



INTER SECTORAL NEEDS ASSESSMENT (ISNA) 2022
Urban Component's Quantitative Assessment Report
RUBKONA 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 who 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 2014. South Sudanese displaced persons having crossed the border into South Sudan from neighboring countries without reaching their homes 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
- IDP: Internally Displaced Person
- MHPSS: Mental Health and Psychosocial Support
- NBS: National Bureau of Statistics
- NFI: Non-food Items
- OSM: OpenStreetMap
- PPS: Probability Proportion to Size
- PSU: Primary Sampling Unit
- PwD: Person with Disabilities
- RRC: Relief and Rehabilitation Commission
- SSU: Secondary Sampling Unit
- VAS: IOM's Village Assessment Survey

BACKGROUND AND AIM

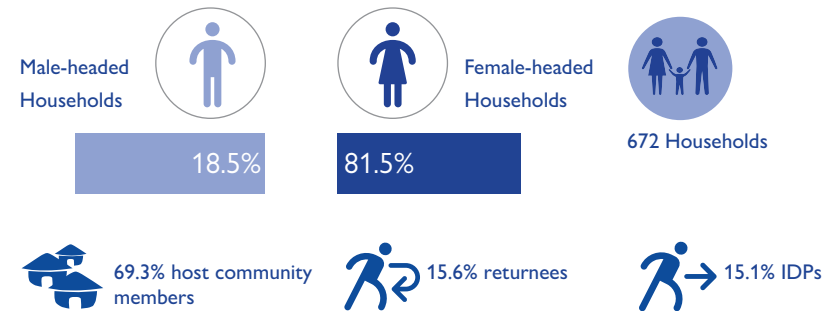
There has been slow progress in the humanitarian situation in South Sudan as a consequence of prolonged conflict, social and political instability, climate-related shocks – such as severe flooding and erratic rainfall – and economic depreciation. The interrelated hardships continue to adversely impact 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



99.3% have at least one child under the age of 18 in their household, 97.6% have at least one child between the ages of 6 and 17, and 94.5% have at least one child aged 5 years or younger.

19.5% have at least one PwD in their household, of whom 87% are women and girls with disabilities and 13% are men and boys with disabilities.

17% of IDPs reported being forcibly displaced, mainly due to natural disasters (53.5%) insecurity due to generalized violence (18.4%) and insecurity due to targeted violence (8.8%).

Main reported factors hindering IDPs from returning include insecurity (42.3%), lack of services in area of return (40.4%), home and land destroyed (36.5%) and lack of means and financial support (29.8%) and lack of livelihoods (28.8%).

79.6% own the plot they currently live in and the most common type of shelter, as reported by 64% is a Tukul.

73.1% described the relations between the host community and displaced groups as good.

48.1% have one member in their household with a health problem and 72.8% 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 (30.2%) and unavailability of medicine or treatments (23.8%).

82.6% reported boreholes or protected wells as their main source of drinking water and 18% reported feeling unsafe while collecting water.

14.6% reported that members in their household had to restrict their movement due to insecurity.

27.8% need access to justice mechanisms and 17.4% were unsuccessful; 45.3% need access to civil documentation and 33.2% were unsuccessful; 38.1% are in need to accessing protection services and 35.3% were unsuccessful.

62.1% reported that the main protection concern for girls was early marriage and 44.5% reported that the main protection concern for boys was the need for every household member to work to meet the family's basic needs.

34.8% reported that all primary school-aged children in their household attend school and 31.3 per cent reported having children in their household who dropped out of school.

76.6% reported not possessing written formal HLP documentation and 14.1% reported facing an ownership dispute.

49.1% perceive that they can provide feedback and make complaints regarding humanitarian assistance.

74.4% reported that members in the household were in need and tried to access humanitarian assistance but were unsuccessful.

80.5% reported food assistance as the priority need, followed by shelter (64.6%) and healthcare (56.2%).

METHODOLOGY

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

Three population groups – host community, internally displaced persons (IDPs) and returnees – participated in the survey. Selected urban areas will be 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 are included in the rural component's sampling frame to ensure nationally representative data.

