



INTER SECTORAL NEEDS ASSESSMENT (ISNA) 2023

Rural Component's Quantitative Assessment Report

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Generously supported by funding from:



DTM SOUTH SUDAN

SouthSudanDTM@iom.int

dtm.iom.int/south-sudan

Publication Date: 28 March 2024

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EXECUTIVE SUMMARY

South Sudan is characterised as a food security crisis, and this is reflected in the **high reporting of food as household priority needs**. However, the crisis in South Sudan is not solely about food directly, and the ISNA findings demonstrate multi-sectoral needs exacerbate conditions in the country. In particular, **the lack of adequate WASH and health infrastructure compound food insecurity in rural areas**.

Households do not typically have access to sufficient water in terms of quality or quantity. The vast majority of household reported **dependency on unprotected water sources with very limited practice of water treatment**. Half of all households reported that collecting water took longer than humanitarian standards, and that they lack sufficient water to meet basic use, including drinking, washing and preparing food. **In addition, over 50% of household reported no access to any kind of latrine, and less than 10% reported using an improved sanitation facility of any kind**. The rate of open defecation is particularly high for children. The parlous state of access to water and basic sanitation infrastructure has a significant impact on other basic needs, in particular food security and health.

Households reported an inability to access health services when needed, partly as a result of lack of nearby facilities. Potentially related to this is the low prevalence of inoculation, with vaccine rates for Bacille Calmette-Gurein (BCG), measles and Pentavalent (PENTA) all below humanitarian standards.

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.
- **Household head:** A member of the household who is recognized by other members as the main decision maker. A household head can be male or female.
- **Host Community:** For this survey, host community are considered South Sudanese people that have not 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 to avoid the effects of, armed conflict, situations of generalized violence, violations of human rights or natural or human-made disaster, 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 having reached their home are considered still displaced.
- **Sampling frame:** A sampling frame is a list of all the people or units that have a chance of being selected in a sample. In this case, the sampling frame was based on the Mobility Tracking round 13 data and WorldPop population estimate.
- **Population estimates:** Population estimates are of the number of people in a given area at a given time. In this case, population estimates for the host community, IDPs, and returnees were used to ensure that the survey was representative of the entire population.
- **Margin of error:** The margin of error is a measure of the potential variation in the results of a survey. In this case, the survey has a five percent margin of error, which means that the actual results of the survey could be five per cent higher or lower than the reported results.

Confidence level: The confidence level is a measure of how confident we can be that the results of a survey are accurate. In this case, the survey has a 95 per cent confidence level, which means that we can be 95 per cent confident that the findings of the survey are accurate within a five per cent margin of error.

ACRONYMS

- AAP: Accountability to Affected Population
 ANC: Antenatal Care
 BCG: Bacille Calmette-Guérin
 EA: Enumeration Area
 FSNMS: Food Security and Nutrition Monitoring System
 GBV: Gender-based Violence
 HH: Household
 IDP: Internally Displaced Person
 MHPPS: Mental Health and Psychosocial Support
 NBS: National Bureau of Statistics
 NFI: Non-food Items
 PENTA: Pentavalent
 PPS: Probability Proportional to Size
 PwD: Person with Disabilities
 RRC: Relief and Rehabilitation Commission
 VAS: IOM's Village Assessment Survey

BACKGROUND AND AIM

Persistent humanitarian needs remain prevalent in South Sudan, with 8.5 million people (68% of the population) in need of assistance in 2024. Conflict, sub-national violence, food insecurity, climate change, and public health challenges are the main drivers of humanitarian needs.

South Sudan is home to the world's fourth most neglected displacement crisis and the largest refugee crisis in Africa¹. Over 2.3 million South Sudanese refugees are hosted in neighboring countries. Almost half of South Sudan's population are affected by food insecurity, making South Sudan one of the worst food emergencies in the world. An estimated 7.1 million people (56% of the population) will experience severe food shortage at the peak of the 2024 lean season from April to July, and 1.6 million children are expected to suffer from life-threatening acute malnutrition². South Sudan is one of the eight countries in the world most vulnerable to the effects of climate change³. In 2022, large-scale flooding affected over 1 million people and displaced many communities.

¹ NRC, The world's ten most neglected crises are all in Africa, available at <https://www.nrc.no/news/2022/june/the-worlds-ten-most-neglected-crises-are-all-in-africa/>

² SOUTH SUDAN: IPC Acute Food Insecurity and Malnutrition Snapshot | September 2023 - July 2024 available at <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1156667/?iso3=SSD>

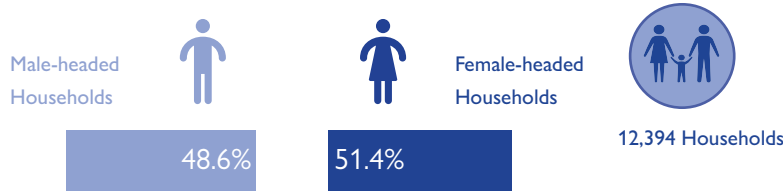
³ The 8 Countries Most Affected by climate change, available at <https://www.wfpusa.org/articles/countries-most-affected-by-climate-change/>

Following the onset of the conflict in Sudan on 15 April, large numbers of people have fled to neighbouring countries. As of 27 October, over 340,000 people have been recorded crossing into South Sudan from Sudan further exacerbating the humanitarian crisis the country faces. Sudanese refugees were not considered during the assessment.

