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Acronyms

CARM  Community Accountability Reporting Mechanism
FGD   Focus Group Discussion
FSL   Food Security and Livelihoods
HAC   Humanitarian Aid Commission
HH    Household
IDP   Internally Displaced Person
IYCF  Infant and Young Child Feeding
KII   Key Informant Interview
MEL   Monitoring, Evaluation and Learning
MPCA  Multi-Purpose Cash Assistance
NFI   Non-Food Items
ODK   Open Data Kit
PDM   Post-Distribution Monitoring
WASH  Water, Sanitation, and Hygiene
1. Introduction

South Kordofan State continues to face interconnected humanitarian challenges due to the impact of 10 years of conflict and the continued presence of armed groups. Despite the preliminary agreement signed between government forces and the Sudan People’s Liberation Movement-North (SPLM-N) to extend the ceasefire and start a mediation process towards a final peace deal, the conflict has continued in the two areas of Kordofan and Blue Nile, which has undermined access to basic services and livelihoods for both host communities and Internally Displaced Persons (IDPs).

The ongoing economic crisis in Sudan has continued to undermine household food security with the majority of IDPs and host community unable to meet their basic water, sanitation, nutrition, food security and livelihood needs. While the transitional government is committed to stemming the economic crisis, government reforms may involve drastic economic measures such as food and fuel subsidy cuts that could further impact families who are already struggling to cope. The deteriorating economic situation has affected emergency food assistance, for which the caseload is high due to elevated staple food prices and insufficient income. The increase in staple food prices has been exacerbated by a high rate of inflation. Poor access to safe and clean water has also exacerbated malnutrition cases among the IDPs and host community members.

The COVID-19 pandemic also poses a threat to household livelihoods, the functioning of markets, as well as direct impacts on health. Moreover, the spread of COVID-19 may increase the risk of mortality for populations whose health status is already compromised by acute malnutrition as a result of food insecurity.

While the full impact of the evolving operating environment on the humanitarian situation is unclear, the transitional government of Sudan has been supportive of the international humanitarian community, including INGOs. The process of obtaining technical agreements, visas and travel permits from state and federal Humanitarian Aid Commission (HAC) has become more efficient in 2020 compared to the previous years when the process would take more than three months, even though the labor department remains actively involved in the INGO national staff recruitment process including screening and selection.

To alleviate the ongoing humanitarian situation and the spread of COVID-19, Mercy Corps requested $1,700,000 USD to implement an integrated WASH, nutrition, food security and livelihoods program for twelve months in South Kordofan State, supporting 46,634 individuals (8,570 men, 9,106 women, 14,398 boys and 14,560 girls). Additional time and resources will enable Mercy Corps to meet the urgent needs of households in South Kordofan State by increasing their access to basic WASH services and nutrition, while strengthening the foundation for future recovery through increased livelihood opportunities. This program will also support the ongoing global and national efforts for combating the COVID-19 pandemic that is currently ravaging communities and individuals.

To monitor the progress of implementation of program activities and their effect on targeted communities, households and individuals, Mercy Corps developed a detailed Monitoring and Evaluation (M&E) plan (Annex 2) incorporating a log frame. The M&E plan for the program provides data to inform decision-makers in order to optimize the program’s implementation as well as to provide measurable indications of the program’s achievements of the program activities. Thus, the baseline

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1 Sudan Humanitarian Needs Overview – OCHA, January 2020

2 FEWS NET Sudan Food Security Outlook, February 2020 to September 2020
survey provides initial characterization of the conditions related to program interventions and where applicable, provide initial baseline values of some of the program indicators which will be the basis for determining changes and impact at the end of the program.

1.1 Objective of the baseline survey

The main objective of this baseline assessment exercise was to capture data and information that will enable the project to establish the prevailing situation in the targeted villages and households about WASH, Agriculture and Nutrition. The specific objectives of the baseline survey were:

- To collect data that will be able to determine the level of change on impact and outcome indicators between baseline and final evaluation;
- Improve the understanding of constraints and challenges faced by target participants, and their current state of needs.