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

The population estimates for the host community were taken from WorldPop South Sudan's gridded population estimates for the non-displaced population and were adjusted to discount returnee figures. A population growth factor was applied to account for the minimum changes since these non-displaced population estimates were released. The data for population estimates for IDPs and returnees were provided by Mobility Tracking Round 12, which has collected individual and household estimates of IDPs, returnees and host community on location-level.

The presence of populations, population figures and access to sampled areas were validated by field teams undertaking Mobility Tracking Round 13. The exercise collects GPS points for the assessed locations given to the ISNA field teams during data collection, avoiding delays in identifying settlements in an area. Coordinates are validated and triangulated with data from the One Settlement Initiative, OCHA, OpenStreetMap (OSM), IOM's Village Assessment Survey (VAS) and existing data on urban extents.

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

Household: A household is a group of people who live in the same dwelling and share food and other key resources. This may include people who are not 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.

ASSESSMENT FINDINGS

DEMOGRAPHICS

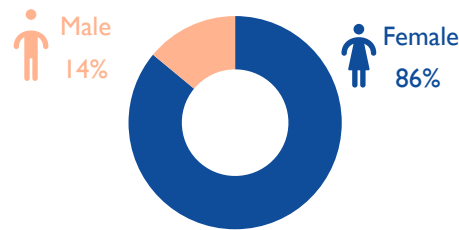
Sociodemographic Profile

A total of 463 individual household members (hereinafter referred to as 'the survey respondents' or 'respondents') across Rubkona Town in Unity State in South Sudan participated in the assessment. Among the total, 57.5 per cent were IDPs, 41.9 per cent were host community members and 0.7 per cent were returnees.

The reported average household size is 10.4 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 38.6 years, and the majority (91.8%) were married, while 7.6 per cent were widowed and 0.6 per cent were single. Overall, 99.3 per cent of respondents reported having at least one child under the age of 18 in their household, 97.6 per cent reported having at least one child between the ages of 6 and 17, and 94.5 per cent reported having at least one child aged 5 years or younger.

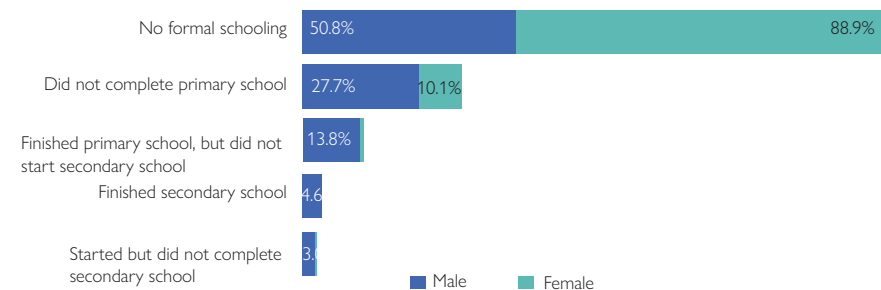
Chart 1: Distribution of respondents households by gender (%)



Educational Background

A large share of respondents, or 83.6 per cent, did not receive formal schooling. The survey findings show that respondents lacked access to education, with 12.5 per cent reporting having started but did not complete primary school, 2.6 per cent completed primary school only, 0.6 per cent started but did not complete secondary school and 0.6 per cent completed secondary school.

Chart 2: Reported education status of households (%)



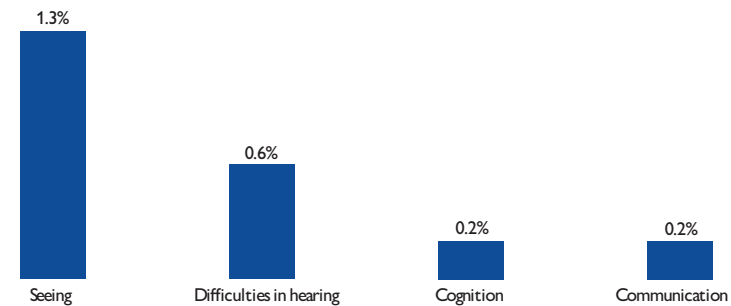
Persons with Disabilities (PwD)

Survey findings show that 1.9 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 (1.9%), 100 per cent were women and girls with disabilities (PwD). Around 3 per cent of households reported having at least one child with disabilities.

