



SUDAN

COVID-19 FEEDBACK and MEDIA SURVEY

August - September | 2020

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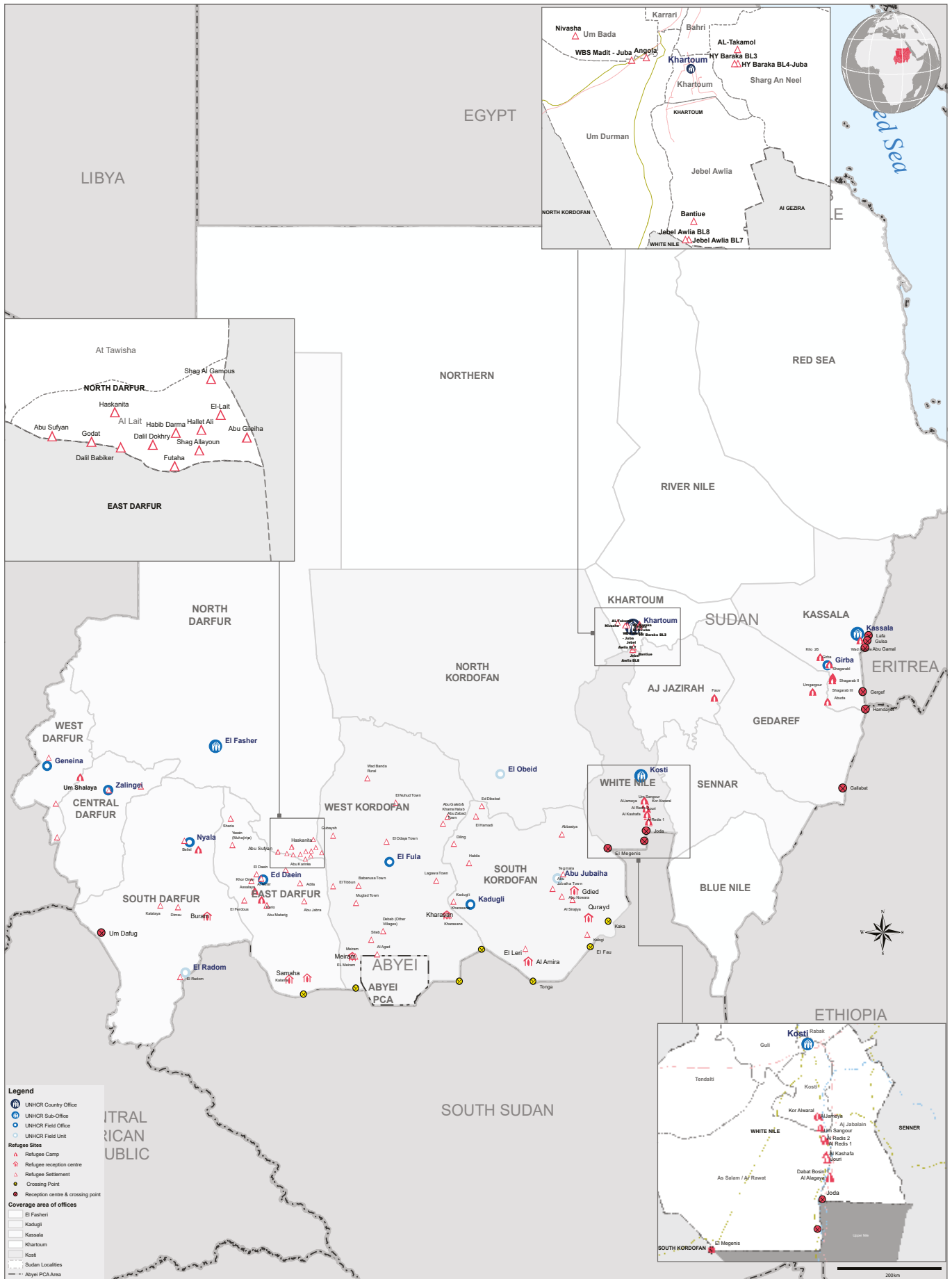
Front cover photograph:

Children washing their hands in Bileil during the ongoing South Sudanese refugees in South Darfur. UNHCR provided soap and water tank.

