SUDAN MULTI-SECTOR NEEDS ASSESSMENT (MSNA)

Sectoral Key Findings: **Refugee Consultation Forum**

9 December 2020

REACH Informing
more effective
humanitarian action

Contents

REACH Informing
more effective
humanitarian action

01 | Overview of the MSNA

REACH _Informing more effective humanitarian action_

Background

Objectives of the MSNA

- 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 needs and priorities in order to **inform humanitarian response** and strategic programming for non-displaced, IDP and refugee households.

- The 2020 MSNA **aims to inform the 2021 Humanitarian Needs Overview** (HNO) and the **2021 Humanitarian Response Plan** (HRP).

- Contribute to a more **targeted and evidence-based** humanitarian response.

REACH Informing more effective humanitarian action

Coordination framework

Design

ISCG | INTER SECTOR COORDINATION GROUP

Coordination

National Assessment Task Team (NATT)

ISCG | INTER SECTOR COORDINATION GROUP

OCHA

Partners

IOM UN MIGRATION

AND ADRA, Altawaki, ARC, CDF, CIS, DPI, DRC, EDCO, GPA, IRW, JMCO, Maarif, NaHA, NCA, NIDAA, NRC, NuWEDA, Plan International, SMOH, SOS Sahel, SRCS, UNHCR, UNICEF, VNRHD, WDECO, WFP, WHH, World Relief, ZOA

Donors

USAID FROM THE AMERICAN PEOPLE

SHF Sudan Humanitarian Fund

REACH Informing more effective humanitarian action

Quick guide to the versions of the MSNA HH survey dataset

Rationale: Versions 1 and 2 released to aid in the writing of the HNO and HRP

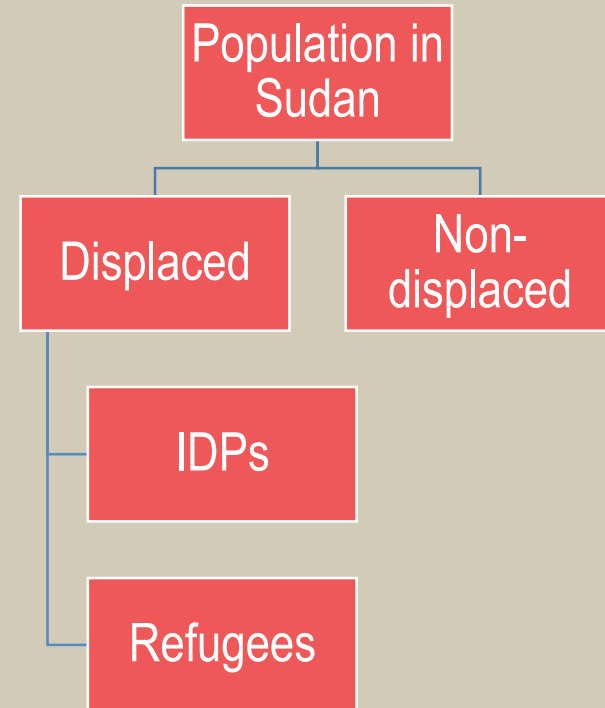|	Version 1	Version 2	Version 3
Date circulated	12 September	6 October	1 December
Dates of data collection	**HH surveys:** 16 August-7 September	**HH surveys:** 16 August-27 September	**HH surveys:** 16 August-27 October
Geographic coverage	**HH surveys:** 12 states and 36 localities	**HH surveys:** 17 states and 120 localities, plus Abyei PCA	**HH surveys:** 18 states and 165 localities, plus Abyei PCA
Number of surveys	**HH surveys:** 2,508	**HH surveys:** 9,003	**HH surveys:** 13,769
Criteria for including a stratum	**HH surveys:** ≥80% of the original sample quota, ≥30 surveys, and surveys validated	**HH surveys:** ≥80% of the original sample quota, ≥30 surveys, and surveys validated	**HH surveys:** ≥90% of the original sample quota and surveys validated

02 | Scope and Coverage

REACH Informing more effective humanitarian action

Geographic and demographic scope

Geographic Scope

- Nation-wide
- All 18 states, 184 localities
  - In South Kordofan, 3 localities excluded
  - In Blue Nile, only government-controlled portions of localities included
  - In White Nile, Kosti excluded due to lack of partner
- Plus Abyei PCA

Targeted Populations

- Population in Sudan
  - Displaced
    - IDPs
    - Refugees
  - Non-displaced

REACH Informing more effective humanitarian action

Thematic scope

Food Security & Livelihoods

Health

Nutrition

WASH

Emergency Shelter & NFIs
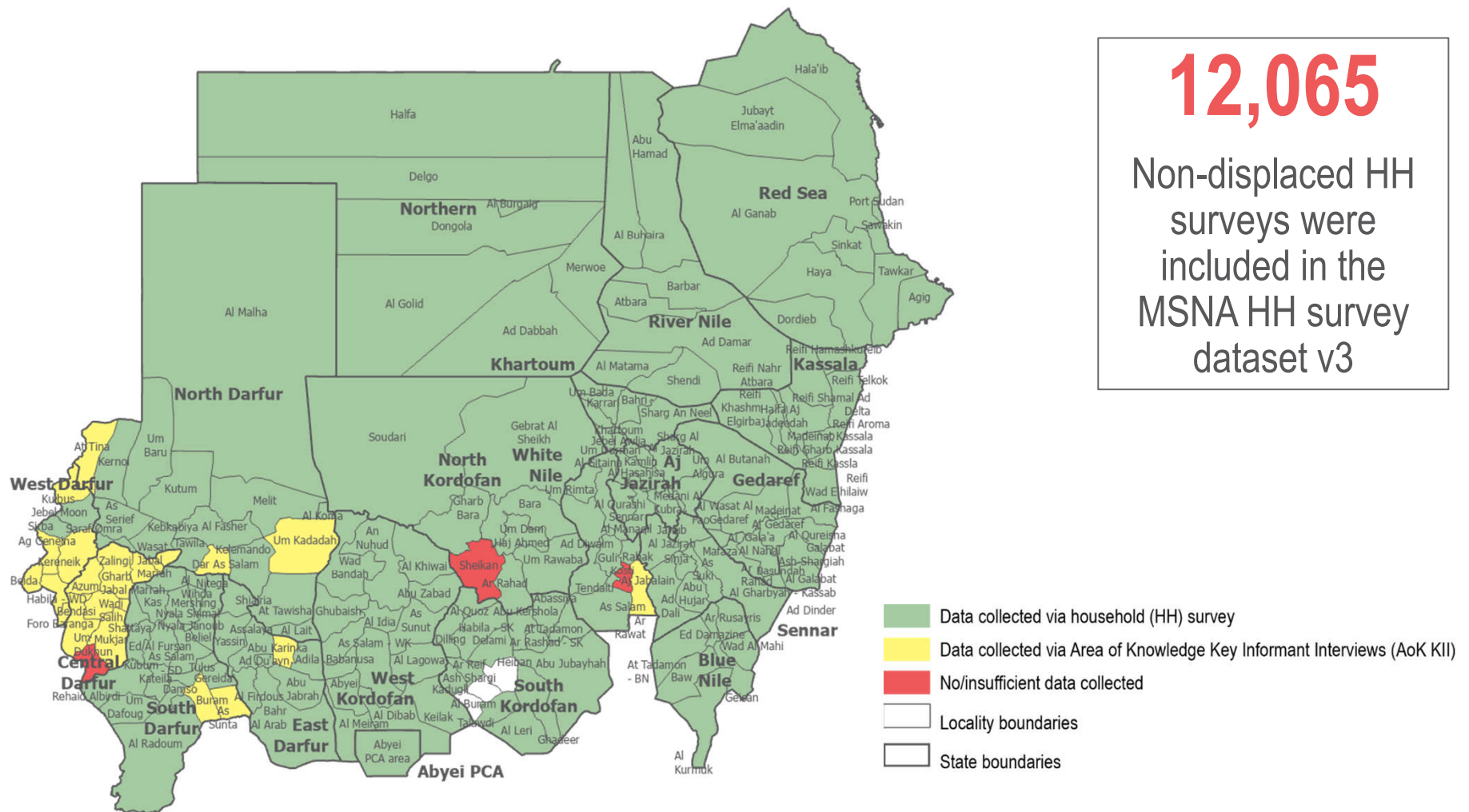
Protection (including CP, GBV, HLP, and MA)

Education

+ Accountability to Affected Populations

REACH Informing more effective humanitarian action

Data collection by the numbers

- Data was collected using both **household (HH) surveys** and **Area of Knowledge Key Informant Interviews (AoK KIIs)**.
- Initial target collection targets were ambitious. In the end, almost all non-displaced and IDP strata were completed. However, only about a third of refugee strata were completed.