2. Executive Summary

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Self-Reliance Through Access to Basic Services, Nutrition, Cash and Livelihoods (STABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Location</td>
<td>South Kordorfan State</td>
</tr>
<tr>
<td>Project Duration</td>
<td>12 months (September 2020 to August 2021)</td>
</tr>
<tr>
<td>Project Budget</td>
<td>USD 1,700,000</td>
</tr>
<tr>
<td>Donors</td>
<td>USAID - Bureau of Humanitarian Affairs (BHA)</td>
</tr>
<tr>
<td>Implementing Agency</td>
<td>Mercy Corps-Sudan</td>
</tr>
</tbody>
</table>

Mercy Corps is implementing a 12-month USAID award jointly funded by the Bureau of Humanitarian Affairs (BHA) to support an integrated WASH, nutrition, food security and livelihoods program in South Kordorfan State, supporting 46,634 individuals (8,570 men, 9,106 women, 14,398 boys and 14,560 girls).

Additional time and resources will enable Mercy Corps to meet the urgent needs of households in South Kordorfan State by increasing their access to basic WASH services and nutrition, while strengthening the foundation for future recovery through increased livelihood opportunities. This program will also support the ongoing global and national efforts for combatting the COVID-19 pandemic that is currently ravaging communities and individuals.

Mercy Corps-Sudan MEL Unit together with Programs Teams took the lead to conduct the baseline study of the households targeted by the project. The baseline study aims to provide an independently assessed information base relevant to the project against which the project’s progress and effectiveness can be monitored and assessed. The study has attempted to capture the current condition of the project beneficiaries looking at the following:

- Current rehabilitation needs of water hand pumps
- Current knowledge of hand washing practices
● Key sources of food for household consumption
● Benefits of FSL assistance received
● Access to key agricultural inputs
● Sources of household income
● Nutrition services availability

A summary of the findings related to these indicators can be found at the end of this executive summary section.

The methodology used for the study involved both primary and secondary research. Primary research consisted of all data collected during the registration of participants between 15 March and 23 March 2021.

The MEL Unit together with programs developed a questionnaire tool on the basis of the Project proposal and the MEL Narrative. Data from 362 respondents in four localities of South Kordofan State was collected and analyzed. A scoping study or pre-test was carried out to test and refine all tools which were used with sample respondents from the project areas.

Secondary research involved the MEL Team reviewing key project documents such as project proposals, WASH feasibility assessments and M&E framework.

Findings reveal that the average household age was 38.2 years - 40.6 for male heads of household and 36.1 for female household heads. The majority of household heads surveyed in the dataset were male (62%).

Over 70% of the respondents reported that there are non-functional hand pumps in their localities that need repair or rehabilitation, with an almost similar majority of them reporting that no youth from their areas had been trained on hand pump maintenance or repair. These findings indicate that there is indeed a need for support in the repair of water infrastructure and building of the community’s capacity to maintain them. A majority of those sampled (93%) reported never having been trained on hygiene promotion. Those who had received the training mainly received WASH skills, leadership and communication skills training. No follow-up training was provided after the first one. In this STABLE program, comprehensive training with follow-up training and training assessments will be conducted to ensure provision of a comprehensive WASH hygiene promotion support. Growing on their own land and purchasing from local shops were identified as the main sources of attaining food by 58% and 41% of sampled respondents respectively, while 1% source their food through direct purchasing from local traders. For those who reported growing their own food, a large majority (81%) indicated that they do own the land on which it is cultivated, while (69%) also reported that they had never received any kind of support with seeds and/or tools from any NGO.

A few (4%) reported that they are currently receiving some cash assistance from NGOs in the area, highlighting the need for more cash interventions in these localities. Although there are some nutrition services available in the localities, only 11% of the respondents have participated in the Infant and Young Child Feeding sensitization (IYCF) initiatives signifying a need for more sensitization efforts in ICYF in the operational areas. The protection, promotion and support of IYCF sensitization efforts are central to preventing all forms of child malnutrition, including stunting and wasting as well as overweight and obesity thereby improving nutrition outcomes which is one of the objectives of the STABLE program within the target localities.
3. Study Methods

3.1. Baseline Methodology

3.1.1. Introduction

The baseline survey design used a mix of quantitative and qualitative methods to establish baseline values and characterize the current situations regarding food security, nutrition and WASH interventions. The household-level quantitative survey was applied to all randomly selected potential program participants in four localities of South Kordofan State. The survey can be found in Annex 1. Among all target groups, Mercy Corps will apply the following minimum targeting parameters that are in line with Mercy Corps’ current resilience programming: 25% women, 10% people with disabilities and older people. Mercy Corps’ beneficiary selection Standard Operating Procedures (SOPs) define the standard vulnerability scoring and beneficiary selection process for MPCA and other program interventions. The selection criteria include:

- Household (HH) size
- Housing type and current status of residence
- Household dependency ratio
- Gender and age of Household head
- Person living with special needs
- Chronically ill people
- Pregnant/lactating women in the house
- Household monthly estimated income

Following the initial staff training and a pilot of the survey tool on March 17, 2021 in Kadugli locality, the survey deployment was conducted under the BHA STABLE award.

