Introduction and Overview

In February 2015, Internews established Nile FM, a community radio station in Malakal County, Upper Nile state. As part of Internews’ Humanitarian Information Service (HIS) that brings information to displaced and vulnerable populations throughout the country, Nile FM responds to the information needs of the internally displaced people (IDPs) in the region.

The ongoing political crisis, which began in late 2013 has drastically altered the media landscape. Areas such as Malakal, which has seen heavy fighting and insecurity throughout the last year, have an acute need for relevant, timely, and accurate information. As a community radio station, Nile FM is staffed by IDPs living in the area who receive training from Internews about how to collect accurate information and produce programs relevant to the local communities. Though radio is a dominant information source in South Sudan, Nile FM is currently one of the only radio stations operating in Upper Nile state.

Before Nile FM was launched, Internews had fostered another HIS mini-media program known as Boom Box Talk Talk (BBTT) within the UN Mission Protection of Civilians (PoC) site. This program delivers life-saving information to the IDP and host community living inside the Malakal PoC and in Wau Shilluk, a nearby village originally of around 3,000 people that spontaneously hosted an estimated 40,000 IDPs. Two waves of surveying were conducted exclusively within the Malakal PoC with the aim of informing the nature and content of the program and to assess people’s need for, and access to, information in a context where radio and other communication channels are highly limited. After just a few months, it was clear that the information need expanded beyond the PoC, and Internews began creating the community radio station Nile FM to reach an audience not only of IDPs in the Malakal PoC, but also IDPs living in informal and spontaneous settlements all along the River Nile, as well as members of the host community in Malakal town and nearby villages.

This snapshot report highlights key findings from a separate baseline survey conducted exclusively outside of the PoC in areas in and around Malakal County, though some key findings from these previous waves have been included to further contextualize the more recent survey. 

Safety and health are concerning subjects for many: 58% of respondents are ‘very concerned’ about their safety and that of their family, with an additional 25% who are ‘somewhat concerned’ about it. Health is equally concerning, with 54% of respondents saying they are ‘very concerned’ about their health and that of their family, and an additional 29% who are ‘somewhat concerned’ about it.

Language preferred for receiving information*

*Upper Nile State generally and Malakal specifically is home to a number of ethnic groups, the principle ones being Shilluk, Nuer, and Dinka. While Malakal County itself is primarily Shilluk, the Dinka and Nuer in the area are largely confined to the PoC owing to the perceived insecurity outside. As surveying occurred exclusively outside of the PoC, findings on language exclude many of those who are nevertheless within broadcast range, specifically the population of Dinka and Nuer speakers inside the PoC.
Recent political events have dramatically changed the landscape of South Sudan, with an anticipated 1.95 million people who will have been displaced by the end of 2015, and access to media and information at a premium. The research presented here is a brief summary of a baseline survey conducted in Malakal County, Upper Nile State from 27 January - 2 February 2015. The survey aims to assess the information needs and access to media among the displaced population in Malakal in order to inform the development of a community radio station, Nile FM.

The humanitarian needs, including the information needs, of the displaced population in Malakal are critical. The area is mostly flood prone land, making conditions during the long rainy season extremely difficult for those living in them. However, the most notable feature in the area is the Malakal PoC. As of fielding, the PoC site in Malakal was host to over 21,000 IDPs. This number has increased to 30,000 as of May 2015. Thousands more reside in neighboring settlements outside the PoC site such as Wau Shilluk, where an estimated 40,000 individuals and 6,000 households have been displaced.5

Since the month of December 2014, (until mid April 2015) PoC residents have been able to move into town during the day, mostly to the main market. Thousands were leaving the PoC each morning, as there is active trade in a bustling market. However few if any stay overnight in town, all return before the evenings, due to night time insecurity, occasioned by drunken soldiers. Currently, Malakal is under the control of the government, with SPLA soldiers living in and patrolling the town. Malakal is critical to the oil-exporting infrastructure and therefore heavily contested and likely to be an area of on-going insecurity in Upper Nile.