Population group	# of strata	Completed with HH surveys	Completed with AoK KIIs	Total completed
Non-displaced	186	162 (87%)	22 (12%)	184 (99%)
IDPs	52	22 (42%)	28 (54%)	50 (96%)
Refugees	84	22 (26%)	5 (6%)	27 (32%)
Total	**322**	**206 (64%)**	**55 (17%)**	**261 (81%)**

Details of non-displaced population coverage

12,065

Non-displaced HH surveys were included in the MSNA HH survey dataset v3

Legend:
- Data collected via household (HH) survey
- Data collected via Area of Knowledge Key Informant Interviews (AoK KII)
- No/insufficient data collected
- Locality boundaries
- State boundaries

REACH Informing more effective humanitarian action

Details of IDP population coverage

820

IDP HH surveys
were included in the
MSNA HH survey
dataset v3

Data collected via household (HH) survey

Data collected via Area of Knowledge Key Informant Interviews (AoK KII)

No/insufficient data collected

Locality boundaries

State boundaries

REACH Informing
more effective
humanitarian action

Details of refugee population coverage

884

Refugee HH surveys were included in the MSNA HH survey dataset v3

Legend:
- 🟩 Data collected via household (HH) survey
- 🟨 Data collected via Area of Knowledge Key Informant Interviews (AoK KII)
- 🟥 No/insufficient data collected
- ⬜ Locality boundaries
- ⬜ State boundaries

REACH
Informing
more effective
humanitarian action
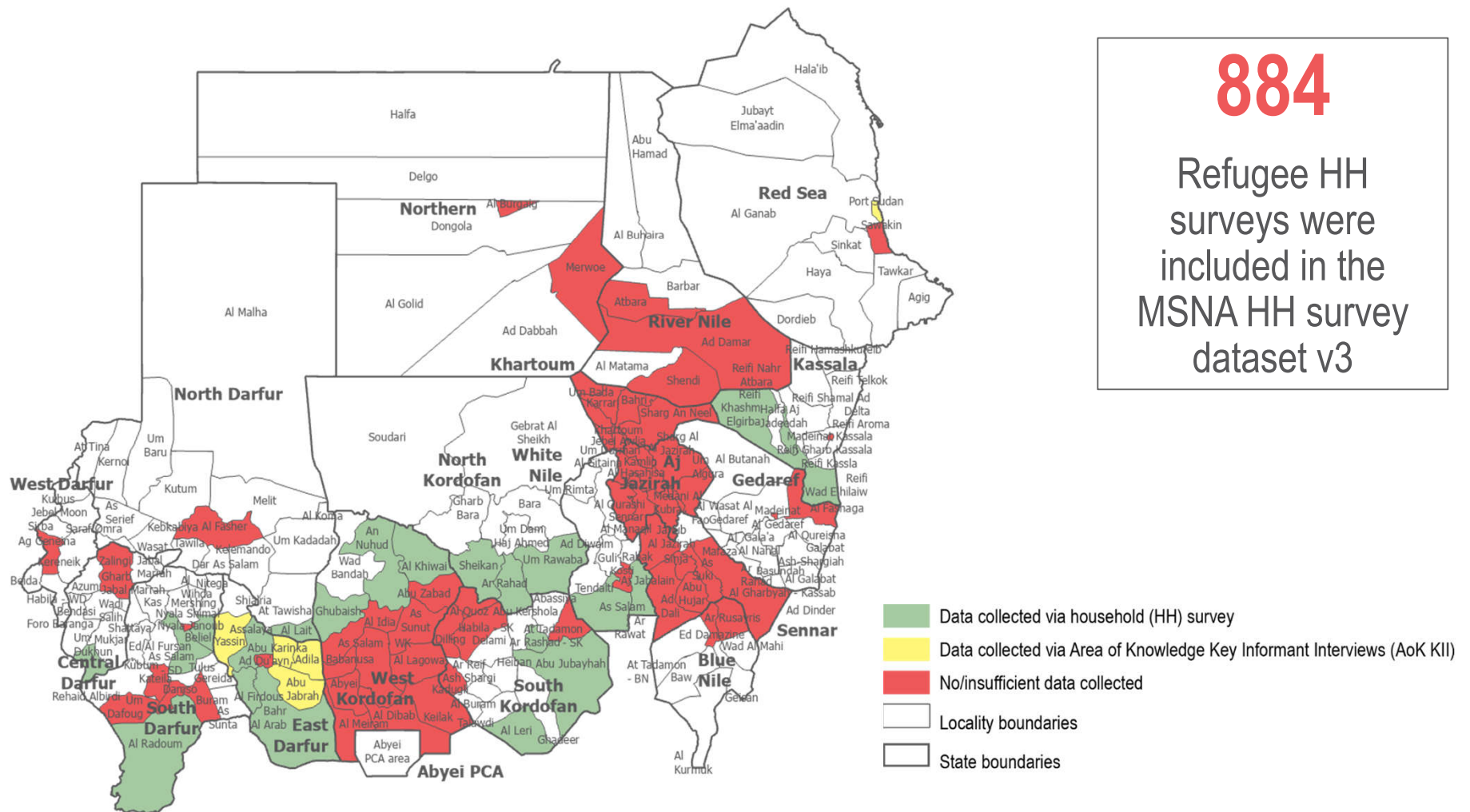
Breakdown of refugee HH surveys by state and locality

North Darfur	**31**
Al Lait	31
South Darfur	**118**
Al Radoum	34
As Salam	34
Beliel	50
East Darfur	**101**
Al Firdous	31
Assalaya	36
Bahr Al Arab	34
Central Darfur	**44**
Um Dukhun	44

South Kordofan	**121**
Abu Jubayhah	44
Al Leri	43
Ar Rashad	34
North Kordofan	**99**
Ar Rahad	30
Sheikan	36
Um Rawaba	33
West Kordofan	**98**
Al Khiwai	33
An Nuhud	32
Ghubaish	33

White Nile	**142**
Aj Jabalain	55
As Salam / Ar Rawat	87
Kassala	**130**
Halfa Aj Jadeedah	32
Reifi Khashm Elgirba	34
Reifi Wad Elhilaiw	64
Grand total	**884**

03 | Methodology

Sampling methods

Household surveys (HH surveys)

- Non-representative, snowball quota sampling
- Stratum = Population group in a specific locality
- Data collection targets determined proportionally, based on population size, with ≥ 33 HH surveys (30 + 10% buffer) per stratum
- Data collected via phone and face-to-face
- Data collection ran from 16 August-27 October
- Final total: 13,769 HH surveys
- Strata-specific sampling weights applied to data when calculating results

Area of Knowledge Key Informant Interviews (AoK KIIs)

- AoK KIIs were conducted for strata which could not be covered by HH surveys (e.g. due to partner capacity)
- Purposive sampling
- AoK KIs selected on the basis of their recent knowledge of humanitarian conditions for the targeted stratum
- Minimum of 3 AoK KIIs per stratum
- Data collected via phone and face-to-face
- Data collection ran from 27 October-26 November
- Final total: 196 AoK KIIs

Sampling approach

- **Results indicative, not representative:** Findings should be considered as indicative only, due to the applied non-probability sampling.

- **Limited comparability of HH survey and AoK KII data:** HH survey and AoK KII results cannot be directly compared since they were conducted using different sampling approaches. Comparison between the results of the two datasets should be qualitative (i.e., through narrative) only.

Geographic coverage

- **<100% geographic coverage:** <100% of the strata in the original sampling frame for all 3 population groups are covered in the final dataset. Refugee coverage was especially low, with only 32% of the original strata covered. This limits the extent to which findings can be considered indicative for the population groups as a whole, or for the country as a whole.

- **NSAG-controlled areas excluded:** NSAG-controlled portions of South Kordofan and Blue Nile were excluded.

REACH Informing more effective humanitarian action

Data collection period

- **Long data collection period:** Data collection started in August and ended in November. Since certain indicators (e.g., problems with drinking water) may fluctuate seasonally, their data was likely affected by the relatively long data collection period.

Data collection methods

- **Potential respondents limited by phone-based data collection:** Some of the HH survey and AoK KII data was collected via phone, as a way of reducing COVID-related risks. However, using phone-based data collection may have excluded some vulnerable HHs or individuals (e.g., women) that do not have access to a phone (theirs or borrowed) and/or who live in an area without mobile network coverage.

Final dataset

- **Female respondents under-represented:** Only 27% of all HH survey respondents (45% of refugee HH survey respondents) and 4% of all AoK KII respondents were female.
- **Inaugural MSNA:** As this was the first-ever Sudan MSNA, it was not possible to compare the data to previous years'.

REACH Informing more effective humanitarian action

04 | Key Findings: Demographics

REACH Informing more effective humanitarian action

Demographics of surveyed refugee households

7

Median refugee* HH size

4

Median children per refugee* HH

38 years

Median age of refugee* Head of HH

87%

Of refugee* respondents were Head of HH

31%

Of refugee* HHs had ≥1 member who has difficulty seeing, hearing, speaking, walking, climbing steps, taking care of themselves (e.g., washing), remembering or concentrating

37%

Of refugee* HHs were female-headed

*Limited sample

Surveyed refugee HH countries of origin

% of surveyed refugee* HHs by country of origin	South Sudan	Eritrea	Central African Republic	Other	Ethiopia		% of surveyed refugee HHs that have a UNHCR refugee ID card*
Refugees* overall	**75%**	**23%**	**1%**	**1%**	**<1%**		84%
North Darfur	100%						90%
South Darfur	95%		5%				84%
East Darfur	100%						72%
Central Darfur			100%				5%
South Kordofan	100%						89%
North Kordofan	100%						74%
West Kordofan	100%						9%
White Nile	100%						92%
Kassala	<1%	94%		4%	2%		95%

