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1. **Geo-Political Context:**

Blue Nile is one of the eighteen states of the Republic of Sudan. It was established by presidential decree nº 3 in 1992 and is named after the Blue Nile River. It has an area of 45,844 km². The Central Bureau of Statistics reported the population at 832,112 in the 2006 census. Ad-Damazin is the capital of the state. The State is sub-divided into seven localities (counties) with 2016 population figures shown in the following table:

<table>
<thead>
<tr>
<th>LOCALITY</th>
<th>POPULATION</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damazin</td>
<td>293,358</td>
<td>152,546</td>
<td>140,812</td>
</tr>
<tr>
<td>Kurmuk</td>
<td>152,828</td>
<td>79,471</td>
<td>73,357</td>
</tr>
<tr>
<td>Roseires</td>
<td>297,681</td>
<td>154,794</td>
<td>142,887</td>
</tr>
<tr>
<td>Tadamon</td>
<td>107,115</td>
<td>54,629</td>
<td>52,486</td>
</tr>
<tr>
<td>Bau</td>
<td>175,495</td>
<td>91,257</td>
<td>84,237</td>
</tr>
<tr>
<td>Geissan</td>
<td>121,388</td>
<td>63,122</td>
<td>58,266</td>
</tr>
<tr>
<td>Wad Almahi</td>
<td>102,273</td>
<td>52,159</td>
<td>50,114</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,250,138</strong></td>
<td><strong>647,978</strong></td>
<td><strong>602,159</strong></td>
</tr>
</tbody>
</table>

The state of Blue Nile is home to the Roseires Dam, the main source of hydroelectric power in Sudan until the completion of the Merowe Dam in 2010 and is host to around forty different ethnic groups. Its economy is based on agriculture, animal husbandry and increasingly on mineral exploitation. In 2011, residents of Blue Nile were scheduled to hold ill-defined "popular consultations" to determine the constitutional future of the state, as per the Comprehensive Peace Agreement1. Instead, a dispute over the rightful government of the state, and the determination of the GoS to eradicate the Sudan People’s Liberation Movement-North, has led to a renewed insurgency and a refugee crisis.2

In early September 2011, tensions between the Government of Sudan (GoS) and the Sudan People’s Liberation Movement-North (SPLM-North) made up of northern troops from the movement that fought for South Sudan’s independence, plunged the Blue Nile state into war. The military action underscored the failure of the Comprehensive Peace Agreement (CPA) for the ‘two areas’ (South Kordofan and Blue Nile) and the emergence of another insurgency in the border area with the recently created state of South Sudan. A skirmish between a contingent of the Sudan Armed Forces (SAF) and a convoy of the SPLM-N Joint Integrated Unit (JIU) Damazine grew into a large-scale conflict involving the national army and paramilitary groups against the SPLM-N 2nd Division. In a few weeks, the conflict mobilized tens of thousands of troops, including locally recruited and government-equipped militias, significant military resources, and aerial bombardments. It resulted in a major humanitarian crisis in the southern part of Blue Nile, affecting some 250,000 people that were displaced both within Sudan and to neighboring countries. Then, in 2015, in Government controlled areas of Blue Nile, an estimated 56,000 were displaced (24,000 were relocated from 12 villages, mostly from Bau locality, to the outskirts of Roseires town; 26,000 returnees; and 6,000 displaced).

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1. Seeking to resolve two decades of war, and a much longer history of economic, social and political divisions, the CPA is ambitious in its scope. The agreement provides for radical changes in the government structure at the national level, the formation of a semi-autonomous government in the South, and separate protocols governing the border areas of Blue Nile State, South Kordofan, and Abyei.

2. Fighting in Southern Kordofan and Blue Nile states, Sudan’s “Two Areas,” began in mid-2011 between the Government of Sudan and the SPLM-North. The conflict severely affected or displaced more than 1.1 million people within the Two Areas and caused more than 234,000 people to flee to neighboring countries. Efforts continue to bring both sides to an agreement on the modalities for monitoring a ceasefire and concluding a National Dialogue process. The National Dialogue process is intended to resolve conflicts throughout the country and determine a framework for a new constitution.
2. **Blue Nile Joint Needs Assessment: Background:**

- **Contextual Framework:** In 2013, a needs assessment was conducted in Blue Nile State by a group of NGOs without any UN involvement. The assessment report was not endorsed by the UN and had little influence on humanitarian response strategies.

- **Contextual Framework:** In 2016, another needs assessment for Blue Nile was organized, this time with broad participation from partners including the UN agencies, (36 communities assessed in all 7 localities of the State). Regrettably, during the data collection phase, irregularities were reported that impacted the results. The report was never endorsed by the government and has not been used to advocate with donors for support to the IDPs of Blue Nile State. In mid-2017, following the disappointing results of the needs assessments of 2013 and 2016 and the continuing displacement of persons in the state, OCHA Blue Nile, in coordination with the Humanitarian Aid Commission, organized a joint needs assessment of the displaced with the participation of the UN Agencies, the State Line Ministries, INGOs and NGO present in Blue Nile State. The purpose of the needs assessment was to document more accurately the conditions of the displaced populations, identify the gaps in the aid and services being provided to them and to advocate with donors for additional resources to be provided to assist these populations as they await a resolution of the differences that oppose the SPLM-N and the GoS. Additionally, the needs assessment was to provide evidence that the displaced persons could be accessed and interviewed and that future aid would be delivered without restrictions. Consultations were held with all UN agencies as well as with INGOs and NGOs implementing actions in support of the displaced to agree on a framework for the needs assessment. A consultant was subsequently hired to provide technical support. The Terms of Reference for the assessment were agreed (see annex 2). Focus group discussions and key informant interviews constituted the basis of the data collection. Questionnaires were prepared, translated and photocopied for field use (see annex # 4). Additionally, direct observations complemented the data collection picture. A pre-assessment launch event was organized at which broad and unanimous support was pledged. The field level data collection was carried out in February 2018 over 5 days by three teams, each led by a HAC representative, composed of more than 30 individuals each. There was no pre-assessment field testing of the questionnaire and no training provided to the enumerators, whose identities were largely unknown until the last minute.

- **The Sudan Humanitarian Fund (2017):** USD 1.64 million (first allocation) and USD 2.85 million (second allocation).
- **CERF Funding for Blue Nile State (2017):** USD 2.8 million

<table>
<thead>
<tr>
<th>State</th>
<th>Sectors</th>
<th>Amount (USD)</th>
<th>Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Nile</td>
<td>FSL(Food)</td>
<td>1,000,000</td>
<td>WFP</td>
</tr>
<tr>
<td></td>
<td>Health (AWD)</td>
<td>300,000</td>
<td>WHO</td>
</tr>
<tr>
<td></td>
<td>Nutrition</td>
<td>601,639</td>
<td>UNICEF</td>
</tr>
<tr>
<td></td>
<td>Nutrition</td>
<td>598,361</td>
<td>WFP</td>
</tr>
<tr>
<td></td>
<td>WASH (AWD)</td>
<td>300,000</td>
<td>UNICEF</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>2,800,000</strong></td>
<td></td>
</tr>
</tbody>
</table>
3. EXECUTIVE SUMMARY:

- **Deliverables as per the ToR:** A draft report containing 1) analysis of the living conditions of the persons displaced by conflict as well as the host communities where they reside, 2) differentiation between immediate, life sustaining interventions and longer term community development actions, 3) prioritization of interventions that address immediate needs and lays the foundation for future collaborative work, 4) plans for phase II of the assessment to cover those localities in Blue Nile State that were not included in Phase I, and 5) a workshop presenting the findings from the assessment.

- The data collection for Phase I of the assessment was conducted mid-February 2018, a period that is midway through the dry season and four months after the last harvest. It should be noted that the water availability data as well as the stocks of food held at the household (HH) level were assessed during a period when both should have been relatively plentiful. In the case of water availability from protected sources, the assessment showed that people were already resorting to fetching water from unprotected sources due broken or malfunctioning pumps, and overcrowding at the wells. Food stocks at the household level were relatively plentiful given the season, although not everywhere.

- The Joint Needs Assessment was meant to provide an overview of the conditions in which IDPs and host community members live. It was not intended to replace in-depth assessments conducted by the technical sectors that deepen their understanding of the situation and enable more accurate targeting of assistance.

- The longer families live in displacement settings, the more likely it is that they will adapt permanently to their new living conditions, difficult as they may be. Children are born and raised in new surroundings. The families gradually grow roots in their new communities making an eventual departure-return to their former homes more difficult. Some IDP families may decide to establish themselves in the communities where they have taken root. The principal conditions for resettlement are that livelihood opportunities exist and that there is a level of communal concord and security. As long as arable land is scarce at the displacement settlement (see reported assessment findings) and other livelihood opportunities are limited, the male family members will probably continue cultivating their land in their former villages. Resettlement will be partial and divided as long as the livelihood questions haven’t been addressed satisfactorily. There is the possibility of strains between different ethnic groups that might influence whether one or another group is able to integrate easily into a host community. Where the displaced families have settled in or around communities where persons from the same ethnic background reside, the likelihood of a harmonious integration is enhanced.

- **Future scenarios:** The most likely scenario for the IDPs is that the present unsatisfactory situation will continue. Peace negotiations are at a standstill and after 7 years of displacement in some cases (e.g. Damazine locality), some displaced families are actively considering remaining in those settlements where they have been located. The 2011 arrivals from Kurmuk settled on the periphery of communities established by persons with shared ethnicity during earlier waves of displacement/migration. A decision by IDPs to settle where they have been displaced will necessarily impact on investment strategies of government and donors alike (i.e. is it relevant to invest in durable and permanent solutions where IDPs may return to their original homes at any moment). This is especially true for investments in infrastructure such as water supplies, schools and health posts. In either case (i.e. return or status quo), investment in human capacity development and awareness raising, especially that of women and young girls, should continue apace and be expanded where possible.

- **Livelihoods:** The displaced persons in the three localities that were assessed are principally agriculturists that also engage in some pastoralism and wage labor. The women are sometimes involved in some cash-cropping on a small scale as well as some craft production. There is reportedly very little IGA taking place. Income diversification-expansion would appear to be a priority. The displaced families do not have sufficient access to arable land to produce harvests that could last them from one year to the next, except those that can return safely to their former farms. Assuming that the number of male members of households able to cultivate their former lands is relatively small, the displaced families will require food aid and cash support to meet their needs for much of the year. Moreover, few surpluses are harvested and marketed with which to pay for food, education and health care for family members. Negotiations should be undertaken to grant access to larger plots for cultivation for families that will not or cannot return to their former homes. Livelihood diversification should also be explored and promising avenues pursued (e.g. IGA for women).

- **Water and personal hygiene:** Despite the fact that the assessment data was collected midway through the dry season, already a large number of the wells were either not functioning because the pump had broken, had gone dry or were...
overcrowded. The situation worsens until the rains come and underground aquifers are replenished. 

**Repairs to damaged pumps** are urgently needed. Wells will have to be deepened and new wells drilled, equipped with hand pumps. In terms of personal hygiene, latrines are not widely used and handwashing facilities are almost non-existent. An active and prolonged **awareness-raising campaign** needs to be implemented that changes people’s understanding of the public health risks associated with open defecation and eating with dirty hands.

- **Education, health care, protection**: An equivalent number of boys and girls are reportedly registered at primary school. The dropout rate, which is reportedly significant, varies from one community to the next, due in large measure to economic factors. In those communities where families have the wherewithal to pay the school fees, children are able to remain on school despite the fact that they often spend several hours a day collecting firewood, fetching water and working in the fields. Where families have very limited sources of household revenue, children’s school fees are unaffordable. Moreover, child labor is necessary to generate family revenue. The proportion boys and girls attending secondary school varies from that of primary school. The reasons advanced for this difference in enrollment include the need for boys to find employment to support the necessary to generate family revenue. Furthermore, the lack of learning materials is also problematic at all schools. The number of children that are abandoning school because of the cost of school fees, overcrowding, the absence of a feeding program, no WASH or playground facilities, inter alia, is of grave concern. As more children work, they are exposed to the risks of harassment. Families and community leaders should meet to discuss the matter of harassment of women and children as they collect firewood or fetch water and adopt measures to combat the phenomenon. Finally, the displaced families are unable to pay for any medical care they might need. **More schools should be built to accommodate the larger numbers of children together with WASH facilities and playgrounds.** Specific and targeted programs should be implemented that focus on unaccompanied minors, orphans, child-headed households, the elderly and other extremely vulnerable groups. The presence of unaccompanied minors in the communities is troubling. They should be identified and registered without delay and programs put in place to reunite them with their families where possible. As regards **FGM and early marriage**, both harmful practices are relatively common (to varying degrees) in the assessed communities. In order to change people’s attitudes about these practices, information needs to be provided to the parents of young girls as to their negative effects. As regards access to health care, the most common complaint registered among the IDPs in all three localities is that they have difficult access to health services. In some cases, there are health posts in the communities themselves. However, these are not always open or fully staffed. The symptoms most commonly observed among the IDPs are diarrhea followed by acute respiratory diseases and skin infections. Given that clean water sources become increasingly scarce during the dry season (lowering water tables, broken pumps, too many users, etc.); water-borne diseases flourish as users resort to drinking water from unprotected sources. In such instances, water purification tablets should be made available. At the communities that don’t have a health facility at site, people have to walk as many as 2 hours to access medical services. Where there is an operating health facility, the villagers report that nutrition surveillance and outreach programs may be found (see the nutrition section). The assessment findings would suggest that investment is required to ensure that quality health services are accessible to the population, regardless of the remoteness of the settlements. Mobile services should be considered.

- **Shelter**: Given the uncertain circumstances in which the IDPs live, it would seem premature to invest in long term and durable shelter solutions when people may move back to their homes of origin (the exception being Damazine where the IDPs do not believe they will return to their former homes). In those cases where impermanent shelter arrangements are expected to continue, IDP families may be supplied with kits that allow them to improve their shelters with materials that may be recovered (e.g. tarpaulins) and used when they go home. Water containers and other NFIs should be distributed.

- **Communications**: IDPs mainly inform themselves via the radio, SMS and information received from local authorities. Radio should be used to raise awareness on several issues that surfaced during the assessment (e.g. domestic violence, FGM, early marriage, latrine use, mines and UXO, etc.). It is recommended that **portable solar panels be made available to female entrepreneurs, on credit, to run battery charging services for radios, lamps and cell phones.** A **public awareness campaign** should be designed that reminds listeners of the importance of personal hygiene and the elimination of harmful practices that are detrimental to young girls especially.
Household economics: The principal expense item for the families in the three localities is food. This is explained by the fact that displaced families have limited access to arable land of any significant size to be able to produce a harvest that will meet the needs of the family for the remainder of the year. Nor are they able to engage in wage labor to any meaningful extent that would provide the income needed to be able to purchase needed items in the market. It is worth noting that the official annual inflation rate in Sudan is in excess of 50%. Products in the market are no longer affordable for many displaced families. In addition, families must pay the fees of the children that are attending school. Health care is generally considered the third most important household expense item. Families do not have reserves to meet unforeseen contingencies.

As regards special programs for the extremely vulnerable, these are the exception. Given the numbers of elderly, disabled, single-headed households, unaccompanied minors, orphans and other vulnerable categories, it is imperative that the government and implementing agencies focus much needed attention on these groups to ensure that they receive preferential food aid, access to health care and education and protection.

Nutrition: MUAC screening was not part of the joint needs assessment. If the reported number of meals taken by children each day is reliable (see the nutrition section of the report) it would be logical to assume that some level of malnutrition exists among the children in the IDP settlements. A nutrition education component would be beneficial as would the promotion of small vegetable gardens to diversify the children's diets. Moreover, lactating mothers are weaning their children prematurely because of a shortage of breast milk and giving their infants regular milk as a substitute. Special feeding programs for pregnant and lactating mothers should be considered to decrease the number of infants being weaned prematurely.

Women's issues: The condition of pregnant and lactating women should be examined more closely. Feeding programs should target this particular group to ensure that infants benefit from breastfeeding as long as possible. Young girls are married prematurely, inter alia, because they have little else to do. Encouraging young women to continue to secondary school and then providing them with a marketable skill would decrease the number of early marriages as well as bring considerable benefit to their families. Women in displacement settlements have the desire to become literate and learn new skills. While awaiting a positive and lasting solution to the differences that opposed the GoS and the SPLM-N, building the capacities of the women would be a worthwhile investment. The women would benefit from training in sewing and craftwork. They also need access to credit to be able to buy raw materials with which to make handicrafts. It should be noted that reproductive health was not included in the assessment.

NOTE: Where the report narrative refers to numbers of communities recording one situation or another, one must refer to the assessment Excel worksheets for the names and particulars of the communities referred to.

NOTE: Civil Community Associations: These were not assessed during the data collection. However, the baseline study conducted on behalf of Islamic Relief Worldwide reported that, with the exception of religious groups, the level of participation in other community associations was extremely low (Local union: 98% non-participation, Business cooperative: 96.3% non-participation, Water association: 97.2% non-participation, Women's savings group: 95.8% non-participation, Farmers group: 92.8% non-participation and Religious group: 66% non-participation. There is a need to encourage and strengthen participation in local decision-making bodies.

