

2020 Sudan Multi-Sector Needs Assessment

Briefing, 19 February 2021

This year marked the launch of the first Sudan multi-sector needs assessment (MSNA). This MSNA was a coordinated effort by the humanitarian community, and data collection ran from August to November 2020. Preliminary results were presented to the humanitarian sectors and Intersectoral Coordination Group (ISCG) between 2 and 15 December, in order to collect feedback on the data and better contextualize the results.

Objectives

The MSNA seeks to understand **multi-sectoral priority humanitarian needs** of populations and localities across the whole of Sudan. The findings intend to **provide timely updates** on key sectoral and intersectoral needs and priorities in order to **inform humanitarian response** and strategic programming for non-displaced, internally displaced person (IDP) and refugee households. The 2020 MSNA also aims to inform the 2021 Humanitarian Needs Overview (HNO) and the 2021 Humanitarian Response Plan (HRP).

Coordination

The 2020 Sudan MSNA process was led by the ISCG and coordinated by the United Nations Office for Coordination of Humanitarian Affairs (OCHA), with the technical support of REACH and the National Assessment Task Team (NATT). The MSNA has had a joint and collaborative design and analysis, with data collection conducted by 30 humanitarian partners. The MSNA was funded by USAID's BHA and the Sudan Humanitarian Fund.

Scope, Coverage and Methodology

The 2020 Sudan MSNA covered 184 localities¹ in all 18 states, plus Abyei PCA. Targeted populations were the **non-displaced, IDPs and refugees**. Sectors included were **Food Security and Livelihoods, Health, Nutrition, Water, Sanitation and Hygiene (WASH), Emergency Shelter and Non-Food Items (NFIs), Protection** (including all sub-sectors) and **Education**, with an additional module on Accountability to Affected Populations (**AAP**).

Data was collected between 16 August and 26 November using a mixed-methods approach, with a combination of household surveys and Area of Knowledge Key Informant Interviews (AoK KIIs)². In order to reduce COVID-19-related risks, data collection was conducted over the phone wherever possible, and with all reasonable precautions when done face-to-face. In total, the final dataset includes 13,769 household surveys and 196 AoK KIIs. For each stratum (population group in a specific locality) the data collection target was determined proportionally, based on population size.³ Furthermore, snowball sampling was used to identify survey respondents. In addition, primary data was supplemented by a Secondary Data Review (SDR).

Data collection for the 2020 MSNA faced a number of limitations. Firstly, respondents were selected via non-probability sampling methods. Therefore results are indicative only and the results of household surveys cannot be directly compared with the results from AoK KIIs. Secondly, in terms of coverage, not all strata were completely covered—only 32% of the original refugee strata were covered, meaning refugees are under-represented in the final sample. Thirdly, access, due to security, flooding, and COVID-19, resulted in certain areas not being included and the reliance on phone-based data collection.

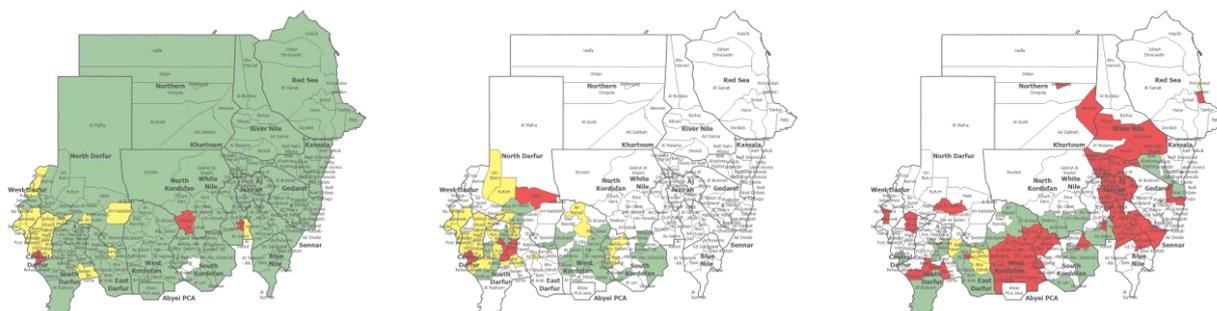
The breakdowns of areas covered by household surveys and those covered by AoK KIIs are illustrated in the maps below.

