AREA-BASED ASSESSMENT IN AREAS OF RETURN

DECEMBER 2019

Magwi Town, Magwi County, Eastern Equatoria State

Context

Magwi Town, Agoro and Pajok villages are located in Magwi County, Eastern Equatoria State, near South Sudan's border with Uganda. Magwi County is in the highland forest and sorghum livelihood zone where households (HHs) traditionally rely on rain-fed agriculture including production of maize, sorghum, millet, sweet potatoes, and vegetables, generally cultivated by hand in small areas (1.25 hectares).[1] Agricultural production is typically supplemented by wild foods, dry fish and market purchases, while dependence on livestock is minimal and mainly used for consumption (goats, sheep, and poultry).[2] Magwi County was one of the former epicentres of conflict during the Second Sudanese Civil War (1983-2005).[3] After the signing of the Comprehensive Peace Agreement in 2005 and independence in 2011, many South Sudanese previously displaced in Uganda started to return.[4] However, following the resurgence in conflict in the area in July 2016, major population movements were recorded as HHs fled insecurity in the county, characterised by road ambushes, banditry, looting and theft of property.[5] As a result of the multiple displacements in the area, 861,590 South Sudanese were living as refugees in Uganda as of 31 December 2019[6] and according to the United Nations High Commissioner for Refugees (UNHCR), 61,251 individuals returned to Magwi County since 1 January 2019.[7] This Area-Based Assessment (ABA) tries to understand the humanitarian conditions and reasons for return to Magwi County by focusing on the eastern part of the county, specifically in the area between Labone and Agoro which was reported as being historically an area of high transit.

Assessed Location

Overview

The ABA methodology was developed to support humanitarian actors in South Sudan to identify priority needs and vulnerabilities of the overall population living in areas of return, to evaluate the functionality and accessibility of basic services and critical infrastructure in the assessed area, and to provide an analysis of protection concerns and related topics such as access to justice, housing, land and property (HLP) and social cohesion. A mixed-methods approach was used, combining analysis of secondary data and collection of quantitative and qualitative primary data (see **Methodology** section). This factsheet presents the findings from an assessment conducted in Magwi Town from the 26 November to the 13 December 2019 where 398 HHS were assessed, 6 focus groups discussions (FGDs) and 2 key informant (KI) interviews conducted, as well as 91 facilities mapped. 4 FGDs and 4 KI interviews were also conducted with non-displaced and returnee community members in Pajok and Agoro settlements, and 32 facilities were mapped, to add further understanding and contextual analysis to this assessment.

The ABA mixed method approach:

- **398** assessed households
- **10** focus group discussions
- **6** key informants interviews
- **123** infrastructure facilities

1. Livelihoods Zone Map and Descriptions for The Republic of South Sudan (Updated). FEWSNET. August 2018.
2. *Ibid.*
3. Magwi County Conflict and Leadership Mapping, Together We Can: Supporting Local Peace Efforts in Magwi County. October 2015. Search for Common Ground, UNDP.
4. *Ibid.*
5. Multi-Sector Rapid Needs Assessment, Magwi County, September 2016. Inter-agency Assessment.
6. UNHCR, Regional overview of the South Sudanese refugee population. 31 December 2019.
7. UNHCR, Overview of spontaneous refugee returns. December 2019.

USAID FROM THE AMERICAN PEOPLE
REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

METHODOLOGY AND FUNCTIONALITY SCORE INDEX (FSI)

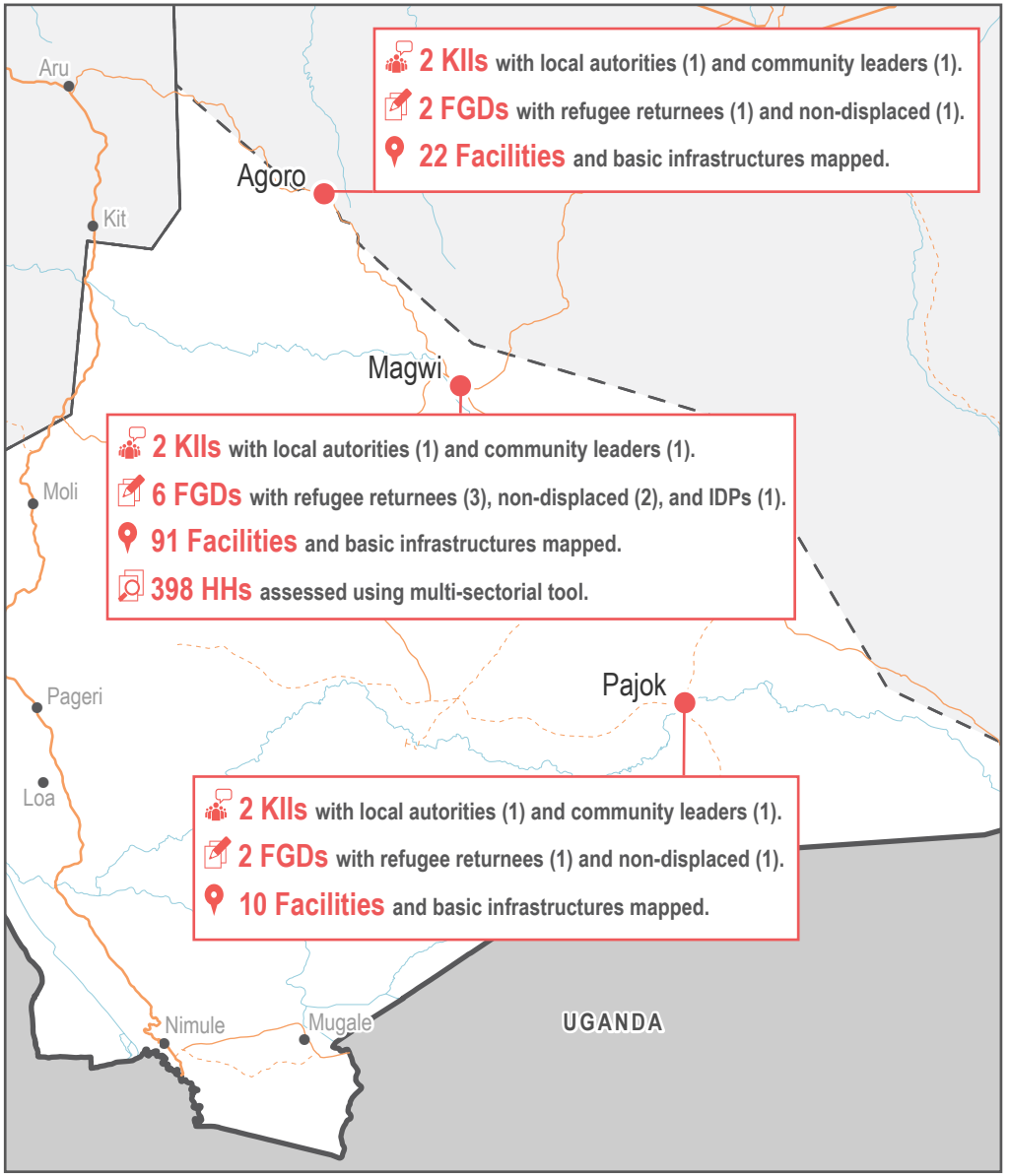
The ABA utilized a mixed-method approach by combining analysis of secondary data[8] and collection of quantitative and qualitative primary data.

In Magwi Town:

- Two KI interviews with local authorities and community leaders were conducted to draw the boundaries of the urban area during an exercise of participatory mapping using satellite imagery.
- Six FGDs were conducted with community members to understand potential drivers of conflict between HHs over access and availability to resources in the area, to identify the availability of and access to services and basic infrastructure, as well as conducting a basic infrastructure mapping.
- For the collection of quantitative data, a total of 398 HHs were assessed using mobile data collection through Open Data Kit (ODK). Data is representative at the urban area level with a 5% margin of error and a 95% confidence level. Due to the lack of reliable population estimates, REACH calculated the sample size by observing the density of each boma[9] (using satellite imagery and triangulation with information from KI interviews) and assigned a score between 1 and 6 to each neighbourhood. The sample frame was then proportionally distributed across all neighbourhoods based on the population density.
- Key community infrastructure points (healthcare facilities, schools, marketplaces, WASH facilities, etc.) were collected based on a list of facilities provided by local authorities, a snowball approach was then used to cover a maximum of key facilities in the area.[10] KI interviews were conducted with the school principal and medical personnel at health facilities to understand the functionality and the absorption capacity[11] of education and health facilities in the selected area. Trained enumerators were deployed to each waterpoint of the town recoding the information needed for the calculation of the functionality score index (FSI) used to compare facilities. The FSI is based on a list of indicators such as the functionality of the infrastructure, the number of staffs working and the overall quality of the infrastructure. Each indicator scores between 0 (standard not reached) and 1 (standard reached), and the final sum allows the calculation of a score going from Bad to Very Good and helping to classify each education, health facility and water point assessed in Magwi Town. See Annex I for a detailed list of indicators used for the calculation of the FSI. A total of 91 facilities were mapped in Magwi Town.