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Introduction

In any health emergency, information can be lifesaving by enabling individuals to protect themselves, their families and their communities. In Sudan, it has been and remains one of UNHCR's priorities in its response to the COVID-19 pandemic to ensure that refugees, asylum-seekers and other Persons of Concern (POCs) have equal access to clear and factual information.

Using the example of the COVID-19 emergency can help UNHCR and partners to understand the efficiency, or lack thereof, of current communication efforts and channels to better communicate with communities in future. Between August and September 2020, UNHCR therefore conducted a survey at household level in both camp and out-of-camp settings across nine states in Sudan, focusing on the ongoing COVID-19 Risk Communication and Community Engagement (RCC) initiatives for refugees and asylum-seekers. Based on the findings, the survey aims to contribute to finding new innovative ways of using digital tools and social media to amplify outreach directly with refugees and other persons of concern.

This survey complements the COVID-19 Risk Communication and Community Engagement Feedback Assessment in White Nile State (WNS) completed in June 2020. The analysis of this survey will be linked to the conclusions/findings in the WNS report.



UNHCR staff distributes COVID-19 information and communication materials provided by the Ministry of Health to IDP Leaders in Otash IDP Camp in Soth Darfur
© UNHCR/MODESTA NDUBI

Methodology

The household level survey was conducted from August to September 2020 in nine states in Sudan, including Kassala, East Darfur, Khartoum, South Darfur, Central Darfur, Gedaref, West Kordofan, South Kordofan and North Darfur in both in-camp and out-of-camp, and collective and urban settings.

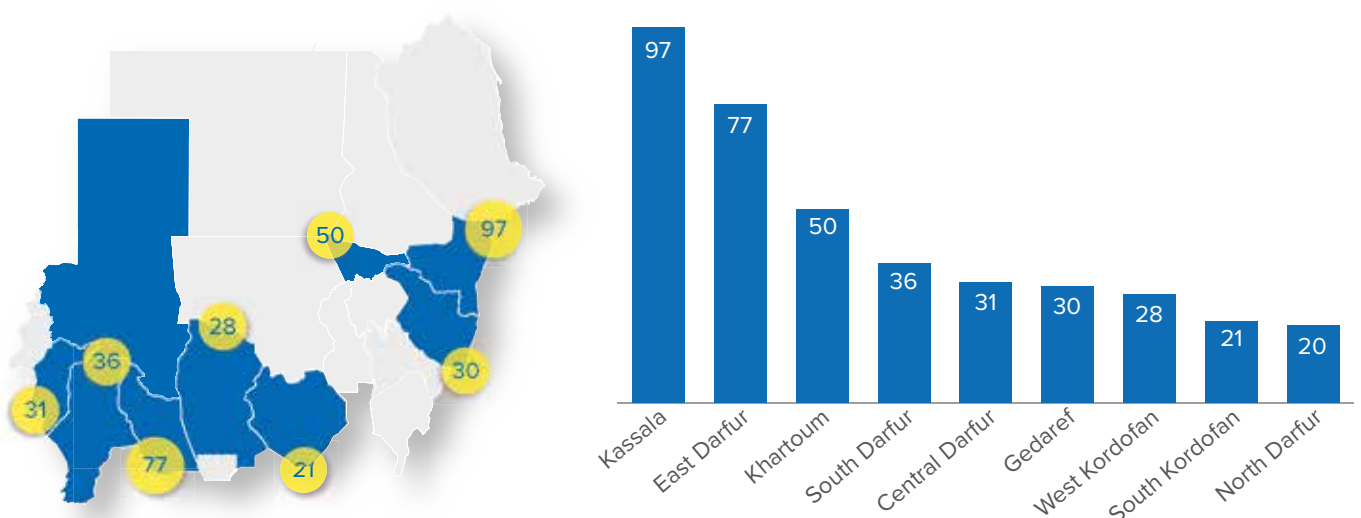
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Refugees from South Sudan, Ethiopia, Eritrea, Syria and Central African Republic (CAR) participated in this survey. A total of 392 refugees were reached, with 390 agreeing to take part in the survey and one objection. One entry was incomplete. Among the respondents, 61% were living in camps and collective settings and 39% in out-of-camp and urban settings. 48% were female and 52% male. 79% of the respondents were 18-59 years of age, 11% were above 60 years old, 8% were between 12-17 years of age and 2% were below 11 years old.

