


Chart 7: Main reported barriers to accessing vaccination services (%)



Pakula PHCU is among the functional health facilities households access for healthcare services



## WASH

### Drinking Water

The majority of the survey respondents (87.4%) reported boreholes or protected wells as their main source of drinking water, followed by shallow wells, rivers or ponds (7.1%), a tap stand serving not more than five households (2.6%), public tap serving more than five households (2.6%) and collected rainwater (0.2%).

The majority of respondents (79.2%) reported that they do not follow any water treatment methods before drinking water, whereas 12.7 per cent use chlorine tablets, 7 per cent reported that they boil the water, 0.9 per cent reported not knowing and 0.2 per cent reported other methods.

Three thirds of respondents (75%) reported that it takes them less than 30 minutes to reach their main water source, 20 per cent reported 30 minutes to one hour. Whereas 2.3 per cent reported that water is available inside their compound, 1.2 per cent reported that water is delivered to their compound and 1.2 per cent require one hour to less than half a day, while 0.2 per cent did not know.

On average, each household has around 3.1 containers for storage and to collect water. When survey respondents were asked if members in their household have felt unsafe while collecting water from their main water source, 4.3 per cent answered yes, of whom 71.4 per cent were female members and 28.6 per cent were male members.

**Sanitation Facility**

More than half of survey respondents, or 55 per cent, reported that they defecate in a pit latrine without a slab or platform, 32.1 per cent in a pit latrine with a slab and platform, 7.1 per cent in an open hole, 4.8 defecate in the open, and 0.8 per cent reported other methods, such as a flush or hanging or bucket latrines or plastic bags. Among those that defecate in the open (4.8%), 71 per cent were female members and 29 per cent were male members.

The majority of households with children under the age of five years (75.5%), reported that children defecate in household latrines (73.3%), followed by open defecation (13.1%), shared latrine (7%), bucket toilet (3.1%), communal latrine (1.6%) , plastic bag (1.4%) and 0.4 per cent reported other methods.

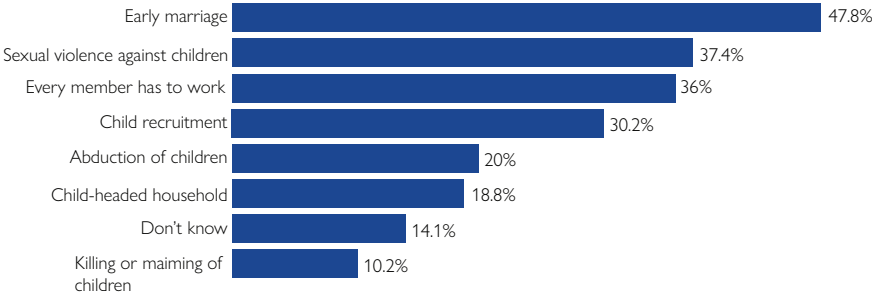
**PROTECTION**

**Movement Restrictions**

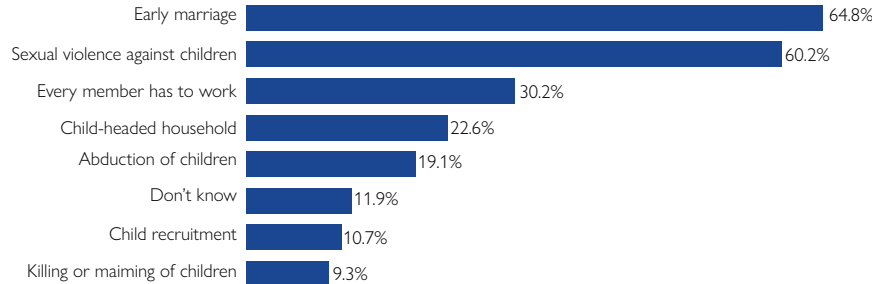
Owing to the insecure environment, 11.6 per cent of the survey respondents reported that members in their household had to restrict their movement, of whom, 52 per cent were female members and 48 per cent were male members.

