



INTER SECTORAL NEEDS ASSESSMENT (ISNA)

Urban Component's Quantitative Assessment Report

Juba County

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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 Security 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

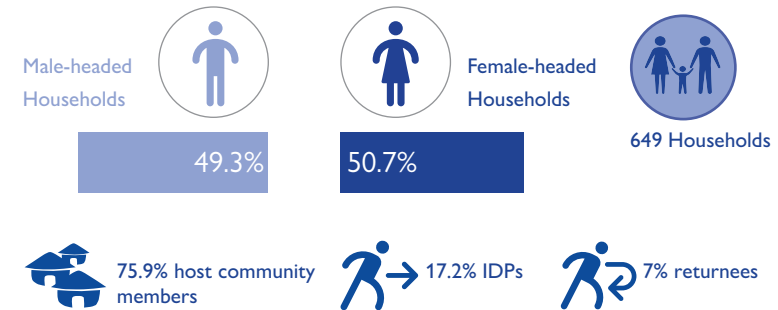
There has been slow progress in the humanitarian situation in South Sudan as a consequence of prolonged conflict, social and political instability, climate-related shocks – such as severe flooding and erratic rainfall – and economic depreciation. The interrelated hardships continue to adversely impact 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 2022, addresses these gaps, while fully respecting accountability to the affected populations and minimizing assessment fatigue.

KEY FINDINGS



- 92.5 % have at least one child under the age of 18 in their household, 84.9 % have at least one child between the ages of 6 and 17, 77.5% have at least one child aged 5 years or younger.
- 10.5% have at least one PwD in their HH, of whom 54.4% are women and girls with disabilities and 45.6% are men and boys with disabilities.
- 22% of IDPs reported being forcibly displaced, mainly due to natural disasters (19.6%), insecurity due to targeted violence (12.6%) and lack of access to livelihoods due to conflict (10.5%).
- Main reported factors hindering IDPs from returning include insecurity (49.6%), home and land destroyed (34%) and lack of financial support (30.5%), lack of services in area of return (26.2%) and lack of livelihoods (24.1%).
- 62.1% own the plot they currently live in and the most common type of shelter, as reported by 41.3% is a Rakooba.
- 89.9% described the relations between the host community and displaced groups as good.

- 65.5% have one member in their HH with a health problem and 48.9% 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 (56.2%) or the cost of consultation (44.2%).
- 72.6% reported water bought from a tank or truck as their main source of drinking water and 8.5% reported feeling unsafe while collecting water.
- 20.3% reported that members in their household had to restrict their movement due to insecurity.
- 17.9% are in need of accessing justice mechanisms and 11.7% were unsuccessful; 44.7% are in need of accessing civil documentation and 20.5% were unsuccessful; 28.7% are in need to accessing protection services and 17.6% were unsuccessful.
- 50.5% reported that the main protection concern for girls and 57.9% reported that the main protection concern for boys was the need for every HH member to work to meet the family's basic needs.
- 40% reported that all primary school-aged children in their household attend school and 41.9 per cent reported having children in their household who dropped out of school.
- 49.9% reported not possessing written formal HLP documentation and 8.9% reported facing an ownership dispute.
- 43% reported that members in the household were in need and tried to access humanitarian assistance but were unsuccessful.
- 54.9% reported food assistance as the priority need, followed by education (51.9%) and healthcare (45.3%).

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/ Bentiui, 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 enumerators conducting an interview with head of household in Juba

ASSESSMENT FINDINGS

DEMOGRAPHICS

Sociodemographic Profile

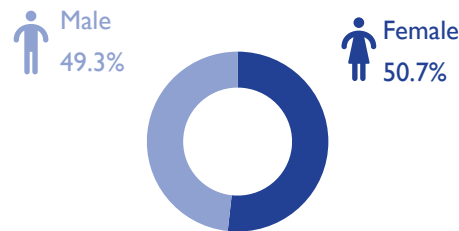
A total of 649 individual household members (hereinafter referred to as ‘the survey respondents’ or ‘respondents’) across Juba Town in Central Equatoria State in South Sudan participated in the assessment. Among the total, 75.9 per cent were host community members, 17.2 per cent were IDPs and 7 per cent were returnees.

Gender and age disaggregated data revealed that 50.7 per cent of households were female-headed and 49.3 per cent male-headed.