The questionnaire consisted of 20 multiple choice questions which was designed to be completed in 30 minutes and deployed in KOBO platform to aid data collection and entry. 71% of the interviews were carried out through phone calls and 29% through household visits, while observing social distancing, use of face masks in addition to other COVID-19 precautionary measures. Interpretation in Arabic was provided to all respondents.

The interviews were carried out by UNHCR staff from Protection, Field, Community Services and Registration Units in UNHCR’s field offices across the Sudan operation. Each Field Office was allowed to decide the composition and deployment of their team to collect data.

Number of Responses per State



Findings

All the respondents interviewed said that they understood the message on COVID-19 prevention, and most of them knew the signs and symptoms of COVID-19 as well as how to prevent it. This indicates that the Risk Communication and Community engagement (RCCE) has had a positive impact among refugees in camp and out-of-camp settings in Sudan:

- 94% of the respondents have heard about the COVID-19 coronavirus.
- 75% believes that COVID-19 has no cure.
- 41% have seen COVID 19 posters in the camps.
- 70% of the refugees assessed expressed that they prefer to receive communication through Community leaders and Sultans, 30% say they prefer to receive communication through mobile phone, 6% prefer social media and 4% prefer newspaper.
- 60% of refugees have access to radio and 40% don't.
- 59% of refugees assessed do not have access to television at home or in the camp compared to 41% who have access.
- 86% of those interviewed have access to a phone and 14% don't.
- 75% have access to an ordinary phone and 25% have access to a smart phone
- 28% have access to internet and 72% do not.
- 86% of the women assessed said they haven't witnessed negative attitudes as a direct result of COVID-19; like increased instances of gender based violence (GBV) such as domestic and intimate partner violence, and the impact on livelihoods and economic opportunities, while 14% said they have. More women (63%) also expressed that they have no special concerns as a result of COVID-19, while 37% expressed concerns.



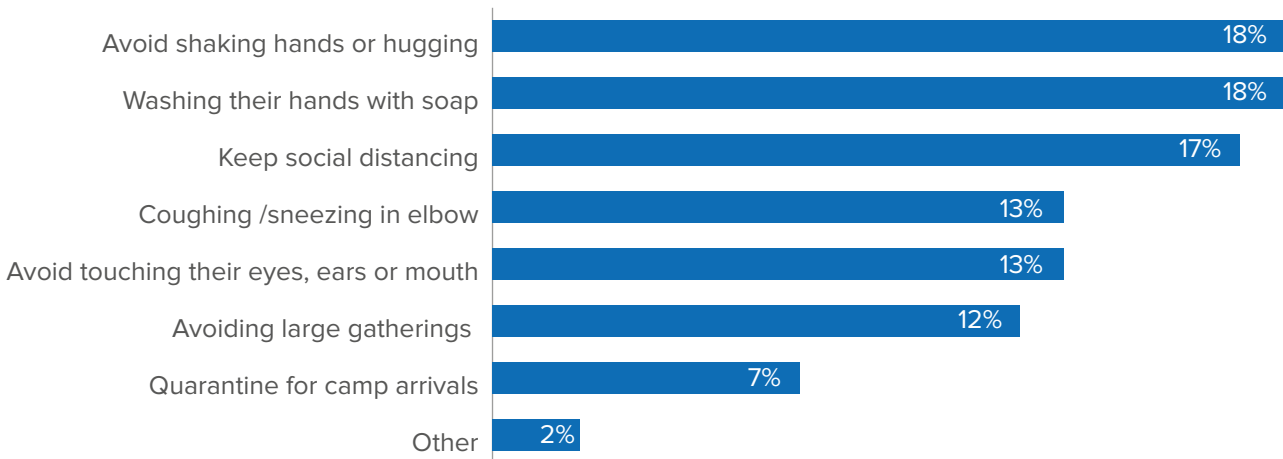
Mother and daughter washing their hands prior to their biometrics being taken in Bileil. UNHCR provided soap and water tank.

