

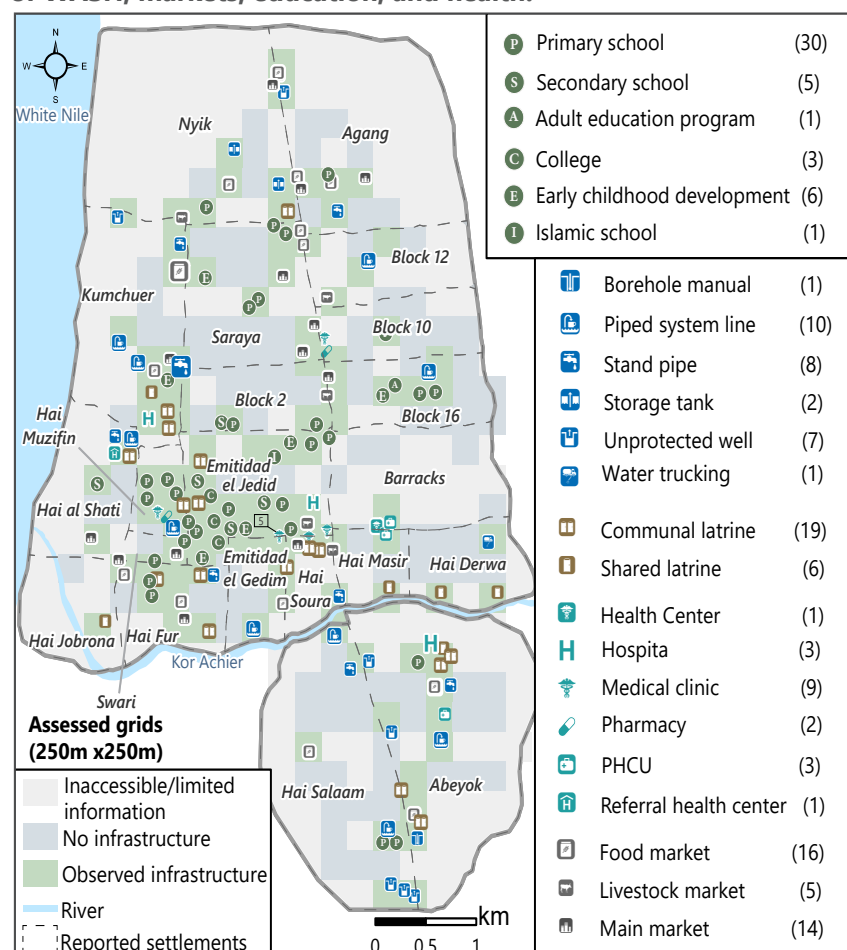
SUDAN CRISIS: RENK AREA-BASED ASSESSMENT

DECEMBER 2023 | South Sudan

KEY MESSAGES

- **Sanitation:** Findings suggest that most individuals in the host community in Renk Town rely on unimproved sanitation facilities. According to participants in host community focus group discussions (FGDs), most lack latrines in their homes and resort to open defecation. New arrivals at the Transit Centre depend on communal sanitation facilities provided by humanitarian actors.
- **Markets:** The main barrier to market access was reportedly the high cost of items reported by Key informants (KIs) in 94% of the assessed functional markets. A lack of money prevented many from making purchases, with refugees and returnees reportedly relying on humanitarian aid to meet their needs.
- **Health:** Barriers to accessing health services in Renk Town were reported to include high cost of medicine, overcrowding at existing health facilities and a shortage of specialists to treat noncommunicable diseases, with only 17% of assessed facilities reportedly providing this service.