Among all respondents, the average age was 40 years, and the majority (80.1%) were married, while 12.2 per cent were widowed, 5.4 per cent were single and 2.3 per cent were divorced or separated.

Overall, 92.5 per cent of respondents reported having at least one child under the age of 18 in their household, 84.9 per cent reported having at least one child between the ages of 6 and 17, and 77.5 per cent reported having at least one child aged five years or younger.

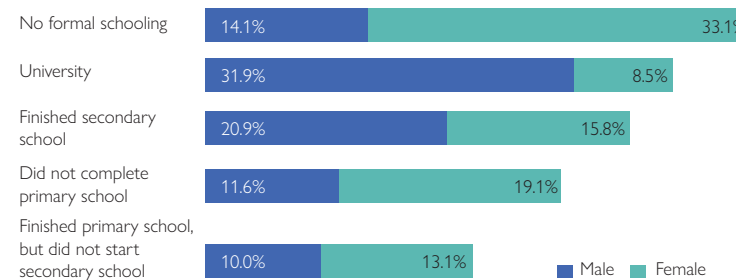
Chart 1: Distribution of respondents households by gender (%)



Educational Background

Almost one quarter of respondents, or 23.7 per cent, did not receive formal schooling, however 20 per cent have a university degree. Around 18.3 per cent completed secondary school, 15.4 per cent started but did not complete primary school, 11.6 per cent completed primary school only, 9.6 per cent started but did not complete secondary school, whereas 1.2 per cent received vocational training, and 0.2 per cent either do not know or prefer not to answer.

Chart 2: Reported education status of households (%)



Persons with Disabilities (PwD)

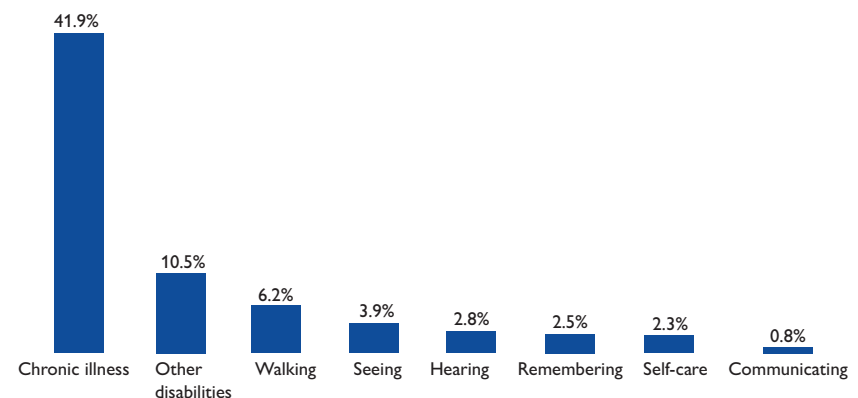
Survey findings show that 10.5 per cent of households have a member who has at least one disability that limits their functionality, according to the Washington Group Questions which ask respondents about the difficulties they have while doing certain activities due to a disability.

Among those who reported having a member in their household with at least one disability (10.5%), female members accounted for 54.4 per cent of people with disabilities (PwD) and male members accounted for 45.6 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 steps, as reported by 6.2% of the total survey respondents, followed by seeing (3.9%), hearing (2.8%), cognition (2.5%), self-care (2.4%), and communication (0.8%).

Survey findings show that 41.9 per cent of households have a member who has a chronic illness or illness that has lasted longer than three months, of whom 52.6 per cent are female members and 47.4 are male members.

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



Safety and Security

Overall, 15.5 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 47 per cent were female members and 53 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, 22 per cent reported being forcibly displaced, less than 1 per cent were refugees or asylum seekers, while 77.1 per cent answered no.

Reasons for forced displacement to current locations



The majority of those who were forcibly displaced were from South Sudan (92.3%), whereas smaller share were previously displaced from Sudan and abroad (3.5% each) and Kenya (0.7%). More specifically, 35 per cent were displaced from Central Equatoria State, with others displaced from Jonglei (18.2%), Eastern Equatoria (12.6%), Upper Nile (9.1%), Unity (7.7%) and Lakes states (3.5%), among others.