*Limited sample

Settlement type by population group

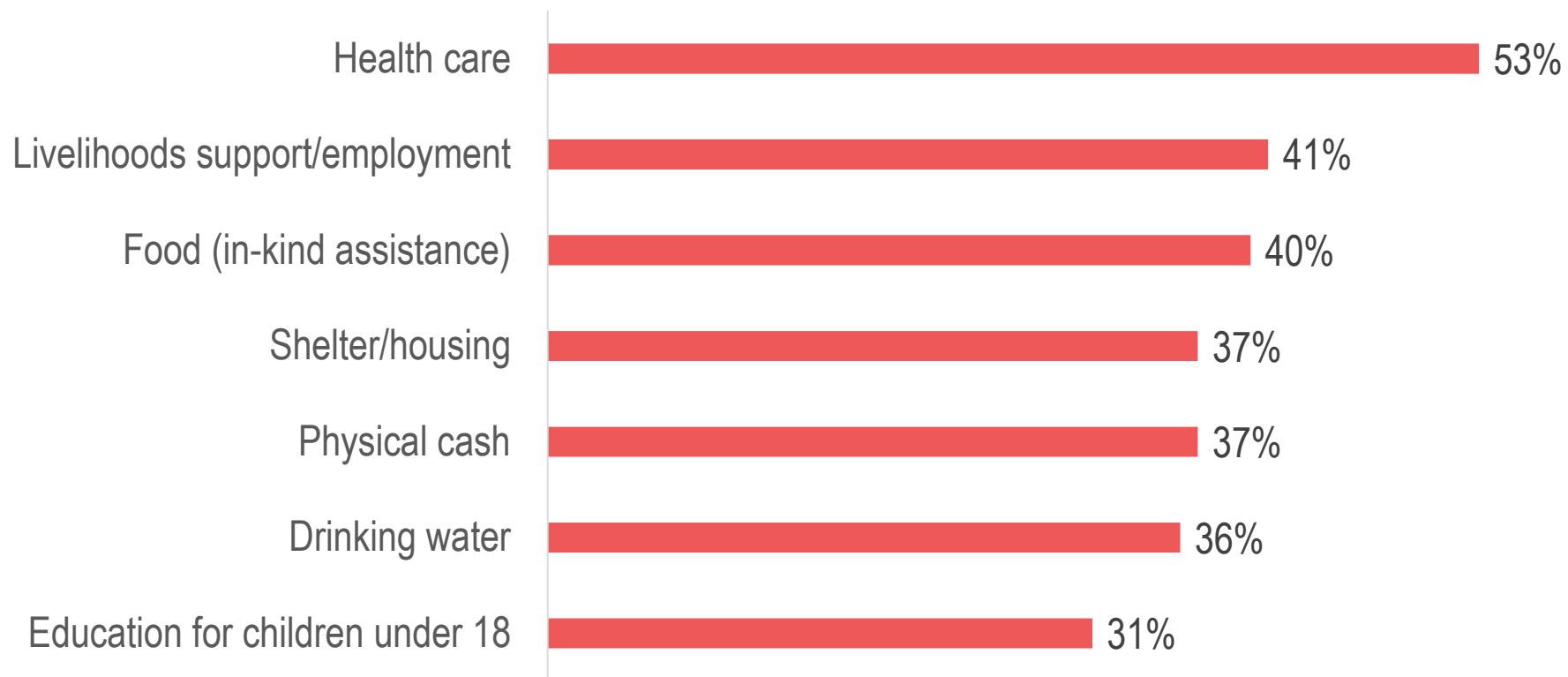| Population group	City	Village	Camp	Informal settlement	Other
Refugee*	8%	2%	82%	8%	0%
IDP*	19%	19%	57%	3%	2%
Non-displaced	60%	39%	0%	0%	1%

*Limited sample

05 | Key Findings: Self-reported Needs

Self-reported refugee* needs

% of refugee* HHs by top 7 self-reported priority needs
(HHs selected their top 3)

Need	%
Health care	53%
Livelihoods support/employment	41%
Food (in-kind assistance)	40%
Shelter/housing	37%
Physical cash	37%
Drinking water	36%
Education for children under 18	31%

*Limited sample

06 | Key Findings:
Food Security
& Livelihoods

REACH Informing
more effective
humanitarian action

Household shocks
in the 6 months prior to data collection

68%

Of surveyed refugee* HHs experienced a shock in the 6 months prior to data collection

IDP* **(91%)**   Non-displaced **(76%)**

Among HHs that experienced a shock in the 6 months prior to data collection,

37%

Of surveyed refugee* HHs sold assets to cope with this shock

IDP* **(61%)**   Non-displaced **(52%)**

*Limited sample

Breakdown by type of shock(s) and population group

Among HHs that experienced ≥1 shock in the 6 months prior to data collection, top 8 types of shocks (HHs could select multiple)	Refugee*	IDP*	Non-displaced
Unusually high food prices	61%	82%	69%
Reduced income of any household member	53%	65%	53%
Loss of or reduced employment for any household member	43%	32%	21%
COVID-19 (i.e., any shock related to COVID)	36%	45%	55%
Unusually high prices of fuel/transport and other non-food prices	12%	25%	23%
Serious illness (other than COVID-19) or accident resulting in injury for any household member	11%	4%	4%
Too much rain, flooding	8%	6%	11%
Insecurity/violence/raiding/looting	2%	11%	3%

*Limited sample

Challenges obtaining enough money to meet household needs in the 30 days prior to data collection
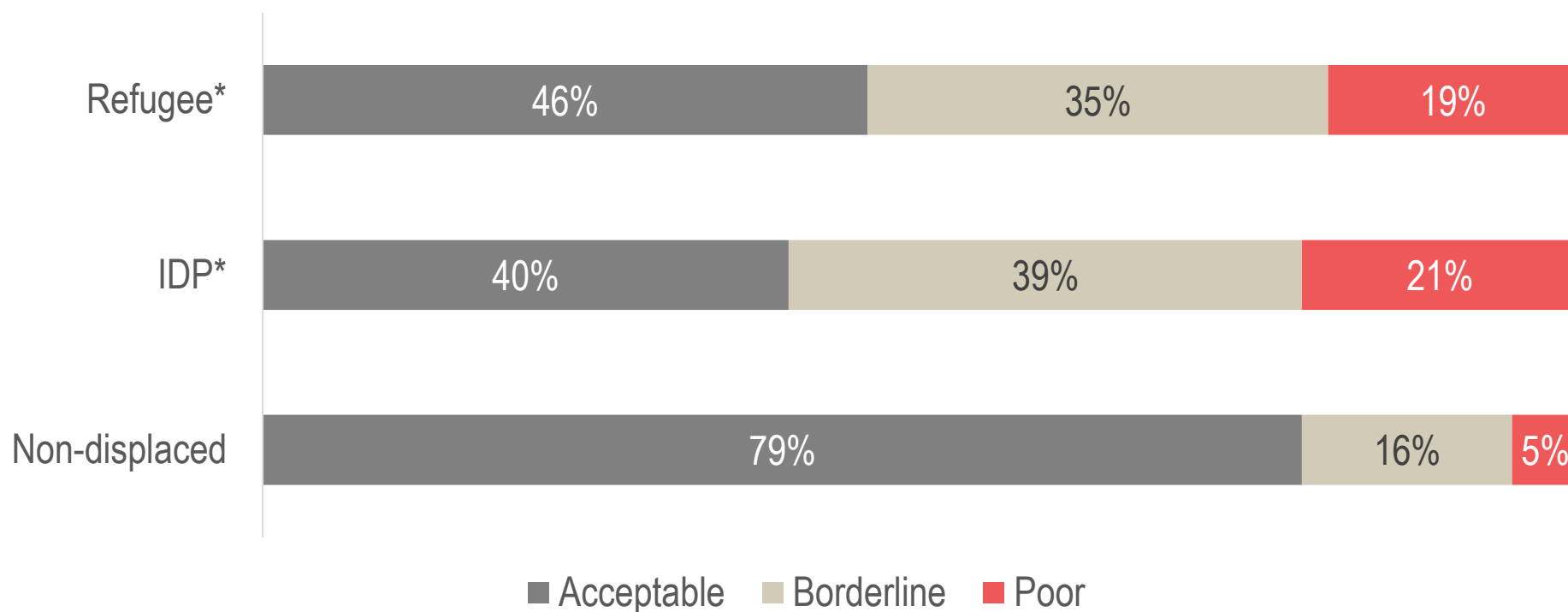
84%

Of surveyed refugee* HHs faced challenges in obtaining enough money to meet their needs in the 30 days prior to data collection

IDP* **(98%)**   Non-displaced **(80%)**

*Limited sample

Food Consumption Score,
broken down by population group

% of HHs in each Food Consumption Score category,
by population group

Population group	Acceptable	Borderline	Poor
Refugee*	46%	35%	19%
IDP*	40%	39%	21%
Non-displaced	79%	16%	5%

■ Acceptable   ■ Borderline   ■ Poor

*Limited sample

REACH Informing more effective humanitarian action

Reduced Coping Strategy Index, broken down by population group

% of HHs in each Reduced Coping Strategy Index category, by population group

Population group	Low	Medium	High
Refugee*	50%	24%	26%
IDP*	36%	26%	38%
Non-displaced	58%	23%	20%

