



INTER SECTORAL NEEDS ASSESSMENT (ISNA)
Urban Component's Quantitative Assessment Report
Malakal 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 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

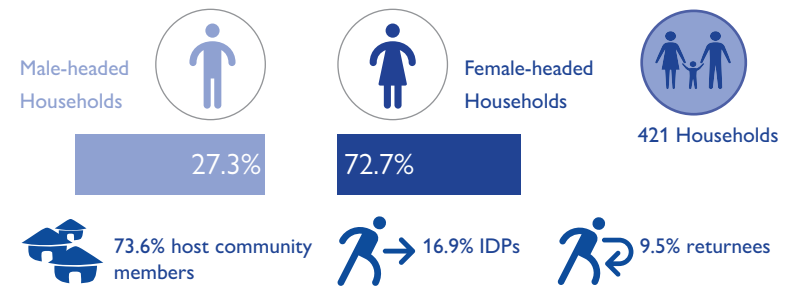
There has been slow progress in the humanitarian situation in South Sudan as a consequence of prolonged conflict, social and political instability, climate-related shocks – such as severe flooding and erratic rainfall – and economic depreciation. The interrelated hardships continue to adversely impact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

KEY FINDINGS



- 98.7% have at least one child under the age of 18 in their household, 93.8% have at least one child between the ages of 6 and 17, 88.9% have at least one child aged 5 years or younger.
- 8.6% have at least one PwD in their HH, of whom 58.3% are women and girls with disabilities and 41.7% are men and boys with disabilities.
- 42.3% reported being forcibly displaced, mainly due to insecurity due to generalized violence (35.4%) and interrupted access to services because of the conflict (30.9%).
- Main reported factors hindering IDPs from returning include insecurity (45.1%), lack of services in area of return (36%), home and land destroyed (36%) and lack of means and financial support (29.9%) and house is occupied (22%), among other reasons.
- 30.3% are hosted by someone at no cost in the plot they currently live in and the most common type of shelter, as reported by 67.9% is a semi-permanent or permanent concrete building.
- 91.9% described the relations between the host community and displaced groups as good.

- 40.1% have one member in their HH with a health problem and 65.7% reported having a member in their household was unable to access healthcare when needed, mainly due to long waiting times to receive services (62.2%) and long distance to health facilities (36%).
- 82.6% reported boreholes or protected wells as their main source of drinking water and 18% reported feeling unsafe while collecting water.
- 22.6% reported that members in their household had to restrict their movement due to insecurity.
- 26.1% are in need of accessing justice mechanisms and 22.1% were unsuccessful; 67.5% are in need of accessing civil documentation and 29.7% were unsuccessful; 75.6% are in need to accessing protection services and 38.5% were unsuccessful.
- Early marriage was the main protection concern for girls (76.5%) and boys (51.3%).
- 45.9% reported that all primary school-aged children in their household attend school and 27.9 per cent reported having children in their household who dropped out of school.
- 87.4% reported not possessing written formal HLP documentation and 10% reported facing an ownership dispute.
- 42.3% perceive that they are able to provide feedback and make complaints regarding humanitarian assistance.
- 55.6% reported that members in the household were in need and tried to access humanitarian assistance but were unsuccessful.
- 89.8% reported food assistance as the priority need, followed by healthcare (50.6%) and shelter (29.9%).

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 enumerators interviewing head of households in Malakal

ASSESSMENT FINDINGS

DEMOGRAPHICS

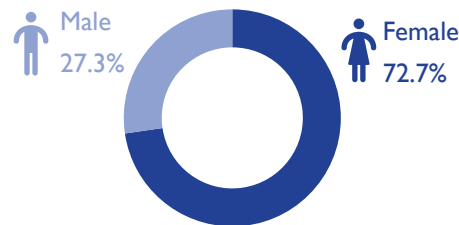
Sociodemographic Profile

A total of 421 individual household members (hereinafter referred to as 'the survey respondents' or 'respondents') across Malakal City in Upper Nile State in South Sudan participated in the assessment. Among the total, 73.6 per cent were host community members, 16.9 per cent were IDPS and 9.5 per cent were returnees.