The top three reported reasons respondents were restricting their movement due to insecurity include sexual violence (50.7%), death (50.7%) and checkpoints (49.3%). Other reasons include kidnapping (9.3%), lack of identification documents (4%), presence of unexploded ordnance (2.7%) and 2.7 per cent did not know. Among respondents who reported restricting their movement due to sexual violence, female members accounted for 65.8 per cent while male members accounted for 34.2 per cent.

*Chart 9: Main reported safety concerns for boys (%)*



*Chart 10: Main reported safety concerns for girls (%)*



**Access to Justice Mechanism**

When survey respondents were asked if household members needed to access justice mechanisms and 23.4 per cent responded yes. However, 15.5 per cent were unable to access formal justice mechanisms, but 7.9 per cent reported accessing customary or informal justice mechanisms.

**Civil Documentation**

Overall, 53.1 per cent of survey respondents reported that members in their household were in need of accessing civil documentation, however only 11.9 per cent of whom were able to successfully do so. The remaining 41.2 per cent were unsuccessful, of whom 55.3 per cent were IDPs, 24.4 per cent were host community members and 20.3 per cent were returnees.

Among respondents who reported having household members in need of accessing civil documentation (53.1%), the most common types were national identification (73.2%), birth certificates (63.6%) and passports (14.9%), among other document types such as marriage or divorce certificates, military records and police certificates.

## Access to Protection Services

Around 64.8 per cent of the survey respondents reported that they were in need of and tried to access protection services, of whom 55.3 per cent were unsuccessful in doing so and 9.5 per cent were successful in accessing protection services. The majority of respondents (46.5%) reported that protection services were unavailable, however 36.6 per cent reported that rape treatment and treatment of physical injuries were available, in addition to MHPSS (36.3%), livelihood services for women and girls (32.2%), legal aid services (26.7%), while 2.8 per cent did not know.

## 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 early marriage (47.8%), sexual violence against children (37.4%), the need for every household member to work to meet the family's basic needs (36%), child recruitment by armed forces (30.2%), abduction of children (20%), child-headed households (18.8%), killing or maiming of children (10.2%), social norms (6.7%) while 14.1 per cent did not know.

The order of the safety and security concerns for girls (under 18 years) was similar, wherein early marriage was the most reported concern among survey respondents, accounting for 64.8 per cent, followed by sexual violence against children (60.2%), the need for every household member to work to meet the family's basic needs (30.2%), child-headed households (22.6%), abduction of children (19.1%), child recruitment by armed forces (10.7%), killing or maiming children (9.3%), social norms (7.1%), among other reasons (0.3%) and 11.9 per cent did not know.

## Housing, Land and Property

The majority of survey respondents (80.6%) reported that their household does not have formal written documentation to prove their occupancy arrangement, such as a written rental agreement or ownership papers. Moreover, 8.1 per cent of survey respondents reported that their household is facing an ownership dispute, rent dispute (3.1%), rules and processes on housing and land are unclear (2.8%) and eviction threats (0.5%), among other issues such as lost documents, unlawful occupancy, lootings and rental disputes.

Households facing threats of eviction are all male-headed households (100%). Two thirds (66.7%) of those facing threats of eviction are IDPs and one third (33.3%) are host community members.

The majority of survey respondents (80.6%) reported that their household does not have formal written documentation to prove their occupancy arrangement, such as a written rental agreement or ownership papers.

Moreover, 8.1 per cent of survey respondents reported that their household is facing an ownership dispute, rent dispute (3.1%), rules and processes on housing and land are unclear (2.8%) and eviction threats (0.5%), among other issues such as lost documents, unlawful occupancy, lootings and rental disputes.

Households facing threats of eviction are all male-headed households (100%). Two thirds (66.7%) of those facing threats of eviction are IDPs and one third (33.3%) are host community members.

When survey respondents were asked how they attempt to resolve problems relating to housing, land and property, 48.4 per cent reported not taking any action, 35.2 per cent reported through traditional courts, followed by community chiefs (20.5%), family network (7.4%), family court (2.5%), private enforcer (2.5%) and 1.6 per cent preferred not to answer.

## EDUCATION

Overall, 92.3 per cent of respondents reported having at least one child under the age of 18 in their household, of whom 39.7 per cent reported that all primary school-aged children in their household attend school, compared to 43.3 per cent who reported that some do, while 13.9 per cent reported that no primary-school aged children attend school, and 3.1 per cent did not know.