In Pajok and Agoro settlements:

- Four KI interviews with local authorities and community leaders were conducted as well as four FGDs with non-displaced and returnee community members to understand movement dynamics and the needs of the population.
- A total of 32 water points, education and health facilities were mapped and assigned an FSI based on availability, functionality and absorption capacity of services.



8. Such as UNHCR Spontaneous Refugee Returns updates, and International Organization for Migration (IOM)'s Displacement Tracking Matrix (DTM).
9. Below payams, a boma is the lowest-level administrative division in South Sudan.
10. Because of time limitation and potential inaccuracies with the initial facility list, REACH cannot ensure all facilities in Renk Town were mapped.
11. I.e. the capacity to provide services to an increase in population.

KEY HIGHLIGHTS

Displacement status and population movements

• Some of the latest major population movements from Magwi County occurred in 2016 and 2017 when HHs left to Uganda to escape insecurity in the region.[12] According to FGD participants, HHs started to return to Magwi County in 2018 and 2019, while the vast majority were reported to be still living in Uganda at the time of the assessment. Two major border points and routes were used by those who have returned to South Sudan. One through Nimule to Aru by car and then walking for those who returned to Agoro, or via Labone for those directed to Pajok or Magwi Town using either motorbike or by walk (see map *Returns Movements*).

• Issues at the border point were reported being the main obstacles faced by HHs returning to Magwi. Transportation cost was also reported as a main issue by residents of Agoro who reported it constituted the main deterrence for HHs wishing to return from Uganda.

• Returnees reported the lack of shelter and livelihood opportunities as main issues faced by HHs who recently returned. Because the shelter was damaged during their absence, and because they had to wait until next cultivation period before being able to produce they own food, returnees reported sharing accommodation and food with family members or friends. Cultivation tools and seeds were reported to be major priority needs for returnee HHs.

• Lack of access to education was reported to be a major concern: compared to the non-displaced population, HHs who recently returned reported they could not afford school fees, or pay for feeding programs and school materials, increasing the vulnerabilities of the recently returned population.

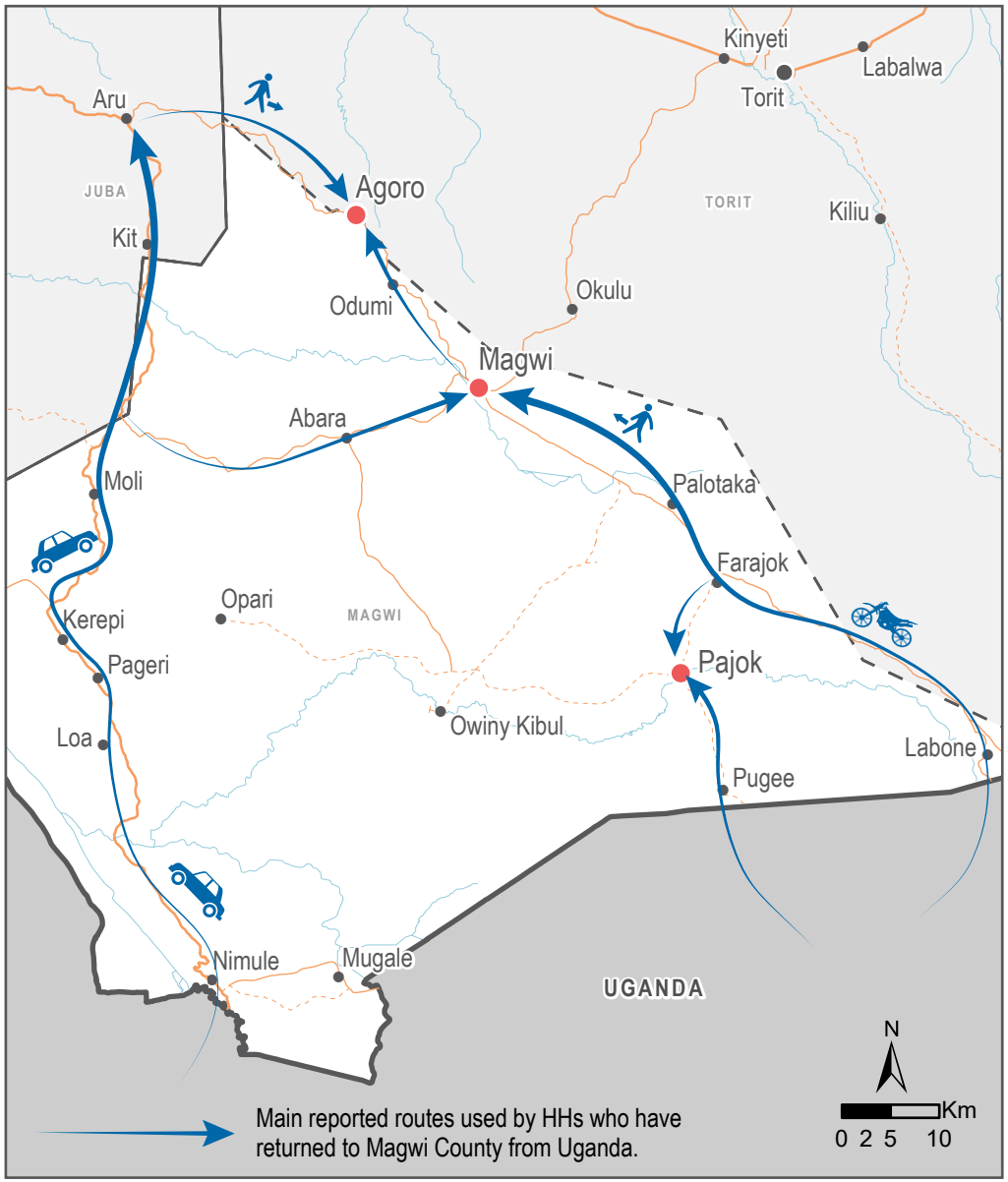
Population needs

• Engaging in agriculture was reported as the main livelihood activity to access food in Magwi County. However, protracted rain and pests affected crops, limiting HHs' ability to access enough food, as reported by half of the population in Magwi Town. The scarcity of food was amplified by the presence of the returnee population who could not cultivate and were having to share resources with the host community.

• Poor water quality was reported as a major issue in Magwi County. Several boreholes were mapped in Magwi, Agoro and Pajok towns but HHs had to queue a long time to access the limited functioning boreholes. As a consequence, some HHs reported accessing rivers and streams to collect water for their HH.

• Lack of trained medical staff, lack of materials like beds and infrastructure, as well as a lack of medicine were reported being a main health care issue in

RETURNS MOVEMENTS



12. Multi-Sector Rapid Needs Assessment, Magwi County, September 2016. Inter-agency Assessment.

USAID FROM THE AMERICAN PEOPLE
REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

KEY HIGHLIGHTS

assessed locations. Referral systems were reportedly inadequate and the absence of ambulances resulted in more women having to give birth at home because of the long distance to the health facility.

• In Pajok, KIs reported that eight schools were shut down since 2017 because of a lack of teachers who went to Uganda. Only one nursery and one primary school were functioning at the time of the assessment. Similarly, only four teachers were reportedly working in Agoro where, similarly to Pajok, no secondary school was reported being present or functional.