When IDPs who reported being forcibly displaced (22%) were asked whether they intend to return to their habitual residence or relocate to a different location within the next two years, 55.9 per cent reported their intention to remain in their current location (53.6% females and 46.3% males), 28.7 per cent reported their intention to

return to their habitual residence (56.1% females and 43.9% males), 11.2 per cent did not know and 4.2 per cent reported their intention to relocate to a different location (33.3% females and 66.7% males).

Among IDPs who intend to return to their habitual residence or relocate elsewhere (32.9%), 46.8 per cent reported that they plan on doing so in more than 12 months, 42.6 per cent reported not knowing when they plan on doing so, 6.4 per cent in 7 to 12 months, and 4.3 per cent in 4 to 6 months.

The main reported barriers preventing IDPs from returning to their areas of habitual residence prior to displacement (area of return) include insecurity (49.6%), house is destroyed (34%), lack of financial means (30.5%), lack of services (26.2%), lack of livelihoods (24.1%), among others (33.3%).

Those who reported not being forcibly displaced (77.1%) were asked if their households had voluntarily returned/relocated to their current location after being displaced within South Sudan or abroad.

The majority reported neither (90.6%), while 5.7 per cent returned from abroad and 3.7 per cent returned or relocated from within South Sudan.

Of those respondents who returned or relocated from within South Sudan (3.7%) or from abroad (5.7%), 69.6 per cent reported being satisfied with their decision to return, 28.3 per cent are not satisfied but will remain in their current location, and 2.2 regret the decision and plan to move.

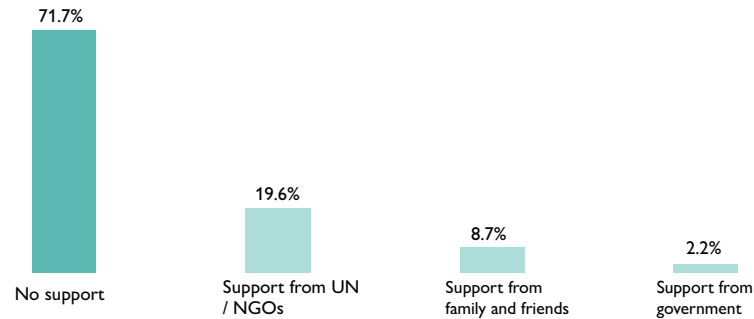
Around 10.3 per cent of the households interviewed are hosting IDPs, 7.7 per cent are hosting returnees/relocated persons and 11.2 per cent are hosting separated children.

Among those households hosting IDPs and/or returnees/relocated persons and/or children, 45.8 per cent do not have members of their family living abroad, 29.2 per cent have members of their family living elsewhere in South Sudan, 12.5 per cent have members of their family living abroad and 12.5 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 (42%), sent to live with relatives (30%), visiting family or friends (28%), marriage (22%), and searching for employment opportunities (20%).

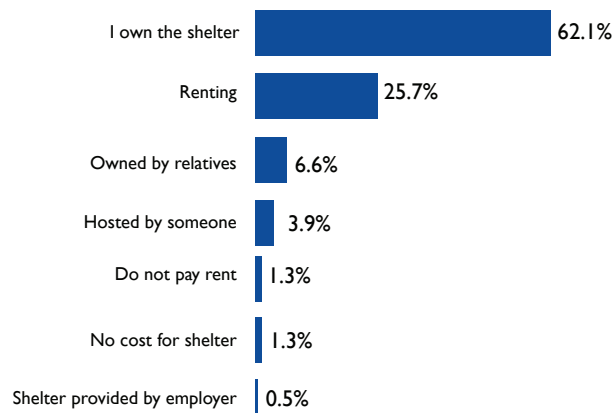
Chart 4: Showing organizations providing support for returns and relocated individuals (%)



SHELTER AND NON-FOOD ITEMS (NFIs)

Shelter and Non-Food Items

Chart 5: Showing shelter ownership (%)



The most common non-food items households reported to have at home are kitchen kits 971.6%, mosquito nets (69.8%), sleeping mats (61.5%), blankets (42.7%), followed by plastic sheets (38.1%), kangas (19.6%), solar lamps (12.9%) and NFI bags (11.7%).

Around 41.3 per cent of survey respondents reported that the type of shelter their household currently resides in is a Rakooba, followed by improvised shelters mostly made of plastic sheets (25.6%) and semi-permanent or permanent concrete buildings (23.6%). Smaller shares of respondents reported that they live in a Tukul (8.3%) or emergency and transitional shelters provided by the UN or NGOs (1.2%).

