



SUDAN MULTI-SECTOR NEEDS ASSESSMENT (MSNA)

Sectoral Key Findings: **Water, Sanitation & Hygiene**

2 December 2020



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01

Overview of the MSNA



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.

Coordination framework

Design



Coordination

National Assessment Task Team (NATT)



OCHA

Partners



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

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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: $\geq 80\%$ of the original sample quota, ≥ 30 surveys, and surveys validated	HH surveys: $\geq 80\%$ of the original sample quota, ≥ 30 surveys, and surveys validated	HH surveys: $\geq 90\%$ of the original sample quota and surveys validated



02

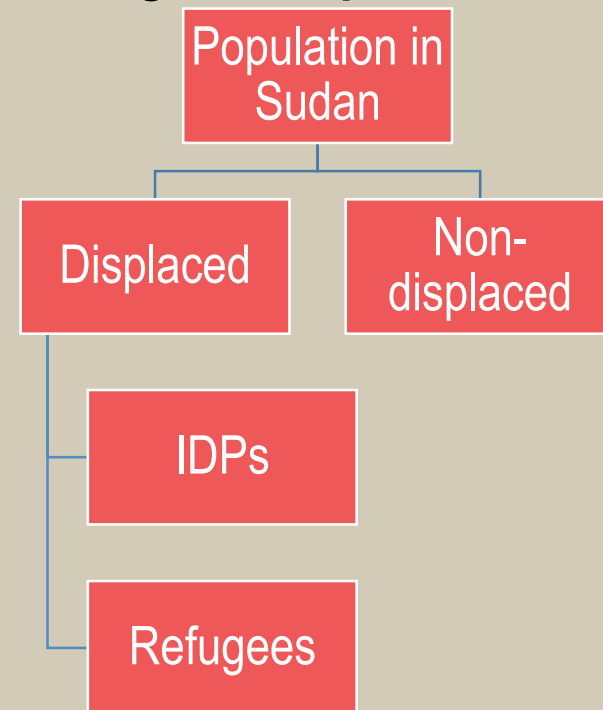
Scope and Coverage

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



Thematic scope



Food Security & Livelihoods



Health



Nutrition



WASH



Emergency Shelter & NFIs



Protection (including CP, GBV, HLP, and MA)



