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Acronyms

CBA	Community Based Assessment
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
GBV	Gender-Based Violence
NGO	Non-Government Organisation
PHCC	Primary Health Care Centre
PHCU	Primary Health Care Unit
PoH	Pocket of Hope
RRC	Relief and Rehabilitation Commissioner
RRS	Reintegration Sustainability Score
SSP	South Sudanese Pound

Executive Summary

Methodology and Objectives

This community-based assessment examines the integration status of displaced and returned households living in Eastern Equatoria (Magwi and Torit counties), South Sudan, and evaluates the area's capacity to welcome additional returnees. It is one of four regional briefs in this series, of which the objectives are to evaluate the current degree of integration of displaced persons in the area, assess infrastructure and service quality and capacity to accommodate more people, and inform area-based planning by government actors, UNHCR and partners¹.

Current status of integration	Status and capacity of infrastructure and services	Barriers and opportunities for future integration
<i>To what extent have displaced persons currently living in Magwi and Torit achieved a level of sustainable reintegration? Where are the key gaps and needs?</i>	<i>What is the quality and capacity of healthcare, education, water points, safe spaces, and judicial infrastructure in Magwi and Torit?</i>	<i>What service gaps exist, and how might these evolve if more returnees settle in Magwi and Torit? How could more arrivals impact community relations and resource availability?</i>

The assessment employed a mixed-methods approach:

1. **Household surveys:** 784 household surveys targeting both host and displaced populations captured data on demographics, housing, livelihoods, access to basic services, safety, and psychosocial well-being.
2. **Infrastructure assessments:** Evaluations of 314 infrastructure points, including health facilities, schools, water points, markets, judicial infrastructures, and safe spaces, assessed their structural condition, alignment with minimum standards, service availability, current capacity and ability to accommodate potential arrivals.
3. **Focus groups, case studies, key informant interviews:** in-depth consultations with community leaders, hosts, refugee returnees, and local authorities explored community dynamics, reintegration barriers, and service gaps.

Analytical approaches employed include the Reintegration Sustainability Survey (RSS), which quantifies integration levels in different dimensions via composite scoring. Infrastructure was evaluated against defined minimum standards to confirm basic functionality and quality benchmarks, while absorption capacity calculations assessed the extent to which existing services could accommodate additional demand.

Integration Today

Perceptions of safety are relatively positive, with most respondents feeling safe most or all of the time. However, security incidents still occur, particularly in urban areas, where crime and youth gang activity are more common. Law enforcement remains under-resourced and poorly equipped, but strong community mechanisms, such as youth groups and local leadership structures, provide informal

¹ The other briefs cover the areas of 1) Western Bahr el Ghazal (Raja county) 2) Northern Bahr el Ghazal (Aweil Central, West, East and North), 3) Central Equatoria (Yei and Morobo).

security and protection. Social cohesion appears solid, with both returnees and host communities participating in community activities together.

High levels of food insecurity are present: most respondents report skipping meals and consuming less preferred foods. Poor road infrastructure limits market access, and farming—though the dominant livelihood—is often unsafe or unproductive due to environmental challenges and insecurity. Income levels are low, and shelters are overcrowded, particularly as hosts accommodate returning families.

Systemic governance barriers persist, with local community leadership playing an essential role in resolving local disputes. Access to national ID cards remains a significant challenge due to the high costs and centralized process in Juba, which makes it difficult for many individuals to travel or send necessary documents.

RSS scores reflect that returnees in their place of origin report better and more consistent outcomes across all dimensions (economic, physical safety and social integration). Social scores are the highest across groups, while economic scores are consistently the lowest. Women face additional vulnerabilities, experiencing lower safety and economic integration, underscoring the need for targeted support.

Despite challenges, most returnees and hosts intend to stay permanently in their current locations. Many believe the area could absorb more people, but not without significant improvements. Key priorities identified include housing—particularly in Torit Town and Pageri Payam—alongside healthcare, education, and land access.

Infrastructure and Services Today

Healthcare facilities are available but overstretched. Based on quality scoring metrics, health facilities across the region scored 59 out of 100 in given aggregated scores on several indicators. Facilities scored well across the indicators for doctor to patient ratio (in the acceptable range), facility safety and the condition of the building, though scored poorly for stock of key medicines, room overcrowding and power outage frequency. Further, staffing levels are critically low, particularly for specialized professionals and costs for services remain a barrier.

Enrollment rates in education are high, but quality is a concern. Based on quality scoring metrics, education facilities scored 48 out of 100 given aggregated scores on several indicators, suggesting that facilities are currently operating at quality levels under half of the expected ideal. Facilities in Eastern Equatoria scored the highest amongst any assessed location for textbook provision, however, scored poorly for availability of first aid kits, student seating adequacy, school fees, hand washing facilities, student feeding programs and stationery availability

There are not enough water points to meet current demand, leading to long wait times and reliance on unsafe alternatives. Water quality is generally fair, scored 77 out of 100 given aggregated scores on several indicators. Water points scored positively for low rates of conflict incidents at water points and wait times, while sufficiency was the most significant issue.

Judicial infrastructure is poorly maintained and under-equipped, with significant gaps in capacity. Safe spaces are few, inadequately resourced, and largely unknown to the population.

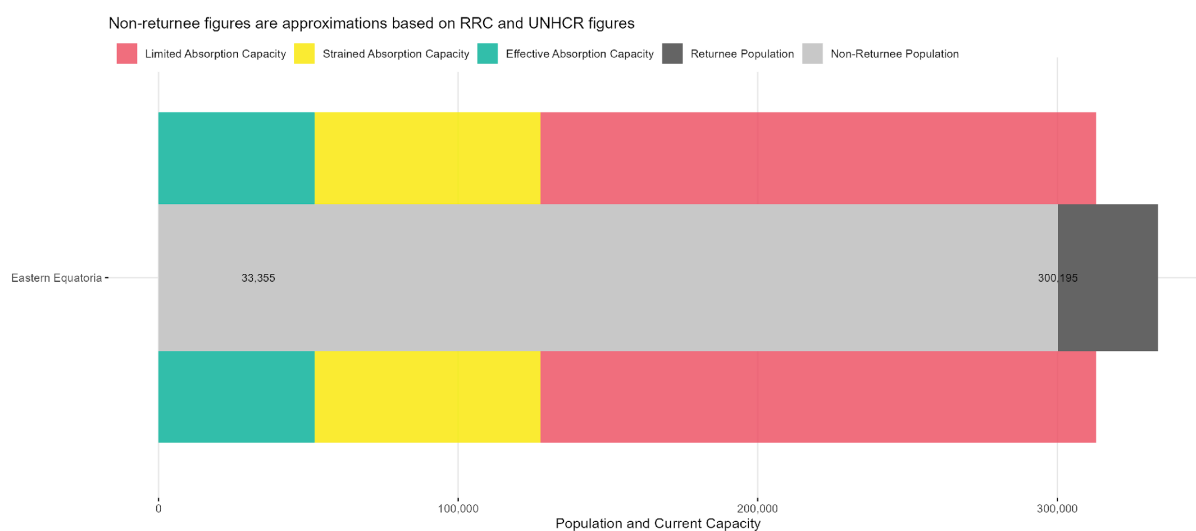
Integration Tomorrow

Despite challenges, most returnees and hosts intend to stay permanently in their current locations. Many believe the area could absorb more people, but not without significant improvements. Key priorities identified include housing—particularly in Torit Town and Pageri Payam—alongside healthcare, education, and land access.

Service Capacity Absorption

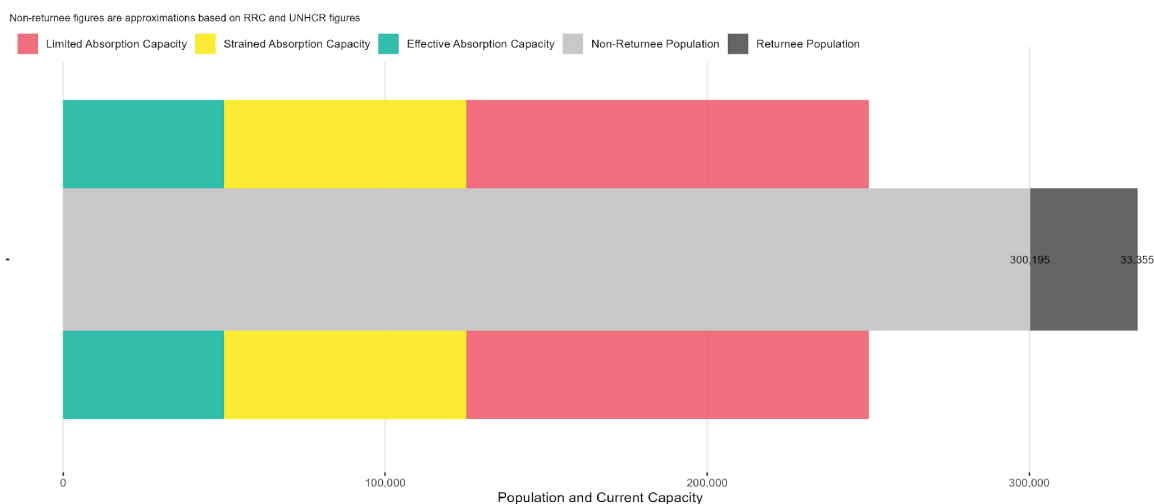
Current water infrastructure is insufficient to meet even survival-level needs (2.5L per person/day). Refurbishing the 52 non-functional water points would serve over 100,000 additional individuals at survival levels, Refurbishing the 52 non-functional water points would serve over 100,000 additional individuals, but new water points are also required to address the growing demand.

Figure 1 Aggregate water absorption capacity



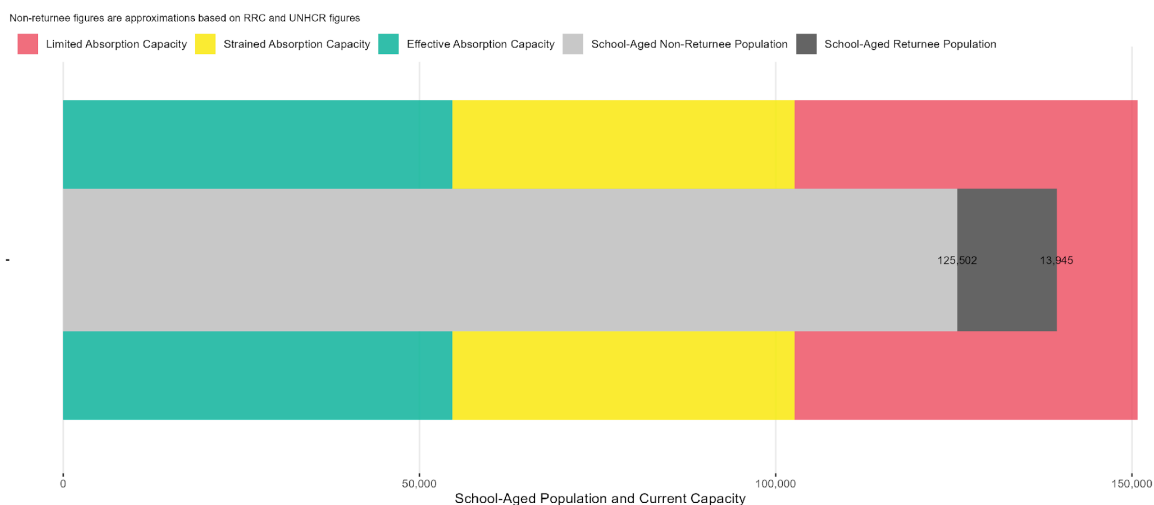
Current healthcare facilities operate beyond maximum capacity. Critical medicine shortages, in particular, are limiting the capacity of regional health facilities. However, even if shortages were addressed, it is estimated that an additional 13 PHCUs would be required to bring the region to an ideal operational level beyond the rehabilitation of the 16 facilities which don't meet minimum standards. However, these facilities will also need qualified staff, and ensuring timely salary payments for healthcare workers is essential to improving service delivery, which is a challenge across both counties.

Figure 2 Aggregate healthcare absorption capacity:



Education infrastructure is also at maximum capacity. Additional teachers are urgently needed, alongside sustainable payment mechanisms to retain qualified staff. Rehabilitating schools, particularly those failing minimum standards, would improve capacity and safety while supporting population growth.

Figure 3 Aggregate education absorption capacity



Recommendations

Increased Access to Water: Expanding and rehabilitating water points is urgent to ease infrastructure strain. Magwi and Torit need 1,226 additional water points for full coverage, but 195 would meet a strained service level (4.5L per person/day). Priority should be given to Magwi and Torit towns due to higher deficits. Torit, with 41% of its water points below standard, requires urgent refurbishment and network expansion. Strengthening the functional water network must be a priority to improve access.

Improved Healthcare Services: Critical medicine shortages are limiting healthcare capacity in Magwi and Torit. Even if these shortages were addressed, 13 additional PHCUs are required beyond the rehabilitation of the 16 substandard facilities facing these deficits. Qualified staff and timely salary

payments are essential for service improvements, while expanding rural healthcare could ease pressure on urban facilities and improve emergency and basic care. Improving access to essential medicines, services, diagnostics, and sanitation are priority areas for intervention.

Increased Teachers and Training Support: The region faces a severe teacher shortage, needing 1,699 more for ideal capacity and 393 for strained capacity, which should be distributed between urban and rural areas. Despite strong textbook provision, schools scored poorly in first aid, seating, fees, handwashing, feeding programs, and stationery. Prioritising these gaps will potentially enhance learning outcomes.

Introduction

Magwi County in Eastern Equatoria State borders Torit to the northeast, Ikotos to the east, Central Equatoria to the west, and Uganda to the south. It lies in the highland forest, sorghum, maize, and cassava livelihoods zones, making it a key food producer in South Sudan's greenbelt. The Madi and Acholi ethnic groups inhabit both sides of the South Sudan-Uganda border. Magwi experiences one rainy season (April–November), except in the southern areas with two seasons. Torit County, also in Eastern Equatoria, borders Magwi, Lopa/Lafon, Budi, Ikotos, and Juba. It features diverse agricultural and cattle-keeping practices within the highland forest and sorghum zone. The Lotuko and Lokoya are the primary ethnic groups. The 2013 civil war caused significant displacement, with peaks in 2016–2017 due to communal clashes and government-opposition conflicts. Security has improved since the 2018 Peace Agreement, though sporadic clashes, cattle raids, and road ambushes persist. The area has seen a significant influx of returnees, with IDP returnees increasing sharply as of April 2023, reportedly doubling or tripling compared to previous years. Stability has encouraged returns, but many families remain divided, with children left in Uganda for better education.

In Magwi and Torit, returnees largely come from Uganda and Kenya, where they had sought refuge during previous waves of conflict. Estimated returnee numbers range from 68,616 to 142,118. The total population, based on WorldPop data, is 785,558, translating to a returnee proportion of 9% to 18%.²

Figure 1 Magwi and Torit population profile / estimate

Number of returnees	68,616 ³ - 142,118 ⁴
Total population	785,558 ⁵
Proportion of returnee population	9%-18%

The influx of returnees has introduced new pressures on local infrastructure and services, which were already limited in their ability to meet existing needs. **In this context, this assessment brief evaluates the well-being of those currently living in Magwi and Torit, while examining the region's capacity to absorb additional populations.**

To achieve this, we conducted fieldwork across four payams and two urban areas across the two counties, selected based on returnee numbers, ethnic diversity, and accessibility. Our methods included 784 household surveys, 10 focus group discussions, 10 case studies, and key informant interviews across:

- Magwi County, (Magwi Town, Iwire Payam and Pageri Payam)
- Torit County (Torit Town, Imurok Payam, Hiyala Payam)

In addition, the team surveyed a grand total of **314 infrastructure points** within the assessed locations.

²WorldPop Data: Selected for total population figures due to its transparent methodology, which includes geospatial modeling and demographic projections. However, other sources (e.g., OCHA, South Sudan Statistical Office) present alternative figures that may vary. Returnee Figures: Drawn primarily from RRC data, complemented by UNHCR estimates where available. Both sources have limitations, including potential undercounting or double-counting, given the fluidity of displacement and return.