Among households with children under the age of 18 years (92.3%), 32.8 per cent reported having children in their household who dropped out of school. Around 24.1 per cent reported having boys in the household who dropped out of school and 20.6 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 (43.3%) and households who do not have any children who attend (13.9%), include unaffordable fees (90.4%), lack of school materials (16.8%), early marriage (6.9%), lack of transport (6%), insecurity (3%), schools are closed due to conflict (1.8%), among other reasons.

Early marriage as a barrier to school affected a higher share of boys than girls, wherein among the 6.9 per cent who reported early marriage as a reason, 47.8 per cent were girls, compared to 52.1 per cent boys.

Households with children with disabilities reported that the main barriers hindering access to education include negative attitudes towards children with disabilities (36.4%), followed by lack of school support, unavailability of assistive support and fear and stigma (27.3% each), lack of specific devices and lack of caregivers (9.1% each) and 18.2 per cent reported that they did not know.

Among households with children under the age of 18 years (92.3%), 10.3 per cent reported that it takes members in their household less than 15 minutes to reach the nearest education facility, 29.9 per cent reported it takes between 15 to 30 minutes, 45.2 per cent reported 30 minutes to 1 hour, 7.4 per cent 1 to 2 hours, while 7 per cent did not know and 0.2 per cent preferred not to answer.

Chart 11: Main reported barriers of people with disabilities to accessing education (%)

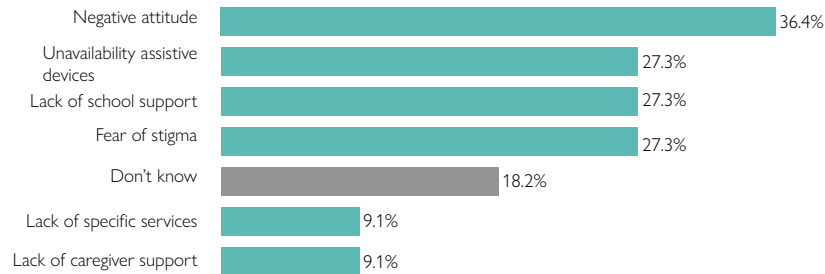
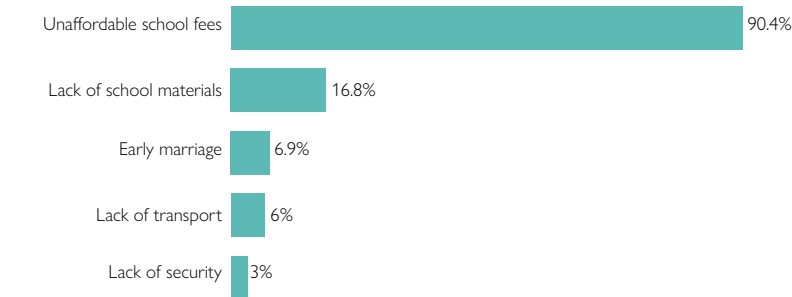


Chart 12: Main reported reasons children drop out of school (%)



### 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 22.2 per cent responded yes.

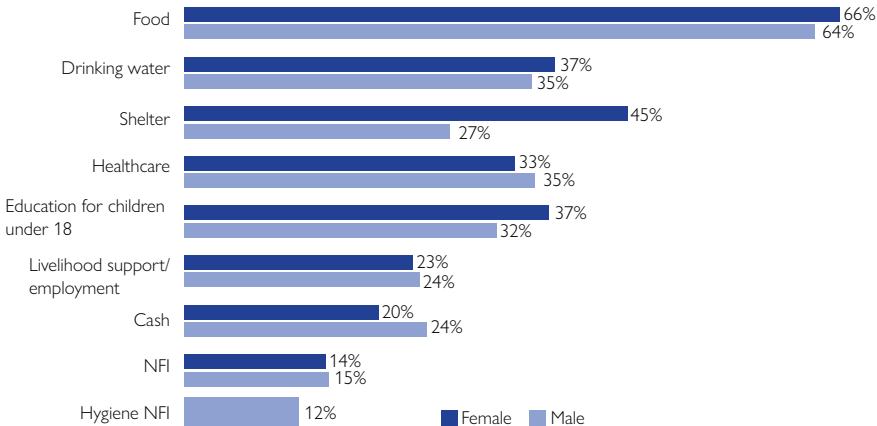
Of whom, 22.4 per cent reported that they submitted a case in a complaint and feedback mechanism (CFM) in the last three months of when the survey was conducted. Among those who submitted a claim, 43.8 per cent reported that the responsible organization responded to them regarding their complaint and provided them with updates on the actions they are taking to help provide feedback.