Education



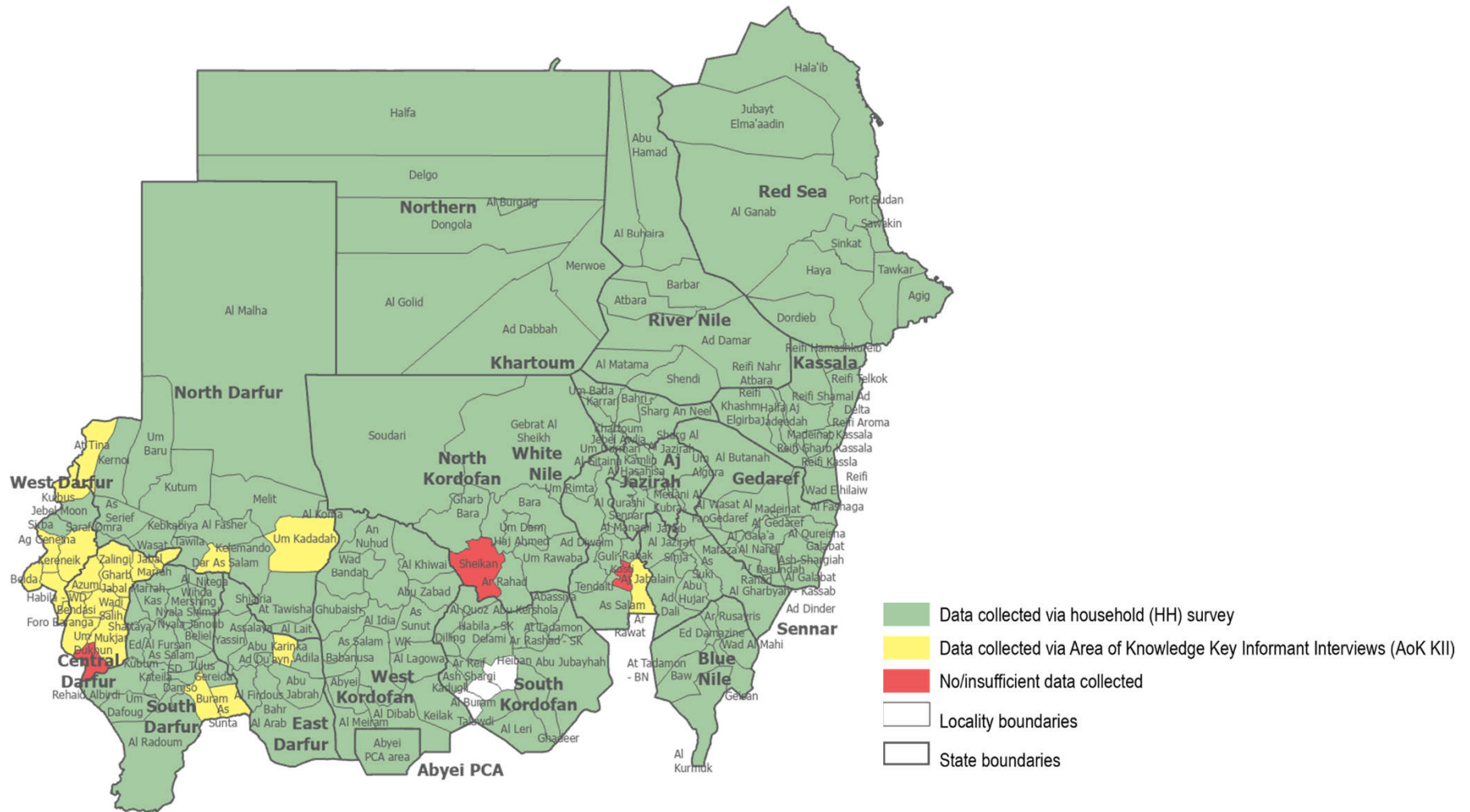
Accountability to Affected
Populations

Data collection by the numbers

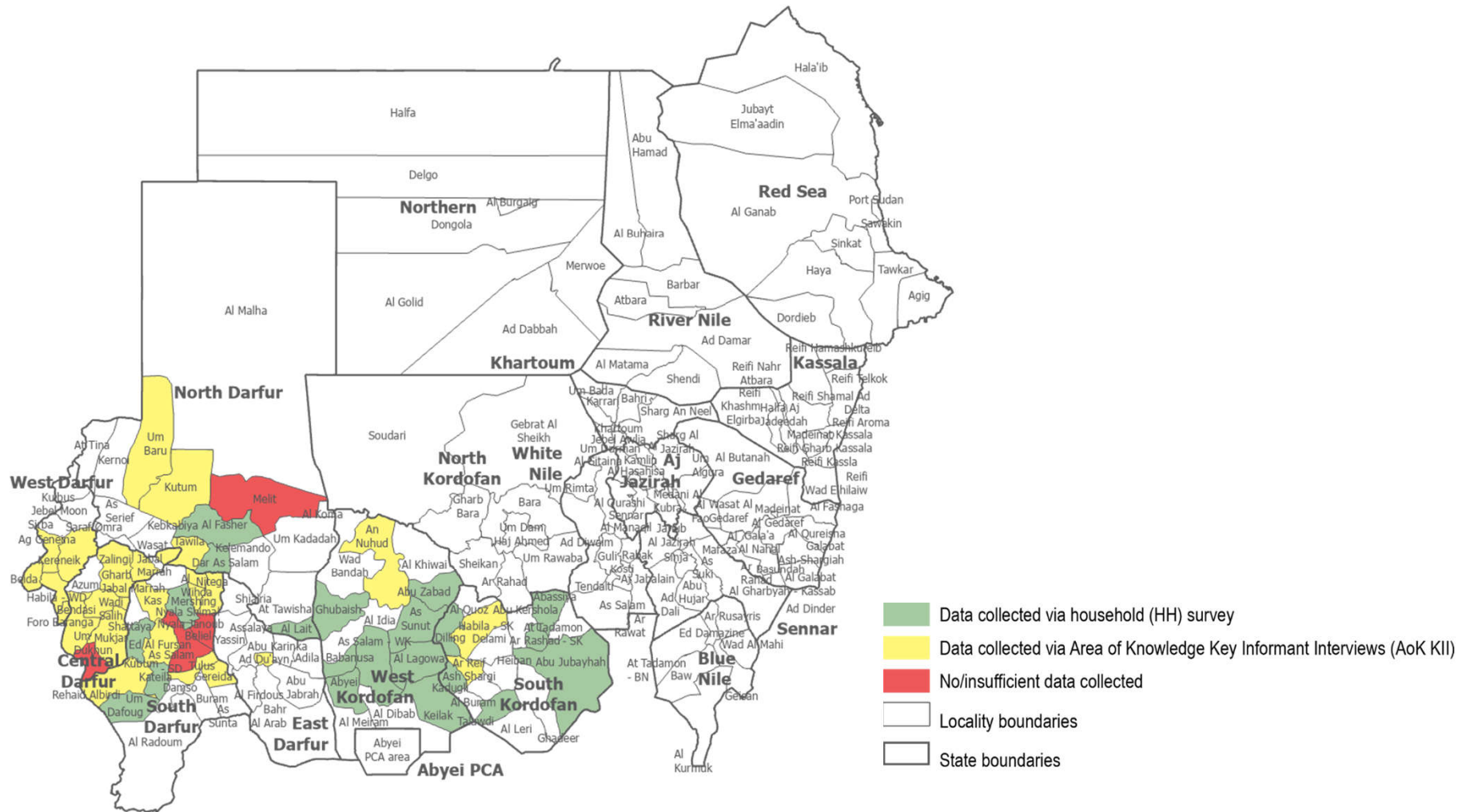
- Data was collected using both **household (HH) surveys** and **Area of Knowledge Key Informant Interviews (AoK KIs)**.
- Initial collection targets were ambitious. In the end, almost all non-displaced and IDP strata were completed. However, only about a third of refugee strata were completed.

Population group	# of strata	Completed with HH surveys	Completed with AoK KIs	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%)

