6

Basic needs

Amira Khalifa Husein walks home after collecting water from a well in Maban, South Sudan. Just over half of the refugee population have access to basic drinking water yet Amira is one of the lucky ones – over 40 per cent of refugees walk longer than half an hour to get water – she only has a few minutes to go.

Water, sanitation, and hygiene (WASH)

DRINKING WATER

Among refugees, 54 per cent have access to at least basic drinking water services. This means that they have an improved water source in their own dwelling or yard or one that they can reach in a 30-minute round trip or less. The share is lower among refugees in the South (38 per cent) than among those in the North (59 per cent). This disparity is most likely due to refugees in the North residing in structured camps, while those in the South mostly live in host communities. In camps, while there is universal access to an improved drinking water source, 41 per cent of refugees need longer than a half-hour round trip to collect water. Among refugees living in camps in the South, 43 per cent have access to basic drinking water services, compared to 28 per cent of those living in settlements.

In the North, the share of host community population with access to basic drinking water services is 40 per cent, lower than for refugees in the same region. Access is particularly limited for host community households headed by women (30 per cent, compared to 45 per cent of households in the host community headed by men). Among refugees, the difference between households headed by men and women is insignificant.

BASIC SANITATION

Just under half of refugees in the North (48 per cent) have access to basic sanitation facilities, defined as an improved sanitation facility that is not shared with other households.[16] The population share with access to toilets is much lower among refugees in the South (25 per cent) and the host community living in the North (13 per cent). In particular, host community households in the North often completely lack any household toilet facilities, meaning that people resort to open defecation in outside areas.

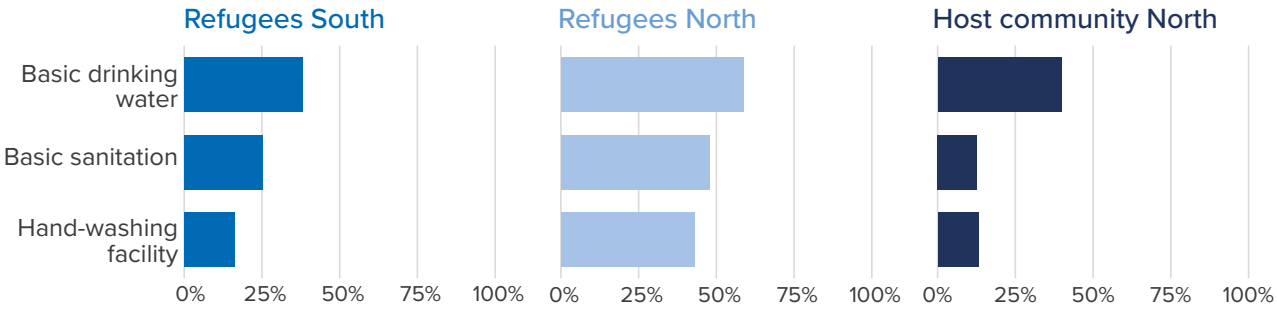
A far smaller share of refugee households headed by women have access to basic sanitation facilities than those headed by men (36 per cent compared to 49 per cent for refugees). The opposite is true in the host community (18 per cent of female-headed households compared to 10 per cent of male-headed households). The share of refugees with disabilities who have access to basic sanitation facilities is similar to that of refugees without disabilities. In the host community, just 4 per cent of individuals with disabilities have access to basic sanitation than in the overall population.

16 Corresponds to SDG 3.8.1 Tracer 8.

HANDWASHING

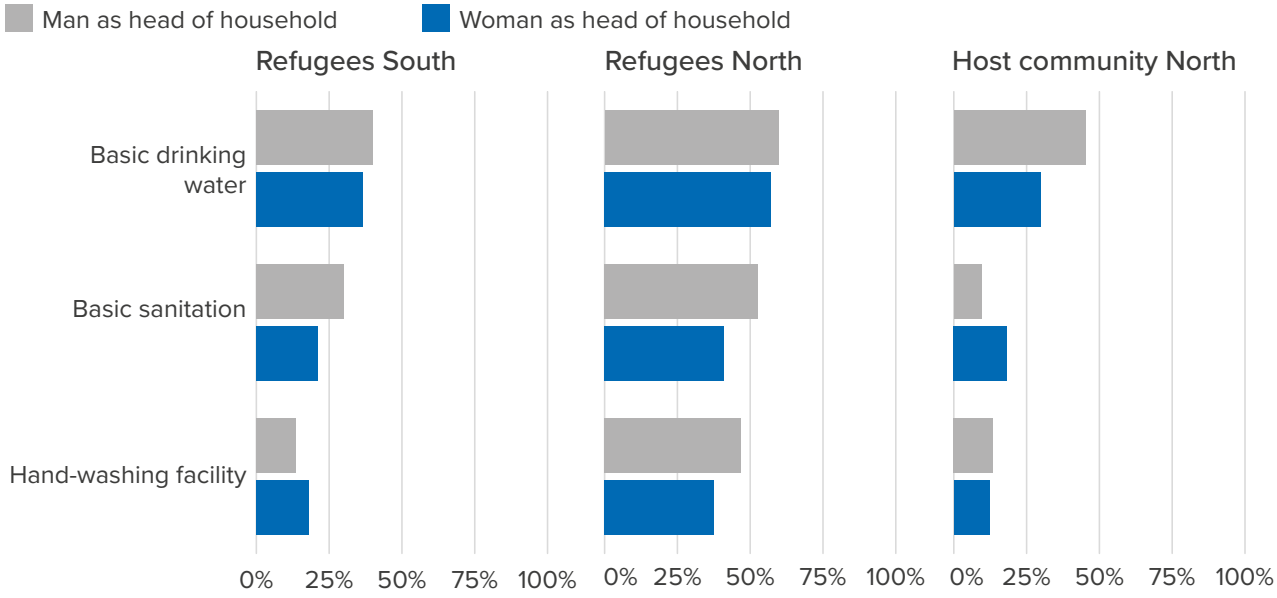
Comparing the presence of handwashing facilities with water and soap shows a similar distribution as other examined WASH indicators.[17] Refugees in the North have better access than the host community in the North or refugees in the South (43 per cent compared to 13 and 16 per cent, respectively). Again, handwashing facilities are less common in refugee households headed by women (33 per cent) than those headed by men (41 per cent).