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



CONTEXT & RATIONALE

The conflict in Sudan, which began on April 15, 2023¹, has transformed Renk Town into a refuge for newly displaced individuals fleeing the country. Situated in Renk County, Upper Nile State near Sudan's border², Renk Town has become a crucial destination and transit point for returnees, refugees, and third-country nationals escaping Sudan's crisis.³ By February 28, 2024, a total of 508,656 individuals had crossed into South Sudan through the Joda Wunthow border point in Renk.⁴ In response, humanitarian organisations with the support of the South Sudan government have established a Transit Centre within the town to aid refugees and returnees arriving from Sudan. This sudden influx of returnees has intensified pressure on sectors such as markets, water, sanitation and hygiene (WASH), shelter, health and education.⁵

In line with this, this assessment aimed to evaluate the existing services and facilities in Renk Town to identify activities that can address critical gaps or have the most significant impact. This factsheet presents key findings from the area-based assessment (ABA) conducted in Renk in December 2023.

ASSESSMENT OVERVIEW

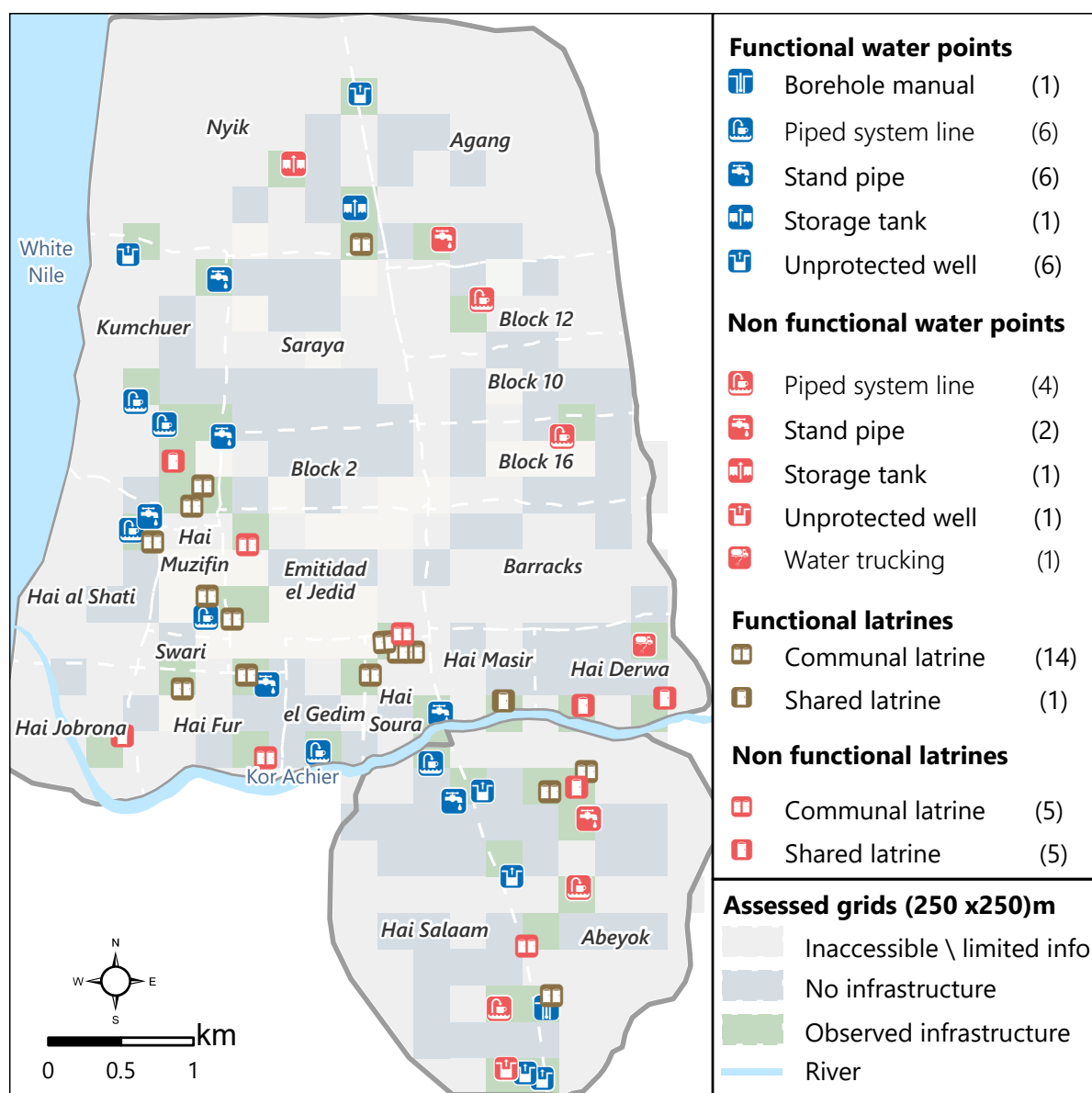
The ABA was conducted with the aim to provide humanitarian actors and the government with information about the capacity of Renk Town to support the host community and new arrivals as more people continue to make their way into Renk from Sudan. This was achieved through mapping existing capacities and needs in the sectors of health, WASH, education and markets and conducting mapping focus group discussions (MFGDs) through which [this map](#) was developed. Additionally, FGDs and key informant interviews (KIIs) were conducted to understand the social cohesion dynamics in Renk Town and the informational needs of new arrivals after which [this report](#) was developed.