3.1.2. Sampling Design and Procedures

The MEL team began the household surveys using the survey tool on March 18 and all data from the surveys conducted from that date through March 23 were used as part of the baseline report. The surveys were conducted in the following areas: Kadugli locality (Alshaer Masker, Morta East, Algardod, Almokhaymat and Tafer); Elriefsarqi (Saraf Alday, Sudia, Barno, Gabrona, Alshaer Tomat); Dilling (Altemaid, Gada, Almrafeid, Alsar elameen, Kondomaya, Umashosh and Albok) and Rashad (Rashad City, Sangel, Tortag, Alnemaya, Khoralramla, Kaloba and Saraf Falata)

All HHs assessed were in-camp IDPs, returnees, or members of host communities. Mercy Corps conducted the surveys using a blanket, door-to-door method. With the total target population of beneficiaries being 100,433 people, a tentative sample size of 384 individuals was derived (95% Confidence Level, 5% Confidence Interval) using a normal online sample size calculator.

3.1.3. Data Collection Instruments

The baseline survey used a registration survey tool (Annex 1) that collected information on the following:

- Socio-demographic characteristics of households
- Access to WASH Services
- Household Agriculture and Food Security Strategies
- Access to Nutrition Services
The quantitative household survey (registration) was conducted with tablets using an open data kit (ODK). The completed surveys were all uploaded onto Ona platform on a daily basis. The uploaded surveys were then downloaded into Excel for ease of data cleaning and analysis.

### 3.1.4. Limitations of the Baseline Study

The surveys were conducted using a door-to-door approach to enhance the ability for in-person verification of household circumstances. Data is self-reported by participants, can be subject to "over reporting." This can sometimes lead to an exaggeration of household circumstances in efforts to receive more assistance, as households may present their situation as ‘worse-off’. To mitigate over reporting on crucial variables, Mercy Corps trained the enumerators on how to explain the purpose of the surveys and its objectives so as not to raise expectations of the respondents, and to triangulate some of the information with direct observation of key information such as types of water sources and the distance to the sources from the homestead.

The baseline survey was delayed due to the fixed exchange rate situation in Sudan before March 2021, which led to very high costs to implement the survey prior to this date. This exchange rate policy was however changed later in the month, providing a limited time to collect the data including Focus Group Discussions (FDGs) and Key Informant Interviews (KIs). Given the limited time, KIs and FDGs could not be conducted, as the survey was undertaken in about 10 days through only household interviews.

### 3.2. Survey Coverage - Location and Timing

Mercy Corps conducted 381 surveys during the period of March 17 – March 23, 2021. The surveys took place in four localities across South Kordofan State. A full list of the number of surveys per locality is shown below:

<table>
<thead>
<tr>
<th>State</th>
<th>Locality</th>
<th>Villages</th>
<th>Number of Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Kordofan State</td>
<td>Kadugli</td>
<td>Alshaee Masker, Morta East, Algardod, Almokhaymat and Tafery</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td>Alreef Alsharqi</td>
<td>Saraf alday, Sudia, Barno, Gabrona, Alshaee Tomat</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>Dilling</td>
<td>Altemaid, Gadra, Almrafeid, Alsir alameen, Kondomaya, Umashosh and Albok</td>
<td>99</td>
</tr>
<tr>
<td></td>
<td>Rashad</td>
<td>Rashad City, Sangel, Tortag, Alnemaya, Khoralramla, Kaloba and Saraf Falata</td>
<td>99</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
<td><strong>362</strong></td>
</tr>
</tbody>
</table>
4. Results and Findings

4.1 Data Analysis

All data was collected digitally and uploaded to a central, aggregate platform using Ona. The data was then downloaded into Microsoft Excel, and cleaned by the Database Officer in coordination with the Senior MEL Officer and MEL Manager. Frequency tables, measures of central tendency and charts were generated to show frequency and percentages of variables.