FIGURE 24 **BASIC DRINKING WATER, SANITATION, AND HANDWASHING FACILITIES**



Sampled population

FIGURE 25 **BASIC DRINKING WATER, SANITATION, AND HANDWASHING FACILITIES, BY GENDER**



Sampled population

17 Corresponds to SDG Indicator 6.2.1b.

Clean energy

ELECTRICITY

There is a low level of access to sources of electricity that are capable of powering basic appliances and are regularly available.[18] Only around 1 per cent of the host community and refugees in the North as well as refugees in the South have access to electricity following this definition.

CLEAN FUEL FOR COOKING AND LIGHTING

While electricity access is low, a higher proportion of the population has access to a clean light source—typically battery-powered (pictured right), rechargeable or solar torches.[19] The share is 64 per cent among refugees and 51 per cent for the host population.

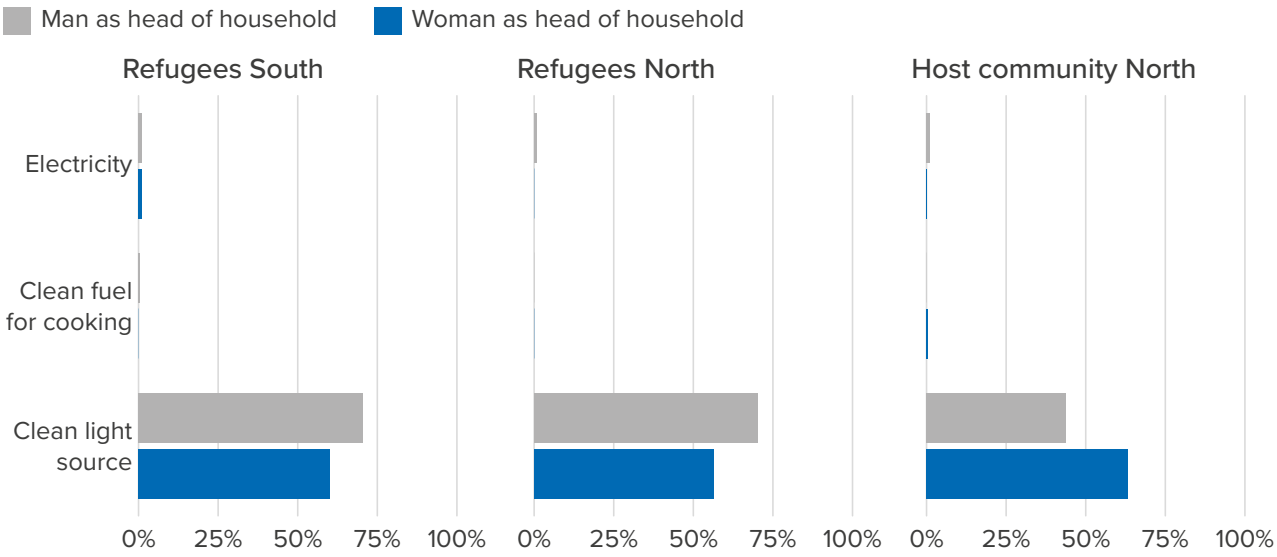
Almost no one in the sampled refugee and host community population reported using clean fuels for cooking. These are defined as fuels or cooking technologies with acceptable levels of air pollution for indoor use. Most sampled households instead burn wood, charcoal, or coal on open fires or in traditional ovens.

64 per cent of refugees use a clean light source such as this battery powered torch that is in the home of a refugee in Maban, South Sudan.
© UNHCR/Melany Markham

18 Corresponds to SDG Indicator 7.1.1.

19 Corresponds to SDG Indicator 7.1.2.

FIGURE 26 **CLEAN ENERGY**



Sampled population

Shelter

IMPROVED SHELTER

A dwelling is considered adequate living space if no more than three people sleep in each habitable room, according to UN-Habitat Guidelines. This is the case for just over half of sampled households (62 per cent among refugees in the South, 56 per cent among refugees in the North, and 54 per cent in the host community in the North).

A far smaller share of households live in dwellings of adequate structural quality, meaning apartments or houses with improved materials for the walls, roof, and floor. Less than 1 per cent of refugees and host community households in the North meet these standards, while the share is only slightly higher at 6 per cent for refugees in the South. Most households instead live in traditional houses, called Tukuls, or tents, especially in camp settings.

Health

ACCESS TO HEALTH CARE

Just under half (44 per cent) of refugees nationally needed to see a health care professional in the previous month for treatment other than pre- and postnatal care, birth, or family planning (38 per cent among refugees in the South and 46 per cent in the North). The share is 46 per cent among the host community in the North. A larger proportion of women than men needed health care (47 per cent compared to 41 per cent for refugees and 51 per cent compared to 42 per cent in the host community).

Particularly among refugees in the North, almost every individual who needed health care was able to access it (96 per cent). For refugees in the South and the host community in the North, the share is similarly high (87 and 88 per cent, respectively).

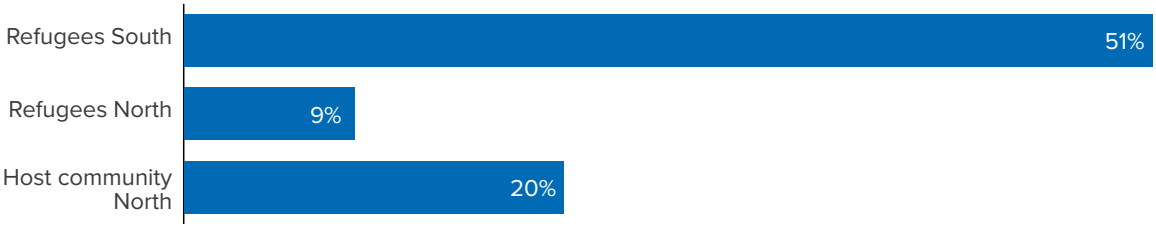
Health services in camps in the North of South Sudan are also free, and only a small share of refugees in the North who needed health care report paying out-of-pocket (OOP) fees (9 per cent). The share is over twice as high for the host community in the North (20 per cent) and over five times as high among refugees in the South (51 per cent).