The concentration of people in the the PoC and surrounding area can translate into tension, violence, and growing, largely untreated psychosocial needs. According to a recent UNMISS report (Feb 2015), criminal acts such as theft, organized prostitution, and domestic violence have doubled in the PoC since October 2014, and there are recent reports of conscription of children in the areas outside the PoC such as Wau Shilluk. This is cause for further tension with people who are much more contained and living in constant fear and suspicion. There is also inter-communal conflict inside and outside the site, which houses Shilluk, Dinka, Nuer and other minority groups. For example, in November 2014 inter-ethnic conflict with the Dinka and Shilluk on the one side against the Nuer on the other flared up. The conflict only came to a stop after concerted efforts by humanitarian agencies and partners working with the community leaders; the HIS played a critical role in the pacification process. Recent new arrivals in April and May are once again raising tensions in the site with pressure on the limited services - including on water and sanitation – increasing.
Radio

- 50% Have radio access
- 74% Of those with radio access own their own radio set
- 67% Of radio listeners listen via FM radio
- 31% Of radio listeners tune in to Radio Miraya the most regularly
- 14% Of radio listeners tune in to BBC World Service (Arabic) the most regularly
- 41% Of those who get decision-making information from the radio say think this information is 'very timely'
- 47% Of those who get decision-making information from the radio think this information is 'very relevant' to their daily life
- 45% Of those who get decision-making information from the radio think this information is 'very accurate'
- 52% Used radio as a main source of information on the peace talks in Addis Ababa

Health & Disease Prevention

- 63% Say they are 'informed' about diarrhea prevention
- 72% Say they are 'informed' about malaria prevention
- 68% Say they are 'informed' about cholera prevention
- 56% Say they are 'informed' about kala-azar prevention
- 49% Say they are 'informed' about guinea worm prevention
- 81% Say they are 'informed' about protecting themselves in the area
- 80% Say they are 'informed' about where to go to get medical treatment if they have been hurt or attacked

Public Interactions

- 33% Communicate with their community leaders at least once a week
- 47% Of those who communicate with their community leaders find their conversations 'very helpful'
- 38% Of those who communicate with their community leaders do so via in person conversation
- 35% Communicate with aid providers at least once a week
- 49% Of those who communicate with their aid providers find their conversations 'very helpful'
Behaviors

- **75%** Wash hands with soap & water after using latrine
- **18%** Do not wash their dishes or utensils in a puddle
- **64%** Have 1+ family member take up vaccination services
- **45%** Of those with 1+ family member vaccinated said polio was a vaccination received

Mobile Phone

- **39%** Have mobile phone access
- **88%** Of those with mobile phone access own it themselves
- **39%** Of those with mobile phone access use an internet-enabled handset
- **78%** Of those with mobile phone access prefer info contact as a call rather than text but...
- **74%** Of those with mobile phone access would sign up to receive info on activities/services in the area

Information Needs

- **29%** Say they have ‘none’ of the info they need to make good decisions but...
- **36%** Say they have ‘all’ of the info they need to make good decisions
- **61%** Use the radio for decision making information
- **18%** Use television for decision-making information
- **70%** Consider the radio their most trusted source of decision making information
- **17%** Consider television their most trusted source of decision making information
- **58%** Are ‘very concerned’ about the safety of themselves and their family
- **54%** Are ‘very concerned’ about the health of themselves and their family
Information for making good decisions is hard to come by in Malakal, especially for females:

Few respondents (36%) in Malakal County say they have access to all the information they need to make good decisions. The lack of knowledge is worse for females than males, with 34% saying they have none of the information they need to make good decisions, compared to 24% for males.

When it comes to making decisions, radio and television are the most popular and most trusted sources:

Among those that have at least some information for making good decisions, the majority receives it from the radio (61%) or television (18%). Radio (70%) and television (17%) were also seen as the most trusted source of decision-making information. This high level of trust in radio is seen in practice, as 58% of IDPs and returnees said they learned that the Malakal area was safe via radio.

People in Malakal want to know about local issues such as general news and security:

Both members of the host community and IDPs were most interested in general news in the Malakal area and security, though there were some topics which were more of interest for males or females. Among IDPs, females are much more interested in finding out ‘how to get food’ (24%) than males (4%), while males are more interested in finding out about the security situation in Malakal (20%) than females (11%). Among the host community, males and females were generally interested in the same topics.
Radio is a dominating source of information for people in Malakal, though only about half have access to this source: Among those that have at least some information for making good decisions, radio is both the most popular (61%) and most trusted (70%) source. However, in terms of access to a radio, only 50% say they have it. In addition, there is a significant gender gap in radio access, with fewer females able to access radio than males. Despite having less access, more females preferred radio (47%) as a means to receive information than males (37%).