Gender and age disaggregated data revealed that 72.7 per cent of households were female-headed and 27.3 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.

Among all respondents, the average age was 36.8 years, and the majority (90.3%) were married, while 4.8 per cent were single, 4.5 per cent were widowed and 0.5 per cent were divorced or separated. Overall, 98.7 per cent of respondents reported having at least one child under the age of 18 in their household, 93.8 per cent reported having at least one child between the ages of 6 and 17, and 88.9 per cent reported having at least one child aged five years or younger.

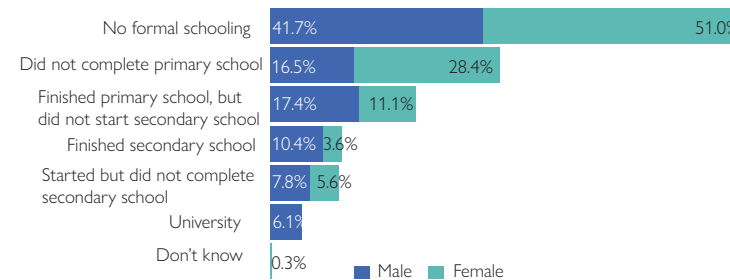
Chart 1: Distribution of respondents households by gender (%)



Educational Background

Almost half of the survey respondents, or 48.5 per cent, did not receive formal schooling. The survey findings show that respondents lacked access to education, with 25.2 per cent reporting having started but did not complete primary school, 12.8 per cent completed primary school only, 6.2 per cent started but did not complete secondary school and 5.5 per cent completed secondary school. Only a reported 1.7 per cent have a university degree and 0.2 per cent do not know.

Chart 2: Reported education status of households (%)



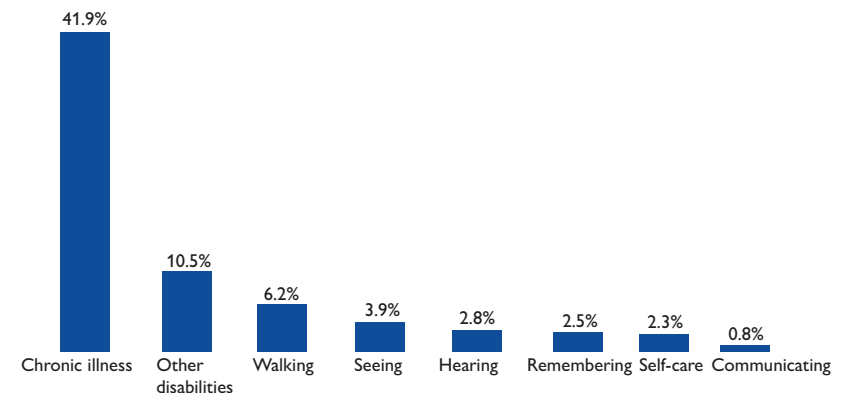
Persons with Disabilities (PwD)

Survey findings show that 8.6 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 (8.6%), female members accounted for 58.3 per cent of people with disabilities (PwD) and male members accounted for 41.7 per cent of PwD. Around 3 per cent of households reported having at least one child with disabilities.

Survey findings show that 22.8 per cent of households have a member who has a chronic illness or illness that has lasted longer than three months, of whom 74 per cent are female members and 26 are male members.