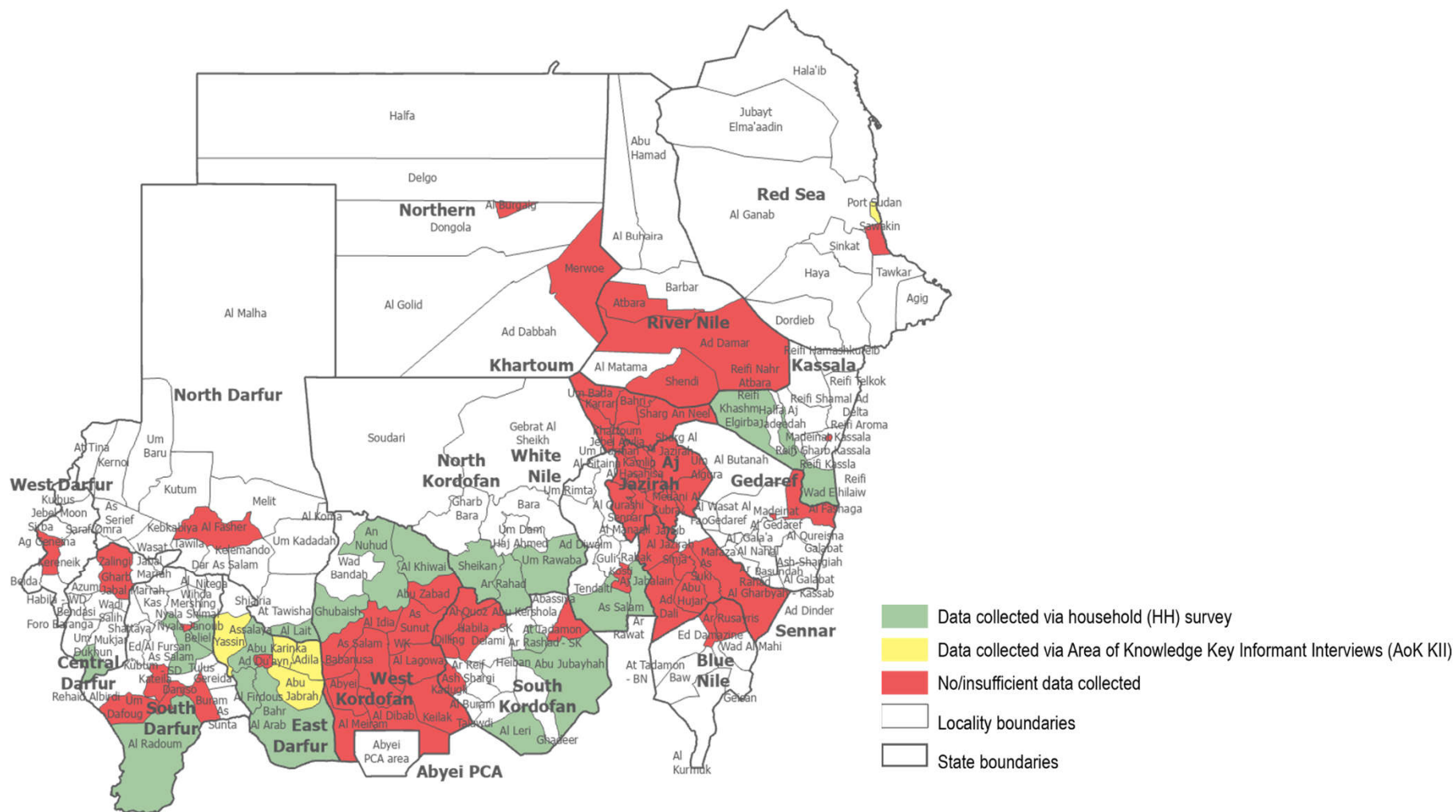
Details of non-displaced population coverage



Details of IDP population coverage



Details of refugee population coverage





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

A background image showing a person from behind, wearing a dark vest with the word 'REACH' and 'AN INITIATIVE OF IMPACT EVALUATION ACTION FOR HUMANITARIAN ACTION' printed on it. The person is standing in a dusty, outdoor environment with other people and a white car visible in the background.

Limitations (1 of 2)

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.

A background image showing a person from behind, wearing a dark vest with the word 'REACH' and 'AN INTERNATIONAL ORGANIZATION OF HUMANITARIAN ACTION' printed on it. The person is standing in a dusty, outdoor environment with other people and a white car visible in the background.

Limitations (2 of 2)

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 and 4% of 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'.



04

Key Findings: Demographics

Demographics of surveyed households (1 of 2)

7

Median HH size

3

Median children per HH

43 years

Median age of Head of HH

85%

Of respondents were
Head of HH

% of HHs that were female-headed

Overall
21%

Non-displaced
20%

IDP*
43%

Refugee*
37%

*Limited sample

Demographics of surveyed households (2 of 2)

27%

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

% of HHs with at least one **child** under the age of 18 who is **not living with the HH**

Overall	Non-displaced	IDP*	Refugee*
3%	3%	5%	12%

*Limited sample

Settlement type by population group

Population group	City	Village	Camp	Informal settlement	Other
Overall	58%	38%	3%	0%	1%
Non-displaced	60%	39%	0%	0%	1%
IDP*	19%	19%	57%	3%	2%
Refugee*	8%	2%	82%	8%	0%