Radio access
(Among total respondents N=656; males N=327; and females N=329)

Perceptions of information received via radio suggest that this source will remain popular for purposes of sharing information about self-protection as well as relevant news: This high level of trust in radio is seen in practice, as 58% of IDPs and returnees said they learned that the Malakal area was safe via radio. Although the station that provided this information was not specified, radio listeners indicated elsewhere that they listen to Radio Miraya (31%) and the BBC World Service in Arabic (14%) the most regularly. At the time of this survey, Nile FM had not yet begun broadcasting. Radio was also the primary source of information on the peace talks in Addis Ababa (52%), though more males (57%) utilized this source than females (48%), in addition, one quarter (26%) of females did not know what their primary source of information on the peace talks was.

Radio stations listened to the most regularly
(Among those who have access to a radio and know of stations they are able to listen to in the area, N=319)

Communication with aid providers and community leaders is seen as helpful, but is less common for females than males: While 35% of people in Malakal talk with aid providers at least once over the course of a normal week, females are more likely (65%) to say they never speak with aid providers than males (57%). Half (49%) of those that do communicate with aid providers find their conversations ‘very helpful,’ with an additional 38% who feel they are ‘somewhat helpful.’ Communication with aid providers occurs most commonly via in-person conversations (38%) or phone calls (38%), though females are more likely to converse with aid providers via in-person conversations (46%) than males (33%). Males are slightly more likely to communicate with aid providers in a meeting (14%) than females (8%). These trends are similar to communication habits with community leaders. One-third (33%) of people in Malakal talk to a community leader at least once over the course of a normal week, although females were more likely (68%) to say they never speak with community leaders in a normal week than males (56%). ‘General news’ is the most common (38%) type of information sought among those that communicate with their community leaders at least once a week. However, more females (32%) tend to seek information regarding the security situation back home from community leaders than males (11%). These conversations are generally considered helpful, with 47% describing their conversations with community leaders ‘very helpful’ and 35% describing them as ‘somewhat helpful’.

Non-electronic sources of information are much less utilized than radio, especially for females.
What is known about respondents’ health knowledge in Malakal County?

While people in Malakal County, particularly males, self-report fairly high levels of knowledge about disease prevention, accurate and demonstrable knowledge was fairly low: Respondents in Malakal feel they are well informed about preventing malaria, cholera, and diarrhea, but are slightly less informed about kala-azar (Leishmaniasis) and guinea worm prevention. Overall, males tended to be more confident in their disease prevention knowledge, with significantly more males describing themselves as ‘very well informed’ about diarrhea (39%), cholera (47%), kala-azar (42%), and guinea worm (36%) prevention than females (28%, 36%, 26%, and 23%, respectively). Females tended to say they were ‘not at all informed’ about diarrhea (18%), cholera (19%), and kala-azar (22%) prevention more often than males (12%, 9%, and 10%, respectively). However, regarding cholera prevention females tended to demonstrate their knowledge with greater accuracy than males when respondents were asked to provide specific examples of some types of disease prevention. Levels of feeling informed about malaria prevention were similar across genders. Despite respondents describing themselves as informed about disease prevention, accurate and demonstrable knowledge of disease prevention methods was low overall, especially for kala-azar and guinea worm prevention. For example, females incorrectly cited that sleeping under a mosquito net was a preventive measure for guinea worm (23%). Respondents also incorrectly cited several basic water, sanitation, and hygiene (WASH) practices such as hand washing and latrine use as preventive methods for malaria.