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Community Awareness

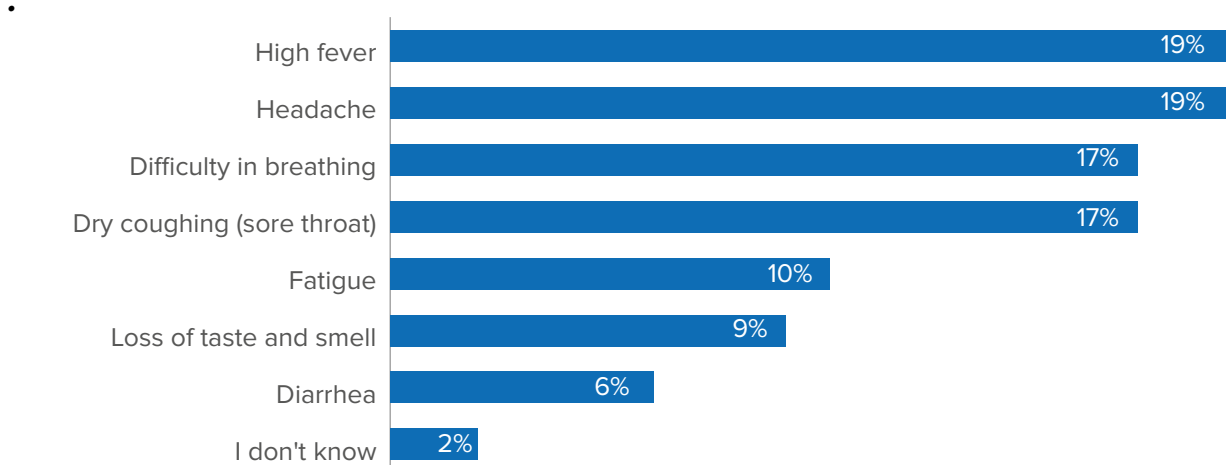
What can you do to prevent catching Corona virus?

Asked about what they can do to prevent COVID-19, the majority of the respondents mentioned avoiding handshaking, hand hygiene as well as practicing social distancing:



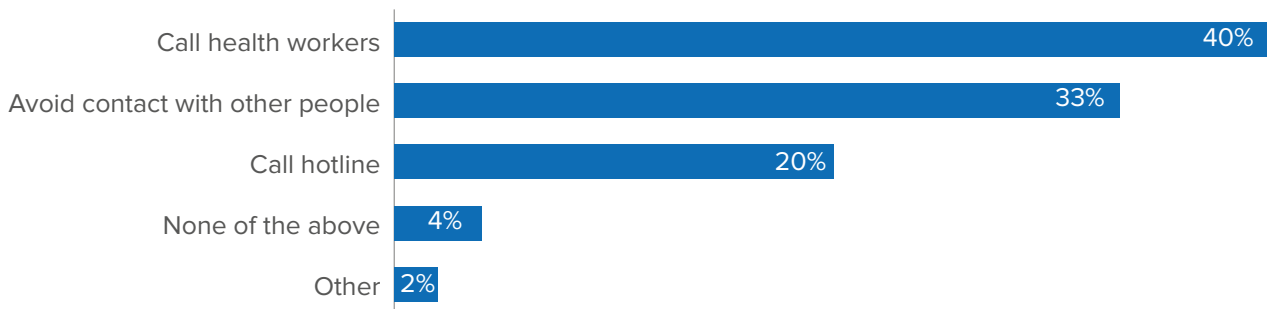
What are the symptoms of COVID-19?