³ Cumulative RRC refugee returnee figure from January to December 2023

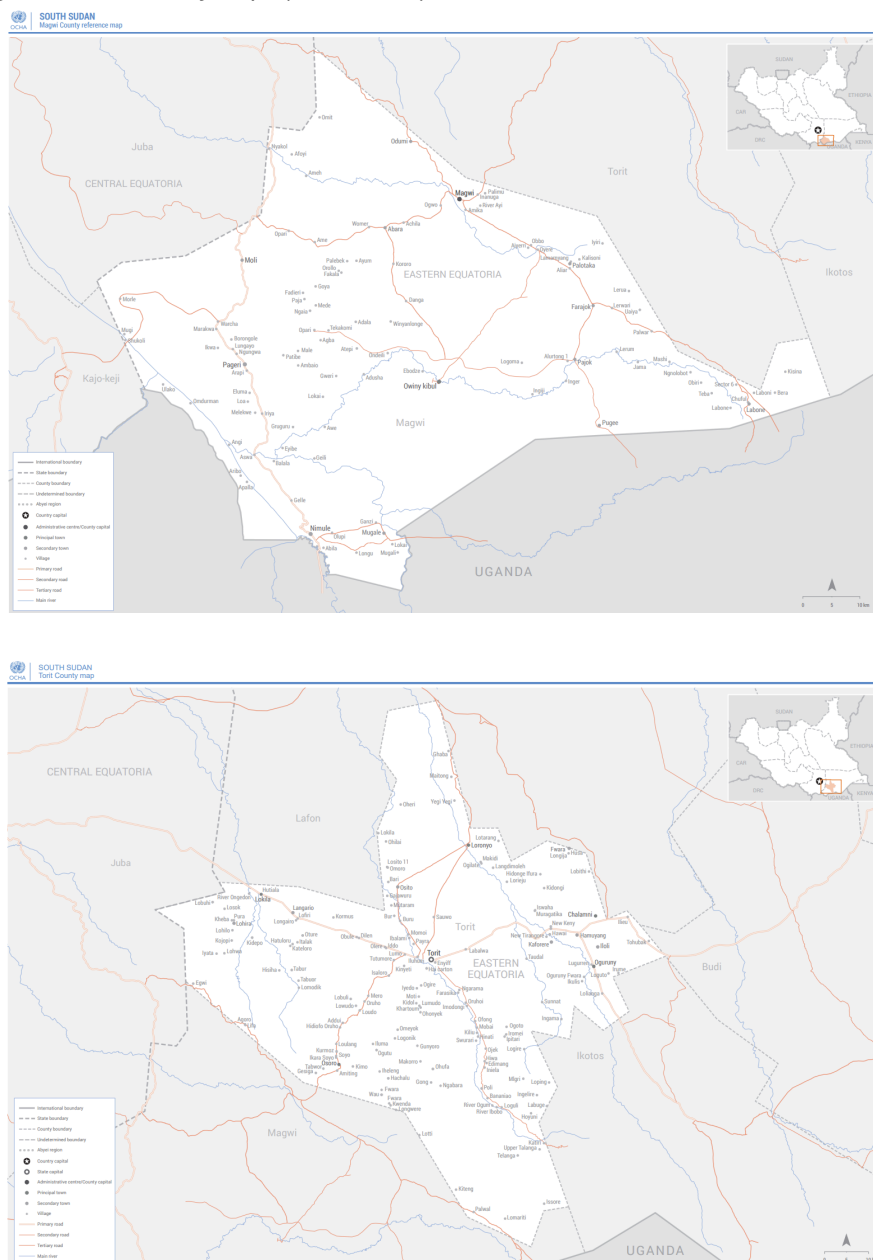
⁴ UNHCR Overview of Spontaneous Refugee Returns – May 2024

⁵ Latest WorldPop Raja county population figures

For a detailed methodology and sample description, please refer to the project website ([here](#)). The site also features the full toolkit used, along with a clickable map that provides photos and in-depth descriptions of all individual infrastructure points profiled. Additionally, you can access anonymized data and other project resources directly from the site.

This brief begins by assessing the current state of returnee integration, considering physical, material, and psychosocial safety dimensions. The second section evaluates the state of service provision today, identifying strengths and gaps across key sectors. The brief then explores the potential impacts of additional population inflows on well-being and integration, followed by an analysis of the absorption capacity of different services and infrastructures. Finally, the report concludes with recommendations to address identified gaps.

Figure 2 Magwi and Torit County maps (OCHA 2020)



Integration today

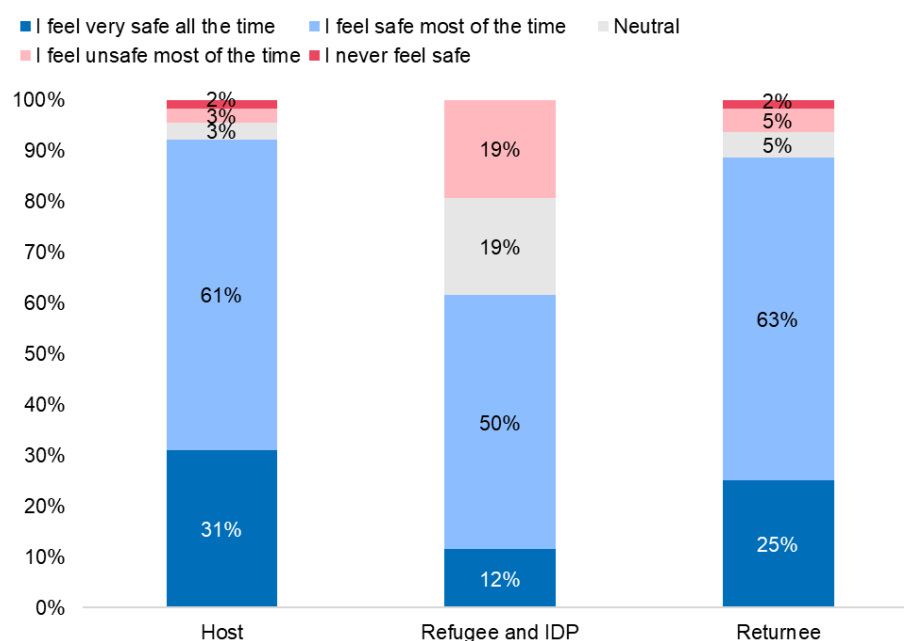
The analysis of household survey and qualitative data from Magwi and Torit reveals key insights into the varied lived experiences of host community members, returnees, and Refugees/IDPs.⁶ The analysis in this chapter follows the dimensions of integration outlined in the Inter-Agency Standing Committee (IASC) framework, which emphasizes three key dimensions critical to sustainable reintegration: physical safety, material safety, and psychosocial safety.

The sample profile of the household survey, which includes demographic, displacement, and return dynamics for the area, is detailed in the annex, offering insights into the characteristics of the surveyed population, their reasons for return, and intentions for onward movement.

Physical safety

Perceived physical safety. The perception of safety in Magwi and Torit is generally positive, with both host community members and returnees reporting that they feel safe most of the time. A substantial portion of these groups also feel "very safe" all the time, with hosts reporting slightly higher levels of safety compared to returnees.

Figure 3 Perceived physical safety, Magwi and Torit



However, security incidents are not uncommon, with both respondents in Magwi and Torit counties reporting the presence of criminal activity. Respondents in the rural bomas felt safer than those in the urban locations sampled – Magwi and Torit town – mainly due to higher levels of insecurity due to youth gangs, robberies and violence within the towns, reflecting findings in the location of Raja where urban criminality was considered an issue in an otherwise generally safe location. As this boma chief in Torit highlights, this also has significant effects on returnees and their ability to move around freely within the town: *‘There is also fear because most of the returnees are new in the areas, as such they cannot move to far distances within the area even on the road side and moving at night. Even I fear to go to the boreholes alone unless I move with people’*. According to those interviewed for the

⁶ Returnees in this instance refers to both refugee returnees and internally displaced returnees. IDPs and refugees are combined in a third category due to the relatively small sample of respondents in this category.

household survey, conflict trends are localised: intercommunal conflict and cattle keeper-related security issues are more common in Torit county, while military altercations were reported by 9% of respondents across Magwi Town: *'The security is good, but some encroachers entered Owiny Kibul [Magwi County] in March this year 2024 where they clashed with South Sudan people's liberation army. This created a lot of fear for our people (Key Informant Interview, Male, Boma Chief).*

Respondents not living in their area of origin (IDPs, Returnees outside of their origin) are 9% more likely to report criminal activity than respondents living in their area of origin (IDP Returnees, Returnees and Host Community). Distribution of resources can be a source of tension between host and returnee communities, as highlighted by one respondent: *'Women face a lot of problems when they go to fetch firewood from the host community. They are sometimes beaten and the woods are all confiscated by the host community.'* (Focus Group Discussion, Male Returnee).

In Amika boma in Magwi payam there are also significant problems created by the presence of gangs, as this respondent highlights: *'Amika boma is full of gangs who smoke opium, play cards day and night, they do assault people with machetes. (...) However, the chief of Amika followed this issue until the gangs were arrested. This caused a lot of stigma and insult to the chief by these families. (Case Study, Male Host).* Tribal tension was relatively prevalent, with 19% of respondents witnessing it in the past year. Some participants reported that returnees sometimes segregated themselves upon tribal lines and that land could be divided along clan lines: *'Amika boma has around six clans, with the first one occupying large areas. Now when one time the people of Amika clans sat down to divide land equally among the people, the first clan declined to participate. As a result other clans started encroaching on the land that belonged to the first clan, and land conflict began.'* (Case Study, Male Host). Further, according to one female returnee respondent in Pageri payam, tribal differences could result in limited livelihood opportunities: *'Here, mostly when you come from another tribe and you are not a Madi, they sometimes segregate you. The place you came to, you will be able to stay there, but when it comes to organisational work, and getting a place to do some farming activities, you cannot get it. (...) The only activity you may do is charcoal burning. For farming, when an organisation comes that needs a farmers' group, you will not be included among the people, for they will register the natives only.'*

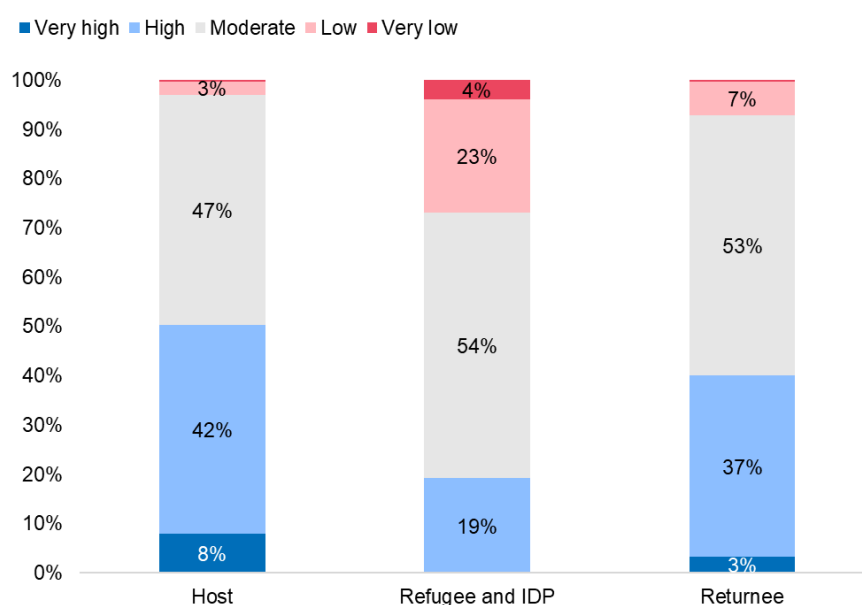
Law enforcement adequacy. The assessment of the adequacy of law enforcement and peacekeeping forces in Magwi and Torit reveals differing levels of satisfaction across groups. The majority of respondents across all groups view security forces as "somewhat adequate" (44-50%), hosts were the most likely to consider these aspects "definitely adequate" at 9%. This was only the case for 5% of returnees, and no one in the refugee / IDP category.⁷ Those consulted for this brief believe that local community leadership structures at least somewhat make up for inadequate formal structure. Youth, in particular, have reportedly come together across the different payams to provide additional security and protection to the communities. Many respondents attributed better security to these youth groups, as highlighted by this respondent from Pageri Payam: *'As I speak, Pageri Boma is peaceful and has stable security, because the youth take control of the area. We the women, girls, children and other groups of people are well protected from any risks like raps, force marriage, sexual harassment. (...) Vulnerable people like the old people are given strong protection.'* (Focus Group Discussion, Female Host) A chief in Lobure payam, Magwi town also explained how he works with different committees within the community for safety and security, before forwarding more serious cases to the police: *'The immediate security organs in my boma (six villages) are the youth leaders, women leaders, sub-chiefs and their advisors. These are the keys persons I selected to provide security and look after the affairs of the people in the area. Issues they cannot solve shall be*

⁷ Displacement status is statistically significant in predicting between whether a participant responded 'somewhat adequate' or 'definitely adequate' ($p < .05$)

forwarded to me. Issues that are beyond our capacity or which involved bloodshed will be referred to the police station.' (Key Informant Interview, Male Boma Chief)

Belonging and trust. The majority of respondents across all groups participate in social activities "sometimes." In some locations returnees and hosts actively participate in community events and celebrations such as marriages, initiation ceremonies, and sports events. In Magwi County, returnees have integrated into community affairs, including being elected as local leaders. For instance, in Amika boma, Magwi, one respondent noted, *"In Amika, we pray together and have other functions like parties. Even in leadership, our youth leader is an internally displaced person from Omeyo boma in Iwire payam, and the chief of Amika boma is also from Omeyo boma."* (Case Study, Male Host) The sense of belonging in Magwi and Torit is higher than in other assessed locations of Western Bahr el Ghazal, Northern Bahr el Ghazal and Central Equatoria. The host population reports the highest levels of trust (50%) and access to support networks (44%). Returnees show more moderate levels of trust (40%) and support (32%).

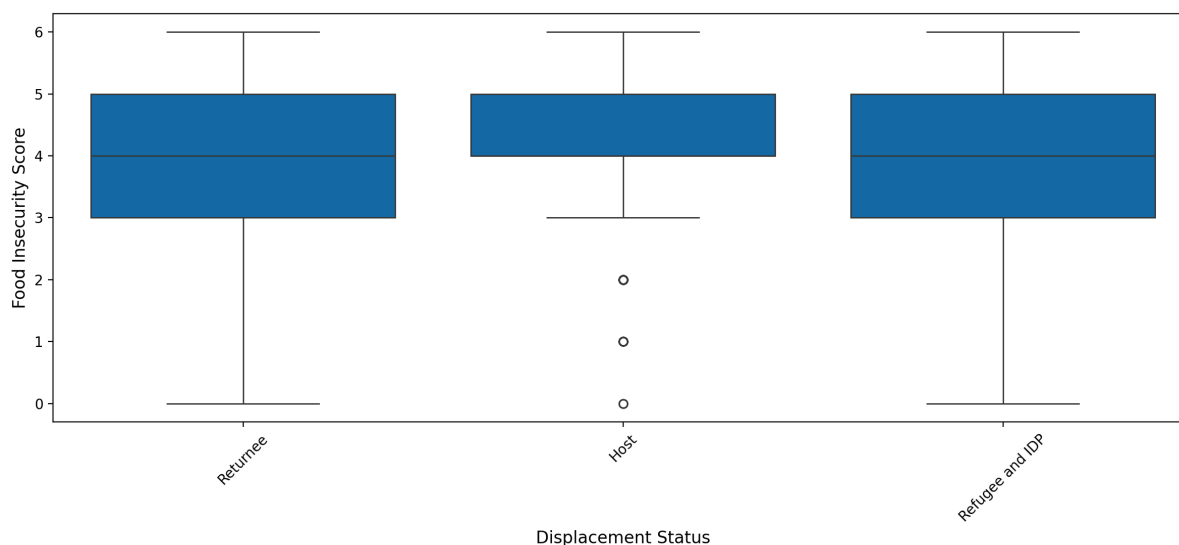
Figure 4 Trust levels in Magwi and Torit by displacement status



Material safety

Food insecurity and coping strategies. In Magwi and Torit, food insecurity levels are high, though slightly lower than in other assessed locations.

