



SUDAN MULTI-SECTOR NEEDS ASSESSMENT (MSNA)

Sectoral Key Findings: **Health**

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

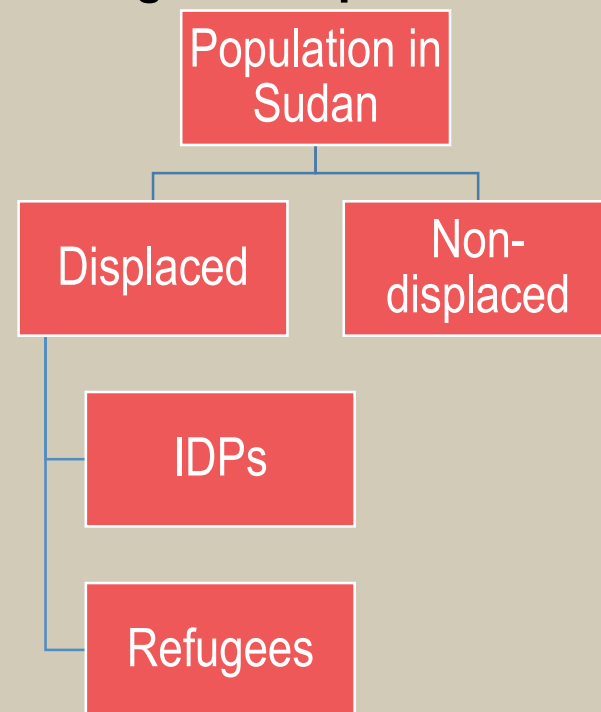
Scope and Coverage

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 data 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%)