The ABA's target population groups were: host community, refugees and returnees. The data collection was conducted between 29 November 2023 to 13 December 2023. Findings from this assessment are indicative. For more information, please see the [terms of reference](#) (ToR).

WATER ACCESS

A total of 30 water points were assessed. Out of these, 20 were found to be functional⁶, while the remaining 10 were not. Similarly, among the 25 latrine facilities that were assessed, 15 were functional, while 10 were not.

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



Qualitative findings

The majority of new arrival FGD participants residing in the Transit Centre reported having access to water for drinking and domestic purposes, facilitated by aid organizations providing daily water distribution. **However, overcrowding at water points was cited by FGD participants as a significant issue, leading to conflicts within the Transit Centre.** To address this, participants in FGDs proposed gender-segregated water points to alleviate congestion and potential disputes.

Similarly, returnees in informal settlement sites like Zero and Abukhadra reported access to drinking and domestic water. FGD participants in Zero reported **increased interaction with the host community, facilitated by shared access to water points, suggesting that these points could serve as tools for integration.**

In the host community, despite most residents being connected to the public water network, challenges persisted. FGD participants reported intermittent availability of tap water, necessitating purchases or river water collection on certain days. Returnees in the host community, particularly those in temporary shelters, reportedly faced similar water access challenges.

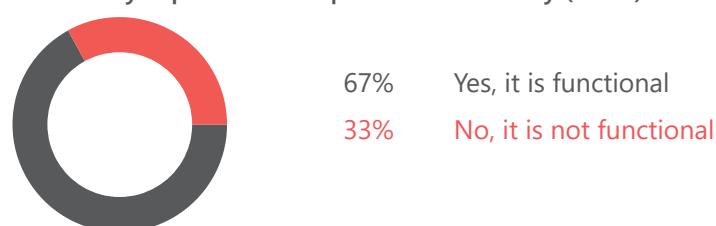
Humanitarian actors had reportedly established water points in Renk Town neighborhoods accommodating returnees, significantly enhancing water accessibility for both returnees and host community members. These water points, strategically located in areas where returnees have settled permanently or temporarily, have reportedly improved water access for all population groups.

WATER ACCESS

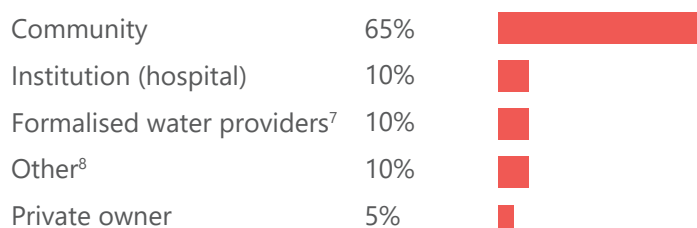
Two thirds (67%, n=30) of the assessed water points were reportedly functional. Additionally, almost all of these water points (95%) were reportedly accessible to all residents of Renk Town, regardless of their status as refugees, returnees, or members of the host community.

Moreover, 20 of the 30 assessed functional water points are reportedly owned by the community, indicating a degree of community control. Notably, the community primarily undertakes repairs for these water points, as they were responsible for repairing 30% of the assessed functional water points at the time of data collection. Furthermore, 40% of the assessed functional water points obtained their water supply from the river.