The overall goal of the 2023 humanitarian Inter-Sector Needs Assessment (ISNA) was to collect and analyze data on the needs and vulnerabilities of households, displacement and migration history, shelter and non-food items (SNFI), water, sanitation and hygiene (WASH), health, education, protection, and social cohesion.

The ISNA was intended to fill the information gaps for the 2024 Humanitarian Needs Overview and update the two-year Humanitarian Response Plan (2023-2024). The data collection conducted between July and August 2023, addresses these gaps, while fully respecting accountability to the affected populations and minimizing assessment fatigue.

KEY FINDINGS



- 15 per cent of respondents reported having at least one member with a disability, 4 per cent of whom face moderate or severe challenges. This aligns with the WHO's global average. Additionally, chronic illness affects a significant 22 per cent of households, underscoring the need for accessible healthcare within the rural areas of South Sudan
- A concerning 48.1 per cent of households have at least one member with a health issue. More critically, 67.9 per cent reported difficulties in accessing healthcare when needed. The primary issues contributing to this are the significant distance to health facilities (50.8%) and lengthy waiting times for services (37.8%). More primary health care and mobile/outreach facility are needed to address the accessibility and efficiency of healthcare services, ensuring that households in need of health services can promptly receive the care they require.
- 79.5 per cent indicated that not every individual in their household possesses a valid identification document posing a challenge for the upcoming elections. With 50.7 per cent of the population requiring access to civil documentation, urgent attention is needed to facilitate the documentation process. 39.7 per cent of households reported they attempted to access civil documentation but faced obstacles which is alarming, this underscores the need for interventions to ensure a smooth and accessible documentation process for all citizens. Addressing this is crucial for facilitating democratic participation and ensuring equal civic rights for the entire population.

- Enrollment rates among school-aged children were significantly lower in Lakes (57%), Jonglei (53.2%), Northern bahr El Ghazal (52.3%), Unity (52.3%) and Warrap (49.6%) compared to other states in the current school year. Addressing the high rates of school non-enrollment in these states is crucial to improving educational outcomes in these regions.
- Nearly 60 per cent of the population needs protective services, yet almost half (46.4%) face roadblocks in accessing them. Movement restrictions due to insecurity affect 24.6 per cent of households, highlighting the urgency to enhance security measures. Additionally, 15.5 per cent express concern about early marriage for girls, emphasizing the need to implement programs to fight early marriage and promote girls education. Equally alarming is the 10.4 per cent reporting unlawful detention as a primary protection concern for boys. Immediate attention and targeted programs are essential to address these pressing protection issues.

ASSESSMENT FINDINGS

Demographics and Vulnerability

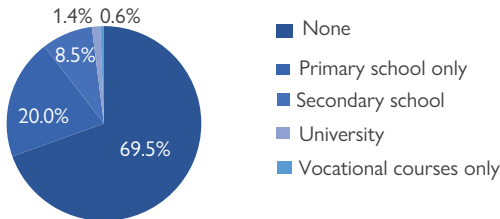


In the rural assessment, the average household size was 5.6 persons, with a median of 6 persons. The higher mean value compared to the median suggests a positive skew in the data distribution. The gender distribution was relatively balanced, with 48.6 per cent of households headed by females and 51.4 per cent headed by males. This indicates a fair representation of female-headed households in South Sudan. At the time of the interview, 90 per cent of respondents identified themselves as the head of their household.

Regarding the marital status of household heads, a vast majority (86.8%) were married, with 6.6 per cent widowed, 5 per cent single, and 1.6 per cent separated or divorced.

A large proportion of head of household (69.5%) did not receive any form of education with male headed households more likely to have a primary, secondary, university or vocational education (37.4%) compared to female headed households (23.3%). A further breakdown by state shows that Lakes (87.6%), Warrap (81.8%) and Unity (81.1%) had the highest number of head of household with no formal or informal education.

Chart 1: Showing level of education of household heads

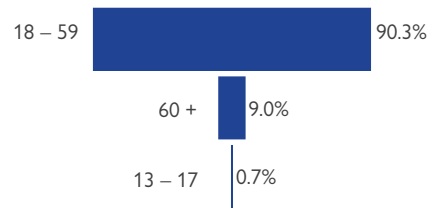


22.5 per cent of households had at least one member with a chronic disease (e.g., Diabetes, Cancer, heart or kidney diseases, stroke, etc.) lasting more than three months. Persons with disability prevalence using the standard Washington Group of Questions (WGQs) was found to be 15 per cent, mild, moderate or severe functional limitations across the 6 domains namely vision, hearing, walking, remembering, self-care and communicating. Delving further into the persons with disability data, individuals with moderate or severe disability was found to be 4 per cent which is in line with the Global prevalence rate as reported by WHO 2011. Visual and mobility related disabilities were the most prevalent reported (8% each).

