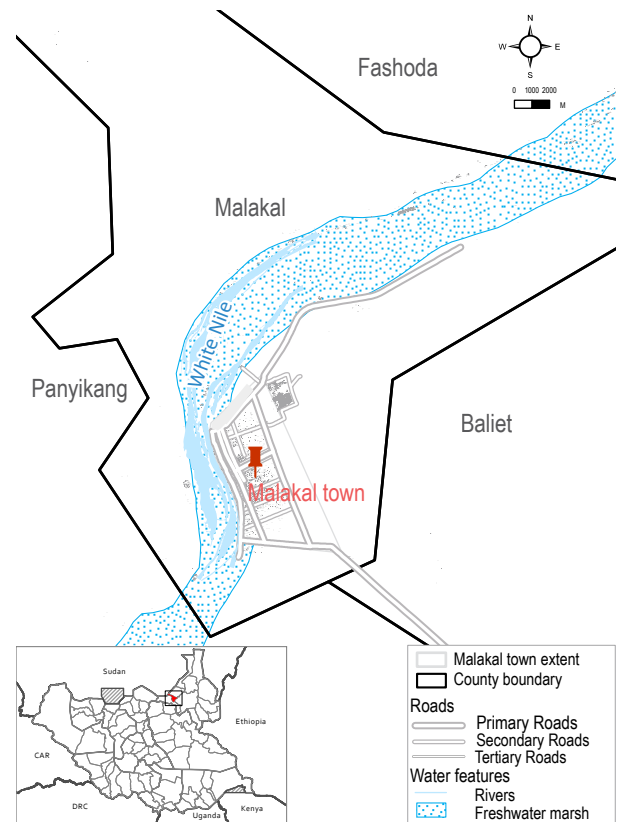


SUDAN CRISIS: MALAKAL TOWN AREA-BASED ASSESSMENT

August 2024 | South Sudan

KEY MESSAGES

- **Water Access:** Findings indicate that the process of walking to, queuing, fetching and returning with water can be importantly time consuming, with nearly half of the respondents reporting to take over one hour to do so.
- **Sanitation:** At the time of data collection Malakal Town had a relatively high number of non-functional latrines, leaving the community with only a small number of well-maintained, functioning facilities. The primary type of latrine facility available is shared latrines (used by multiple households), followed by communal latrines. While nearly half of the facilities have handwashing stations, only a minority of them are functional. Among these few functional ones, the great majority avail handwashing material.
- **Education:** Findings indicate that the distance to educational facilities is a significant factor in student dropouts, suggesting that a shortage of accessible and functional facilities limits access to education in Malakal Town.



CONTEXT & RATIONALE

Since the breakout of the civil war in December 2013, Malakal County has been home to thousands of Internally Displaced Persons (IDPs)¹. On top of this, located in Upper Nile State, Malakal County emerged as a primary destination for newly arriving returnees coming in from Sudan since the outbreak of the Sudan conflict in April 2023. Many of these returnees either settle in Malakal or temporarily reside there before continuing their journey to their respective areas of origin. Adding to Malakal's responsibilities, the Bulukat Transit Center accommodates returnees from Sudan, providing a temporary hub as they await transportation to their final destinations². Overall, the slow recovery response from the destruction caused by the 2013 conflict and the sudden influx of returnees intensifies pressure on sectors such as health, water, sanitation and hygiene (WASH), markets and education.

In line with this, this assessment aimed to map and evaluate the existing services and facilities in Malakal Town to identify gaps which can inform a tailored and efficient planning for the many humanitarian organizations present on ground. This factsheet presents key findings from the Area-Based Assessment (ABA) conducted in Malakal Town in April 2024. The ABA was conducted with the aim to provide humanitarian actors and the government with information about the capacity of Malakal's Town to support returnees and new arrivals as more people continue to make their way into Malakal from Sudan³.