■ Low   ■ Medium   ■ High
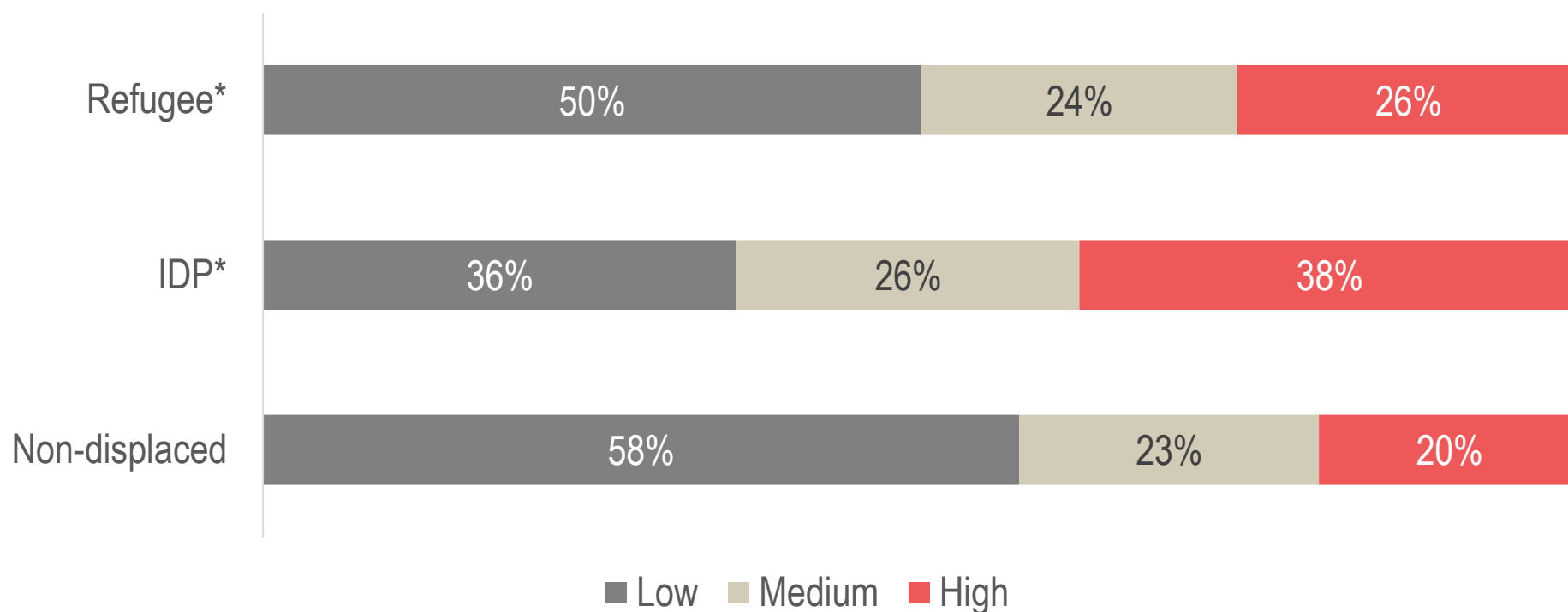
*Limited sample

Enrolment in therapeutic feeding programmes at the time of data collection

22%

Of surveyed refugee* HHs had ≥1 child aged 6-59 months enrolled in a therapeutic feeding programme at the time of data collection

IDP* **(26%)**   Non-displaced **(16%)**

Among HHs with ≥1 child aged 6-59 months enrolled in a therapeutic feeding programme,

74%

of surveyed refugee* HHs received micronutrient powder

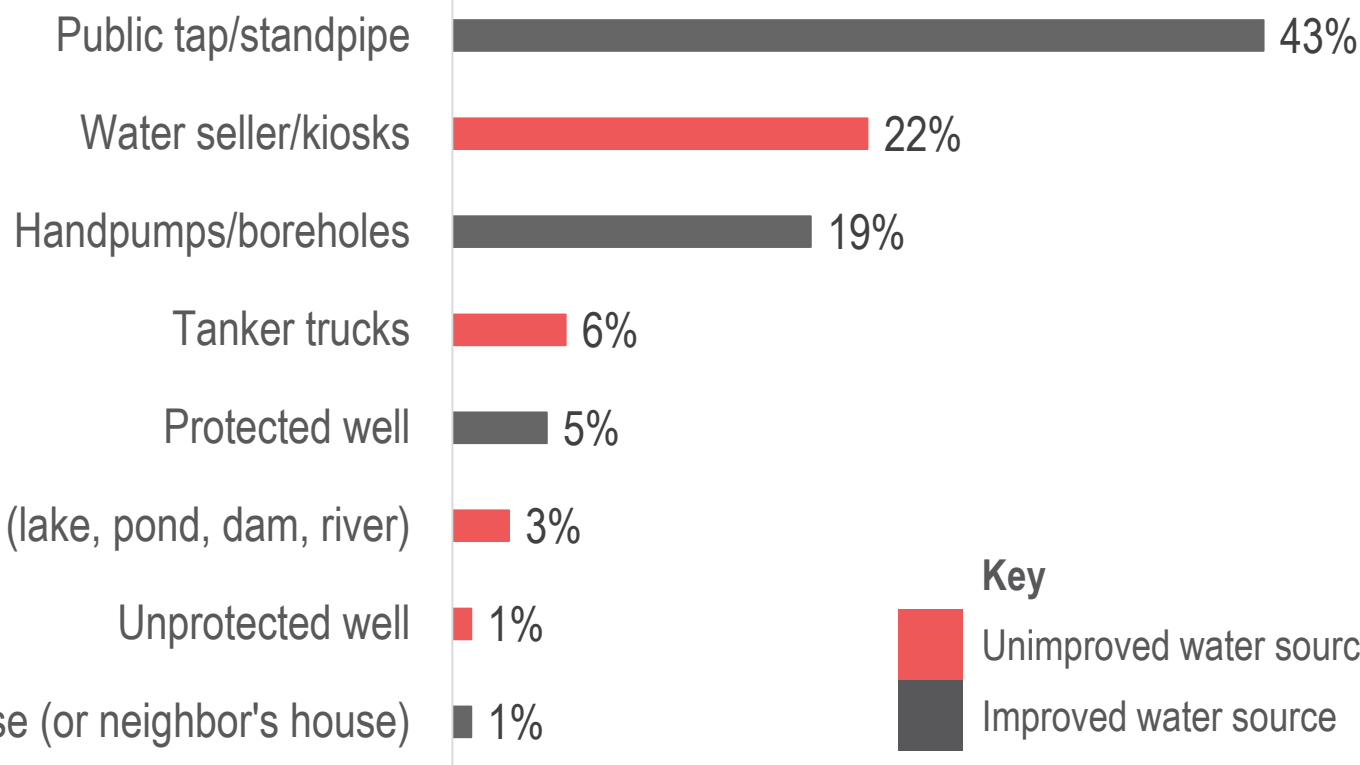IDP* **(74%)**   Non-displaced **(77%)**

*Limited sample

REACH Informing more effective humanitarian action

07 | Key Findings:
WASH

REACH Informing more effective humanitarian action

Primary source of drinking water

% of surveyed refugee* HHs by primary source of drinking water (HHs selected one)

32%

Of surveyed refugee* HHs rely on unimproved sources for their primary source of drinking water

Source	Percentage
Public tap/standpipe	43%
Water seller/kiosks	22%
Handpumps/boreholes	19%
Tanker trucks	6%
Protected well	5%
Surface water (lake, pond, dam, river)	3%
Unprotected well	1%
Piped connection to house (or neighbor's house)	1%

*Limited sample

Key
Unimproved water source
Improved water source

REACH Informing more effective humanitarian action

Problems with primary source of drinking water

61%

Of surveyed refugee* HHs have problems related to access to or quality of water

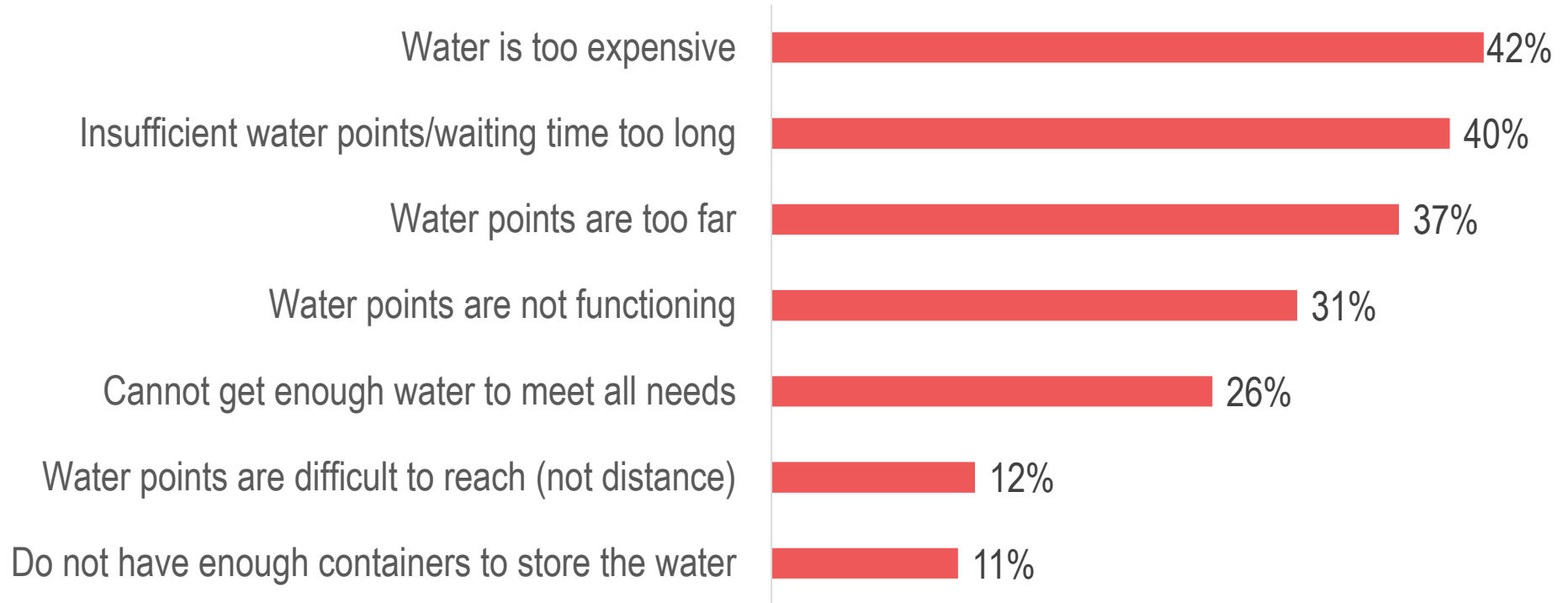IDP* **(80%)**   Non-displaced **(60%)**

85%

Of surveyed refugee* HHs said their primary source of drinking water was functioning at the time of data collection