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



Safety and Security

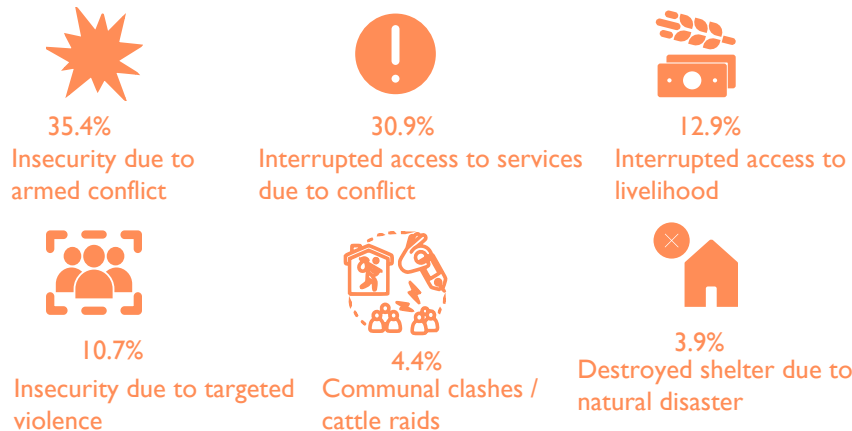
Overall, 12.9 per cent of the total respondents reported that members in their household have been affected by a safety or security incident in the last thirty days, of whom 59.3 per cent were female members and 40.7 per cent were male members. The share of female household members who reported experiencing 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, 42.3 per cent reported being forcibly displaced, while 57.5 per cent answered no and 0.2 per cent preferred not to answer.

Reasons for forced displacement to current locations



The majority of those who were forcibly displaced were from South Sudan (98.9%) and 1.1 per cent from Uganda. More specifically, from Upper Nile State (70.8%), one quarter ((25.8%) were displaced from Jonglei State, with others displaced from Unity State (1.7%), Adjumani in Uganda (1.1%) and Central Equatoria State (0.6%).

When IDPs who reported being forcibly displaced (42.3%) were asked whether they intend to return to their habitual residence or relocate to a different location within the next two years, 67.4 per cent reported their intention to remain in their current location (83.3% females and 16.7% males), 21.9 per cent reported their intention to return to their area of habitual residence (74.4% females and 25.6% males), 7.9 per cent reported their intention to relocate to a different location (57.1% females and 42.9% males) and 2.8 per cent did not know or preferred not to answer.

Among IDPs who intend to return to their habitual residence or relocate elsewhere, 52.8 per cent reported their intention to do so in more than 12 months, 11.3 per cent in 4 to 6 months, 9.4 per cent in 7 to 12 months, 7.5 per cent in less than 1 month, 7.5 per cent in 1 to 3 months and 11.3 per cent did not know.

The main reported barriers preventing IDPs from returning to their areas of habitual residence prior to displacement (area of return) include insecurity (45.1%), lack of services (36%), house is destroyed (36%), lack of financial means (29.9%), house is occupied (22%), among others (32.3%).

Those who reported not being forcibly displaced (57.5%) were asked if their households had voluntarily returned/relocated to their current location after being displaced within South Sudan or abroad. Around 22.7 per cent returned or relocated from within South Sudan, while 2.5 per cent returned from abroad, and 74.8 per cent reported neither.

Of those respondents who returned or relocated from within South Sudan (22.7%) or from abroad (2.5%), 62.3 per cent reported being satisfied with their decision to return, 34.4 per cent are not satisfied but will remain in their current location, 1.6 per cent regret their decision and plan to move and 1.6 per cent do not know.

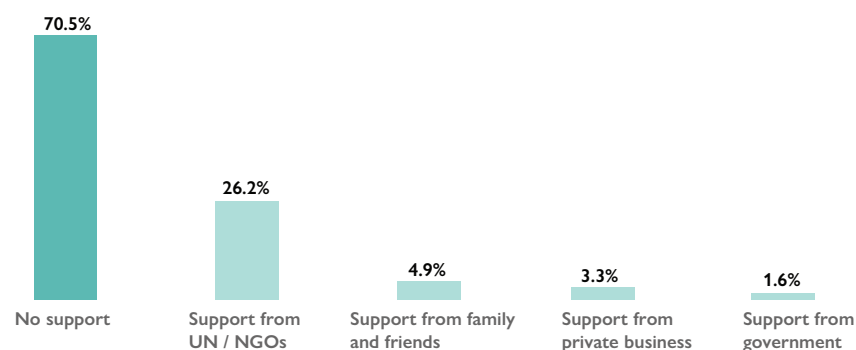
Around 13.8 per cent of the households interviewed are hosting IDPs, 15.4 per cent are hosting returnees/relocated persons and 15.2 per cent are hosting separated children. Among those households hosting IDPs and/or returnees/relocated persons and/or children, 29.2 per cent have members of their family 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 education opportunities (74.4%), searching for employment opportunities (7.3%), join family members (3.7%), displaced by conflict and targeted violence (2.4%), displaced by natural disasters (2.4%), among others (9.6%).