Chart 2: Showing distribution of respondents by gender (%)



Chart 3: Showing age breakdown of household heads (%)



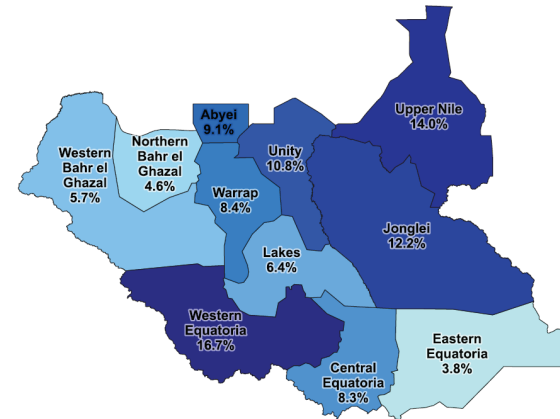
DISPLACEMENT AND MOBILITY

Displacement Trends

Most households' habitual residence prior to their first displacement was in Jonglei (35.5%), followed by Western Equatoria (14.9%) and Unity (13.1%). Conflict remains the predominant factor driving displacement among Internally Displaced Persons (IDPs), with 73.5 per cent citing it as the primary cause for their initial displacement. Additionally, other significant reasons for displacement include natural disasters that led to the destruction of homes, disruption of livelihoods, and interruption of services (34.2%). Furthermore, 8.7 per cent identified diverse factors such as food insecurity and the fear of epidemics as contributors to their displacement.

Understanding the reasons behind displacement is crucial for designing effective durable solutions. Addressing the root causes, whether it's mitigating conflict, building resilience to natural disasters, or ensuring food security, can help prevent future displacement and support the safe return of those already displaced.

Table 1: Map showing preferred State of return in South Sudan by IDPs



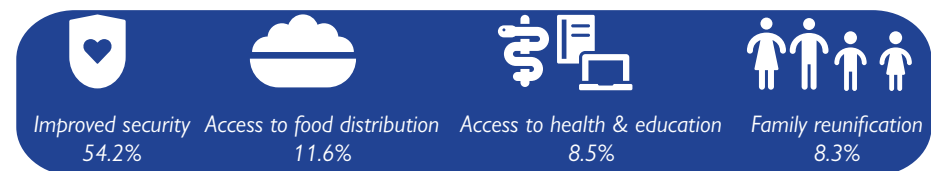
Intentions and Perceptions

When IDPs were asked what their return intentions were, 40.3 per cent expressed their intention to return to their habitual residence within the next two years, while 13.5 per cent indicated their intention to relocate to a different location either within or outside the state. Conversely, 38.6 per cent reported their intention to remain in their current location, and 7.7 per cent either did not know or preferred not to respond. Breaking it down by gender of head of household, more female headed households intend to remain in their current location (42.3%) compared to male headed households (35.5%) Among households intending to return or move to a different location, 20.7 per cent want to move over the next 12 months and 17.9 per cent of households do not know when they will be returning.

Regarding whom is the primary decision maker with regards to return intention among households who indicated a desire to move in the next 2 years, men and women together accounts for more than 2 in 5 households (44.8%).

With regards to barriers preventing the displaced population from returning, lack of finance is the most common barrier to return for displaced people, with 44.4 per cent of respondents reporting this issue. Other common barriers include lack of services (25.2%), lack of livelihoods (23.1%), and insecurity (20.7%).

Chart 4: Top reasons for return



ACCOUNTABILITY TO AFFECTED POPULATION

Nearly half (45.4%) of survey respondents indicated that they believe they can provide feedback and make complaints regarding humanitarian assistance. Among those who perceived this ability, 43.7% reported submitting a case through a complaint and feedback mechanism (CFM) within the three months preceding data collection. Encouragingly, 72.9% of those who submitted a complaint reported receiving a response from the responsible organization, including updates on actions being taken to address their concerns. This suggests that there is a relatively high level of awareness among the surveyed population regarding their right to provide feedback and make complaints about humanitarian assistance. Additionally, the positive response rate from responsible organizations indicates a commitment to addressing these concerns and improving the delivery of humanitarian aid.

Among those who submitted a complaint, a significant majority expressed satisfaction with the complaint and feedback mechanism (CFM). Specifically, 77.5% found the CFM easy to access and use, 81.3% considered it appropriate for their community, 79.2% perceived it as trustworthy, and 74.7% felt that their views and opinions were being 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, 63.1% per cent of those in need were unsuccessful in accessing it, of whom both male-headed and female headed households were same at 63.1%.