Figure 5 Food insecurity scores, Magwi and Torit

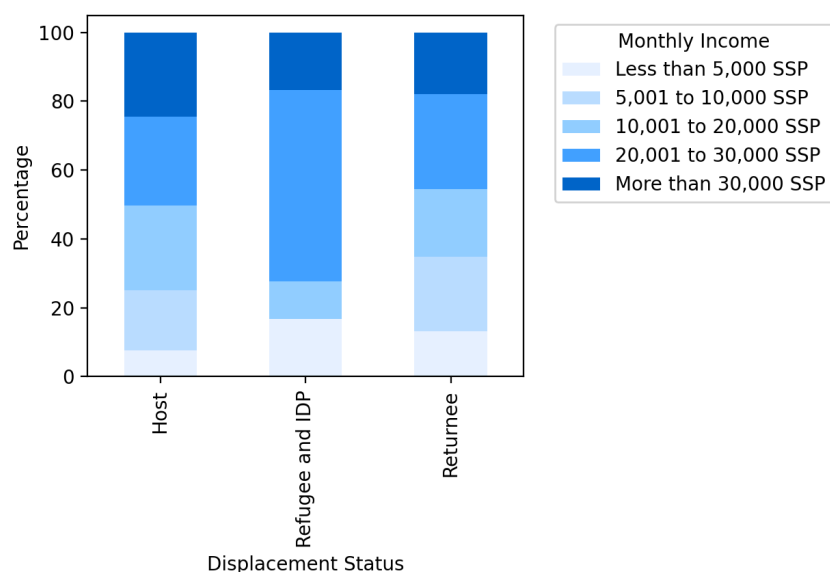


In response to low food stocks, respondents across Magwi and Torit Counties commonly reported skipping meals (83% of hosts and 94% of returnees) and consuming less expensive or less preferred foods (76% of respondents). External support in the form of food aid is minimal (2-4% across groups).

Most food is sourced via markets or subsistence farming. High food prices, insufficient harvests, lack of resources to purchase food and environmental factors are the key drivers of food insecurity. These challenges are context-dependent, with participants in urban locations such as Magwi Town more likely to report that high food prices are the primary challenge (87% of participants). In comparison, respondents in rural areas such as Imurok Payam are more likely to report insufficient harvest (92% of respondents) as the biggest challenge in sourcing food. Both returnees and host community members identified high food prices as the biggest food access challenges. However, host community members more frequently reported environmental challenges or insufficient harvest as obstacles compared to returnee participants, suggesting that they might be more reliant upon subsistence farming than markets.

Returnee populations have reportedly placed a strain on resources, with one respondent reporting that *'due to increased arrival of returnees in this area people compete over food at home. Most of the families resort eating wild fruit to cope with the situation'* (Case Study, Male Host). Across both counties, respondents complained of significant strains on food security due to "sharing obligations" (deeply rooted cultural and social norms that emphasise mutual support in times of hardship) between hosts and returnees, which means that hosts share the little they have (often already reduced yields due to climate change/drought), which means overall food stocks are low. Another respondent noted that inadequate rainfall had affected crop yields: *'We are all agriculturalists. (...) This area has not received reliable rain distribution. This has affected crops growth. We also lack capital for buying pesticides.'* (Focus Group, Female Host)

Figure 6 Reported income distribution



Income. The income distribution shows a relatively similar structure between hosts and returnees.

The survey data show low employment rates, with only 19% of respondents currently working (24% in Torit County and 13% in Magwi County), far lower than the 71% estimated labour participation rate in 2023.⁸ Urban locations offer better work prospects. Participants in Torit Town and Magwi Town are more likely to be employed, with 39% and 25% of respondents, respectively, reporting that they are working. Farming is the dominant livelihood source in Magwi and Torit, performed by 59% of hosts. Returnees, while still primarily engaged in farming (38%), show a more diversified livelihood portfolio, including small business or trading (19%), selling, for example, cooking oil, salts, posho and other small items, and casual labour (17%).

As reported by one male host participant, returnees commonly return to South Sudan with new skills but are unable to employ these skills due to the shortage of employment opportunities: *‘Some of the returnees came back with new skills like welding, conflict management and some also managed to go back to school and finish studies but now they are with us here there is no job for them.’* There is a notable link between educational attainment and employment status, as those with at least a secondary level of education are more likely to be employed.

Looking at key challenges, security issues were mentioned as a hindrance to accessing farms located further away. For example, host respondents in Iwire payam explained: *‘We move about 8-15 km away from the town to carry out farming. So, when there is war or conflict, people cannot go to the farm.’ (Case Study, Male Host)*. Access is also impacted by instances of armed conflict. Respondents reported that in locations around Magwi Town they have limited access to their crops because of security incidents: *‘We are having our farm lands in a distant place about six (6) kilometres from the main town. Security concerns like the gun shots we had recently had stopped us from going to our gardens. It is now four days [from the day of the incident, to this day] we have not gone to the garden because we are not sure about the security of the area.’ (Case Study, Returnee)*.

Another barrier to more sustainable livelihoods that affects both hosts and returnees is the poor road infrastructure in both counties, in particular in rural payams, and lack of markets where they can sell their produce. As a result of these barriers, respondents in Magwi and Torit counties report very low satisfaction with their current economic situation – 73% of interviewed hosts and 64% of returnees reported not being satisfied at all with their current economic situation.

Markets in Eastern Equatoria (Magwi and Torit)

Within the infrastructure assessment, 25 unique marketplaces were identified throughout Magwi and Torit counties. 96% of these marketplaces sell a mixture of food products and NFIs (non-food items). At the time of assessment 76% of these marketplaces had stocks of staple cereals, with wild foods being sold in 48% of locations, the highest prevalence among all assessed regions.

While there are a diverse range of goods sold in market places in Magwi and Torit availability is an issue, with 63% of markets surveyed reporting that there is a current scarcity of food products outside of staple cereals. The wet season has noted impacts on the functionality of markets in Magwi and Torit, with respondents in 44% of marketplaces reporting that availability of goods is lower and 60% of traders reporting that prices are higher over this period. Traders identified a number of challenges in the past year, primarily:

- **Limited access to foreign currency** (84%), highlighting the debilitating impact of the depreciation of the SSP and its impacts on the price of imported goods.
- **Limited availability of goods in source markets** (84% of traders), and;
- **Distance to source markets** (40% of traders)

The three primary needs identified by respondents in marketplaces in Eastern Equatoria were sanitation facilities (100%), improved infrastructure (100%) and access to clean water and electricity (84%)

Shelter. Hosts often share housing with returning relatives, straining resources: *“In one home, you will find 16 members” (Key Informant, Boma Chief)*. A majority across groups rates their housing conditions as “very poor” or “poor” (63% of returnees and 55% of hosts). Land ownership is prevalent, with 73% of respondents holding land through legal or communal agreements.

Legal safety

Regarding **identification documents**, hosts report relatively balanced possession of birth certificates (38%) and national ID cards (35%). Returnees also demonstrate high levels of identification document possession, with a small but notable proportion (4%) holding refugee or returnee IDs. However, access to national ID cards remains a significant challenge due to the high costs and centralized process in Juba, which makes it difficult for many individuals to travel or send necessary documents. A respondent reported that obtaining a national ID as a returnee was difficult: *‘It is impossible to get a personal ID like the nationality identity card... and we are being disturbed continually on this even, when we are unable to get it.’ (Focus Group Discussion, Male Returnee)*

Support. Systems are in place to address common incidents, such as instances of sexual and gender-based violence, mentioned as the most common issues arising across both counties in the qualitative data. Typically, a neighbour or relative first attempts to resolve the issue. If this approach fails, chiefs or community leaders step in to handle the situation and refer serious cases to local hospitals or the police for further investigation. *‘Only serious cases like murder are referred to Police to be addressed and minor cases are settled by friends and neighbours at the family level and some by the chief at the community level. There are safe houses in Torit but we have never referred any case to them.’ (Key Informant Interview, Male Youth Leader)*.

Local chiefs have made efforts to include returnees in community leadership to promote unity. One chief explained, *"As a leader, the returnees on return had to be incorporated in the leadership. In my committee, I include one of the returnees so they get to know changes that occurred in the society and to promote unity."* (Key Informant Interview, Boma Chief). However, there are some concerns about women's participation in community affairs. In Torit County, a respondent complained that women were often excluded from community meetings and decision-making processes, which have been dominated by men. *'Denial of freedom of expression and participation in community meetings which has been dominated by men leaving women aside has affected decision-making... even though women are at the front side of this agenda'* (Case Study, Female Host).

Perceived barriers to governance. A majority (62%) report that insufficient legal frameworks or inadequate enforcement are primary obstacles to effective governance. Only 22% indicated they could easily access legal aid, with host community members (26%) more likely to access it than returnees (20%). For hosts, corruption is the most pressing issue (69%), while other displacement groups identify discrimination as a major obstacle (85%).

Jane's journey

Jane returned to her homeland in South Sudan after years spent in the Palabek refugee settlement in northern Uganda. Her journey back home wasn't easy. *"I decided to return so I could cultivate my land freely, without the struggles we faced in the camp,"* she explains. Her journey back on foot took three days, with her family facing hunger, thirst, and scorching heat. *"We made it here by God's grace."*

Jane's return in November marked her second time as a returnee to South Sudan; her first return was in 2008 when the UNHCR and the government repatriated refugees. She recalls that her children were too young then to endure the journey on foot, but with them now older, they made the challenging trip together. *"This place is my origin,"* Jane shares. *"My parents, grandparents, and my late husband are all from here. I didn't come back for better services—I came because this is home."*

Since her return, Jane has faced significant challenges in securing physical, material, and legal stability. One of the primary difficulties she encountered was the lack of support upon her arrival. *"When I got back, I registered our names with the village leader, thinking there might be help, but we received nothing,"* she explains. In contrast, she notes that previous returnees were given emergency relief like blankets, tents, and basic agricultural tools.

Socially, Jane's reintegration experience has been largely positive, with a strong sense of belonging among the host community. *"The host community welcomed us well,"* she says. Though there are minor tensions, such as one neighbour's disruptive behaviour when intoxicated, Jane appreciates the communal spirit that brings hosts, returnees, and IDPs together in activities like cultivation, celebrations, and church services.

Despite the goodwill, physical and legal safety remain ongoing concerns for Jane. Although her area is generally safe, challenges such as road accidents and a nearby river that becomes hazardous during rainy seasons pose risks, especially to children. She feels that existing security measures are insufficient and notes the need for more support, including soldiers stationed in the area. *"We have some youth groups and a few police officers, but it doesn't feel*

enough. I wish we had more protection, especially for vulnerable people,” she says. Additionally, the absence of safe houses for women and girls means that issues like gender-based violence (GBV) are handled by local leaders, but there’s limited support for victims beyond initial intervention.

Livelihood opportunities, particularly in agriculture, offer potential for Jane’s future, yet several material barriers limit her ability to secure a stable livelihood. Though her family owns land, they struggle with a lack of resources and tools for cultivation. *“This land is fertile, but without enough rain, it’s difficult,”* she explains. Another barrier is the poor road infrastructure, which isolates the community and restricts access to markets, making it hard for Jane and others to sell their produce.

Access to basic services remains inadequate and affects Jane’s material stability and overall sense of security. The quality of education in the local government school is poor due to lack of resources, qualified teachers, and materials. *“My children go to school, but they say they only play there because there’s no proper teaching,”* Jane says.

Health services also fall short; the single health facility is understaffed and lacks essential medicines and equipment. *“We walk an hour to the clinic, only to be sent to buy medicine from a private clinic because they have none,”* Jane adds. For water, while boreholes are available, maintenance is inconsistent, and Jane often has to fetch water from distant streams when they break down. She notes that these barriers are not unique to returnees; hosts, IDPs, and returnees alike face these shared struggles.

Despite the challenges, Jane is hopeful for the future of her community. She envisions a South Sudan where basic services like schools, health centers, and water points are accessible to all, and she advocates for investments in infrastructure and security. *“If we had good roads, healthcare, and peace, life would be better for everyone,”* she says. *“I pray for a day when we won’t be running from war, losing our homes, and becoming refugees again.”* Jane believes that the government and its partners must work to bring lasting peace and improve services, especially as more people return.

Overall state of reintegration today : RSS score analysis

The Reintegration Sustainability Score was calculated by mapping survey responses to a standardized scoring system across three key dimensions: Economic, Social, and Safety. These are assessed in the following sub-section for different subsets of returnees present in our sample. (We calculate RSS scores only for returnees, meaning IDPs currently displaced are not included here while IDPs who have returned to their location of origin are.)

The Reintegration Sustainability Survey Scoring System

The **Reintegration Sustainability Survey (RSS)**, developed by Samuel Hall and IOM in 2017, assesses the sustainability of reintegration across three key dimensions:

- **Economic:** Measures food security, employment access, and financial stability.
- **Social:** Evaluates access to housing, healthcare, and education to gauge community integration.
- **Psychosocial:** Assesses subjective well-being, including feelings of safety, community belonging, and support networks.

Weighting and Scoring

- Indicators within each dimension are weighted to reflect their importance
- Responses are scored on a 0–1 scale, where 1 indicates optimal reintegration and 0 reflects significant barriers.

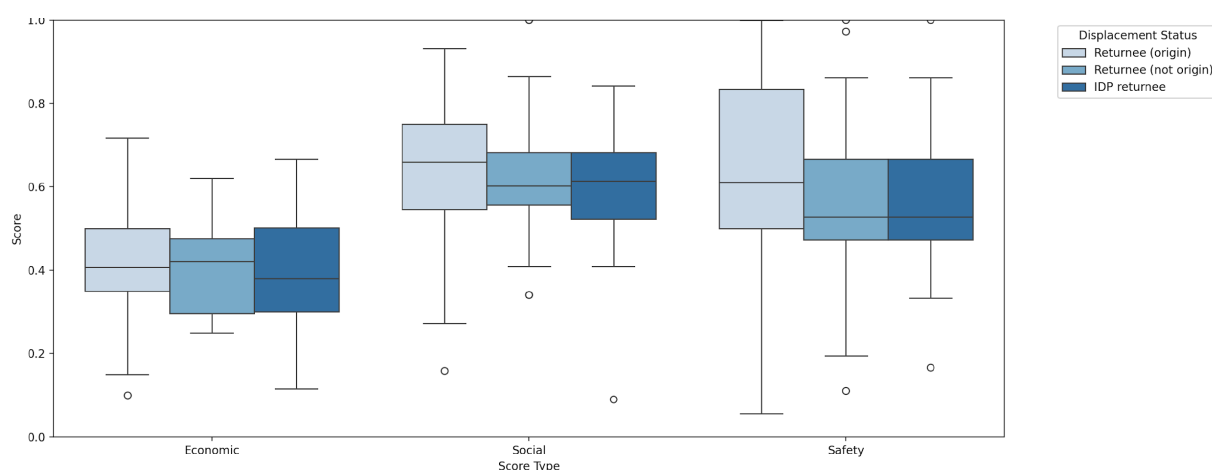
Composite Scoring

- Weighted scores for individual indicators are aggregated to calculate dimension scores.
- Dimension scores are combined, using compound weights, to produce an overall RSS score.

The RSS provides a robust, multidimensional tool to guide evidence-based decisions, helping identify barriers to reintegration and evaluate program impact. Please refer to the toolkit for the full question set and calculation code.

The RSS scores (ranging from 0 to 1) offer insights into reintegration experiences in the area. Returnees in their place of origin generally experience better and more consistent outcomes across all RSS dimensions compared to other returnee categories in Magwi and Torit. Social scores show the highest medians across all groups, while economic scores consistently display the lowest. The wider spread in safety scores for IDP returnees and returnees not from origin suggests more variable experiences with security.