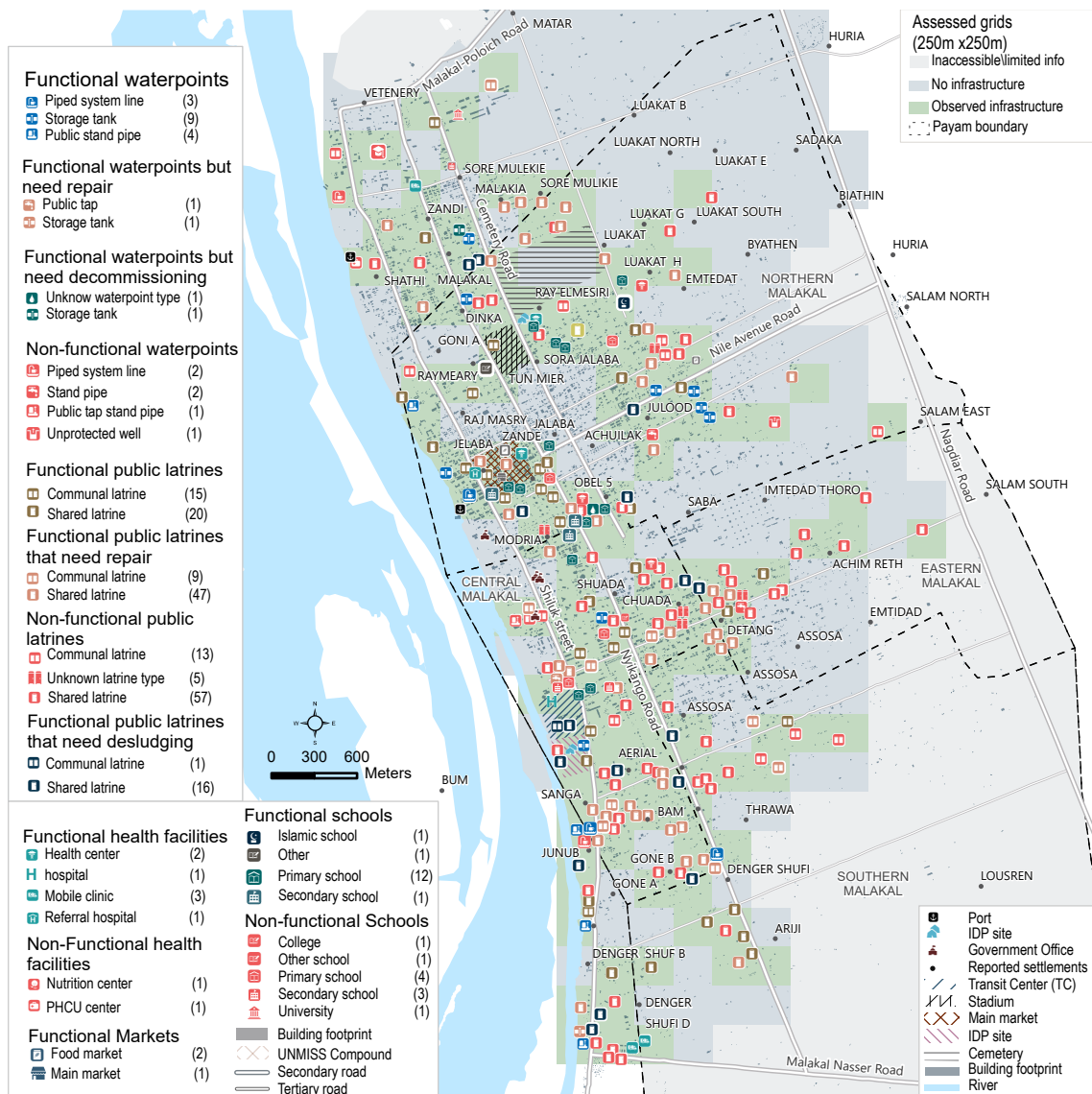
ASSESSMENT OVERVIEW

The ABA was achieved through a participatory mapping exercise of the existing capacities and the identification of service provision gaps in the sectors of health, WASH, education and markets. More information is found in the Methodology section below.