Food assistance was the top priority need among all survey respondents, with 78.4% reporting it as a critical need, further prove from the September 2023 Integrated Phase Classification data that shows “5.83 million people (46 percent of the population) are experiencing high levels of acute food insecurity classified as IPC Phase 3 or above (Crisis or worse), with 1.64 million people in IPC Phase 4 (Emergency)”³. Shelter and healthcare were also identified as essential needs, with 56.1% and 52.8% of respondents reporting them, respectively. Around 25.8% indicated a need for drinking water, while 13.5% expressed a need for education for their children and 13.4% sought support for agricultural activities. Additionally, 9.3% required NFIs (non-food items), 9.2% requested livelihood support, 8.6% needed WASH NFIs (water, sanitation, and hygiene non-food items), and 8.1% sought cash assistance. Trainings, protection, and psychosocial support were also reported as needs, but to a lesser extent (1.7%, 1.6%, and 0.8%, respectively).

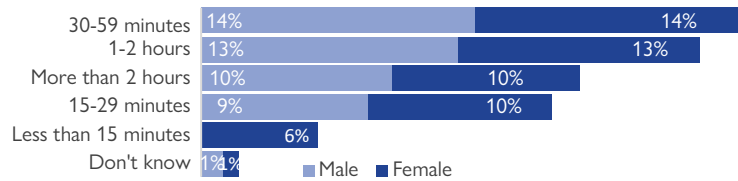
Geographically, food assistance needs were particularly pronounced in Warrap and Eastern Equatoria, with 88.2% and 85.2% of respondents in these states reporting it as a priority. This underscores the need for targeted food assistance interventions in these areas.

HEALTH

Almost half of households (48.1%) had an individual with a health problem who needed to access healthcare in the past three months, of whom a significant proportion were unable to access health care facility when they felt they needed it (67.9%). Indicatively when categorized by gender of head of households, female-headed households experience a greater lack of access to healthcare compared to male-headed households, with 69.6 per cent lacking access compared to 66.4 per cent of those led by men.

The survey revealed that among those who had reported attempting to access health services in the previous 3 months, Government Health Centres were the most frequently accessed healthcare facility, accounting for 60.7% of visits. Government and NGO hospitals followed closely with a combined 36.7%, while private clinics were the choice for 9.5% of respondents. Private hospital and Government health post (mobile clinci), on the other hand, had minimal utilization, with only 4.4% and 3.4% of respondents mentioning their presence respectively.

Chart 5: Showing time required to walk to the nearest health facility



To ensure timely healthcare for all, urgent action is needed across South Sudan. None of the 10 states plus Abyei that was assessed currently meet the SPHERE standard of 80% access within a one-hour walk from resident, requiring significant investment and improvements in healthcare infrastructure and service provision.

Although in May 2023, WHO declared that the COVID-19 virus is no longer a global health emergency, the data provides intriguing insights. Over a quarter of respondents have not received the COVID 19 vaccine (27.6%) mainly due to lack of knowledge of where vaccinations are provided (42.7%), vaccine unavailability (27%), worried about side effects of the vaccine (23.3%), no need to get vaccinated against COVID 19 (13.7%), worried about issues the vaccine might cause like not having children in the future (13%) and others (15.8%). In terms of vaccine doses, an impressive 82.6 per cent of respondents who have taken the Covid-19 vaccine have also received a booster dose.

An examination of vaccinations administered to children under the age of five unveils concerning deviations from both SPHERE and WHO standards for the three vaccines covered in the rural ISNA data collection.

The SPHERE standards stipulates that at least 95% of children age 6 months to 15 years

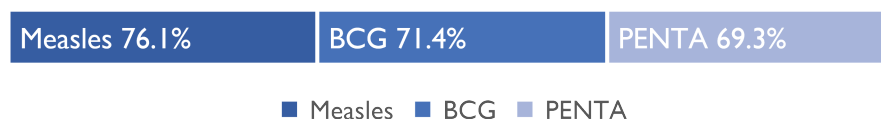
should have received measles vaccination. However, our analysis, focusing on children between the ages 6 - 59 months reveals a shortfall with only 76.1 per cent having received the measles vaccination according to respondents.

According to global standards, the BCG vaccine aimed at preventing tuberculosis, is expected to cover over 80 per per cent of neonates and infants in countries where it is integrated into the national childhood immunization program. However, upon analyzing the data, it was found that 71.6 per cent of respondents reported that a child under the age of 5 has been vaccinated against tuberculosis, representing a deficit of 8.4 per cent compared to the global standard.

The PENTA vaccine, designed to protect children from Diphtheria, Pertusis, Tetanus, Hepatitis B and Hib, exhibits a coverage rate of 69.3 per cent among the surveyed households reporting for children under the age of one. This figure indicates a significant deviation from the SPHERE standard, which advocates for a minimum coverage rate of greater than 79 per cent to ensure effective immunization and safeguard the health of infants.