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3 BASELINE STUDY OF CONFLICT-AFFECTED COMMUNITY HOUSEHOLDS in the States of North Kordofan, South Kordofan and Blue Nile under the Project “Integrated Action for Improving Access and Quality of Services in Sudan” (PIAQS)-December 2017.
4. List of abbreviations

HAC: Humanitarian Aid Commission
UNICEF: UN Children's Fund
UNFPA: UN Family Planning Agency
UN-Habitat
UN OCHA: UN Organization for the Coordination of Humanitarian Affairs
UN DSS: UN Department for Security and Safety
WFP: World Food Program
UNDP: UN Development program
AORD
SRCS: Sudanese Red Crescent Society
ADRA: Adventist Development and Relief Agency
World Vision
SPLA: Sudan People's Liberation Army
SPLM-N: Sudan People's Liberation Movement-North
HH: Household
CERF: Central Emergency Response Fund
ECHO: Directorate General for European Civil Protection and Humanitarian Aid Operations
GoS: Government of Sudan
SHF: Sudan Humanitarian Fund
DfID: Department for International Development
FSL: Food Security and Livelihood
WASH: Water and Sanitation
RRR: Return, Reintegration and Resettlement
PSS: Psychosocial Support Services.
4. **Figure 1: Chronology for implementation of phase 1 of Blue Nile joint needs assessment**
5. ASSESSMENT RESULTS BY LOCALITY: BAU

General: Originally, the assessment was to have covered 9 communities in Bau locality. During the assessment, it was discovered that one community had been abandoned. The eight communities finally assessed in Bau locality were:

a) Al Agagir:
b) Abu Garin
c) Musfa,
d) Dairang
e) Samsoor
f) Alshaheed, Afandi
g) Babanosa
h) Wad Abouk

- The IDPs in each of the settlements assessed at Bau often originated from within Bau locality and have been displaced since either 2011 or 2015. In every case except Abu Garin where flooding was cited as a cause for displacement together with conflict, the other seven communities cited conflict as the reason for their displacement. An additional 24,000 IDPs were relocated in 2015. At three locations, the IDPs are living within the host communities, at two other locations, the IDPs are occupying communal buildings or are living in spontaneous settlements. In one location, IDPs are living with host families. The communities that are less than 10 kilometers from Damazine have easy access to the town during the rainy season. In the one community that lies between 10-20 kilometers from Damazine, and the four communities that are more than 30 kilometers distant, these are rarely accessible during the rainy season. None of the 8 settlements assessed is connected to national electricity grid and only one has its own generator, which is used sparingly. Two of the communities have demarcated areas for IDP settlement while the others do not. There are more than 200 hosts in each community and an equivalent number of IDPs in six of the eight communities. In the other two, there are between 100-150 IDPs in each. The IDPs in Bau locality have been displaced from within the locality itself and have been living in temporary accommodations for between 3 – 7 years. Unemployment is the core problem among the IDPs youths who became subject to recruitments by military groups and joint military to satisfy their basic needs.

- Return, Reintegration and Resettlement: Six of the eight assessed communities in Bau Locality reported problems with debris/rubble and other solid waste. The other two did not. In two communities, 25% of households say they have no access to basic services. In a further two communities, those without access to basic services climbs to 50% and in four communities, the percentage of those without access to basic services reaches 75%. Less than 10% of the inhabitants in 5 settlements receive food assistance. Over 30% of the inhabitants of 3 communities reported receiving food assistance. In one community, nothing is reportedly being done to assist the displaced persons. In the remaining 7 communities, some land was set aside for cultivation. Food was shared and building materials were provided. Access to water resources was permitted and IDPs were given a voice at communal deliberations. The first priority for re-starting the livelihoods of the IDPs in 5 communities is a return to their homes of origin. Additionally, the IDPs require animal and seed distribution, the repair of access roads and an improvement of their safety conditions. All eight settlements reported long term recovery-development initiatives being implemented. WASH was cited most frequently, followed by education (5 mentions), nutrition (4 mentions), health was mentioned twice and protection was mentioned once. In seven of the eight communities, it is the government that is reportedly implementing the projects. In one instance, NGOs were reported to be the main implementer. Finally, the assessment showed that relations between the host communities and the IDPs are good in 5 instances. Two communities report frequent tensions.

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4 By Basic Services, the assessment understood protected water sources, latrines, an accessible health post, and accessible school, administrative services, etc...
However these frequent tensions was summarized in disputes between farmers and pastoralist whilst the pastoralist attacked the communities farms as reported and affects them, but the disputes usually tackles by the native administration units as communal mechanism for conflict managements. Unemployment is the core problem among the IDPs youths, they became subjects to recruitments by the different military groups to satisfy their needs. And usually those youth are sources of escalating the conflicts concerning the scares resources (water, land, grazing areas) as spoilers. One of the sources of tension between IDPs and host communities is the rental of agriculture land by the IDPs from the host communities, the IDPs supposed to utilize the land for more than two years to compensate the expenses of the 1st year for land preparation, but the host communities oppressed them, and take the land back after one agriculture season, this process creates grievances among the IDPs. In Bau locality a high voluntary return was witnessed, a big numbers of internal displaced people are constructing their new houses at their places of origin, but they are lacking NFIs and foods as well, as reported by the communities.

**WASH**: Five of eight communities in Bau locality draw water from three different sources, two communities from two sources and one community from a single source. Most communities avail themselves of water from protected sources when these are functioning (i.e. enough water for all user, a functioning hand pump and not too crowded). Unprotected sources are a second option, used when wells either dry up, break down or become too crowded. There are over 100 families that draw water from each source, at each community (the details of the number of users at each source needs to be verified). The main problems that the communities are facing related to water include the distance to the water source, insufficient water at the source, the waiting time at the source is too long, the water is too expensive and people don't have suitable recipients for water transportation and storage. In terms of water quality, the complaints are evenly distributed. The water smells bad, makes people sick and is muddy (this refers mostly to water drawn from unprotected sources). In seven of the eight communities, people report that the water sources are reliable and functioning, in one community, they are not. In five communities, people report that the water sources are protected. In three communities, they are not. Where the community is experiencing water problems, they most often recommend 1) repairing the broken pump and 2) drilling new bore holes. Two communities asked to be connected to the piped water system. One community requested water trucking. One community requested water purification chemicals and another requested water containers. Three communities spend less than 30 minutes collecting water. A further four communities spend between 30-60 minutes fetching water. One community spends more than 2 hours collecting water. In five communities, the inhabitants are directly responsible for the maintenance of the water system.

**Latrines**: Six communities report the existence of household latrines. One has community latrines and the other practices open defecation. All communities report that open defecation is practiced by most if not all of the inhabitants. The reasons given for the practice of open defecation include; 1) the existing latrines are few and unsafe and 2) the community members are unfamiliar with latrines. To reduce open defecation, the communities recommend the construction of more latrines and conducting public awareness campaigns. The existence of hand washing facilities in the communities was reported to be negligible. There are no waste pits reported in any of the communities.

**Education**: In five of the eight communities assessed in Bau locality, there is one school in each. In one community, there are two schools, in another three and in one more than 3. There are between 4-7 teachers in the communities with one school and more than seven teachers everywhere else. In six communities, the teachers are regularly present. In the other two, they are not. All communities reported that the school fees were not affordable. In 2 communities, as many 25% of children are unable to attend classes because of the school fees. In four communities, the ratio rises to 50% and in one community, as many as 75% of children are unable to attend class because of the school fees. The parents of all of the communities expressed their dissatisfaction with the quality of education being delivered at the community schools. The first concern of parents with regard their children’s schooling is that teachers are often absent. The second most important concern is the high school fees. In descending order of importance, parents cite the fact that classrooms are too crowded; there are no WASH facilities and the absence of playgrounds. The absence of feeding programs for the children is cited three times. The principal reasons cited for school dropout are the high school fees, the absent teachers, the distance to the schools and the crowded classrooms. Most of classrooms were constructed from local materials and need rehabilitation regularly. Community need awareness to rise understands of education values.

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5 The exact numbers of teachers recorded at each of the communities is listed in the annexes.
**Food Security and Livelihood:** The eight communities of **Bau locality** report supplies of cereals that will last more than 60 days in most cases. The stock of cooking oil is between 0-15 days in the two cases where an answer was provided. The household supply of pulses is as meager as for cooking oil. All communities declare that they have poor access to markets. All communities inform that consumer prices have increased more than 20% over the past year. According to unofficial estimates, prices may have doubled. Due to the increased prices in the market, all eight communities assessed declared that they were not able to access goods in the market. All communities report relying on multiple coping strategies in response to their displacement which include consuming cheaper and less desirable food, the reducing portion size at meals, reducing the number of meals per day, sharing food with their neighbors, gathering wild food, harvesting immature crop and favoring children with whatever food they have. The three most important priorities for improving food access are: improving road access to markets, distribute food, return to place of origin to restart livelihood activities. The livelihood options available to community members fall into the following categories: agrarian, agro-pastoralist and pastoralist. In addition, wage labor is important. Migration in search of work and share cropping are mentioned as occasional alternatives. The main source of income for most households is agro-pastoralism followed by wage labor. The production and sale of crafts is mentioned once. The main expense item for every HH in every community is food. Health care is the second most important HH expense followed by education. The residents of one community receive no income support. In two communities, the number of persons receiving **income support** is around 25%. In two communities, 50% receive income support and in three communities, as many as 75% of the IDPs receive income support. In two communities, around 25% of the population does not have sufficient livelihood assets to meet their survival needs. In three communities, the percentage rises to 50%. In three more communities, as many as 75% of inhabitants cannot meet their survival needs. In all eight communities, between 50-75% of inhabitants are depleting or have depleted their assets and have become virtually destitute. The reasons given for the losses of livelihood include, in descending order of importance; the lack of agricultural inputs, the lack of tools and implements, lack of cash to invest in productive activities and security concerns. In all communities, IDPs report access to livelihood alternatives. Despite these assertions, IDPs say they lack arable land for cultivation and ethnic tensions aggravate the livelihood situation.

- High repatriation observed; Farmers did not receive any support since last conflict 2011; Okra produced in small quantities and used for family consumption; Poor livestock situation observed; Lack of support for community from government and non-state actors; Deteriorated livestock conditions due to poor pastures and limited rangeland; Animal diseases are mainly CCPP and Mastitis; Average planting area is 2-4 fed/hh; Average yield is 0.5-2 Bag of Sorghum (50 kg)/fed; Common plant diseases is striga; Livestock wellbeing is medium and very poor pasture; Common livestock disease is CCPP and Scabs; Poor vet nary services; Common plant diseases are striga, and Midge; Lack of animal routes for pasture; Common livestock disease is CCPP and bloat scabs; No vet nary services; Water resources are very few and there high competition over water resources.

**Recommendations:**

- Need for more security, agriculture inputs needed (seed and tools), conservative Agriculture needed, there is a need for financing the agriculture societies, more Lands needed to be for rented through microfinance, microfinance for agricultural production and petty trade, needs for animal and poultry restocking and fodder production training, training on food processing, training on handicraft, demarcation of animal routs, need to support market and marketing system, Provision of vet nary services and pasture improvement, High need for EXT services

**Health:** For most of the communities of **Bau locality**, the most pressing health challenge is the difficult access to health services. Outbreaks of disease are also mentioned. Diarrhea is cited as the main symptom of disease in the community. Skin diseases are mentioned second and acute respiratory infections are mentioned third. In half of the communities, there is a health facility, in the other half, there is not. In three cases, the health facility is always open. In one case, the health facility is rarely open and in another it is never open. In three communities the health facility is at the site. Otherwise, people have to walk more than 2 hours to access health services. One community reported that the health facility was never open and in

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**Income Support:** Defined as ZakahChamper: a form of taxation that is applied to the relatively wealthy to be shared with the less fortunate (e.g. a pastoralist with 10 cows gives one per year; a person having harvested 20 bags gives one bag, and so on. The money collected is distributed to the neediest in the communities as identified by the popular committees. Each beneficiary receives ___ SDG.
two others, the quality of health care services was questioned. Children’s health has deteriorated due to unclean water and malaria, in that order. Skin disease was also reported in four communities. Some of visited locations have no health facilities or it is closed, this makes access to quality health services is very difficult. In addition, most of HFs suffers of shortage of drugs, equipment, furniture and skilled health cadres. Also poor facilities structures. One of vital issue high transportation to secondary care facilities for emergency cases.

- **Nutrition:** In two of the eight communities in Bau locality, children do not eat three meals a day. In the remaining six communities, they do. In the three communities with a health facility at site, there are nutrition stabilization programs available. Additionally, the communities with operational health facilities have outpatient therapeutic care programs, infant and young child feeding and micro-nutrient supplementation. In the other five communities assessed, no nutrition interventions were being implemented. In the eight communities, women have stopped breast feeding as a result of displacement. The reason given for halting breast feeding was that there was not enough breast milk. As a replacement for breast feeding, mothers were giving their children regular milk as well as semi-solid food for infants. For children between the ages of 6-24 months, children were given regular milk and solid food for infants. Mothers are giving diverse infants foods when weaning children. In only once case are pregnant and lactating women receiving targeted assistance; goats were distributed to 30 HH in Alshaheed Afandi.

- **Shelter and NFI:** In Bau locality, shelters are constructed almost exclusively using locally available materials. In exceptional circumstances, a mixture of purchased and locally available materials is used. In all communities except one, more than 30% of households do not have access to adequate shelter. Five communities don’t know when or if they will ever be able to return to their homes. Three communities never expect to return home. The main reason for not returning home is concern for the safety of family members. The main HH items needed by families now include blankets, mosquito nets, kitchen sets, sleeping mats, plastic sheets and tarpaulins, clothing/shoes and jerry cans. The top priority for improving access to shelter in the community is the distribution of shelter kits (including tarpaulins) and basic NFI sets.

- **Access to Information:** In Bau locality, no answers were provided through the assessment as to how the communities informed themselves.

- **General Protection:** In seven out of eight cases in Bau locality, people always feel safe in the communities. In one case, people said they did not always feel in security. The principal dangers facing people in and around the communities include harassment while collecting firewood and fetching water. It was also mentioned with some frequency that children were being discriminated against at school although this was not elaborated upon. Domestic violence against women was reported as was the presence of armed groups. People feel most at risk when going and returning from the fields, fetching water and/or collecting firewood. Children shepherding goats were also said to be at risk. People in four communities felt that they could move around relatively freely inside and outside the community. The gravest concerns of parents with regard their children is that girl children will be forced into early marriage. Parents reported no threatening incidents recently. Domestic violence was reported in six of the eight communities. Community members said domestic violence should be combated through awareness raising. In general, people feel that domestic violence is never acceptable and should be condemned. Offenders should be sanctioned.

- **Child Protection:** In all communities of Bau locality, children were reported to be working when they should have been in school. Children’s work activities included watching the livestock, helping with the planting/weeding/ harvesting, collecting firewood, carrying produce to market and fetching water. In three communities, the children work for between 2-4 hours per day. In the other communities, the children work for more than 4 hours per day. In four communities, it was felt that women and children that work are more exposed to physical violence and exploitation. That appreciation was not shared by the inhabitants of the other four communities. FGM is rarely practiced in two communities, occasionally practiced in one community and frequently practiced in four communities. Early marriage is never practiced in one community, rarely in two communities, occasionally in one community and frequently in four communities. There are unaccompanied minors in seven of the eight communities assessed. There are specific care protocols in place for UASC in four of the eight communities. The communities may support especially vulnerable children by 1) identifying those most in need, 2) providing additional rations and 3) providing special classes at school. Except in one community, there is no trained PSS staff at the community level. The main sources of psychological anxiety in the community are dropping out of school, domestic violence, fear of poverty/economic hardship, fear of attack, inability to meet basic needs and uncertainty about the future. To a lesser degree, people are anxious about separation from families, and problems with parents. Children first confide in parents and close
family members when stressed. They then confide in teachers, neighbors and religious authorities. In two communities, there are reportedly special programs in place to meet the needs of the elderly. No communities reported special programs for single headed households. All communities reported the existence of dispute mechanisms. The dispute mechanisms reportedly work and have been qualified as excellent. The police are the institution most solicited to resolve disputes in the community. An administrative authority or village council may also intervene to resolve disputes.

- Thorough the group discussion in 8 communities regarding women and child protection the finding as follow: There are some types of gender base violence (GBV) like early marriage, FGM, domestic violence, in one community Women participate in the taken decision in the activity of the community but in the others 7 community not participate, , Most of villages vesting cover by trained midwife but there are no medical doctors in all health center and hospital, There are problem in the referral of emergency obstetrical care and others emergency cases in term of awareness of dangers sign and means of transportation (ambulance), Women's not use family planning due to regilouse and social factors in addition to cader that providing family planning services,

- **Mine and UXO**: Bau: The communities report that there are no mines / UXO in the vicinity of the communities nor have there been any accidents related to them to report.

- **Registration**: The registration of IDPs has been completed at 5 communities in Bau locality. In two instances, no registration was either done or is being planned. In those communities where registration took place, no groups were excluded. The communities in Bau locality have been targeted with 1) water interventions, 2) food assistance, 3) health and 4) education services. All communities declare that the assistance received thus far is insufficient. The three most important issues facing the communities are 1) food security and agriculture support, 2) the provision of water and 3) access to reliable and qualitative health care. Education is also mentioned as a significant priority. The groups most in need of assistance in the eight communities are, in order of importance; children (including orphans), persons with disabilities, single-headed households and pregnant and lactating women.
6. ASSESSMENT RESULTS BY LOCALITY: GEISSAN

General: The twelve communities assessed in Geissan locality were:

a) Amardalo
b) Bant
c) Fazogli
d) Geissan Town
e) Alyas
f) Dam town 12
g) Bakori
h) Adassi
i) Mugran Tomat
j) Deim Saad
k) Yara
l) Al Lyuna

The IDPs in each of the settlements of Geissan locality originate from within the locality itself. They have characterized the emergency in Geissan as “sudden onset” in five communities and “slow onset” in another 5 communities. One community characterized the emergency as “protracted”. In three communities, IDPs are living in spontaneous gatherings while in 7 communities, the IDPs have settled among their hosts. In one community, IDPs are living with host families. The IDP living arrangements may be a combination of the three scenarios mentioned above, in the same community. The distance between the communities in Geissan locality and Damazine is in excess of 30Km, except in one which is less than 10 kilometers from Damazine. During the rainy season, the communities are rarely accessible by road. Two of the 11 settlements have electricity, one being connected to national electricity grid and the other having its own generator, which is used sparingly. The other communities are without electricity. Three of the communities have demarcated areas for IDP settlement while the others have not. There are more than 200 hosts in each community and equivalent number of IDPs in ten of the twelve communities assessed. In four communities there are reportedly less than 50 IDPs. In three communities, there are between 50-200 IDPs. In four communities, there are more than 200 IDPs. (Verify) Five communities are located between 10-20 kilometers from the original homes of the displaced persons. Two communities are located between 20-50 kilometers from the homes of origin. The remaining communities are more than 50 kilometers from the home villages of the displaced persons. Ten communities report having been displaced for more than 2 years, the other two communities have been displaced for shorter periods of time. In one community, respondents mentioned various displacement periods ranging from one month to more than 2 years.

Return, Reintegration and Resettlement: About half of the settlements in Geissan locality reported problems with debris/rubble and other solid waste while the other half did not. Most communities reported that the IDPs did not have access to basic infrastructure. Less than 10% of the inhabitants in 7 settlements received food assistance. In a majority of the assessed communities, land has been allocated for cultivation and grazing animals. Access to water resources was also granted. Finally, IDPs have been included in community deliberations. The first priority for re-starting the livelihoods of the IDPs is a return to their homes of origin. A significant number also request animal and seed distribution. Safety issues were also raised as a concern, as was road repair. Eight of the eleven communities reported long term recovery-development initiatives, i.e. Education was mentioned 5 times, FSL 4 times, WASH 3 times, Health 3 times, protection and shelter once each. INGOs were reported to be the principal implementers of recovery/development projects (7 mentions) while government line ministries also provided support (5 mentions). UN agencies (6 mentions) and NGOs (4 mentions). The relations between IDPs and the host communities are almost universally harmonious.