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%).

Within those households that have members of their family living abroad, 41.7 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.

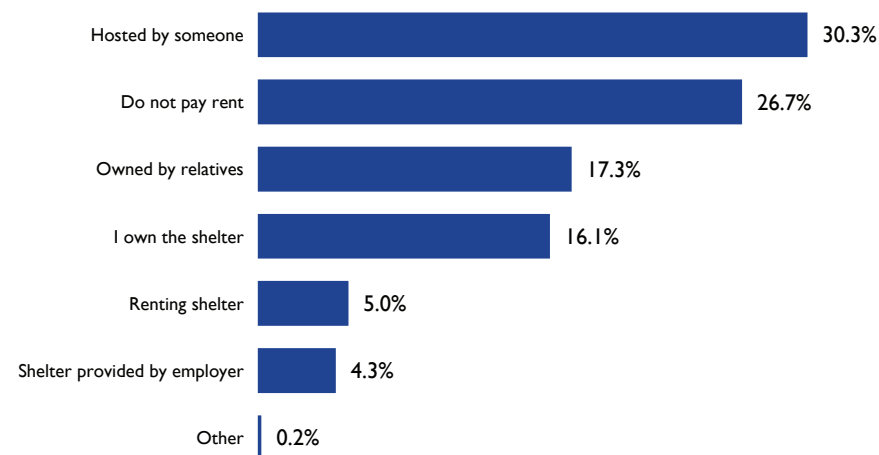
Chart 4: Showing organizations providing support for returns and relocated individuals (%)



SHELTER AND NON-FOOD ITEMS (NFI)s

Shelter and Non-Food Items

Chart 5: Showing shelter ownership (%)



Around 30.3 per cent of survey respondents reported that they are hosted by someone at no cost, 26.7 per cent do not pay rent and do not know the owners of the plot, 17.3 per cent reported that their current shelter is owned by relatives, 16.1 per cent reported that they own the plot they are currently living in, 5 per cent are renting the property, while 4.3 per cent reported that their employer is providing their shelter and 0.2 per cent reported other types of accommodation.

Around two thirds (67.9%) of survey respondents reported that the type of shelter their household currently resides in is a semi-permanent or permanent concrete building, followed by improvised shelters mostly made of plastic sheets (18.5%),

a Tukul (8.1%), Rakooba (4.3%) and 1.2 per cent reported other types of shelter such as a community building (church, school) and a communal shelter shared by several households.

The most common non-food items households reported to have at home are mosquito nets (87.2%), blankets (83.1%), sleeping mats (78.1%), plastic sheets (72.4%), followed by solar lamps (16.9%), Kangas (16.6%) and NFI bags (11.4%).

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 91.9 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 7.6 per cent described it as neutral and 0.2 per cent as poor, reporting frequent conflict or threats of conflict in communal areas and limited or no sharing of assistance and resources, while 0.2 per cent did not know.

HEALTH

Around 40.1 per cent of survey respondents reported having a household member with a health problem and is in need of healthcare, of whom 52.7 per cent reported that they sought healthcare in an NGO hospital, 22.5 per cent in an NGO clinic, 17.8 per cent in a government hospital, 1.8 per cent in a private hospital, 1.2 per cent in a government health center, 0.6 per cent in a private clinic and 0.6 per cent preferred not to answer, while 3 per cent reported not seeking healthcare.