Asked about the symptoms of COVID-19, the majority of the respondents mentioned fever, headache, difficulty breathing and dry cough. Less than half of the respondents mentioned loss of taste, fatigue and diarrhoea. In addition, almost 1 in 10 did not know the symptoms of COVID-19.



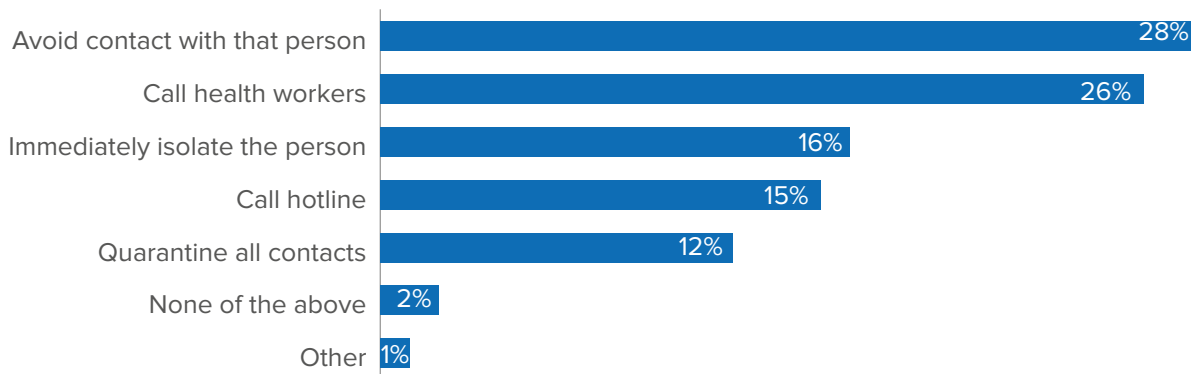
What will you do if you or someone in your family has COVID-19?

Asked about what they would do if someone in the family presents with COVID-19 symptoms, 40% of the respondents replied that they would call a health worker, 33% that they would avoid contact with the infected person and 20% that they would call the hotline (221 and 9090).



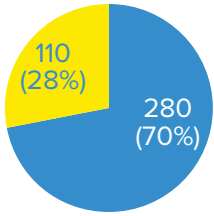
What would you do if a refugee in your camp has COVID-19?

In the case of an outbreak of COVID-19 in a refugee camp, 28% of respondents said that they would avoid physical contact, 26% that they would call a health worker, 16% that they would isolate immediately, 15% that they will call the hotline, and 12% that they and all contacts would go into quarantine.



Do you know who is at risk with COVID-19?

When asked about their knowledge of risk groups in relation to COVID-19, 72% of the respondents replied that they knew of these groups, while 28% did not know which groups are at higher risk. However, the majority of —the respondents believe that it is only the elderly who are at higher risk. Very few respondents mentioned people suffering from other complications such as diabetes, heart problems, HIV, kidney diseases, high blood pressure, hepatitis, weight problems and pregnant women as illustrated in the bar chart below.