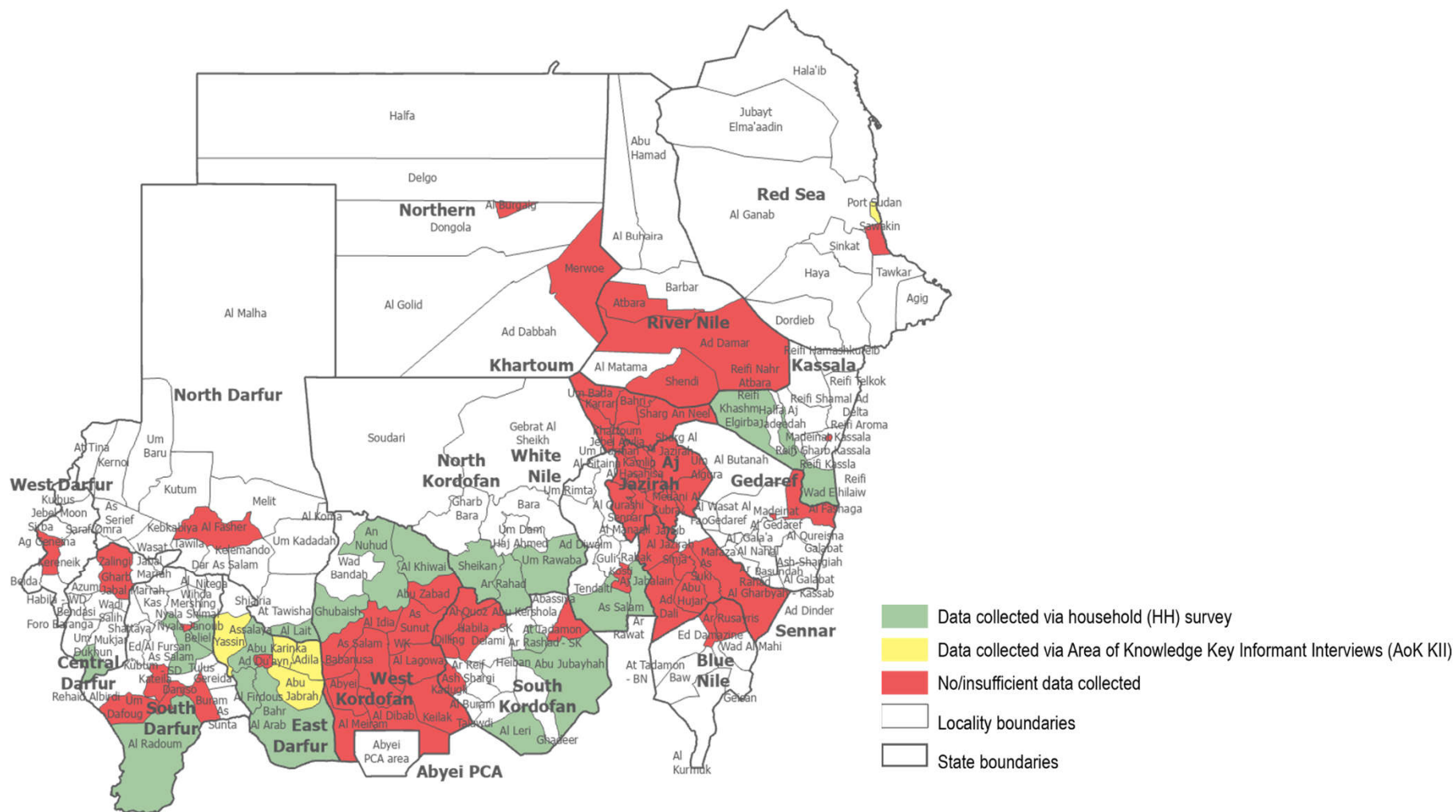




Details of IDP population coverage



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.

The background image is a dark, grainy photograph of a conflict zone. In the foreground, the back of a person wearing a light-colored vest with the word 'REACH' and some smaller text is visible. The vest also has a logo that says 'AN EVALUATION OF IMPACT EVALUATION ACTION FOR HUMANITARIAN'. In the background, there are people, some of whom appear to be in distress, and a white car is partially visible on the right side.

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 number of
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