Findings from this assessment are indicative only - specific to the context of Malakal Town and not generalizable to other settlements in South Sudan.

As part of the first phase of data collection, community leaders and infrastructure experts were consulted as part of Mapping Focus Group Discussions (MFGDs). During the second part of data collection, Key Informant Interviews (KIIs) were conducted about facilities for water access (54 infrastructures), sanitation (239), healthcare (20), markets (56), and education (45). The data collection activity was conducted between 22 April 2024 and 2 May 2024. For more information, please see the [terms of reference](#) (ToR).

Map 1: All assessed infrastructure in Malakal Town across the sectors of WASH, markets, education, and health:



MARKETS

Malakal Town availed one main market. This is divided in three sections, of which two were dedicated to food items only. Overall, the community had access to food items such as cereals, rice, milk products, vegetables, oils and fruits. Chicken was reportedly the only livestock available on the market. The preferred payment method was cash. KIs reported an increase in the presence of vendors over the month prior to data collection. Over the same time period, no safety concern raised by KIs. An increase in the number of vendors was reported in all three market sections, with one vendor experiencing an increase between 26-50% and two vendors experiencing an increase between 1-10%. One KI reported the elderly and people with disabilities to have limited access to the market.

Market functionality

According to REACH's [JMMI](#) data for May 2024, the Malakal town market remains moderately functional, with a market functionality score of 59.1, down from 83.1 in March. This decline may be linked to affordability issues, as the cost of the Multi-Sectoral Survival Minimum Expenditure Basket (MSSMEB) increased by 121%, and the cost of the food basket rose by 124% over the same period. These sharp increases in costs are attributed to broader challenges across South Sudan, such as the significant depreciation of the South Sudanese Pound (SSP) against the United States Dollar (USD) and high fuel prices. Additionally, specific challenges in Malakal, including logistical difficulties like high checkpoint costs and poor road conditions, have also contributed, with roads such as the route from Lankien to Malakal being closed due to poor conditions.⁴

WATER ACCESS

A total of 26 water points were identified in Malakal Town and assessed under this study. Among them, 6 were reportedly not functional due to conflict (5) or floods (1) related damages. As displayed in Map 2, functional water points consisted of piped system lines, storage tanks and public standpipes.

Map 2: The location of assessed WASH infrastructure in Malakal Town by reported functionality:



All the water points were supported by NGOs. The main source of water to Malakal Town was reportedly the river, which supplied 17 of the 20 water points. While 19 of the KIs reported water points to be accessible to all community members, fetching water at the river and ground water were the reported alternatives to non-functional water points. Maintenance duties and responsibilities were reportedly distributed (n=6) among the community (1), the government (3) and NGOs (2). The assessed facilities were located (n=26) by health centers (11), markets (3), schools (2), in the community or by government offices (10). KIs reported that 3 water points out of 20 were accessible through cash payment.

Reported functional water points' functionality status (n=20):

Functional	16/20	<div style="width: 80%;"></div>
Functional & need repair	2/20	<div style="width: 10%;"></div>
Under construction	2/20	<div style="width: 10%;"></div>

Reported ownership of water points (n=20):

Community	10/20	<div style="width: 50%;"></div>
Privately owned	4/20	<div style="width: 20%;"></div>
NGOs owned	3/20	<div style="width: 15%;"></div>
Water provider	2/20	<div style="width: 10%;"></div>
Don't know	1/20	<div style="width: 5%;"></div>

WATER ACCESS

Reported walking, queuing, fetching and returning time to and from water points (n=20):

11 KIs	1 hour or less
9 KIs	More than 1 hour

SANITATION

On a total of 184 identified latrines, 41% were reported to be unfunctional. Out of 109 functioning latrines, 32% were in good working conditions with no need for repairing, desludging or decommissioning. The majority (77%) of functioning latrines were shared among neighboring households and 21% were communal (located by institutional facilities such as schools, hospitals, churches, etc.) Most of the functioning latrines were located in the community and nearby churches (72%), health facilities (17%), school (7%) and market (4%).