Almost two thirds of respondents (65.7%) reported that a member in their household was unable to access healthcare when needed, of whom 78.4 per cent were female members and 21.6 per cent were male members.

The main barriers preventing them from accessing healthcare include long wait times to receive services (62.2%), long distance to health facility (36%), health services are only available parts of the day (27.9%) and unavailability of specific medicine or treatments (11.7%).

Around 49.9 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 44.3 per cent reported that pregnant women in their household did not try to access ANC but 0.7 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 4.8 per cent reporting not having pregnant women in their households, in the last two years, the remaining 0.2 per cent did not know.

When survey respondents were asked how long it takes any household members to reach the nearest functional health facility, 38.8 per cent reported in 1 to 2 hours, 31.9 per cent reported in 30 minutes to one hour, 20.2 per cent in more than 2 hours and 8.5 per cent in 15 to 30 minutes. For those who require one hour or more to reach the nearest functional health facility, 81.8 per cent are female members and 18.2 per cent are male members.

Among households with children five years of age or younger (88.9%), 95.5 per cent reported that children have been vaccinated, of whom 92.2 per cent received the Tuberculosis vaccine, 82.7 per cent received the Measles vaccine, 52.5 per cent received the Polio vaccine and 49.2 per cent received the Tetanus, Whooping Cough and Hepatitis B vaccines. The most common places children received vaccinations at were in NGO clinics (67.3%), government hospital (48.3%) and house to house teams (10.1%).

Whereas 4.5 per cent of households with children five years of age or younger (88.9%) reported that children have not been vaccinated, mainly due to the unavailability of vaccines (35.3%), long waiting time for the vaccination service at the health facility (17.6%), child is not old enough (17.6%), unavailability of a nearby functional health facility (11.8%) and no mean of transportation (11.8%).

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

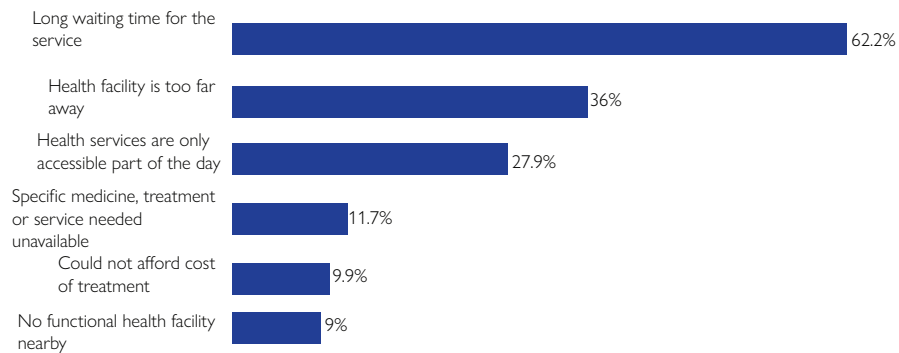
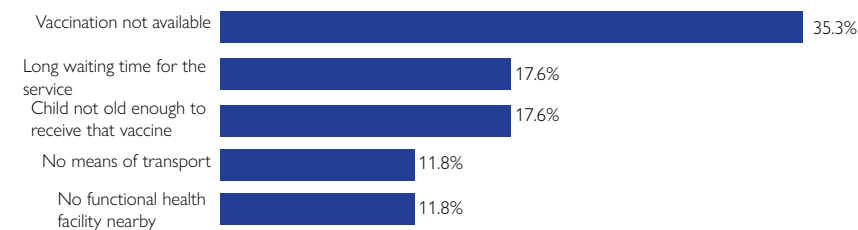


Chart 7: Main reported barriers to accessing vaccination services (%)



WASH

Drinking Water

Almost half of the survey respondents (48%) reported a tap stand serving not more than five households as their main source of drinking water, followed by a public tap serving more than five households (38.2%), water bought from a tank or truck (6.4%), shallow wells, rivers or ponds (4.8%), collected rainwater (2.1%), boreholes or protected wells (0.2%), among other sources (0.2%).