Figure 7 RSS scores by displacement status (returnees only)



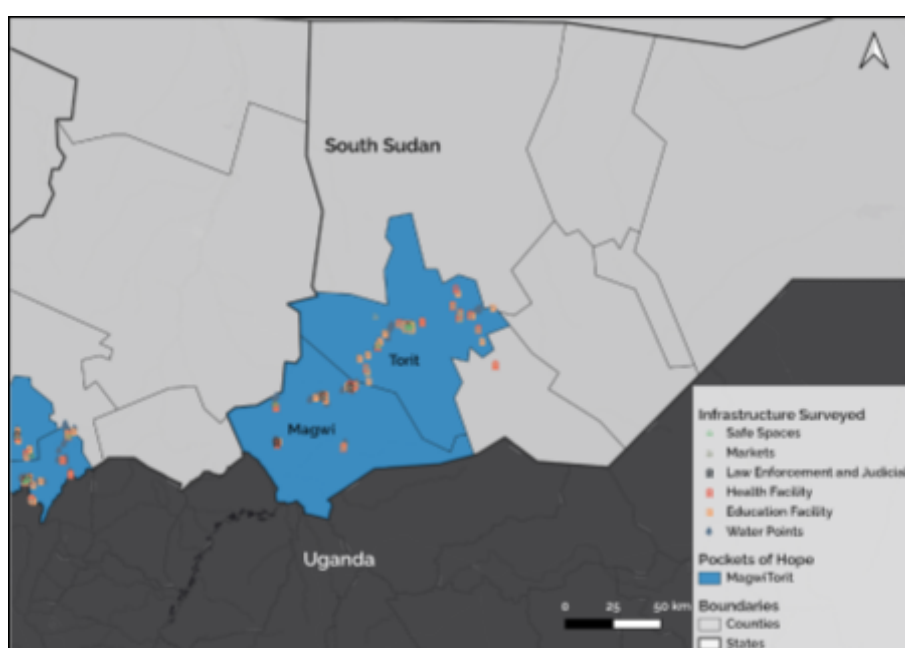
Regression analysis shows that in Magwi and Torit, gender and education are significant predictors of reintegration outcomes: Men report higher safety perceptions and slightly better economic outcomes compared to women.⁹ Social integration scores, however, show no statistically significant relationship with either gender, suggesting that factors beyond basic demographics influence this dimension. Age is a significant predictor of safety scores, with older individuals reporting slightly lower perceived safety. No significant relationships were observed between age and economic or social scores. Education consistently shows statistically significant positive effects across all three dimensions. Secondary education has a particularly strong impact on safety scores and economic outcomes, while tertiary education demonstrates even larger effects, particularly for safety and social dimensions. The analysis of time since return and time spent abroad reveals only weak correlations with economic, social, and safety scores, indicating limited direct influence on these dimensions.

⁹ *Economic Score: Gender (Male) has a significant positive effect ($p = 0.0328$), while age is not significant. ;Social Score: Neither gender nor age is significant in predicting the social score., Safety Score: Both gender (Male) and age are significant predictors ($p < 0.01$), with males having higher safety scores and age showing a slight negative effect.*

Infrastructure and services today

This section provides a **diagnostic assessment of the state of key services and infrastructure** in the visited locations. By examining education, healthcare, water access, law enforcement and judicial systems, we aim to evaluate both their functionality and accessibility, their quality today and their ability to cater to increased demand in the future.

Map SEQ Map * ARABIC 1 Assessed facilities in Magwi and Tori



Infrastructure Type	Number Surveyed
Education Facilities	79
Health Facilities	20
Law Enforcement and Judicial Facilities	8
Markets	25
Safe Spaces	5
Water Points	177
Total	314

Please refer to the [infrastructure dashboard](#) for a detailed map and granular view of all assessed facilities.

Gauging the quality of building infrastructure

In this assessment, the condition of building infrastructure was evaluated by assessors with the following criteria:

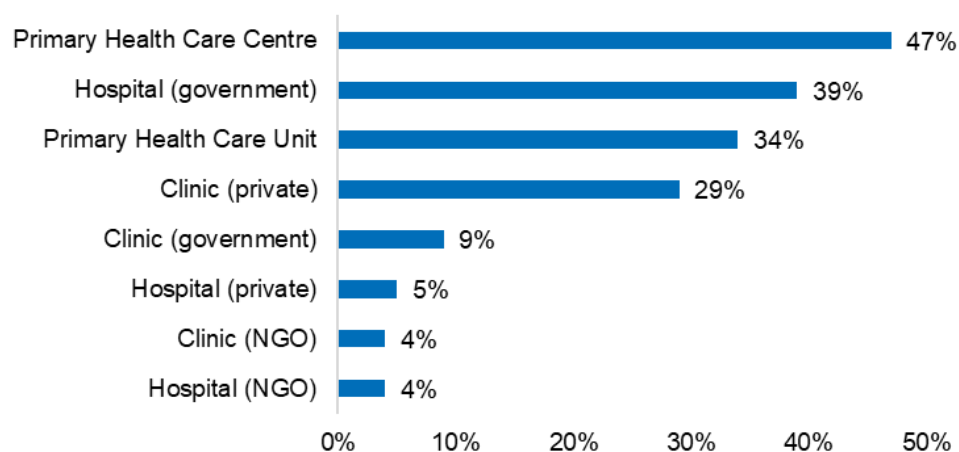
1. **Excellent:** The building infrastructure is in pristine condition, with no visible signs of wear or damage. It is well-maintained, structurally sound, and fully functional.
2. **Good:** The building infrastructure is in good condition overall, with minor signs of wear or aging. Cosmetic imperfections or minor maintenance issues may exist, but they do not significantly impact functionality.
3. **Average:** The building infrastructure is functional but shows noticeable signs of wear, aging, or deterioration. Visible cracks, leaks, or structural issues may be present but do not pose immediate safety risks.
4. **Bad:** The building infrastructure is in poor condition, with significant signs of wear, damage, or neglect. Structural deficiencies, safety hazards, or extensive maintenance issues may affect functionality and safety.
5. **Very Bad:** The building infrastructure is in very poor condition, with severe damage, decay, or disrepair. Multiple safety hazards, structural weaknesses, or critical maintenance issues render the facility unsafe or unusable.
6. **Dangerous:** The building infrastructure poses an immediate threat to safety and well-being. Serious structural defects, safety hazards, or environmental risks require urgent attention to prevent harm or injury.

Health

Accessibility and service utilisation by the local population. In Magwi and Torit, the most frequently used health facilities are Primary Health Care Centers (PHCC) and government hospitals, with usage rates of 46% and 39% among returnees and hosts respectively. Hosts show a similar pattern, with PHCC usage at 48% and government hospitals at 37%. Immunizations/vaccinations are the most available service to the surveyed households, with 68% noting they were within reach. Emergency and maternal health services are available to around 50% of respondents across groups. Specialized services like mental health and dental care are significantly less available, each reported by less than 20% of respondents.

The referral rate is high, at 69%, reflecting the limited availability of specialized services in primary health facilities.

Figure 8 Health facility usage



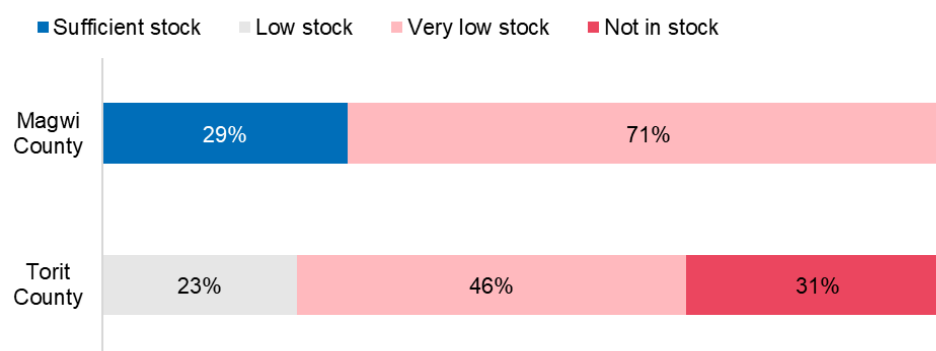
Access to healthcare is constrained by several **barriers**. The major perceived barriers to healthcare include the cost of treatment (66%), insufficient medication or medical supplies (63%), and distance to facilities (58%), all of which affect both hosts and returnees. Medical supplies and equipment availability is described as “poor” by 43% of respondents.

Infrastructure assessment.

Condition. 20 Health facilities were directly assessed in Magwi and Torit counties, consisting of 1 state-level hospital, 12 PHCUs and 7 PHCCs. Only eight of these facilities visited are reportedly in good condition. Three had received any maintenance in the last two years, with only two receiving major repairs (such as wall construction). About 70% of facilities have water access, while 55% have electricity, nearly all sourcing their power from solar energy. Power outages are common, with only two health centres never experiencing outages.

Equipment and medicine availability. The most common medical equipment available are stethoscopes and blood pressure monitors. All health centres reported having anti-malarial medication stocked. In contrast, 17 facilities reported having vaccines, and 14 reported having available stocks of antibiotics and analgesics. Only nine assessed facilities reported having sutures or dressing materials available. Further, Malaria RDTs, blood collection supplies, contraceptives and pregnancy tests were the most common diagnostic supplies present, with at least half of the facilities reportedly stocking these items.

Figure 9 Stocks of essential medicines



Capacity and staffing. Health facilities offer an array of services, most commonly vaccinations, emergency services and maternal health. 55% of services are open every day, while the rest are open on weekdays, generally during daylight hours. On average, the visited health facilities have nearly 10 patient beds, with a median of 3. The state hospital in Torit has the highest bed capacity in the region, with 58 beds. Typically, staff numbers in these facilities are low, as illustrated in the table below:

Table 1 Staff distribution in health facilities surveyed in Magwi and Torit

Staff	Average total number (median in brackets)	Average number of female staff (median in brackets)
Nurses	5.75 (2)	3 (0)
General Practitioners	5.95 (2)	3.15 (0)
Gynaecologists	.1 (0)	0

Surgeons	.05 (0)	0
Midwives	1.9 (1)	1.9 (1)
Paediatricians	.05 (0)	0 (0)
Psychosocial Support	2.15 (1)	1.35 (0)

There is a lack of specialized medical professionals such as obstetricians/gynaecologists, surgeons, and paediatricians in both counties. As noted by some participants, there are gaps in quality between service provision in urban and rural areas *'Another problem is that in facility there is only one specialist doctor for operation and if he is away for other family issues, people suffer. For example, if a woman fails to deliver and needs an operation in the absence of the doctor she is referred to Torit teaching hospital in Torit county which is about 65 kilometres. Another problem also is that we don't have a mortuary at the facility.'* (Key Informant Interview, Boma Chief).

Most pressing needs. The three most commonly reported needs of these facilities were more nurses and doctors (14 health facilities), more drugs and medication (14 health facilities) and an expanded number of buildings and rooms (11 facilities).

Education

Accessibility and service utilisation. Magwi and Torit stand out with high access to education centers across all groups, with over 50% of hosts and returnees reporting availability. Enrollment rates are equally high, with nearly perfect parity between primary and secondary enrollment across all groups.

Figure 10 Primary and secondary enrolment percentages

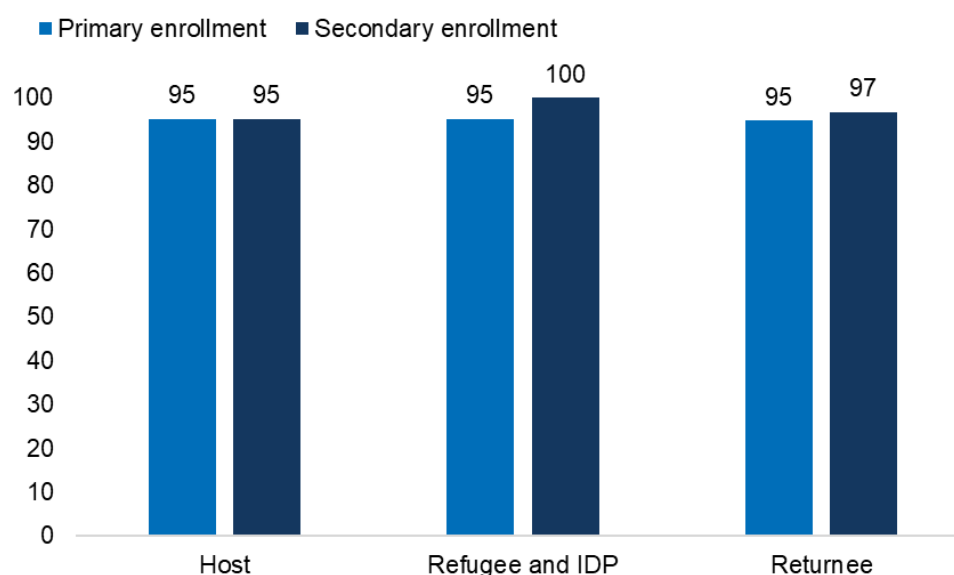
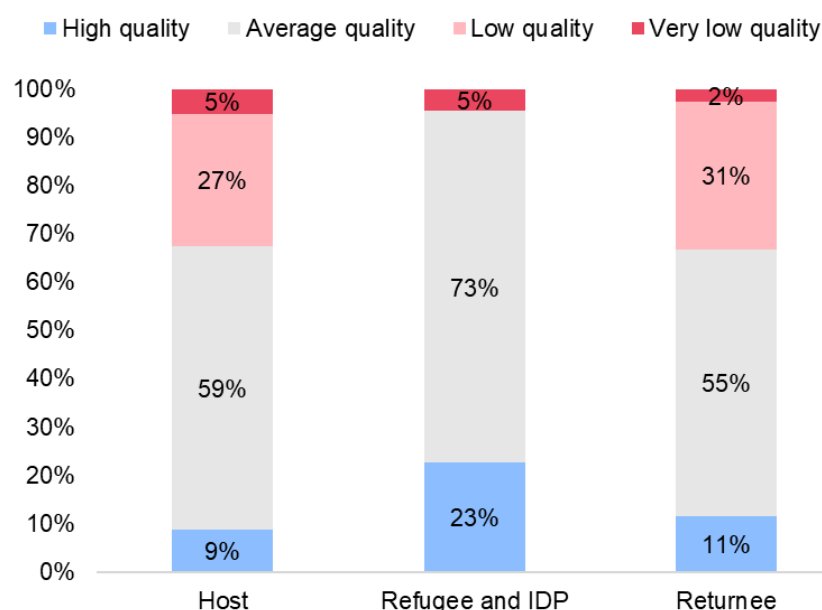


Figure 11 Perceived quality of education



Education **quality** in Magwi and Torit is generally perceived as "average," with minimal "high" or "very high" ratings across all groups. One returnee and host in three considers the quality poor or very poor.

Financial constraints are the primary **barrier** to education in Magwi and Torit, particularly for returnees (56%). Education costs are notably higher in Magwi and Torit than in other assessed locations, with hosts paying a (reported) median of 50,000 SSP and returnees facing a median of 75,000 SSP.

Infrastructure assessment

A total of 79 education centres were mapped in Magwi and Torit counties. The majority are primary schools (59), followed by secondary schools (11), with fewer nursery schools (4) and vocational training centers (3). There is also one higher education facility and one other specified type. Schools are managed by a variety of entities, with the largest share (33 schools) overseen by the government through the Ministry of Education. Private entities manage 21 schools, while Faith-Based Organizations (FBOs) operate 11. Community-Based Organizations (CBOs) and Tribal or Community Leadership each manage 6 schools, and NGOs are responsible for 2 schools. 59 of the assessed schools charge fees.

Condition. The frequency of maintenance varied, with 36% of schools in Magwi County reporting that they had received maintenance in the last 3 months, compared to 10% in Torit County. Reportedly, 61% of schools in Torit County had never had any maintenance done (compared to only 3% of schools in Magwi County reporting the same). 9% of schools have no toilets, 46% have no water access, and 87% lack electricity.

Size and attendance. Most schools operate on a single-shift basis (87%) and have the capacity to accommodate at least 200 students per shift. Class sizes are often large, particularly in secondary schools, where many classes exceed 50 students. Primary schools typically enroll between 100 and 500 students, with 41 schools falling into this range, while nine primary schools report enrollments exceeding 500 students. Secondary schools tend to be smaller, with most also enrolling between 100 and 500 students. Gender distribution is relatively balanced, though the largest schools report slightly higher female enrollment.

School Type	Average number of buildings	Average number of Classrooms	Most common class size
Primary school	3.4	7.8	25-50
Secondary school	4.4	6.1	Over 50

Magwi Torit shows a moderate capacity for growth, with 70% of schools (according to their administrators) able to accommodate more students. The average additional capacity is 389.1 students per school. Primary schools show better accommodation potential (73%) compared to secondary schools (55%). The median capacity for additional students is 200, with a maximum capacity of 2,500 additional students in some schools

Teacher qualifications. Primary schools have an average of 11 teachers, while secondary schools have 12. **However, many teachers are unqualified**, with some schools relying on volunteer teachers, which is unsustainable. Delayed salary payments for government school teachers lead many to abandon their positions for farming activities. *“I teach at a government school where salaries are delayed up to six months or even a year. That is why many teachers resort to farming activities”* (Focus Group Discussion, Male Returnee, Magwi town)

Priority needs. Over half (51%) of education facilities reported having to close unexpectedly in the past year. The primary cause for these closures was natural disasters, reported by 83% of the closed schools, followed by conflict at 17%. The three most commonly defined needs across the surveyed schools were extra classrooms (77% of schools), upgraded school equipment (desks, chairs, blackboards, etc. – 63%) and more learning materials (60%).