*Limited sample

Displacement

Top 3 IDP HH states of origin

1. North Darfur (61%)
2. South Kordofan (21%)
3. South Darfur (11%)

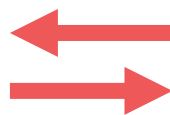
Refugee HH countries of origin

1. South Sudan (75%)
2. Eritrea (23%)
3. Central African Republic (1%)
4. Other (1%)
5. Ethiopia (<1%)

84% of refugee HHs have a UNHCR refugee ID card

7%

Of **non-displaced** HHs were returnees



93%

Of **non-displaced** HHs had not experienced displacement since 2003

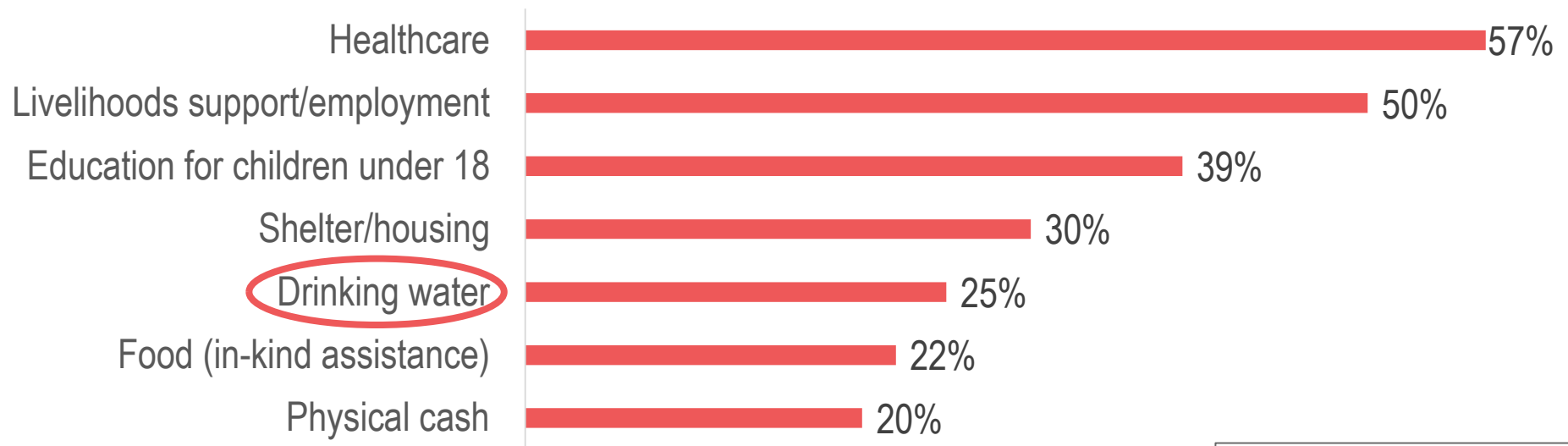


05

Key Findings: Self-reported Needs

Self-reported WASH needs

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