Results from the survey indicate that 13.6 per cent of households have a member who has a chronic illness or illness that has lasted longer than three months, of whom 90.5 per cent are female members and 9.5 are male members.

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



Safety and Security

Overall, 2.2 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 90 per cent were female members and 10 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, 60.3 per cent reported being forcibly displaced, while 39.7 per cent answered no. All IDPs were forcibly displaced from Unity State (100%), with the majority displaced from within Rubkono County (72.8%).

Reasons for forced displacement to current locations



When IDPs who reported being forcibly displaced (60.3%) were asked whether they intend to return to their habitual residence or relocate to a different location within the next two years, 60.9 per cent reported their intention to return to their habitual residence (82.4% females and 17.6% males), 36.6 per cent reported their intention to remain in their current location (88.2% females and 11.8% males), 1.8 per cent reported their intention to relocate to a different location (80% females and 20% males) and 0.7 per cent did not know.

Among IDPs who intend to return to their habitual residence or relocate elsewhere, 54.9 per cent reported not knowing when they plan on doing so, whereas 20.6 per cent reported that they plan on doing so in more than 12 months, 13.1 per cent in 7 to 12 months, 6.3 per cent in 4 to 6 months, 5.1 per cent in less than one month and 1 per cent preferred not to answer.

Those who reported not being forcibly displaced (83%) were asked if their households had voluntarily returned/relocated to their current location after being displaced within South Sudan or abroad. Around 0.5 per cent returned or relocated from within South Sudan and 99.5 per cent reported neither. Among those who returned or relocated from within South Sudan, 100 per cent reported being satisfied with their decision to return.

The main reported barriers preventing IDPs from returning to their areas of habitual residence prior to displacement (area of return) include house is destroyed (45.7%), lack of services (40%), lack of livelihoods (40%), lack of financial resources (37.1%), insecurity (20%), discrimination (5.7%), house is occupied (2.9%) and uncertainty (2.9%).

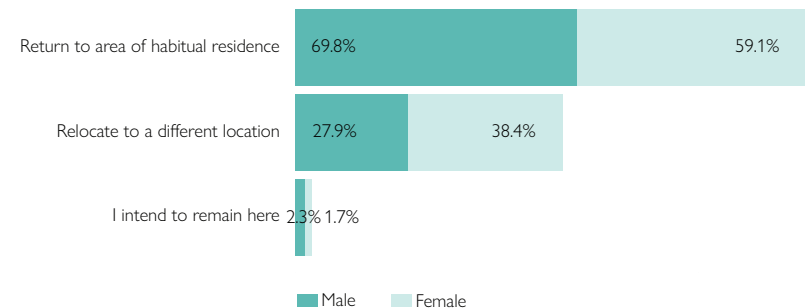
Around 8.6 per cent reported that there are no barriers and 2.9 per cent preferred not to answer.

Around 3 per cent of the households interviewed are hosting IDPs, 4.2 per cent are hosting returnees/relocated persons and 3 per cent are hosting separated children. Among those households hosting IDPs and/or returnees/relocated persons and/or children, 53.6 per cent have members of their family living elsewhere in South Sudan, 25 per cent have members of their family living abroad and 10.7 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 (36%), visiting family or friends (36%), searching for employment opportunities (32%) and marriage (12%).

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.