How informed do you feel about...? (Based on respondents’ descriptions of themselves, not demonstration of knowledge)

<table>
<thead>
<tr>
<th>Protection in the area</th>
<th>Malaria prevention</th>
<th>Cholera prevention</th>
<th>Diarrhea prevention</th>
<th>Kala-azar prevention</th>
<th>Guinea worm prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protecting self...</td>
<td>Very well informed</td>
<td>Somewhat well informed</td>
<td>TOTAL: ANY ‘informed’^</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protecting self...</td>
<td>81%</td>
<td>38%</td>
<td>51%</td>
<td>42%</td>
<td>39%</td>
</tr>
<tr>
<td>Protecting self...</td>
<td>47%</td>
<td>33%</td>
<td>36%</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>Protecting self...</td>
<td>38%</td>
<td>34%</td>
<td>38%</td>
<td>34%</td>
<td>30%</td>
</tr>
<tr>
<td>Protecting self...</td>
<td>72%</td>
<td>68%</td>
<td>63%</td>
<td>56%</td>
<td>49%</td>
</tr>
<tr>
<td>Protecting self...</td>
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</table>

Regarding violent physical harm prevention, both males and females feel confident in their knowledge: The majority (81%) say they are informed about protecting themselves in the area, although overall females cited more actual ways to protect themselves than men. Self-reported knowledge on seeking medical attention if hurt or attacked was also high, with 80% saying they are informed.

What is known about respondents’ behavior at Malakal County?

As this baseline survey was conducted explicitly in areas outside of the Malakal PoC, especially in and around informal settlements, respondents can be assumed to live in locations where access to information and services are much more limited than those who live within the PoC site.

Vaccination habits in Malakal have room for improvement: Almost one third (32%) reported no members of their family have been vaccinated. Polio (45%) and cholera (37%) vaccinations were the most commonly received in instances where vaccination did occur. However, females are much more likely (74%) to say that only their children have been vaccinated than males (49%). Males are more likely (18%) to say that they themselves are the only ones in the family to be vaccinated than females (7%). Together, these findings suggest that vaccination uptake is considerably lower for females than for males and children.

Poor WASH behaviors such as washing dishes in a puddle is common, though the use of soap and water to wash ones hands - a good WASH behavior - is also common: The majority (79%) of respondents say they wash their dishes or utensils in a puddle (as much as 84% among female respondents). Females appear to practice better WASH behaviors than men, with 83% of females reporting that they wash their hands with both water and soap after using a latrine/open area, compared to 68% of males. The International Organization for Migration (IOM) provides soap during periodic non-food distributions to people in the PoC, but due to absorption patterns in the host community, many IDPs are registered in the PoC even if they have resettled in other areas such as Wau Shilluk. Given that the market price for soap is high, it is likely that many respondents who reside outside of the PoC for the majority of the time still receive their soap from within the PoC.

The last time you used a latrine/open area, did you wash your hands with water and soap? (Among total respondents N=656; males N=327; and females N=329)

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>83%</td>
<td>68%</td>
<td>75%</td>
</tr>
<tr>
<td>Water and soap</td>
<td>77%</td>
<td>19%</td>
<td>13%</td>
</tr>
<tr>
<td>Just water</td>
<td>7%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Neither/did not wash</td>
<td>5%</td>
<td>7%</td>
<td>6%</td>
</tr>
</tbody>
</table>

^: Total %s based on original raw counts, therefore may add to more or less than rounded subtotals added together.
Face-to-face interviews, conducted via Computer Assisted Personal Interviews (CAPI) with adults aged 15+; through random walks with Kish Grid

Sample size
656 completed interviews

Market scope
Population of Malakal County, Upper Nile State, adjusted for population movements since last known population data; 2008 Census data estimated Malakal County at roughly 120,000 (see limitations)

Questionnaire design
Internews and Forcier Consulting

Fieldwork dates
27 January - 2 February 2015

Fieldwork team
Nine enumerators, two field researchers, and one field team leader

External data verification
SwissPeaks, an independent quality control firm

Limitations

- Enumeration areas (EAs) and the sample size for Malakal County were originally based on the last known population data from 2008. However, this data severely out-of-date given that nearly the entire population had been displaced since 2013. For instance, EAs that had previously been the most populated in Malakal are currently abandoned, with most of the population sleeping in the PoC site. The sample was therefore shifted to reflect areas known to be populated at the time of survey and that were accessible for staff, as determined by consultation with various staff in the PoC and conferring with enumerators. These included IDP settlements outside the boundaries of the PoC site such Jalaba, Hai Shiluk, Sora Jalaba, Mederia, Hai Television, Luakat, Hai Mathar, Hai Nuba, Ray El-Meensiri, Hai Zandi, Hai Dinka, Obwa, Lelo, Wau Shiluk and Ogot.