Amira (standing) and her daughter Muna (sitting at right) visit a health clinic with Muna's ten day old infant. Over 90 per cent of refugees who need healthcare in South Sudan are able to access it thanks to organization such as Relief International, who operate this healthcare center. © UNHCR/Melany Markham

FIGURE 27 **ACCESS TO HEALTH CARE SERVICES**

Randomly selected adult in sampled households who needed health care in the previous month

FIGURE 28 **OUT-OF-POCKET FEES FOR HEALTH CARE SERVICES**

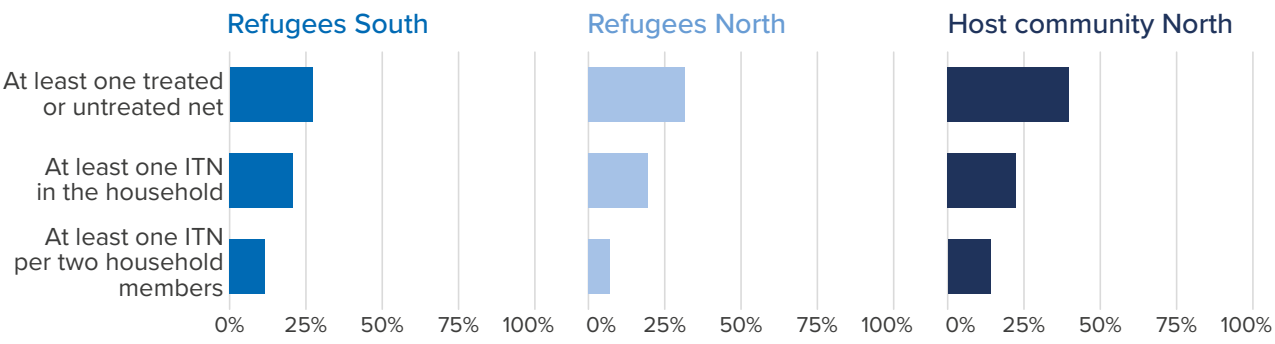


Randomly selected adult in sampled households who accessed health care in the previous month

PREVENTATIVE MEASURES AGAINST MALARIA

Around one-third of refugee households have at least one available treated or untreated mosquito net (32 per cent in the North and 27 per cent in the South). This is slightly less than in the host community (40 per cent). The percentage of households who report owning an insecticide-treated net (ITN) is lower, at around one in five refugee and host community households—although it may be the case that refugee households are unaware that mosquito nets that they receive upon arrival, for pregnancies, childbirth, or from other distribution programmes come previously treated. Households headed by men have better access to ITNs than those headed by men in both the host community (38 per cent compared to 17 per cent) and among refugees (24 per cent compared to 16 per cent).

FIGURE 29 **MOSQUITO NETS USED FOR SLEEPING THE PREVIOUS NIGHT**



Sampled households

Maternal and child health

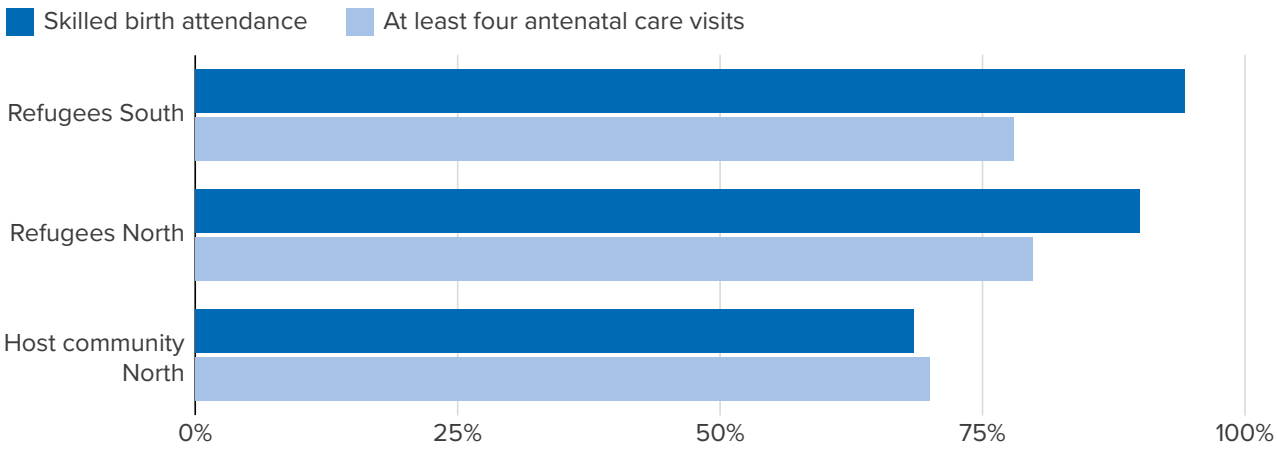
SKILLED BIRTH ATTENDANCE

For refugees, 91 per cent of births to women between the ages of 15 and 49 in the previous two years were attended by skilled health personnel, such as a doctor, nurse, or midwife (90 per cent for refugees in the North and 94 per cent for refugees in the South).[20] The share of births attended by skilled personnel is lower in the Northern host community, at 68 per cent.[21]

ANTENATAL CARE

An alternative indicator of maternal health care is access to antenatal care. In the North, 80 per cent of women between the ages of 15 and 49 went to at least four antenatal check-ups.[22] In the South the share 78 is per cent. The proportion is lower among the host community in the North at 70 per cent.

