# **South Sudan – Community Rapid Assessment**

**A methodological concept**

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## **Introduction**

South Sudan Country Office (SSCO) is planning to implement a COVID-19 Community Rapid Assessment (CRA) to complement evidence generated already via Risk Communication and Community Engagement efforts thus far. The purpose of this exercise is to provide data analytics and a brief survey tool (modularized) to obtain valuable data to base and improve country programming for the COVID-19 outbreak, by making available representative community-based insights on behavioral aspects of the pandemic response. This is thus an assessment of knowledge, attitudes, behaviours and coping strategies or evolving needs of target communities in South Sudan.

# **The Sampling processes**

## **Study design**

In South Sudan, this study will use the same data collection tool as used globally in other countries implementing the CRA, that is, the study will involve a time series, repeated cross-sectional design (i.e., each sample will consist of different participants). The core assumptions in these countries are the same although the unique characteristics of the specific households under study will be different as will the health behaviors and practices and technologies aimed at preventing epidemic outbreaks employed. The overall design mimics a multistage, cluster randomized survey where the exposure will be desired health behaviors and practices aimed at preventing epidemic outbreaks.

## **Stratification and study areas**

South Sudan is administratively divided into three regions and ten states as outlined below:

|  |  |  |
| --- | --- | --- |
| **Region** | **States (10 states)** | **Counties (80 counties)** |
| Upper Nile | Upper Nile State | 13 counties |
| Jonglei State | 11 counties |
| Unity State | 9 counties |
| Bhar el Ghazal | Warrap State | 7 counties |
| Lakes State | 8 counties |
| Northern Bhar el Ghazal State | 5 counties |
| Western Bhar el Ghazal State | 3 counties |
| Equatoria | Central Equatoria State | 6 counties |
| Western Equatoria State | 10 counties |
| Eastern Equatoria State | 8 counties |
| **3 regions (all sampled for CRA)** | **10 states (6 sampled for CRA)** | **80 counties (18 sampled for CRA)** |

There are strong similarities within each region, based on languages, cultures and geography. The study covers the entire country i.e. all households within the boundary of South Sudan shall have equal chances of being selected.

A multistage sampling process has been employed. In the first stage of sampling, all regions were included in the survey (this means that the study will take place across all the three regions). In the second stage of sampling at the county level, all the eighty counties were listed, stratified and clustered based on languages/tribes available in the county. After this stratification, accessibility was considered. Counties that were inaccessible for the study were identified from each cluster of equal clusters developed, putting into attention that no whole cluster of counties would be dropped because of inaccessibility (this means that characteristics that would have been missed were retained/represented in the final selection). In the third stage of sampling, two states were randomly selected in each of the ten states (this means that data shall be collected in 6 states only). Stratification was first done at the county level to ensure that national characteristics of the population would be clustered before dropping any state. State stratification was compared with county stratification to ensure that no particular group of interest would be lost. These special characteristics include variables such as language/tribe, urban/rural, livelihoods (communities’ livelihoods include pastoralist/cattle keepers, farmers, fishing islands, urban/rural, among others).

In the fourth stage, 3 counties were randomly selected from the stratified equal clusters of counties.

The final stage of sampling shall be conducted at the county level, applying the same procedures applied at the national level, to sample the lower-level administrative units: payams, bomas and villages. When a village is selected, data collectors will apply further randomization to select the households. This means that in each state, an equal number of counties, payams, bomas and villages will be randomly selected to be included in the study. It is from the randomly selected enumeration areas that the units of analysis will be taken in equal counts.

## **Final enumeration areas**

Data shall be collected from households that will be identified from the following counties:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Region** | **State** | **County** | **Target County populations** | | |
| **Total** | **Male-headed HHs** | **Female-headed HHs** |
| Upper Nile | Upper Nile | 1. Melut | 84 | 42 | 42 |
| 1. Maban | 84 | 42 | 42 |
| 1. Malakal | 84 | 42 | 42 |
| Unity | 1. Pariang | 84 | 42 | 42 |
| 1. Rubkona | 84 | 42 | 42 |
| 1. Panyijar | 84 | 42 | 42 |
| Bhar el Ghazal | Lakes | 1. Yirol East | 84 | 42 | 42 |
| 1. Wulu | 84 | 42 | 42 |
| 1. Rumbek Center | 84 | 42 | 42 |
| Northern Bhar el Ghazal | 1. Aweil East | 84 | 42 | 42 |
| 1. Aweil West | 84 | 42 | 42 |
| 1. Aweil Center | 84 | 42 | 42 |
| Equatoria | Central Equatoria | 1. Juba | 84 | 42 | 42 |
| 1. Terekeke | 84 | 42 | 42 |
| 1. Yei | 84 | 42 | 42 |
| Eastern Equatoria | 1. Torit | 84 | 42 | 42 |
| 1. Magwi | 84 | 42 | 42 |
| 1. Kapoeta South | 84 | 42 | 42 |
| **Total (n=1512)** |  |  | **1512** | **756** | **756** |

## **Study Population, Sample Determination, and Sampling Procedure**

Although populations vary from state to state as well as from counties, counties, the study sampling unit in this study, were defined as equal clusters. SSCO have used a nationally representative population sample, with budget constraints and accessibility (because of insecurity in some locations) considered. The community rapid assessment (CRA) shall be conducted in six states sampled across the country. Three counites in each state will be randomly selected with the aid of the random number selection (with replacement) tool in Microsoft Excel software. A unique number was assigned to each county, and using the tool, 3 counties were assigned from the sample frame.

## **Assumption**

If there was a tie i.e. a county selected multiple times, the procedure was re-run so as to obtain unique counties.  This is random selection with replacement.