This analysis underscores the urgency of interventions to enhance vaccination rates and align with global standards, safeguarding the health of children in the target age group.

Chart 6: Types of vaccines received by children (%)



WASH

When examining the sources of drinking water, boreholes were found to be the predominant source of drinking water, with more than 1 in 2 households relying on them (55.8%). This is closely followed by rivers or streams which cater to the needs of 24.4 per cent of the respondents, a concerning revelation is that over 70 per cent of households do not treat their water. The data also indicates that of the 24.4 per cent of respondents whose primary water source is rivers and streams (considered unimproved water sources), 75 per cent do not treat their water before drinking, increasing their vulnerability to several potential health risks. The lack of water treatment practices underscores the need for interventions to promote safe water practices and mitigate health risks associated with water consumption.

As per the SPHERE standard for water accessibility, almost half of households (49.8%) do not meet this criterion, while the remaining 50.2 per cent can access water (including going, queuing, collecting, and returning) in under 30 minutes. Notably, 33.3 per cent reported that this process takes anywhere from 30 minutes to an hour.

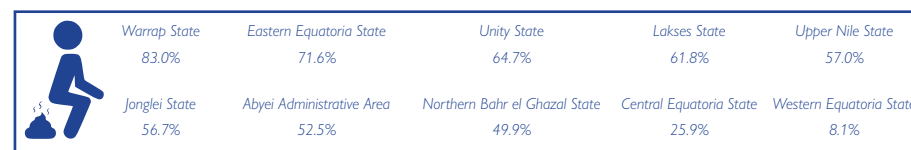
Additionally, 13.7 per cent, 1.2 per cent, and 1 per cent reported that it takes them more than one hour to less than half a day, half a day, and more than half a day, respectively.

Access to clean water for meeting basic needs is of critical importance. 20.6 per cent of assessed households indicate that they do not have enough water to meet any of their drinking, cooking, hand-washing, personal hygiene or other domestic needs.

19.1 per cent felt unsafe collecting water from their main water source in the two weeks prior to the interview. Male-headed households are more likely to feel unsafe when carrying out their water collection activity (20.5%) than female headed households (17.6%). Indicatively, the rate of households feeling unsafe in Jonglei state (34.9%) is higher than any other state.

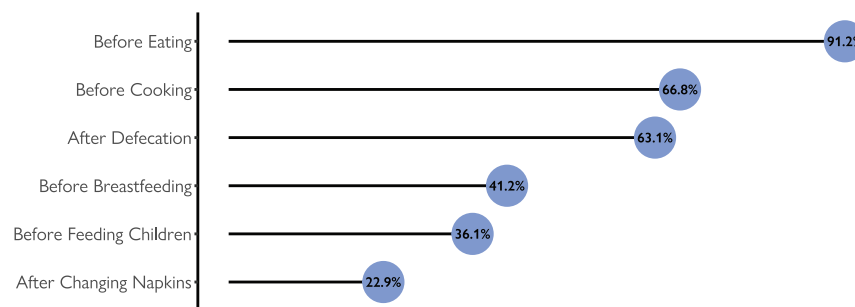
In terms of sanitation facilities, more than half of the households still practice open defecation (56.1%) which underscores the urgent requirement for enhanced sanitation infrastructure and awareness initiatives. Indicatively, of those who practice open defecation, two thirds reported an unprotected water source as their primary source of drinking water. Additional reported sanitation facilities include, open hole (21.4%), pit latrine without slab (10.4%), pit latrine with slab (7.4%) and others (4.7%).

Chart 7: Showing open defecation prevalence across States (%)



The majority of households with children under the age of five years, reported that open defecation is the most prevalent practice (87.3%), while smaller shares use household latrines (5.8%), shared (3.6%) or communal (1.8%) latrines and 1.4 per cent reported other methods.

Chart 8 : Percentage of household reporting at what times they wash their hands



EDUCATION

Education plays a pivotal role in fostering a strong and thriving society. In the current academic year (2022-2023), 52.5 per cent of households with children under the age of 18 reported having their children enrolled in formal schooling. Among these enrolled students, an impressive 92.7 per cent demonstrated regular school attendance, defined as attending at least four days out of five each week.

Comparing enrollment and attendance rates between male-headed and female-headed households reveals that children in male-headed households have a slightly higher enrollment rate (53.6% versus 51.4%) but a marginally lower regular attendance rate (92.1% versus 93.2%). Nevertheless, the proportion of children not enrolled in formal schooling remains relatively similar between the two household types, with female-headed households (48.4%) having a slightly higher rate compared to male-headed households (45.9%).

The learning conditions and safety en route the educational facilities of the children currently enrolled in school were also assessed. Among those that are enrolled in school and attend at least 4 times in a week, 94.4 per cent of respondents reported their children were able to travel safely to school (i.e., without facing physical or mental threat on the way to school) and learn in safe conditions (i.e., the learning environment is safe for children) at the school while the attendance rate is impressive only more than four in five households (81.6%) highlighted that their children are able to learn in acceptable conditions (i.e., the learning environment met the basic educational needs of learners).