Law Enforcement and Judicial Infrastructure

In our assessment, **8 law enforcement and judicial facilities were surveyed**. The most common services provided by these facilities are law enforcement (6 facilities), court proceedings (6 facilities) and legal assistance (5 facilities), with mediation services carried out by three of the surveyed institutions.

Staffing and traffic. The state prison in Torit is the most frequented facility, with over 100 people visiting a day to seek legal consultation, file complaints and reports, and perform other administrative tasks. The median staff size is 5 people. Most personnel have basic education credentials (high school diplomas with specialized training or primary level education) and rely heavily on practical experience.

Equipment and condition. Over half of the assessed facilities were in poor or very poor condition. Only one of the surveyed institutions is reportedly well maintained and organised (the paramount chief office in Magwi County). In five institutions, there are long waiting times for services in rooms and offices with inadequate lighting, seating and ventilation. Four institutions reportedly have poor quality building infrastructure due to several factors, but primarily a lack of maintenance. Five of these judicial buildings have access to water and toilets, while two have electricity



Photo SEQ Photo * ARABIC 2 Magwi
Paramount Chief Office

sourced from a generator. Of the six institutions that reported that maintenance had been completed in the last year, five reported that these were just small interventions (painting, leaks, etc.).

Sufficiency and needs. All institutions reported various pressing needs for their facilities, including building maintenance, staff training, equipment upgrades, improved security measures and community outreach programs. However, despite these challenges, three of the eight facilities reported they could accommodate more individuals using their services if needed.

Safe spaces

Awareness and accessibility of protection to the local population. Awareness of the availability of protection services remains relatively low across most service types. The highest level of awareness is of community committees, recognized by 16% of respondents. NGOs and legal aid services follow closely, with 10-12% awareness. Safe houses and hotlines have very limited recognition, with fewer than 6% of respondents aware of their existence. Close to half of survey respondents who know of these services find them inaccessible or only accessible with difficulty. Key barriers to accessing protection services include a lack of information about available services (17-18%), fear of stigma or discrimination, and physical distance or a lack of transportation.

Infrastructure assessment

Five safe spaces were profiled in Magwi and Torit, with three run by community-based organizations, one by a government agency, and one by an NGO. The safe spaces in Torit are much larger, with one receiving over 100 visitors on an average day and the other three accommodating 10 to 50 visitors each. In contrast, the single safe space in Magwi had fewer than 10 visitors daily. Demand in Torit also appears higher, as three of the four visited safe spaces had long queues and wait times. In Magwi town, there are safe houses specifically for girls and women where survivors receive counselling. It is unclear if similar facilities exist in Iwire and Pageri payams.

Many of these facilities appear to be inadequately maintained, which affects their ability to provide safe and supportive environments. Additionally, the systems in place may not be adequate or transparent. As expressed by one respondent from Magwi town, *"The office of gender is directly concerned with these issues, but worst of all, there is a lot of bribery in the gender office to hide sensitive cases."* (Case Study, Male Host)

Increased demand due to recent returns has placed significant pressure on these facilities, none of which feel prepared to handle additional returnees. All five facilities identified equipment upgrades as the most urgent need, followed closely by maintenance, security, staff training, and community outreach, each cited by four facilities.



Figure SEQ Figure * ARABIC 12 Door to a women's centre in Magwi Town

Water

Type of water point. Across Magwi and Torit counties, 183 unique water points were mapped. Manual boreholes are the most common water source across both counties (69% of assessed water points), and all assessed water kiosks are within Torit Town.

Type of water point	Magwi County	Torit County
Borehole motorized pump	3	17
Borehole hand pump	66	60
Water kiosk	0	28
Other*	5	4

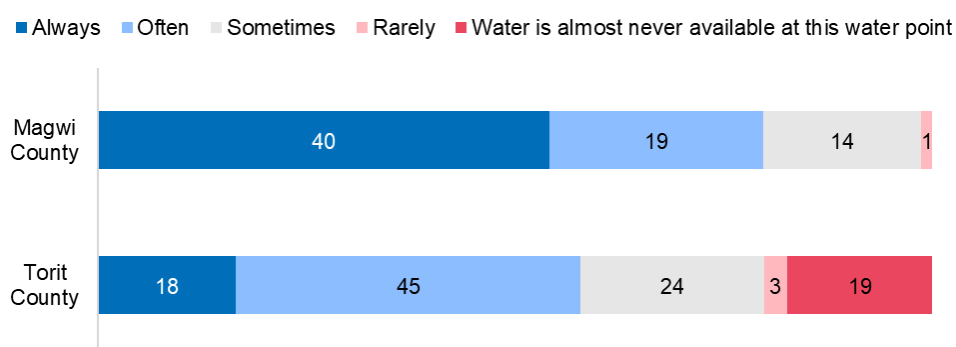
Other responses referred to water catchment and tap water

In 54% of cases, these water points were constructed by NGOs, making them the most prominent contributor to water facilities, followed by local government (24% of water points).

Reported cost. 82% of water points have a management committee, and 49% collect fees for their usage, with reported costs ranging from SSP 50 to SSP 1,000 for one jerry can (20 litres).

Quality and reliability. By and large, water quality is at least fair regardless of the type of water point (as reported in 83% of cases). However, while manually pumped boreholes are the most prevalent water source, they are also the least likely to have good quality water, and 5% are categorised as very poor. Across both locations, it was uncommon for people to become sick from these water sources (only reported in 3% of instances). Water points struggle with availability, particularly in Torit, where 22 visited water points rarely or almost never have water. This issue is less prevalent in Magwi, with only one exception. Waiting times can be long, with nearly half of the water points in both locations having wait times exceeding 15 minutes. Most respondents report that the water points or boreholes are too few to serve the increasing population resulting in some people drinking unsafe water from nearby streams or rivers. *“We only have one water stand solar powered system and the whole population of ifwonyak fetch water there, sometimes people fight because water and most people wake earlier to line up for water even at night.”* (Case Study, Female Returnee)

Figure 13 Reported water availability, Magwi and Torit



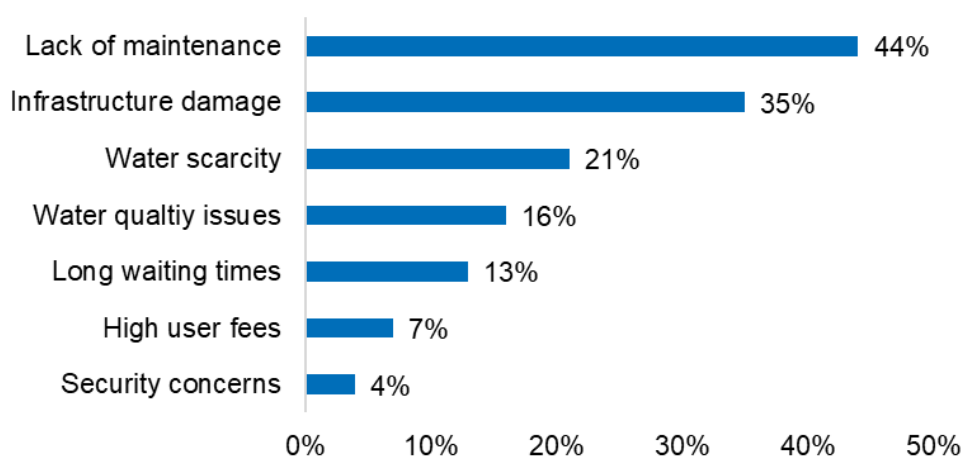
Most reported challenges. A major concern at many water points is the evident lack of regular maintenance. Infrastructure damage is the second most common issue, which directly correlates with the lack of maintenance. Damaged pipes, broken pumps, and eroded structures are frequently reported, exacerbating the challenges faced by the community. This damage disrupts the water supply and poses safety risks to those attempting to use the facilities. One respondent from Iwire payam emphasized the compounded nature of these issues, stating, *"Many of our boreholes are broken and haven't been fixed in a long time. People are forced to fetch water from swamps, which isn't safe"* (Key Informant Interview, Boma Chief)

Photo SEQ Photo * ARABIC 3 Panagoro Community Borehole, Magwi County



The most frequently reported challenge is a lack of maintenance, impacting 44% of surveyed water points. Infrastructure damage is another major concern, affecting 35% of points. Additional issues include water scarcity (21%) and quality problems (16%), while long wait times are reported at 13% of water points. Security concerns (4%) and high user fees (7%) are less common.

Figure 14 Reported problems at water points



Mary's journey

Having fled from conflict in 2016, Mary had been living in the Bweyale refugee camp in Uganda. Her return in 2022 was fraught with obstacles: crossing the border was expensive and exhausting, made even more challenging by the loss of her husband and caretaker in the camp. *"I had nothing left to hold on to in the camp. So, despite the struggle, my children and I returned to our land,"* she said.

Back in South Sudan, Mary has faced persistent barriers to accessing basic services, which she sees as crucial for her family's stability. Water scarcity is one of the most immediate issues, affecting her daily life. *"We use the same water as animals,"* she says. In the past, water taps were installed, but without maintenance, they've fallen into disrepair, leaving communities dependent on long treks to distant water points or rivers.

Food security remains a persistent challenge for Mary and her family. While the land in her community is fertile, reliable access to food depends heavily on favourable weather, which has become increasingly unpredictable. *"When we cultivate, we can eat, but as soon as the harvest runs low, getting enough food becomes difficult,"* she explains. To sustain her family, Mary often seeks day's labour in others' fields to earn money for essentials. However, limited labour capacity and the lack of tools make it difficult for her to cultivate on a large enough scale to sustain her household long-term. In times of scarcity, Mary has resorted to uprooting cassava as a fallback food source, but it's not always enough. Access to agricultural tools and reliable weather patterns would greatly improve food security, helping Mary and other returnees stabilise their lives and achieve self-sufficiency.

Education is another concern for Mary, particularly for her children. She was able to send two of her children through secondary school but lacks resources to support them further. *"One of my children has gone back to the camp, and the other is in Juba, not doing anything,"* she explains. Government schools are accessible, but fees and requirements—like providing tools for clearing land—make it difficult for families like hers to keep their children enrolled. Despite these challenges, Mary places education at the top of her priorities: *"I want my children to be educated so that they can help me and themselves in the future."*

Healthcare access in Mary's community is similarly constrained. Although there is a local health centre, it lacks critical resources and medicines. *"You go to the health centre, and they tell you to buy the medicine yourself if it's not available there,"* Mary recounts. For minor illnesses, she receives basic medications, but for more severe conditions, she must rely on private clinics, which require fees she can't always afford. The lack of reliable healthcare has left her feeling vulnerable and unsupported in times of need.

Despite these hardships, Mary's community relationships have offered some support, particularly through informal networks. Upon her return, she connected with Margret, a local woman who helped her join a village savings group, allowing Mary to start a small business. *"With Margret's help, I received 13,000 SSP, enough to buy some tomatoes and begin selling in the market,"* she recalls. This business allowed Mary to earn money for school fees and household needs, though her work has since been paused due to financial difficulties. Mary credits the hosts in her community for fostering a spirit of collaboration, which enabled her to establish a business and feel welcomed back.

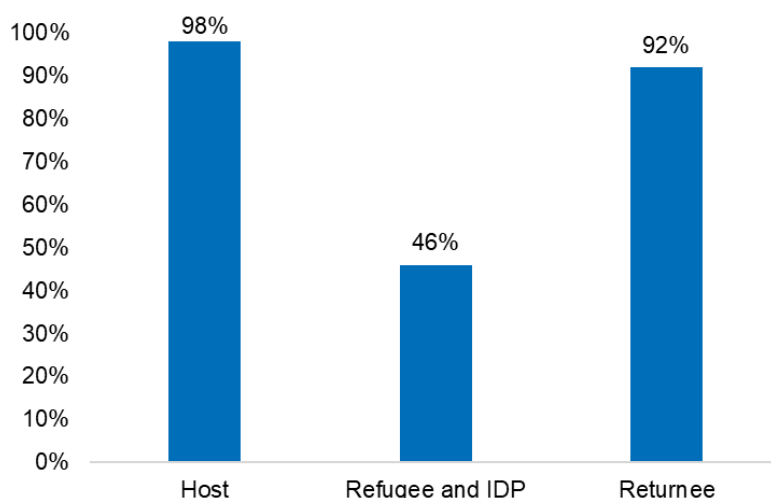
Physical and legal security, however, remain a constant source of worry for Mary. Initially, she felt a sense of calm upon returning, but recent reports of rebel activity in nearby areas have reignited her fears. *“I keep wondering if I’ll have to go back to the camp for the third time,”* she says.

When asked about the future, Mary hopes to see improvements in basic services to support her family and the larger community. She envisions a future where water is more accessible, schools are well-equipped, and healthcare is available to all. *“If water could be drilled nearby, if the schools could support orphans, and if the health centre had enough medicines, we could all live here peacefully,”* she says. She also calls for greater support for farmers, which she sees as a sustainable livelihood for her community, particularly through the provision of agricultural tools and financial assistance.

Integration tomorrow

Current perceived barriers to be addressed prior to the arrival of additional returnees. In Magwi and Torit, reintegration remains fraught with significant challenges according to survey respondents. 78% of interviewed returnees state that their food security is worse now than before their return.

Figure 15 Planning to stay in the current location permanently

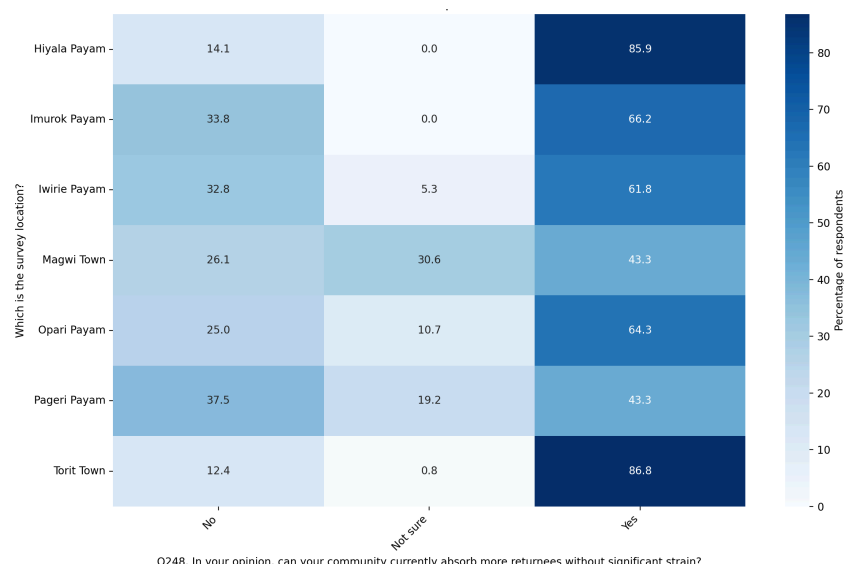


Despite the challenges especially with regards to livelihoods and food security, hosts and returnees demonstrate strong intentions to remain permanently in their current locations, with 98% of hosts and 92% of returnees planning to stay. The number is considerably lower for the IDP/refugee category, suggesting the latter might well plan for onward movement

Community assessment of absorption capacity.

Overall, most of the communities in the assessed locations appear rather confident that their location could absorb more returnees. Communities in *Hiyala Payam* (86%) and *Torit Town* (87%) are the most confident in their ability to absorb more returnees without significant strain. Magwi town and Pageri payam stand out with a much lower level of confidence.

Figure 16 Community assessment of community's ability to absorb more returnees



70% of hosts believe that the community can absorb more returnees, while only 27% disagree. Among returnees, 61% feel positive about the community's capacity to integrate more people.

- Housing emerged as a major concern, particularly acute in Torit Town (50%) and Pageri Payam (49%), while being less pressing in Magwi Town (30%) and Iwirie Payam (31%)
- Access to education showed notable disparities, with highest concerns in Opari Payam (70%) and Pageri Payam (64%), while being lower in Torit Town (40%) and Magwi Town (38%)
- Healthcare access was particularly critical in Opari Payam (64.3%) and Pageri Payam (57.7%), while being less severe in Magwi Town (26.9%)
- Land access was most problematic in Torit Town (47%) and Opari Payam (32%), while being less of an issue in Imurok Payam (14%) and Iwirie Payam (15%)

Environmental pressure impacting absorption capacity

A significant 61% of respondents in Magwi and Torit report changes in the natural environment, with drought, increased flooding, and deforestation being the primary concerns. These environmental challenges are compounded by insufficient rainfall (90%) and pests or diseases impacting crops (80%). 100% of livestock raisers report issues with animal diseases compounded by a lack of veterinary services.