This baseline survey covered 362 households in four localities of South Kordofan State. The survey results indicated that 46% of respondents were male and 54% were female. About 16% of respondents were IDPs, while 77% were residents/hosts and the remainder were returnees (7%). The average age of the respondents was 38.2 years, within a range of 14 to 82 years. The table below shows the respondent, head of household and household details.

<table>
<thead>
<tr>
<th>Number (%)</th>
<th>Mean</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>362 (100%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Respondent</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>167 (46%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>195 (54%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>38.2</td>
<td>14</td>
<td>82</td>
</tr>
<tr>
<td><strong>Head of household</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>150 (62%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>91 (38%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>39.37</td>
<td>15</td>
<td>102</td>
</tr>
<tr>
<td><strong>Resident/host community</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDP</td>
<td>58 (16%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Returnee</td>
<td>24 (7%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.2 WASH

With respect to the main water sources for daily domestic use, the sampled respondents indicated that a majority of them (70%) use hand pumps for this purpose. Open well and piped water accounted for 22% and 4% of respondents respectively. About 4% highlighted that they use other sources of water that includes streams, shallow wells or rivers. A large majority (62%) also reported that they were not aware of any committees established or functioning in their areas for the purpose of championing WASH activities, with 59% also indicating that they (or members of their HH) were not active in any of the present WASH committees.
4.2.1 WASH Infrastructure

Nearly 70% of the respondents reported that there are non-functional hand pumps in their areas that need repair or rehabilitation, with an almost similar majority of them reporting that no youth from their areas had been trained on hand pump maintenance or repair. These findings indicate that there is indeed a need for support in the repair of water infrastructure and building of the community’s capacity to maintain the same.

On average, the respondents highlighted that there were non-functional hand pumps per locality although these varied per village. For comprehensive analysis of the non-functional hand pumps per village. Please see Annex 2 from the feasibility assessment.
Over 50% of respondents noted that they have to travel less than 1km to the nearest water points available in the localities. However, on average about 42% (range of 26% to 44%) of the respondents highlighted that they have to travel 1–3 km to access water. On average, about 10% have to travel at least 3km to access water.

### 4.2.2 Training

A majority of those sampled (93%) reported never having been trained on hygiene promotion, while for those who had received some training. The WASH training covered topics on sanitation, hygiene, and waste management as well as personal hygiene.
4.2.3 Hygiene

Of the sampled respondents, 81% indicated that they are aware of how, when and how many times they should be washing their hands every day. However, upon further inquiry, almost 55% of the respondents stated that they should wash their hands about 1-4 times a day, in comparison to the recommended five times per day. This indicates that there is still a need for more sensitization around normal hygiene practices.

4.3 Food Security and Livelihoods

Growing on their own land and purchasing from local shops were identified as the main sources of food by an estimated 58% and 41% of sampled respondents respectively, while 1% sourced their food through direct food aid from NGOs.

For those who reported growing their own food, a large majority (81%) indicated that they do own the land, while 69% also reported that they had never received any kind of support with seeds and/or tools from any NGO.

This result shows that the areas targeted by the STABLE program are therefore well primed to receive the agricultural interventions proposed by this program. A large majority of respondents (71%) reported that they do not feel like they have adequate access to seeds for planting. Conversely, about 34% of the respondents indicated that there are enough traders in their areas who sell seeds and farming tools. This finding shows that the program team should endeavor to distinguish the geographically unique needs of the targeted populations, with respect to (improved) seeds and tools availability, during the anticipated distributions.

4.4 Multi-Purpose Cash Assistance

Almost a quarter of the sampled respondents indicated that they were currently involved in some form of income generating activities for their household needs. The exact income generating activities highlighted by this proportion of the respondents are illustrated by the graph below, which shows that a majority of these rely on casual labor (49%), sales of farm produce or livestock (42%), and formal employment (9%).
On average, the sampled respondents reported making about 12,723 SDG ($40 USD) monthly. The main expenditure cost is food, which accounts for 94% of total household income per month, indicating that food expenditures contain the bulk of their household expenses. Thus, participants require support in terms of production of their own food through agricultural activities in order to have a significant portion of their income for other household expenses such as education, rent, etc.