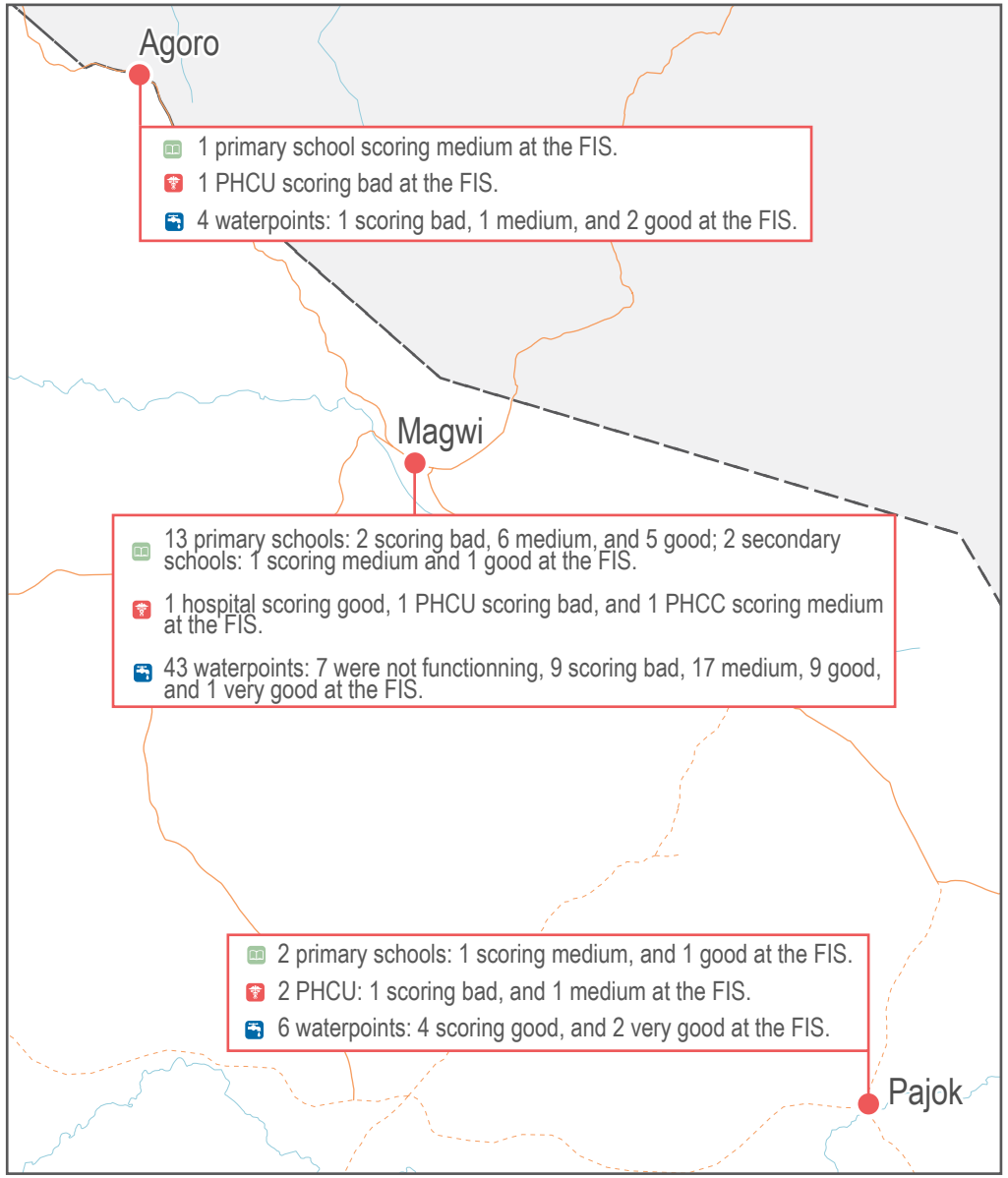
Service availability

• FGD participants and KIs in Magwi Town, Pajok and Agoro villages reported that the majority of returnees were still living in Uganda at the time of the assessment, and large numbers of refugees were expected to return during the first months of 2020. This was reportedly attributed to the anticipated outcome of the 100 day extension period for the development of the Revitalised Transitional Government of National Unity (R-ARCSS), which could result in large numbers of returns, as well as the deteriorating living conditions in the refugee camps in northern Uganda.

• Two major returns trends were observed during the assessment. While many young men were returning from Uganda to Agoro and Pajok to rebuild their shelter and prepare the land for cultivation in anticipation of family reunification, some entire HHs were returning as well. Many HHs reportedly first stopped in Magwi to access education and income-generating opportunities before returning to their home settlements. A similar trend was observed with IDPs and migrants who moved to the major town in the county to access basic services such as education and health facilities.

• One of the main factors that could influence the arrival of returns in Magwi County is linked to the availability of services and infrastructure in areas of return. The needs and vulnerability of the overall population were reportedly already high at the time of the assessment, especially concerning food security and livelihoods (FSL), water, sanitation and hygiene (WASH) and health. The availability and quality of services should be prioritised in an area where non-displaced HHs cohabit with returnees, IDPs and migrant populations, to improve access to food, clean water, and health services and reduce potential future tensions between population groups over access to resources.

MAGWI COUNTY INFRASTRUCTURE SCORE



USAID FROM THE AMERICAN PEOPLE
REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

HH SURVEY SECTORIAL FINDINGS (READERS CAN FIND HYPERLINKS TO EACH SECTION BY CLICKING ON THE HUMANITARIAN ICONS)

16% of HHs in Magwi Town were reported being **refugee returnees** who had returned home from Uganda

77% of HHs reported having **enough water** to meet their HHs needs

42% of HHs reported their shelter being **partially or completely damaged** at the time of the assessmnet

67% of HHs reported the presence of **traditional community leadership** structures operating in their boma

8% of HHs reported that boys and girls aged between 6 and 12 years old **were not regularly attending school**

51% of HHs reported **not being able to access enough food** during the month prior to the assessment

92% of HHs reported having **good or very good relations** with members of the host community, IDPs and returnees

67% of HHs reported facing some type of **barriers for accessing health care services**

9% of HHs reported **receiving humanitarian assistance** during the three months prior to the assessment

Displacement status and population movements: The mixed composition of HH profiles in Magwi Town reflects years of multiple displacements typical of the area. The perceived increase in security in Magwi County, and the deterioration of living conditions in the refugee camps in Uganda could explain the trends in refugees returning to Magwi Town. Most of the HHs reported sharing food and shelters with the non-displaced community while some reported the intention to move back to their settlements of origin, such as Agoro and Pajok, once the living conditions and access to services improves.

WASH: The insufficient number of boreholes, the long waiting time as well as the bad quality of the water were the main reported barriers to accessing sufficient water according to the assessed HHs. As a consequence, some HHs reported accessing water from Ayi river and nearby streams.

Shelter: The most observed types of shelters in Magwi Town were traditional tukuls, as is typical of a rural area, with a minority of structures being permanent and concrete constructions. The majority of returnees reported their shelter being completely or partially destroyed during their absence and reported temporarily sharing the shelter with family members or neighbours.

Camp Coordination and Camp Management (CCCM): The majority of HHs reported local authorities and traditional community leadership structures (such as committees, village leaders, etc.) to be present and operational in the community. Youth were the most commonly reported group represented in local leadership, and radio stations were the main source of information used in Magwi Town.

Education: Only a minority of children were reportedly not accessing school, and the main reasons were the inability of parents to pay for school fees and the lack of feeding programs, which discouraged children from attending.

FSL: The main reported reasons for HHs not being able to access enough food in Magwi Town were the heavy and protracted rains which disrupted cultivation, as well as the pests which destroyed the crops. To cope with the lack of food, HHs reported purchasing food on credit, moving to other villages to find food or eating seeds intended to be planted. Returnee HHs were reported as the most vulnerable because they could not cultivate in 2019 and had to wait until the next planting season.