IDP* **(93%)**   Non-displaced **(88%)**

*Limited sample
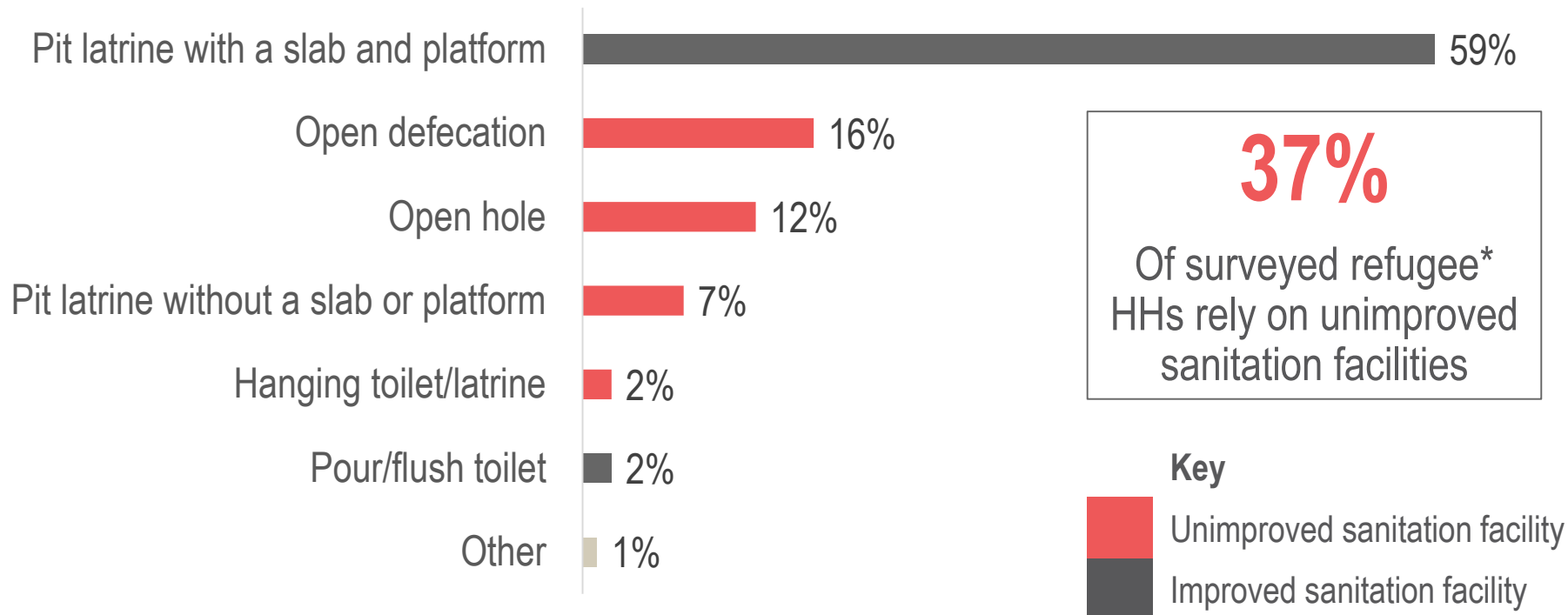
Top problems related to access to or quality of water

Among surveyed refugee* HHs with problems related to access to or quality of water, top 7 problems
(HHs could select multiple)

Problem	Percentage
Water is too expensive	42%
Insufficient water points/waiting time too long	40%
Water points are too far	37%
Water points are not functioning	31%
Cannot get enough water to meet all needs	26%
Water points are difficult to reach (not distance)	12%
Do not have enough containers to store the water	11%

*Limited sample

Sanitation

Top 7 types of sanitation facility, by % of surveyed refugee* HHs for whom this is the main type used
(HHs could select one)

Facility	%
Pit latrine with a slab and platform	59%
Open defecation	16%
Open hole	12%
Pit latrine without a slab or platform	7%
Hanging toilet/latrine	2%
Pour/flush toilet	2%
Other	1%

37%

Of surveyed refugee* HHs rely on unimproved sanitation facilities

Key

Unimproved sanitation facility

Improved sanitation facility

*Limited sample

Hygiene

69%

Of surveyed refugee* HHs have access to soap

IDP* **(84%)**   Non-displaced **(91%)**

7%

Of surveyed refugee* HHs reported hygiene NFIs (e.g., soap, sanitary pads)
or sanitation services (e.g., latrines) to be among their top 3 priority needs

IDP* **(1%)**   Non-displaced **(2%)**

*Limited sample

08 | Key Findings: Emergency Shelter & NFIs

REACH Informing more effective humanitarian action

Shelter type
at the time of data collection

% of HHs by type of shelter
(HHs could select one)

	Emergency shelter	Tent	Permanent / finished house or apartment	Unfinished / non-enclosed building	Collective shelter	Other
■ Refugee*	42%	28%	15%	11%	3%	0%
■ IDP*	7%	20%	24%	45%	3%	0%
■ Non-displaced	1%	1%	74%	21%	2%	1%

*Limited sample

REACH Informing more effective humanitarian action
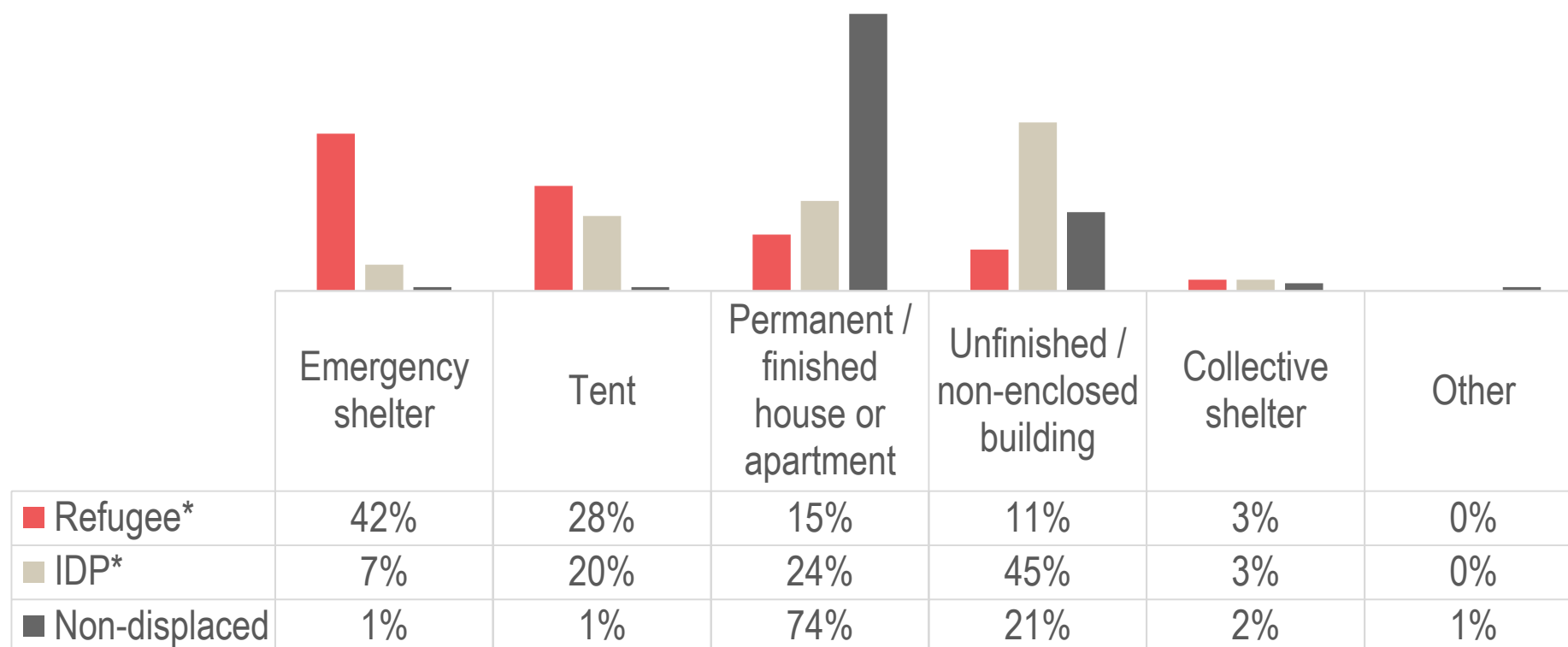
Shelter condition
at the time of data collection

Among HHs with shelter (i.e., excluding the <1% of HHs with no shelter of any kind),

78%

of surveyed refugee* HHs were living in shelters that did **not** meet agreed technical and performance standards (i.e., had damage or structural problems) at the time of data collection

IDP* **(90%)**   Non-displaced **(61%)**

*Limited sample

Access to basic NFIs at the time of data collection

% of HHs with access to vital NFIs at the time of data collection

	Heating / cooking fuel	Jerry cans	Kitchen Sets	Mattresses / sleeping mats / other types of beds	Mosquito nets	Torches / solar lamps
Refugee*	24%	49%	67%	84%	38%	13%
IDP*	86%	60%	71%	90%	64%	39%
Non-displaced	79%	75%	87%	95%	50%	68%