FIGURE 30 **BIRTH ATTENDANCE AND ANTENATAL CARE**



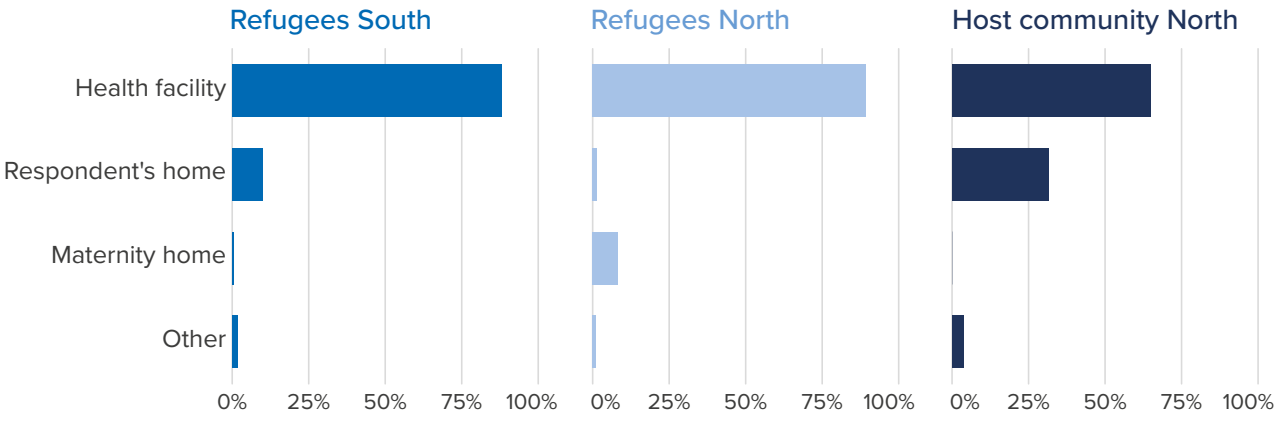
Randomly selected woman who gave birth in the previous two years in sampled households

20 Corresponds to SDG Indicator 3.1.2.

21 A challenge with this indicator lies in determining which attendants are skilled based on respondents' reports. However, there are additional indications that skilled birth attendance is higher among refugees. For example, female refugees are more likely to give birth in a health facility than women from the host community (89 per cent compared to 65 per cent).

22 Corresponds to SDG Indicator 3.8.1 tracer indicator 2.

FIGURE 31 **PLACE OF BIRTH**

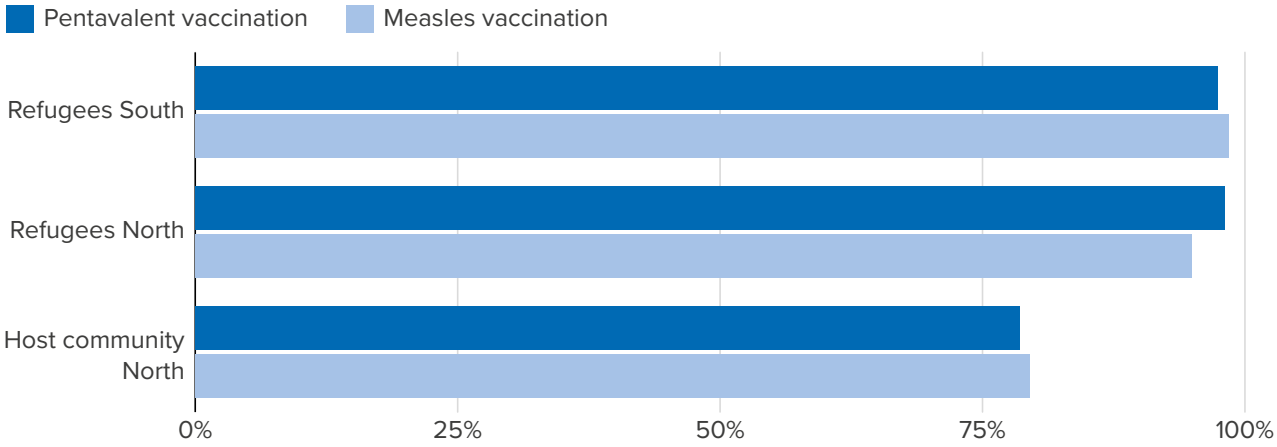


Randomly selected woman who gave birth in the previous two years in sampled households

CHILD VACCINATIONS

Most children between the ages of nine months and five years have received both the Pentavalent vaccine (also known as the 5-in-1 vaccine) and the measles vaccine.[23] The share of vaccinated infants and young children is particularly high among refugees, with 98 per cent having received the Pentavalent vaccine and 96 per cent the measles vaccine. In the South, 97 per cent have received the Pentavalent vaccine and 98 per cent the measles vaccine, with similar vaccination rates among refugees in the North. In the host community, vaccinations are less common, with around four in five children receiving the Pentavalent and measles vaccines (both 79 per cent).

FIGURE 32 **CHILD VACCINATIONS**



Randomly selected children aged nine months to five years in sampled households

23 SDG Indicator 3.8.1 tracer indicator 3 measures the proportion of children between the ages of nine months and five years who have received the Pentavalent vaccination.