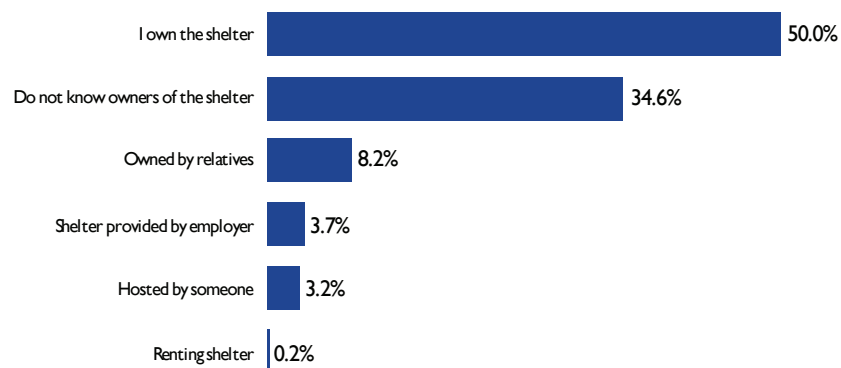
Chart 4: Showing return intentions by gender (%)



SHELTER AND NON-FOOD ITEMS (NFI)s

Shelter and Non-Food Items

Chart 5: Showing shelter ownership (%)



The majority (79.9%) of survey respondents reported that the type of shelter their household currently resides in is a Rakooba, followed by a Tukul (17.7%). Smaller shares of respondents reported that they are living in semi-permanent or permanent concrete buildings (1.3%), or in improvised shelters mostly made of plastic sheets (1.1%), communal shelters shared by several households (0.2%).

The most common non-food items households reported to have at home are mosquito nets (86.6%), sleeping mats (81.9%), plastic sheets (56.4%), blankets (55.7%) and kitchen kits (19.7%).

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 76.7 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 19.7 per cent described it as neutral and 3.5 per cent as poor, reporting frequent conflict or threats of conflict in communal areas and limited or no sharing of assistance and resources. Around 0.2 per cent reported that there are no IDPs and/or returnees/host community members in their area.

HEALTH

Almost one quarter (23.3%) of survey respondents reported having a household member with a health problem and needs healthcare, of whom 59.3 per cent reported that they sought healthcare in an NGO clinic, followed by a government hospital (28.7%), NGO hospital (10.2%) and private hospital (0.9%), while 0.9 per cent reported not seeking healthcare.

Most respondents (81.5%) reported that a member in their household was unable to access healthcare when needed, of whom 90.9 per cent were female members and 9.1 per cent were male members.

The main barriers preventing them from accessing healthcare include being unable to afford the cost of treatment (59.1%), health services are only available during parts of the day (53.4%), unable to afford the cost of treatment (53.4%), long wait times to receive services (34.1%), unable to afford transportation costs (30.7%) and unavailability of specific medicine or treatments (12.5%).

Around 58.6 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 40.3 per cent reported that pregnant women in their household did not try to access ANC but 0.2 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 0.9 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, 53.1 per cent reported in 30 minutes to one hour, 38.8 per cent in 15 to 30 minutes, 6.1 per cent in 1 to 2 hours and 2 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 (94.5%), 95.2 per cent reported that children have been vaccinated, of whom 93.7 per cent received the Measles vaccine, 90.1 per cent received the Polio vaccine, 79 per cent received the Tuberculosis vaccine and 72.5 per cent received the Tetanus vaccine. The most common places children received vaccinations at were in a government hospital (66%), NGO clinic (56.4%), primary health centers (33.7%), house to house teams (29.6%) and government health post (10.4%).

Whereas 4.8 per cent of households with children five years of age or younger (94.5%) reported that children have not been vaccinated, mainly due to the unavailability of a nearby functional health facility (85.7%) and long waiting times to receive the vaccine (14.3%).