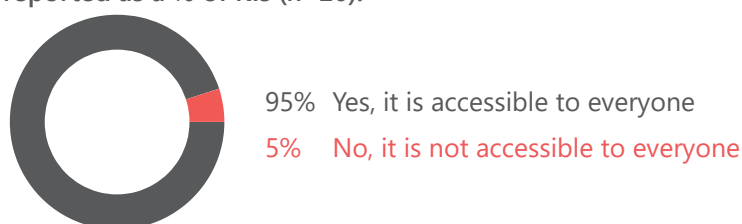
% of KIs by reported waterpoint functionality (n=30):



Most commonly reported type of waterpoint ownership as a % of KIs at functional water points (n=20):



The reported accessibility of functional water points reported as a % of KIs (n=20):



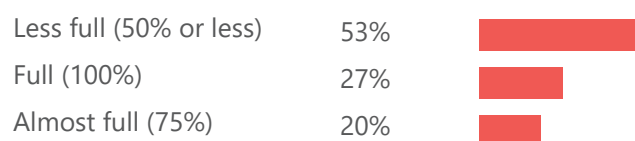
SANITATION

Findings indicate that the majority of the assessed public latrines in Renk Town are communal (76%), situated at locations such as markets or health facilities. KIs reported that all 15 assessed functional public latrines are accessible to all population groups.

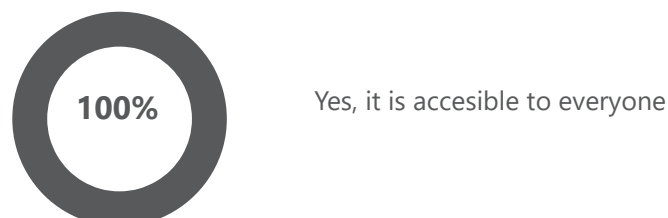
Reported type of latrines by % of KIs (n=25):



% of KIs by reported latrine sludge level reported in the assessed functional public latrines (n=15):



% of KIs by reported accessibility of functional public latrines (n=15):



Qualitative findings

Despite public latrines being available, the majority of participants in the host community FGDs expressed concerns about sanitation in Renk Town, **noting that nearly all households lacked latrine facilities. To address this issue, many individuals reportedly resorted to sharing the limited number of latrines available, while others resorted to open defecation.**

The absence of latrine access was reportedly attributed to the community's financial constraints, which made it difficult to afford the costly materials required for latrine construction. FGD participants reported that a gap exists in both physical and economic access to improved latrine facilities that are hygienic, private, and respectful of human dignity during use.