Education

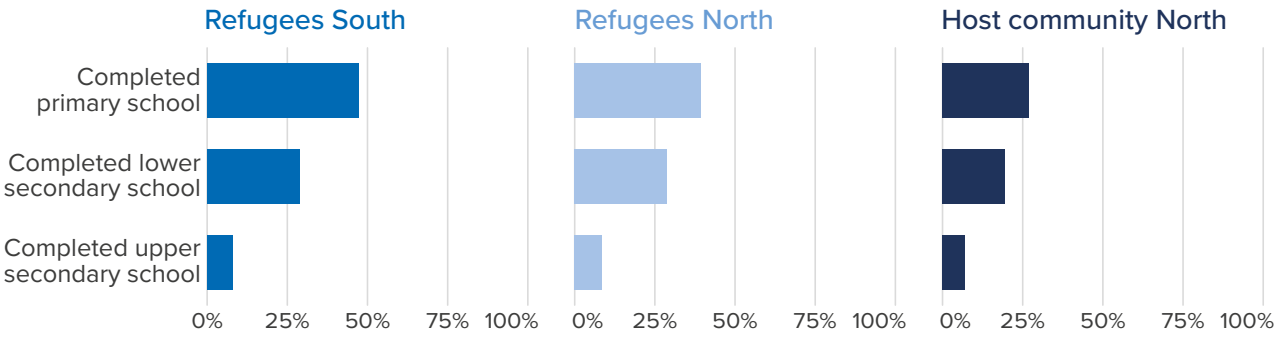
SCHOOL COMPLETION

Among refugees aged between 14 and 34,[24] 41 per cent have completed their primary education (the first six years of education, following the International Standard Classification of Education). The share is 27 per cent in the host community in the North and 39 among refugees in the North. The primary school completion rate of boys/men is higher than for girls/women. Around half of male refugees between 14 and 34 have completed primary school, compared to one-third of female refugees. In the host community the difference is even larger (38 per cent of boys/men and 18 per cent of girls/women).

Manahil's classroom at Balila Primary School has students from the refugee and host community. Classes can have up to 300 students enrolled and up to 160 attending in a single day. Only a third of female refugee students complete primary and only 18 per cent of girls from the host community do.
© UNHCR/Melany Markham

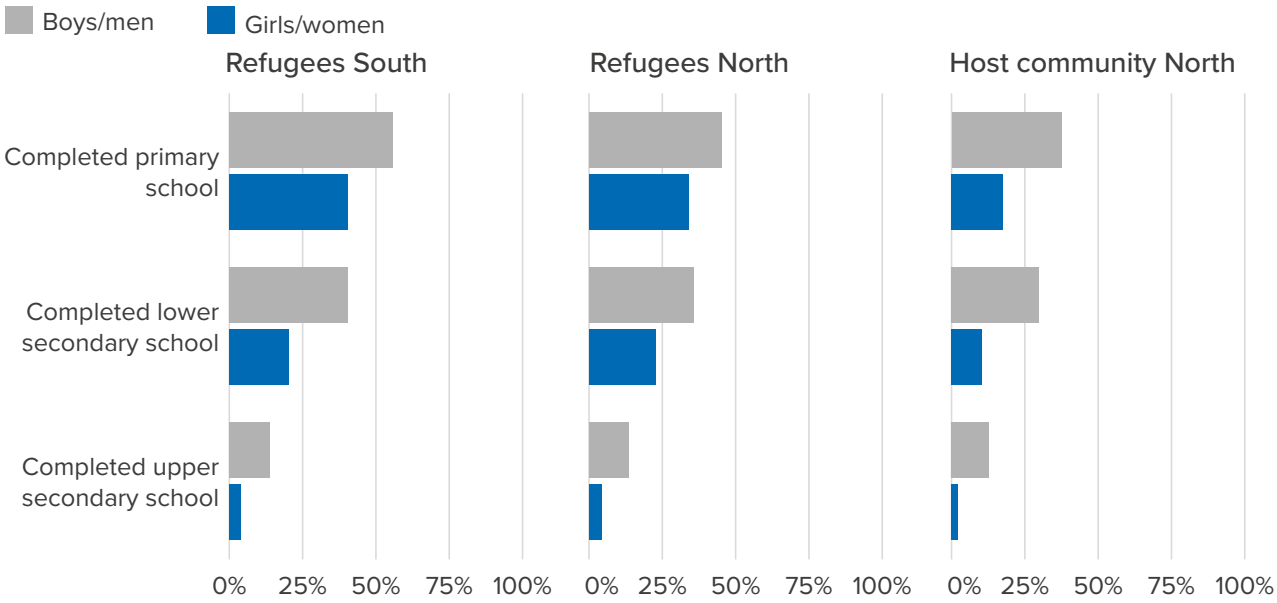
24 Following the recommendations of the Expert Group on Refugee, Internally Displaced Persons, and Statelessness Statistics (EGRISS), the age denominator is broader than used in other indicators for completion of education, such as SDG Indicator 4.1.2. This is because refugees often experience disruptions in their education.

FIGURE 33 **SCHOOL COMPLETION**



Sampled population aged three years above the intended age for the final year of the respective school level to 34

FIGURE 34 **SCHOOL COMPLETION, BY GENDER**



Sampled population aged three years above the intended age for the final year of the respective school level to 34

Lower secondary school completion rates are also higher among refugees (29 per cent) than in the host community in the North (20 per cent). The completion rate in the overall refugee sample is at 29 per cent with considerable gender differences: 36 per cent among male compared to 22 per cent among female refugees completed lower secondary education. This gender difference is even more pronounced in the host community, where the completion rate is three times higher among men and boys (30 per cent) than among women and girls (10 per cent).

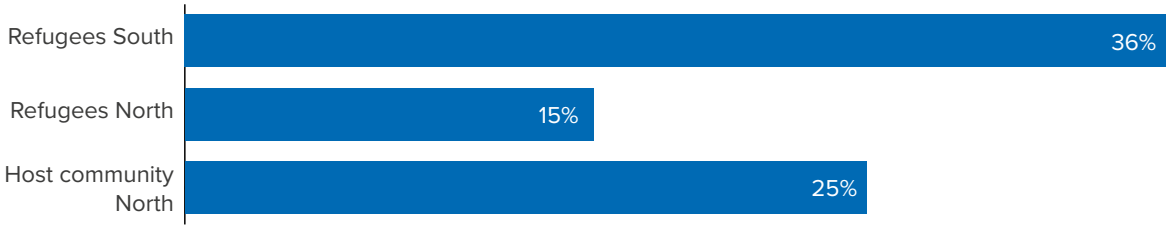
Many adolescents and young adults drop out of education during secondary school, particularly young women: Among refugees, 4 per cent of women have completed upper secondary school, compared to 14 per cent of men. In the Northern host community, the upper secondary completion rate is just 2 per cent for women compared to 13 per cent for men.