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

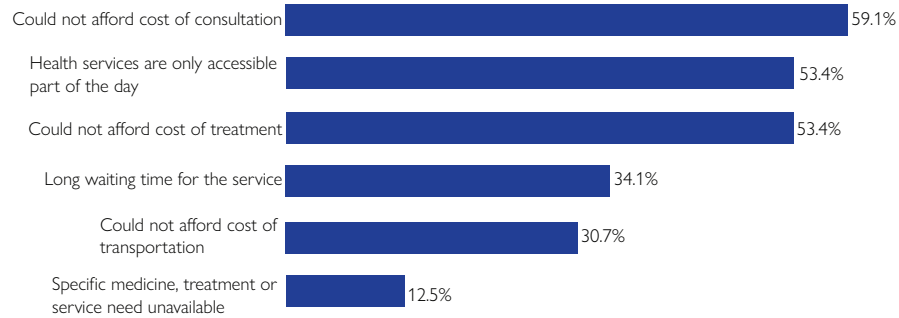
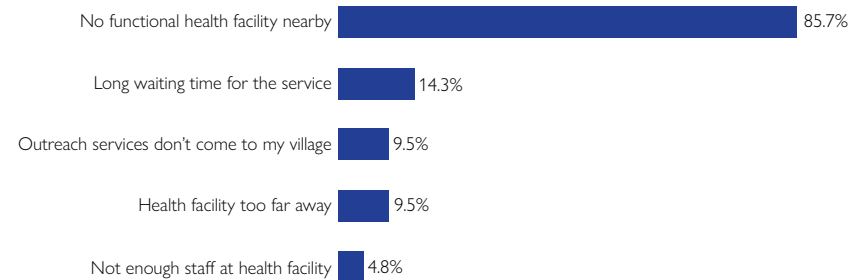


Chart 7: Main reported barriers to accessing vaccination services (%)



WASH

Drinking Water

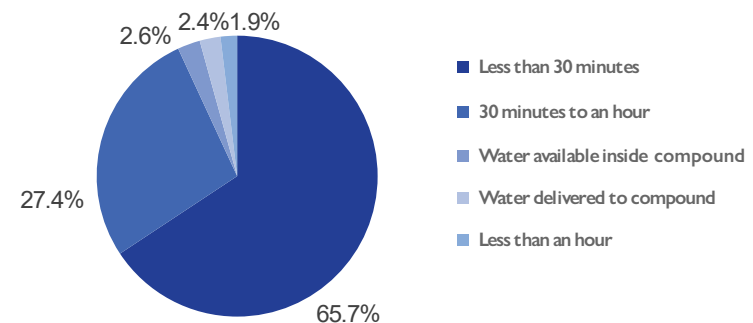
Around 40.6 per cent of the survey respondents reported a tap stand serving not more than five households as their main source of drinking water or a public tap serving more than five households (37.6%), followed by boreholes or protected wells (17.1%), water bought from a tank or truck (3.7%), among other sources (1%).

Most respondents (62%) reported that they use chlorine tablets as a water treatment method before drinking water, whereas 34 per cent not using any treatment method and 3.8 per cent reported other methods, including boiling, whereas 0.2 per cent reported not knowing.

Around 65.7 per cent of respondents reported that it takes them less than 30 minutes to reach their main water source, 27.4 per cent reported 30 minutes to one hour, 2.6 per cent reported that water is available inside their compound, 2.4 per cent reported that water is delivered to their compound and 1.9 per cent require one hour to less than half a day.

On average, each household has around 3.3 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, 7.3 per cent answered yes, of whom 94.1 per cent were female members and 5.9 per cent were male members.

Chart 8: Reported distance to access water points (%)



Sanitation Facility

More than half of the survey respondents, or 56.3 per cent, reported that they defecate in a pit latrine with a slab or platform, 17.6 defecate 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.

Most households with children under the age of five years (94.5%), reported that children defecate in the open (62.7%), followed by defecation in plastic bags (10.7%), household latrines (10.1%), shared latrine (8%), bucket toilet (5.9%) and communal latrines (1.6%), whereas 0.8 per cent did not know and 0.3 per cent preferred not to answer.