MENSTRUAL HYGIENE

Qualitative findings

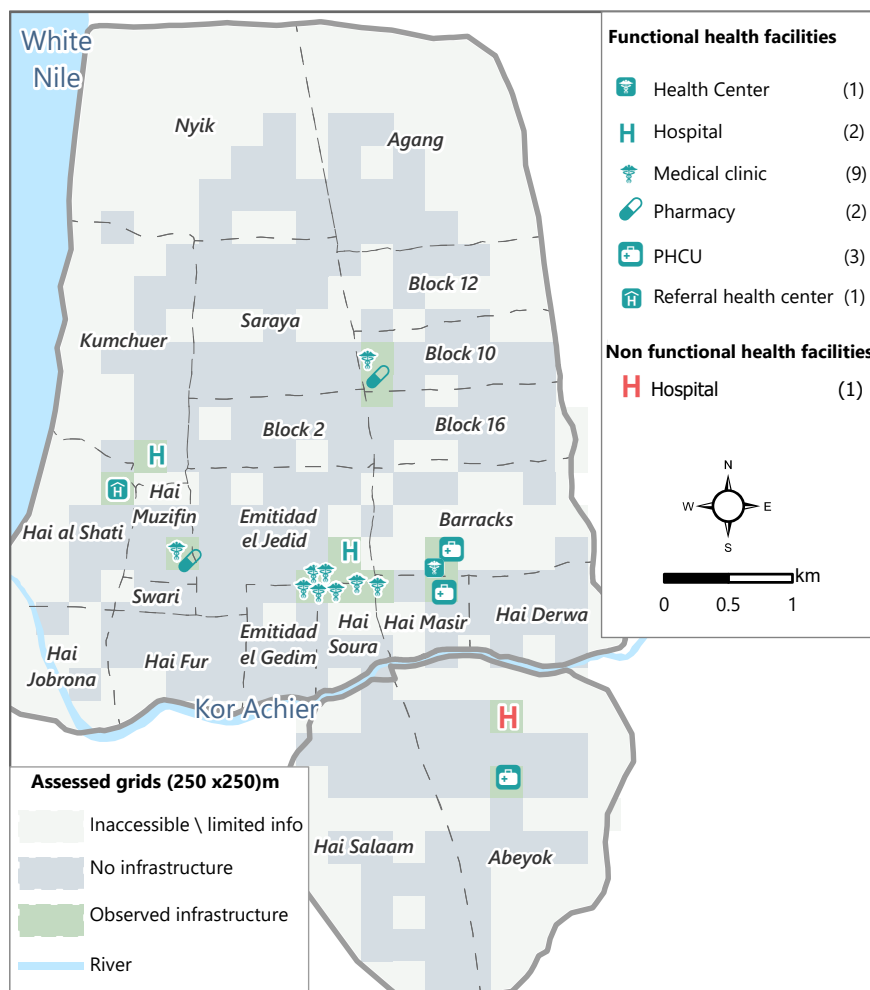
Access to menstrual hygiene products was reported as an issue in a majority of the FGDs conducted across population groups. Financial barriers were reported across FGDs, with participants citing expensive or unaffordable costs of menstrual hygiene products. Consequently, the unavailability of these items has reportedly led to menstruation-related stigma. One participant shared an account of how her daughter experienced distress and isolation due to the lack of sanitary towels.

While humanitarian efforts have introduced initiatives within the Transit Centre to provide free sanitary towels, both returnees and refugees emphasized the insufficiency of these supplies. Some participants reported that they were only entitled to receive these products once, and subsequent attempts to obtain them were unsuccessful. Humanitarian actor KIs stressed the necessity of ensuring an accessible and sustainable supply of affordable menstrual hygiene products for refugee and returnee women at the Transit Centre, as the current aid provided falls short of meeting the demand.

HEALTH

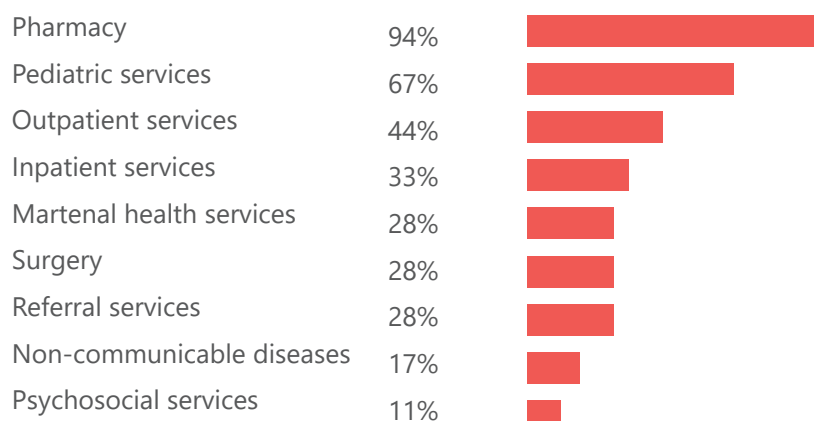
A total of 19 health facilities were assessed in Renk Town. Out of these, 18 were found to be functional, while 1 was not functional.