*Limited sample

REACH Informing more effective humanitarian action
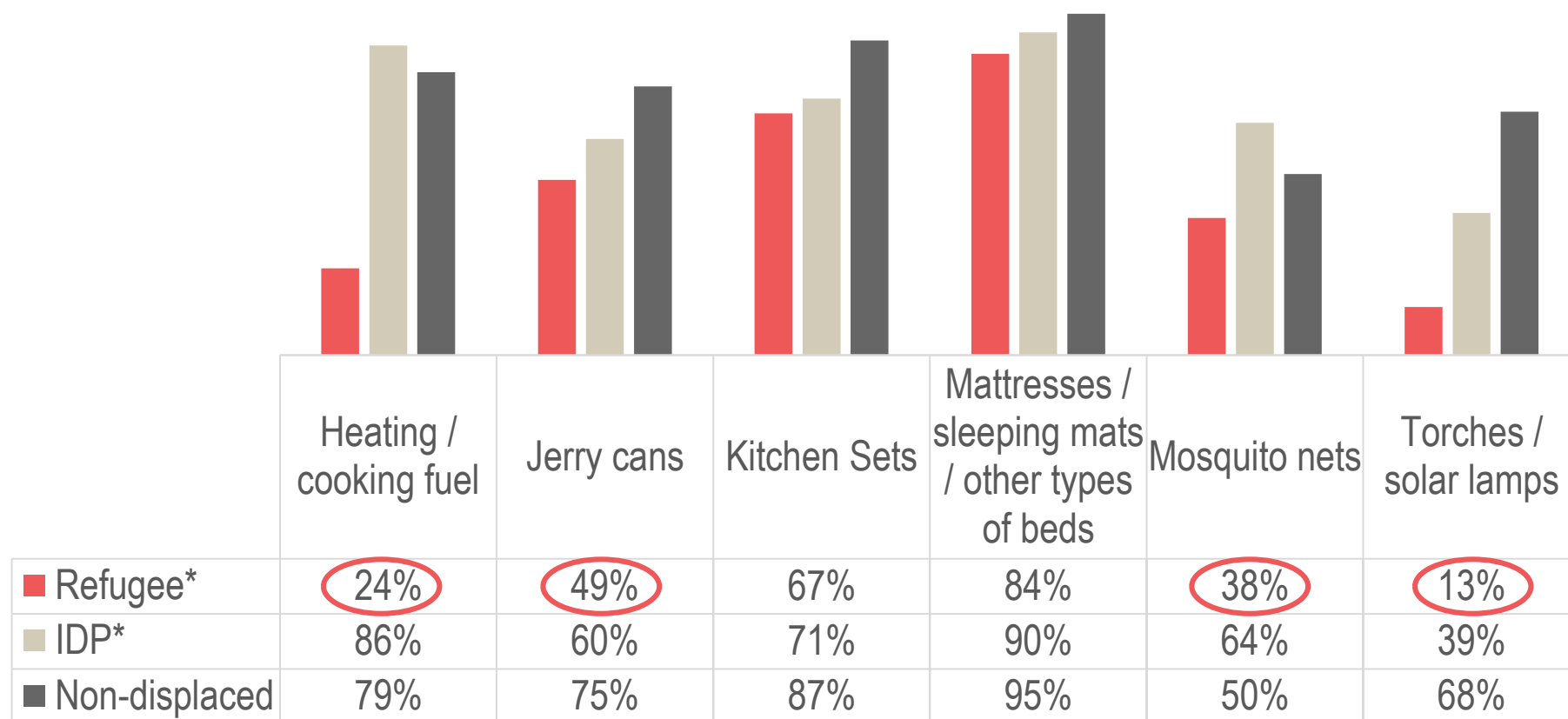
09 | Key Findings: Health

Duration to nearest health care facility

93%

Of surveyed refugee* HHs can access primary health care from their dwellings in ≤ 1 hour

% of HHs by duration to access primary health care from their dwellings

	Less than 15 minutes	Between 15 minutes and 1 hour	More than 1 hour
Refugee*	46%	47%	7%
IDP*	29%	54%	16%
Non-displaced	48%	43%	10%
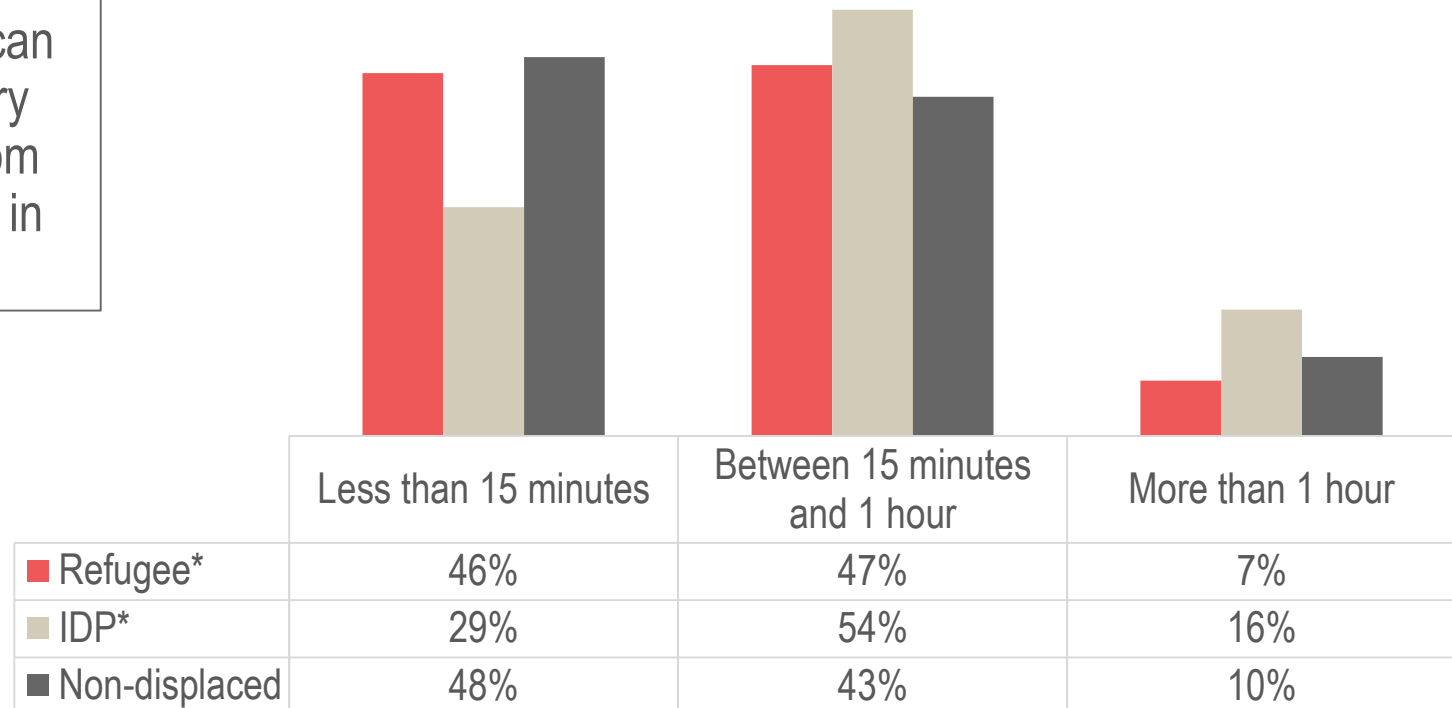
*Limited sample

Attempts to access health care
in the 3 months prior to data collection

80%

Of surveyed refugee* HHs attempted to access health care (including medicines) in the 3 months prior to data collection

IDP* **(84%)**   Non-displaced **(80%)**

Among HHs that attempted to access health care in the 3 months prior to data collection,

81%

of surveyed refugee* HHs experienced barriers to accessing this health care.

IDP* **(96%)**   Non-displaced **(82%)**
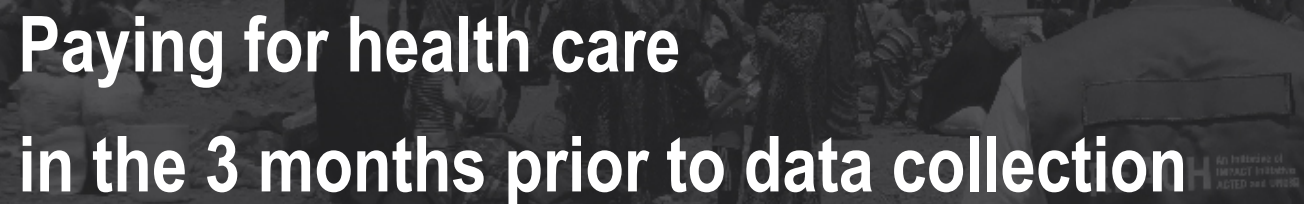
*Limited sample

Top barriers to accessing health care in the 3 months prior to data collection

Among HHs that attempted to access health care
in the 3 months prior to data collection,
and who experienced barriers to accessing this health care,
top 8 barriers by % of surveyed refugee* HHs
(HHs could select multiple)

Barrier	%
Cost of services/medicine too high/cannot afford	64%
Lack of medicines at the health facility	49%
Health facility is overcrowded	28%
High cost of transportation to health facilities	24%
Health facility has long waiting times	15%
Absence/shortage of qualified health workers	10%
Treatment for my condition/disease not available	10%
Health facility is too far away	10%

*Limited sample

REACH Informing more effective humanitarian action

Paying for health care
in the 3 months prior to data collection

Among HHs that attempted to access health care
in the 3 months prior to data collection,

74%

of surveyed refugee* HHs had to pay for it.