INTERRUPTIONS TO SCHOOLING

Schooling is often disrupted in South Sudan, meaning that many adolescents complete their primary or secondary education later than the intended age. In refugee households in the South, almost one in three children have experienced a disruption in their education. The share is 15 per cent and 25 per cent among refugees and the host community in the North, respectively. Among refugees, 21 per cent of girls and women have experienced disruptions to their education, compared to 17 per cent of men (19 per cent among refugees overall). In the host community the share of women with disrupted schooling is 28 per cent, compared to 22 per cent of men.

The most frequent reason for disrupted education is high costs (33 per cent of refugees in both the North and South and 42 per cent of the host community whose education was interrupted). As schooling is free for refugees in camps, this may refer to costs of school materials, uniforms, or transportation.

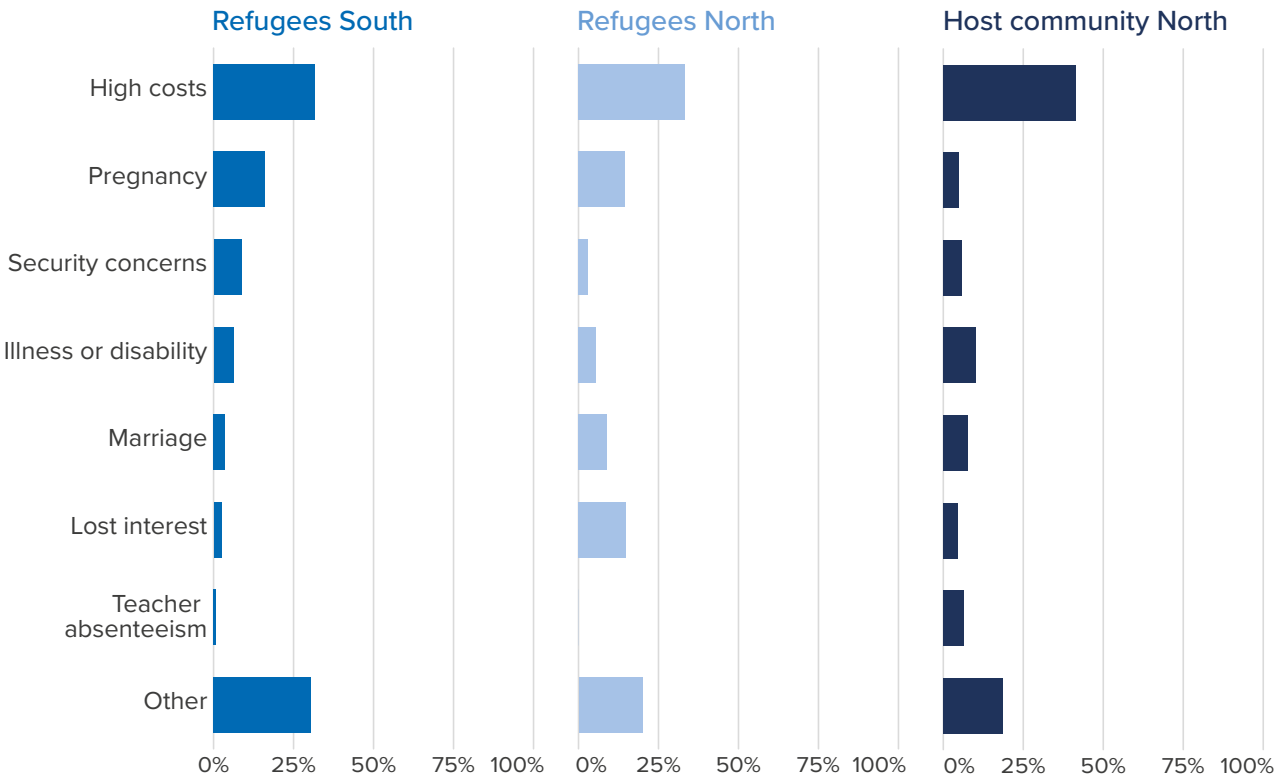
FIGURE 35 **INTERRUPTIONS TO EDUCATION**



Sampled population currently in education

Balila Primary School, in the north of South Sudan, has students from the refugee and host community. Classes can have up to 300 students enrolled and up to 160 attending in a single day. According to the Forced Displacement Survey conducted in 2023, only 41 per cent of refugees under 34 in Maban have completed their primary education. Across the country, many students, particularly young women, drop out of education during secondary school. Only four per cent of female refugees have completed upper secondary school, compared to 14 per cent of males.
© UNHCR/Melany Markham

FIGURE 36 **REASONS FOR INTERRUPTIONS TO EDUCATION**

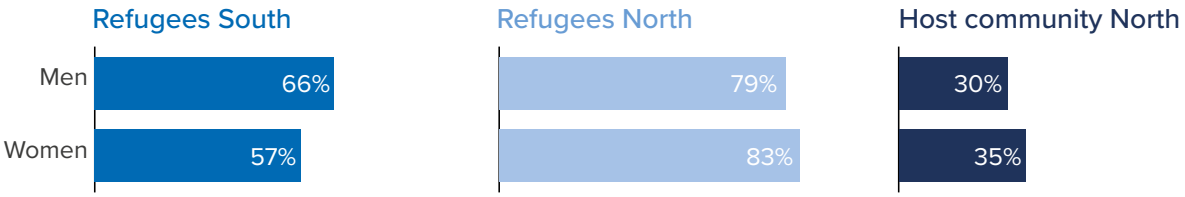


Sampled population currently in education whose education was interrupted

PARTICIPATION IN PRE-PRIMARY EDUCATION

Participation in organised learning before primary school is measured as the proportion of girls and boys one year below the official primary entry age (which is five) attending preschool.[25] The share is particularly high among refugees at 77 per cent (81 per cent in the North and 61 per cent in the South). The share is lower in the host community in the North (32 per cent).