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

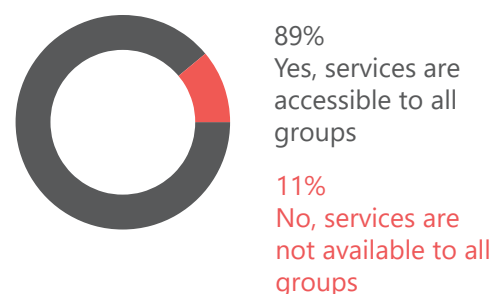


Findings suggest that the majority of health facilities in Renk Town (89%, n=18) cater to people of all population groups. Regarding the functionality of healthcare services, the majority of facilities provide outpatient (44%) and pediatric services (67%). However, only 17% of assessed health facilities offer treatment for non-communicable diseases. Further, almost half of the assessed facilities (44%) reportedly experience management challenges.

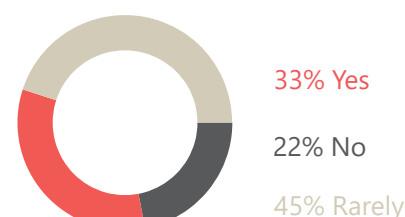
% of KIs by reported type of health services available at assessed functional health facilities (n=18):*



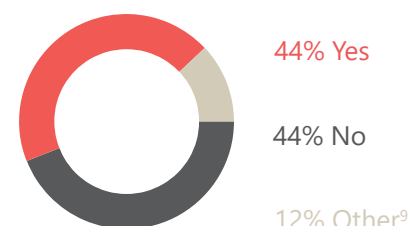
% of KIs by reported accessibility of health facilities to various population groups at assessed functional health facilities (n=18):



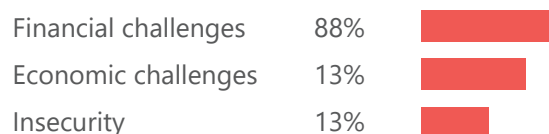
% of KIs by reported likelihood of assessed functional health facilities running out of medicine (n=18):



% of KIs by reported health facilities experiencing management challenges at assessed functional health facilities (n=18):



% of KIs by reported management challenges experienced in the 44% of assessed functional health facilities that reported experiencing management:



Qualitative findings

FGD participants noted improved healthcare access in Renk Town, as additional facilities had been built at the Renk County hospital and at the Transit Centre on the arrival of returnees and refugees in Renk Town. Reported challenges related to healthcare access included high medication costs and a shortage of specialist doctors, hindering treatments. FGD participants cited the lack of financial resources as a barrier to accessing healthcare as such constraints prevented medication purchase. Therefore, **exorbitant medication prices in Renk Town remained one of the main barriers to healthcare access.**

* Responses could be more than 100% as it was a select multiple question.

MARKETS

KIs reported that barriers to access markets exist in almost half of the assessed markets (47%, n=34), with the high cost of goods being the most frequently cited barrier across all population groups. Additionally, an increase in the number of vendors (56%) was reported in the markets in the 30 days leading up to data collection.

Reported existence of barriers in access to markets by % of assessed markets (n=34):

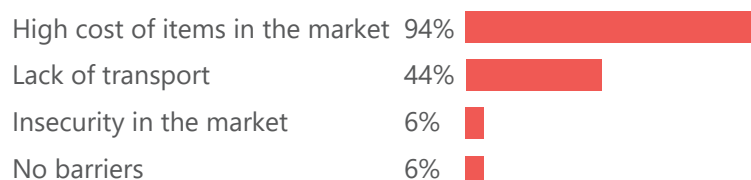


47% Yes, barriers exist

29% No, barriers do not exist

24% Other¹⁰

Reported barriers to market access at markets that reported access challenges by % of assessed markets (n=16):*



Reported safety or security incidents that had taken place in the market place in the 30 days prior to data collection by % of assessed markets (n=34):