¹ Localities excluded from data collection were Um Durein, Heiban and Al Buram in South Kordofan, as well as Kosti in White Nile. Only the government-controlled portions of Blue Nile localities were included.

² Area of Knowledge Key Informant Interviews are interviews conducted (with due COVID-19 measures) with individuals purposively selected on the basis of their recent knowledge of humanitarian conditions for the targeted stratum. Their expert knowledge comes in lieu of access that allows for the required minimum household survey targets. Similar to household surveys, the sampling for AoK KIIs is non-representative.

³ With 33 being the minimum target for any single stratum (30 + 10% buffer)

From L to R: Final data collection coverage for non-displaced, IDP and refugee populations, respectively. Localities covered by household surveys are in green, localities covered by Area of Knowledge Key Informant Interviews are in yellow and localities with no or insufficient data are in red.



Key Findings from Preliminary Analysis

The following findings represent some of the highlights from the data analysis of the MSNA household surveys:

- **Access to livelihoods was found to be a key issue in Sudan**, with **80%** of households reporting facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection. These challenges might have been compounded by shocks: Among the **76%** of households that experienced a shock in the 6 months prior to data collection, the most commonly reported types of shocks were unusually high food prices (**69%**), COVID-19 (**54%**) and reduced income of any household member (**53%**). As a result, livelihoods support / employment was reported as a priority need by **50%** of households.
- **Limited access to livelihoods is interlinked with challenges accessing food**; namely, reduced income and the unusually high food prices are impacting households' capacity to feed themselves. As a result, **23%** of households were found to have either a borderline or a poor Food Consumption Score (FCS)⁴, and **43%** of households were found to have either a medium or a high Reduced Coping Strategy Index (rCSI)⁵ score.
- **Access to health care** was found to be a particular challenge for households in Sudan. Most noticeably, **57%** of households reported that health care is one of their top 3 priority needs, making health care the most-cited need. Of the households that attempted to access health care (including medicines) in the 3 months prior to data collection, **81%** experienced barriers to accessing this health care, with lack of medicines at the health facility (**70%**) and cost of services and/or medicines was too high / cannot afford to pay (**66%**) being the most common barriers.
- **Access to WASH basic services** was also shown to be difficult: **61%** of households reported problems related to access to or quality of water. In addition, **37%** of households were found to primarily rely on unimproved sanitation facilities.⁶
- **Nearly half (48%) of households reported having faced movement restrictions** in the 6 months prior to data collection. COVID-related lockdown (**74%**), unable to afford travel (**34%**), and road closures (**24%**) were the top three overall reported movement restrictions.

⁴ FCS is a weighted score calculated based on how often different food groups were consumed by the household in the 7 days prior to data collection.

⁵ rCSI is an indicator measuring the degree of coping strategies used in response to having/not having enough food, or money to purchase food.

⁶ Unimproved sanitation (<https://washdata.org/monitoring/sanitation>) facilities considered to be plastic bag, bucket toilet, hanging toilet/latrine, open hole, open defecation, pit latrine without slab or platform.

- **Shelter was indicated by 30% of overall households as a top three self-reported priority need.** While **72%** of households were living in permanent/finished houses or apartments, **62%** were living in shelters that did not meet agreed technical and performance standards (i.e. had damage or structure problem) at the time of data collection.
- **39% of households say that education for children under 18 is one of their top 3 self-reported priority needs.** Among households with children aged 4-16 years, **76%** have children who were attending school regularly (≥ 4 days/week) during the 2019-2020 school year before the schools were closed on 15 March 2020 due to COVID-19. The overwhelming majority of these households (**98%**) reported that their children would return to schools once they reopened.

Outputs

Three main outputs either have been or will be produced with the MSNA data. The first was the initial analysis, which was shared with humanitarian actors on 2 December. The second will be an online, interactive dashboard⁷, which will go live in February 2021. The third will be a final report, which is expected to be published in March 2021.

About REACH

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

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⁷ <https://reach-info.org/sdn/msna/>