PROTECTION

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

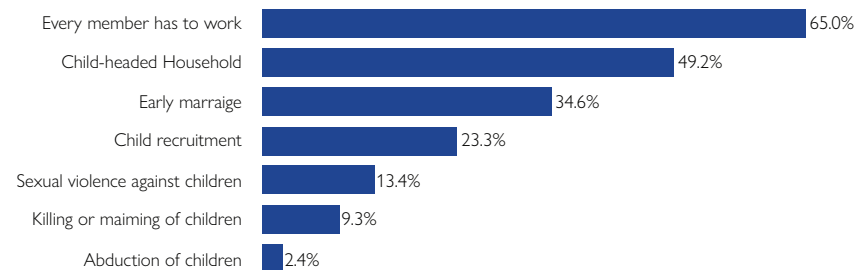
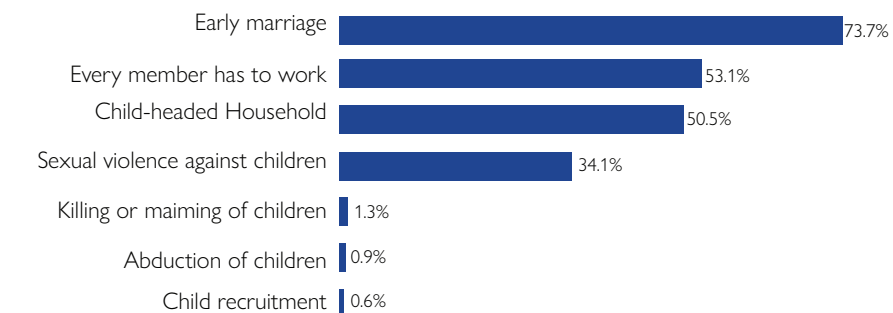


Chart 10: Main reported safety concerns for girls (%)



Movement Restrictions

Owing to the insecure environment, 1.7 per cent of the survey respondents reported that members in their household had to restrict their movement, of whom, 87.5 per cent were female members and 12.5 per cent were male members.

The main reported reasons respondents were restricting their movement due to insecurity include death or injury because of violence, as reported by 37.5 per cent, followed by the presence of unexploded ordnance (25%), checkpoints (25%), lack of identification documents (12.5%) and 12.5 per cent reported not knowing.

Access to Justice Mechanism

When survey respondents were asked if household members needed to access justice mechanisms and 44.2 per cent responded yes. However, 20.7 per cent were unable to access formal justice mechanisms, but 23.5 per cent reported accessing customary or informal justice mechanisms.

Civil Documentation

Overall, 82.3 per cent of survey respondents reported that members in their household were in need of accessing civil documentation, however 51 per cent of whom were able to successfully do so. The remaining 31.3 per cent were unsuccessful, of whom 60.4 per cent were IDPs and 39.6 per cent were host community members.

Among respondents who reported having household members in need of accessing civil documentation (82.3%), the most common types were passports (73.5%), birth certificates (69%), national identification (64.6%), among other types (9%).

Access to Protection Services

Around 74.9 per cent of the survey respondents reported that they were in need of and tried to access protection services, of whom 28.5 per cent were unsuccessful in doing so and 46.4 per cent were successful in accessing protection services.

Around 33 per cent of respondents reported that protection services were unavailable, however 47.5 per cent reported that MHPSS services are available, in addition to livelihood services for women and girls (35%), legal aid services (25.1%) and rape treatment and treatment of physical injuries (19.2%).

Safety and Security Concerns for Children

The main reported safety and security concerns for boys (under 18 years), as reported by the survey respondents, include the need for every household member to work to meet the family' s basic needs (65%), social norms (51.4%), child-headed household (49.2%), early marriage (34.6%), child recruitment by armed forces (23.3%), sexual violence against children (13.4%), killing or maiming of children (9.3%) and abduction of children (2.4%).

The order of the safety and security concerns for girls (under 18 years) was different, wherein early marriage was the most reported concern among survey respondents, accounting for 73.7 per cent. Other concerns include the need for every household member to work to meet the family’s basic needs (53.1%), child-headed household (50.5%), sexual violence against children (34.1%), social norms (32.8%), killing or maiming children (1.3%), abduction of children (0.9%) and child recruitment by armed forces (0.6%).