The respondents were also asked whether or not they are currently receiving cash assistance from any NGO. A few (4%) reported that they are currently receiving some cash assistance from NGOs in the area. This highlights the need for some cash interventions in the localities, as many of these households struggle to meet their basic household needs with 94% of their monthly income going towards food.
4.5 Nutrition

The assessment also asked information on the nutrition services available within the localities. 67% of the respondents noted that that were nutrition services available and about two thirds of the services mentioned were Targeted Supplementary Feeding Program (TSFP) with the remainder being Outpatient Therapeutic Program (OTP).

Although there are some nutrition services available in the localities, only 11% of the respondents participated in the IYCF sensitization efforts, signifying a need for more awareness in ICYF in the operational areas. 15% of the respondents were females who had children under five months of age. The survey elicited information from women with children under five on breastfeeding and other feeding practices. The following graph shows how they had fed their under-fives a day prior to the survey.

![Graph showing feeding practices](image)

From a nutrition perspective, children should be exclusively breastfed for the first six months of their lives. This entails that no other liquids or solids are given (including water), with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines. The survey results show that about 70% of the respondents had breastfed their children under 5 months the day prior to the survey. However it is also worth noting that on average a third of the respondents had provided water or some semi-solid food to their infants, which is not the recommended practice. It is therefore important for the program to take note of these feeding practices and to conduct awareness campaigns on the nutritional aspects of the children under 5. This will need to be conducted with the State Ministry of Health.
5. Conclusion and Recommendations

Based on the findings of this assessment, the following points summarizes our recommendations on implementation of the proposed project activities:

1) There is an urgent need to address sanitation and hygiene services in all targeted villages given the number of non-functional pumps in the localities and the long distances traveled to access water for the household.

2) Multi-Purpose Cash Assistance (MPCA) needs to be implemented to complement the WASH activities, as only 4% of respondents are currently receiving cash assistance in the surveyed areas. This will enable participants to meet their basic household needs during the lean season and reduce their dependence on external assistance.

3) There is a need to work closely with Line Ministries and other State level institutions to ensure the sustainability of interventions, and ensure they are embedded within appropriate local structures.

4) The Sudanese Government’s Water and Environmental Sanitation Department (WES), Sudan Ministry of Health, and local organizations should be engaged as partners in the development and management of water resources and health services in the rural villages.

5) Capacity building of local partners, WASH committees, hygiene promoter groups and local authorities should be a main focus of any implementation strategies for effective management of resources in the rural villages.

6) Nutrition awareness and sensitization, including ICYF, must be added as part of the nutrition assistance within the localities. Very few respondents (11%) highlighted that they have been part of a sensitization effort within their areas, indicating a low level of nutrition awareness.
Annexes

Annex 1 –Baseline Tool

OFDA STABLE 33602 SKS Baseline
Household/Individual Questionnaire
February 2021

1. General Information

1.1 Questionnaire Number ................................................. 1.2 Date .................................................................

1.3 Enumerator Name ..................................................... 1.4 Supervisor Name ..............................................

1.5 Village/Camp Name ................................................ 1.6 State ..............................................................

In what language do you feel most comfortable communicating?

2. Household Socio-demographic Characteristics (Respondent Information)

2.1 Respondent Name ................................................... 2.2 Respondent Gender ...........................................

2.3 Respondent Age ..................................................... 2.4 Respondent Contact/ID Number ................................

2.5 Which best describes your household status? ; (Choose One)

   i. IDP
   ii. Returnee
   iii. Host Community
   iv. Refugee

2.6 Respondent’s Main Occupation; (Choose One)
i. Animal Rearing
ii. Casual Labor
iii. Farming
iv. Other? Specify………………………………………………

Household Size? -------

2.7 Is the respondent the head of the household?
   i. Yes
   ii. No

2.8a Which of the following is your MAIN source of water for daily use (hint: cooking, drinking, bathing and washing)? *(Choose ONE only)*
   i. Water Pump
   ii. Open Well
   iii. River/Stream
   iv. Piped Water
   v. Other (Specify) .................................................................

2.8b What is the distance between your household and the main water source?

2.8c How long does it take to travel from your household to the main water source?