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 89.8 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 4.2 per cent reported that there are no IDPs and/or returnees/host community members in their area, while 3.7 per cent described it as neutral and 2.2 per cent as poor, reporting frequent conflict or threats of conflict in communal areas and limited or no sharing of assistance and resources., and the remaining 0.2 per cent did not know.

HEALTH

Almost two thirds (65.5%) of survey respondents reported having a household member with a health problem and is in need of healthcare, of whom 38.8 per cent reported that they sought healthcare in government hospitals, private clinic (23.5%), government health center (14.8%), private hospital (11.8%), among others (7.7%), while 3.3 per cent reported not seeking healthcare.

Almost half of the respondents (48.9%) reported that a member in their household was unable to access healthcare when needed, of whom 51 per cent were female members and 49 per cent were male members.

The main barriers preventing them from accessing healthcare include being unable to afford the cost of treatment (56.2%), unable to afford the cost of consultation (44.2%), long wait times to receive services (23.1%), unable to afford the cost of transportation (18.3%), unavailability of specific medicine or treatments (15.4%), the unavailability of a nearby functioning health facility (11.1%) and long distance to health facility (11.1%).

Around 40.5 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 44.2 per cent reported that pregnant women in their household did not try to access ANC but 6.3 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. Around 7.3 per cent reporting not having pregnant women in their households, in the last two years, the remaining 1.7 per cent preferred not to answer or did not know.

When survey respondents were asked how long it takes any household members to reach the nearest functional health facility, 47.1 per cent reported in 1 to 2 hours,

28.7 per cent reported in 30 minutes to one hour, 17.2 per cent in 15 to 30 minutes, and 6.9 per cent in more than 2 hours. For those who require one hour or more to reach the nearest functional health facility, 56.1 per cent are female members and 43.9 per cent are male members.

Among households with children five years of age or younger (77.5%), 80.4 per cent reported that children have been vaccinated, of whom 66.2 per cent received the Tuberculosis vaccine, 64.8 per cent received the Polio vaccine, 64.6 per cent received the Measles vaccine and 49.4 per cent received the Tetanus vaccine. The most common places children received vaccinations at were in a government hospital (84.6%), house to house teams (18.7%), primary health centers (15%), government health post (12.4%) and NGO clinic (10.8%). Whereas 20.6 per cent of households with children five years of age or younger (77.5%) reported that children have not been vaccinated, mainly due to the unavailability of a nearby functional health facility (59%) and the unavailability of vaccines (14.3%).

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

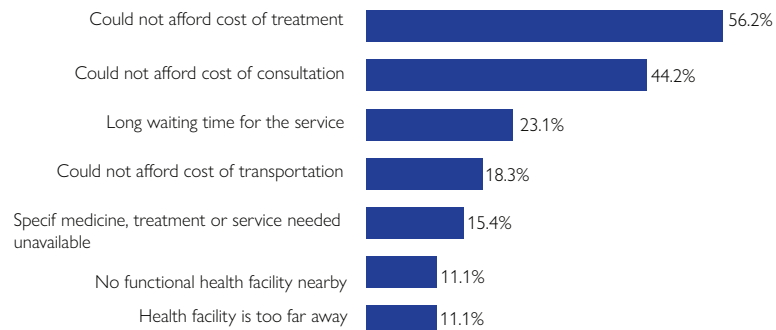
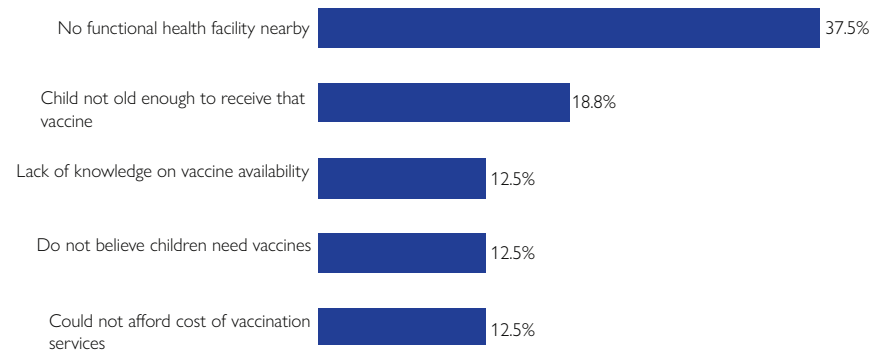


Chart 7: Main reported barriers to accessing vaccination services (%)



WASH

Drinking Water

The majority of the survey respondents (72.6%) reported water bought from a tank or truck as their main source of drinking water, followed by boreholes (13.6%), shallow wells, rivers or ponds (6.3%), public tap serving more than five households (3.9%), bottled water (2%), among other sources (1.8%).