● Yes, I know
● No, I don't know

Elderly	79%
People with diabetes	7%
Heart problems (asthma)	5%
Pregnant women	4%
People with Kidney problems	2%
Other	1%
People with HIV	1%
Blood pressure (hypertension)	1%
Hepatitis	1%
Weight problem (obesity)	1%

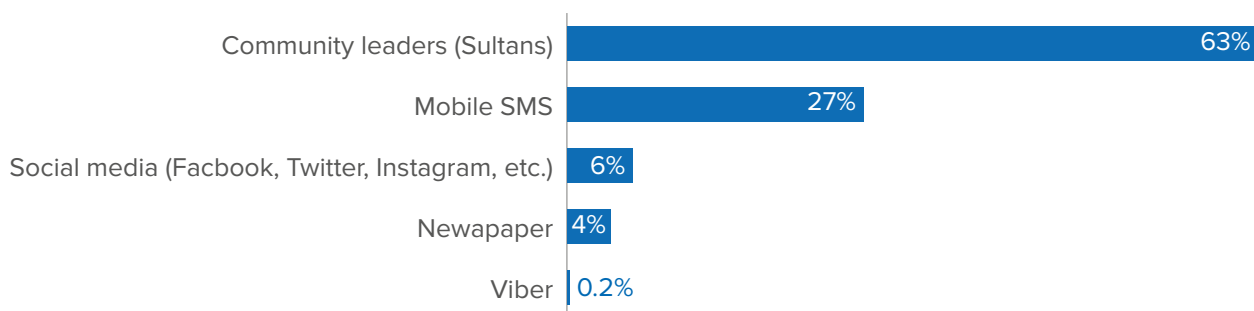


A South Sudanese refugee woman receives soap for her family from a UNHCR distribution at the Abuajoura settlement in South Darfur © UNHCR/WINNIE KAKUBA

Communicating with Communities (CwC)

The CwC findings illustrate the important role of Community leaders and Sultans in the dissemination of information, with the majority of the respondents (63%) preferring to receive information from these sources. In addition, 27% preferred to receive it through mobile phones. The finding also shows that whereas 86% of those assessed have access to a mobile phone, majority (75%) have access to an ordinary phone while only 25% have access to a smart phone. This implies that to communicate effectively with refugees, social media can only be used to compliment traditional channels of communication i.e community leaders and mobile SMS.

How do you prefer to receive UNHCR messages?



Media Usage

The findings of the assessment show that most refugees are having access to mobile phones and on a more frequent basis, however with only few have access to internet services. In addition, less than half of the respondents had access to radio and TV on a daily basis.

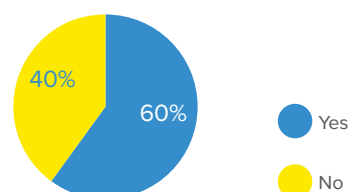
How often do you have access to TV?

41% of all the respondents have access to television (TV). 74% reported having daily access, while 20% is having weekly and 6% monthly access to television.



Access to radio

In addition to TV, more respondents (60%) replied having access to radio and on a more frequent basis, with 40% having daily access, 7% weekly and 2% monthly access.



How often do you have access to a mobile phone?

86% of the respondents has access to a phone, with 97 % having daily access to a phone, and 3% weekly access. Among these, 64% have access to an ordinary phone and 21% to a smart phone.



How often do you access internet?

Among the respondents, only 28% reported having access to internet services, with 89% reporting having daily access, and 9% weekly access and 2% having monthly access.



How do you access internet services?

Among the respondents, the majority (88%) access internet through a smartphone, 9% access internet through internet cafes and 3% mentioned other means.

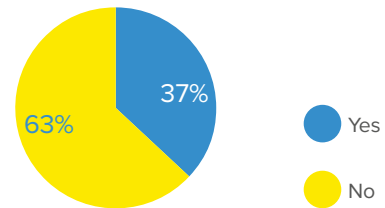


A UNHCR staff speaks to a PoC at Alagaya camp, in East Sudan. © UNHCR/ELNAZIR ADAM

Women and COVID-19

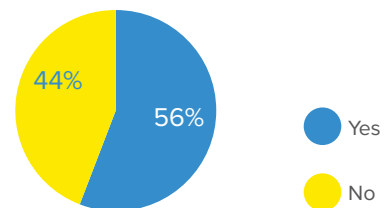
Are there special concerns you have about Corona virus and how it affects women?