2.8d What is the estimated total volume of water per day used on a normal day by all members of your household? How many 20 litres jerrycan do you fetch per day from all water sources? All sources" means any source, regardless of the quality of water, from which water is collected for the purpose of satisfying the drinking, cooking, and hygiene needs of household members. ------------

XX Please state for me all of the occasions when it is most important to wash one's hands? (Please do not read this to respondents, Tick all that applies)
   - Before eating
   - Before preparing food
   - Before feeding an infant
   - After defecation/using the toilet
   - After changing diapers or cleaning a child's bottom

3. **Access to WASH Services**

3.1 Does your household or community currently have access to an improved source of water for
drinking?

i. Yes
ii. No

3.2 In your opinion, is the water you are currently using sufficiently clean (safe for drinking)?

i. Yes
ii. No

3.3 Does your household or community currently have access to sufficient latrines or toilets to ensure that there is no Open Defecation?

i. Yes
ii. No

3.4 Do you feel like you have enough knowledge about hygiene and public health to adopt safe hygiene practices?

i. Yes
ii. No

3.5 In your opinion, do you think the current WASH services adequately address women’s needs for privacy, safety and appropriateness of services?

i. Yes
ii. No

3.5 b Do you feel safe using or going to the water supply points that are in your community/area? (Yes/No)

4. Access to WASH Infrastructure

4.1 Are you aware of any Non-functional hand pumps in your area?

i. Yes
ii. No

4.2 IF YES, Approximately how many of these Non-Functional hand pumps do you have in your area?

(...)

4.3 Are there any recently rehabilitated hand pumps in your Camp or Village?

i. Yes
ii. No

4.4 IF YES to 4.4. Above, in your opinion, have these rehabilitated pumps made it easier for the community to access water?
i. Yes
ii. No
iii. N/a

4.5 On average, how much time do you or members of your household use for fetching water on a daily basis? *(Choose one)*

i. Less than 30 minutes
ii. Less than 1 hour
iii. Between 1 and 3 hours
iv. More than 3 hours

4.6 On average, what distance do you or members of your household cover to fetch water on a daily basis? *(Choose one)*

i. Less than 1Km
ii. Between 1 and 3 Km
iii. Between 3 and 6 Km
iv. More than 6 Km

4.7 Do you think the rehabilitation of water pumps would make it easier for you to access water?

i. Yes
ii. No

4.8 Do you currently have any solar-Powered water pumps in your camp or village?

i. Yes
ii. No

4.9 How many *liters of clean water PER DAY* are you currently receiving or using on average? .......
(Liters)

4.10 Does your household or community currently have access to any improved latrines?

i. Yes
ii. No

4.11 Do you and/or any member of your household or community still defecate in the open?

i. Yes
ii. No
5. **WASH Training**

5.1 Have you or any member of your household ever been trained on any WASH practices e.g. how to wash your hands?

   i. Yes
   ii. No *(If NO, skip to 5.3)*

5.2 If YES to 5.1, have you received any follow-up training on hygiene promotion after the first training?

   i. Yes
   ii. No

5.3 Are you aware of how, when and how many times you should be washing your hands in one day?

   i. Yes
   ii. No

5.4 **If YES to 5.3 above**, please ask the respondent to state *how many times they think one should wash* their hands in a day, on average. *(...) Times*

5.5 Do you currently have access to a specific place for washing your hands within your village, community or household?

   i. Yes
   ii. No

5.6 Have you received any training on how to be hygiene promoters?

   i. Yes
   ii. No *(IF NO, please skip to 5.8)*

5.7 **If YES to 5.6 above**, please indicate which of the following areas you have been trained on; (Choose all that apply)

   i. Leadership Training........................................ ( )
   ii. Communication Training ................................. ( )
   iii. WASH Skills ................................................. ( )

5.8 Have you received any training on how to establish WASH-related income generating opportunities/ (I.e. WASH Entrepreneurship?)

   i. Yes
   ii. No

5.9 Are there any WASH committees that have been formed, trained and/or operating in your community?

**MERCY CORPS** Self-Reliance Through Access to Basic Services, Nutrition, Cash and Livelihoods (STABLE)
6- **Agriculture and Food Security**

4.1 Which of the following is your **main source** of food for household consumption? *(CHOOSE ONE)*

i. Direct Food Aid from NGOs  
ii. Food Vouchers from NGOs  
iii. Cash Vouchers from NGOs  
iv. Growing on my own land  
v. Purchasing from local trader

4.2 Do you grow any of the food that you consume in your household?  

i. Yes  
ii. **No (If NO, skip to section 5)**

4.3 If you grow some of your food, do you own the land on which you grow it?  

i. Yes  
ii. No

4.4 If you grow your own food, have you ever received seeds and farming tools from any NGO?  

i. Yes  
ii. No

4.5 Have you ever been trained on improved farming techniques?  

i. Yes  
ii. No

4.5b Have you applied/used any of the improved agricultural technologies?