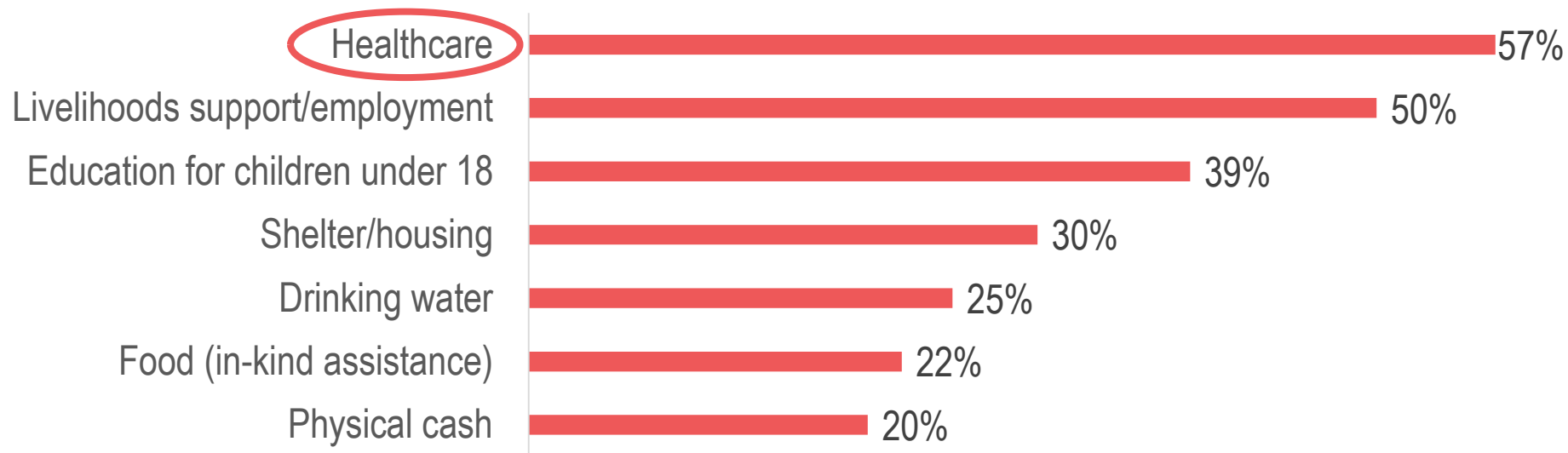


05

Key Findings: Self-reported Needs

Self-reported Health needs

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



Top 5 states

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

1. Northern (68%)
2. North Kordofan (65%)
3. South Darfur (60%)
4. Blue Nile (60%)
5. North Darfur (60%)



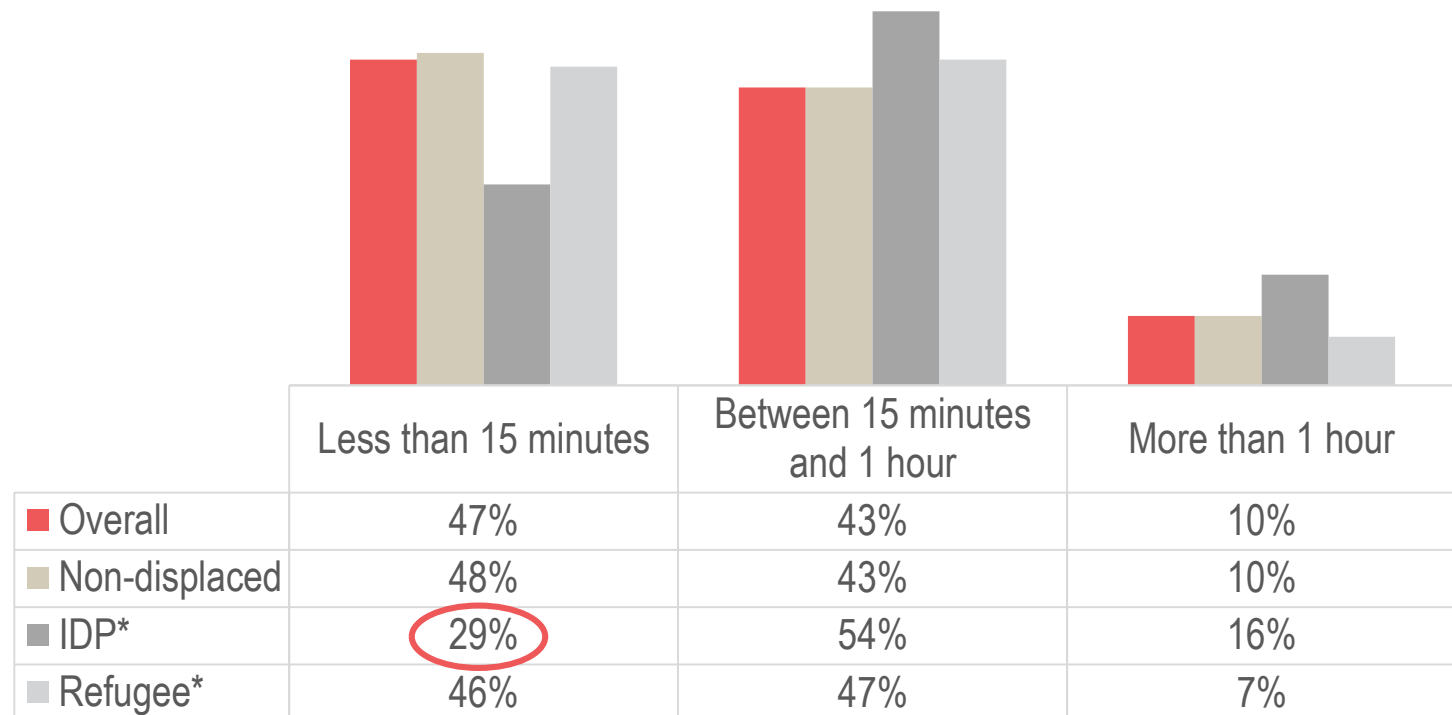
06

Key Findings: Access to Health Care


Duration to nearest health care facility

91% of HHs overall can access primary health care from their dwellings in ≤ 1 hour

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



*Limited sample



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

80%

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

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

81%

Of HHs experienced barriers to accessing this health care.