Women respondents were asked if there are any special concerns of the impact of COVID-19 that they are facing, 63% said they have no special concerns, while 37% expressed concerns.



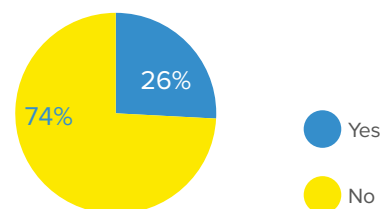
Are you worried about Corona virus reaching the camps?

56% of women assessed said they were worried that Corona virus would spread to the camps, 44% were not.



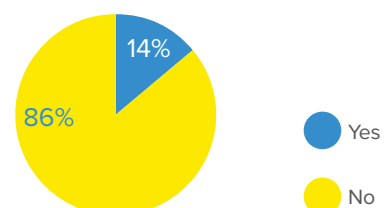
Have you recently noticed increase of negative attitudes towards women, girls or other groups because of Corona virus (COVID-19)?

Among the respondents, 26% said that they have noticed an increase of some negative attitudes such as domestic violence towards women as a direct result of COVID-19, while 74% said they had not.



Have you or your family been targeted or witnessed such attitudes?

When asked if they have been targeted or witnessed any such negative attitude themselves, 86% of the women assessed said they haven't, while 14% said they have been targeted.



Comparative Analysis

A comparative analysis of the findings from White Nile State and this Country-wide survey.

Introduction

This section aims to link findings from the COVID-19 household feedback survey conducted in June 2020 in White Nile State (WNS) to the nation-wide survey conducted in the states of Khartoum, South Darfur, North Darfur, Central Darfur, West Darfur, South Kordofan, East Darfur, Kassala and West Kordofan from August to September, 2020 and provides a comparative analysis of the key findings.

The major objective of both surveys was to get feedback from refugees and asylum seekers on whether they received and understood the messages on COVID-19 Risk Communication and Community engagement (RCCE) messages disseminated by UNHCR and partners. Unlike the one conducted in WNS, the country-wide survey had an additional objective i.e. to explore innovative ways of using digital tools and social media to amplify outreach directly with refugees and other persons of concern.

Methodology

There were a few notable differences in the methodology employed;

- The WNS assessment was conducted in-camp/collective settings while the country-wide survey was conducted both in-camp and out-of-camp settings.
- In the countrywide survey, data was collected through phone calls to registered refugees and household visits whereas in the WNS survey, refugees were interviewed in public places such as markets, waterpoints and shops.
- More female (66%) than male (34%) were reached in the WNS compared to the countrywide survey in which 48% of the respondents were male and 52% female.
- Overall, the WNS survey reached out to a total of 1,969 refugees compared to 392 refugees reached during the nation-wide survey.

Key Findings

It is evident from both surveys that the Risk Communication and Community engagement (RCCE) initiatives have had a positive impact among refugees in Sudan. 98% of respondents in the WNS said they heard about the Corona virus compared to all respondents in the countrywide survey. There is also a high level of awareness among refugees that COVID-19. All respondents assessed have heard about COVID-19. Many respondents know the symptoms and are aware that COVID-19 cannot be cured. 96% of respondents expressed this in WNS compared to 75% in the countrywide survey. Most refugees are aware of the key COVID-19 preventive measures such as washing hands with soap, avoiding large gatherings and social distancing, and avoiding coughing and sneezing in public. This level of awareness can be useful in the fight against the pandemic.

40% of respondents in the country-wide survey compared to 39% in WNS expressed that they will consult a health worker if someone presents with COVID symptoms. Others would consult Community leaders and community-based networks such as Community Outreach Volunteers. The fact that most respondents are still hesitant to reach out directly to health workers could be a sign of poor health-seeking behavior among refugees, or their lack of trust in the health system. More work therefore needs to be done along this path. Also in both surveys, very few respondents said they could call the hotline number 2020 and 991 (3% in WNS and 15% in the countrywide survey). This is particularly worrying considering that the hotline is the first point of call.