A high refugees returnees are coming to Giessan on their way to their places of origin, it is main hopes of the IDPs and refugees to come back their home lands. The majority of the refugees returnees are women and children, they lacking means of livelihood and dwelling (NFIs).

WASH: Of the 12 communities/settlements assessed in Geissan locality, 5 communities draw water from rivers and streams, 3 from distribution points, two from protected sources. There may be several water sources in a single community depending
on the season and groundwater availability. There are more than one hundred families drawing water from each of the sources. Community inhabitants complained that the waiting time at the water source was too long, that many families lacked water containers for transporting and storing water, that the distance to the water source was too great. Additionally, many complained that there was insufficient water at the source and that it was sometimes unsafe to go to the water point. Community members mostly complained about the bad taste of the water, also saying that it was muddy and that it had a bad odor. Moreover, in two communities, the water was reported to be the cause of illness. In seven of the twelve communities, the water sources were reportedly functioning reliably although nine out of twelve communities said that their water sources were unprotected. To remedy the situation, 9 communities requested that their hand pumps be repaired while 8 communities asked that new boreholes be drilled. Water storage containers were requested in 3 communities, water purification chemicals were requested in 4 communities. Finally, three communities asked to be connected to the national network. Two communities reported spending less than 30 minutes fetching water while 5 communities reported spending between 30 – 60 minutes collecting water. One community fetched water at more than one hour distance. The government ensures the maintenance in three communities and no one at all in two communities. In 7 communities, the members themselves the maintenance of the water system.

Latrines: Five communities reported using household latrines while one community said communal latrines were used. Open defecation is often practiced by more than half of the communities. Latrines are not more widely used because community members are unfamiliar with the construction and use of latrines. In 3 communities, there are no latrines. The communities request assistance to build latrines, with locks on the inside, and to receive training on the importance of their utilization. There were almost no handwashing facilities reported and few rubbish pits.

Education: Seven of the twelve communities assessed in Geissan locality have one school in each, four communities have 2 schools and 1 community has more than 3 schools. In ten out of twelve communities, there were more than 7 teachers present at the schools. The villagers and IDPs reported that the teachers were regularly present at the schools. The fees charged to attend school are apparently affordable for most families. However, contrary to the previous assertion, parents in 4 communities reported that as many as 75% of students are not attending classes because of the expense. In 5 communities, as many as 50% of the children are unable to attend classes because of the expense. In terms of the level of parent satisfaction with the educational services being provided, six of twelve communities expressed dissatisfaction. In the other communities, parents declared themselves to be globally satisfied. The absence of a school feeding program was most often mentioned as the most pressing problem facing the educational system, followed by classroom overcrowding, the absence of WASH facilities and teacher absences. The absence of playgrounds was mentioned twice. School dropout was attributed to the absence of school feeding (7 mentions), no learning materials (5 mentions), the fees were too expensive (5 mentions), the distance to school was too great and the classrooms were too crowded (4 mentions each,) the teachers are either poorly trained or absent or both (5 mentions) and there are no WASH facilities (4 mentions). Most of classrooms were constructed from local materials and need rehabilitation regularly. Community need awareness to rise understands of education value.

Food Security and Livelihood: One of the twelve communities in Geissan locality has 0-15 days of cereals stored while 3 communities have been 16-30 days of cereal reserves. Seven communities reported stocks of cereals that could last between 40-60 days and sometimes more. As regards the HH stocks of oils and fats, 9 communities did not respond to the question and 3 declared stocks of up to 15 days. The stocks of pulses at the household level varied between 0-15 days in one community, 16-30 days in 4 communities, 40-60 days in one community and more than 60 days in 4 communities. An equal number of communities had and did not have access to the market. All reported that prices had increased so much in the past year that they were unable to purchase needed items. Goods in the market were perceived to be too expensive, unavailable, the access roads were in poor condition or the markets had ceased to function. As a result of the food availability crisis, families have had to resort to consuming less desirable and cheaper food, decreasing the portion sizes at meals, eating fewer meals in a day, borrowing food from neighbors, and to a lesser extent harvesting immature sizes and collecting wild foods. To improve access to food, the communities recommend, in order of importance, 1) the distribution of food, 2) improving road access, 3) returning to homes of origin, 4) restarting livelihood activities and finally 5) the distribution of cooking sets and cash/vouchers. The livelihood

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7The precise number of teachers at each community should be recorded.
8It is unclear whether the prices paid to farmers for cash crops kept pace with the inflation (verify!!).
alternatives available for community members most often mentioned are 1) wage labor, 2) pastoralist and 3) agriculturalist, in that order. Next in importance is agro-pastoralist followed by crafts production, trading and occasional migration in search of work. The communities reported that their principal source of revenue came from wage labor, followed by agricultural production and animal husbandry. In relation to HH expenditures, families spend most of their income on food, with health care a second priority. Education is a distant third. Six of the 12 surveyed communities reported that around 25 % of their members received income support while five communities reported receiving no support of any kind. 25% of the members of six communities are unable to meet their basic survival needs while 5 communities reported that 50% of the inhabitants could not meet their basic living requirements. In 2 communities, it was found that 75% of the inhabitants were in a similar predicament. The same numbers reported that they had had to resort to depleting their household assets in order to survive. The most important factors leading to the depletion of family assets are 1) lack of cash for investment in productive activities, 2) the lack of agricultural inputs, 3) the lack of tools and implements and 4) safety concerns. In 9 of 12 communities surveyed, the IDPs report they do not have access to live

**General Findings on FSL:**

Poor support in Agriculture Services since 2011, Good livestock situation observed, lack of animal routs no disputes in pasture, animal diseases are mainly sheep Box and PPR., average planting area is 2-5 fed / hh, average yield is 11 Bag of Sorghum (50 kg)/hh, high incidence of crop pests and disease, mainly Boda (Striga Hermonthica), and African boll worm, good Pasture, limited Livestock/hh (only 25% of total hh has a small ruminants), shortage of water points for animal, Common animal diseases are Sheep Box and PPR

**Recommendations:**

Provision of food aid in Daim Saad and Quesan Area, agriculture inputs needed, conservative Agriculture needed. Support by agriculture Machineries, tractors for plugging and for transport during rainy season, support by irrigation units for vegetable production, demarcation of animal routs.

Supporting the fisher men through provision of fishing gears and cool system, needs for training in fisheries (dried fish, wet: Saled, boat making), need for restocking, need for Community Animal Health Workers training (CAHWs), need for animal routs demarcation, High need for Agriculture and livestock Ext services livelihood alternatives or access to arable land or pasture land for grazing livestock or water resources for irrigation.

- **Health:** Nine of the twelve communities/settlements in Geissan locality report difficult access to health care. Acute respiratory disease is mentioned as the most common ailment, followed diarrhea and fever. Eleven communities report the existence of a health facility. In six cases, it is always open, in one case it is often open and in 3 cases it is rarely open. The distance to the health center is less than 30 minutes for 4 communities, between 30-60 minutes for 3 communities and more than 2 hours walk for 2 communities. The health of the children has been negatively impacted by 1) the poor quality of health services, 2) malaria, 3) skin disease and 4) unclean water.

- Some of visited locations have no health facilities or it is closed, this makes access to quality health services is very difficult. In addition, most of HFs suffers of shortage of drugs, equipment, furniture and skilled health cadres. Also poor facilities structures. One of vital issue high transportation to secondary care facilities for emergency cases.

- **Nutrition:** Eight of the twelve communities assessed in Geissan locality report that children do not eat three meals per day. Of all the communities, four reported the availability of outpatient therapeutic care. There are no nutrition-related interventions in any other of the assessed communities. In five communities, women reported that they had discontinued breastfeeding as a result of displacement, saying that they were too weak and had very little breast milk. Semi-solid infant food and regular milk were given to children as a substitute. The pregnant and lactating women from all assessed communities were not receiving any form of additional assistance.
Shelter and NFI: In Geissan locality, the materials used for shelter construction are most often locally available. In very few cases have families build homes using a combination of both locally available and purchased materials. In four communities, more than 30% of households are without access to adequate shelter. In 5 communities, less than 10% of the respondents' report access to adequate shelter. In the remaining communities, between 11-20% of households reported occupying inadequate shelter. One community said its members would probably never return to their place of origin while the remainder was uncertain about the future. Reasons given for not returning included 1) fear for the safety of family members and 2) no immediate access to food or livelihood opportunities upon their return. As regards NFI-related needs, the communities said they needed blankets, mosquito nets, shoes and clothing, bed mats, kitchen sets, plastics sheets, jerry cans, etc.

Access to Information: In Geissan locality, Radio broadcasts are the first and most important source of information for community members. Mobile phones/SMS are secondary sources of information. The main impediment to the availability of information at the community level is perceived to be the lack of electricity. Additionally, community members said they didn't know who to ask for information or they don't trust the usual media. Only one community says media is available for mobilization. The others responded negatively if at all.

General Protection: Seven communities in Geissan locality said they do not always feel safe. On the other hand, five communities reported feeling generally safe. However, when probed further regarding the risks and dangers facing the inhabitants both inside and outside the communities, they most often cited harassment when collecting firewood and coming and going from the fields. The presence of armed groups was mentioned twice and domestic violence once. Parents expressed grave concerns regarding their young daughters being forced into early marriage as well as the possibility that their children might be abducted or assaulted. Recent incidents that threatened family members, friends and neighbors were reported in seven communities, mostly in the fields and occasionally at the water source. As regards instances of domestic violence, six communities reported its existence and the same number denied it. Everyone agreed that domestic violence is unacceptable and should be condemned and sanctioned. The communities recommended public awareness campaigns, radio broadcasts and group discussions to eradicate it even though they admit that it is part of the culture and is considered a private matter between spouses.

Child Protection: In seven of the 12 communities assessed in Geissan locality, parents report that their children are working when they should be attending school. They are most often helping in the fields (planting, weeding, harvesting), collecting firewood and fetching water. They are also involved with transporting produce to market or loading building materials. Children reportedly spend between 1-2 hours per day at these tasks. In only two communities did parents believe that children are as likely to be at risk while working as when they are not. The other communities did not respond. With regard FGM, parents report that it is frequently practiced in 5 communities while in seven communities, FGM is reportedly never practiced. Early marriage is frequently practiced in 6 out of 12 communities. There are reportedly unaccompanied asylum-seeking minors in 9 of the 12 communities but there are no special protection protocols in place for these individuals. In all of the assessed communities, parents agreed that the most vulnerable children should be identified and provided with supplementary rations; that special classes should be organized for them and that children should be encouraged to support one another. With one exception, there is no trained PSS staff present in the villages. The list of factors that have been identified as possible causes for anxiety for children include, in order of importance 1) fear of attack and 2) fear of economic hardship and an inability to meet basic needs which could lead to children's removal from school. Community members also said they were anxious about being separated from their family members. In one instance, problems with parents were mentioned as a source of anxiety. When stressed, children most often confide in parents and immediate family members, especially their grandparents. There are special, although unspecified, programs for the elderly in one of the twelve communities. Two communities report special assistance for single headed households. The other ten do not. When disputes arise in the communities, there are effective mechanisms in place to resolve them. The police are most involved in mediating disputes as are, to a lesser degree, village councils and administrative authorities.

Thorough the group discussion in 12 communities regarding women and child protection the finding as follow: There are some types of gender base violence(GBV) like early marriage, FGM, domestic violence, Women not participate in the taken decision in the activity of the community, there are some cases of Separation of children from their families. Most of villages vesting

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9 Inadequate shelter is described as: too small, leaking roof, floods during the rainy season, dirt floor, inappropriate cooking facilities, no latrines, and inadequate water and food storage facilities.
cover by trained midwife but there are no medical doctors in all health center and hospital, There are problem in the referral of emergency obstetrical care and others emergency cases in term of awareness of gangers sign and means of transportation (ambulance), Women's not use family planning due to religiouse and social factors in addition to cader that providing family planning services, There are some cases of obstetrical fistula due to obstetrical factors.

- **Mine and UXO: Geissan**: There were no reports of mines/UXO in the vicinity of the communities/settlements although incidents have been reported in seven communities (less than 5 incidents in each)

- **Registration**: The registration of IDPs has been completed at 8 communities in Geissan locality and is on-going in the remainder (4)). No groups were excluded from the registration process in 5 communities. In the other 7 communities, separated family members were not included. Also excluded were child headed households and persons with disabilities. Seven of the assessed communities reported having been the recipients of assistance, in the form of food (5), and shelter (2). Six of the twelve communities commented that the assistance received thus far was largely insufficient. One community reported a sufficient amount of assistance received. The other 5 communities didn't know. The three most important issues facing the communities, in descending order of importance, are 1) Food security and agricultural development which received 8 mentions, 2) Shelter (4 mentions) and, 3) education (also 4 mentions). Those persons most in need of assistance, by order of importance are 1) children 2) the disabled, 3) the elderly, 4) pregnant and lactating women, 5) single-headed households and 6) girls and young women.
7. ASSESSMENT RESULTS BY LOCALITY: DAMAZINE

**General:** The eleven communities assessed in Damazine locality include:
- a) Ban Jadid
- b) Plot 49
- c) Plot 48
- d) Salha
- e) Adredif
- f) MakNile
- g) Plot 50
- h) Aromo
- i) Yoroa
- j) Aburamat
- k) ElwifaqSouth

- The IDPs in each of the settlements around the town of Damazine often originate from the localities of Bau and Kurmuk and have been displaced for more than 7 years (9 years in one case). The displacement was caused by conflict and has been protracted. In 9 cases, the IDPs are living in spontaneous gatherings. In two cases, IDPs are occupying community buildings and in one case, they are living among the host community. 9 of the communities are less than 10 kilometres from Damazine town. In the remaining three communities are located between 10-20 kilometres from Damazine town. In only one case do the inhabitants of a community report that their community is frequently accessible during the rainy season. The other 10 communities report that their communities are rarely accessible during the rainy season. No community has electricity. One community has a generator. 8 communities have not demarcated specific areas for IDP settlements. Three communities have demarcated areas for IDP settlements.

- **Return, Reintegration and Resettlement:** Less than half of the settlements in Damazine locality reported problems with debris/rubble and other solid waste. Most have access to basic infrastructure. Less than 10% of the inhabitants in 4 settlements receive food assistance. Between 10-20% of the inhabitants of a further 3 settlements have received food assistance and over 30% of the inhabitants of 2 communities reported receiving food assistance. In 5 of the 11 communities assessed, nothing is being done to assist the displaced persons. In the remaining 6 communities, some land was set aside for cultivation. Access to water resources was also permitted. The first priority for re-starting the livelihoods of the IDPs is animal distribution followed by agricultural implement and seed distribution. Also mentioned were road repair and preparing for the next rainy season. Only three settlements reported long term recovery-development initiatives, i.e. FSL mentioned 4 times, health and nutrition twice and WASH once. NGOs were reported to be the principal implementers of recovery/development projects while government line ministries also provided support. Finally, the assessment showed that relations between the host communities and the IDPs are good.

- The daily H.H routine in all the communities is looking forward to collect food for their H.H, because of very low and lack of income sources which characterized whole communities. In 6 communities the NFIs particularly the shelter is problem, the houses were built of non-protective agents like old grasses, empty plastics sacks and sometimes cartons., the sunlight can be seen inside the rooms, though shelter is highly damned by the communities. Absences of head of households (Husbands, fathers) is the major phenomena among the IDPs’ families and returnees, this absence of fathers over burden or maximizes the responsibilities of mothers and create a wider spreads of child labor and school drop-out.

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of land for living or cultivation. To overcome these challenges successful income generating activities are highly recommended.

- **WASH**: Of the 11 communities/settlements assessed in Damazine locality, most draw water from protected wells equipped with hand pumps. A lesser number draw water from distribution taps and streams. Only one reported a water pipe connection. IDPs complained about the distance to the water sources, the insufficient quantities of water at the source, the waiting times at the source and reported that the water quality is suspect (it sometimes makes them sick). Three communities reported that half of their hand pumps are out of order while another 5 communities reported that their hand pumps were functioning reliably. Seven water sources are reportedly unprotected while only two are protected. To remedy the situation, half of the communities recommended drilling new bore holes and 3 communities requested that their hand pumps be repaired. One community asked to be connected to the water distribution network. The community members also requested chemicals to purify their water. Three communities reported spending less than 30 minutes fetching water while 6 communities reported spending between 30 – 60 minutes collecting water. One community fetched water at more than one hour distant. In almost all cases, the communities themselves are responsible for the maintenance of their water systems. In only one instance is an NGO responsible for maintenance.

- **Latrines**: Three communities reported using communal latrines while 7 communities said they used HH latrines. Open defecation is often practiced by about one third of the communities, frequently practiced by another third of the communities and seldom practiced by the remaining third. Latrines are not more widely used because they are perceived to be unsafe and offer little privacy. Moreover, community members are unfamiliar with the construction and use of latrines.

- **Education**: There are no schools in two of the 11 assessed communities in Damazine locality (verify). There is one school in 7 of the communities and two schools at two communities. One school reported fewer than three teachers while another reported fewer than 7 teachers. The other seven schools reported the number of teachers to be well in excess of seven. The villagers and IDPs reported that the teachers were regularly present at the schools. Families in 5 communities reported that the school fees were not affordable. In only two communities however were 75% of the children unable to attend classes due to the expensive fees. In terms of the level of parent satisfaction with the educational services being provided, only one community expressed dissatisfaction. In the other communities, parents declared themselves to be globally satisfied. Classroom over-crowding was most often mentioned as the most pressing problem facing the educational system, followed by the high cost of the school fees, the absence of WASH facilities and no playground. More than half of the communities declined to answer questions related to the causes of school dropout. When communities did respond, they most often cited the absence of a school feeding program, classroom overcrowding and no WASH facilities. In one instance, parents complained about the poorly trained teachers.