Top 5 states

% of HHs overall with 'drinking water' among their top 3 priority needs

1. Red Sea (46%)
2. West Kordofan (40%)
3. Kassala (38%)
4. South Darfur (38%)
5. North Kordofan (38%)

Abyei PCA

46% of HHs reported 'drinking water' to be among their top 3 priority needs

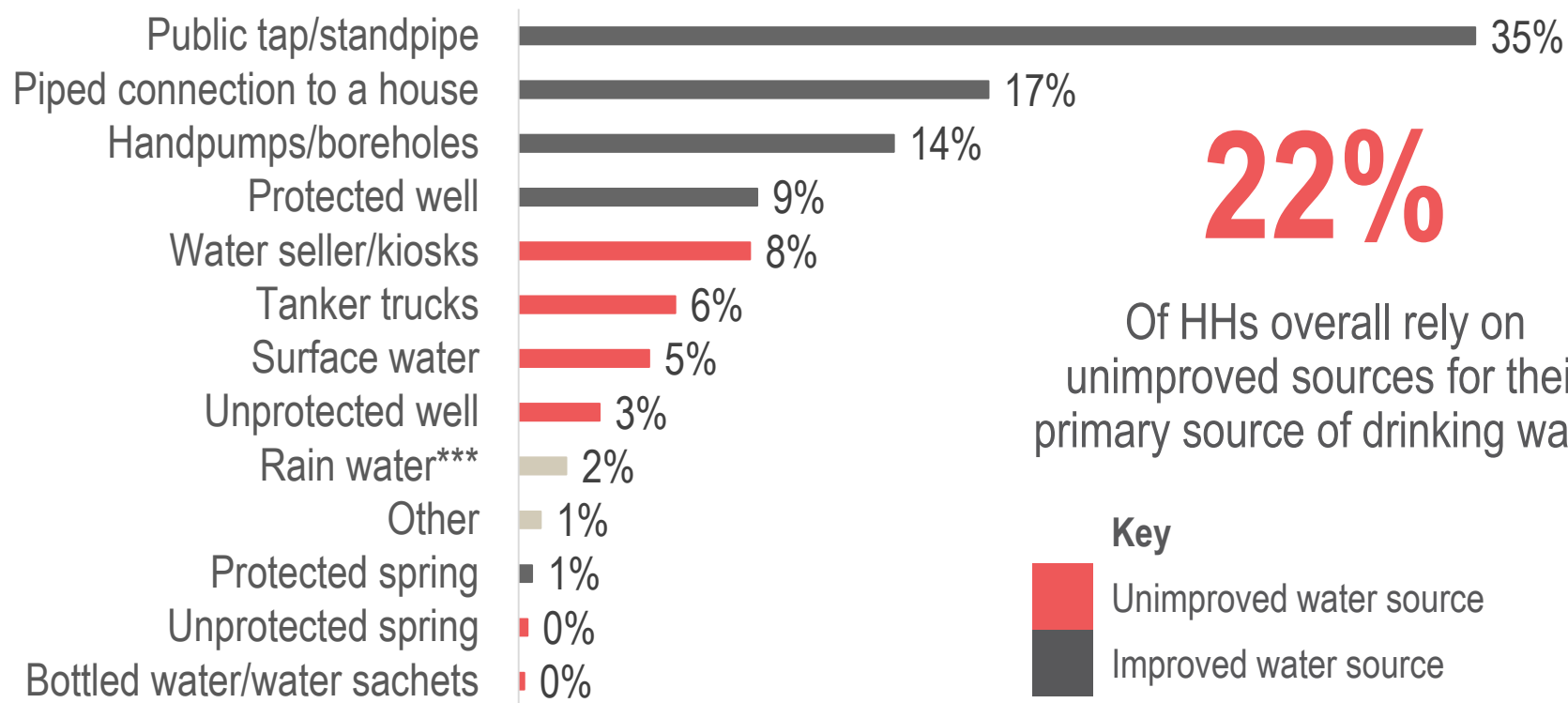


06

Key Findings: Drinking Water

Primary source of drinking water

% of HHs overall by primary source of drinking water
(HHs selected one)



***Data collected did not distinguish between protected and unprotected rain water. Therefore, it is classified as neither 'improved' nor 'unimproved.'