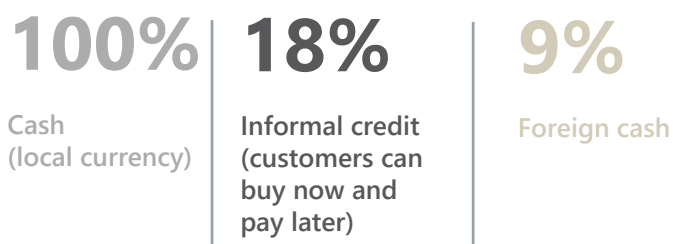


91% No incidents reported

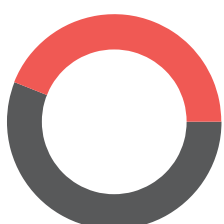
3% Yes, incidents reported

6% Prefer not to answer

Top three reported most common modes of payment used in markets by % KIs in assessed markets (n=34):*



Proportion of vendors that reported charging customers extra to use certain types of payment as a % KIs in assessed markets (n=34):

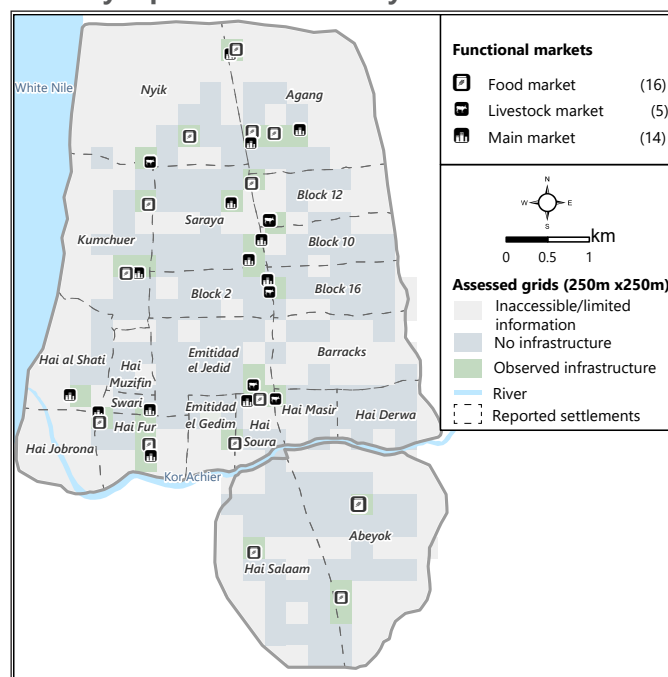


44% Yes

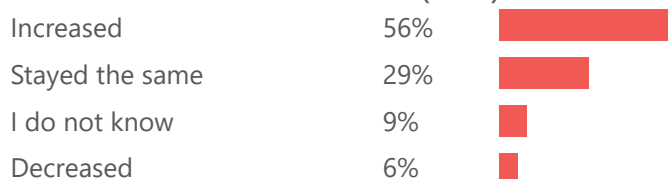
56% No

* Responses could be more than 100% as it was a select multiple question.

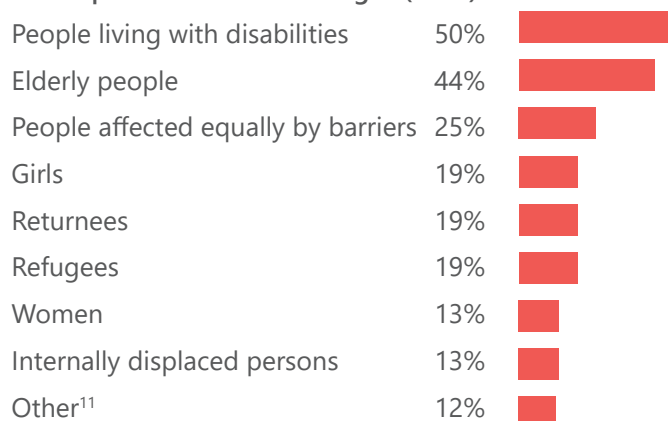
Map 4: The location of assessed markets in Renk Town by reported functionality:



Reported change in number of vendors in the market at the time of data collection compared to the vendors present in the 30 days prior to data collection as a % of KIs in assessed markets (n=34):



Reported groups of people that experienced barriers to market access as a % of KIs in assessed markets that reported access challenges (n=16):*



Qualitative findings

Markets availability in Renk Town and the Transit Centre reportedly pose no obstacles. **However, qualitative findings suggest access challenges exist. FGD participants reported that market challenges affect all population groups.** Host community FGD participants reported price hikes due to the onset of the Sudan crisis, resulting from a supply chain breakdown. Traders who previously relied on Sudan for supplies have had to look elsewhere. Consequently, higher prices have reportedly hindered access to essential commodities for affected populations.¹²

METHODOLOGY OVERVIEW

The ABA utilized a mixed method approach. Qualitative data was collected by conducting FGDs, KIs and MFGDs, while quantitative data was gathered through KIs using the facilities assessment tool.