The majority of respondents (65.9%) reported that they do not follow any water treatment methods before drinking water, whereas 25.7 per cent use chlorine tablets, 6.6 per cent boil it, 1.1 per cent reported not knowing and 0.6 per cent reported other methods.

Around 63.2 per cent of respondents reported that water is delivered to the compound, 19.9 per cent reported that it takes them less than 30 minutes to reach their main water source, 8.8 per cent reported that water is available inside their compound, 5.9 per cent reported 30 minutes to one hour, 1.8 per cent require one hour to less than half a day. Around 0.2 per cent reported that it takes them between half a day or more and 0.2 do not know.

On average, each household has around 5.2 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, 8.5 per cent answered yes, of whom 60 per cent were female members and 40 per cent were male members.

Sanitation Facility

Around 38.9 per cent reported that they defecate in a pit latrine without a slab or platform, 31.5 per cent in a pit latrine with a slab and platform, 11.1 defecate in the open, 9 per cent in an open hole and 9.5 per cent reported other methods, such as a flush or hanging or bucket latrines or plastic bags. Among those that defecate in the open (11.1%), 50 per cent were female members and 50 per cent were male members.

The majority of households with children under the age of five years (77.5%), reported that children defecate in the open (47.2%) or in household latrines (35.6%), followed by shared latrine (8.3%), bucket toilet (4.5%), plastic bag (4.1%) and communal latrine (0.2%).

PROTECTION

Movement Restrictions

Owing to the insecure environment, 20.3 per cent of the survey respondents reported that members in their household had to restrict their movement, of whom, 53 per cent were female members and 47 per cent were male members.

The main reported reasons respondents were restricting their movement due to insecurity include death or injury as a result of violence, as reported by 77.3 per cent, followed by sexual violence (34.8%) and kidnapping (33.3%). Among respondents who reported restricting their movement due to sexual violence, female members accounted for 54.4 per cent while male members accounted for 45.6 per cent.

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

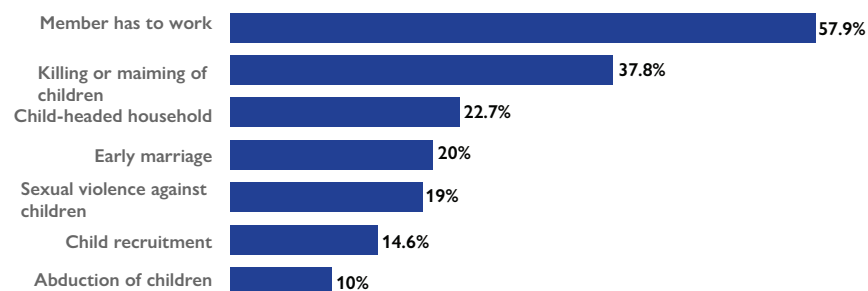
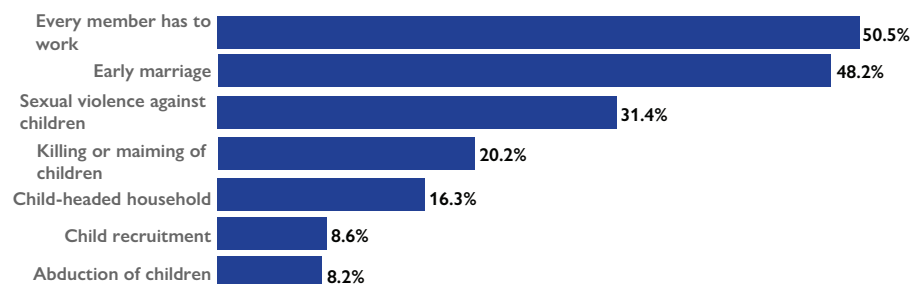


Chart 10: Main reported safety concerns for girls (%)



Access to Justice Mechanism

When survey respondents were asked if household members needed to access justice mechanisms and 17.9 per cent responded yes. However, 11.7 per cent were unable to access formal justice mechanisms, but 6.2 per cent reported accessing customary or informal justice mechanisms.