- **Food Security and Livelihood**: Four of eleven communities in Damazine locality report that households have stocked up to 15 days’ worth of cereals while two communities report HH stocks of cereals at between 16-30 days. One community reports HH stocks at between 40-60 days and another for more than 60 days. As regards the HH stocks of oils and fats, 8 communities did not respond when questioned and 3 declared stocks of up to 15 days. Similar responses were recorded for the supply of pulses at the HH level (i.e. 8 no-answers and 2 with supplies that could last up to 15 days). Nine communities reported that they had access to the market but reported that prices had increased so much in the past year that they were unable to purchase needed items. As a result of the food availability crisis, families have had to resort to consuming less desirable and cheaper food, decreasing the portion sizes at meals, eating fewer meals in a day, borrowing food from neighbors, and to a lesser extent harvesting immature crops and collecting wild foods. To improve access to food, the communities recommend, in order of importance, 1) the distribution of food, 2) restarting livelihood activities and finally 3) the distribution of cooking sets. The livelihood alternatives available for community members most often mentioned are 1) agriculturalist, 2) agro-pastoralist and 3) pastoralist. Next in order of importance is wage labor followed by crafts production, trading and occasional migration in search of work. The communities reported that their principal source of revenue came from agriculture and animal husbandry. Wage labor is a distant second, followed by trading and occasional IGA and crafts production. In relation to HH expenditures, families spend most of their income on food. Health care and education make up the balance of family expenditure, in that order. Six of the 11 surveyed communities reported that around 25 % of their

10 The water tables should be relatively plentiful midway through the dry season. If they are going dry, it is due to 1) overuse, 2) not drilled to the necessary depth (inaccurate hydro-geological surveys.)
members received income support while four communities reported receiving no support of any kind. One community reported that all of its members received income support. The members of four communities attested to their inability to meet their basic survival needs while 5 communities reported that 75% of their members were in a similar predicament. The same numbers reported that they had had to resort to depleting their household assets in order to survive. The most important factors leading to the depletion of family assets are 1) the lack of agricultural inputs, 2) the lack of tools and implements and 3) the lack of cash to invest in agricultural production. In 7 of 12 communities surveyed, the IDPs do not have access to livelihood opportunities. They say they have no access to arable land or pasture land for grazing livestock.

- No support for the community with agricultural Services last season. . Family struggles to provide daily food needs; Women HHs are common due to absence of some men since last conflict ; School fees are difficult to be provided by the family for their children education ; average planted area per hh is 4-10 Fadan ,due to inability to rent larger land; average yield is 1-2 Bag of Sorghum (50 kg )/fed ; average production per hh is 15 Bag /hh (50 kg bag) ; Limited lands/hh and high land rent rate; Main crops are Sorghum ,sesame, Cowpea and Okra ; Okra produced in small quantities and used for family consumption ; Low Sesame production due to pest and diseases ; Agriculture common pests are, Locust, Striga and smut

Recommendations:

- Need for more security, Agriculture inputs needed (seed and tools),Conservative Agriculture needed, there is a need for financing the agriculture societies, More Lands needed to be for rented through microfinance ,Microfinance for agricultural production and petty trade, needs for animal and poultry restocking and fodder production training, training on food processing, Training on handicraft, demarcation of animal routs, need to support market and marketing system provision of vet nary services and pasture improvement high need for EXT services.

- Health: Nine of the eleven communities/settlements in Damazine locality report difficult access to health care. Diarrhea is mentioned as the most common symptom of disease, followed by acute respiratory illnesses and skin disease. Seven communities report no health facility at site while four have a facility. Of the four, three are open all of the time while the fourth is often open. One facility reportedly has no medical personnel. The seven communities without a health facility must walk between 30 minutes (3 cases) to as many of two hours (4 cases). The health of the children has been negatively impacted by 1) poor nutrition, 2) malaria, 3) skin diseases and 4) unclean water, in that order?Some of visited locations have no health facilities or it is closed, this makes access to quality health services is very difficult. In addition, most of HF's suffers of shortage of drugs, equipment, furniture and skilled health cadres. Also poor facilities structures. One of vital issue high transportation to secondary care facilities for emergency cases.

- Nutrition: Eight of the eleven communities in Damazine locality report that children do not eat three meals per day. Of all the communities, only one (Maknile) has a nutrition stabilization center and an out-patient therapeutic program. There are no nutrition-related interventions in any other assessed communities. In three communities, women reported that they had discontinued breastfeeding as a result of displacement, saying that they were too weak. Semi-solid infant food and regular milk were given to children as a substitute. The pregnant and lactating women from all assessed communities were not receiving any form of additional assistance.

- Shelter and NFI: In Damazine locality, the materials used for shelter construction are most often locally available. In instances where families have been displaced for long periods and have been able to accumulate some reserves, they have built home using a mixture of locally available and purchased materials. In five communities, less than 10% of the respondents report access to adequate shelter. In the remaining 7 surveyed communities, slightly higher levels of satisfaction with shelter conditions were reported. Of the 11 communities assessed, 10 reported that they would probably never return to their places of origin while another was uncertain. Reasons given for not returning included 1) concerns for the safety of family members, 2) no materials with which to rebuild their homes and 3) no immediate access to food or livelihood opportunities upon their return. Three communities listed concerns related to land issues but did not elaborate. In response NFI-related needs, the communities said they needed blankets, mosquito nets, shoes and clothing, bed mats, kitchen sets, plastics sheets, jerry cans, etc..

- Access to Information: In Damazine locality, community members inform themselves primarily via conversations with neighbors. Radio broadcasts and information from community leaders provide additional information while mobile phones/SMS are occasionally used to share information. The main impediment to the availability of information at the community level is perceived to be the lack of electricity. Additionally, community members said they had limited access to
information from the authorities. In eight of the eleven communities, media is reportedly available that can be used for community mobilization.

**General Protection:** All the assessed communities in **Damazine locality** responded that they felt globally safe within the community. However, when probed further regarding the risks and dangers facing the inhabitants both inside and outside the communities, they most often cited harassment when collecting firewood, coming and going from the fields, domestic violence against women and children being discriminated against at school. Parents expressed grave concerns regarding their young daughters being forced into early marriage as well as the possibility that their children might be abducted or assaulted. Recent incidents that threatened family members, friends and neighbors were reported in just two communities, once at the river/stream and the other at the water source and in the fields. As regards instances of domestic violence, only two communities denied its existence. The others readily recognized the problem and recommended public awareness campaigns, radio broadcasts and group discussions to eradicate it even though they recognize that it is part of the culture and is considered a private matter between spouses. That said, they readily admit that it should never be condoned and should be sanctioned.

**Child Protection:** In seven of the 11 communities assessed in **Damazine locality**, parents report that their children are working when they should be attending school. They are most often helping in the fields (planting, weeding, harvesting), collecting firewood and fetching water. They are also involved, to a lesser degree transporting produce to market or loading building materials. Children reportedly spend more than 4 hours per day at these tasks. Parents believe that children are as likely to be at risk while working as when they are not. With regard FGM, parents report that it is either rarely or frequently practiced in 9 communities while in the two remaining communities, FGM is reportedly never practiced. Early marriage is frequently practiced in 10 out of 11 communities. There are reportedly unaccompanied asylum-seeking minors in 8 of the 11 communities but there are no special protection protocols in place for these individuals. In all of the assessed communities, parents agreed that the most vulnerable children should be identified, registered and provided with supplementary rations and that children should be encouraged to support one another. In one community, it was suggested that children with special needs be given special classes at school. With one exception, there is no trained PSS staff present in the villages. The list of factors that have been identified as possible causes for anxiety for children include, in order of importance 1) fear of attack and 2) fear of economic hardship and an inability to meet basic needs which could lead to children's removal from school. Community members also said they were anxious about being separated from their family members. In one instance, problems with parents were mentioned as a source of anxiety. When stressed, children most often confide in a relative, especially their grandparents. Very occasionally, children will confide in teachers, friends and social workers. There are special, although unspecified, programs for the elderly in two of the eleven communities. However, there is no special assistance for single headed households. When disputes arise in the communities, there are effective mechanisms in place to resolve them. The police are most involved in mediating disputes as are to a lesser degree village councils and administrative authorities.

Thorough the group discussion in 11 communities regarding women and child protection the finding as follow: There are some types of gender base violence(GBV) like early marriage, FGM, domestic violence, Women not participate in the taken decision in the activity of the community,), Women's not use family planning due to regilouse and social factors in addition to cader that providing family planning services and shortages of commodities , most communities reported psychological pressure on children also communities reporting low awareness of child education .

**Mine and UXO:** Damazine: There were no reports of mines/UXO in the vicinity of the communities/settlements nor have any incidents involving mines/UXO been reported.

**Registration:** The registration of IDPs has been completed at the majority of the surveyed sites (8) in **Damazine locality** and is on-going in the remainder (3). No groups were excluded from the registration process. Six of the assessed communities reported having been the recipients of assistance, in the form of food (3), and shelter (3). Sanitation, livelihood and health assistance were each mentioned once. Eight of the eleven communities commented that the assistance received thus far was largely insufficient. The three most important issues facing the communities, in descending order of importance, are 1) health care, 2) road access, 3) food security, livelihoods and sanitation and 4) shelter, electricity and education. Those persons most in need of assistance, by order of importance are 1) persons with disabilities, 2) the elderly, 3) single-headed households and 4) girls and young women. Boys and young men were mentioned once.
ANALYSIS OF ASSESSMENT DATA, BY SECTOR

General Data Analysis:

I. A needs assessment was carried out by national NGOs in 2013. The report was not endorsed by the UN Agencies as they had not been involved in its implementation.

II. A needs assessment was carried out in 2016 in 36 communities in the localities of Kurmuk, Geissan, Tadamon, Bau, Rosaires, Damazine. The draft report mentioned irregularities faced while accessing IDPs directly. The collected data was viewed as incomplete. The report was not endorsed by the government.

III. Phase 1 of the 2018 needs assessment was conducted during the month of February which is the middle of the dry season. The lean period normally begins with the first rains in May and will last until the next harvest in September – October of the calendar year.

IV. There are more IDPs that have settled around the town of Damazine than in the other two assessed localities (verify). The number of women exceeds the number of men in some communities (verify), the men having returned to the fields of their former homes to cultivate their land and engage in other activities. The men return to the displacement settlements from time to time to bring harvested crops to feed their families. The absences of the men raise concerns about the safety of the women and their children when they are alone. While some IDPs live in accommodations within the communities themselves, there are instances where the IDPs live separately in spontaneous settlements on the outskirts of the towns of Damazine, Bau and Geissan where they fled after the outbreak of hostilities in 2011 or were relocated in 2015.

V. A few of the IDPs that were displaced in 2011 have managed to build semi-solid accommodations where they settled. Most however rely exclusively on locally available materials to construct traditional dwellings. Most respondents opine that their houses are sub-standard. The provision of shelter kits may be the only alternative, at least provisionally.

VI. Of the 31 communities and settlements assessed, one has a connection to the national electricity grid (in Geissan). A few have generators but these are used sparingly, if ever. The absence of electricity is problematic for several reasons: moving around outside the home compound after dark is perilous; children are unable to read their study materials after dark; and informing oneself with a radio is problematic (unless one avails oneself of solar panels to recharge the radio and torch batteries).

VII. Those persons affected by the conflict in 2011 have been displaced for around 7 years. They can be found mostly near Damazine town living either within host communities or in settlements adjacent to host communities. Those relocated in 2015 have a different perspective regarding their circumstances and medium term prospects. Those having experienced 7 years of displacement are less likely to consider a return to their homes of origin. It is conceivable that they would prefer settling where they are. Those that have experienced a shorter period of displacement would prefer to return to their homes of origin but are unable to for safety reasons and livelihood concerns.

VIII. The communities that are closest to Damazine, Bau and Geissan are more accessible during the rainy season than communities that are more distant from the locality capitals. Dirt roads provide access to the communities beyond Damazine. These become virtually impassible during the rainy season (May-Oct). All program activity is implemented at a slower pace during this period. In fact, WFP must pre-position food for the rainy season (which is also the lean period) to ensure that food stressed families have enough to eat in their isolation.

IX. Some communities have demarcated specific areas where IDPs may settle. These could receive investment prioritization to ensure that basic public services are adequate.

X. There are circumstances where the IDPs and the host community members share a common ethnic affiliation which makes integration easier.

XI. The IDPs that have been displaced between 10-20 kilometers from their homes of origin may continue to cultivate their former fields (where these can be accessed safely) all the while maintaining their families in the relative safety of the displacement settlements.
Return, Resettlement and Reintegration data analysis:

I. The numbers of persons reached with food assistance ranges from 10% in 2 communities to over 30% in 2 communities. WFP is implementing general food distribution in 2 communities. Additionally, WFP is implementing school feeding programs in 22 communities. The numbers of IDPs being targeted by the GFD program is 21,763 persons. The number of children benefiting from the school feeding program is 8981.

II. The IDPs report that communities have set aside land that they can use for cultivation. What is unclear is the size of the plots, whether they are provided free of charge, whether the land is relatively fertile and whether the IDPs have sufficient land on which to produce a harvest with which to feed their families for the year. The assessment data suggests that the plots of land provided around the communities are rented, small and are generally of poor quality. Women reportedly rent small plots where they cultivate ground nuts or other cash crops. (Get more examples from Bau and Geissan).

III. Despite this situation, it was reported that the relations between the host community members and the IDPs are generally good. In some case, the hosts and the IDPs are of the same ethnic affiliation and have been displaced from many of the same areas as their hosts.

IV. There is little evidence to suggest that IDPs have access to land for pasturing their animals.

V. In the event the IDP’s intention is to remain where they have been displaced, a more permanent, equitable and comprehensive solution to land distribution will need to be found. The IDPs are mainly agriculturists, with some pastoralist interests. They will not change occupations in the short term. They could however diversify their income sources if provided the opportunity, but they will need access to sizeable plots of land for production in the interim.

VI. The IDPs that have been displaced for the shortest duration are most inclined to return to their places of origin and restart their livelihoods there. However, they ask that the security and safety of their families be assured. If such were possible, it would be incumbent upon the government and their implementing partners support the families to rebuild their shelters (shelter kits) and restart their productive activities (the provision of seeds, agricultural implements, small animals, etc.). The timing of an eventual return would have to coincide with a season when IDPs could immediately reconstruct their dwellings, cultivate their fields and plant a crop.

VII. In those cases where the IDP have been displaced for long periods and have expressed no intention to return to their former homes regardless of how the security situation evolves, the government and its implementing partners should plan for the permanent resettlement of the families, ensuring access to WASH services, decent shelter, accessible and affordable schools, health posts, and most importantly livelihood opportunities.

VIII. The agencies that are implementing programs in Blue Nile State include UNICEF, FAO, UNDP, ICRC, UNFPA, UN-Habitat, WFP, ADRA, World Vision, Sudanese Red Crescent, etc. They are implementing programs, directly or via N-NGO proxies in health, nutrition, education, food distribution, water and sanitation, protection, livelihood development and ______. State Line Ministries are the main counterparts for the international and national organizations.

WASH data analysis:

I. Many communities complain that the wells are running dry, that the waiting time at the wells is too long and that many hand pumps are not functioning. The consequence is that water must be fetched from more remote and unprotected sources that are some distance from the communities. The water is often unclean, which may account for the high incidence of diarrhea reported (refer to the Health Section analysis). Where water quality is suspect, water purification tablets should be distributed. Additionally, the girls are sometimes harassed when fetching water from distant sources. Investment is needed to deepen the bore holes and repair the broken pumps. Where the numbers of inhabitants have become inflated due to displacement and pressure on existing infrastructure accentuated, a decision will have to be made as to whether the IDPs are likely to settle permanently in the settlements they have been occupying for the past several years or whether investors should wait until they return to their homes of origin and build sustainable water facilities there. These decisions will have to be made on a case-by-case basis. However, where it is apparent that IDPs have decided to resettle permanently in or around the communities of displacement, the government should engage the donors in a dialogue regarding the needed investment in permanent infrastructure (i.e. boreholes, submersible pumps, solar panels and water storage facilities). In cases where
protected water sources are unable to meet the needs of the community (because of malfunctioning pumps, dry water sources or overcrowding at the protected source), it is recommended that water purification solutions be provided to families that are drawing their water from unprotected sources. Moreover, adapted water containers for the transport and storage of water at the household level should be provided.

II. The use of latrines, whether communal or for individual family use only, is infrequent in many communities. Open defecation is reportedly widely practiced, even in communities where latrines have been built. Community members report that the existing latrines are not segregated by gender; cannot be locked from the inside, are unsafe, unclean and lack privacy. Furthermore, they say that they have not received instruction as to how to build safe latrines, nor any public health messages regarding their utility. It is imperative that the government, in collaboration with development partners, plan and execute a public awareness campaign. Resources will then be needed for the construction of the latrines.

III. There are very few hand washing facilities reported in any of the communities. Again, it is imperative that public health messages be transmitted to the communities to inform about the health risks associated with unclean hands.

IV. Finally, there are few rubbish pits in any of the communities. As with latrines and hand washing facilities, public health messages need to be transmitted that inform the population of the health risks related to scattered rubbish and the importance of disposing of household waste in a safe manner.

EDUCATION data analysis:

I. The level of parental dissatisfaction with the educational services was more pronounced in both Bau and Geissan localities. This was due to a combination of factors including the fees, the overcrowding, the distances to the school, the lack of feeding programs, WASH facilities and playgrounds.

II. The arrival of large number of displaced families has put additional pressure on existing communal infrastructure, including the schools. Parents complain that classrooms are overcrowded everywhere. Primary grades often hold classes in makeshift shelters made from poles with thatched roofs (how common is this in the three localities?). Secondary level classes are held in buildings built with bricks and corrugated iron roofs. In the event the IDPs decided to remain in or around the communities where they settled following displacement, the government will need to mobilize resources so that proper schools are built to accommodate an ever-growing number of children and resolve the overcrowding problem.

III. The parents often cite the absence of school feeding programs as a reason for removing their children from school. If school feeding is perceived by parents as a determinant factor influencing their decisions related to school attendance, the government should engage with donors and implementing agencies to ensure that school feeding become a semi-permanent feature of the primary schools. Such a program would achieve the double impact of keeping children in school and providing a nutritious meal every day when families are struggling to feed their children properly (poor nutrition leads to stunting, poor results at school and general underachievement).

IV. School fees are often cited as a deterrent for families sending their children to school. The fees for a single student at primary and secondary school are 250-700 SDG per year. Given the livelihood challenges faced by most displaced families, an arrangement should be found that absolves semi-destitute families from having to pay the fees. Are there any cases where parents have been absolved from paying? Are there alternatives for parents paying the fees, like providing services to the school? In addition to school fees, parents regret the absence of WASH facilities, feeding programs and playgrounds.