Problems with primary source of drinking water

61%

Of HHs overall have problems related to access to or quality of water

Non-displaced (60%) IDP* (80%) Refugee* (61%)

88%

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

Non-displaced (88%) IDP* (93%) Refugee* (85%)

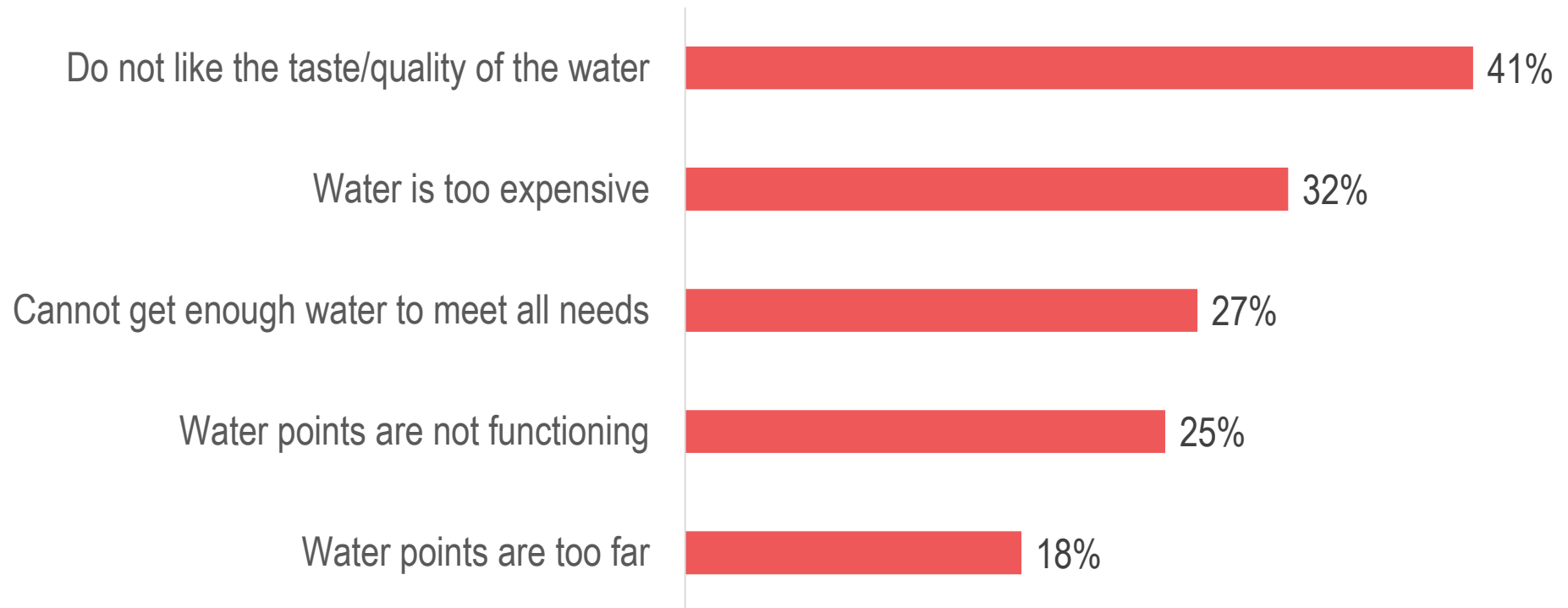
*Limited sample

Abyei PCA

84% of HHs have problems related to access to or quality of water

Top problems related to access to or quality of water

Among HHs with problems related to access to or quality of water, top 5 problems
(HHs could select multiple)



Duration of water collection

Among HHs that have problems related to access or quality of water,

18%

of HHs overall reported that **water points are too far**

Among these HHs that reported that water points are too far,
% of HHs overall by length of time required to collect water