The majority of respondents (62%) reported that they use chlorine as a water treatment method before drinking water, whereas 34 per cent reported that they do not use any treatment methods, 0.5 per cent boil the water, 0.2 per cent reported not knowing and 3.3 per cent reported other methods.

Around 43.2 per cent of respondents reported that it takes them 30 minutes to 1 hour to reach their main water source, 35.9 per cent reported it takes them less than 30 minutes, 15.9 per cent require one hour to less than half a day. Whereas 3.6 per cent reported that water is available inside their compound, 0.2 per cent reported that water is delivered to their compound and 0.2 per cent reported that it takes them between half a day or more, while 0.2 per cent did not know.

On average, each household has around 3.8 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, 8.6 per cent answered yes, of whom 72.2 per cent were female members and 27.8 per cent were male members.

Sanitation Facility

Around 56.3 per cent reported that they defecate in a pit latrine with a slab or platform, 17.6 per cent in a pit latrine without a slab and platform, 10 per cent defecate in the open, 7.6 per cent in a pit toilet, 3.6 per cent in an open hole, 2.9 per cent in a hanging toilet and 2.1 per cent in a flush toilet. Among those that defecate in the open (10%), 59.5 per cent were female members and 40.5 per cent were male members.

The majority of households with children under the age of five years (88.9%), reported that children defecate in the open (62.7%), followed by plastic bags (10.7%), household latrine (10.1%), shared latrine (8%) bucket toilet (5.9%), communal latrine (1.6%) and 1.1 per cent did not know or preferred not to answer.

PROTECTION

Movement Restrictions

Owing to the insecure environment, 22.6 per cent of the survey respondents reported that members in their household had to restrict their movement, of whom, 75.8 per cent were female members and 24.2 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 71.6 per cent, followed by sexual violence (6.3%), lack of documentation (5.3%), checkpoints (4.2%) and kidnapping (3.2%). Among respondents who reported restricting their movement due to sexual violence, female members accounted for 83.3 per cent while male members accounted for 16.7 per cent.

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

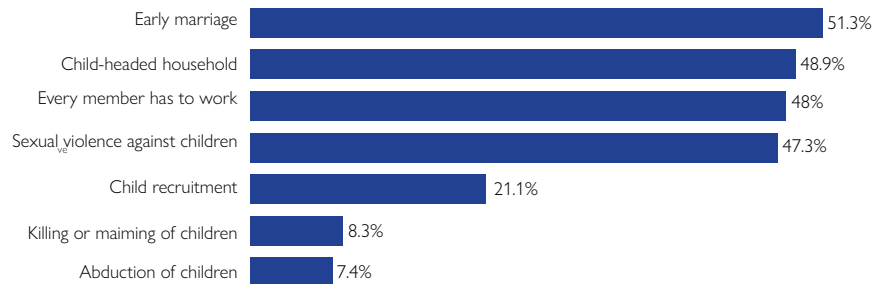
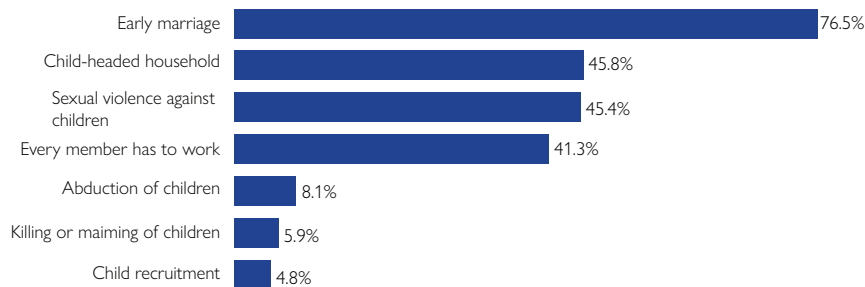


Chart 10: Main reported safety concerns for girls (%)



Access to Justice Mechanism

When survey respondents were asked if household members needed to access justice mechanisms and 26.1 per cent responded yes. However, 22.1 per cent were unable to access formal justice mechanisms, but 4 per cent reported accessing customary or informal justice mechanisms.