Reported latrines' ownership (n=109):

Community	61%	
Private owner	20%	
Institutions (schools, clinics...)	8%	
NGOs	6%	
Government	5%	

The functioning latrines were reported to be unclean by over two thirds of respondents (69%). For the same facilities, surroundings were reported unclean by 44% of respondents. The majority of the functioning latrines had iron sheets as roofing material (75%). Alternative materials included concrete and grass, while 6% of the facilities lacked roofing. The flooring material was reported to entail concrete for the most part (74%), followed by plastic (17%), iron sheets (6%) and wood (2%). The most commonly used materials for walls were reportedly block bricks (42%), tin (28%), iron sheet (12%) and concrete (7%). The majority of functioning latrines lacked gender separation (56%) and only 39% of the latrines presented lockable doors.

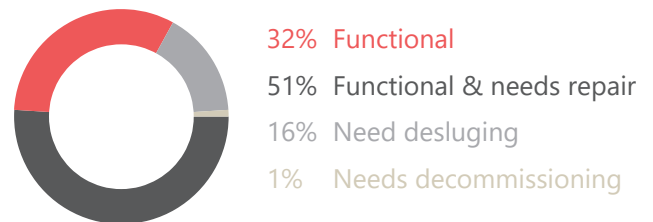
Reported characteristics of latrine conditions (n=109):

56%	Latrines with surrounding lighting
44%	Latrines separated by gender
39%	Latrines lockable from inside
15%	Latrines with functioning handwashing facilities
1%	Latrines with inside lighting

Reported levels of latrine sludge (n=109):

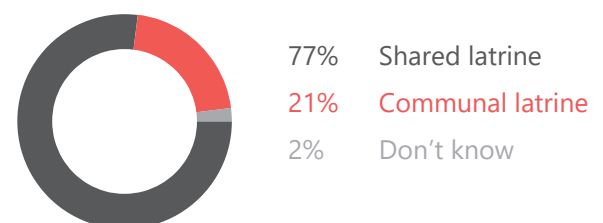
Full (100%)	16%	
Almost full (75%-99%)	48%	
Half full (50%-74%)	30%	
Less than half full (less than 50%)	10%	

Functional status of the latrines (n=109):



While 48% of the functioning latrines (52) were reported to have handwashing stations, only 15% (16) were reported to be functional. The availability of only water (without soap) was reported in 4 of the 16 functioning handwashing facilities, while also soap was available in the other facilities (12 of the 16). Most of the latrines could be accessed freely by users. An average cash payment of 425 SSP was reported as a requirement to be granted access to 4% of the available latrines.

Reported type of latrines by % of KIs (n=109):



Reported facilities available in the latrines (n=109):

Hand washing station	49%	
Disabled ramp access	28%	
Combination	11%	
Baby changing facility	1%	
Menstrual hygiene bin	1%	
Don't know	9%	

HEALTH

The assessment of 11 health facilities in Malakal Town was brought forward with the support of the facilities' medical staff including a facility manager, medical assistant, nurses and pharmacists. Assessed functional facilities are as displayed in Map 3. Over a third of the facilities were reportedly non-operational due to damage that occurred during the conflict. Out of the 7 functioning facilities 5 were public, while 2 were handled privately. Available services at the facilities within Malakal Town included pediatric services, in and outpatient services, nutrition, maternal, and psychosocial services, referrals and vaccinations. Managerial challenges were reported in 4 facilities. Challenges reportedly included financial, economic and staff related aspects. Lack of power was reported at 4 of the 7 facilities. Only two public facilities were reported to have available water. The lack of medicines was also reported in 3 facilities.