Table 3: Main reported barriers for children in school

Different learning conditions	Percentage
Lack of teaching and learning materials	50.0%
Lack of teachers	41.4%
Lack of qualified teaching staff	35.6%
Poor hygiene and sanitation	22.0%
Overcrowded classrooms	18.9%
Displacement inducing change of school	10.7%
Curriculum not adapted	9.9%
Language barrier	3.5%
Prefer not to answer	3.0%
Discrimination of children	2.35

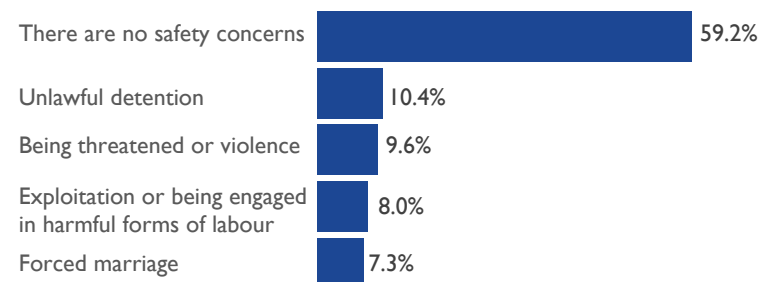
Several factors hinder children's access to education, as reported by households with some children attending school and those without, these include unaffordable fees (56%), lack of physical access/transport to school (17.7%), lack of school materials (13.4%), lack of documentation to enrol (11.5%), lack of teaching staff (9.9 %), and education is considered low priority (9.8 %). Early marriage was also mentioned as a barrier to education by 4.1 per cent.

For households with children with disabilities, specific barriers to education includes teachers are not able or available to teach children (38.9%), classrooms are not adapted for child (21.1%), infrastructure (non-classroom, WASH) is not adapted for children (20.4%), no capacity to support children with disabilities (17.2%), curriculum/ teaching methods and instructional materials (e.g., textbooks) are not adapted for child (13.6%) and problems with accessing distance learning. (11.6%).

PROTECTION

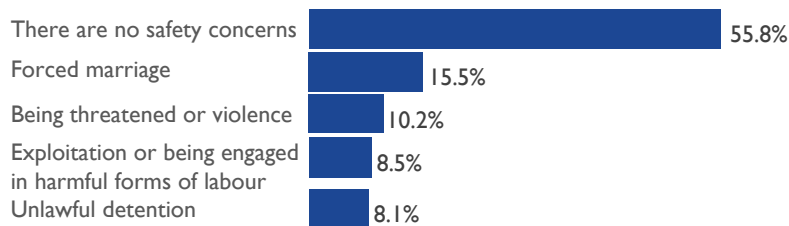
Approximately one-third (31.3%) of the respondents, indicated that they currently have a household member residing elsewhere, either within South Sudan, abroad, or both. For those with at least one child under the age of 18 living elsewhere, the top five reasons why they are living elsewhere include, left the house to study (60.3%), married and left the house (35.3%), left the house to seek employment (29.2%), left to visit other family members elsewhere some days ago and will return shortly (23%) and Sent to relatives or others as we couldn't afford keeping them (23%). When asked about their awareness of family reunification services, 65.6 per cent of households with family members living elsewhere reported being unaware of any such services available in their area. Among those who indicated that family reunification services exist in their area, 40.1 per cent identified community-based support groups as the primary service they knew of, while 20.4 per cent mentioned family tracing and reunification services.

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



While over half of the respondents indicated that boys (59.2%) and girls (55.8%) do not encounter safety or security concerns within the community, a substantial number raised concerns about the protection of children. The primary protection concern for boys in the community is unlawful detention (10.4%), followed by threats of violence (9.6%) and exploitation (being engaged in harmful forms of labour for an exploiter's economic gain) reported by 8 per cent of the survey respondents. The order of protection concerns for girls differs slightly, with forceful marriage being the most prevalent concern reported by survey respondents at 15.5 per cent. Other concerns include threats of violence (10.2%) and exploitation (8.5%).

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



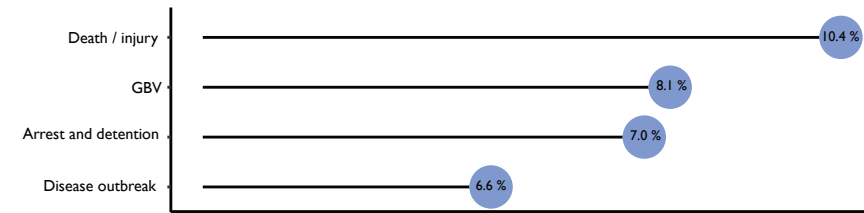
Qualitative findings suggest that women and girls are at an increased risk of experiencing sexual and gender based violence including rape. When survey respondents were asked about areas that women and girls avoid due to safety concerns, 13.3 per cent reported that women and girls avoid areas while collecting firewood, 11.2 per cent reported avoiding water points, and 7 per cent reported avoiding markets. These are essential locations that they are forced to avoid, potentially hindering their daily activities and livelihoods. The share proportion of the three main locations women and girls avoid was consistent between male and female headed household. GBV case management (16.8%) and MHPSS (11.9%) are the two most common services that survey respondents are aware of that are available to support women and girls who have experienced violence.