IDP* **(97%)**   Non-displaced **(97%)**

*Limited sample

Health care services paid for in the 3 months prior to data collection

Among HHs that attempted to access health care
in the 3 months prior to data collection,
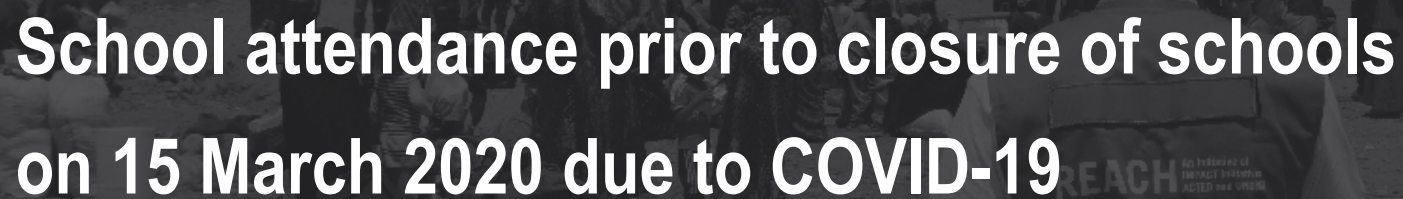and who had to pay for it,
services paid for by % of HHs
(HHs could select multiple)

	Medicines	Lab analysis	Consultation (to see the doctor)	Treatment procedure
■ Refugee*	100%	51%	46%	45%
■ IDP*	98%	69%	66%	58%
■ Non-displaced	98%	73%	74%	48%
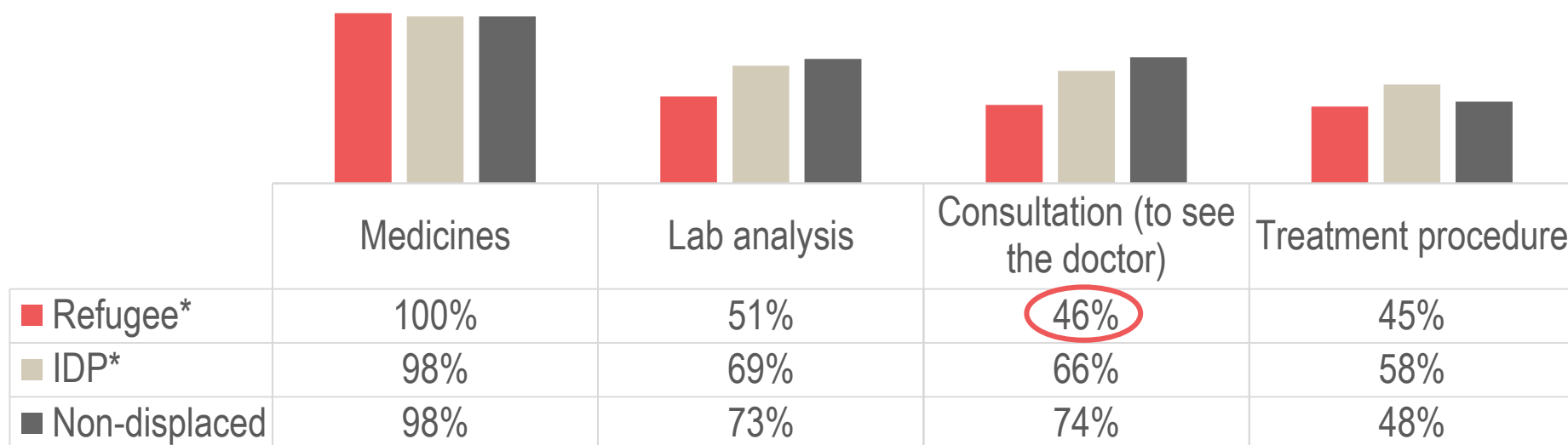
*Limited sample

10 | **Key Findings: Education**

REACH Informing more effective humanitarian action

School attendance prior to closure of schools on 15 March 2020 due to COVID-19
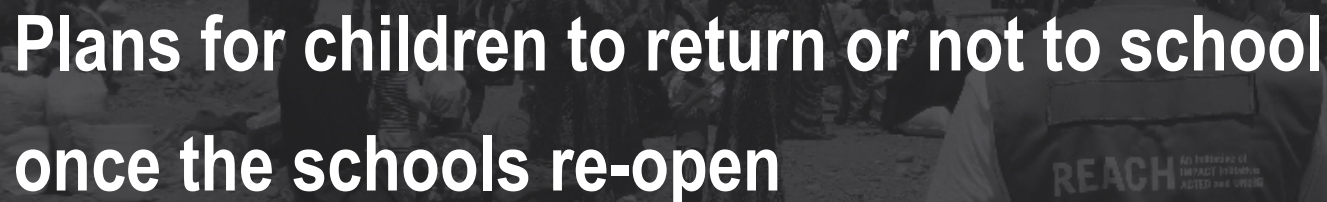
Among the 85% of refugee HHs with children aged 4-16 years,

49%

Of surveyed refugee* HHs 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

IDP* **(62%)** Non-displaced **(77%)**

*Limited sample

Plans for children to return or not to school once the schools re-open

Among HHs with children aged 4-16 years
who were attending school regularly (≥4 days/week) during the 2019-2020 school year
prior to the school closures on 15 March 2020,

98%

Of surveyed refugee* HHs declared that their children either would return to school once the
schools re-opened, or if the schools had already re-opened,
that they had already returned to school

IDP* **(96%)**   Non-displaced **(98%)**

*Limited sample

Remote learning activities during school closure

Among HHs with children aged 4-16 years
who were attending school regularly (≥4 days/week) during the 2019-2020 school year
prior to the school closures on 15 March 2020,

33%

of surveyed refugee* HHs had children that continued learning activities remotely

IDP* **(31%)**   Non-displaced **(41%)**

*Limited sample

11 | Key Findings: General Protection

REACH Informing more effective humanitarian action

Among HHs that reported having experienced movement restrictions in the 6 months prior to data collection, % of HHs by type of restriction (HHs could select multiple)	Refugee*	IDP*	Non-displaced
COVID-related lockdown	40%	70%	75%
Unable to afford travel	30%	58%	33%
Did not have appropriate civil documents to move freely	24%	0%	0%
Fear for safety and/or security	17%	35%	13%
Discrimination because of my displacement status	16%	14%	0%
Discrimination because of other reasons	12%	1%	1%
Road closures	10%	45%	23%
Other government-imposed lockdown (not COVID-related)	9%	17%	5%
Other	3%	1%	3%
Lack of transportation	1%	1%	2%
Difficulties to move around due to floodings	0%	1%	3%

*Limited sample

REACH Informing more effective humanitarian action

Safety/security incidents
in the 3 months prior to data collection

8% of surveyed refugee* HHs reported having experienced safety or security incidents affecting HH members in the 3 months prior to data collection

Among HHs that reported having experienced safety or security incidents affecting HH members in the 3 months prior to data collection, % of surveyed refugee* HHs by the gender(s) and age group(s) of the victim(s) (HHs could select multiple)

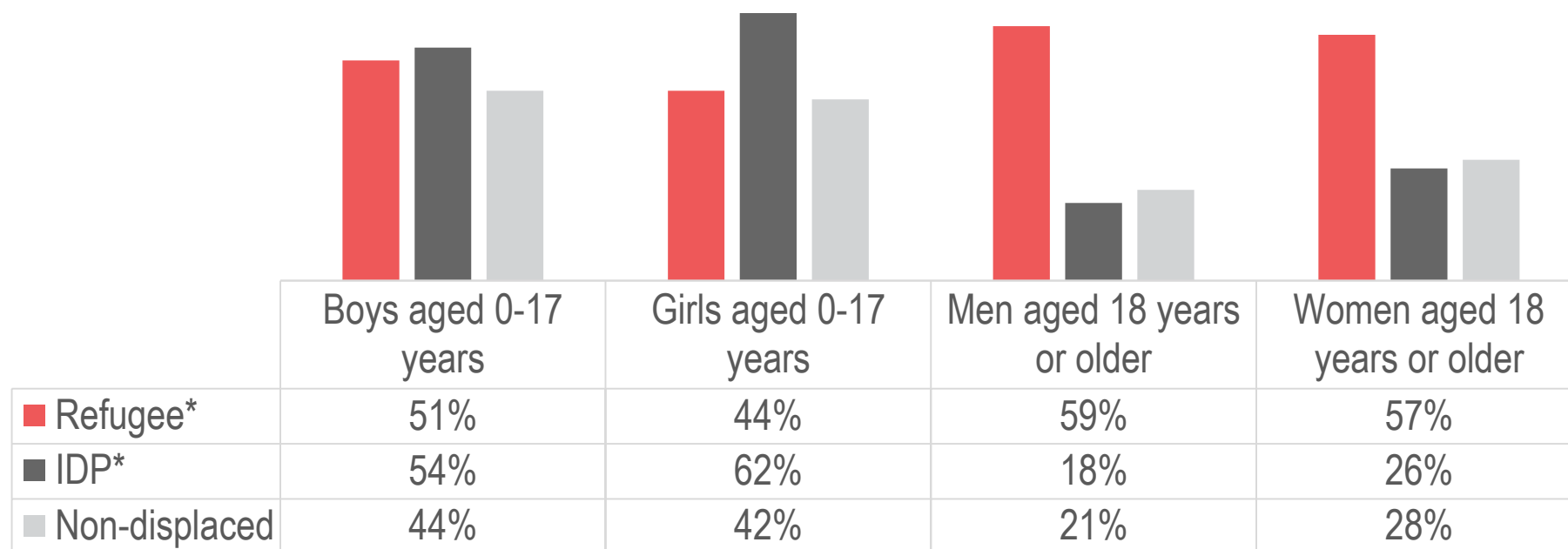| Category	%
Men aged 18 years or older	43%
Women aged 18 years or older	31%
Girls aged 0-17 years	26%
Boys aged 0-17 years	19%