Average numbers by facility:

6 rooms | ranging between 2-15

14 beds | ranging between 2-50

10 health workers | ranging between 2-35

Reported services by number of facilities providing the service (n=7):

Outpatient services	4/7	<div></div>
Vaccination services	3/7	<div></div>
Pharmacy	3/7	<div></div>
Nutrition services	2/7	<div></div>
Referral services	2/7	<div></div>
Pediatric services	1/7	<div></div>
Inpatient services	1/7	<div></div>
Maternal health services	1/7	<div></div>
Psychosocial services	1/7	<div></div>
Non-communicable diseases	1/7	<div></div>

Map 3: The location of assessed health facilities in Malakal Town by reported functionality:



EDUCATION

A total of 28 educational facilities existed and were assessed in Malakal Town as shown in Map 5. Among these, 11 were reportedly non-functional due to the damage that occurred during the conflict.

Dropouts were reported to be common with an average of 24 by female attendees and 56 by male attendees. Explanations commonly provided for both genders included the distance to the facilities, the high cost of fees and early marriage. Emergency shelters were present at 3 primary schools and 7 of the primary schools were also reported to run a feeding program.

Type of educational facilities addressed (n=28):

Primary School	16/28	<div></div>
Secondary School	8/28	<div></div>
University	2/28	<div></div>
College	1/28	<div></div>
Islamic School	1/28	<div></div>

Managerial challenges commonly faced by 10 of the facilities include financial, insecurity and staff related aspects.

All of the 28 educational facilities were reported to have latrines. Of these, most (25) were reportedly separated by gender.

Average numbers by facility:

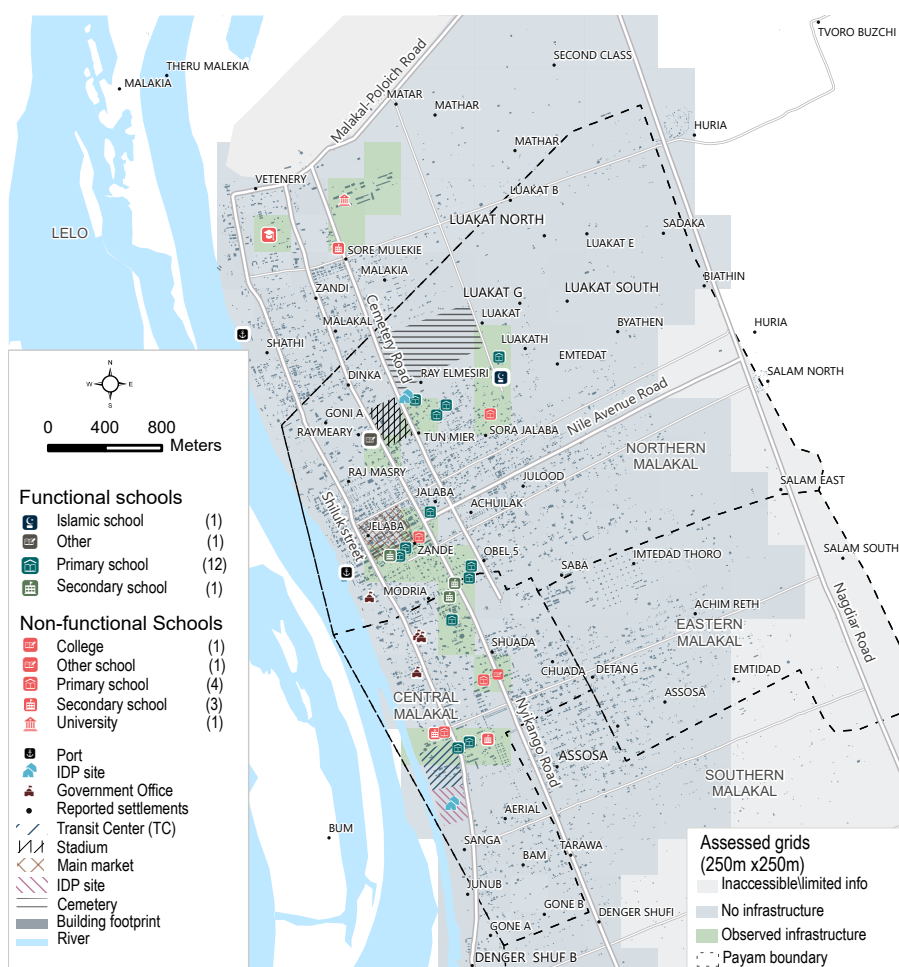
10 Classrooms | ranging between 4-31

19 Educators | ranging between 5-58

Reported ownership of the educational facilities (n=15):