FIGURE 37 **PRE-PRIMARY PARTICIPATION RATE**



Sampled population aged five, i.e. one year before the intended primary school age

25 Corresponds to SDG Indicator 4.2.2.

Food and nutrition

> Many refugee and host community households are affected by food insecurity. The following indicators covering food consumption, food access, hunger, and coping strategies demonstrate this across various dimensions of food insecurity.[26]

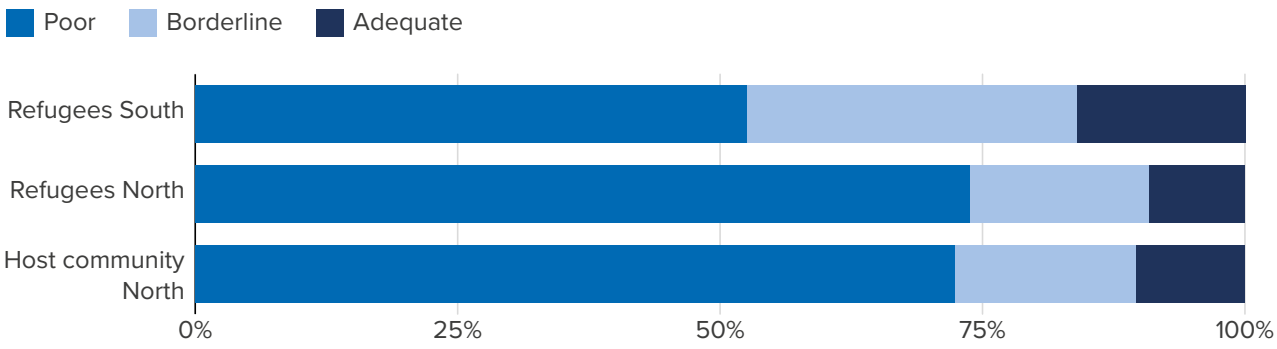
The **Food Consumption Score** (FCS) measures how diverse households' diets are, how frequently they consume food, and how nutritional that food is over the previous seven days. Around two-thirds of refugee households are classified as having poor food consumption, although the share is much larger in the North (74 per cent) than in the South (53 per cent). For a further 17 per cent of refugees in the North and 31 per cent of refugees in the South, food consumption is "borderline" according to the FCS (20 per cent of refugees nationally). The share of households with poor food consumption among the host community in the North is similar to that of refugees in the North at 72 per cent.

A refugee holds a container of maize, which her family has grown in a plot of land far from where they live in the Maban refugee camp. 72 per cent of refugees and host communities in the North have poor food consumption. © UNHCR/Melany Markham

26 The survey was conducted from April to December 2023. The first few months of data collection were during "lean season," the time before the harvest when food stocks have run out. Therefore, seasonality has likely affected the outcomes.

A larger share of households headed by women are considered to have poor food consumption among refugees (79 per cent compared to 70 per cent among refugees in the North and 59 per cent compared to 46 per cent among refugees in the South). This is not the case for host-community households.

FIGURE 38 **FOOD CONSUMPTION SCORE CATEGORIES**

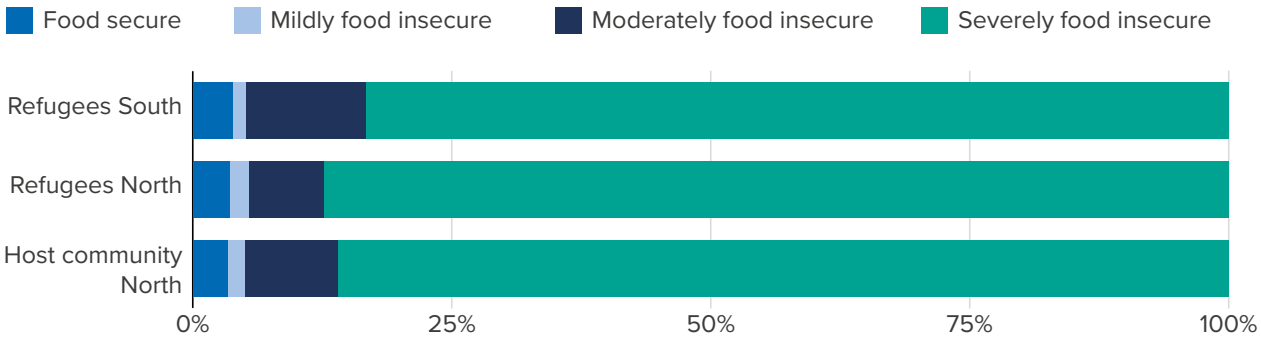


Sampled households

The **Household Food Insecurity Access Scale** (HFIAS) measures food insecurity in the previous month across nine different dimensions, such as if households were forced to reduce the number of meals or the quality of food due to a lack of resources. Severe food insecurity is widespread in South Sudan, with 86 per cent of both refugee and host community households affected.

A slightly higher proportion of female-headed refugee households (90 per cent) is severely food insecure compared to male-headed refugee households (83 per cent). Among the host community in the North, the opposite is true—88 per cent of households with a man as head are severely food insecure, compared to 82 per cent of households headed by women.