Assessment of service absorption capacity

Healthcare

There is a perception that the increase in populations of displaced and returning households has affected the quality and sufficiency of current healthcare: *"The arrival of IDPs, returnees, and refugees has caused food insecurity and inadequate distribution of stationery materials due to the increased number of arrivals. The accommodation wards for inpatients, which used to be sufficient, are now insufficient, and there is a shortage of drugs to treat patients."* (Key Informant Interview, County Agriculture Director)

The assessment categorised health facilities based on their service capacity thresholds, aligning with both national government and international Sphere Standards. These thresholds define the number of people a facility can reasonably serve under varying conditions:.

Health Facility type	Service capacity thresholds
PHCUs and PHCCs	Ideal capacity: 10, 000 people per facility
	Strained Capacity: 25,000 people per facility
	Maximum Capacity: 50,000 people per facility
County District hospitals	Ideal capacity: 50,000 people per facility
	Strained capacity: 250,000 people per facility
	Maximum capacity: 300,000 people per facility

To determine healthcare absorption capacity, the evaluation considered only facilities meeting minimum quality standards (detailed in Annex 1). Using Sphere Standards, the analysis assessed how many people each facility could serve, excluding facilities that failed quality control due to issues such as inadequate water access, insufficient medicine stock, or high doctor-to-patient ratios.

Please refer to [the toolkit for the full question set and calculation code](#).

Reflecting significant challenges in health care provision across Magwi and Torit, estimates suggest that healthcare and Magwi and Torit **are working beyond maximum capacity for the current population level**, with the current population exceeding the maximum capacity by 83,311 individuals.

Figure 17 Aggregate healthcare absorption capacity: Magwi and Torit

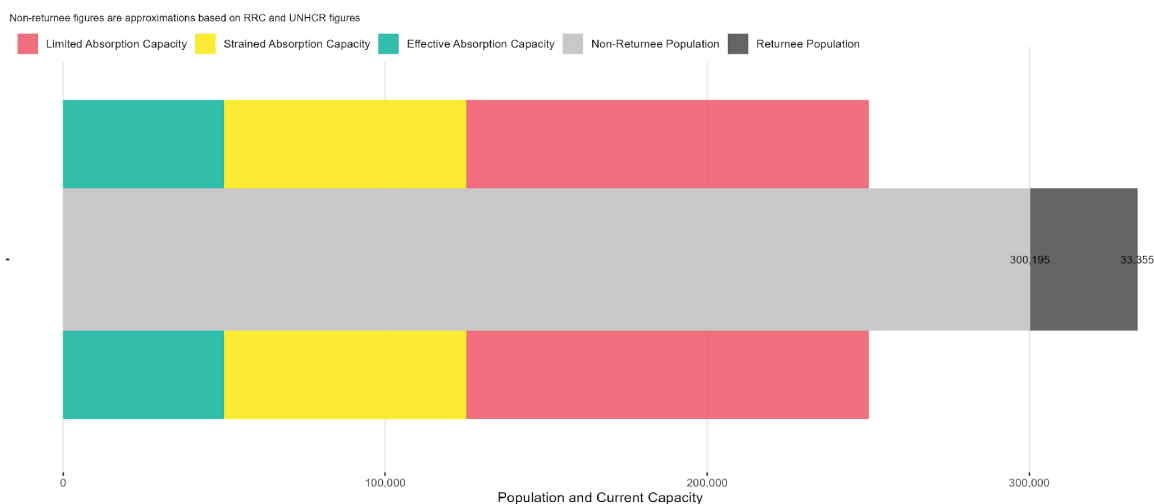
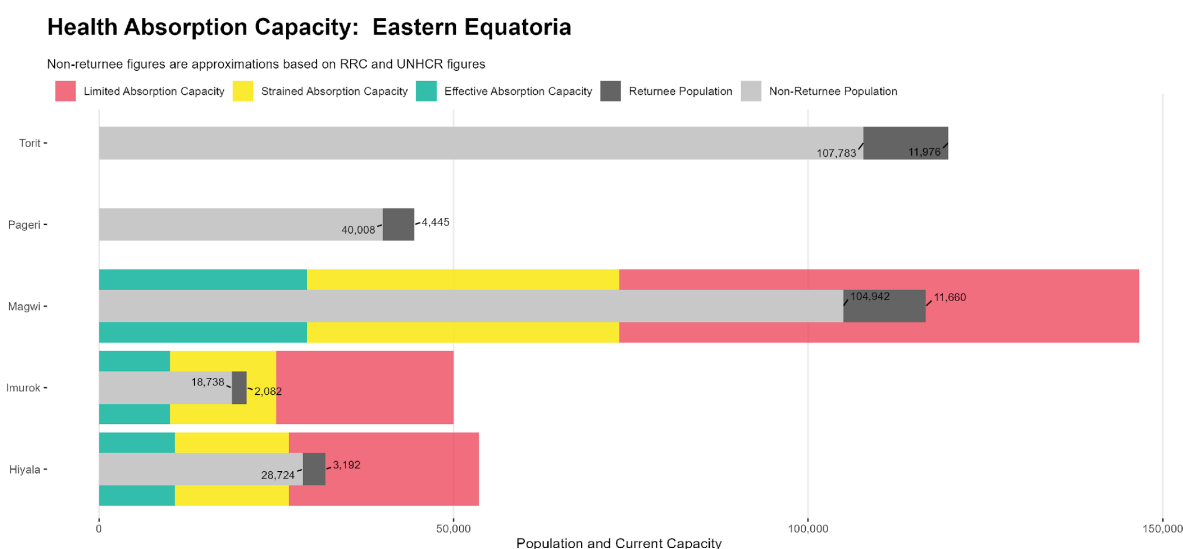
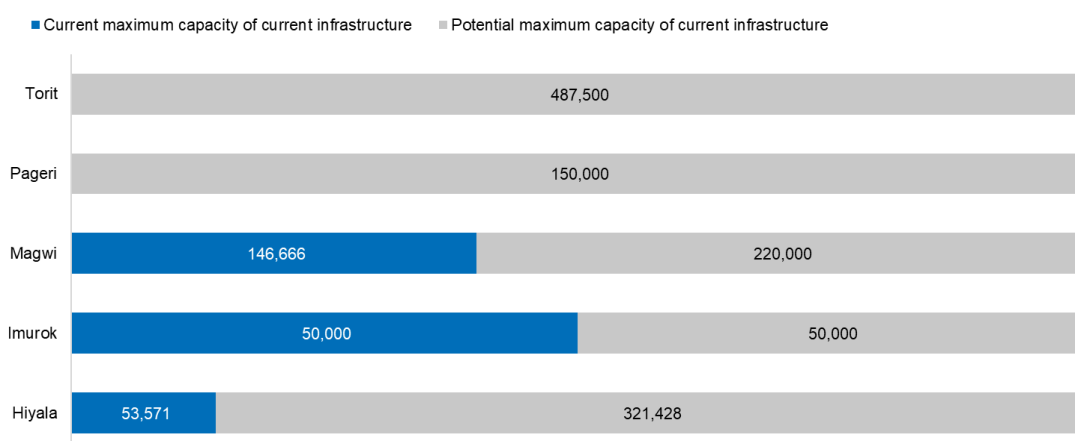


Figure 18 Healthcare absorption capacity by location



Focusing on the current healthcare centres themselves, **16 of the 20 health centres failed to make minimum standards, with no facilities in Torit or Pageri meeting these standards**, resulting in the potential maximum capacity of facilities, **resulting in a maximum capacity deficit of 1,228,928 potential users**– suggesting that rehabilitating these services would significantly improve health care provision within these locations.

Figure 19 Potential and current maximum capacity of existing health infrastructure



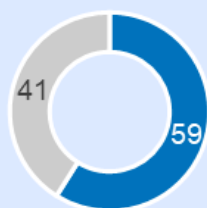
As illustrated by the table below, **a low stock of medicines** (less than a week of stock for essential medication) was the primary factor behind facilities failing to meet minimum standards, affecting 75% of non-compliant facilities:

Location	Minimum Standard Failed					
	Unsafe Facility	Poor building condition	No available toilets	No available water	Low stock of essential medicines	High doctor to patient ratio
Hiyala	1	2		3	6	1
Imurok				1		
Magwi		1		1	3	
Pageri					2	
Torit		1		1	4	
Total	1	4		6	15	1

Based on current estimates, the table below provides an estimate of the number of facilities that would need to be rehabilitated or new PHCUs built to meet different levels of capacity. While in some areas, rehabilitation alone would enable health provision to reach effective capacity levels, in others (such as Magwi, Pageri and Imurok) additional functional health centres are likely needed to serve current and increased population levels.

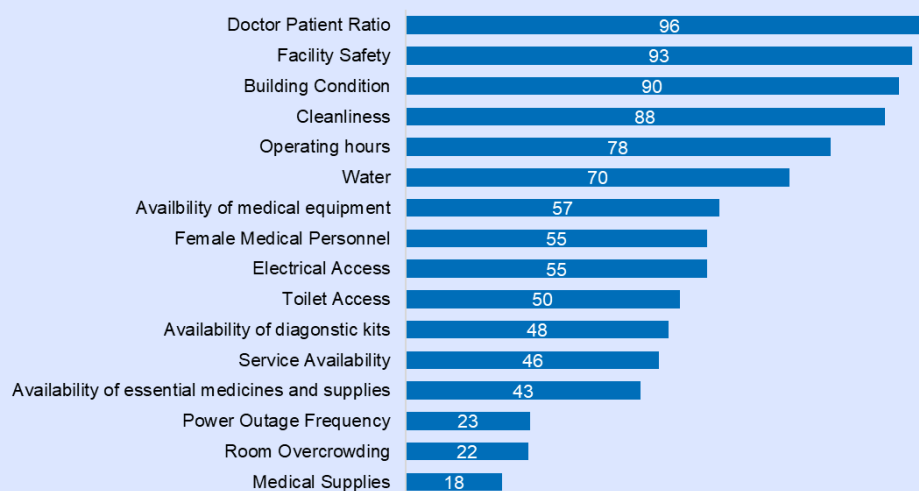
	Hiyala	Imurok	Magwi	Pageri	Torit
Current number of working facilities	1	1	2	0	0
Current number of non-functional facilities	6	1	3	2	4
Number of PHCUs required to meet ideal service provision and effective absorption capacity	2	1	9	5	12
Number of PHCUs required to meet strained service provision and absorption capacity	1	0	2	2	5
Number of PHCUs required to meet maximum service provision and limited absorption capacity	0	0	0	2	3

Quality Scoring



Based on quality scoring metrics, health facilities scored 59 out of 100 in Eastern Equatoria given aggregated scores on several indicators.¹⁰ Facilities in Eastern scored well across the indicators for doctor to patient ratio, facility safety and the condition of the building, though **scored poorly for stock of key medicines, room overcrowding and power outage frequency**. Further, facilities scored only in the mid-range for availability of essential medicines, range of services provided, availability of diagnostic tests and availability of toilet facilities. **This suggests that a raft of quality improvements should be key areas of intervention along with the general refurbishment of facilities that do not meet minimum standards.**

Figure 20 Health quality scores by indicator



¹⁰ Scores closer to zero represent non-functioning measures of facility quality and scores closer to 100 represent ideally functioning facility quality.

Education

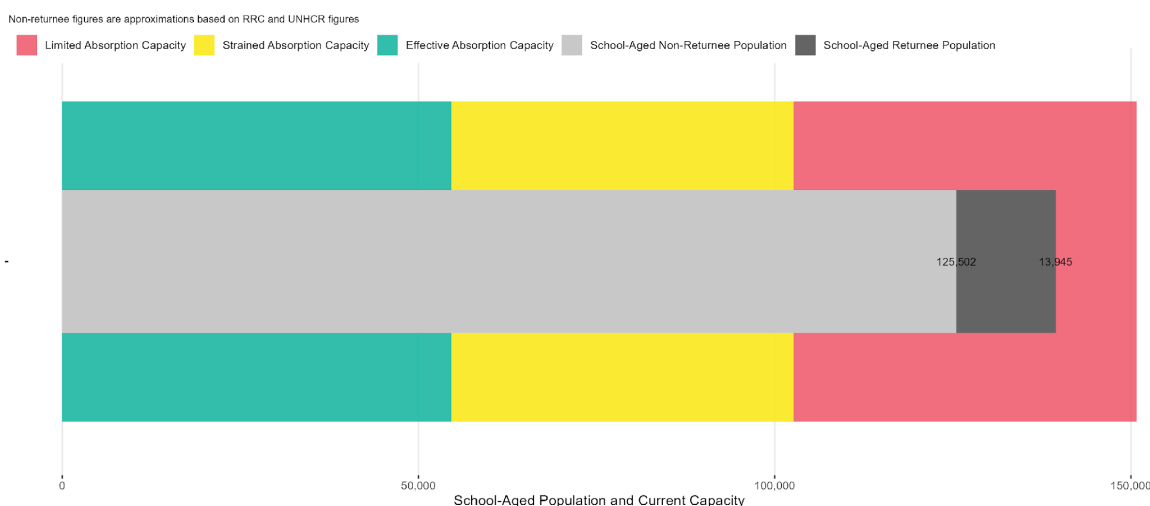
Similar to healthcare facilities, educational centres were assessed to determine their current capacity relative to demand and their ability to accommodate additional populations. Facilities that failed to meet minimum standards (detailed in Annex 1) were excluded from the overall education capacity score. Capacity was calculated based on the number of available teachers, with population figures reflecting the school-aged population rather than the overall population.¹¹

To evaluate the capacity of education services, the assessment followed South Sudanese national standards, defining thresholds for teacher-to-student ratios as follows:

Service capacity thresholds
Ideal capacity: 1 teacher per 50 students
Strained Capacity: 1 teacher per 94 students
Maximum Capacity: 1 teacher per 138 students

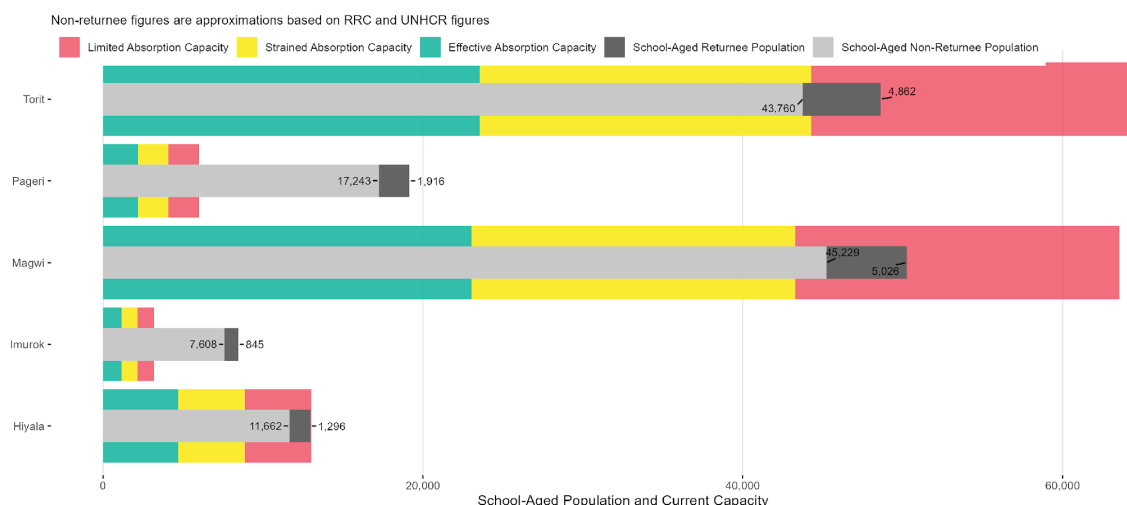
In Magwi and Torit, the current education infrastructure is working at **maximum capacity**, highlighting that additional teachers are needed across the region for the system to operate at an effective level. There are **significant variations by location**, with only Torit and Magwi still operating well within the maximum capacity zone, while Pageri, Imurok and Hiyala are either operating above or at maximum capacity for the current school-aged population.