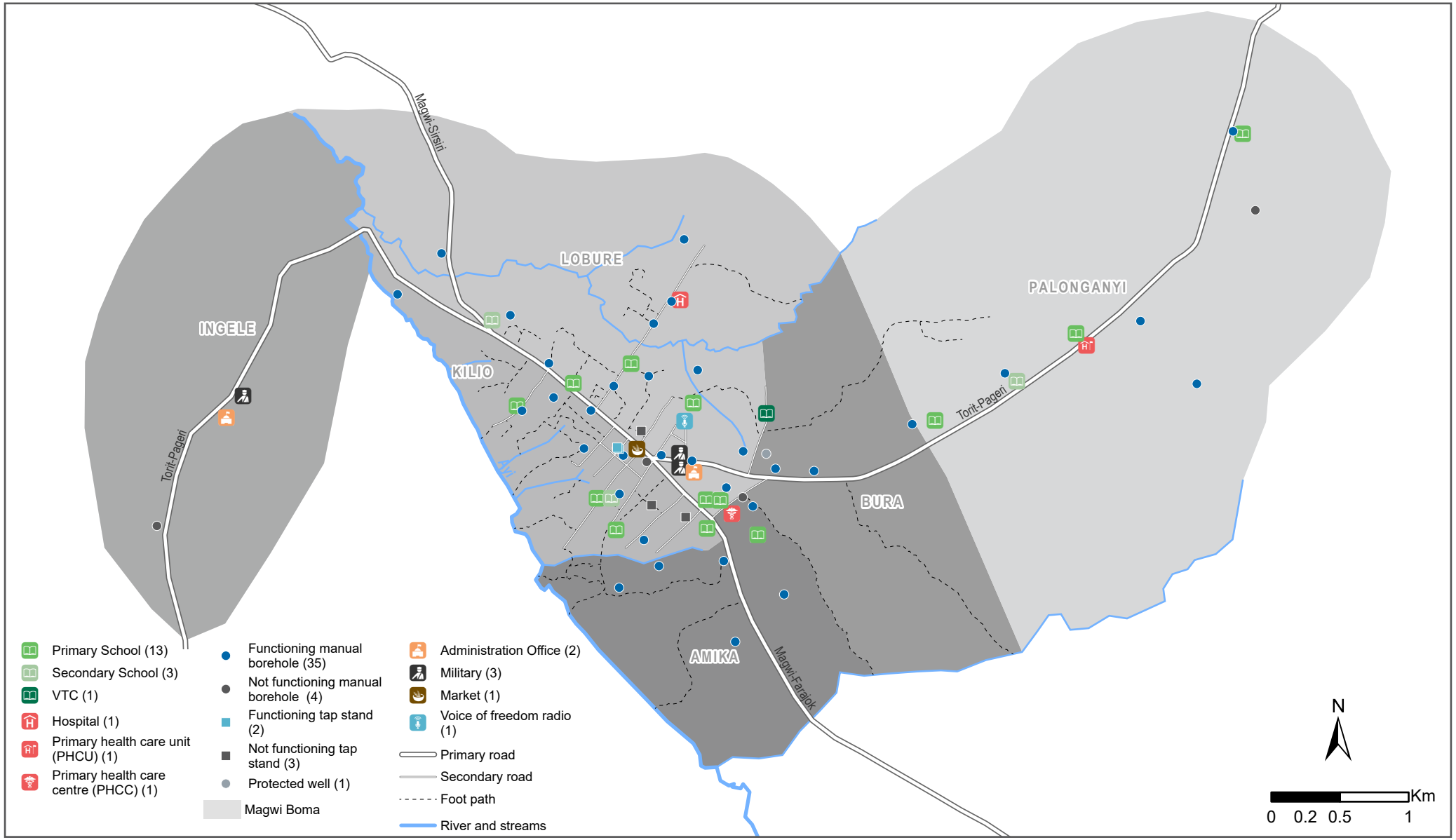
Protection & HLP: A positive social cohesion was reported in Magwi Town, but tensions could arise over access to resources, such as food and shelter, because returnee HHs were living with family, friends or neighbours. Domestic violence, harassment and theft perpetrated by groups of youth at night were the most commonly reported protection concerns.

Health: The main reported issues in health facilities were the lack of resources such as medication, beds and trained staff (only one doctor was available in Magwi Town). Because of this, 16% of women were delivering at home, being exposed to higher health risks to both the mother and the baby.

Accountability to Affected Populations (AAP): HHs were mostly receiving food assistance by international non-governmental organizations (NGOs). Assistance was primarily received in-kind, and the majority of HHs reported being satisfied with the type of assistance received.

USAID FROM THE AMERICAN PEOPLE
REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

MAGWI TOWN MAIN INFRASTRUCTURE[13]

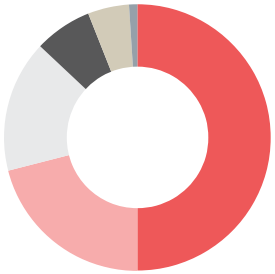


13. REACH SSD ABA MagwiTown A3 size map available here.

DISPLACEMENT STATUS AND POPULATION MOVEMENTS

A mixed composition of HH profiles characterised Magwi Town, with the largest population being non-displaced individuals (50%), followed by IDPs (21%), refugees who have returned home (16%), migrants who were living in Magwi either temporarily or permanently (7%), and IDPs who have returned home (5%). The composition of population groups in Magwi Town have been shaped around the past periods of multiple displacements in the area, and with return movements being driven by both pull factors, such as the increased perception of security, and push factors, like the deterioration of living conditions in the refugee camps in Uganda. IDPs and migrants also reported coming to Magwi Town because of better living conditions and opportunities, such as education and health services compared to their settlements of origin. KIs reported expecting high return movements during the beginning of 2020 when HHs will take advantage of the dry season to rebuild their shelter and prepare the land for cultivation.

HH displacement status:[14]



- Non- displaced 50%
- IDPs 21%
- Refugees who have returned home 16%
- Migrants[15] 7%
- IDPs who have returned home 5%
- Refugees 1%

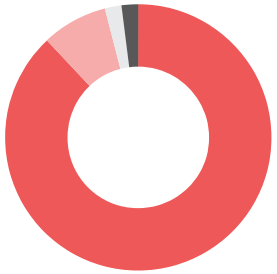
Displacement status	Year of arrival to / return to Magwi	Place previously displaced / originally from	Push factors for leaving previous location	Pull factors for arriving in Magwi Town	Movement intentions
Non-displaced	n/a	n/a	n/a	n/a	**29%** of HHs intend to permanently leave Magwi Town in the future
IDPs HHs	**22%** in 2016 **20%** before 2010 **14%** in 2017	**84%** from Magwi County **9%** from Torit County **4%** from Juba County	**56%** lack of education **33%** insecurity **33%** lack of shelter	**71%** access to healthcare **67%** access to education **39%** security	**39%** of HHs are planning to settle permanently in Magwi Town
IDPs who have returned home	**21%** before 2010 **21%** in 2016 **16%** in 2017	**79%** in Magwi County **21%** in Torit County	**63%** insecurity **63%** lack of shelter **36%** lack of education	**42%** availability of local food **36%** security **36%** access to shelter	**42%** of HHs are planning to settle permanently in Magwi Town
Refugees who have returned home	**39%** before 2010 **27%** in 2019 **14%** in 2018	**100%** of HHs returned from Uganda (95% of them were living in camps)	**39%** insecurity **39%** lack of shelter **39%** lack of food	**57%** security **37%** availability of local food **25%** access to education	**83%** of HHs are planning to settle permanently in Magwi Town
Migrants	**27%** before 2010 **15%** in 2018	n/a	n/a	**42%** access to income-generating activities **23%** access to education **19%** security	**62%** of HHs are planning to settle permanently in Magwi Town

14. For more information on the displacement status see Annex II: Displacement status flow chart and decision process.
15. Intended as an HH "where the decision to migrate was taken freely [...], for reasons of 'personal convenience' and without intervention of an external compelling factor'" (FAO, 2017).

WATER, SANITATION AND HYGIENE (WASH)

Almost a quarter (23%) of HHs in Magwi Town reported not having access to sufficient water to meet their HH needs. Long queues (57%), insufficient water (46%) and damaged structures (20%) were the main reported barriers to access sufficient water. Almost 15% of HHs reported spending more than one hour to travel to the nearest waterpoint, collect the water and return to the shelter. As a consequence, 7% of HHs reported accessing the river or stream to get water for their HH. Almost 90% of HHs reported having access to a latrine, with the traditional pit latrine as the main type used (91%). For those without access to a latrine, the main reported issues were the lack of materials (like cement) and money to pay for the construction.

Most commonly reported sources of drinking water:



Manual borehole (hand pump)	89%
River/stream water	8%
Public tap stand	2%
Hand dug well	2%

ACCESS TO WATER

23% of HHs reported not having enough water to meet their HH needs

Most commonly reported barriers to access sufficient water:
(Among HHs reporting not having enough water to meet their HH needs; multiple choice was allowed)

1 Long waiting time	57%
2 Insufficient water quantity	46%
3 Structure damaged	20%

Reported walking distance to nearest water source from the HH shelter:

1 At the HH shelter (no travel time)	4%
2 Under 30 minutes	55%
3 30 minutes to less than one hour	28%
4 One hour to less than half a day	12%
5 Half a day or more	1%

SANITATION AND HYGIENE

25% of HHs reported facing environmental sanitation problems[16]

% of HHs with latrine access*:

1 Yes	87%
2 No, open defecation in bush	9%
3 No, defecation in an area designated by the community	1%

"Other" option counted for 3% of the overall responses.