- Even if an EA was accessible, enumerators had to exercise extreme caution and discretion during data collection due to a tense security situation. As enumerators were instructed to leave areas immediately if they felt unsafe, some EAs may have varying numbers of collected observations beyond the variance due to random sampling. Uneasiness caused by the security situation may also have affected the truthfulness or engagement of respondents.

2 Collison Winga (Internews staff onsite) in discussion with Forcier staff, February 2015
3 “South Sudan Crisis” OCHA
4 Of 656 observations, 98% were conducted in Malakal County (not including the Malakal PoC), and 2% were conducted in neighboring counties
5 “Wau Shiluk Informal Settlement Site- Preliminary Findings Overview” REACH. February 2015
6 Due to a technical error, respondents were able to select more than one trusted source of information.
Before the baseline study was conducted to help inform the establishment of Nile FM, Internews launched a mini-media ‘hyper-local’ HIS program known as Boom Box Talk Talk (BBTT) in the Malakal UN Mission PoC site to provide people affected by the conflict who had fled to the PoC with life-saving and life enhancing information. BBTT was launched in July 2014. One month later, a first wave (Wave 1) of surveying on information needs within the Malakal PoC was conducted. During Wave 1, a total of 564 observations were collected among the IDPs at the Malakal PoC. The aim for this was to inform Internews and humanitarian agencies about the nature and content for BBTT, and assess people’s need for, and access to, information, in a context where radio and other communication channels are highly limited.

A second survey, Wave 2, was conducted in January 2015 to further investigate the information needs in the area and ascertain the initial impact and benefit BBTT has provided individuals in the Malakal PoC site. In total, 612 observations were collected among the IDPs at Malakal PoC during Wave 2. Though the BBTT program and surveys focused on the PoC site, the findings from both waves of surveying help contextualize the situation on the ground in Malakal.

Since Wave 1 was conducted, the security situation in Malakal has deteriorated and the need for information is as critical as ever. In comparing findings from Wave 1 (July 2014) and Wave 2 (January 2015), it appears that IDPs living inside the PoC have just as much, if not a greater, need for reliable information. For instance, fewer IDPs in Wave 2 feel they ‘have all’ the information they need to make good decisions than IDPs in Wave 1, and self-reported levels of being ‘well informed’ about a variety of safety and health issues have also decreased. Moreover, more IDPs in Wave 2 expressed that they are ‘very concerned’ about their health and safety than IDPs in Wave 1. Much of this dire information need and heightened levels of concern is expected, given the extreme difficulties regarding security and temporal issues such as flooding that cause additional movement and displacement. Nonetheless, the BBTT program is beginning to gain traction. Awareness of BBTT increased from Wave 1 to Wave 2, as did the rates of weekly listening to BBTT. By Wave 2, over half (56%) of IDPs were aware of BBTT.

### Awareness and weekly listenership of BBTT

(Wave 1 base all, N=564; Wave 2 base all, N=612)

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Wave 1</th>
<th>Wave 2</th>
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</thead>
<tbody>
<tr>
<td>80% not aware or don’t know</td>
<td>20% aware</td>
<td>44% aware</td>
</tr>
<tr>
<td>of which 75% are weekly listeners (15% base all)</td>
<td>56% aware</td>
<td>85% aware</td>
</tr>
<tr>
<td>of which 85% are weekly listeners (48% base all)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IDPs who feel ‘very well informed’ about...

(Wave 1 base all, N=564; Wave 2 base all, N=612)

<table>
<thead>
<tr>
<th>IDP</th>
<th>Wave 1</th>
<th>Wave 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhea prevention</td>
<td>65%</td>
<td>56%</td>
</tr>
<tr>
<td>Cholera prevention</td>
<td>70%</td>
<td>56%</td>
</tr>
<tr>
<td>Malaria prevention</td>
<td>59%</td>
<td>35%</td>
</tr>
<tr>
<td>Protecting self outside the PoC</td>
<td>51%</td>
<td>60%</td>
</tr>
<tr>
<td>Where to go to get medical treatment if hurt or attacked</td>
<td>57%</td>
<td>60%</td>
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</table>