Figure 21 Aggregate education absorption capacity



¹¹ These calculations are based on the entire school aged population, not the number of school aged children enrolled in education facilities.

Figure 22 Education absorption capacity by location

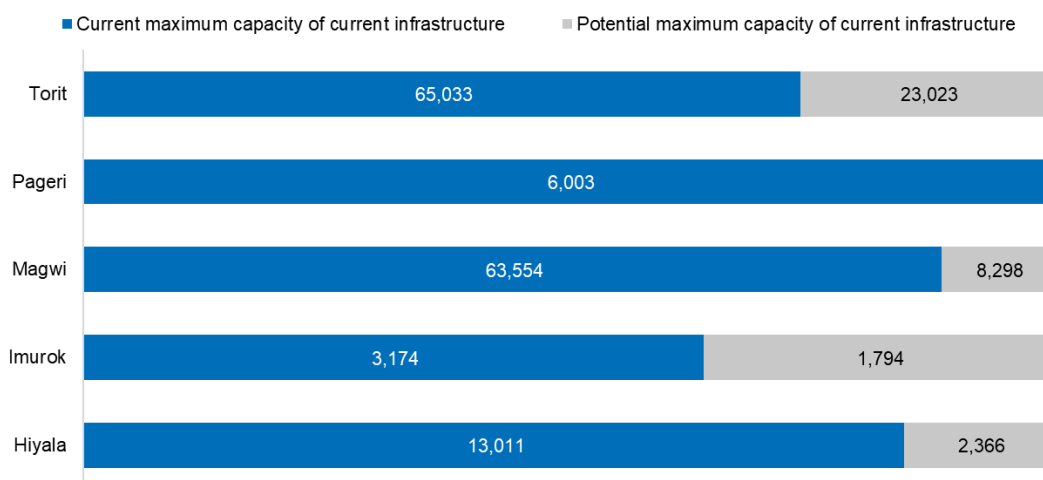


Looking at the schools themselves, 22% failed to meet minimum standards (16 out of 74 assessed facilities), suggesting that 224 teachers are not effectively contributing to the current educational capacity of the region.

Location	Minimum Standard Failed		
	Lack of toilets	Poor building condition	Facility safety
Hiyala	2	2	
Imurok	3	2	2
Magwi	1	1	2
Pageri			
Torit	1		5
Total	7	5	9

Rehabilitating these schools would go some way to improving educational capacity within the region, most likely through conflict resolution-related interventions that would **improve overall safety**, as this was the primary factor in exclusion from the absorption calculation (as reported in 56% of non-compliant facilities). **The rehabilitation of these services would increase the maximum operational capacity to an estimated 35,481 potential students.**

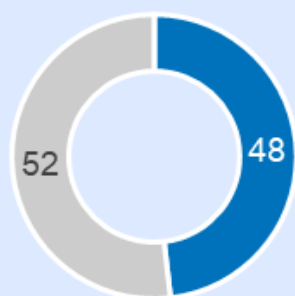
Figure 23 Potential and current maximum capacity of education infrastructure



However, to meet the needs of the current community as well as ensure that infrastructure could sustain extra levels of population growth, additional teachers would be required, **the below tables estimates the number of teachers needed per location** to reach different operating standards. It is important to note that as teacher salaries are a challenge in this location, **it would be equally important to develop sustainable payment practises in order to both increase capacity and quality of education in the region.**

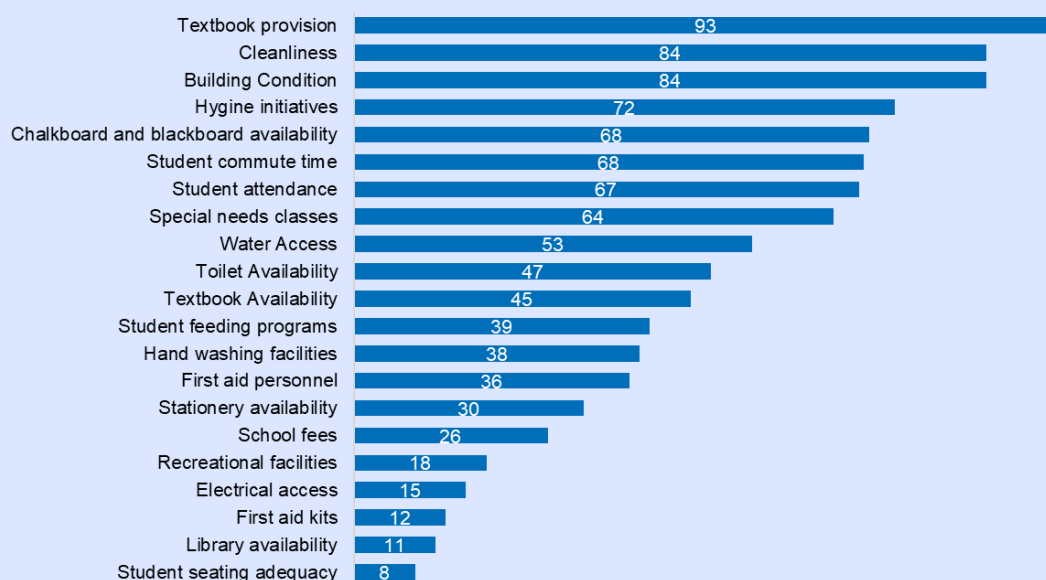
	Hiyala	Imurok	Magwi	Pageri	Torit
Current number of teachers	88	23	314	29	435
Current number of teachers in non-functional facilities	16	13	41	0	154
Number of teachers required to meet ideal service provision and effective absorption capacity	165	147	545	340	502
Number of teachers required to meet strained service provision and absorption capacity	44	67	75	161	46
Number of teachers required to meet maximum service provision and limited absorption capacity	0	39	0	96	0

Quality Scoring



Based on quality scoring metrics, education facilities scored 48 out of 100 in Eastern Equatoria given aggregated scores on several indicators, **suggesting that facilities are currently operating at quality levels under half of the expected ideal.**¹² Facilities in Eastern Equatoria scored the highest amongst any assessed location for textbook provision, however, **scored poorly for availability of first aid kits, student seating adequacy, school fees, hand washing facilities, student feeding programs and stationery availability.** Consequently, along with the training and employment of additional teachers, interventions targeting these vital factors should be considered by development actors in the region.

Figure 24 Education quality scores by indicator



Water

The assessment of water infrastructure utilized Sphere Standards to evaluate current carrying capacity and the ability to absorb additional populations. Service capacity thresholds for different water point types were defined as follows:

¹² Scores closer to zero represent non-functioning measures of facility quality and scores closer to 100 represent ideally functioning facility quality.

Water point type	Service capacity thresholds
Handpumps	Total water needs (15L pp/day): 250 people per water point
	Survival needs and basic hygiene (4.5L pp/day): 832 people per water point
	Survival needs (2.5L pp/day): 1,500 people per facility
Motorized pump	Total water needs (15L pp/day): 500 people per water point
	Survival needs and basic hygiene (4.5L pp/day): 1,665 people per water point
	Survival needs (2.5L pp/day): 3,000 people per water point

Water sources that failed to meet minimum standards for consistent, clean, and safe water supply were excluded from the overall carrying capacity calculation (see Annex 1 for details on standards).

It is estimated that in Magwi and Torit on aggregate, **current water capacity is stretched beyond even survival needs of 2.5L pp/day**. Only one assessed location, Pageri, is currently operating at a maximum level of capacity, with all other assessed locations over this threshold.

Figure 25 Aggregate water absorption capacity

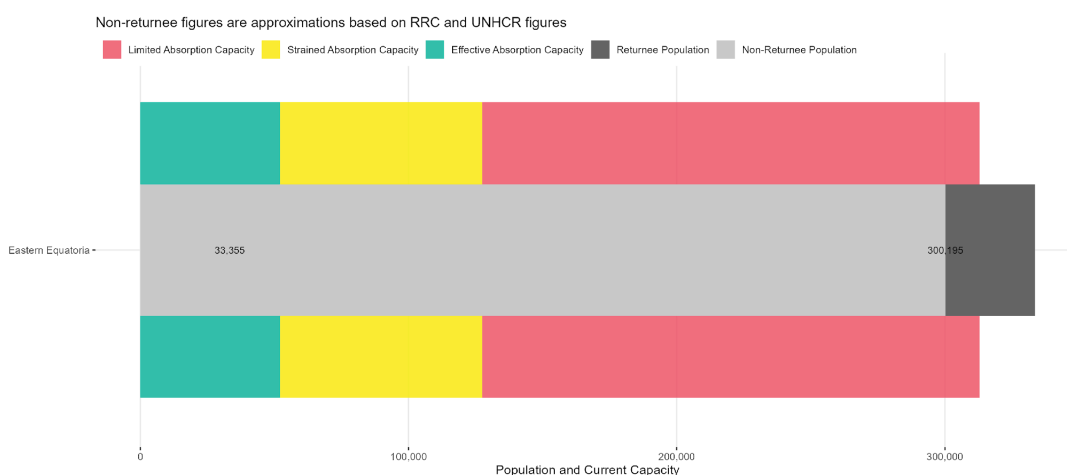
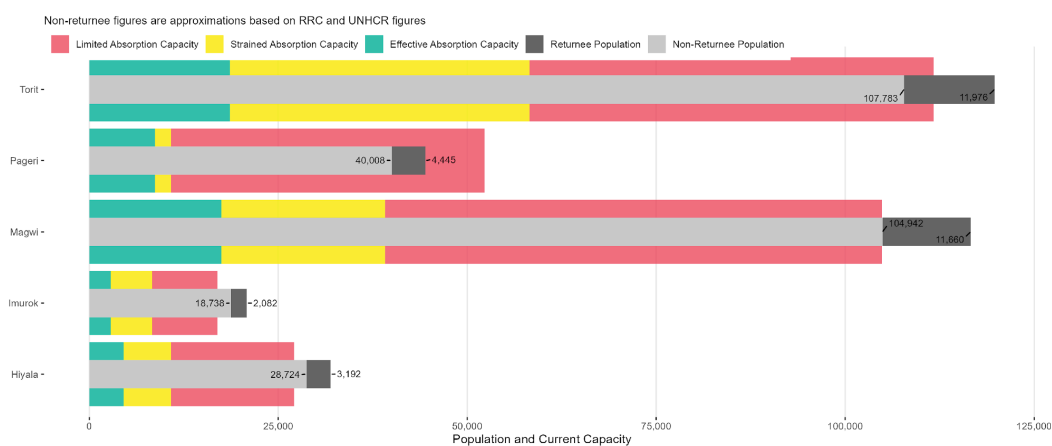


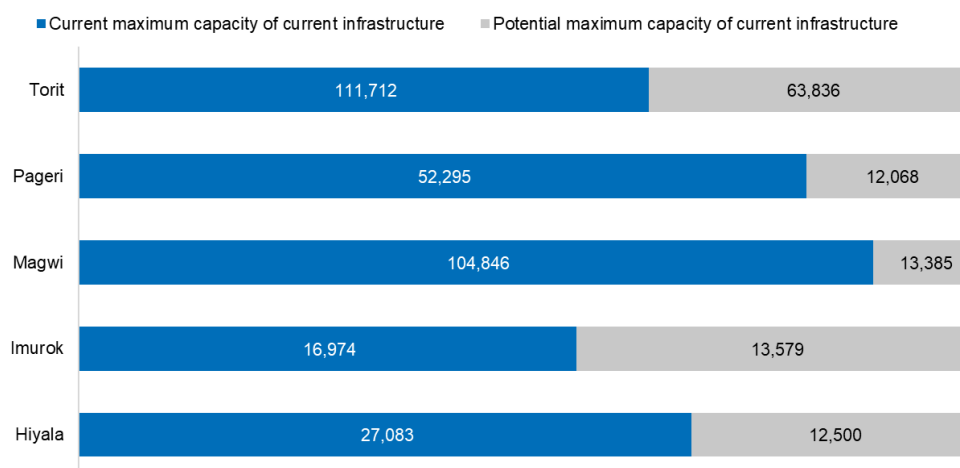
Figure SEQ Figure * ARABIC 26 Water absorption capacity by location



In Magwi and Torit, 52 of the 177 assessed water points failed to meet minimum standards (29%) due to a range of factors, including inconsistent water, poor water quality and facility safety. **Torit is particularly affected by poor infrastructure**, where 29 of 71 water points failed to meet minimum standards (41%). While 19 facilities failed to provide a safe environment, this was largely due to inconsistent water supply, with conflict arising in lines for these water points.

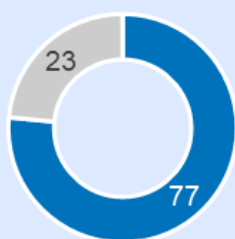
Location	Minimum Standard Failed		
	Inconsistent water	Poor water quality	Unsafe facility
Hiyala		4	3
Imurok	4	5	1
Magwi	1	4	2
Pageri		1	2
Torit	17	6	11
Total	22	20	19

Figure 27 Potential and current maximum capacity of existing water infrastructure



To meet water needs across the region, refurbishing existing waterpoints who do not meet the minimum criteria, would increase the number of people current infrastructure could serve by an additional 115,367 individuals at survival needs (2.5L pp per day). However, **additional water points are needed to move beyond survival thresholds**. The below tables estimate the number of **manual boreholes needed per location** to reach different operating standards – however, to ensure these waterpoints are sustainable, there need to be measures in place to provide regular maintenance – which has been highlighted as an issue within the region.

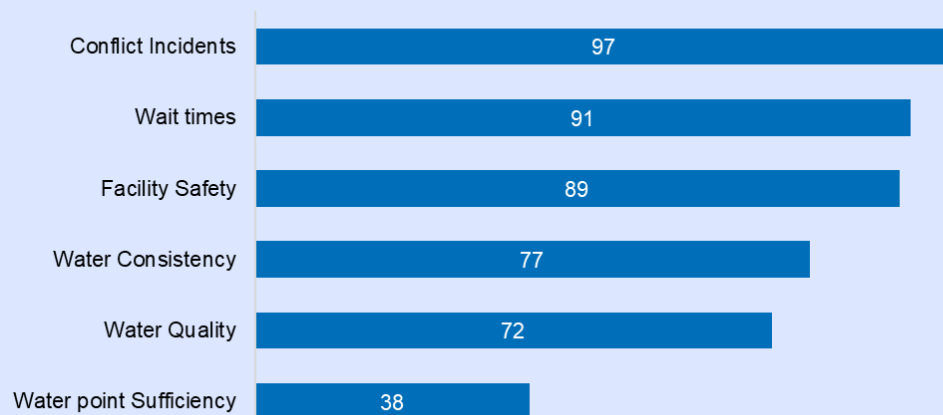
	Hiyala	Imurok	Magwi	Pageri	Torit
Current number of working water points	11	11	46	15	42
Current number of non-functioning water points	6	8	6	3	29
Number of borehole hand pumps required to meet total water needs	120	72	397	143	405
Number of borehole hand pumps required to meet hygiene and survival needs	21	14	71	19	70
Number of borehole hand pumps required to meet survival needs	4	3	8	96	6



Quality Scoring

Based on quality scoring metrics, scored facilities scored 77 out of 100 in Eastern Equatoria given aggregated scores on several indicators, suggesting there are several areas for quality improvements.¹³ Facilities in Eastern Equatoria scored positively for low rates of conflict incidents at water points and wait times. **However, water point sufficiency is a significant issue, supplementing capacity findings which suggest that current water infrastructure is insufficient for the current level of population.** Further, quality and consistency only score in the low to mid-seventies in existing water points, reflecting that these should be targeted in interventions by development partners.

Figure 28 Water quality scores by indicator



¹³ Scores closer to zero represent non-functioning measures of facility quality and scores closer to 100 represent ideally functioning facility quality.

Judicial infrastructure and safe spaces

Law enforcement and judicial infrastructure in Magwi and Torit are strained, with many facilities in poor condition and insufficient staff to manage current caseloads. Of the eight facilities assessed, more than half reported infrastructure issues, such as inadequate lighting and seating. Only one facility was rated as well-maintained, while others lack water, toilets, and basic resources. The growing population has increased the burden on these systems. Disputes over land and resources are common, and formal mechanisms often rely on chiefs or youth leaders due to limited judicial capacity. Facilities report long wait times and delays, with some unable to accommodate additional cases effectively. Vulnerable groups, particularly women and children, face heightened risks, as GBV cases are often managed informally.