Both surveys also reveal that refugees are gradually adopting positive behavior change. Already, 91% of respondents in WNS are washing hands with soap several times a day compared to 84% in the country-wide survey, 65% are avoiding large gatherings and 60% are not hugging. These are positive signs that could go a long way in controlling the spread of COVID-19.

In the case of an outbreak of COVID-19 in a refugee camp, 36% of respondents in the WNS survey said they would immediately avoid contact compared to 28% in the country-wide survey. Statistics on the overall number of respondents who said they would call a health worker or call the hotline are also similar. However, only 12% and 6% in the country-wide and WNS survey said they would quarantine all contacts, giving the general impression that community acceptance of quarantine/isolation is still low.

Both surveys also revealed that refugees are not fully aware of the different risk groups or those most-at-risk of catching the Corona. Up to 79% of respondents in the country-wide survey mentioned older persons as the only at-risk groups with the rest of the risk groups scoring below 10%. Similarly, 33% of respondents in WNS survey (by far the highest) percentage in the WNS survey mentioned elderly persons with other factors scoring just under 8%. A deliberate effort therefore has to be made to enlighten refugees and asylum seekers on the other risk groups such as people suffering from diabetes, heart problems, HIV, kidney diseases, high blood pressure, hepatitis and obesity.

Women and Girls

Many of the women assessed said that they do not know , or do not believe that Corona virus affects them in any specific way. Similarly, many expressed that they have not witnessed any negative attitude such as increase in domestic and intimate partner violence.

Conclusion From The White Nile and Countrywide Surveys

It is therefore clear from both assessments that the Risk Communication and Community engagement (RCCE) initiatives are having a positive impact on the lives of refugees in different parts of Sudan and there is need to sustain these efforts.

However, the most common concerns that came out from both surveys are; inadequate knowledge of the refugee community of other risk groups such as people suffering from diabetes, heart problems, HIV, kidney diseases, high blood pressure, hepatitis and obesity, low acceptance of quarantine/isolation and the need the enlighten women on the possible impacts of COVID-19 on their lives and how they can seek redress. The fact that up-to 70% of refugees expressed in the country-wide survey that they prefer to receive communication from Sultans and community leaders also calls for more investment and training in the local refugee leadership to improve their knowledge and skills.



UNHCR staff conduct an awareness-raising session on COVID-19 precautionary measures with community leaders from the South Sudanese urban refugee population living in Nyala town in South Darfur, Sudan.

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Recommendations

- Strengthen poster distribution and RCCE efforts to refugees and asylum seekers in urban/out-of-camp settings. 59% of refugees living in out-of-camp settings reported not having seen posters compared to all refugees in camp/collective settings who have seen posters.
- Increase support to community leaders so that they are able to carry out effective RCCE initiatives through home visits while observing the necessary precautionary measures.
- Consider investing in radio. This could go a long way in boosting sensitization among refugees pending a more in-depth radio listenership survey in the near future.
- Plan with teachers and local leaders on how to educate affected communities about other high-risk groups such as people living with HIV, those with kidney problems, diabetes, high blood pressure, asthma and heart problems.
- Enhance training of community support groups on mask production and usage, including members of the Community Based Protection (CBP) networks.
- Invest more in Community Outreach Volunteers (COVs) to bolster sensitization and poster distribution in urban settings by increasing their number and allocating more resources toward their incentives.
- Improve interview environment, especially for female respondents during assessments. A conducive environment is crucial especially when discussing issues relating to women, gender and violence. This increases confidence leading to improvement in the quality of data.
- Implement another comprehensive country-wide COVID-19 household follow-up survey with a more specific GBV lense . More emphasis should be given to female staff to interview female respondents in an environmentally friendly/male-free setting.

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