Most reported types of latrines:
(Among HHs reporting having access to a latrine)

1 Traditional latrine (pit)	91%
2 Non-pit shared latrine (neighbourhood, friends)	5%
3 Non-pit private latrine (in HH shelter)	4%

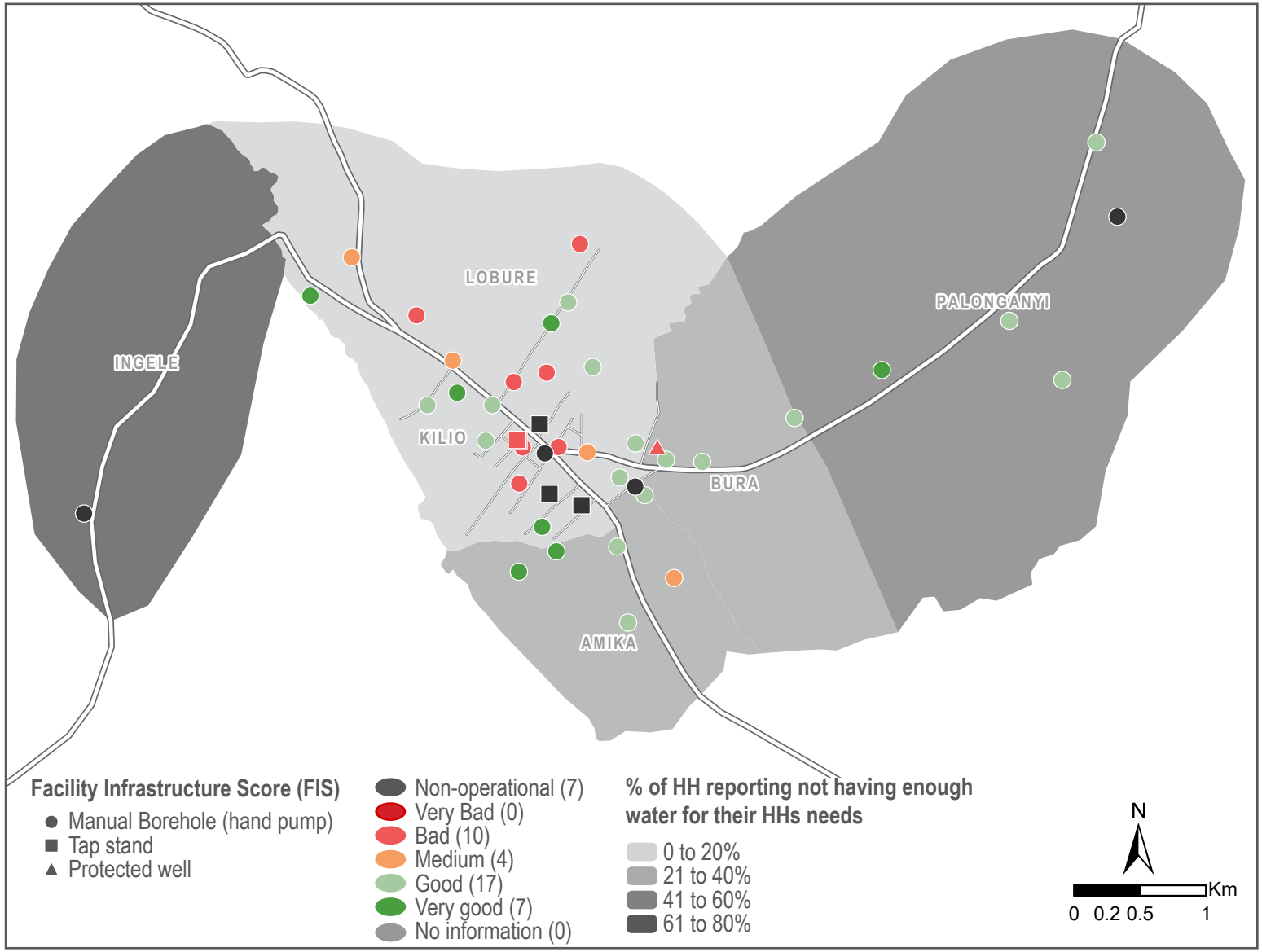
Most commonly reported hand-washing materials used by the HHs:

1 Soap	63%
2 Only water	29%
3 Ash	5%

16. Living in areas where solid waste, water waste, or open defecation was visible within 30 meters of their shelter.

USAID FROM THE AMERICAN PEOPLE
REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

FACILITY INFASTRUCTURE SCORE: WATERPOINTS

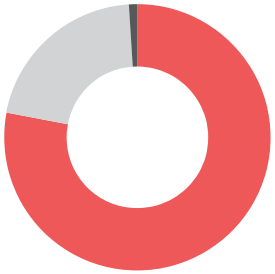


A total of 45 waterpoints were mapped in Magwi Town: 39 hand pumps, five tap stands and one protected well. Of those, seven were observed being non-operational, and ten scored "bad" at the facility infrastructure score calculation (See *Annex I: Functionality Score Index (FSI) Calculation*). In Ingele boma, a non-operational borehole was the only observed waterpoint, which caused HHs living in the area to walk long distances or collect water from the river. Meanwhile, the majority of the boreholes with a FSI score "bad" were located in the central area of town, which was also the most populated area. Overall, FGD participants reported issues with accessing water, especially during the dry season because the streams dry up, creating additional congestion around the boreholes. Poor water quality was also reported by FGD participants, sometimes appearing brown in colour. Because of these issues, some HHs reported collecting water in the river and streams around the town while other HHs used institutional boreholes, such as in schools, adding additional pressure to an already fragile water system. While previously humanitarian agencies repaired the water points, this is reportedly no longer the case, and as a consequence, HHs reported collecting water from the streams unless community members collected money to pay an engineer for repairing the water point.

SHELTER AND NFIS

Traditional tukuls were the most observed shelter type in Magwi Town (78%), followed by permanent structures (21%). More than 40% of HHs reported their shelter had been damaged, primarily due to recent heavy rain (57%) and storms (46%). Plastic sheets and poles were reported as the most needed NFIs, while HHs reportedly still had access to grass and bamboo through foraging or purchasing in the market at the time of the assessment. Through FGDs, returnees specifically reported not having access to construction materials to build new shelters, resulting in them temporarily sharing shelters with relatives in Magwi Town.

Most commonly reported types of shelter:



Tukul[17]	78%
Permanent structure[18]	21%
Other	1%

ACCESS TO SHELTER

42% of HHs reported their shelter being damaged

Overall severity of the damage to the shelter:
(Among HHs reporting having damaged shelters)

1 Completely destroyed	5%
2 Partially damaged	83%
3 No or minimal damage	12%

HHs main reported causes for shelter damage:
(Among HHs reporting having damaged shelters; multiple choice was allowed)

1 Heavy rain	57%
2 Storm	46%
3 Fire	20%

NFIS

Top-three building materials HHs were able to access, either by foraging or by purchasing in the markets:
(Multiple choice was allowed)

1 Grass	87%
2 Bamboo	9%
3 Bricks	1%

Most commonly reported sources of fuel for cooking and lighting:
(Multiple choice was allowed)

1 Charcoal	91%
2 Wood	5%
3 Grass	4%

% of HHs with access to the following items:
(Multiple choice was allowed)

Plastic Sheet	12%
Pole	14%
Torch/flashlight	21%
Bucket	25%
Sleeping mat	29%
Blanket	32%
Mosquito net	37%
Rope	37%
Soap	66%
Cooking pot	82%
Jerry can	89%

17. A round hut known as a tukul, is a shelter made of mud and wood, with a grass roof.
18. A shelter built of durable materials such as bricks or concrete.

USAID FROM THE AMERICAN PEOPLE
REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

A minority (11%) of HHs in Magwi Town reported receiving humanitarian assistance (food, NFIs or shelter) during the month prior to the assessment. Meanwhile, the majority reported local authorities (61%) and traditional community leadership structures (67%) to be present and operational in the community. Youths were the most commonly reported group represented in local leadership (63%), and radio stations were the main source of information for HHs in Magwi Town (83%).

11% of HHs reported receiving humanitarian assistance

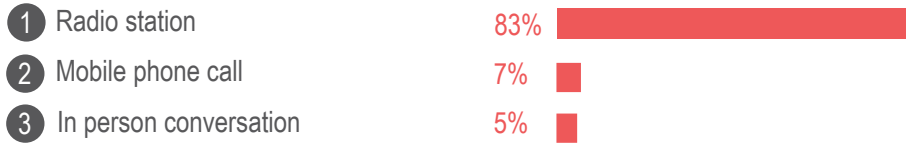
61% of HHs reported local authorities to be present and accountable to the community

67% of HHs reported the presence of traditional community leadership structures operating in their neighbourhood

Most commonly reported groups represented in traditional local leadership:

(Among HHs reporting the presence of traditional community leadership structures)

Top-three reported sources of information for HHs:



EDUCATION

Access to education was high in Magwi Town; among the HHs with at least one child aged 6 to 17 years old, approximately 92% of the HHs reported that girls and boys were regularly attending school. Most of the HHs that reported children not attending school cited the inability to pay for school fees (83%) as the main reason. Other reasons reported for children not regularly attending school were the long distance to school (45%), lack of school supplies such as uniforms and books (43%), and lack of feeding programs (13%).