Civil Documentation

Overall, 67.5 per cent of survey respondents reported that members in their household were in need of accessing civil documentation, however 37.8 per cent of whom were able to successfully do so. The remaining 29.7 per cent were unsuccessful, of whom 63.2 per cent were host community members, 22.4 per cent were IDPs and 14.4 per cent were returnees.

Among respondents who reported having household members in need of accessing civil documentation (67.5%), the most common types were birth certificates (84.5%), passports (60.6%) and national identification (53.5%).

Access to Protection Services

Around 75.6 per cent of the survey respondents reported that they were in need of and tried to access protection services, of whom 38.5 per cent were unsuccessful in doing so and 37.1 per cent were successful in accessing protection services. One quarter of respondents (25.9%) reported that protection services were unavailable, however 63.2 per cent reported that MHPSS services are available, in addition to rape treatment and treatment of physical injuries (62.7%), legal aid services (34.9%) and livelihood services for women and girls (22.6%).

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 (51.3%), child-headed households (48.9%), the need for every household member to work to meet the family's basic needs (48%), sexual violence against children (47.3%), social norms (27.1%), child recruitment by armed forces (21.1%), killing or maiming of children (8.3%) and abduction of children (7.4%).

The order of the safety and security concerns for girls (under 18 years) was similar to that of boys, wherein early marriage was the most reported concern among survey respondents, accounting for 76.5 per cent. Other concerns include child-headed households (45.8%), sexual violence against children (45.4%), the need for every household member to work to meet the family's basic needs (41.3%), social norms (39.2%) and abduction of children (8.1%).

Housing, Land and Property

The majority of survey respondents (87.4%) reported that their household does not have formal written documentation to prove their occupancy arrangement, such as a written rental agreement or ownership papers. Around 10 per cent of survey respondents reported that their household is facing an ownership dispute, lost

documents (7.1%), unlawful occupancy, lootings (6.2%), unlawful occupancy (2.9%), rent disputes (2.6%), unclear rules and processes on housing and land (1.4%) and inheritance dispute (1.4%).

When survey respondents were asked how they attempt to resolve problems relating to housing, land and property, the most common response was through formal courts (55.7%), traditional courts (38.6%), followed by community chiefs (12.5%), family network (9.1%) and private enforcer (4.5%), while 6.8 per cent reported not taking any action and 1.1 per cent preferred not to answer.

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 (71.4%) and community chiefs (38.3%), followed by formal courts (10.4%), while 9.1 per cent reported not taking any action.

EDUCATION

Overall, 98.7 per cent of respondents reported having at least one child under the age of 18 in their household, of whom 45.9 per cent reported that all primary school-aged children in their household attend school, compared to 33.4 per cent who reported that some do, while 18.7 per cent reported that no primary-school aged children attend school, and 2 per cent did not know.

Among households with children under the age of 18 years (98.7%), 27.9 per cent reported having children in their household who dropped out of school. Around 20.2 per cent reported having boys in the household who dropped out of school and 18.5 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 (33.4%) and households who do not have any children who attend (18.7%), include unaffordable fees (60.3%), insecurity (22%), early marriage (17.2%), lack of material (14.8%) and child labor (10.5%). Early marriage as a barrier to school affected a higher share of girls than boys, wherein among the 17.2 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 specific devices (50%), unavailability of assistive care, fear and stigma, negative attitudes, lack of caregiver support (33.3% each) and lack of school support (16.7%).

Among households with children under the age of 18 years (98.7%), 54.6 per cent reported that it takes members in their household 30 minutes to 1 hour, 19.5 per cent reported 1 to 2 hours, 19.2 per cent 15 to 30 minutes, 55 per cent less than 15 minutes, while 0.2 per cent reported more than two hours, and 1 per cent did not know.