Housing, Land and Property

Two thirds of survey respondents (66.7%) 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, 14.1 per cent of survey respondents reported that their household is facing an HLP issue such as lost documents (26.1%), ownership dispute (19.7%), rules and processes on housing and land are unclear (19%), looting of property (17.3%), inheritance dispute (16.2%) and eviction threats (1.5%), among other issues such as rent and boundary disputes and unlawful occupancy, lootings and rental disputes (5.2%) and 0.2 per cent did not know.

Among respondents facing threats of eviction, 71.4 per cent are female-headed households and 25.6 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 (84.3%) and traditional courts (73.4%), followed by formal courts (39%) and family network (3.4%), while 2.2 per cent reported not taking any action.

EDUCATION

Overall, 99.3 per cent of respondents reported having at least one child under the age of 18 in their household, of whom 36.5 per cent reported that all primary school-aged children in their household attend school, compared to 47.2 per cent who reported that some do, while 15.9 per cent reported that no primary-school aged children attend school, and 0.4 per cent did not know.

Among households with children under the age of 18 years (99.3%), 15.7 per cent reported having children in their household who dropped out of school. Around 15.1 per cent reported having boys in the household who dropped out of school and 14.4 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 (47.2%) and households who do not have any children who attend (15.9%), include unaffordable fees (49.5%), schools are closed because of the floods (27.7%), schools are closed because of the conflict (26.3%), lack of school materials (15.9%), school is not a priority (9.3%), lack of documentation (5.2%), early marriage (3.5%), among other reasons (9.9%).

Early marriage as a barrier to school affected a higher share of girls than boys, wherein among the 3.5 per cent who reported early marriage as a reason, 80 per cent were girls, compared to 20 per cent boys.

Households with children with disabilities reported that the main barriers hindering access to education include lack of caregivers and negative attitudes (100% each).

Among households with children under the age of 18 years (99.3%), 24 per cent reported that it takes members in their household less than 15 minutes to reach the nearest education facility, 40.8 per cent reported it takes between 15 to 30 minutes, 25.8 per cent reported 30 minutes to 1 hour, 2.6 per cent 1 to 2 hours, while 0.9 per cent reported more than two hours, and 5.9 per cent did not know.

Chart 11: Distance to access education facility (%)

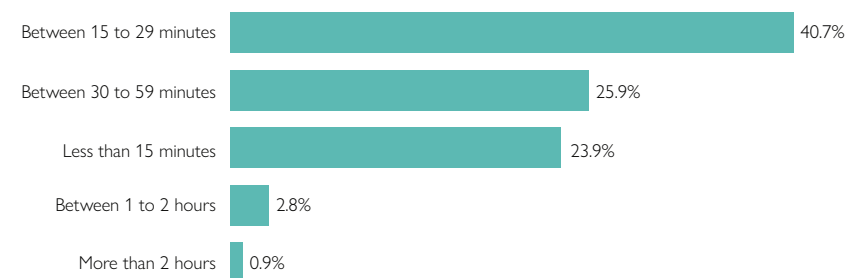
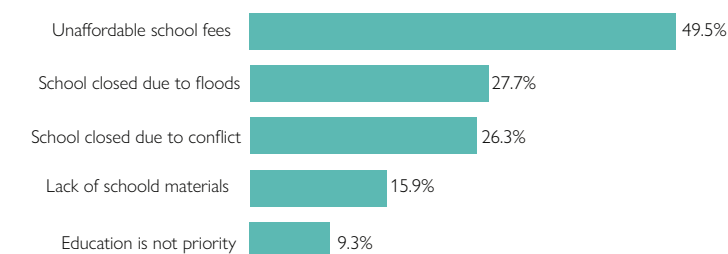


Chart 12: Main reported reasons children drop out of school (%)



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 48.4 per cent responded yes.