92% of the HHs reported that **boys** aged 6 to 17 years old were regularly attending school

92% of the HHs reported that **girls** aged 6 to 17 years old were regularly attending school

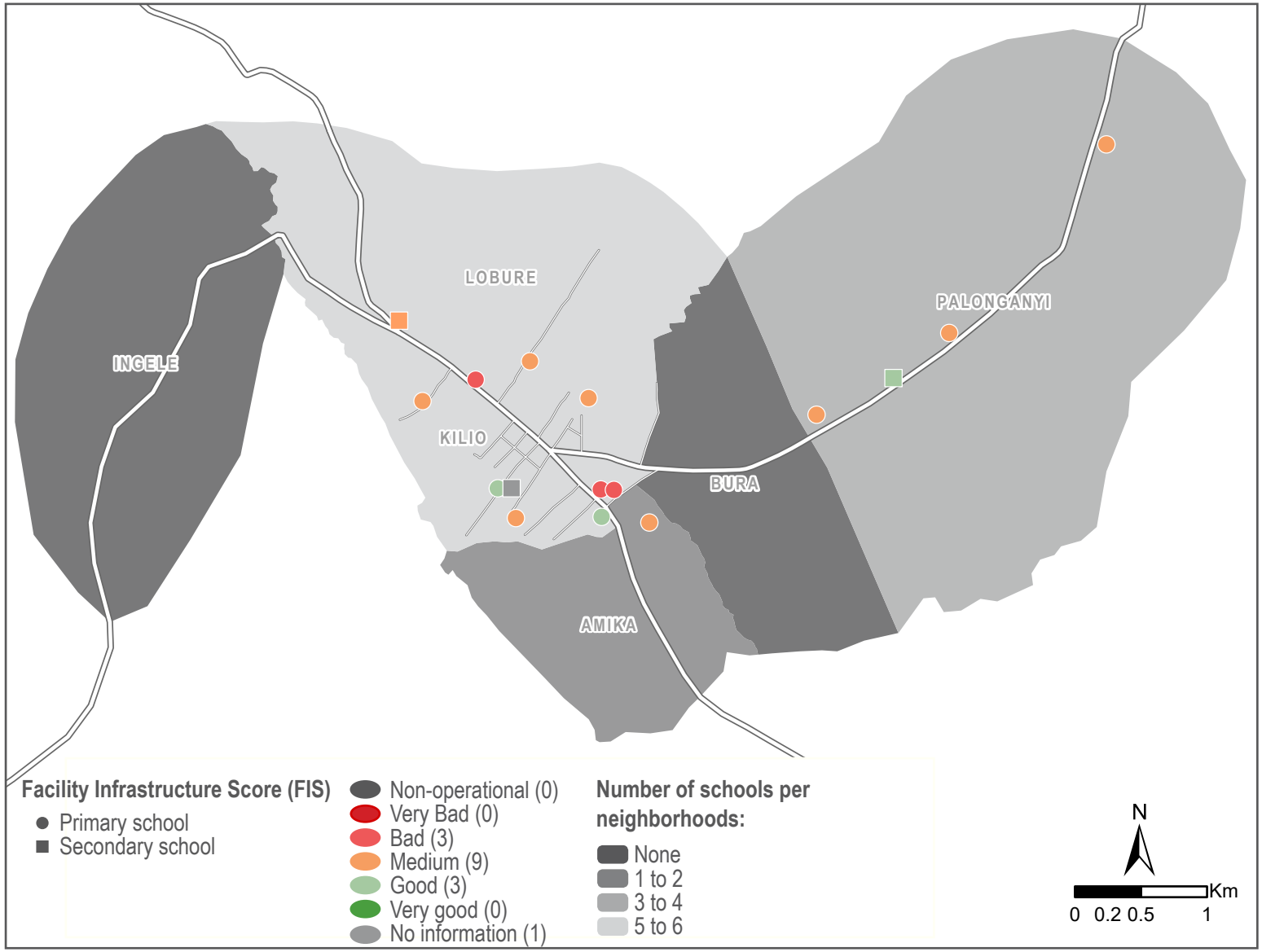
Most commonly reported barriers to access education services:

(Among HHs reporting girls and boys not regularly attending school; multiple choice was allowed)

Boys		Girls
85%	Families cannot afford school	80%
46%	Distance to school is too far	44%
42%	Not enough teaching or learning supplies	44%
15%	Other	24%
15%	Lack of feeding programs	12%
n/a	Children leave school due to early marriage	8%
n/a	Issues related to menstruation	8%
4%	Children must work in agriculture	8%
0%	The quality of the school is not very good	4%
4%	Do not know or do not want to answer	4%
0%	Girls are not suppsed to attend school	4%

USAID FROM THE AMERICAN PEOPLE
REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

FACILITY INFASTRUCTURE SCORE: SCHOOLS



Despite the high reported access to education for both boys and girls in Magwi Town, functionality of the schools was not as consistently strong; two facilities assessed scored "bad", while seven "medium" (see *Annex I: Functionality Score Index (FSI) Calculation*). The low FSI score was likely linked to the lack of classrooms as well as the insufficient number of functioning water points compared to the overall students' population. Out of 15 assessed facilities, six schools reported not having a waterpoint within the school perimeter, or was sharing one with the community, which may create congestion and tension around the collection of water. School fees were reported as the main barrier, preventing children from accessing school: all but one facility required payment fees with an average of 1500 SSP per term, which could impact the ability of more vulnerable HHs or future returnees from enrolling children in school. In the case of a future influx of returnees, KIs reported that schools would only be able to absorb the new students if more qualified staff were recruited and school infrastructure and school materials were improved.

FOOD SECURITY AND LIVELIHOODS (FSL)

Agriculture was reportedly the primary livelihood activity in Magwi Town (62%). However, more than half of the HHs (51%) reported not being able to access enough food, and the main reason was that crops were destroyed by pests in the most recent harvest period (55%). Moreover, HHs reported having to share food with returnees, which could also have affected HHs ability to access enough food. All of these factors could likely have had an impact on the HHs food consumption score (FSC), with 49% of HHs being recorded with a borderline FSC. The current destruction of crops and the pressure on HHs already limited food capacity, might result in a shortage of food in Magwi Town during the second harvest period (August to November) of 2020. Also, nearly 20% of HHs reported not having access to land for cultivation. According to FGD participants, access to land was particularly an issue for returnees from Uganda who had not yet re-established their livelihoods since returning.

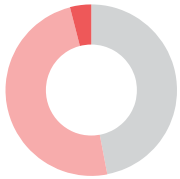
51% of HHs reported not being able to access enough food during the month prior to the assessment

Top-three reported barriers for accessing sufficient food:

(Among HHs who reported not having enough food)

1. Crops have been destroyed by pest 55%
2. Lack of land for cultivation 22%
3. Prices too high to buy food 8%

Food consumption score (FCS) index:

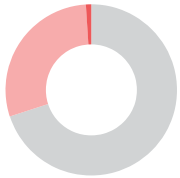


Acceptable	47%
Borderline	49%
Poor	4%

Top-three reported primary sources of income:

1. Agriculture 62%
2. Sale of alcoholic beverages/brewing 11%
3. Sale of natural resources[19] 9%

Reduced coping strategy index (rCSI):



No coping	70%
Low coping	29%
High coping	1%

Reported monthly average income:

1. I don't want to disclose this info 8%
2. Below 1'000 SSP 17%
3. Between 1'000 and 5'000 SSP 46%
4. More than 5'000 SSP 14%
5. I have no income 16%

Reported share of income spent to buy food:

1. All of the income 11%
2. Most of the income 29%
3. Half of the income 42%
4. Less than half of the income 11%
5. Almost none of the income 6%

18% of HHs reported not having access to land for cultivation

Main reported reasons for not being able to access land for cultivation:

(Among HHs reporting not having access to land for cultivation)

1. Not owning/no permissions to use land 44%
2. Land for cultivation is too far away 39%
3. Land is not safe 8%

19. Such as firewood/poles, charcoal, grass, stones, etc.

USAID FROM THE AMERICAN PEOPLE

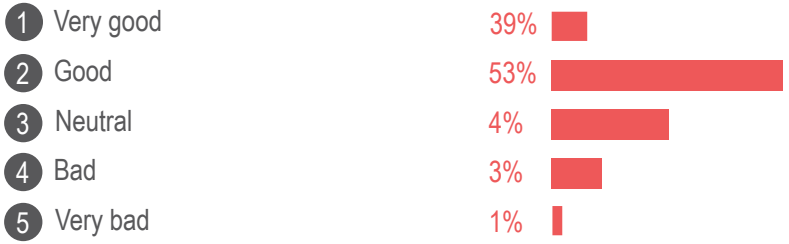
REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

PROTECTION AND HOUSING, LAND, AND PROPERTY (HLP)

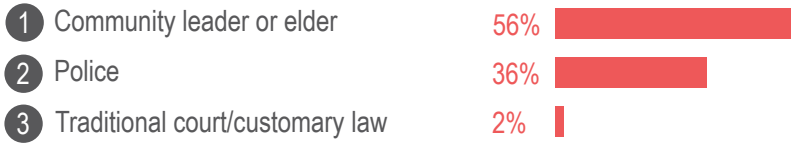
The majority of HHs (92%) reported there were good or very good relations between members of the host community, IDPs and/or returnees, suggesting positive social cohesion between population groups in Magwi Town. The main protection concerns reported by FGD participants were harassment and risks of theft, which was often reportedly perpetrated by groups of youth at night. HHs primarily reported crimes to community leaders or elders (56%), or police (36%). Of the IDP and returnee HHs, only 24% reported their shelter was registered, a procedure mostly implemented by community leaders (62%). IDP and returnee HHs returned either directly to their previous land or temporally stayed with relatives as they re-establish livelihoods and rebuild their shelters, which could explain why nearly 20% of HHs reported they were at risk of being evicted.