Housing, Land and Property

Half of the survey respondents (49.9%) reported that their household does not have formal written documentation to prove their occupancy arrangement, such as a written rental agreement or ownership papers, however, the majority (82.9%) reported not having any HLP issues. Around 8.9 per cent of survey respondents reported that their household is facing an ownership dispute, unlawful occupancy (3.7%), rent dispute (3.7%), boundary dispute (1.8%), among other issues, including eviction threats (0.8%).

Among respondents facing threats of eviction, 66.7 per cent are female-headed households and 33.3 per cent are male-headed households. The majority (66.7%) of those facing threats of eviction are returnees, 16.7 per cent are IDPs and 16.7 per cent are host community members.

When survey respondents were asked how they attempt to resolve problems relating to housing, land and property, the most common response was through community chiefs (51%), formal courts (29.4%) and traditional courts (26.5%) while 20.6 per cent reported not taking any action.

Access to Protection Services

Around 28.7 per cent of the survey respondents reported that they were in need of and tried to access protection services, of whom 17.6 per cent were unsuccessful in doing so and 11.1 per cent were successful in accessing protection services.

The majority of respondents (61%) reported that protection services were unavailable, however 18.2 per cent reported that legal aid services were available, in addition to livelihoods services for women and girls (15.9%) and rape treatment and treatment for physical injuries (7.4%).

Civil Documentation

Overall, 44.7 per cent of survey respondents reported that members in their household were in need of accessing civil documentation, however only 24.2 per cent of whom were able to successfully do so. The remaining 20.5 per cent were unsuccessful, of whom 65.2 per cent were host community members, 23.5 per cent were IDPs and 11.4 per cent were returnees.

Among respondents who reported having household members in need of accessing civil documentation (44.7%), the most common types were national identification (74.5%), birth certificates (69.7%) and passports (51.7%).

EDUCATION

Overall, 92.5 per cent of respondents reported having at least one child under the age of 18 in their household, of whom 40 per cent reported that all primary school-aged children in their household attend school, compared to 42.4 per cent who reported that some do, while 17.1 per cent reported that no primary-school aged children attend school, and 0.5 per cent either do not know or prefer not to answer.

Among households with children under the age of 18 years (92.5%), 41.9 per cent reported having children in their household who dropped out of school. Around 32.2 per cent reported having boys in the household who dropped out of school and 29 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 (42.4%) and households who do not have any children who attend (17.1%), include unaffordable fees (90%), lack of school materials (34.8%), lack of transport (17.4%), among other reasons such as child labor, early marriage, lack of documentation, not a priority, lack of staff and insecurity.

Early marriage as a barrier to school affected a higher share of girls than boys, wherein among the 5.1 per cent who reported early marriage as a reason, 55.6 per cent were girls, compared to 44.4 per cent boys.

Households with children with disabilities reported that the main barriers hindering access to education include lack of school support (62.5%), lack of specific devices (18.8%), lack of caregivers (18.8%) and fear and stigma (12.5%).

Among households with children under the age of 18 years (92.5%), 16.8 per cent reported that it takes members in their household less than 15 minutes to reach the nearest education facility, 22.9 per cent reported it takes between 15 to 30 minutes, 34.9 per cent reported 30 minutes to 1 hour, 19.7 per cent 1 to 2 hours, while 1.5 per cent reported more than two hours, and 4.2 per cent did not know or preferred not to answer.