Government	8/15	<div></div>
Private Owner	3/15	<div></div>
Community	2/15	<div></div>
NGO	1/15	<div></div>
Church	1/15	<div></div>

Map 5: The location of assessed education infrastructure in Malakal Town by reported functionality:



Average dropout by gender:

56 male students | ranging between 0-300

24 female students | ranging between 0-62

Reasons for school dropout as reported by KIs for female and male students:

	Female (n=26)	Male (n=16)
Early Marriage	10	5
Distance	8	7
Expenses	6	4
Communication	2	0

METHODOLOGY OVERVIEW

This ABA utilized a mixed method approach. At a first stage, all Malakal Towns' facilities related to education, markets, health, and WASH services were mapped out through MFGDs. Secondly, these facilities were assessed by conducting KIIs with relevant KIs, applying a quantitative KI tool.

Mapping Focus Group Discussions

Two MFGDs were held in Malakal Town, one with female participants and the other with male participants. Each MFGD engaged 4 to 8 participants. Community leaders and experts were purposively sampled and mobilized with the support of community leaders and the Relief and Rehabilitation Commission (RRC). Throughout the discussions, participants worked with the REACH GIS officer to map infrastructure in the sectors of health, markets, education and WASH available and accessible to the various population groups in Malakal Town.

The REACH GIS team supported the mapping exercise by surveying the satellite imagery of the area to be mapped and creating grids of 250 m by 250 m. These grids were loaded into Maps.me and made available to enumerators, who traversed each square of the grids to ensure coverage of all the infrastructures in the health, WASH, education, and markets sectors. When encountering an infrastructure point within the square, they used the Kobo Collect tool to register information such as GPS coordinates and the functionality of the facility.

Key Informant Interviews

Upon completion of the mapping exercise, the quantitative facilities assessment tool was deployed to gather additional data and to build on the information collected during the MFGDs. Precise GPS points were assigned to the locations and facilities identified during the MFGDs. This exercise was supported by the Kobo Collect application which integrated the geolocation of the sites of interest with KIIs on the facilities' functionality and accessibility (markets, health, education and WASH sectors). A total of 252 interviews were conducted with KIs possessing relevant knowledge on the accessibility and functionality of the infrastructure and their specific operational aspects. Specifically, the following number of KIs per sector were conducted: 26 water access, 184 sanitation, 11 health facilities, 3 markets, 28 education.

The assessment was ran in both Malakal Town and Malakal Protection of Civilians (PoC) site. The same methodology and approach was used across the two locations.

ENDNOTES

1 International Organization of Migration (IOM), [Malakal PoC Brief](#), 15 September 2021.

2 Internews, [Malakal Humanitarian Information Needs: Community Voices Bulletin](#), January 2024/Issue #7.

3 United Nations Office for the coordination of Humanitarian Affairs (UN OCHA), [Situation Report: Malakal Conflict Induced Displacement due to violent clashes in Malakal PoC \(as of 23 June 2023\)](#), 26 June 2023.

4 REACH. [Joint Market Monitoring Initiative](#) (JMIMI) 2024.

ABOUT REACH

REACH is a leading humanitarian initiative that collects primary data and produces in-depth analysis to help aid actors make evidence-based decisions in support of crisis-affected people. With this in mind, our flagship research programmes aim to inform the prioritisation of aid according to levels of need - both crisis-level planning and targeted rapid response - as well as decisions around appropriate modalities of aid. Through our team of assessment, data, geospatial, and thematic specialists, we promote the design of people-centred research and set standards for collecting and analysing rigorous, high quality data in complex environments. Visit www.impact-initiatives.org and follow us @REACH_info.