*Limited sample

33%

Of surveyed refugee* HHs reported having ≥1 members who were missing ≥1 types of civil documentation, such as a passport, national ID or birth certificate, at the time of data collection

IDP* **(36%)**   Non-displaced **(22%)**
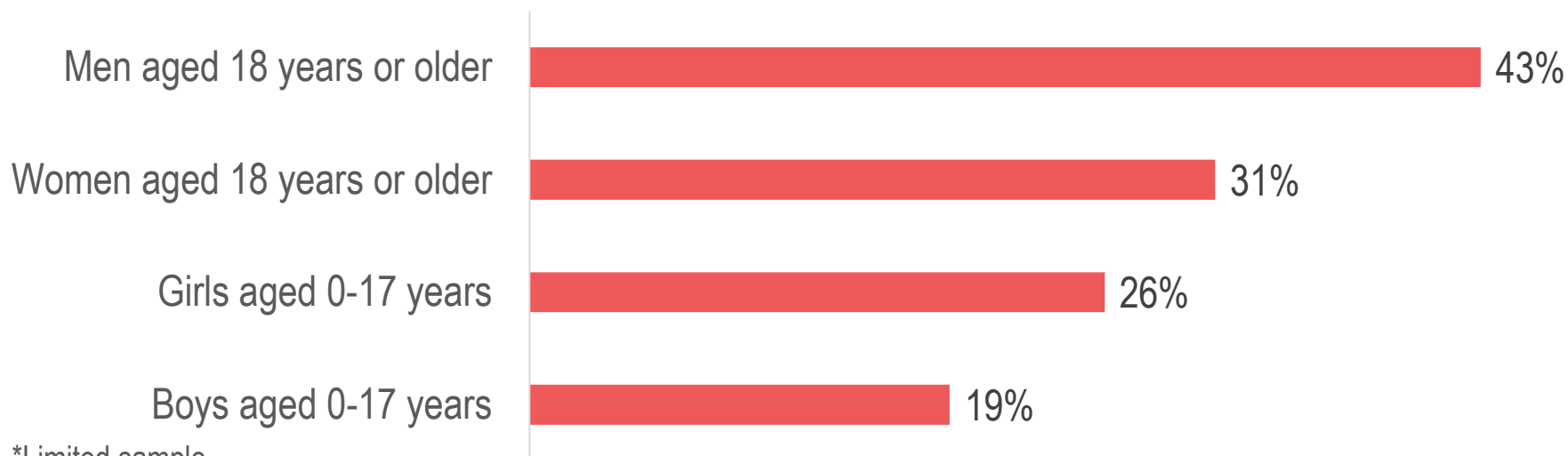
*Limited sample

Civil documentation
at the time of data collection (2 of 2)

Among HHs that reported having ≥1 members who were missing ≥1 types of civil documentation at the time of data collection, % of HHs by the gender(s) and age group(s) of the member(s) missing the documentation (HHs could select multiple)

	Boys aged 0-17 years	Girls aged 0-17 years	Men aged 18 years or older	Women aged 18 years or older
■ Refugee*	51%	44%	59%	57%
■ IDP*	54%	62%	18%	26%
■ Non-displaced	44%	42%	21%	28%

*Limited sample

12 | Key Findings: Gender-based Violence

REACH Informing more effective humanitarian action

Women and girls' feelings of safety in their current area in the 6 months prior to data collection

18%

Of surveyed refugee* HHs reported having women and/or girls who had avoided areas in their current location because they felt unsafe, in the 6 months prior to data collection
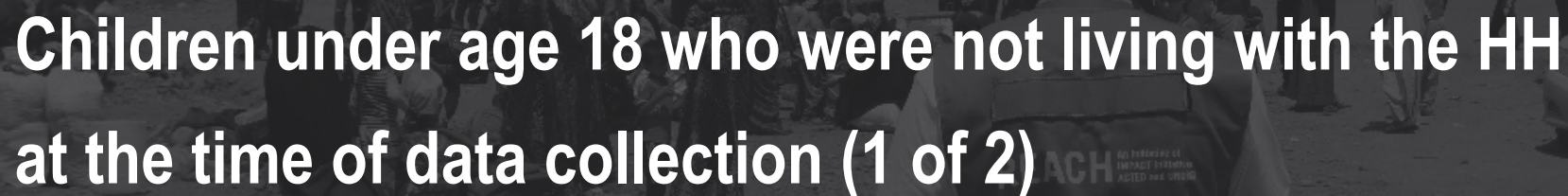
IDP* **(27%)**   Non-displaced **(15%)**

*Limited sample

13 | **Key Findings: Child Protection**

REACH *Informing more effective humanitarian action*

12%

Of surveyed refugee* HHs reported having ≥1 child under the age of 18 who was **not living with the HH** at the time of data collection

IDP* **(5%)**   Non-displaced **(3%)**

*Limited sample

REACH Informing more effective humanitarian action

Among HHs that reported having ≥1 child <18 years who was not living with the HH at the time of data collection, % of HHs by reason (HHs entered the number of children for each reason)	Refugee*	IDP*	Non-displaced
Seeking employment	39%	58%	28%
Studying	37%	52%	36%
Living at relatives'	25%	0%	4%
Prefer not to respond	12%	3%	9%
Married	9%	2%	39%
Missing	3%	1%	0%
Joined an armed group	1%	1%	3%
Arbitrarily detained	0%	0%	0%
Kidnapped	0%	0%	0%

*Limited sample

REACH Informing more effective humanitarian action

14 | Discussion Points

- **884** refugee HH surveys were included in the MSNA HH survey dataset v3
  - These HH surveys were collected in North Darfur, South Darfur, East Darfur, Central Darfur, South Kordofan, North Kordofan, West Kordofan, White Nile and Kassala.
- **75%** of surveyed refugee HHs were from South Sudan, **23%** were from Eritrea, and the remaining **2%** were from Ethiopia and other countries

- Surveyed refugee HHs' top 3 self-reported priority needs were health care **(53%)**, livelihoods support/employment **(41%)** and food (in-kind assistance) **(40%)**
- **68%** of surveyed refugee HHs had experienced a shock in the 6 months prior to data collection
- **84%** of surveyed refugee HHs faced challenges in obtaining enough money to meet their needs in the 30 days prior to data collection
- **19%** of surveyed refugee HHs had a poor FCS, while **35%** had a borderline FCS
- **26%** of surveyed refugee HHs had a high rCSI score, while **24%** had a medium rCSI score

- **32%** of surveyed refugee HHs rely on unimproved sources for their primary source of drinking water

- **82%** of surveyed refugee HHs said that they lived in camps

- **42%** of surveyed refugee HHs live in emergency shelters, and **28%** live in tents

- **80%** of surveyed refugee HHs attempted to access health care (including medicines) in the 3 months prior to data collection

  - Among the surveyed refugee HHs that attempted to access health care in the 3 months prior to data collection, **81%** experienced barriers to accessing this health care

  - Among the surveyed refugee HHs that attempted to access health care in the 3 months prior to data collection, **74%** had to pay for this health care

- Among HHs with children aged 4-16 years, **49%** of surveyed refugee HHs 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

REACH Informing more effective humanitarian action

Key takeaways (3 of 3)

- **34%** of refugee HHs had experienced movement restrictions in the 6 months prior to data collection

- **8%** of refugee HHs had experienced safety or security incidents affecting HH members in the 3 months prior to data collection

- **33%** of refugee HHs had ≥1 members who were missing ≥1 types of civil documentation, such as a passport, national ID or birth certificate, at the time of data collection

- **18%** of refugee HHs had women and/or girls who had avoided areas in their current location because they felt unsafe, in the 6 months prior to data collection

- **12%** of refugee HHs had ≥1 child under the age of 18 who was not living with the HH at the time of data collection

REACH Informing more effective humanitarian action

Questions to guide discussion

1. Did you find any of the results of this assessment (whether in this presentation or in the analysis tables) surprising or inconsistent with what you have seen in the field, <u>for the localities which were covered by refugee data collection</u>?

2. Is there any context that you could share based on your work in the field that could help explain some of these results?

3. Is there any additional analysis which would be useful to you, and which is not already in the analysis tables?

4. How do you think the partial achievement of refugee data collection may have affected the results? Are there any vulnerable groups of refugees who may have been excluded or under-represented?

5. Given that not all refugee strata were covered by data collection, do you have any thoughts about the best practical applications for this data?

15 | Next Steps

Summary of next steps*

ANALYSIS TABLES

Analysis tables (Excel) will be circulated in **early December**

PRESENTATIONS

REACH will present findings to the sectors between **2-9 December** and to the ISCG on **15 December**

DASHBOARD

An online, interactive dashboard will go live at the **end of January**

FINAL REPORT

The final report with will be published at the **end of February**

*Dates are subject to change.

THANK YOU FOR YOUR ATTENTION

REACH Informing more effective humanitarian action