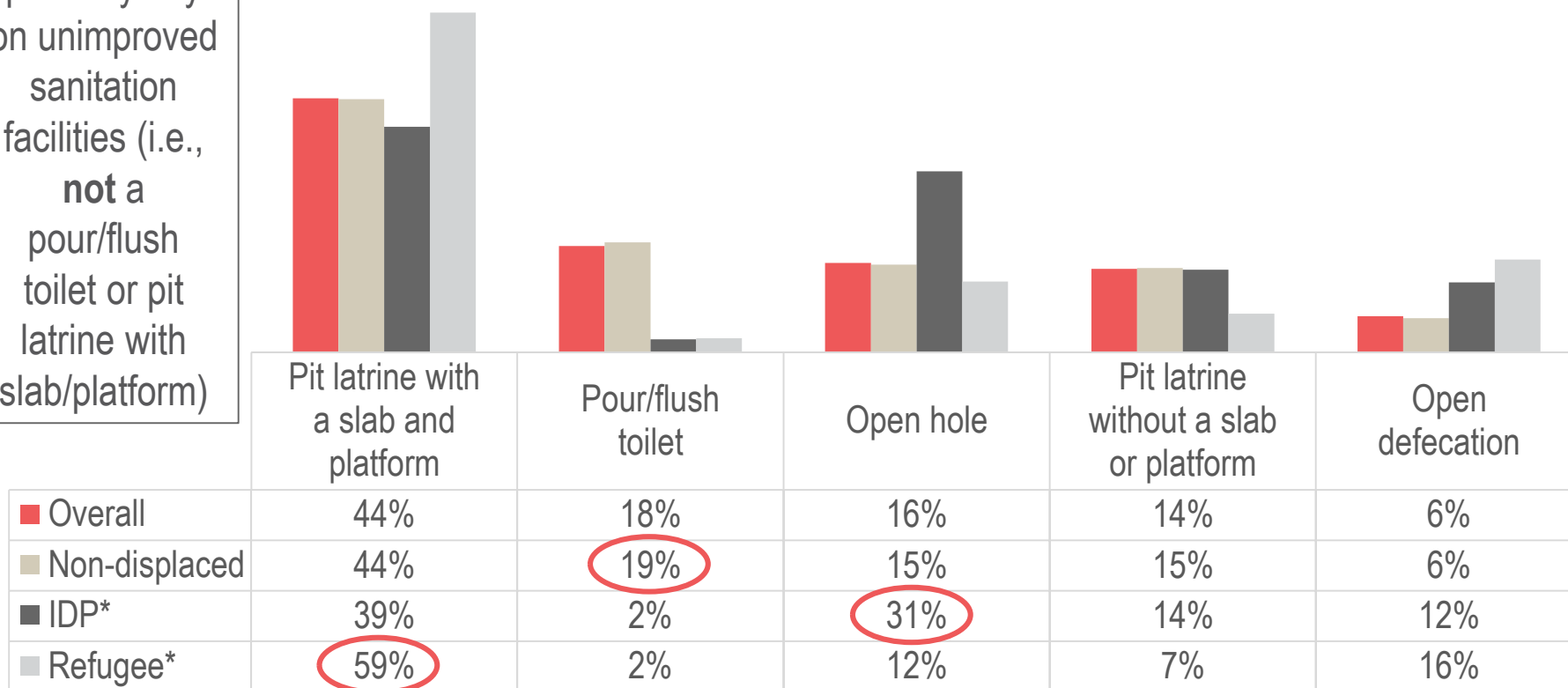
07

Key Findings: Sanitation & Hygiene

Sanitation

37% of HHs overall primarily rely on unimproved sanitation facilities (i.e., **not** a pour/flush toilet or pit latrine with slab/platform)

Top 5 types of sanitation facility, by % of HHs for whom this is the main type used



*Limited sample



Hygiene

91%

Of HHs overall have access to soap

Non-displaced (91%) IDP* (84%) Refugee* (69%)

3%

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

*Limited sample



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Discussion Points



Key takeaways

- **25%** of HHs overall reported that drinking water is one of their top 3 self-reported priority needs
- **8%** of HHs overall rely on unimproved sources for their primary source of drinking water
- **61%** of HHs overall have problems related to access to or quality of water, and **80%** of IDP HHs reported such problems
 - Among all HHs which have problems related to access to or quality of water, the most cited complaint is the taste/quality of the water (**41%**)
- **88%** of HHs overall reported that their primary source of drinking water was functioning at the time of data collection
- **37%** of HHs overall primarily rely on unimproved sanitation facilities
- **91%** of HHs overall have access to soap



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?
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?



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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.



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