Land tenure in the community is predominantly communal or customary, with about half of the respondents (47.3%) reporting this type of ownership. Private land ownership accounts for 30.3%, followed by public land (18.2%) and tenancy/rent/lease arrangements (3.1%).

A significant proportion of respondents (79.5%) indicated that not every individual in their household possesses a valid identification document. Only 17.1 per cent reported having identification documents for all household members. The lack of identification documentation can hinder movement within the community (2.1% reported lack of ID as the reason why they restrict their movement) and pose other limitations.

Among those who reported that every member of their household has identification documents, 17.7 per cent cited a lack of understanding of the documentation process as the primary obstacle they faced in obtaining them.

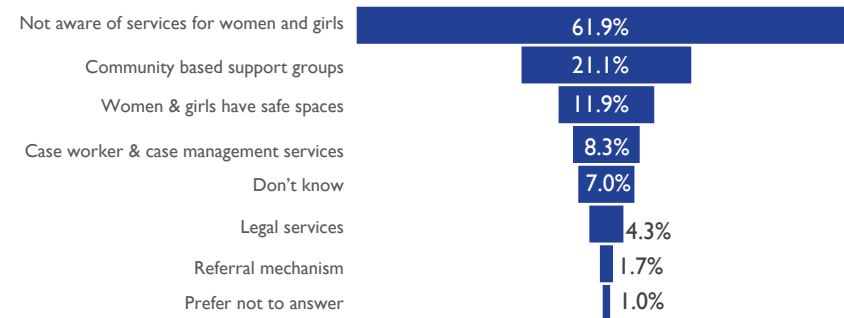
Chart 11: Main reasons for restricted movements for women & girls (%)



Other challenges included unaffordable administrative fees (15%), inaccessibility of the nearest registrar (13.1%), and discrimination based on disability, gender, or ethnicity (27.2%). This gender disparity is further evident in the higher likelihood of male-headed households (18.4%) having all household members with identity documents compared to female-headed households (15.7%).

This difference of 2.7 per cent supports the claim that gender-based discrimination acts as a substantial barrier to obtaining civil documentation. These findings underscore the need to raise awareness about the importance of identification documents and address the challenges associated with obtaining them.

Chart 12: Percentage of respondents reporting different child protection services they are aware of (%)



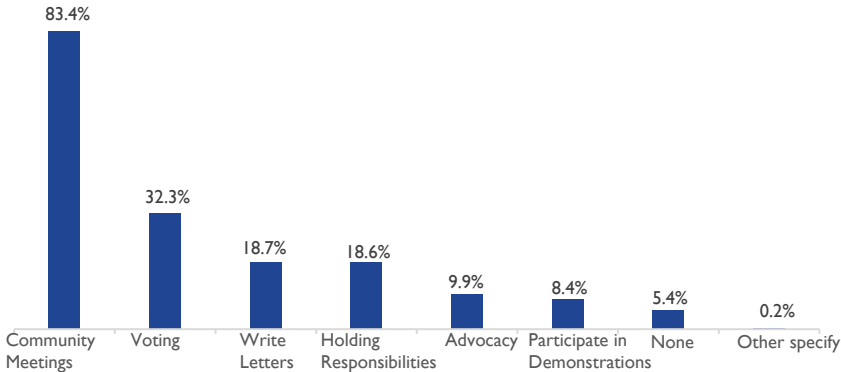
SOCIAL COHESION

Word of mouth is the most common source of information for households (30.3%) closely followed by local authorities (18.8%) and radio (18.4%).

Approximately 31.3 per cent of participants disclosed that someone in their household is a member of a social group, such as a community organization, farmers' association, youth group, mother support group, etc.