V. The numbers of teachers assigned to each school seems sufficient (although we didn’t have access the numbers of students that were enrolled). However, parents have on occasion complained about the qualifications of the teachers and their frequent absences.

VI. The number of girls attending secondary school sometimes exceeds that of boys (verify). One of the reasons may be that the boys have to start working immediately following primary school to earn income for the family.

VII. If child labor is required to ensure the survival of the family, it is unlikely that education will be a priority. More tellingly, parents may not perceive education as a means to improve the future prospects of their children. Re-starting IDP livelihoods is elemental. Without sufficient income, IDP families will not be able to invest in their children’s future.

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11 The fees are higher in urban than in rural areas.
VIII. To decrease the dropout rate, parents request assistance to restart their livelihoods so that they can afford to pay the fees. They ask that more classrooms be built to accommodate larger numbers of children. They would like to see more school feeding programs as well as the construction of latrines and protected water sources. Playgrounds at the schools would be positively viewed.

Food Security and Livelihood data analysis:

I. The reserve of cereals at the household level varies between the three localities but is generally more than one month on average. It is worth mentioning that the last harvest was in September-October of 2017 and that reserves were relatively abundant at the household level at the time of the assessment. The supplies of pulses and cooking oil are much less so.

II. The prices in the market have increased more than 20% over the past year. In fact, many people report that prices have doubled over the past 12 months. The impact of this increase is people’s inability to purchase needed items.

III. When food becomes scarce, families resort to multiple coping strategies that begin with prioritizing the children with whatever food they have.

IV. In terms of restarting their livelihoods, the displaced persons of both Bau and Geissan localities respond that they wish to return to their original homes and be provided with seed, agricultural implements and shelter kits with which to reestablish themselves. At Damazine in contrast, no mention is made of returning to their former homes; rather they prioritize the distribution of food and cooking sets and restarting their livelihoods where they have been displaced for the past 7 years or more.

V. The displaced persons are mostly agriculturists that complement family revenues with some animal husbandry and wage labor. On rare occasion, families produce handicrafts or migrate in search of work.

VI. Income support is reportedly provided to the IDPs in all three localities, to varying degrees. It is unclear why some communities report that 25% of IDPs receive income support while in others, the percentage of persons benefiting from income support rises as high as 75%. And who is providing the income support and to what extent (i.e. how much)? Is this some form of solidarity/welfare payment? Where IDP families have depleted their meager assets, and can no longer meet the basic needs of their family members, the distribution of cash vouchers that can be exchanged for food or pay for school fees would make sense.

VII. The numbers of families that have depleted their household assets and are approaching destitution is increasing across all three localities. It is imperative that families everywhere be able to restart their livelihoods. With the advent of the rainy season in May of the year, seeds and agricultural implements should be made available so that the next harvest will be bountiful and families can begin reconstituting their reserves.

VIII. The main household expense item, at all three localities, is food. Health and Education are second and third. This shows that displaced families, because they are unable to engage in their livelihood alternatives, are unable to grow enough food to feed their families and are reliant on food distributions and income support. The livelihoods of most families have been negatively impacted by the lack of tools, the lack of cash for investment in productive activities and security concerns. It would worth exploring what investments the IDPs would want to make to improve their livelihood conditions and how to make cash grants or loans available.

IX. The difficulty facing displaced families that wish to restart their livelihoods is where to concentrate their efforts! The displaced families of both Bau and Geissan localities want to return to the original homes and cultivate their fields. Those at Damazine would prefer to restart their livelihood activities where they are. In the cases of Bau and Geissan, the safety and security of families cannot be assured if they return. Consequently, they will likely have to engage in provisional livelihood activities until they can return safely. The challenge will be access to sufficiently large surface areas of arable land at the displacement sites to cultivate. Otherwise, they will remain dependent on food distributions and other form of assistance.

X. While the assessed communities say the IDPs have access to livelihood opportunities, the reality is more nuanced. Many IDPs say they do not have access to arable land for cultivation on any significant scale, nor do they have access to pasture land or water for irrigation.

XI. The average family size in Blue Nile State is 6 Persons.
XII. Total population of Bau locality is 190182 (96993 Male & 93189 Female)\textsuperscript{12}. Each family cultivates 1 Fedan\textsuperscript{13} of Sorghum on average (low relative to land cultivation in other areas but complemented with pastoralist activities) due to ongoing repatriation process and security concerns. Bau residents complement their HH revenue with wood cutting and labor provided to mining interests. The average harvest is 2 Bags (90 Kg). Seeds are procured in the market.

XIII. The total population of Geissan locality is 131547 (67089 Male & 64081 Females). Each family cultivate about 5-7 Fedans of Sorghum and Sesami and harvests 8 bags of Sorghum and 3 Bags of Sesame. The principal source of seeds is the previous year’s harvest, the market and NGOs.

XIV. The total population of Damazine locality is 317906 (162132 Male & 155774 Females). The small scale farmers cultivate 5 to 10 Fedans of Sorghum, Sesame and Ground Nut and harvest 10 bags of Sorghum, 3 bags of Sesame (50 kg) and 4 Bags of G/N (90 KG). The seeds are sourced at the market, the previous year’s harvest, the Ministry of Agriculture and NGOs.

**HEALTH data analysis:**

I. The most common complaint registered among the IDPs in all three localities is that they have difficult access to health services. In some cases, there are health posts in the communities themselves. However, these are not always open or staffed adequately.

II. In terms of the symptoms most commonly observed among the IDPs, diarrhea is reported most often, followed by acute respiratory diseases and skin infections. Given that clean water sources become increasingly scarce during the dry season (lowering water tables, broken pumps, too many users, etc.), it is to be expected that water-borne diseases would flourish as users resort to drinking water from unprotected sources.

III. Of the eight communities assessed in Bau locality, four have health facilities of which three are reportedly always open. As regards the communities that don’t have a health facility at site, people have to walk as many as 2 hours to access services. In Geissan, eleven of twelve assessed communities have a health facility of which six are always open. Three communities without a health facility at site walk on average one hour to access services. At Damazine locality, four communities have health facilities that are open most, if not all the time. The communities without a health facility at site must walk between one and two hours to access health services.

IV. Where there is a health facility operating, the villagers report that nutrition surveillance and outreach programs may be found (see the nutrition section).

V. The health of the children has been negatively impacted by displacement. The principal causes are poor nutrition, malaria, unclean water and the poor quality of health services.

VI. Based on the assessment findings, it would appear that the more remote communities are experiencing the most difficult access to health services, being required to walk several hours to reach a health post.

VII. The assessment findings would suggest that investment is required to ensure that quality health services are accessible to the population, regardless of the remoteness of the settlements. Mobile services might be considered.

**NUTRITION data analysis:**

I. In 25% of communities of Bau locality, children reportedly do not eat three meals a day. That number jumps to more than 75% in both Damazine and Geissan localities. These figures do not correspond to the stocks of cereals being reported at the household level at all three localities (if households report 60 days of cereals in storage, children should normally be fed three times a day)?

II. School feeding would not only ensure a nutritional supplement to the children but would also act as an incentive for keeping the children in school.

III. Nutrition education for mothers of children that have recently been weaned and until the age of 5 years would be beneficial as giving regular milk and later semi-solid foods is insufficient.

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\textsuperscript{12} (Source is CBS).

\textsuperscript{13} Fedan: 4,200 Square Meters (less than half a hectare)
IV. At some communities where there is a health post (about one in four), nutrition stabilization and outpatient therapeutic care programs reportedly exist. Elsewhere, there are no nutrition-related interventions being implemented.

V. Across all three localities, women report that they have stopped breastfeeding prematurely because they are either too weak or there is not enough breast milk for their infants. Targeted supplemental feeding for pregnant and lactating mothers is necessary.

VI. These non-lactating mothers have resorted to feeding their children regular milk or other semi-solid infant food as infant formula is either too expensive or unavailable. This suggests a need for nutrition education for early childhood development.

VII. In only one community were pregnant and lactating mothers receiving any special assistance (goats for 30 HH in Alshaheed Afandi). Elsewhere, no additional assistance is being provided to this particular group.

VIII. MUAC screening: MUAC screening was not part of the joint needs assessment. It should however be conducted on a regular basis to determine the nutritional status of the displaced children (as well as the host children). If the reported number of meals the children receive per day according to the assessment is reliable (even though the last harvest was only 4 months before the assessment), it would be logical to assume that some level of malnutrition exists in the IDP settlements. A nutrition education component would be beneficial as would the promotion of small vegetable gardens to diversify the children’s diets.

Shelter-NFI data analysis:

I. IDP shelters are most often constructed using locally available materials. The shelters are built within compounds surrounded by a thatched barrier which provides some privacy.

II. In cases where the displaced communities have resided for some years (e.g. Damazine where displacement occurred in 2011), a few IDP dwellings have been constructed using a mixture of locally available and purchased materials.

III. About one third of respondents declared that their families lived in inadequate shelters.

IV. With regard a possible return to their homes of origin, the IDPs displaced to the environs of Damazine town said that they did not think they would ever return permanently. In Bau and Geissan localities where the period of displacement has been shorter, most IDPs were unsure of when they might be able to return home. Some expressed pessimism about ever being able to return given the uncertain security situation. The implications of not returning home are that one wishes to settle permanently with other families with whom one shares an ethnic affiliation, where livelihood opportunities exist, where one’s family is in security, where children may attend school and where reliable and accessible health services exist.

V. When asked what was preventing a return to their places of origin, most IDPs cited security and safety concerns. They also mentioned that they had no assurances of assistance to rebuild their homes and restart their livelihoods not to mention the fact that public services will probably take some time before being reestablished.

VI. The household items most needed by IDPs at present are blankets, plastic sheets, bed mats, kitchen sets, mosquito nets and jerry cans.

VII. The top priority for most IDP households for improving access to shelter is the distribution of shelter and basic NFI kits.

INFORMATION ACCESS data analysis:

I. Except for Bau locality which did not respond to the questions, most communities in the other two localities reported that their main sources of information were radio broadcasts, followed by conversations with neighbors and information shared by community leaders.

II. The main impediment to greater access to information is perceived to be the lack of electricity. Since it is unlikely that any community will be connected to the national grid in the foreseeable future, alternative sources of energy should be explored.

III. In most communities, media outlets were reportedly available that could be used for community mobilization.

IV. Considering the analyses made in other sectors regarding the need to conduct public awareness campaigns around such subjects as 1) FGM, 2) forced early marriage, 3) personal hygiene messages (latrines and hand washing facilities), 4) the cleanliness of water, 5) domestic violence, etc., it is imperative that alternative sources of energy (e.g. solar) be explored that would allow families to access information via radio broadcasts or SMS.
V. Committees at the community level could be organized to promote public awareness about the harmful practices mentioned above.

**GENERAL PROTECTION data analysis:**

I. In Bau locality, more than 85% of the communities report feeling safe in their communities. In Geissan locality almost 60% of communities are feeling unsafe. At Damazine locality, all communities report feeling safe.

II. The principal dangers facing people (especially women and children), in the vicinity of the communities are to be encountered when going and coming from the fields, when collecting firewood and fetching water. The parents, together with the community leaders, need to discuss the problem and agree on solutions that protect their women and children from harassment.

III. When asked about their main concerns regarding their children’s welfare, most parents responded that they were most fearful that their young daughters would be forced into early marriage. Some were also concerned that their children would be assaulted or abducted, especially when collecting firewood or fetching water. The discrimination against children at school was reported in two localities but was not elaborated upon. It is unclear what action may be taken to eliminate discrimination against some children other than awareness raising and cultural sensitivity sessions.

IV. Domestic violence was reported in almost all communities and while it is recognized to be part of the local culture, it was universally condemned. The perpetrators should be reprimanded and punished. To combat domestic violence, the IDPs recommended the use of public awareness campaigns.

V. The presence of armed groups was reported as a source of concern in two localities.

**CHILD PROTECTION data analysis:**

I. Children reportedly work when they should be in school in 100% of the communities in Bau locality, between 60-70% in Damazine locality and ___% in Geissan locality. They help their families by working in the fields during planting, weeding and harvesting, collecting firewood, fetching water and transporting goods to market. A small percentage works between one and two hours per day at these tasks. The majority work more than four hours a day. Children work to support their families. Given the precarious livelihood situations of most IDP families, it should surprise no one that children will miss school to take attend to their chores. This permits their parents to engage in activities that generate revenue for the family.

II. FGM and early marriage are practiced, to varying degrees (from rarely to often), in most communities. On rare occasions, communities report that neither is practiced. Both practices are considered harmful to young girls. A public awareness campaign addressing both issues should be conducted using the media that families use to inform themselves.

III. There are reports of unaccompanied minors present in seven out of eight communities in Bau locality, nine of twelve communities in Geissan locality and eight of eleven communities in Damazine locality. The communities recommend that the unaccompanied minors be identified and registered, that they receive additional rations and that they benefit from special classes at school. Community members also encourage all children to be particularly attentive to the needs of their unaccompanied friends. The government and its partners should implement programs that target this particularly vulnerable group. Efforts should be engaged that reunite unaccompanied minors with their families.

IV. The sources of psychological anxiety in the communities include children having to drop out of school for economic reasons, the fear of economic hardship that leads to an inability to meet basic family needs, uncertainty about the future and separation from family members. People also fear attack, especially in Geissan locality. Again, children are adversely affected by the economic predicaments their parents face. A primary priority for the IDPs is to assist with livelihood diversification. Once livelihoods have been secured, children will be less likely to be removed from school and will no longer experience anxiety regarding the economic circumstances of their families.

V. When stressed, children most often confide in immediate family members, including grandparents. They may also confide in teachers, neighbors and to a lesser degree to other authorities.

VI. In Geissan and Damazine localities, there are specific (though unspecified) programs for the elderly. There are no other programs being implemented that target other extremely vulnerable groups (e.g. single-headed households, unaccompanied minors, orphans, etc.).
VII. There are effective dispute mechanisms available in all communities. These are perceived to be functioning quite well. The police are most often involved in mediating disputes, followed by an administrative authority or village council.

**MINES AND UXO data analysis:**

I. There are no reports of mines and UXO around any of the assessed communities of the three localities. There were however security incidents reported in Geissan locality. No details were provided.

II. As part of a comprehensive public awareness campaign and the possible presence of mines and UXO around their home communities, it would be useful if IDPs were well informed about the risks before returning home, even temporarily.

**REGISTRATION data analysis:**

I. The registration of IDPs was reportedly completed in about 75% of the communities assessed. No groups were excluded for the registration in Bau and Damazine localities. In Geissan however, separated family members were not included nor were child headed households and persons with disabilities in two communities, for unknown reasons.

II. The communities of Bau locality have been targeted with water interventions, food assistance, health care and education services. In Geissan locality, seven of the twelve assessed communities report having benefitted from food and shelter assistance. In Damazine locality, six of the eleven assessed communities reported having received assistance in the form of food aid and shelter and, to a lesser degree, sanitation services, livelihood interventions and health care. In all but a few of the communities was the assistance considered to have been sufficient.

III. The three most important challenges facing the communities of Bau locality are 1) food security and livelihood, the provision of water and access to reliable and qualitative health care. For Geissan locality, the main challenges for the IDPs are food security and livelihood, shelter and education. For Damazine locality, the principal challenges facing IDPs are related to access to qualitative health care, road access and food security/livelihood support. Of the above list, food security and livelihood support are the first priority as these constitute the basis upon which many family decisions depend. Where families are food insecure, both the education and health (physical and mental) of their children are jeopardized.

IV. Those persons most in need of assistance in all three communities are children (including orphans and unaccompanied minors), the disabled, the elderly and single headed households.
ANNEX 1

The roles and responsibilities of the institutions:

**HAC:** The Humanitarian Aid Commission of Blue Nile State is the principal coordination body for the needs assessments. HAC reviewed and approved the assessment questionnaire, made copies for the assessment team members, provided representatives to lead each of the three teams, compiled the collected data, participated in the data digitization, convened and coordinated the sectoral analysis of the assessment data and co-authored the final needs assessment report.

**State level line ministries:** As sector lead institutions, each provided technical guidance for the formulation of the questionnaire, participated in the field work on the assessment teams, analyzed the sectoral data and provided written analysis to HAC-OCHA for the compilation of the final report.

**UN OCHA:** Supported HAC with the design of the assessment questionnaire and the Excel spreadsheet for data processing, the organization of the Needs Assessment Launch Event, the organization of the field data collection exercises in three localities, the compilation of the field data, data digitization, preliminary analysis of the data, and consolidation of the analysis reports from the sectors. OCHA-BN co-authored the final report.

**UN Agencies:** As members of their respective sectors, each agency provided technical support to the State Line Ministries in their domains of competence. Their representatives made major contributions to the questionnaire, participated in the field data collection exercises, were involved in the analysis of the data relative to their sectors and co-authored the synthesis of the sectoral analysis for inclusion in the final assessment report. They provided feedback on the draft report before its finalization.

**INGOs and NGOs:** UN Agencies and INGOs implement projects in Blue Nile State through the intermediary of national NGOs. The INGOs and NGOs participated in the design of the needs assessment tool and were represented during the field data collection exercise. They contributed to the analysis of the collected data and the formulation of their respective sector reports.

**The composition of the needs assessment tool (see annex XX):** The needs assessment questionnaire was composed of two parts; the first section included 126 questions for focus group discussions (FGD) and the second a series of sector-specific talking points for key informant interviews. The FGD questionnaire was pulled together using elements from assessment tools previously utilized for similar purposes in Darfur, South Kordofan and elsewhere in the region. The assessment tool was expanded and complemented with input from the technical sectors in Blue Nile. Since it was felt that the focus group discussion questionnaire was overly long and potentially distracting for community assemblies, additional information requests were added to the key informant talking points.

**The launch of the needs assessment process:** The Wali from Blue Nile State, the HAC commissioner and the commissioners from Bau and Geissan localities as well as other dignitaries presided over the event that marked the launch of the Blue Nile joint needs assessment. All UN agencies, their government counterparts, representatives from INGOs and NGOs attended the launch event. The expressions of support for the needs assessment were unanimous.