SOCIAL COHESION, PROTECTION AND SAFETY

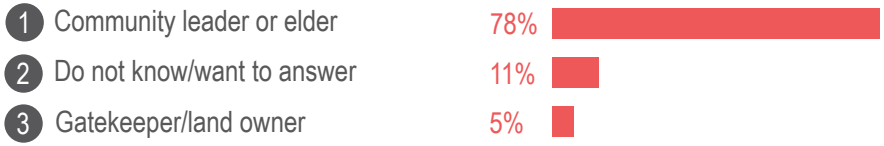
Most commonly reported type of relationship with members of the host community, IDPs and/or returnees:



Most commonly reported justice authority used by HHs in the event of a crime committed against a HH member:



Most commonly reported participation mechanisms used by HHs to participate in the decision making processes:



2% of HHs reported experiencing insecurity, intimidation or violence in the month prior to data collection

Top-three most commonly reported protection concerns[20] in assessed households:

Women

1 Domestic violence	24%
2 Sexual violence	20%
3 Forced marriage	10%

Men

1 Forced recruitment	19%
2 Family separation	13%
3 Domestic violence	11%

Girls

1 Rape	30%
2 Sexual violence	18%
3 Domestic violence	10%

Boys

1 Forced recruitment	21%
2 Violence at school	9%
3 Domestic violence	9%

20. "No issues" responses excluded from the graph.

PROTECTION AND HLP CONTINUED

HOUSING, LAND AND PROPERTY (HLP)

24% of IDPs and returnee HHs reported their shelter was registered with local agencies

Most commonly reported agencies who registred the shelter:
(Among HHs reporting their shelter being registered)

18% of HHs reported being at risk of eviction

17% of HHs reported having to pay money or give goods or services in order to rent the land on which they lived

26% of HHs reported not owning the land on which they were settled

HEALTH

In Magwi Town, 67% of HHs reported facing some type of barrier for accessing health care services. The main reported issues were the lack of medicine available in the health facilities (52%), the long distance (32%), and the high cost of medicine (31%). Of the HHs who reported that at least one member had given birth in the three months prior to the assessment, 16% reported delivering babies at home because of a lack of resources to access the health facility.

81% of HHs who reported at least one HH member had been sick the two weeks prior to the assessment

85% of HHs reported having received the required treatment /medication (among HHs reporting having sick HH members)

67% of HHs reported facing some type of barriers for accessing health care services

Main reported symptoms or illness:
(Among HHs who reported at least one HH member had been sick; multiple choice was allowed)

1 Malaria-like symptoms	65%
2 Coughing	49%
3 Fever	28%

Top-three reported barriers for accessing health care services:
(Among HHs reporting issues accessing health facilities; multiple choice was allowed)

1 No medicine available	52%
2 Health facility too far away	32%
3 High cost of medicine	31%

24% of HHs reported a member of the HH having given birth in the three months prior to the assessment

Main reported places where the HH member gave birth
(Among HHs reporting a member of the HH having given birth in the three months prior to the assessment)

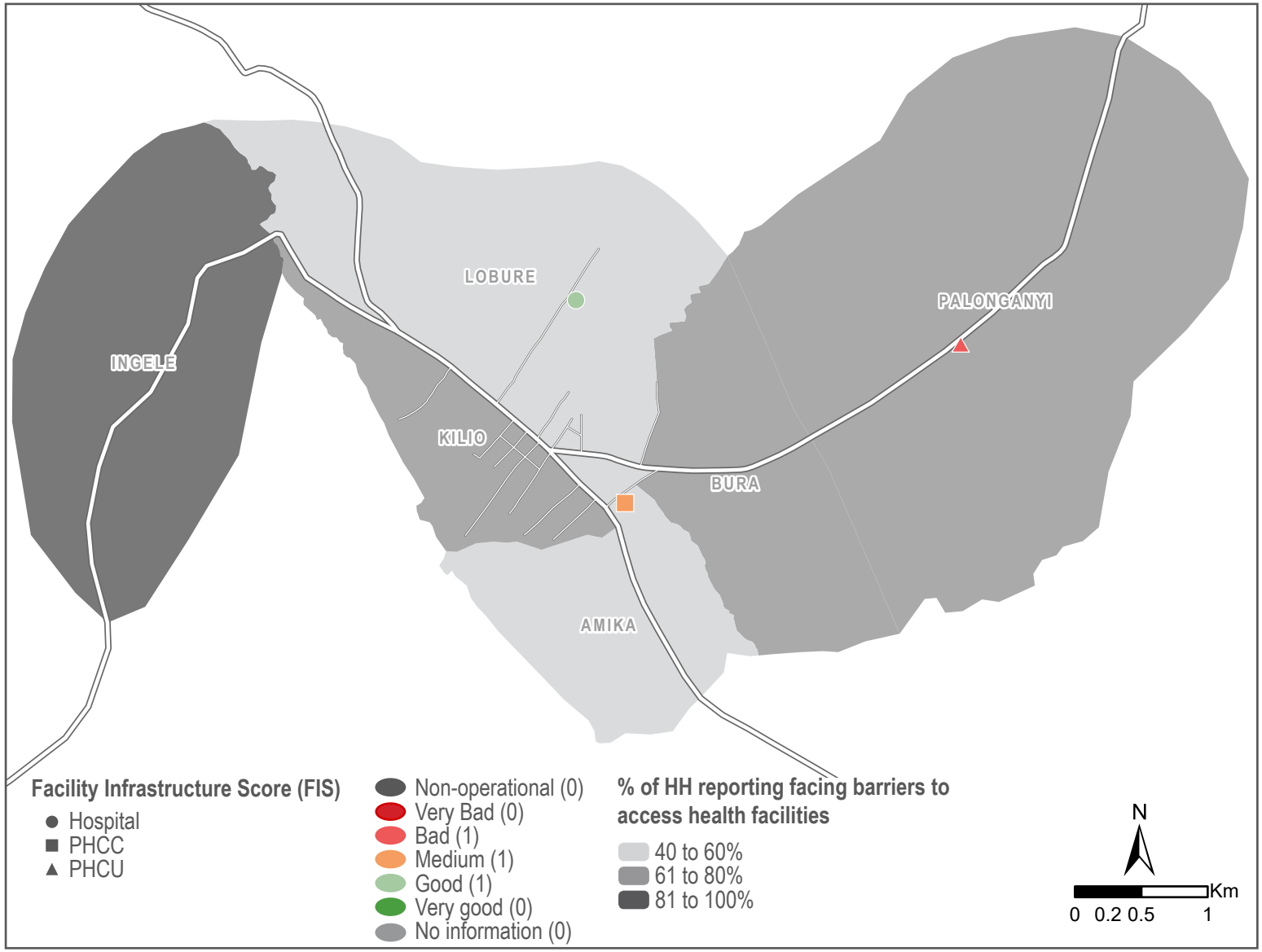
1 At government health facility	68%
2 At home	16%
3 At NGO health facility	14%

Main reported health workers who helped attend the birth?
(Among HHs reporting a member of the HH having given birth in the three months prior to the assessment)

1 Skilled birth attendant (doctor, nurse, midwife)	82%
2 Traditional birth attendant	18%

USAID FROM THE AMERICAN PEOPLE
REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

FACILITY INFASTRUCTURE SCORE: HEALTH FACILITIES



The main health facilities present in Magwi Town were the government-run hospital located in Lobure, the Primary Health Care Centre (PHCC) in Amika, and the Primary Health Care Unit (PHCU) in Palonganyi. The majority of HHs reported accessing the main hospital because the PHCC, PHCU and private clinics were reported to be more expensive[21] and the quality of services offered lower. The primary reported issue with the hospital was the lack of medical resources such as medication, beds and trained staff. Medication was reportedly not always being available and HHs reported having to buy drugs in the few pharmacies in town, but because of the high price not everyone could afford them. Finally, it was reported by one KI that in the case of major injuries or accidents, no health facilities within Magwi Town had the capacity to take care of such cases; instead they would be referred to Nimule, Torit or Juba towns to receive the appropriate treatment.