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

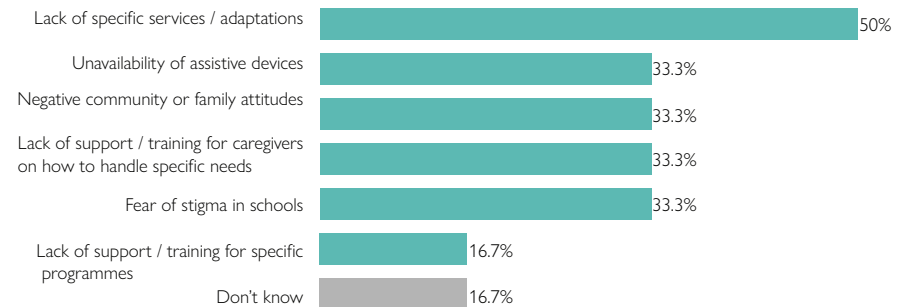
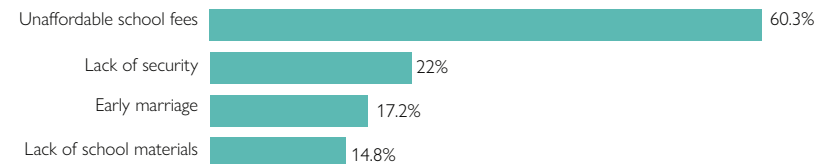


Chart 12: Main reported reasons children drop out of school (%)



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 42.3 per cent responded yes.

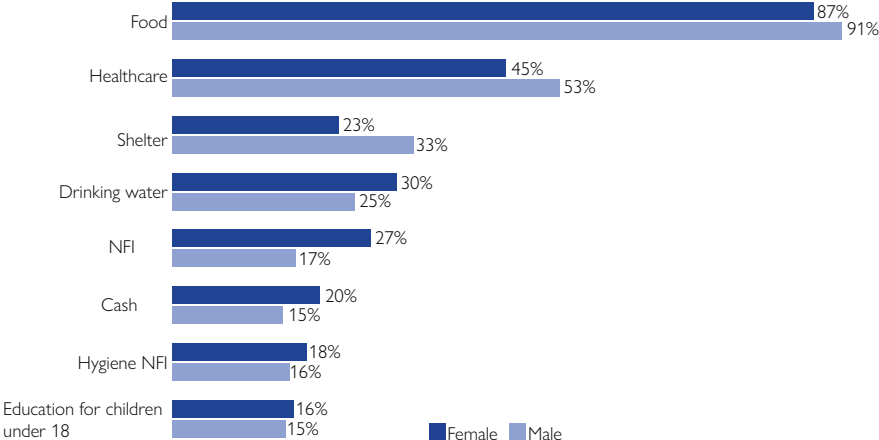
Of whom, 55.1 per cent reported that they submitted a case in a complaint and feedback mechanism (CFM) in the last three months of when the survey was conducted. Among those who submitted a claim, 78.6 per cent reported that the responsible organization responded to them regarding their complaint and provided them with updates on the actions they are taking to help provide feedback.

Additionally, among those who submitted a claim, 81.6 per cent reported that the mechanism to voice concerns and complaints regarding aid is easy to access and use, 85.7 per cent reported that it is appropriate for their community, 81.6 per cent reported that it is trustworthy, and finally 78.6 per cent reported that they feel that their views and opinions are taken 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, 55.6 per cent of those in need were unsuccessful in accessing it, of whom 64.1 per cent were female members and 35.9 per cent were male members.

Food assistance was reported as the top priority need among all survey respondents, accounting for 89.8 per cent. Healthcare and shelter were also amongst the top basic needs as reported by 50.6 per cent and 29.9 per cent of respondents, respectively. Around 26.4 per cent reported that they are in need of drinking water, NFIs (19.5%), Hygiene NFIs (16.6%), cash assistance (16.4%), education for children (15.7%), livelihood support and training (6.9% each).

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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