Non-displaced **(82%)** IDP* **(96%)** Refugee* **(58%)**

Abyei PCA **(94%)**

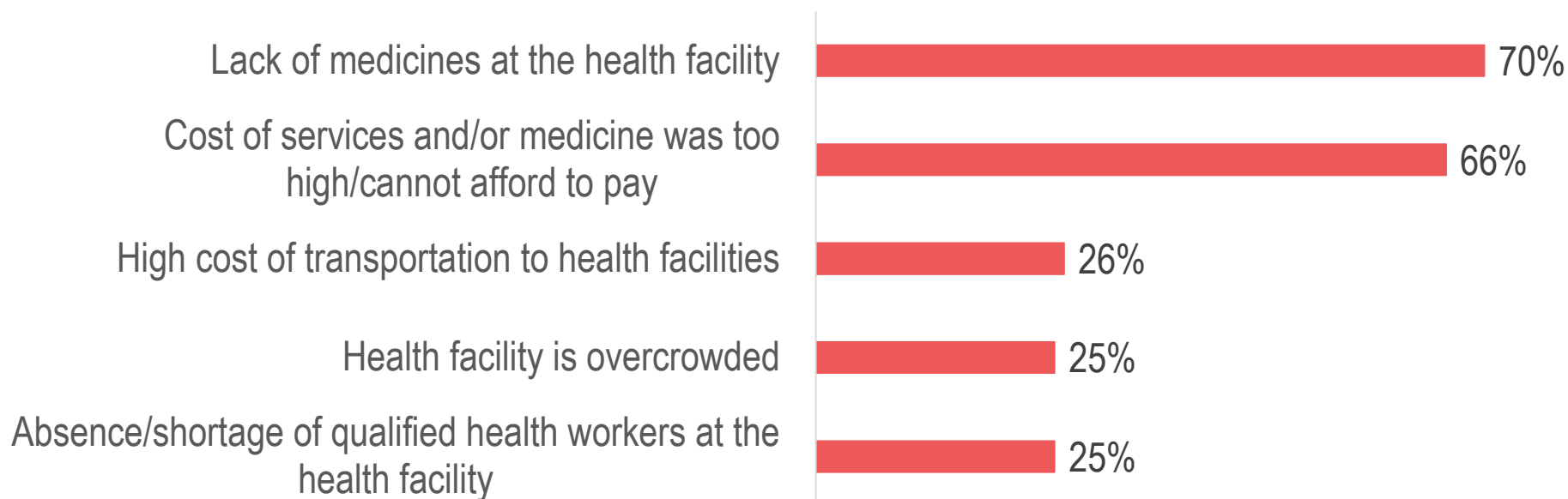
*Limited sample

Top 5 states where HHs
that attempted to access
health care in the 3 months
prior to data collection
reported experiencing
barriers

1. West Darfur **(98%)**
2. North Darfur **(92%)**
3. Blue Nile **(90%)**
4. West Kordofan **(88%)**
5. South Kordofan **(85%)**

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 5 barriers by % of HHs
(HHs could select multiple)





07

Key Findings: Cost of Health Care



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

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

97%

Of HHs had to pay for it.

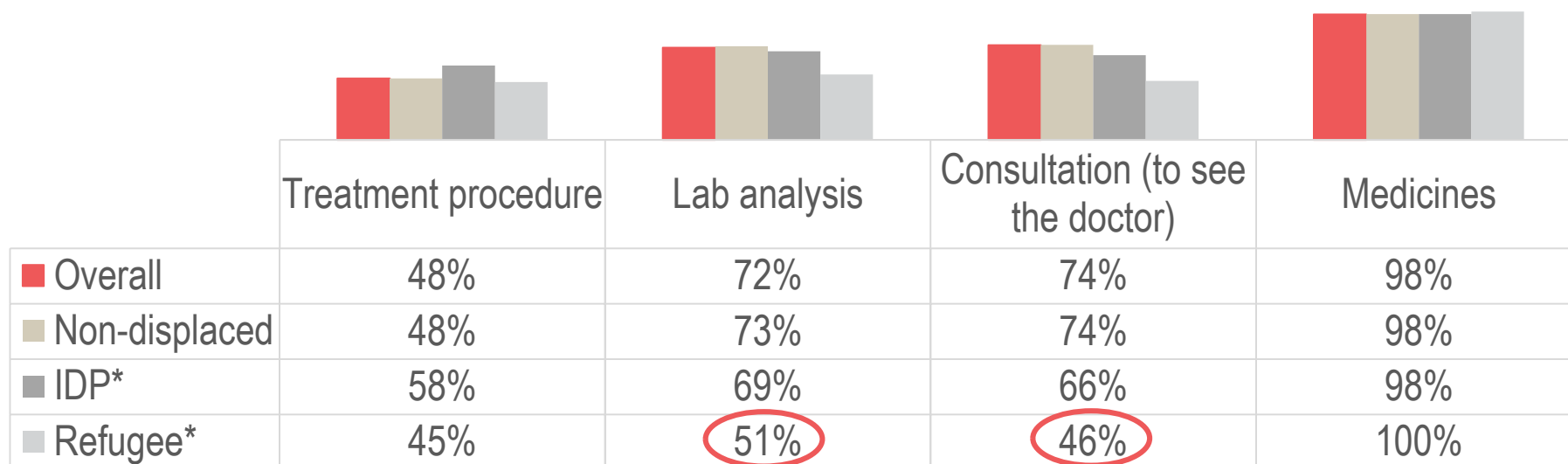
Non-displaced **(97%)** IDP* **(97%)** Refugee* **(74%)**

Abyei PCA **(100%)**

*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)



*Limited sample



Median health care expenditure in the 30 days prior to data collection

For HHs overall (i.e., including HHs that spent nothing on health care)

1,100 SDG

Median health care expenditure in the 30 days prior to data collection
(including responses of zero)

Female-headed HHs **(1,000 SDG)** Male-headed HHs **(1,350 SDG)**

For HHs that spent something on health care (i.e., excluding HHs that spent nothing on it)

2,000 SDG

Median health care expenditure in the 30 days prior to data collection
(excluding responses of zero)