**The organization of the assessment teams:** OCHA recommended that the assessment teams be composed of one representative from each technical sector (9), one HAC representative (who was also designated the team leader) and one OCHA representative. In the end, there were more than 30 persons on each of the three teams. Fleets of 10 vehicles or more visited the 31 communities that were assessed in the three localities. On occasion, there were as
many members of the assessment teams as there were IDPs and host community members present to answer questions and provide information regarding their living conditions.

**Notification of the communities:** Due to several false starts, it was not possible to notify the communities of the arrival of the assessment teams with several days' notice. In the end, the communities were alerted to the arrival of the enumerators with little advance notice. As a result, not everyone in the communities was able to attend the focus group discussions or participate in the key informant interviews.

**Conducting the needs assessment at the community level:** Due the large numbers of persons on each assessment team and the potential of there being as many enumerators as host community members participating in the focus group discussions, it was decided, in the case of Damazine locality, to split the assessment team into sectors and proceed with focus group discussions and key informant interviews simultaneously. In Geissan and Bau localities, the procedures followed were ………………………

**Needs Assessment Debriefing:** After each assessment, the assessment teams gathered to review the process, the results, what worked and what didn't. Subsequent assessments incorporated the lessons learned, using an iterative approach.

**Processing the collected assessment data:** When the field work was completed, the assessment questionnaires were held at the HAC premises in Damazine. There, the information from each locality was consolidated and processed. The responses were entered into an Excel worksheet. The data was then shared with the relevant sector leads for analysis and commentary. Their reports were provided to OCHA for integration into the final needs assessment report.

**Timing of the needs assessment:** The field work took place during the month of February of 2018. This corresponds to about 4 months after the last harvest (October 2017) and halfway through the dry season. Under normal circumstances, the IDPs that were able to plant and harvest a crop should have had sufficient reserves to last until May-June of the following year when the first rains arrive and the lean season begins.
ANNEX 2

Inter-Agency Needs Assessment in Blue Nile State

Terms of Reference

February – March 2018

The Needs Assessment context and purpose:

**Context:** Blue Nile State borders both Ethiopia to the East and South Sudan to the South and West. Fighting between the Sudanese Government forces and the Sudan People’s Liberation Movement-North (SPLM-N) spread into Blue Nile in 2011 from South Kordofan. Internal displacement and food insecurity for a large segment of the population resulted.

Blue Nile state covers an area of 39,000 km² and is home to just over 1 million persons. The HNO 2017 reported in 2016 that 49.1% of children complete primary school and of these, 81.2% continue to secondary education. It is also reported that more than 1 in 2 girls is married before the age of 18 and 36% of women are illiterate. The level of severe and moderate malnutrition among under 5’s is reported to be 46.7% which is higher than the national average. More than 80,000 under-5 children were reported to suffer from GAM (HNO 2017).

The 2017 HNO estimates that there are 150,320 people in need of humanitarian assistance in Blue Nile State of which 49% are women. Of these, more than 47,000 are reportedly IDPs while 7,660 are refugees and asylum seeker, 94,212 are residents and a further 1,056 are returnees. As the situation in Blue Nile State changes, these numbers will have fluctuated and require updating.

The GoS’s non-encampment policy has meant that displaced families are constrained to seek refuge with host communities. This has placed an increased burden on already overstretched and fragile infrastructure. This is especially true for SPLM-N controlled areas. The conflict has negatively impacted livelihoods, access to education and health care, among other harmful effects.

There have been reports of refugees from Ethiopia having returned to Sudan and having received government assistance though this information is as yet unconfirmed.

International organizations work exclusively through national NGO partners in Blue Nile. Consequently, they have little exposure to the real-life conditions of those persons in need of humanitarian assistance. The HAC Revised Directives for humanitarian assistance issued in 2016 would have allowed greater access to affected populations. Regrettably, these directives have only been partially implemented. As a result of these constraints, donors have little independently verifiable information upon which to base their funding decisions. UN Agencies and some INGOs have been constrained to scale back their operations. Moreover, restricted access has made it difficult to assess real need although informal information sources report significant need among the displaced populations and the communities that host them.

An inter-agency needs assessment was conducted in March of 2016. The carrying out of the assessment encountered several obstacles including the impossibility of visiting IDP locations, interacting with IDPs separately from host community members, inspecting the living conditions of displaced persons and the
reduction of the number of sites to be assessed from 52 to 36. Finally, MUAC screening was not part of the assessment.

According to FEWSnet, in some parts of Jebel Marra and SPLM-N-controlled South Kordofan and Blue Nile states, prevailing insecurity conditions, displacement, and restricted population movements continue to hamper access to cultivation and seasonal agricultural labor. As a result, Stressed (IPC Phase 2) and Crisis (IPC Phase 3) levels of acute food insecurity persist among IDPs and poor residents during the harvest period. These areas are likely to continue facing Stressed (IPC Phase 2) and Crisis (IPC Phase 3) outcomes between February and May 2018.

**Purpose:**

1. To support evidence-based and targeted response planning through the collection and provision of detailed information from all Blue Nile sites affected by the arrival of displaced persons.
2. To describe the circumstances, needs, vulnerabilities and intentions of the persons displaced by conflict in Blue Nile State.

**NOTE:** The inter-agency needs assessment is not intended to replace more detailed sector-specific assessments that may be conducted subsequently!!!

**Specific Objectives:**

1. Map the living conditions of the displaced households as well as the host communities in 5 localities of Blue Nile State.
2. Evaluate the multi-sectoral needs of the displaced populations as well as host community members.
3. Collect up-to-date information relative to the general provision of services at the displacement sites.
4. Identify the gaps in the provision of assistance to the displaced households as well as the hosting communities. Differentiate those that require immediate, life-sustaining responses from those that should be addressed over the mid-to-long term.
5. Identify priorities for humanitarian intervention, preferably through a complimentary/joint approach.
6. Evaluate the impact of displacement on the most vulnerable members of the communities.
7. Program follow-on assessments to collect in-depth information relative to sectoral priorities.

**A description of the subject to be assessed:**

The assessment will be carried out in 3 localities of Blue Nile State (Damazine, Bau and Geissan). The sites selected for assessment in each locality were identified by the 9 sectors implementing programs in the state (health, nutrition, education, WASH, FSL, protection, Mine Action, Return/reintegration and resettlement, shelter/NFI).

The following criteria were used to determine which communities/settlements would be targeted:

- Access
- Reports of significant numbers of displaced persons
- Populations not having received assistance from partners in the past year (underserved populations)
- Duration of displacement.

The needs assessment will be undertaken in the following localities and communities (preliminary information)
The Methodology for the Assessment:

The assessment will be conducted using 1) focus group discussions as well as 2) key informant interviews and 3) direct observation of the living conditions of the displaced families. The questionnaire for the focus group discussions will follow a structured interview format and will normally last for about 2 hours. The village authorities/elders will be notified in advance of the arrival of the assessment teams so that the focus group members may be notified. Additionally, the authorities/elders will be informed of the interviews with key informants. The key informant sessions will be addressed at 1) women's groups, 2) individual families, 3) medical personnel, 4) agriculture officials and 5) education officials and will be guided by the talking points. Enumerators will allow key informants to express their concerns/opinions without the constraints of a structured questionnaire.

Relevant secondary data will be analyzed by each of the relevant sectors.

Work plan:

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<th>WEEK 14/01</th>
<th>WEEK 21/01</th>
<th>WEEK 28/01</th>
<th>WEEK 04/02</th>
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### Assessment Questions (for all sectors):

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<thead>
<tr>
<th>1. Background</th>
<th>Q #</th>
<th>Indicator/Question</th>
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<tbody>
<tr>
<td>1.1</td>
<td>Type of emergency</td>
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<td>1.2</td>
<td>Type of crisis</td>
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<tr>
<td>1.3</td>
<td>Site description</td>
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<td>1.4</td>
<td>State</td>
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<tr>
<td>1.5</td>
<td>Locality name</td>
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<td>1.6</td>
<td>Village name</td>
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<tr>
<td>1.7</td>
<td>Composition of community assessment group</td>
<td></td>
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<tr>
<td>1.8</td>
<td>Distance between Damazine and site</td>
<td></td>
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<tr>
<td>1.9</td>
<td>Accessibility of site during rainy season</td>
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<td>1.10</td>
<td>Availability of electricity at site</td>
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<td>1.11</td>
<td>Gov’t plans related to public utilities</td>
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<td>1.12</td>
<td>Distance between home or origin and displacement site</td>
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<tr>
<td>1.13</td>
<td>Duration of displacement</td>
<td></td>
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<tr>
<td>1.14</td>
<td>% of IDPs living in demarcated sites</td>
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<thead>
<tr>
<th>2. Return, Reintegration and Resettlement</th>
<th>Q #</th>
<th>Indicator/Question</th>
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<tbody>
<tr>
<td>2.1</td>
<td>What % of IDPs, returnees and host community members is affected by the presence of problematic rubble/debris?</td>
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<td>2.2</td>
<td>How many of IDPs, returnees and host community members have no access to basic infrastructure?</td>
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<tr>
<td>2.3</td>
<td>What % of IDPs, returnees and host community members receives food assistance?</td>
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<td>2.4</td>
<td>What is the community doing to assist displaced persons?</td>
<td></td>
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<td>2.5</td>
<td>What are the main priorities for restarting IDP livelihoods?</td>
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<td>2.6</td>
<td>Are there long-term recovery/development initiatives underway in the community?</td>
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<td>2.7</td>
<td>If yes, what sector do they fall under (select all that are relevant)?</td>
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<tr>
<td>2.8</td>
<td>What entities are implementing recovery/development initiatives?</td>
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<td>2.9</td>
<td>Other Considerations?</td>
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<tr>
<th>3. WASH</th>
<th>Q #</th>
<th>Indicator/Question</th>
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<tbody>
<tr>
<td>3.1</td>
<td>Where does the community access water (select up to 3)?</td>
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<td>3.2</td>
<td>How many families draw water from each source (see above)?</td>
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<td>3.3</td>
<td>What water problems are households experiencing?</td>
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<td>3.4</td>
<td>What water quality complaints are most often heard?</td>
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<td>3.5</td>
<td>What solutions to water quality problems are recommended?</td>
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<td>3.6</td>
<td>How much time is spent collecting water per day?</td>
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<td>3.7</td>
<td>Where are the community’s defecation sites?</td>
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<td>3.8</td>
<td>How many people practice open defecation?</td>
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<tr>
<td>3.9</td>
<td>Why is open defection practiced?</td>
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<td>3.10</td>
<td>How can the community reduce open defecation?</td>
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<td>3.11</td>
<td>How many people have access to hand-washing facilities?</td>
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<td>3.12</td>
<td>How many people dispose of waste in pits, bins, heaps?</td>
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<td>3.13</td>
<td>Who is operating and maintaining the water system?</td>
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<td>3.14</td>
<td>Other Considerations?</td>
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<th>4. Education</th>
<th>Q #</th>
<th>Indicator/Question</th>
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<tr>
<td>4.1</td>
<td>What percentage of children and youth are NOT attending school?</td>
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<td>4.2</td>
<td>Are schools in good condition to be used for class?</td>
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<td>4.3</td>
<td>Are students attending class in temporary facilities?</td>
<td></td>
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<td>4.4</td>
<td>How many classes have sufficient learning materials?</td>
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<td>4.5</td>
<td>How many teachers are UNABLE to deliver classes for whatever reason?</td>
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<td>4.6</td>
<td>Is psychosocial support provided to children in need?</td>
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### 4.7 Does the school have WASH facilities?

### 4.8 Does the school have a playground?

### 5. FSL

| 5.1 | On average, how long will food stocks last for each household (in days)? |
| 5.2 | Do most households have access to the market? |
| 5.3 | Have the prices of staple foods increased by more than 20% in the past year? |
| 5.4 | Are you able to access most commodities in the market? |
| 5.5 | If not, why is market access difficult for you? |
| 5.6 | Are community residents doing any of the following in response to the crisis? |
| 5.7 | What are the THREE TOP PRIORITIES to improve food access? |
| 5.8 | What livelihood opportunities are available for the individuals in the community (select all that are relevant)? |
| 5.9 | What is/are the main source(s) of income for most households (select as many as 3)? |
| 5.10 | What are the main expense items (select 2) for most households? |
| 5.11 | How many impoverished households receive income support? |
| 5.12 | How many households (both hosts and displaced) have no livelihood assets and cannot meet their survival needs? |
| 5.13 | How many households (both hosts and displaced) do not have the food, cash, income to meet their livelihood protection needs (are they depleting their assets)? |
| 5.14 | What are the reasons for losses of livelihood (select all that are relevant)? |
| 5.15 | Do IDPs have access to livelihood alternatives? |
| 5.16 | If IDPs have limited access to livelihood options, why is this the case? |
| 5.17 | Other considerations: |

### 6. Health

| 6.1 | What are the principal health challenges? |
| 6.2 | What are main causes of injury since displacement? |
| 6.3 | What are the main diseases in the community since displacement? |
| 6.4 | Does the community have a health facility? |
| 6.5 | Is the health facility Open? |
| 6.6 | How far is it from community to health facility? |
| 6.7 | Who is the most senior health professional present most often? |
| 6.8 | Why doesn't community have access to health facility? |
| 6.9 | Has the health of your children worsened since displacement? |
| 6.10 | What, if anything, has caused deterioration in your children's health? |
| 6.11 | Other Considerations: |

### 7. Nutrition

| 7.1 | Do children under 5 eat 3 meals a day? |
| 7.2 | Are there visible signs of acute malnutrition in the community? |
| 7.3 | Are the following nutrition interventions available in the community? |
| 7.4 | Have women stopped breastfeeding as a result of displacement? |
| 7.5 | Why have women stopped breastfeeding? |
| 7.6 | What has replaced breastfeeding? |
| 7.7 | In place of breastfeeding, what is given to children between 6 and 24 months of age? |
| 7.8 | When breastfeeding stops, mothers received… |
| 7.9 | Are pregnant and lactating women receiving targeted assistance? |
| 7.10 | If yes, what is the quantity of the items are being received? |

### 8. Shelter and NFI

| 8.1 | What materials are used to construct shelters? |
| 8.2 | How many households do not have access to adequate shelter? |
| 8.3 | When are displaced persons expecting to return home? |
| 8.4 | What is the main reason that prevents a return to home of origin? |
| 8.5 | What essential household items are needed now? |
| 8.6 | What are the top priorities to improve access to shelter in the community? |

### 9. Information access

| 9.1 | What are your sources of information? |
| 9.2 | What is preventing people from accessing the information they need? |
| 9.3 | Are media available at the community/locality level for mobilization initiatives? |
| 9.4 | Other Considerations? |

### 10. General Protection

<p>| 10.1 | Do people feel safe in this community? |
| 10.2 | What are the principal dangers that people face in this community? |
| 10.3 | Where do people feel most at risk? |</p>
<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.4 Are people able to move around freely within and outside the community?</td>
</tr>
<tr>
<td>10.5 What are people’s gravest concerns related to their spouses and children?</td>
</tr>
<tr>
<td>10.6 Have there been incidents recently that threatened family, friends or neighbors?</td>
</tr>
<tr>
<td>10.7 If yes, where did the incidents occur?</td>
</tr>
<tr>
<td>10.8 Have you experienced domestic violence?</td>
</tr>
<tr>
<td>10.9 How can domestic violence be stopped?</td>
</tr>
<tr>
<td>10.10 What are people’s attitudes regarding domestic violence?</td>
</tr>
<tr>
<td>10.11 Other comments:</td>
</tr>
<tr>
<td>11.1 Are your children working when they should be attending school?</td>
</tr>
<tr>
<td>11.2 If children are working, what sort of work are they doing?</td>
</tr>
<tr>
<td>11.3 How many hours a day do children work?</td>
</tr>
<tr>
<td>11.4 Are women and children that work more exposed to physical violence and exploitation?</td>
</tr>
<tr>
<td>11.5 Is FGM practiced in the community?</td>
</tr>
<tr>
<td>11.6 Is early marriage practiced in the community?</td>
</tr>
<tr>
<td>11.7 Are there UASC and other children with special protection needs in the community?</td>
</tr>
<tr>
<td>11.8 Are there specific care protocols in place for UASC and other special protection cases?</td>
</tr>
<tr>
<td>11.9 Are people able to move freely within and outside the community?</td>
</tr>
<tr>
<td>11.10 How can the community and agencies support especially vulnerable children?</td>
</tr>
<tr>
<td>11.11 What are the main sources of psychological anxiety in the community?</td>
</tr>
<tr>
<td>11.12 Who do children confide in when stressed?</td>
</tr>
<tr>
<td>11.13 Are there special programs in place for the elderly?</td>
</tr>
<tr>
<td>11.14 Are there special programs in place for single-headed households?</td>
</tr>
<tr>
<td>11.15 Are there mechanisms for dispute resolution in the community?</td>
</tr>
<tr>
<td>11.16 Are trained PSS staffs present in the community?</td>
</tr>
<tr>
<td>11.17 Other Considerations:</td>
</tr>
<tr>
<td>12.1 Do you know of any mines or UXO in the vicinity of the community?</td>
</tr>
<tr>
<td>12.2 If yes, have the locations been marked?</td>
</tr>
<tr>
<td>12.3 Have there been any injuries or deaths caused by mines or UXO reported in the community in the last year?</td>
</tr>
<tr>
<td>12.4 If so, how many injuries and deaths were reported in the last year?</td>
</tr>
<tr>
<td>12.5 Other Considerations:</td>
</tr>
<tr>
<td>13.1 Have displaced persons been registered at the site?</td>
</tr>
<tr>
<td>13.2 Are any groups excluded from the registration process?</td>
</tr>
<tr>
<td>13.3 Has this site been targeted with assistance?</td>
</tr>
<tr>
<td>13.4 Have the needs expressed by the community been met?</td>
</tr>
<tr>
<td>13.5 Rank the THREE MOST IMPORTANT ISSUES facing the community:</td>
</tr>
<tr>
<td>13.6 Which groups are most in need of assistance at this location?</td>
</tr>
</tbody>
</table>
Talking Points for Key Informant Interviews:

1. **Health Professionals**: The number out patients the health post receives each day. The most common ailments affecting the people that come to the clinic? What level of care is available? What is the cost of treatment? Are health care services affordable? To where are people referred for more specialized treatment? What drug and/or medication are available at the clinic? What is the nutritional status of the children (how many severely malnourished)? When was the last MUAC survey conducted? Are there many instances of GBV reported?