# **Study population and HHs sampling strategies**

Six states have been randomly selected from ten states. In each of the selected states, 3 counties were selected from equal clusters developed from the selected states. In each county, 84 households (42 headed by males and 42 headed by women) shall be selected for the interviews. A total of 1512 households shall be interviewed across the country.

The approach to developing household listings will begin with tracking down and accessing the local Payam/Village leadership of each randomly selected village. The trained data collectors recruited from the same community (state/county) will schedule an appointment to reach with the Village leadership where they will introduce themselves, with the help of an introduction letter from both UNICEF and the RSS MOH, explaining the activity they will execute in the village, and request collaborative development of a detailed household listing including their telephone contacts where available. This will also work as an opportunity to establish rapport with the Village leaders as they help with mobilization during the actual survey. In addition to the above, when they are present, this greatly reduces non-response.

Data collectors will obtain the required number of households by randomly choosing from household lists as obtained through the village leader or any other frame available covering all the households in the village. However, if this is not available, data collectors will divide the village into smaller units, walking through while randomly selecting every fifth (or ...nth) household and identify an adult to interview, putting into consideration gender specification stated in this methodological concept.

# **Implementation Plan – data collection phase**

**Periodicity:** SSCO shall implement the modules through bimonthly phases. The first phase of data collection will take place in October 2020. This shall be repeated in December of the year.

**Instrument:** Questionnaire of 3 core modules and 2 optional modules, each a set of thematic questions on an area related to the Behavioral Drivers Model, designed to be brief and lightweight.

**Data Collection:** Data collection will involve **contactless approaches** that include the use of tablets with questionnaires uploaded into an ONA platform. 54 tablets shall be required.

**Training:** data collectors shall be trained in September 2020 on the content of the modules as well as on the use of the questionnaire and ONA. In this case, a collaboration with HQ/regional office is expected in converting the questionnaire onto the ONA platform, the link shall then be shared with the country office for implementation.

**Budget:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CRA PHASE II (Sept-Oct 2020)** | | | | | |
| **Activity** | **Unit** | **Quantity** | **Freq** | **Unit rate** | **Total Cost** |
| Trainings (10 locations - state headquarters, including meals, training hall, projector and stationery/training materials if feasible) | lump sum | 2 | 10 | 2500 | 50000 |
| Transport refund for 81 data collectors | persons | 81 | 2 | 30 | 4860 |
| Accommodation for 81 enumerators during training (where feasible) | persons | 81 | 3 | 25 | 6075 |
| Fee for HHS data collectors (60) | days | 60 | 5 | 83 | 24900 |
| Fees for supervisors (20) | days | 20 | 5 | 120 | 12000 |
| Fees for state level supervisor (1) | days | 1 | 5 | 300 | 1500 |
| Procurement of 100 tablets | pcs | 100 | 1 | 206 | 20600 |
| DSA and other cost for facilitaors (lumpsum) | lump sum | 1 | 1 | 4000 | 4000 |
| IEC support (Facemask, appron, cap etc) | lump sum | 81 | 1 | 15 | 1215 |
| **Total** |  |  |  |  | **125150** |
| **CRA PHASE III (Dec 2020 to Jan 2021)** | | | | | |
| **Activity** | **Unit** | **Quantity** | **Freq** | **Unit rate** | **Total Cost** |
| Refresh Trainings (10 locations - state headquarters, including meals and stationery/training materials if feasible) | lump sum | 1 | 10 | 2500 | 25000 |
| sTransport refund for 80 data collectors | persons | 80 | 2 | 30 | 4800 |
| Accommodation for 80 enumerators during training (where feasible) | persons | 80 | 3 | 25 | 6000 |
| Fee for HHS data collectors (60) | days | 60 | 5 | 83 | 24900 |
| Fees for supervisors (20) | days | 20 | 5 | 120 | 12000 |
| Fees for state level supervisor (1) | days | 1 | 5 | 300 | 1500 |
| DSA and other cost for facilitaors (lumpsum) | lump sum | 1 | 1 | 4000 | 4000 |
| IEC support (Facemask, appron, cap etc) | lump sum | 81 | 1 | 15 | 1215 |
| **Total** |  |  |  |  | **79415** |
| **GRAND TOTAL (2 phases)** |  |  |  |  | **204565** |

# **Study Limitations (at country and global level)**

* Absence of comparable studies on scale and reach.
* Variability of driving factors across countries to draw global estimates (limitation for aggregation only at the global level).
* Rapid assessment baseline and not full-on impact or RCT study.
* Limited questionnaire due to high costs and mediums (SMS/CATI).
* Differing sampling variances and confidence intervals for observed subgroups due to differences on phone. usage/penetration rates across countries.

# **Mitigation Strategies**

* Use of National and Regional Estimates where available, to compare results.
* Use global aggregates strictly for descriptive purposes.
* Fixed and Random Effects Regression Analysis Models, to see significance of changes over time.
* Pretest questionnaire validity to capture variability.
* Determine appropriate weights at national level, where needed, and test for significance and robustness checks.

# **Anticipated Risks**

There is expected low risk. For respondents, there are potential risks identified, including time inconvenience. Additionally, direct harm to respondents is low since the variables and information aggregation and anonymization processes do not allow to identify personal information, or any other ethnic or disadvantaged population individual marker.

Additionally, with standard strict data protection measures in place, any risk related to non-anonymous publishing of data from the survey is considered very low, and the personal harm for the individual respondent related to such unlikely event is also considered low due to the less sensitive nature of the responses provided.

Benefits include the sense of contributing and being able to participate in shaping the country’s pandemic response and the improvement of the responses provided through the insights that this information gives.