21. Administration fees were reported to be approximately 450SSP in the PHCC, and around 20SSP in the PHCU.

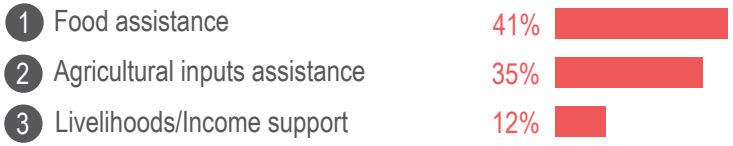
ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

A small proportion of HHs in Magwi Town reported receiving humanitarian assistance during the three months prior to the assessment. They mostly received food assistance (41%) by an international NGO (59%) and the main type of assistance received was in-kind (77%). The majority of HHs (74%) reported being satisfied by the type of assistance received.

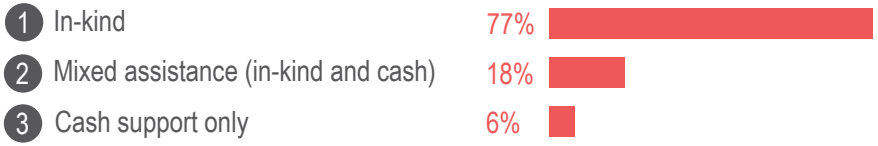
9% of HHs reported receiving humanitarian assistance during the three months prior to data collection

Most commonly reported sources of assistance:
(Among HHs reporting having received humanitarian assistance in the three months prior to data collection)

Most commonly reported types of assistance received:
(Among HHs reporting having received humanitarian assistance in the three months prior to data collection)



Most commonly reported modalities of assistance received:
(Among HHs reporting having received humanitarian assistance in the three months prior to data collection)



74% of HHs reported being satisfied by the type of assistance received

CONCLUSION

The population in Magwi Town was largely relying on agriculture to access food. However, protracted rains and pests affecting crops were reported as main reasons for HHs not being able to access enough food during the month prior to the assessment, and a shortage of food could be expected during the second harvest period of 2020. This is accentuated by the fact that the recent returnee population from Uganda had to share food and shelter with neighbourhoods and friends, adding additional pressure to an already vulnerable host community. Because of the anticipated outcome of the 100-day extension period of the R-ARCSS, and because reported deterioration of living conditions in refugee camps in northern Uganda, a higher number of refugees HHs are expected to return in the first months of 2020. One of the trends observed during this assessment was the tendency of entire refugee HHs, but also IDPs or migrants, to settle temporarily or permanently in Magwi Town, to enjoy the higher quality of the services provided and the existing infrastructure. As reported during KI interviews, FGDs and a facility mapping exercise in Agoro and Pajok, the absorption capacity in peripheral settlements in Magwi Town seemed low and the infrastructure system weak, which could explain why some HHs (especially entire families with children) prefered to settle in the county capital. However, the FSI calculation shows that in Magwi Town itself the infrastructure system was fragile, with several waterpoints not functioning, only one school scoring very good, and only one hospital supposed to cover the needs of the Greater Magwi region with limited staff and medical capacity.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

USAID FROM THE AMERICAN PEOPLE
REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

ANNEX I: FUNCTIONALITY SCORE INDEX (FSI) CALCULATION

Health FSI

Indicator	Question	Deficit standard	Scoring	Ref.
Functionality	Is the health facility operational?	Not operational	Fully operational (running every day) = 1 Partially operational (runnning less than 7 days per week) = 0.5 Not operational (closed) = 0	H1
Number of rooms	How many rooms does the facility have?	Number <= 3	Number > 3 =1 Number <= 3 = 0	H2
Number of beds	How many beds does the facility have?	Number <= 15	Number >= 15 =1 Number < 15 = 0	H3
Staff	What staff is available at the facility ?	# of available options / total of options	Available options: Doctors, Nurses, Midwives, Community health workers, Laboratory technicians, Pharmacist)	H4
Staff availability	Is the staff enough to treat all the patients in the health facility?	No	Yes = 1 No = 0	H5
Number of medicine/ medical items available	Which medicines/ medical items are available at this health facility?	# of available options / total of options	Available options: Beds, malaria medication, Syringes/needles, IV solution, Contraception, Painkillers, Heart medicine, Insulin, Blood pressure medicine, Eye drops, Antibiotics, Anaesthetics, Clean bandages, Blood transfusion bags)	H6
Number of health services availables	Which of the following services are available at this health facility?	# of available options / total of options	Available options: Out-patient department (OPD), In-patient department (IPD), Hygiene promotion, Child immunisation, Diarrhoea treatment, Emergency care (accidents/injuries), Skilled care during childbirth, Surgery, Diabetes treatment, MHPSS services, HIV test, CMAM/OTP (nutrition services), Skilled breastfeeding support, Multivitamin nutrient packets)	H7
Vaccines	Are vaccines available at this health facility?	No	Yes = 1 No = 0	H8
Electricity supply	Does the facility have an electricity supply?	No	Yes = 1 No = 0	H9
Water supply	Does the facility have a water supply?	No	Yes = 1 No = 0	H10
Access to functionning latrines	Does this health facility have access to functioning latrines?	No	Yes = 1 No = 0	H11
TOTAL				X/11

School FSI

Indicator	Question	Deficit standard	Scoring	Ref.
Functionality	Is the school operational?	Not operational	Fully operational (running every day, morning and afternoon) = 1 Partially operational (running less than 5 days per week and/or only in the morning) = 0.5 Not operational (closed) = 0	E1
Classrooms with surface in sqm below standards	What is the average sqm surface of the classrooms?	Surface < 50sqm	Surface >= 50sqm = 1 Surface < 50sqm = 0	E2
Surface/students/clasrooms	Calculations to be done: - How many classrooms are in this school? - What is the average sqm surface of the classrooms? - How many students are currently enrolled in this school?	Surface/student < 1.2sqm	Surface/student >= 1.2sqm = 1 Surface/student < 1.2sqm = 0	E3
Number of students / classroom	Calculations to be done: - How many classrooms are in this school? - How many students are currently enrolled in this school?	50 students maximum per classroom	Number of students <= 50 = 1 Number of students > 50 = 0	E4
Number of teachers /students	Calculations to be done: - How many teachers are working at the school? - How many students are currently enrolled in this school?	1 teacher for maximum 50 students	# students/ teachers <= 50 = 1 # students/ teachers > 50 = 0	E5
Teachers qualifications	Do teachers have enough qualifications to teach here? (based on head of teachers' judgement)	No	Yes = 1 Some = 0.5 No = 0	E6
School fees	Do students have to pay school fees in this school?	Yes	Yes = 0 No = 1	E7
School with feeding program	Is there a feeding programme active at this school?	No	Yes = 1 No = 0	E8
School with access to water point point	Is there a water point at the school or within 500m?	No	Yes = 1 No = 0	E9
Access to functioning latrines	Are there functional latrines at the school?	No	Yes = 1 No = 0	E10
School with a fence	Does the school have a fence, wall or other boundary?	No	Yes = 1 No = 0	E11
TOTAL				X/11

ANNEX I: FSI CALCULATION CONTINUED

Waterpoints FSI

Indicator	Question	Deficit standard	Scoring	Ref.
Operational water point	Is the water point operational? (if no, stop the survey)	No (=0 in FSI)	Yes = 1 No = 0	W1
Protection against the risk of animal	Is the water point surrounded by a fence or something similar to keep animals away from the waterpoint, or is the infrastructure designed in a way that is effectively protecting against the risk of animals?	No	Yes = 1 No = 0	W2
Protection against the risk of flooding	Is the water point situated in an elevated position so that when it rains/flood water does not contaminate the water point, or is the infrastructure designed in a way that is effectively protecting against the risk of flooding?	No	Yes = 1 No = 0	W3
Accessibility	Can everyone access the water point (=difficult access for elderly, people with limited mobility, etc.)?	No	Yes = 1 No = 0	W4
Payment	Does people have to pay to access water (= water only accessible for people who can afford to pay)?	Yes	Yes = 0 No = 1	W5
TOTAL				X/5

Legend

Non-operational (0)
Very Bad = 1 to 20
Bad = 21 to 40
Medium = 41 to 60
Good = 61 to 80
Very good = 81 to 100

ANNEX II: DISPLACEMENT STATUS FLOW CHART AND DECISION PROCESS