2. **Agriculture Officials**: How much (if any) support did farmers receive to encourage agricultural production? Where did the support come from? When did they get it? What areas were planted, per crop, last year? What quantity of each crop was harvested per area of surface (ha?) last year? What pest/crop diseases were reported last year? What is the overall condition of livestock? What is the overall condition of pasture land? What animal diseases were observed and/or reported last year? What is the availability of veterinary services? What is the condition of animal watering points? Are there reports of tensions around animal watering points? What recommendations does the community make to improve agricultural production, post-harvest storage and/or marketing?

3. **Women’s Issues**: Is there GBV in the community? Is FGM practiced in the community? Is early marriage practiced? Is family planning practiced? What birth-spacing method is most commonly practiced/used? What role do women play in the decision-making bodies in the community? Do women have reproductive health issues that they wish to highlight? Do women have specific livelihood concerns they wish to discuss? Do the women have specific issues related to their children that they would wish to discuss? Do the women have specific security/safety issues that they would want to highlight? What recommendations would women make to improve their living conditions? What skills/trades do the women practice? What additional skills would they want to acquire? Are mothers informed about the nutritional needs of their under-5 children?

4. **Family Issues**: How many families live in the community (differentiate between IDPs and host families)? What does the daily routine of different members of the family consist of? What livelihood challenges does the family face? What is the level of income of the household? How is the family budget managed? What are the challenges facing the family for the education of the children? What are the most urgent needs of the family?

5. **Education Issues**: Number of children enrolled in primary school. Number of boys and number of girls. Number that complete primary school (by gender). Number that enroll in secondary school (by gender). Reasons for drop outs. What do families pay for children to attend school? What are the principal concerns related to education? Are there issues related to the teachers?

**Administrative considerations**: Logistical arrangements, secretarial support, security during field visits, etc..

**Deliverables**: A draft report containing 1) analysis of the living conditions of the persons displaced by conflict as well as the host communities where they reside, 2) differentiation between immediate, life sustaining interventions and longer term community development actions, 3) prioritization of interventions that address immediate needs and lays the foundation for future collaborative work, 4) plans for phase II of the assessment to cover those localities in Blue Nile State that were not included in Phase I, and 5) a workshop presenting the findings from the assessment.

**The evaluation process and timetable**: January and February of 2018
ANNEX 3

LESSONS LEARNED FROM THE BLUE NILE NEED ASSESSMENT:

1. Placing HAC as the lead of the assessment: It ensures political endorsement for the process as well as endorsement of the results. However, if the assessment framework is not agreed with HAC in writing beforehand, there is considerable scope for misunderstanding about the proprietorship of the data and access of all partners to the results.

2. It is important that HAC assessment team leaders understand their responsibilities. And exercise them professionally.

3. The HAC team leaders need to be adaptable to allow for adjustments in procedures to take full advantage of opportunities that arise for additional information collection.

4. During the preparation of the assessment questionnaires, do not rely solely on sending information, questionnaires, methodologies or any other written materials to sector leads as one cannot be sure that they will read them. It is better to invite them individually to meet and review the documents together (and adjust, as required).

5. Moreover, the sector leads may not circulate the questionnaire and related information to their implementing partner organizations. It is therefore necessary that a list of partners per sector be prepared and that the information sent to the sector leads is also sent to the implementing partners for their review and comment.

6. Do not interpret the absence of written feedback from the sector leads as agreement with the contents of whatever document sent to them. They may subsequently arrive at workshops without having reviewed documents and will raise issues in a public forum that could and should have been dealt with bilaterally.

7. Training on the use of the questionnaire and how to conduct assessment interviews is needed prior to going to the field.

8. The questionnaire and the assessment procedures should also be field tested on several occasions before rolling out the assessment on a large scale.

9. If possible, limit the number of persons per assessment team to a maximum of 11.

10. There are several reasons for the interest of large numbers to participate in the assessment: 1) the DSA payments, 2) the fact that few participants have had any exposure to IDP settlements and 3) participants are trying to make a name for themselves (gain visibility and notoriety with the agencies that finance the implementation of activities) and 4) agencies wanting to take advantage of the assessment to gather sector-specific data for their respective uses.

11. The selection of the communities: each sector recommends several communities to be assessed in each locality. It is unclear what criteria are used for the initial selection. These are reviewed by the HAC Commissioner as well as the locality commissioners. The latter make recommendations about the suitability of some communities and even recommend that others be included.

12. The Sectors have used the inter-agency assessment to piggy back their respective agendas. The addition of very detailed questionnaires to the key informant interviews is the most appropriate place for extra questions. Automatically, this has an impact on the time needed for the assessment.

13. The sectors need to train their respective enumerators on the modality for completing the questionnaire (both the structured and unstructured parts).

14. The key informant talking points require narrative answers (for the most part). The answers will be provided in Arabic. The narrative answers are then processed in the original and a synthesis is written in Arabic, to be subsequently translated into English.

15. Without an English summary of the findings from the key informant interviews, whatever information is collected from these sources cannot be included in the final report.

16. The sectors should be provided with the data from the Focus Group Excel Worksheet as well as the results of the key informant interviews. As a group, they should collectively carry out the analysis of the data and prepare a preliminary report.

17. The reports from the sectors would then be consolidated and constitute the basis for the final assessment report.

18. The implementation of the assessment: the Damazine team learned early on that the FGD discussions, with everyone present, was time consuming and inefficient. It was immediately decided that the FGD would involve the entire community but deal only with the “general” questions. The large community group would then be divided along sector lines. These
groups would meet separately to go through the structured questionnaire and then the talking points in part II of the questionnaire. This was a more efficient use of time allowing as many as three assessments to be conducted in a single day.

19. The structured questionnaire format has several limitations. While it does allow for efficient processing of the collected results, it does not encourage prolonged interaction with communities. Only time and informal discussions create a sense of confidence that results in more reliable and complete answers and comments.

20. Without access to person's homes, it is difficult to verify whether the information that has been provided through the structured questionnaires is accurate. The structured questionnaires may provide misleading and overly optimistic information.

21. Most, if not all the persons making up the assessment teams have little direct connection with the communities/settlements being assessed. This is regrettable because an institution with previous experience in the community (presuming the experience was positive) could serve as a bridge for the other assessment team members to establish a dialogue of confidence immediately and gather more accurate and relevant information more quickly.

22. It is inevitable that needs assessments of the sort conducted in 2018, especially with the large number of enumerators, will raise expectations. We must be clear at the outset that the presence of an assessment team is no guarantee of future donor support.
### Blue Nile Joint Needs Assessment Questionnaire

#### General

<table>
<thead>
<tr>
<th>Question</th>
<th>Type of Emergency</th>
<th>Type of Crisis</th>
<th>Description of site</th>
<th>State?</th>
<th>Village?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Type of Emergency:</td>
<td>[ ] Drought</td>
<td>[ ] Sudden onset</td>
<td>Yes</td>
<td>Blue Nile</td>
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<td></td>
<td>[ ] Flood</td>
<td>[ ] Slow onset</td>
<td>Yes</td>
<td>Bau</td>
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<td></td>
<td>[ ] Conflict</td>
<td>[ ] Protracted</td>
<td>Yes</td>
<td>Geissan</td>
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<td></td>
<td>[ ] Epidemic</td>
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<td>Yes</td>
<td>Kurmuk</td>
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<td>[ ] Fire</td>
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<td>Yes</td>
<td>Damazine</td>
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<td></td>
<td>[ ] Other</td>
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<td>Yes</td>
<td>Roseires</td>
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<td>1.2 Type of Crisis</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>1.3 Description of site:</td>
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<td>1.4 State?</td>
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<td>1.5 Village?</td>
<td>Yes</td>
<td>Yes</td>
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<td>1.6 Localilty?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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</table>

#### How far is it from Damazine to the village (drives to monitor)?

<table>
<thead>
<tr>
<th>Distance</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 10 kilometers</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Between 10 and 20 kilometers</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Between 20 and 30 kilometers</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>More than 30 kilometers</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### How accessible is the village from Damazine during the rainy season?

<table>
<thead>
<tr>
<th>Accessibility</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequently accessible</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Rarely accessible</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Never accessible</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### If so, how is the electricity provided?

<table>
<thead>
<tr>
<th>Electricity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community connected to the national grid</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Community has a generator</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### How many host community families are there?

<table>
<thead>
<tr>
<th>Number of families</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 50</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Between 50 and 100</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Between 101 and 150</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Between 151 and 200</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>More than 200</td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

#### How many IDP families are there living with the host community?

<table>
<thead>
<tr>
<th>Number of families</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 50</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Between 50 and 100</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Between 101 and 150</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Between 151 and 200</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>More than 200</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### How long has the affected population been living in the area?

<table>
<thead>
<tr>
<th>Length of stay</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 month</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Between one and three months</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Between three and six months</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>More than two years</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Where do the displaced persons originate from (name of place of origin)?

<table>
<thead>
<tr>
<th>Place of origin</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 10km distance</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Between 10-20 km distance</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Between 20-50 km distance</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>More than 50 km distance</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### How many IDP families are there living in spontaneous gatherings?

<table>
<thead>
<tr>
<th>Number of families</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 50</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Between 50 and 100</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Between 101 and 150</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Between 151 and 200</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>More than 200</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Return, Reintegration and Resettlement:

2.1 What % of IDPs, returnees and host community members is affected by the presence of problematic rubble/debris?

- All
- Most (75%)
- Some (50%)
- Few (25%)
- None

2.2 How many of IDPs, returnees and host community members have no access to basic infrastructure?

- All
- Most (75%)
- Some (50%)
- Few (25%)
- None

2.3 What % of IDPs, returnees and host community members receives food assistance?

- Less than 10%
- Between 10-20%
- Between 20-30%
- Over 30%

2.4 What is the community doing to assist displaced persons?

- Return to place of origin
- Animal distribution
- Seed distribution
- Agricultural implement distribution
- Wait for next rainy season
- Improvement in safety issues
- Road repair

2.5 What are the main priorities for restarting IDP livelihoods?

- Return to place of origin
- Food Security and Livelihood
- Health
- Nutrition
- Protection
- Infrastructure (including shelter)
- Education
- Other

2.6 Are there long term recovery/development initiatives underway in the community?

- Yes
- No
- Don't know

2.7 If yes, what sector do they fall under (select all that are relevant)?

- WASH
- Food Security and Livelihood
- Health
- Nutrition
- Protection
- Infrastructure (including shelter)
- Education
- Other

2.8 What entities are implementing recovery/development initiatives?

- Government line ministries
- UN Agencies
- INGOs
- NGOs
- Private sector actors
- Other (specify)

2.9 Are there tensions between the host community members and the IDPs?

- Never
- Seldom
- Often
- Constantly.

3.1 Where does the community access water (select up to 3)?

1. Distribution tap
2. Water tank/bladder
3. River/stream
4. Protected well w/o hand pump
5. Unprotected well
6. Water pipe connection
7. Water trucking

3.2 How many families draw water from each source (see 3.1)?

- Source 1:
- Source 2:
- Source 3:
### 3.3 What water problems are households experiencing?

- Distance to source
- Insufficient water at source/not functioning/unreliable
- Water too expensive
- Waiting time at source is too long
- Lack of container for transport/storage
- Unsafe access to nearest water point

- The water smells
- The water makes us sick
- The water is muddy/turbid
- The water tastes bad

### 3.5 Are the water sources functioning?

- Yes
- No

### 3.6 Are the water sources protected?

- Yes
- No

### 3.7 What solutions to water quality problems are recommended?

- Repair the broken pump
- Provide water treatment chemicals
- Drill new water sources
- Connect to pipe network
- Distribute water storage containers

### 3.10 How many people practice open defecation?

- All
- Most (75%)
- Some (50%)
- Few (25%)
- None

### 3.12 How can the community reduce open defecation?

- Train community on importance of latrines
- Provide lighting around latrines
- Build separate latrines for men and women
- Repair/empty existing latrines
- Build more latrines
- Put locks on inside of latrines

### 3.14 How many people dispose of waste in pits, bins, heaps?

- All
- Most (75%)
- Some (50%)
- Few (25%)
- None
### 3.15 Who is operating and maintaining the water system?
- Community
- Individuals
- CBO
- National NGO
- International NGO
- No one

### 4.1 How many schools are there in the community?
- One
- Two
- Three
- More than 3

### 4.2 How many teachers are there at the school(s)?
- Yes
- No

### 4.3 Are the teachers regularly present at the schools?
- Yes
- No

### 4.4 Are the school fees affordable for most families?
- Yes
- No

### 4.5 How many children are unable to attend class because of the fees and other costs?
- None
- Few
- Some
- Many

### 4.6 What concerns are most often expressed by the parents?
- Teachers often absent
- Cost are too expensive
- Classrooms too crowded
- No feeding program
- No WASH facilities
- No playground
- Other:

### 5.1 On average, how long will food stocks last for each household (in days)?
- Cereals
- Pulses/legumes
- Oils and Fats

### 5.2 Do most households have access to the market?
- Yes
- No

### 5.3 Have the prices of staple foods increased by more than 20% in the past year?
- Yes
- No

### 5.4 Are you able to access most commodities in the market?
- Yes
- No

### 5.5 If not, why is market access difficult for you?
- Commodities unavailable
- Difficulty in accessing market
- Market not functioning
- Roads in poor condition
- Commodities too expensive
- Other:

---

**Translation:**

### 3.15 من الذي يقوم بتشغيل وصيانة نظام المياة؟
- المجتمع
- الأفراد
- CBO
- منظمات طوعية وطنية
- منظمات طوعية دولية
- لا أحد

### 4.1 كم عدد المدارس في المجتمع?
- واحد
- اثنان
- ثلاثة
- أكثر من ثلاثة

### 4.2 كم عدد الأشخاص الذين لا يعيشون في المدرسة؟
- حاضرون دائمًا في المدرسة
- غير حاضرون

### 4.4 هل الرسوم المدرسية مناسبة للأسرة؟
- نعم
- لا
- لا أعلم

### 4.5 كم عدد الأطفال الذين لا يدركو الفصول بسبب الرسوم المدرسية؟
- لا
- محدود
- بعضهم
- كثير

### 4.6 هل الأباء راضون عن مستوى خدمات التعليم في المجتمع؟
- نعم
- لا

### 4.7 ما هما الأشياء التي تضعها في الاعتبار كما شارك فيها الأباء؟
- الغياب المتفاوت للمعلمين
- تكلفة التعليم عالية
- الفصول مزدحمة
- لا يوجد برنامج تغذية مدرسية
- لا يوجد مصلحة مياه وصحة بيئية
- لا يوجد ملاعب للعب
- أوthers:

### 5.1 في المتوسط، كم تستغرق المخزونات الغذائية لكل أسرة (في الأيام)؟
- الحبوب
- البخور
- الزيوت والدهون

### 5.2 هل يستطيع معظم الناس الوصول إلى السوق؟
- نعم
- لا
- لا أعلم

### 5.3 هل ارتفعت أسعار المواد الغذائية الأساسية أكثر من 20% في العام الماضي؟
- نعم
- لا
- لا أعلم

### 5.5 إذا لم يكن الأمر كذلك، لماذا لا يوجد wiki الوصول إلى الأسواق؟
- المواد الغذائية غير متاحة
- صعوبة الوصول للأسواق
- السوق لا تعمل
- الطرق السيئة
- الأسواق غالية جدا
- أوthers:
### 5.6 Are community residents doing any of the following in response to the crisis?

<table>
<thead>
<tr>
<th>Action</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relying on less desirable and expensive food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharing food with neighbors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limiting portion size at meals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reducing number of meals per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borrowing food from family or neighbor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harvesting immature crops</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Favoring small children with more food</td>
<td></td>
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<tr>
<td>Hunting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gathering wild food</td>
<td></td>
<td></td>
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<tr>
<td>Hunting small game animals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>放大食物种植的幼苗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borrowing food from family or neighbor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reducing number of meals per day</td>
<td></td>
<td></td>
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<tr>
<td>Limiting portion size at meals</td>
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</tr>
<tr>
<td>Borrowing food from family or neighbor</td>
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<tr>
<td>Harvesting immature crops</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Favoring small children with more food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hunting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 5.7 What are the THREE TOP PRIORITIES to improve food access?

1. Food distribution
2. Improve road access to markets
3. Cash voucher distribution
4. Return to place of origin
5. Restore livelihood activities
6. Distribute cooking sets
7. Distribute fuel for stoves

### 5.8 What livelihood opportunities are available for the individuals in the community (select all that are relevant)?

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Pastor</th>
<th>Trader</th>
<th>Agro-pastoralist</th>
<th>Craftsman</th>
<th>Agricultrist</th>
<th>Agriculture</th>
<th>Relief assistance</th>
<th>Wage labor</th>
<th>Remittances</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rug weaving</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Textile production</td>
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<td></td>
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<tr>
<td>陶器制作</td>
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<tr>
<td>Pottery sculpture</td>
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</tr>
</tbody>
</table>

### 5.9 What is the main source(s) of income for most households (select as many as 3)?

<table>
<thead>
<tr>
<th>Source</th>
<th>Labor</th>
<th>Agriculture</th>
<th>Trading</th>
<th>Craft</th>
<th>Relief</th>
<th>Remittances</th>
<th>Transport</th>
<th>Education</th>
<th>Health care</th>
<th>IGA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Food</td>
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<td></td>
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<tr>
<td>Remittances</td>
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<tr>
<td>Wage labor</td>
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<td></td>
<td></td>
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<tr>
<td>Other (specify)</td>
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</tr>
</tbody>
</table>

### 5.10 What are the main expense items for most households (select 2)?

<table>
<thead>
<tr>
<th>Item</th>
<th>Support</th>
<th>Transportation</th>
<th>Education</th>
<th>Health care</th>
<th>Remittances</th>
<th>Wage labor</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>Money</td>
<td>Clothing</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Clothing</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>Money</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Remittances</td>
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</tr>
<tr>
<td>Other (specify)</td>
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</tr>
</tbody>
</table>

### 5.11 How many impoverished households receive income support?

- All the households that fell below the poverty line
- Most households (75%)
- Some households (50%)
- Few households (25%)
- None

### 5.12 How many households (both hosts and displaced) have no livelihood assets and cannot meet their survival needs?

- All households (75%)
- Most households (50%)
- Some households (25%)
- None

### 5.13 How many households (both hosts and displaced) do not have the food, cash, income to meet their livelihood protection needs (are they depleting their assets)?