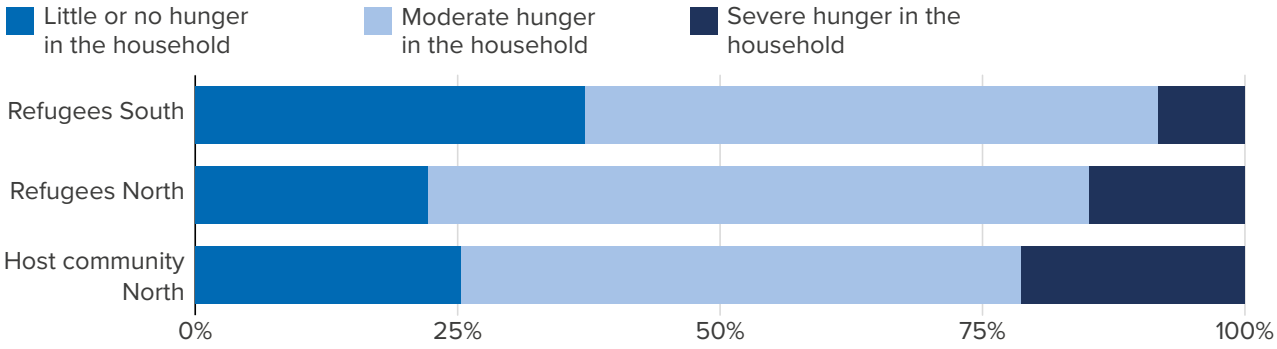
FIGURE 39 **HOUSEHOLD FOOD INSECURITY ACCESS**



Sampled households

The **Household Hunger Scale** (HHS) measures access to food with three of the most severe dimensions of the HFIAS, reflecting extreme food deprivation and hunger.[27] According to the HHS, 74 per cent of households in the host community in the North experienced severe or moderate hunger in the previous month. A large share of refugee households in the North (78 per cent) and in the South (63 per cent) also experienced hunger (74 per cent or refugees nationally).

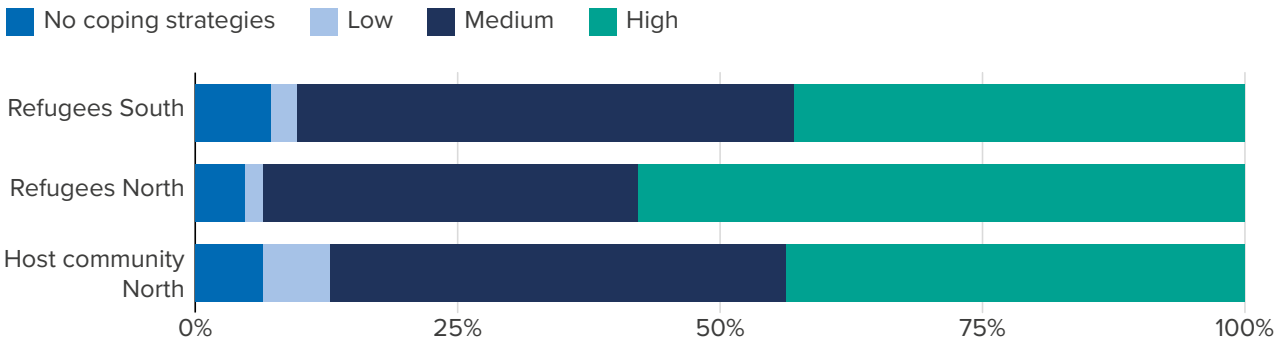
FIGURE 40 **HOUSEHOLD HUNGER SCALE**



Sampled households

The **Reduced Coping Strategies Index** (rCSI) assesses whether households resorted to strategies to cope with not having enough food or money for food over the previous week, such as borrowing food or limiting portion sizes. Across all groups, most households resort to coping strategies. However, it could be that the most food-insecure households are not able to use these strategies because they cannot limit food intake or expenditure any further.

FIGURE 41 **REDUCED COPING STRATEGIES INDEX**



Sampled households

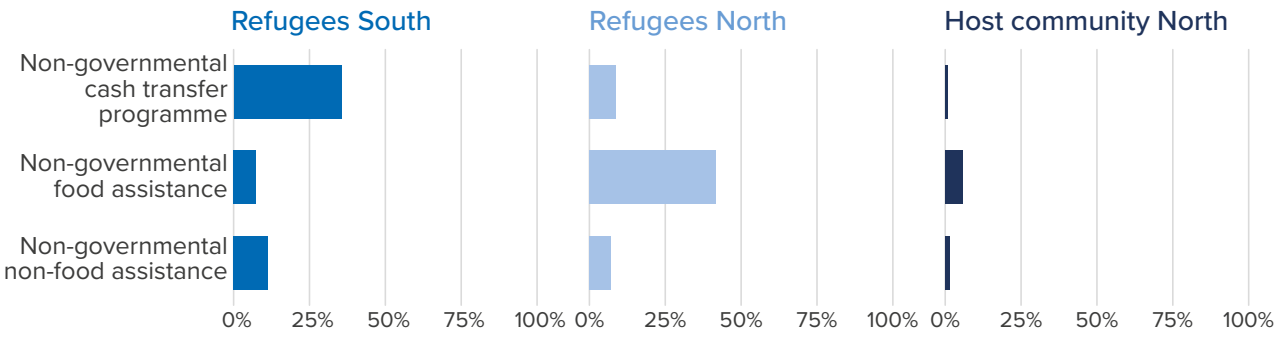
27 The questions cover whether there was no food to eat of any kind, if a household member went to sleep at night hungry, or went a whole day and night without eating because there was not enough food in the past four weeks.

Social protection

Social assistance almost exclusively comes from non-governmental actors, such as UNHCR and other international organizations, religious groups, community organizations or non-governmental organizations (NGOs). There is a major difference in access to social assistance between refugees and the host community. Just over half of refugees live in households that received cash, food, or in-kind assistance in the previous 12 months (52 per cent), compared to 1 in 10 individuals in the host community in the North. Differences in access to social assistance are insignificant for people with and without disabilities.

Refugees in the North and South tend to receive different kinds of assistance. In the North, where most households reside in structured camps, 42 per cent of individuals live in households that received food assistance. The share is particularly high in Pariang, where three-quarters of refugees live in households that received food assistance. In the South, where more refugees live in settlements with the host community and have access to farming, a smaller share of refugees received food assistance (7 per cent). For cash assistance, the opposite is true: over one-third of refugees in the South live in households that receive cash assistance (36 per cent), while the share is lower in the North (ranging from just 1 per cent in Pariang to 13 per cent in Maban).

FIGURE 42 **SOCIAL PROTECTION**



Sampled population