Additionally, among those who submitted a claim, 56.2 per cent reported that the mechanism to voice concerns and complaints regarding aid is easy to access and use, 56.2 per cent reported that it is appropriate for their community, 53.1 per cent reported that it is trustworthy, and finally 43.8 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 per cent of respondents were unsuccessful in accessing it, of whom 54.4 per cent were female members and 45.6 per cent were male members.

Food assistance was reported as the top priority need among all survey respondents, accounting for 64.9 per cent. Shelter and drinking water were also amongst the top basic needs as reported by 36.3 per cent each. Around 34.3 per cent reported that they are in need of healthcare, education for children (34.3%), livelihood support (23.4%), cash assistance (21.9%), NFIs (14.4%), hygiene NFIs (9.8%) and agricultural input (7%).

Chart 13: Main reported priority needs of households (%)





## APPENDIX

### Methodology

For humanitarian needs analysis, urban areas in South Sudan are defined as the ten state capitals plus the three towns of Yei, Nimule and Renk, which combine relatively high population sizes with significant cross-border markets. While some of the other county capitals may qualify as urban areas based on purely geographical criteria (built-up extent), they tend to have low population sizes and serve primarily as local markets for the rural population in the respective counties, being exposed to similar shocks and drivers of need.

Based on recent high-resolution satellite imagery, size is measured as the estimated number of building footprints in each urban area. This is a better proxy for the current population than the 2008 census estimates, which would not account for the mass population movements that took place during and since the conflict.

Given the need to efficiently allocate limited resources for data collection and analysis, the same six priority areas – Juba, Wau, Yei, Bor, Rubkona/Bentiu, and Malakal – were selected based on their size and expected level of humanitarian needs for inclusion as separate strata will be assessed again in the ISNA in the same manner.

IOM relied on the enumeration area assessment that was done in 2022. The enumeration area assessment births a cost-effective methodology to avoid door-to-door listings, which may attract crowds in densely populated areas if the local population interprets them as counting or registration exercises linked to the distribution of assistance. These steps ensure that only residential buildings are targeted in the ISNA data collection, minimizing delays due to sampling failure.

In larger urban areas – Juba, Wau, Bor and Yei – the study adopted a stratified two-stage clustered sampling strategy:

In the first stage, EAs, as the primary sampling units (PSU), were sampled using Probability Proportion to Size (PPS), with the estimated number of residential shelters constituting the measure of size. EAs will be stratified based on relevant indicators, including building density (as a proxy for possible slums/informal settlements), market access and the presence of IDP sites.

In the second stage, a fixed number of shelters as the secondary sampling unit (SSU) were randomly sampled from the listing of residential shelters in each sampled EA. The sampled shelters were geo-tagged on field maps showing high-resolution satellite imagery and building footprints for easy identification by the enumerators.

Thirteen shelters were sampled in each EA, using a random reserve sample to address non-response and other sampling failures (empty, non-residential, or destroyed/non-existent buildings).

In smaller urban areas – Bentiu/Rubkona and Malakal – stratified random sampling were used, with each EA constituting a stratum. Shelters were sampled from each EA in proportion to the total number of estimated residential shelters to obtain a self-weighting sample.

Current and former PoC sites were treated as independent strata, given the unique circumstances of their population, who face specific drivers of need. Households within each camp will be selected using stratified random sampling of shelter units by block. Recent population counts, BMR (biometric registration) records or shelter counts were used to design a self-weighting sample. The sampling frame was based on existing address systems maintained by Camp Coordination and Camp Management (CCCM) or, where these are unsuitable for sampling, maps derived from satellite imagery.



International Organization for Migration (IOM)  
The UN Migration Agency