Mapping Focus Group Discussions

Two MFGDs were held in Renk Town, one with female host community members and the other with the male host community members. Each MFGD had 5 to 8 participants, mobilized with the support of community leaders and the Relief and Rehabilitation Commission (RRC). Throughout the discussions, the host community members worked with the REACH GIS officer to map their communities' neighbourhoods and pinpoint the locations of local service points in the health, markets, education and WASH sectors. [This map](#) was developed from some of the MFGD findings. The MFGD participants also elaborated on the accessibility and availability of these facilities to different population groups within Renk Town.

Facilities Assessment

Following the completion of the MFGDs, the quantitative facilities assessment tool was deployed to gather additional data and build on the information collected during the MFGDs. Enumerators used the data collection application Kobo to assign precise GPS points to the locations identified during the MFGDs. Furthermore, enumerators identified and mapped all health, education, markets and public WASH infrastructure, including those that had been identified during the MFGDs. Kobo was used

to assign precise GPS points to the locations identified during this exercise. The tool was designed in such a way that enumerators also used it to interview KIs on the functionality and accessibility of facilities in the markets, health, education and WASH sectors. A total of **381 interviews** were conducted with KIs possessing relevant knowledge on the functionality of the infrastructure at their specific location. Information provided by KIs was used to identify service provision gaps.

FGDs and KIs

A total of 22 FGDs were conducted with participants from the refugee, returnee and host community populations. Each FGD consisted of a minimum of 4 and a maximum of 6 individuals. Among these 22 FGDs, 10 FGDs were conducted with returnees, 8 FGDs were conducted with members of the host community, while 4 FGDs were conducted with refugees residing in the Transit Centre. Out of the 10 FGDs conducted with returnees, 2 were targeting returnees in the Transit Centre, 4 with returnees in informal settlements, and 4 with returnees living within the host community. Further, a total of 6 KIs were carried out with humanitarian actors working in Renk and community leaders representing each population group (host community, refugees, and returnees).

REACH developed two separate tools, one for the FGDs and another for KIs. The tools were customized to incorporate discussions on topics pertinent to each specific group. For more information on findings from the qualitative component of this assessment, please see brief "[Sudan Crisis: Social Cohesion Among Refugees, Returnees and Host Community in Renk Town](#)."

END NOTES

1. BBC, Sudan: [Why has fighting broken out there?](#), 24 April 2023
2. CSRF, [County profiles](#), Renk County
3. UNHCR, [Sudan violence forces South Sudanese refugees to return to country they fled](#), 15 May 2023
4. International organization for Migration (IOM), United Nations High Commissioner for refugees (UNHCR), RRC, [Arrivals from Sudan to South Sudan](#) [Displacement Tracing Matrix \(iom.int\)](#)
5. OXFAM, [Speaking to those who saw it happening-recollections from Renk](#).
6. The term functional infrastructure in this assessment refers to infrastructure that is capable of serving the purpose for which it was designed.
7. Formalised water providers include [South Sudan Urban Water Corporation \(SSUWC\)](#) provides safe and clean drinking water to people in Renk Town.
8. Other in this question refers to respondents who selected I do not know and non-governmental organizations.
9. Other in this question refers to 'I do not know' and 'I prefer not to answer' choices selected by some respondents.
10. Ibid
11. Ibid
12. REACH Initiative, [South Sudan | Joint Market Monitoring Initiative \(JMMI\)](#), December 2023.
13. The Dawn, [UN delays relocation of refugees to Maban due to flooding](#), 1 December 2023.

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.