4.6 Do you currently feel like you have access to sufficient seeds for planting your main crops?  

i. Yes  
ii. No

4.7 Have you ever received vouchers to help you in purchasing seeds and tools for farming?  

i. Yes  
ii. No
4.8 Are there enough traders who sell seeds and farming tools in your area?
   i. Yes
   ii. No

7- Multi-Purpose Cash Assistance

5.1 Are you currently involved in any income-generating activity for supporting your household needs?
   i. Yes
   ii. No

5.2 Which of the following is your **MAIN source of income**? (Choose ONLY ONE)
   i. Sales of farm produce (Crops or Livestock)
   ii. Casual labor
   iii. Formal employment
   iv. Small business
   v. Cash transfer from NGO

5.3 How much money do you currently make on **average per month**? (______________) SDG

5.4 Which of the following is the **MAIN expenditure item** for your household monthly? (Choose ONE)
   i. Food
   ii. Water and Sanitation
   iii. Fuel
   iv. Rent
   v. Medicine
   vi. Clothing
   vii. Education

5.5 Are you currently receiving cash assistance from any NGO?
   i. Yes
   ii. No

5.6 How much of your household needs are you able to meet with your current income/cash assistance (if any received)? (All, Most, Some, None)

5.7 What is your average household expenditure from your personal income on essential WASH related basic needs (NOW)? SDG

8- Nutrition Services
   i. Is there any nutrition services in your community?
      Yes
No
If yes what of nutrition services is there?
1 OTP
2 – TSFP

SECTION D: Nutrition

D1. Did you or any member of your household participate in any IYCF programs? Did any member of your household receive Infant and Young Child Feeding sensitization in the last 30 days? (Yes/No)

D2. Do you have an infant 0-5 months old? (Yes/No)

D3. If YES, did you give breast milk to your infant yesterday? (Yes/No)

D4. Did you give vitamins/syrups/medicine to your infant yesterday? (Yes/No)

D5. Did you give water/water-based fluids like fruit juice or other liquids to your infant yesterday? (Yes/No)

D6. Did you give any other semi-solid food (Infant formula, Pap, e.t.c) to your infant yesterday? (Yes/No)

D7. Do you have an infant 6-23 months old? (Yes/No)

D8. If YES, did your child consume grains, roots or tubers such as tuwo, bread, noodles, koko, Akamu, kunu geda, oat, custard, yam or [other local grain food] yesterday? (Yes/No)

D9. Did your child consume Legumes and nuts such as any foods made from beans, peas, lentils, groundnut, Bambara nut or other locally produced nuts yesterday? (Yes/No)

D10. Did your child consume Dairy products (milk, yoghurt, cheese) yesterday? (Yes/No)

D11. Did your child consume Flesh foods (meat, fish, poultry and liver/organ meats) meat, such as beef, pork, lamb, goat, chicken, or duck yesterday? (Yes/No)

D12. Did your child consume eggs yesterday? (Yes/No)

D13. Did your child consume Vitamin-A rich fruits Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside yesterday? (Yes/No)

Did you ever breastfeed (NAME)?

Did you ever breastfeed (NAME)?
Have you stopped breastfeeding completely?
For how long did you breastfeed (NAME)? (DAYS/MONTHS/ Don’t Know)
Why did you decide to stop?

ACCOUNTABILITY QUESTIONS

I’m going to ask you a few questions about our team's accountability to communities and feedback channels.

9.1 What is your perception of Mercy Corps team members in your community?
9.2 Do you know that you can submit complaints and feedback to Mercy Corps? (Yes/No)
9.3 Which channel would you be the most likely to use if you wanted to share feedback with Mercy Corps?
9.4 Would you feel unsafe using any of the feedback channels? (Yes/No)
9.5 Are you satisfied with the system of complaints and feedback?
9.6 Do you have any recommendations for Mercy Corps that you would like to share? (Open ended)
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<th>Village name</th>
<th>Estimate population</th>
<th>Number of dysfunctional HP to be rehabilitated</th>
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