Female-headed HHs **(1,680 SDG)** Male-headed HHs **(2,000 SDG)**

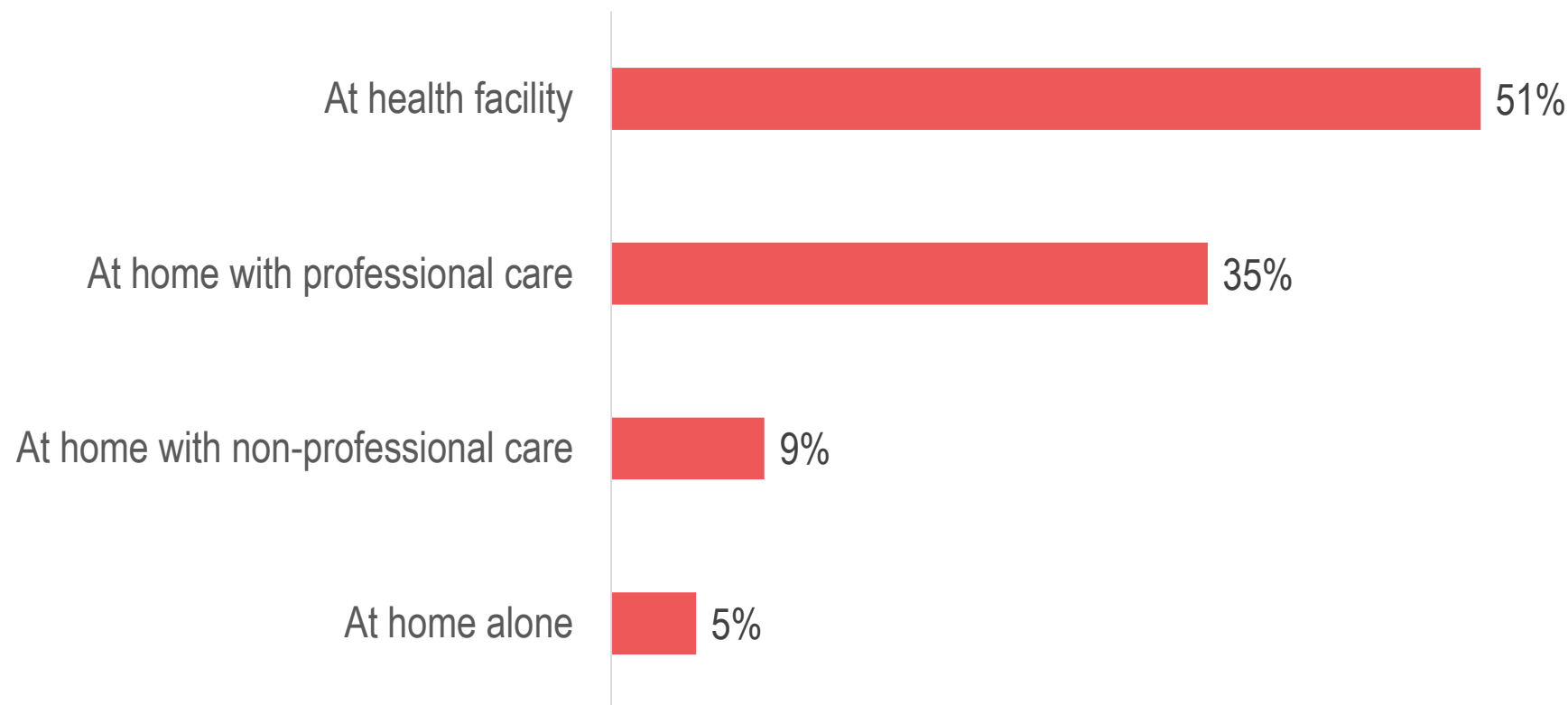


08

Key Findings: Maternal Health Care

Most common place for delivery in the 2 years prior to data collection

Among households with a woman/girl who gave birth in the 2 years prior to data collection, % of HHs by place of delivery





09

Discussion Points



Key takeaways

- **57%** of HHs overall reported that health care is one of their top 3 self-reported priority needs, making it the most-cited need
- **91%** of HHs overall can access primary health care from their dwellings in ≤ 1 hour
- **80%** of HHs attempted to access health care (including medicines) in the 3 months prior to data collection, and among these HHs, **81%** experienced barriers to accessing this health care
 - Among all HHs which experienced barriers, the most-cited barriers are lack of medicines at the health facility (**70%**) and cost of services and/or medicines was too high / cannot afford to pay (**66%**)
- Among households that attempted to access health care in the 3 months prior to data collection, **97%** of HHs had to pay for it
- Among households with a woman/girl who gave birth in the 2 years prior to data collection, **51%** gave birth at a health facility



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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