Safe spaces in Magwi and Torit are under-resourced and poorly maintained. Of the five safe spaces assessed, none are adequately prepared to manage increased demand. Facilities in Torit are overcrowded, with long queues and insufficient staff, while Magwi's facilities are smaller and less equipped. Corruption and mistrust have also been reported, with some cases mishandled or hidden. Increased population inflows would likely exacerbate these issues, further reducing access and quality of services for vulnerable groups.

Conclusions and Recommendations

Key findings

1. Physical safety: Overall, perceptions of safety are relatively positive, with most respondents feeling safe most or all of the time. However, security incidents still occur, particularly in urban areas, where crime and youth gang activity are more common. Law enforcement remains under-resourced and poorly equipped, but strong community mechanisms, such as youth groups and local leadership structures, provide informal security and protection. Social cohesion appears solid, with both returnees and host communities participating in community activities together.

2. Material safety: Material safety is poor, with high levels of food insecurity—most respondents report skipping meals and consuming less preferred foods. Poor road infrastructure limits market access, and farming—though the dominant livelihood—is often unsafe or unproductive due to environmental challenges and insecurity. Income levels are low, and shelters are overcrowded, particularly as hosts accommodate returning families.

3. Legal safety: While community leaders play an essential role in resolving local disputes and providing support, systemic governance barriers persist, including allegations of corruption and limited access to legal aid.

4. Reintegration Sustainability Scores (RSS): RSS scores reflect these challenges, with returnees in their place of origin reporting better and more consistent outcomes across all dimensions. Social scores are the highest across groups, while economic scores are consistently the lowest. Women face additional vulnerabilities, experiencing lower safety and economic integration, underscoring the need for targeted support.

5. Infrastructure and services today:

- **Healthcare:** Facilities are available but overstretched and basic. Medicine stocks are limited, with shortages beyond anti-malarial drugs, and staffing levels are critically low, particularly for specialized professionals. Costs remain a barrier, especially in rural areas.
- **Education:** Enrollment rates are high, but quality is poor. Schools lack maintenance, materials, and qualified teachers, many of whom remain unpaid. Financial constraints and overcrowded classes exacerbate the challenges.
- **Law enforcement and safe spaces:** Judicial infrastructure is poorly maintained and under-equipped, with significant gaps in capacity. Safe spaces are few, inadequately resourced, and largely unknown to the population.
- **Water:** While water quality is generally fair, supply is severely inadequate. There are not enough water points to meet current demand, leading to long wait times and reliance on unsafe alternatives.

6. Integration tomorrow: Despite challenges, most returnees and hosts intend to stay permanently in their current locations. Many believe the area could absorb more people, but not without significant improvements. Key priorities identified include housing—particularly in Torit Town and Pageri Payam—alongside healthcare, education, and land access.

7. Service Absorption Capacity:

- **Healthcare:** Current healthcare facilities operate beyond maximum capacity. If existing health centers were brought up to minimum standards, they could serve significantly more people, primarily through improved medicine stocks and staffing.
- **Education:** Education infrastructure is also at maximum capacity. Additional teachers are urgently needed, alongside sustainable payment mechanisms to retain qualified staff. Rehabilitating schools, particularly those failing minimum standards, would improve capacity and safety while supporting population growth.
- **Water:** Current water capacity cannot meet even survival-level needs (2.5L per person/day). Refurbishing the 52 non-functional water points would serve over 100,000 additional individuals, but new water points are also required to address the growing demand.
- **Judicial and Safe Spaces:** While no precise capacity estimates can be provided, both systems are struggling to support existing populations. Facilities are poorly maintained and lack the resources to absorb more people.

Recommendations

1. **Increased access to water:** There is an urgent need to expand and rehabilitate water points to address the severe strain on water infrastructure. It is estimated that assessed locations in Magwi and Torit would require an additional 1,226 water points to meet total water needs of the population, which could be supplemented by rehabilitating the 52 non-functional water points. However, to reach a strained level of service (4.5L per person per day) only an additional 195 water points would be needed. Preference for additional water points should be given to Magwi and Torit towns where population levels are higher and deficits are most apparent. For rehabilitation of current services, Torit is particularly affected by poor infrastructure with 29 of 71 water points failing to meet minimum standards (41%); refurbishment of these resources should be prioritised as well as the expansion of the current water network. Given the noted challenges by participants in accessing water, bolstering the network of functional water points in the region should be a priority.
2. **Improved healthcare services:** Critical medicine shortages, in particular, are affecting the current capacity of health facilities in Magwi and Torit, however even if shortages were addressed, it is estimated that an additional 13 PHCUs would be required to bring the region to an ideal operational level beyond the rehabilitation of the 16 facilities which don't meet minimum standards. However, these facilities also need qualified staff, and ensuring timely salary payments for healthcare workers is essential to improving service delivery. Expanding healthcare capacity in underserved rural areas can alleviate the burden on urban facilities and provide vital access to emergency and basic care in remote communities. Last, our quality scoring shows that facilities scored only in the mid-range for availability of essential medicines, range of services provided, availability of diagnostic tests and availability of toilet facilities; interventions targeting these factors should be prioritised to improve health outcomes for populations reliant upon services in this region. These measures will enhance the resilience of the healthcare system and support broader reintegration efforts.
3. **Increased number of teachers and training support:** The education system in Magwi and Torit faces a critical teacher shortage, with 1,699 additional teachers required to meet ideal service capacity and 393 to meet strained capacity based on the current school-aged population. Recruitment and training programs should focus on urban and rural areas to address disparities in educational quality. Further, our quality scoring indicates that while on aggregate education

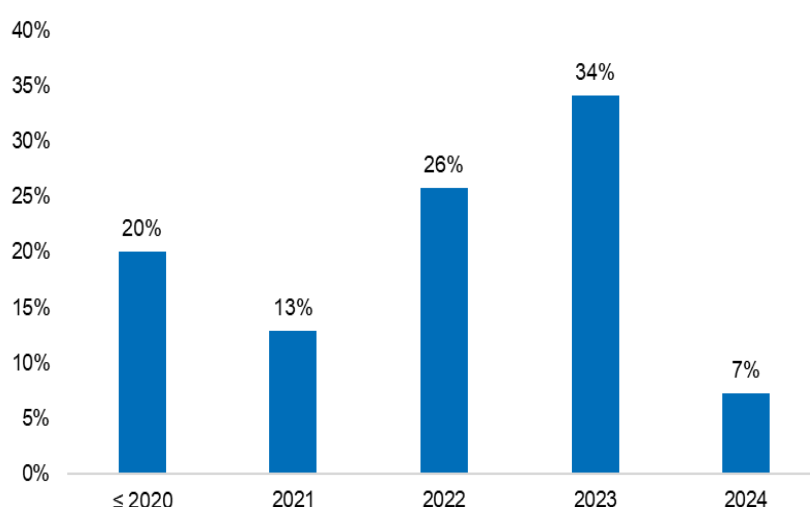
facilities Eastern Equatoria scored the highest amongst any assessed location for textbook provision, they scored poorly for availability of first aid kits, student seating adequacy, school fees, hand washing facilities, student feeding programs and stationery availability. Consequently, interventions targeting the distribution of educational materials, improving WASH capacity as well as initiatives to introduce student feeding programs would contribute positively towards educational outcomes in the region.

- 4. Climate-resilient agricultural support:** To address the dual challenges of food insecurity and climate change, investments should be made to improve agricultural resilience. Initiatives could include providing drought-resistant seeds, tools, and training on climate-smart farming techniques, as well as enhancing access to irrigation systems. Supporting farmers with pest and disease control measures, alongside improved veterinary services for livestock, would ensure more sustainable and productive livelihoods for both hosts and returnees.
- 5. Livelihood diversification and business support:** Limited economic opportunities exacerbate material vulnerabilities, particularly for returnees who return with skills but cannot find employment. Programs supporting small businesses and entrepreneurship—such as access to microfinance, training in business management, and market development—can diversify income streams. Establishing local markets and improving rural-urban connectivity would enable farmers and small traders to sell their produce and goods more effectively.
- 6. Improved road safety and infrastructure:** Poor road conditions and insecurity hinder access to markets, farms, and services, further worsening food insecurity and livelihoods. Investments should focus on rehabilitating key transport infrastructure, ensuring safer roads, and improving security along frequently used routes. This would not only support economic activity but also improve access to essential services such as healthcare and education.

Annex

1. Respondent Profile

The Magwi and Torit household sample comprises 784 individuals, with a majority being female (483 females, 300 males, 1 other), and an average age of 39 years (ranging from 18 to 90). The average household size is about 7 members. Education levels are higher in this area, with 262 having completed primary education, 187 secondary, and 58 with vocational or tertiary education. The displacement status shows 361 host community members, 373 returnees (341 in their place of origin, 32 not in their place of origin), 26 currently internally displaced persons, and 24 IDP returnees.



Regarding returnees, **34% returned in 2023, making it the most common year of return**, while 96% of assessed returnees had returned since 2018. The main reason why people are returning is that the situation in the camps in Uganda has become untenable – in particular due to a reduction of food rations.

Other key reasons include lack of available farmland to cultivate and the inability to earn an income within the camps to pay for school fees. Returnees also noted tensions between hosts and refugees in and around the camps in Uganda, as well as not feeling safe when for example having to look for firewood around the camps. Many also highlighted that as they are struggling, they might as well struggle in their homeland and reunite with family and friends: *'I'm feeling very happy and free when and in this particular place, though there are some challenges we are facing I more comfortable than settling in any other place than here.'* (Case Study, Female Returnee)

Further, improvements in the security situation in South Sudan, and a desire to return home for family and sentimental reasons were also prominent. In Iwire payam, Magwi county people highlighted the availability of abundant land to cultivate, compared to the small plots that were available to them in the refugee camps, or the land they had to hire further away from the camps to farm.

In Magwi and Torit, **11% of returnees reported receiving reintegration assistance**. Agricultural support was the most commonly received form of assistance, reaching 83% of respondents. Psychosocial support was also widely provided, with 68% of respondents benefiting from mental health and well-being services, while 51% received healthcare assistance, indicating attention to both mental and physical health in the reintegration process.

Economic empowerment was another focus, with 49% of respondents receiving support for starting businesses and 40% benefiting from employment services. These efforts reflect a broader strategy to improve economic self-sufficiency for returnees and displaced populations. However, housing assistance was less common, received by only 32% of respondents, a lower rate compared to other assessed locations.

Despite the wide range of support provided, the effectiveness of assistance in Magwi and Torit received an average rating of 2.94, the lowest amount all assessed locations. While 74% of respondents found the assistance somewhat effective, 6% rated it as not effective at all, underscoring the need for improvements in the support offered, particularly in ensuring the long-term impact and sustainability of the interventions. Further, **there is a general consensus that this support has been insufficient beyond what is provided by local chiefs.** The limited presence of the RRC, which only operates at the county level, leaves rural locations underserved: *‘There are no people concerned to receive the returnees. (...) Most of the returnees returned alone and voluntarily. They find place to reside with support from the host community members and the local leaders in the area. There are no any administrative organs in the area dealing with these returnees. And the worst thing is, returnees don’t come in groups and that’s why maybe the government is not taking it seriously. The RRC is only operating at the state level and county level. It is not present in the payam. Most of the time the local chiefs and the youth leaders deal with returnees in the absence of RRC on the ground.’* (Key Informant Interview, Secretary to Paramount Chief).

This absence of formal processes can lead to **perceptions of preferential treatment being granted to some:** *‘No one is focusing on the arrival of the returnees, so we are just staying without any support or guidance. There are conflicts between returnees and host community in the way that if it comes to registration for any support, most leaders intend to neglect the others and register their own relatives not even real returnees* (Case Study, Female Returnee)’

93% of returnees intended to stay in their current location permanently. However, qualitative respondents also reported that movement back and forth is common to bring their families from the camps, marriage, to access better health services, to visit relatives, to access education for some areas that have no secondary schools and search for food: *‘People move to look for food, to have access to better health and education services. Many who move to Iwire moved to have better land for cultivation... those who moved to Torit, Magwi were looking for better livelihood opportunities.’* (Key Informant Interview, Female, Boma Chief)

2. Key informant interviews conducted for this study

Interview Type	Location and respondent profile
Key informant Interview	Torit, Male, Area Chief
Key informant Interview	Torit, Male, Boma Chief
Key informant Interview	Torit, Male, County Agriculture Director
Key informant Interview	Torit, Male, Deputy Education Director
Key informant Interview	Torit, Male, County Education Inspector
Key informant Interview	Hiyala Payam, Male, Youth Leader
Key informant Interview	Hiyala Payam, Male, Payam Sub-Chief
Key informant Interview	Hiyala Payam, Male, Payam Education Supervisor
Key informant Interview	Hiyala Payam, Male, Secretary to Payam Chief
Key informant Interview	Imurok Payam, Male, Payam Administrator
Key informant Interview	Imurok Payam, Male, Area Chief
Key informant Interview	Imurok Payam, Male, Payam Sub-Chief
Key informant Interview	Imurok Payam, Female, Registered Nurse
Key informant Interview	Magwi, Male, Boma Chief
Key informant Interview	Magwi, Male, Youth Leader
Key informant Interview	Magwi, Male, Boma Chief
Key informant Interview	Magwi, Female, Boma Chief
Key informant Interview	Magwi, Female, Lutheran World Federation (LWF) Child Protection Officer
Key informant Interview	Iwire Payam, Male, Youth Leader
Key informant Interview	Iwire Payam, Male, Boma Chief
Key informant Interview	Iwire Payam, Male, Head Teacher

Interview Type	Location and respondent profile
Key informant Interview	Iwire Payam, Male, Boma Chief
Key informant Interview	Pageri Payam, Male, Youth Secretary
Key informant Interview	Pageri Payam, Male, Pastor
Key informant Interview	Pageri Payam, Male, Boma Chief
Key informant Interview	Pageri Payam, Female, Boma Chief




3. Minimum Standards

While any concerted strategy to improve absorption capacity in South Sudan would require more rigorous analysis, the absorption capacity evaluation highlights several promising avenues for targeted intervention strategies across the region. Our analysis considers two intervention approaches: developing **additional** service points in the region, and **refurbishing existing** service points.

Our analysis focuses on healthcare, education, and water points. When considering absorption capacity for these infrastructure points, we included a minimum quality assessment to determine **whether each service point was robustly operating at a standard that meaningfully contributes to the service capacity of the region**. We present the disqualifying criteria for each infrastructure point below. If any of these criteria were presented at the infrastructure point, they were not considered as meaningfully contributing to the region's absorption capacity.

Water points	Healthcare	Education
<ul style="list-style-type: none"> a. Water is rarely available, with frequent shortages or extended periods without water b. The water quality is below acceptable standards and poses potential health risks c. There are security concerns or incidents related to walking to / queuing, especially for women, at this water point 	<ul style="list-style-type: none"> a. Often (Regular incidents, indicating a concerning pattern) incidents of violence affecting the health facility in the recent past? b. The building infrastructure is in very poor condition, with severe damage, decay, or disrepair. There are multiple safety hazards, structural weaknesses, or critical maintenance issues that render the facility unsafe or unusable. c. There are no toilets in this health facility d. There is no access to water in this health facility e. Very Low Supplies Stock (expected to last less than a week) f. A patient of doctor ratio of over 50 to 1 per day 	<ul style="list-style-type: none"> a. Often (Regular incidents, indicating a concerning pattern) violent incidents outside of this school? b. The building infrastructure is in very poor condition, with severe damage, decay, or disrepair. There are multiple safety hazards, structural weaknesses, or critical maintenance issues that render the facility unsafe or unusable. c. There are no toilets in this school

Visual examples of facilities that do not meet the minimum quality criteria in Aweil

Water points	Healthcare	Education
 <p data-bbox="201 999 496 1111"><i>Water pump in Baac- Water is rarely available, with frequent shortages or extended periods without water</i></p>	 <p data-bbox="528 999 903 1111"><i>Sanitation facilities at a PHCU in Aweil Town - The building infrastructure is in very poor condition, with severe damage, decay, or disrepair.</i></p>	 <p data-bbox="943 999 1318 1111"><i>School in Baac - The building infrastructure is in very poor condition, with severe damage, decay, or disrepair.</i></p>

REINTEGRATION AND ABSORPTION CAPACITY ASSESSMENT OF **MAGWI AND TORIT**

Reintegration and Absorption Capacity Assessment