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

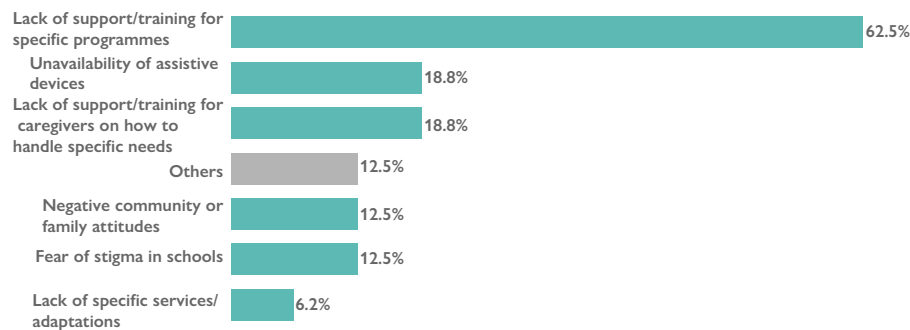
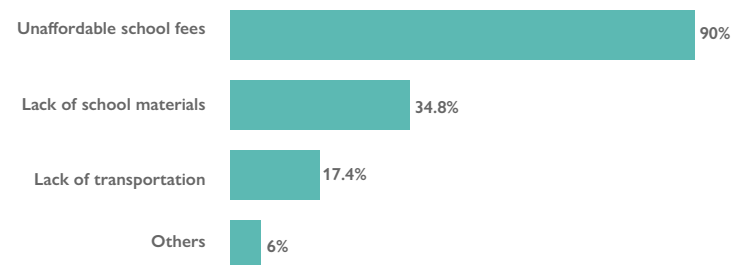


Chart 12: Main reported reasons children drop out of school (%)



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 60.2 per cent responded no and 38.1 per cent responded yes.

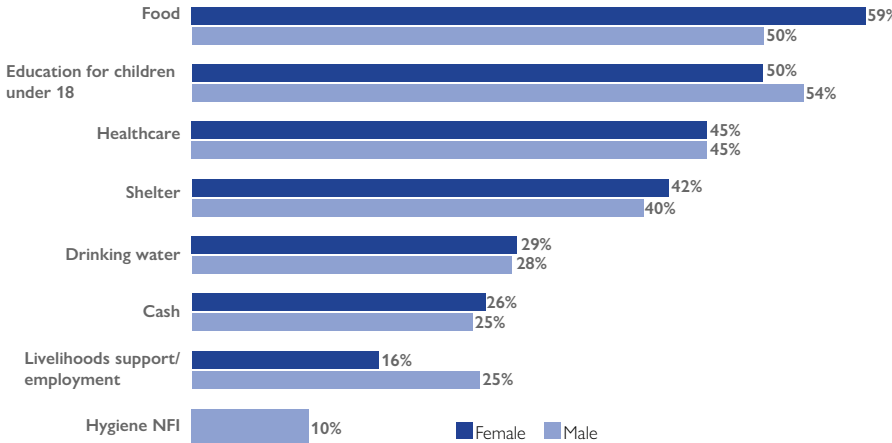
Of those who responded yes, 11.7 per cent reported that they submitted a case in a complaint and feedback mechanism (CFM) in the last three months of when the survey was conducted. Among those who submitted a claim, 31 per cent reported that the responsible organization responded to them regarding their complaint and provided them with updates on the actions they are taking to help provide feedback.

Additionally, among those who submitted a claim, 31 per cent reported that the mechanism to voice concerns and complaints regarding aid is easy to access and use, 51.7 per cent reported that it is appropriate for their community, 44.8 per cent reported that it is trustworthy, and finally 31 per cent reported that they feel that their views and opinions are taken into account in the implementation of the CFM.

Around 43 per cent 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, 41.3 per cent of those in need were unsuccessful in accessing it, of whom 50.4 per cent were female members and 49.6 per cent were male members.

Food assistance was reported as the top priority need among all survey respondents, accounting for 54.9 per cent. Education for children and healthcare were also amongst the top basic needs as reported by 51.9 per cent and 45.3 per cent of respondents, respectively. Around 40.8 per cent reported that they are in need of shelter, 28.4 per cent are in need for drinking water, 25.3 per cent in need of cash assistance, 20.8 per cent in need of livelihoods support, 9.4 per cent are in need of hygiene NFIs and 6.8 per cent are in need of protection services.

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



APPENDIX 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. Selected urban areas and IDP camps are representative at a 95% confidence level with a 5% margin of error at the location level. The rural component's sampling frame includes urban areas/ camps not assessed independently to ensure nationally representative data.

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.

Considering that most of the urban population in South Sudan lives in single-household compounds, residential shelters are a suitable proxy for households. When multiple households live in the same sampled shelter, one is chosen using a random number generator embedded in the ODK data collection tool.



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