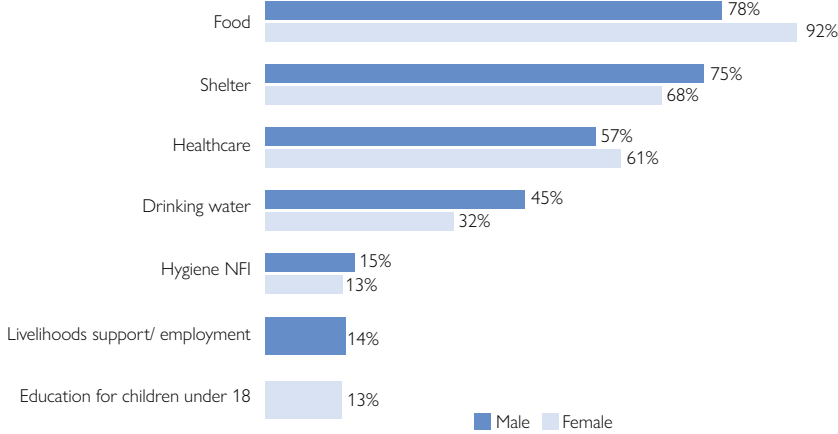
Of whom, 89.3 per cent reported that they submitted a case in a complaint and feedback mechanism (CFM) in the last three months of when the survey was conducted. Among those who submitted a claim, 100 per cent reported that the responsible organization responded to them regarding their complaint and provided them with updates on the actions they are taking to help provide feedback.

Additionally, among those who submitted a claim, 99.5 per cent reported that the mechanism to voice concerns and complaints regarding aid is easy to access and use, 98.5 per cent reported that it is appropriate for their community, 99 per cent reported that it is trustworthy, and finally 98.5 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, 30.5 per cent of those in need were unsuccessful in accessing it, of whom 92.2 per cent were female members and 7.8 per cent were male members.

Food assistance was reported as the top priority need among all survey respondents, accounting for 89.6 per cent. Shelter and healthcare were also amongst the top basic needs as reported by 69.3 per cent and 60.5 per cent of respondents, respectively. Around 34.1 per cent reported that they are in need of drinking water, hygiene NFIs (13.6%), education for children (11.9%) and livelihood support (10.2%).

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



APPENDIX Methodology

For humanitarian needs analysis, urban areas in South Sudan can be 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.

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

Given the need to efficiently allocate limited resources for data collection and analysis, six priority areas – Juba, Wau, Yei, Bor, Rubkona/Bentiu, and Malakal – were selected based on their size and expected level of humanitarian need for inclusion as separate strata in the 2021 FSNMS+, which will be assessed again in the ISNA in the same manner.

For the urban component, IOM conducted a field assessment of the EAs in the six high-priority urban areas – Juba, Wau, Bor, Yei, Bentiu/Rubkona and Malakal – as well as a desktop assessment of the EAs in the five state capitals not covered by the field assessment – Torit, Kuajok, Aweil, Rumbek and Yambio, to refine these EA boundaries and collect additional information on the EAs to inform ISNA sampling. Footprints of building structures for the targeted areas were extracted from recent high-resolution satellite imagery from Maxar using automated image-recognition technology.

IOM's field assessment was conducted in the six high-priority urban areas through direct observation and key informant interviews. The key informant interviews collected data on population attributes and thematic indicators – common shelter types, presence of road networks, and access to markets – and built basic profiles of EAs, which later allowed for more accurate stratification (grouping) of EAs. Additionally, trained teams of enumerators assessed the preliminary EAs, drawing polygons containing non-residential and destroyed buildings, commercial, industrial or non-residential areas and unoccupied/destroyed buildings on high-resolution maps using mobile GIS software.

The preliminary EAs were adjusted to ensure they contain approximately equal numbers of residential building footprints. The approximate size of each EA varied based on the size of each city, with about 200 residential footprints per EA in the smaller urban centers and 1,000 building footprints used in large centers like Juba and Wau.

In larger urban areas – Juba, Wau, Bor and Yei – the study adopted a stratified two-stage clustered sampling strategy to generate an approximately self-weighting sample. In smaller urban areas – Bentiu/Rubkona and Malakal – stratified random sampling was 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.

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 were 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 was 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.

As part of monitoring and evaluation, the project included a pre-assessment phase, comprising of a 4-day training and a pilot field test, in addition to ongoing field and office-based feedback and daily data-checks and data cleaning.



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