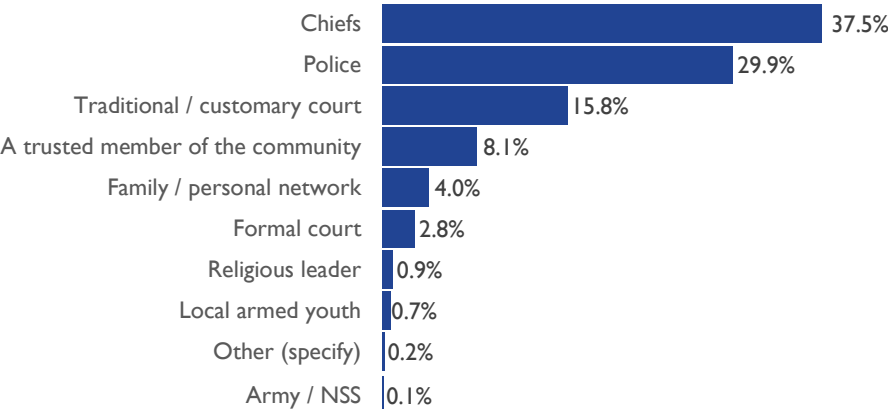
Of those households involved in social groups, 73.6 per cent are males, 63.2 per cent are females, 27 per cent are girls under 18, and 22.7 per cent are boys below 18. Meanwhile, 1.3 per cent chose not to specify. As for community acceptance and integration, nearly four in ten (38.4%) of respondents felt entirely welcomed, 33.5 per cent felt moderately welcomed, 18.9 per cent felt marginally welcomed, and 7.6 per cent didn't feel welcomed. Returnees and internally displaced persons (IDPs) were more likely to report feeling very welcomed, with 46.6 per cent and 42.4 per cent reporting this sentiment, respectively. A higher proportion of IDP households (9.9%) reported not feeling welcomed at all compared to host community households (7.6%) and returnee households (4.2%). Analyzing through the gender lens, female headed household are less likely not to be welcome in their community (9.8%) when compared to male headed household (5.7%).

Chart 13: Locations where household members make decisions (%)



The survey provided insights into the participation of respondents or a member of their household in decision-making processes, as well as the involvement of women in the community. Approximately 35.6 per cent indicated a moderate level of involvement, 28.3 per cent reported significant involvement, 22 per cent mentioned a limited level of participation, and 12.8 per cent stated no involvement at all. Regarding women's involvement in community decision-making, one-third (33%) believed women had a moderate say, while a quarter (25.5%) felt they were deeply involved. 23.6% felt women are infrequently included, and 15.7 per cent perceived that women are never part of the decision-making process. Moreover, less than 2.3 per cent chose not to respond.

Chart 14: Conflict resolution mechanism (%)



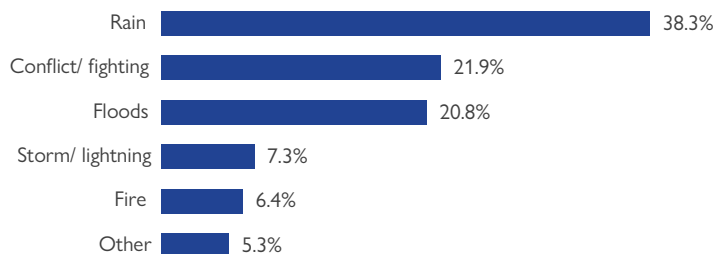
SHELTER AND NON-FOOD ITEMS

Shelter and Non-Food Items

A significant 68.8 per cent of households live in tukuls, while 24.1 per cent live in Rakooba and approximately 1 per cent have no shelter/sleep in the open, which pose a safety, security and protection concern. To understand land ownership patterns, households living in shelters, excluding those sleeping in the open were asked about the type of land tenure their households own. Most households tenure arises from communal/customary land (47.3%), followed by private land (30.3%), public land (18.2%) ownership. Tenancy, lease or rental accounted for only 3 per cent of reported land tenure arrangements. Across each state, the highest shares of respondents who reported not having any shelter and sleeping in the open were in Lakes State, comprising 2.1 per cent of the state's respondents, and Jonglei, comprising 1.6 per cent of the state's respondents. Female members accounted for more than two fifths (43.6%) of respondents who reported not having a shelter and sleeping in the open, while male members accounted for more than half (56.4%).

When assessing the condition of the shelters, there is an almost equal proportion between households who have "No to little damage" (43.6%) compared to households who reports their shelter is "Partially damaged" (41.9%). More than 1 in 10 households live in shelters that are completely damaged (13.2%). Female headed households are more likely to live in partially or completely damaged shelters (56.3%) than male headed households (53%).

Table 2: Showing the different causes of shelter damage



The most common non-food items households reported to have at home are mosquito nets (66.4%), blankets (60.9%) and sleeping mats (52.1%), followed by kitchen kits (34.2%), plastic sheets (26.5%) and chairs either plastic or wooden (13.0%). Conceptually, the economic benefits of asset or non-food items ownership may lead to social benefits, including increased household stability and reduced tension during periods of unemployment.

APPENDIX

Methodology

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

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

PSUs were selected using Probability Proportion to Size (PPS). If population estimates were lower than 13 households in a PSU, the cluster was removed from the sampling frame.

In the second sampling stage, households as Secondary Sampling Unit (SSU) were randomly selected from each cluster through systematic random sampling. The cluster size was 13 households. The sampling interval is calculated as follows: $\text{sampling interval} = \text{total number of households in cluster} / \text{cluster size}$

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

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



International Organization for Migration (IOM)

The UN Migration Agency

 southsudanDTM@iom.int

 <https://dtm.iom.int/south-sudan>