- All households (75%)
- Most households (50%)
- Some households (25%)
- None

### 5.14 What are the reasons for losses of livelihood (select all that are relevant)?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Support</th>
<th>Transportation</th>
<th>Education</th>
<th>Health care</th>
<th>Remittances</th>
<th>Wage labor</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of agricultural inputs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of tools and implements</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced access to market to sell surplus</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety concerns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of cash to invest in productive activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 5.15 Do IDPs have access to livelihood alternatives? 
- Yes
- No
- Don’t know

### 5.16 If IDPs have limited access to livelihood options, why is this the case? 
- No arable land for cultivate
- Lack of water for irrigation
- Lack of pastureland for grazing livestock
- Competition with traders in the market
- Ethnic tensions

### Health

#### 6.1 What are the principal health challenges? 
- Difficult access to health services
- Disease outbreaks
- Other

#### 6.2 What are the main diseases in the community since displacement? 
- Diarrhea related diseases
- Fever
- Acute Respiratory Infection
- Skin diseases
- Other

#### 6.3 Does the community have a health facility? 
- Yes
- No
- Don’t know

#### 6.4 Is the health facility Open? 
- Never open
- Rarely open
- Often
- Always open

#### 6.5 How far is it from community to health facility? 
- Health facility at site
- 30 minutes’ walk
- Between 30-60 minutes’ walk
- Between 1-2 hours walk
- More than 2 hours distant

#### 6.6 Why doesn’t community have access to health facility? 
- It DOES have access to a health facility
- Lack of safety
- Health services are poor
- Distance too great

### Nutrition

#### 7.1 Do children under 5 eat 3 meals a day? 
- Yes
- No
- Don’t know

#### 7.2 Are the following nutrition interventions available in the community? 
- Stabilization center: Yes
- Outpatient therapeutic care program: Yes
- Targeted supplementary feeding program: Yes
- Blanket supplementary feeding program: Yes
- Wet feeding: Yes
- Infant and young child feeding: Yes
- Micronutrient supplementation: Yes
7.3 Have women stopped breastfeeding as a result of displacement?
- Yes
- No
- Don’t know

7.4 Why have women stopped breastfeeding?
- N/A
- Too weak to breastfeed
- Not enough milk
- Easier to use infant formula

7.5 What has replaced breastfeeding?
- Normal milk
- Infant formula
- Semi-solid food for infants
- Other (specify)

7.6 In place of breastfeeding, what is given to children between 6 and 24 months of age?
- Normal milk
- Infant formula
- Solid food for infants
- Other (specify)

8.1 What materials are used to construct shelters?
- Local materials exclusively
- A mixture of local and purchased materials
- Purchased materials exclusively

8.2 How many households do not have access to adequate shelter?
- Less than 10%
- Between 11-20%
- Between 21-30%
- More than 30%

8.3 When are displaced persons expecting to return home?
- Less than one month
- Between 1-3 months
- More than 3 months
- Don’t know
- Never

8.4 What is the main reason that prevents a return to home of origin?
- Safety for family members
- Materials/tools for house repair unavailable
- Land issues
- No immediate access to food or livelihood
- Other (explain): 

8.5 What essential household items are needed now?
- Blankets
- Sleeping mats
- Mosquito nets
- Kitchen sets
- Firewood/fuel for cooking
- Clothing/shoes
- Plastic sheets/tarpaulins
- Jerry cans
- Other

8.6 What are the top priorities to improve access to shelter in the community?
- Distribution of shelter kits
- Cash grants
- Plastic sheeting
- Basic NFI distribution
- Shelter rehabilitation
- Other (explain):

9.1 What are your sources of information?
- Signboards
- Conversations with neighbors
- Radio broadcast

9.2 What is preventing people from accessing the information they need?
- Don't know who to ask
- No electricity
<table>
<thead>
<tr>
<th>9.3 Are media available at the community/locality level for mobilization initiatives?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No access to authorities' information</td>
</tr>
<tr>
<td>Don't understand the language of the info</td>
</tr>
<tr>
<td>Don't trust available media</td>
</tr>
<tr>
<td>No access to usual media</td>
</tr>
<tr>
<td>No information available</td>
</tr>
<tr>
<td>Crisis impacted usual media</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10.1 Do people feel safe in this community?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, always</td>
</tr>
<tr>
<td>No, not always</td>
</tr>
<tr>
<td>Never</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10.2 What are the principal dangers that people face in this community?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harassment while fetching water</td>
</tr>
<tr>
<td>Harassment when collecting firewood</td>
</tr>
<tr>
<td>Presence of armed groups</td>
</tr>
<tr>
<td>Risk of trafficking</td>
</tr>
<tr>
<td>Risk of landmines/UXOs</td>
</tr>
<tr>
<td>Children discriminated against at school</td>
</tr>
<tr>
<td>Aggressive behavior by residents</td>
</tr>
<tr>
<td>Other (specify):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10.3 Where do people feel most at risk?</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home</td>
</tr>
<tr>
<td>In the market</td>
</tr>
<tr>
<td>Fetching water</td>
</tr>
<tr>
<td>Collecting firewood</td>
</tr>
<tr>
<td>Going to and returning from the fields</td>
</tr>
<tr>
<td>While shepherding goats</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10.4 Are people able to move around freely within and outside the community?</th>
</tr>
</thead>
<tbody>
<tr>
<td>In general, yes</td>
</tr>
<tr>
<td>No often</td>
</tr>
<tr>
<td>Never</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10.5 What are people’s gravest concerns related to their spouses and children?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The children will be abducted or assaulted</td>
</tr>
<tr>
<td>The girl-children will be forced into early marriage</td>
</tr>
<tr>
<td>Other (explain):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10.6 Have there been incidents recently that threatened family, friends or neighbors?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Don't know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10.7 If yes, where did the incidents occur?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The home</td>
</tr>
<tr>
<td>The market</td>
</tr>
<tr>
<td>The well or other water source</td>
</tr>
<tr>
<td>The school</td>
</tr>
<tr>
<td>The fields</td>
</tr>
<tr>
<td>The river/stream</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10.8 Have you experienced domestic violence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10.9 How can domestic violence be stopped?</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is a private matter between spouses</td>
</tr>
<tr>
<td>It is part of the culture</td>
</tr>
<tr>
<td>It is never acceptable</td>
</tr>
<tr>
<td>It is to be condemned</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10.10 What are people's attitudes regarding domestic violence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is a private matter between spouses</td>
</tr>
<tr>
<td>It is part of the culture</td>
</tr>
<tr>
<td>It is never acceptable</td>
</tr>
<tr>
<td>It is to be condemned</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td><strong>11.1 Are your children working when they should be attending school?</strong>&lt;br&gt; هل الأطفال يعانون عندما يتعرضون واجباتهم بالقرية؟&lt;br&gt;</td>
</tr>
<tr>
<td>□ Yes&lt;br&gt; □ No&lt;br&gt;</td>
</tr>
<tr>
<td><strong>11.3 How many hours a day do children work?</strong>&lt;br&gt; عدد ساعات العمل؟&lt;br&gt;</td>
</tr>
<tr>
<td>□ Less than 1 hour&lt;br&gt; □ Between one and two hours&lt;br&gt; □ Between two and four hours&lt;br&gt; □ More than 4 hours&lt;br&gt;</td>
</tr>
<tr>
<td><strong>11.5 Is FGM practiced in the community?</strong>&lt;br&gt; هل هناك عادة جزءchanged حجة الاخري؟&lt;br&gt;</td>
</tr>
<tr>
<td>□ Yes, frequently&lt;br&gt; □ Yes, occasionally&lt;br&gt; □ Yes, rarely&lt;br&gt; □ No, never&lt;br&gt;</td>
</tr>
<tr>
<td><strong>11.7 Are there UASC and other children with special protection needs in the community?</strong>&lt;br&gt; هل هناك أطفال يحتجون لحماية خاصة في المجتمع؟&lt;br&gt;</td>
</tr>
<tr>
<td>□ Yes&lt;br&gt; □ No&lt;br&gt; □ Don’t know&lt;br&gt;</td>
</tr>
<tr>
<td><strong>11.9 How can the community and agencies support especially vulnerable children?</strong>&lt;br&gt; كيف يمكن للمجتمع وكوكالات دعم الأطفال في شكل خاص؟&lt;br&gt;</td>
</tr>
<tr>
<td>□ Identifying the children most in need&lt;br&gt; □ Providing additional rations&lt;br&gt; □ Providing special classes at school&lt;br&gt; □ Encouraging the children to help one another&lt;br&gt;</td>
</tr>
<tr>
<td><strong>11.11 What are the main sources of psychological anxiety in the community?</strong>&lt;br&gt; ما هي المصادر الرئيسية للقلق النفسي في المجتمع؟&lt;br&gt;</td>
</tr>
</tbody>
</table>
### Are there mechanisms for dispute resolution in the community?
- [ ] Yes
- [ ] No

### Do the dispute resolution mechanisms work?
- [ ] Yes
- [ ] No

### How would the dispute mediation results be qualified?
- [ ] Excellent
- [ ] Satisfactory
- [ ] Poor
- [ ] Negligible

### Which institutions support dispute resolution in the community?
- [ ] The Police
- [ ] An administrative authority
- [ ] A religious authority
- [ ] A village council
- [ ] Other (specify)

### Do you know of any mines or UXO in the vicinity of the community?
- [ ] Yes
- [ ] No

### If yes, have the locations been marked?
- [ ] Yes
- [ ] No
- [ ] Don't know

### Have there been any injuries or deaths caused by mines or UXO reported in the community in the last year?
- [ ] Yes
- [ ] No
- [ ] Don't know

### If so, how many injuries and deaths were reported in the last year?
- [ ] Less than 5 incidents
- [ ] Between 5 and 10 incidents
- [ ] More than 10 incidents

### Has displaced persons been registered at the site?
- [ ] Yes (completed)
- [ ] Yes (on-going)
- [ ] Registration planned
- [ ] No registration done or planned

### Are any groups excluded from the registration process?
- [ ] Child-headed households
- [ ] Ethnic minority
- [ ] People with disabilities
- [ ] Female-headed households
- [ ] Elderly
- [ ] Religious groups
- [ ] Separated family members
- [ ] No groups are excluded

### Has this site been targeted with assistance?
- [ ] Yes, food assistance
- [ ] Yes, housing
- [ ] Yes, livelihood
- [ ] Yes, water
- [ ] Yes, sanitation
- [ ] Yes, education
- [ ] Yes, health
- [ ] No assistance

### Have the needs expressed by the community been met?
- [ ] Completely met
- [ ] Sufficiently sufficient
- [ ] Insufficient
- [ ] Don't know

### Rank the THREE MOST IMPORTANT ISSUES facing the community:
- Shelter
- Food security/agriculture development
- Road access

### Which groups are most in need of assistance at this location?
- Children
- Adolescents
- Persons with disability
- Elderly
- Girls/young women
Transportation  ❏
Micro credit  ❏
Micro insurance  ❏
Small business development  ❏
Vocational Training  ❏
Disaster risk reduction  ❏
Electricity  ❏
Water  ❏
Sanitation  ❏
Protection  ❏
NFI  ❏
Livelihood  ❏
Health  ❏
Safety  ❏
Other  ❏

Talking points for Key Informant Interviews

1. Health Professionals: The number out patients the health post receives each day. The most common ailments affecting the people that come to the clinic? What level of care is available? What is the cost of treatment? Are health care services affordable? To where are people referred for more specialized treatment? What drug and/or medication are available at the clinic? What is the nutritional status of the children (how many severely malnourished)? When was the last MUAC survey conducted? Are there many instances of GBV reported?

Health Sector
Inter-Sectoral needs assessment check list
(SELECT THE APPROPRIATE ANSWER WHERE RELEVANT)

General information: This could be collected during general discussion

Population composition:

1) Total pop: __________________
2) Women: __________________
3) Women in bearing age: __________________
4) Pregnant women: __________________
5) Children <5years: __________________
6) IDPs: __________________
7) Returnees: __________________
8) Refugees: __________________
9) Host pop: __________________
10) Nomads: __________________

Health facility type & status

1) BHU: __________________
   a) Good  ❏
   b) Moderate  ❏
   c) Poor, needs rehabilitation  ❏
2) HC: __________________
   a) Good  ❏... Good

Other: __________________

Pregnant and lactating women  ❏
Women  ❏
Boys/young men  ❏
Men  ❏
Single headed households  ❏
Others  ❏
<table>
<thead>
<tr>
<th><strong>Hospital</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Good</td>
<td>جيد</td>
</tr>
<tr>
<td>b) Moderate</td>
<td>متوسط</td>
</tr>
<tr>
<td>c) Poor, needs rehabilitation</td>
<td>يحتاج صيانة</td>
</tr>
</tbody>
</table>

3) **HF not available in the location, where people get health care services**
   - لا توجد خدمات طبية
     a) within 5 km | داخليًا بمسافة 5 كم
     b) more than 5 km | أكثر من 5 كم

5) **Water source available**
   - مصادر المياه
     a) yes | نعم
     b) No | لا

6) **Latrine available within HF**
   - مراحيض في الوحدة الصحية
     a) Yes | نعم
     b) No | لا

7) **gender**
   - النوع specification considered
     a) Yes | نعم
     c) no | لا

8) **Incinerator available within HF**
   - حرق النفايات الطبية
     a) yes | نعم
     b) No | لا

**Curative cadres:**

1. **MO**
   - طبيب
     a) Yes | نعم
     b) No | لا

2. **Trained on:**
   - مدرب على
     i) PHC الرعاية الصحية الأولية package
        a) Yes | نعم
        b) No | لا
     ii) EmONC: معالجة حالات طوارئ الحمل والولادة
        a) Yes | نعم
        b) No | لا
     iii) CmONC: معالجة حالات بعد الولادة
        a) Yes | نعم
        b) No | لا

3. **MA**
   - مساعد طبي
     a) Yes | نعم
     b) No | لا

**Trained on:**
- مدرب على
  i) PHC الرعاية الصحية الأولية package
     a) Yes | نعم
     b) No | لا
  ii) EmONC: معالجة حالات طوارئ الحمل والولادة
     a) Yes | نعم
     b) No | لا
  iii) Disease Surveillance & response system / EWRN
     a) Yes | نعم
     b) No | لا
  iv) Disease Surveillance & response system / EWRN
     a) Yes | نعم
     b) No | لا
  v) Disease Surveillance & response system / EWRN
     a) Yes | نعم
     b) No | لا
(iv) ANC, INC & PNC:
   a) Yes ☐
   b) No ☐

EmONC: معالجة حالات طوارئ الحمل والولادة
   a) Yes ☐
   b) No ☐

FP: تنظيم الأسرة
   a) Yes ☐
   b) No ☐

Lab technician/lab assistant: مساعدين في معامل
   a) Yes ☐
   b) No ☐

Trained on: ____________

Communicable diseases samples collection, packaging and transportation
اخذ عينات للامراض السارية الحفظ والترحيل
   a) Yes ☐
   b) No ☐

Samples preparation and diagnosing:
   a) Yes ☐
   b) No ☐

Preventive cadres: الكادر الوقائي

1. PHO: ☐
   a) Infection control: ☐
   b) Waste management: ☐
   c) Disease surveillance & response: ☐
   d) Vector control: ☐
   e) Water safety (WQT): ☐
   f) Food control: ☐

Trained on:
   a) Infection control: ☐
   b) Waste management: ☐
   c) Vector control: ☐
   d) Water quality (WQT): ☐
   e) Food control: ☐
   f) Vaccinator: ☐

2. Sanitary overseer /A: ☐
   a) Infection control: ☐
   b) Waste management: ☐
   c) Vector control: ☐
   d) Water quality (WQT): ☐
   e) Food control: ☐

3. Vaccinator: ☐

• Trained on basic EPI program: ☐

Health services provided: الخدمات الصحية المقدمة

   a) Outpatient (OPD): ☐
   b) Lab.: ☐
   c) ANC: ☐
   d) Delivery room: ☐
   e) Drugs provided: ☐
   f) Drugs stock out within last 3 months: ☐

Health Management Information System (HMIS): نظام إدارة المعلومات الصحية ☐
a) OPD registration book available: Yes ☐ No ☐
b) WMM register book available: Yes ☐ No ☐
c) Monthly /quarterly reports available: Yes ☐ No ☐
d) Drugs register book available: Yes ☐ No ☐
e) Birth register book available: Yes ☐ No ☐

Three most common causes of disease attendance to health facility in last month (check out patient register book):

1. .................................................................
2. .................................................................
3. .................................................................

Disease outbreaks and /or public health event of concern:

<table>
<thead>
<tr>
<th>No</th>
<th>Cause of outbreak(s) or public health event(s)</th>
<th>Number of cases</th>
<th>Number of deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td></td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>6</td>
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</tbody>
</table>

2. Agriculture Officials: How much (if any) support did farmers receive to encourage agricultural production?

Where did the support come from? When did they get it? What areas were planted, per crop, last year? What quantity of each crop was harvested per area of surface (ha?) last year? What pest/crop diseases were reported last year? What is the overall condition of livestock? What is the overall condition of pasture land? What animal diseases were observed and/or reported last year? What is the availability of veterinary services? What is the condition of animal watering points? Are there reports of tensions around animal watering points? What recommendations does the community make to improve agricultural production, post-harvest storage and/or marketing?

role do women play in the decision-making bodies in the community? Do women have reproductive health issues that they wish to highlight? Do women have specific livelihood concerns they wish to discuss? Do the women have specific issues related to their children that they would wish to discuss? Do the women have specific security/safety issues that they would want to highlight? What recommendations would women make to improve their living conditions? What skills/trades do the women practice? What additional skills would they want to acquire? Are mothers informed about the nutritional needs of their under-5 children?

4. **Family Issues**: How many families live in the community (differentiate between IDPs and host families)? Are there tensions between the hosts and IDPs? What does the daily routine of different members of the family consist of? What livelihood challenges does the family face? What is the level of income of the household? How is the family budget managed? What are the challenges facing the family for the education of the children? What are the most urgent needs of the family?

Are there official plans related to housing, public utilities, drinking water, electricity supply, road construction (consult the authorities)?

<table>
<thead>
<tr>
<th>Housing</th>
<th>Public utilities</th>
<th>Drinking water</th>
<th>Electricity</th>
<th>Road construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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</tbody>
</table>

Chapter 5: What are the main challenges facing the community regarding infrastructure, social services, and economic activities? How do these challenges affect the quality of life of the residents? What are the steps taken by the community to address these issues? What role do community leaders play in achieving development goals? What are the potential solutions to improve the livelihoods of the community members?
5. **Education Issues:** Number of children enrolled in primary school. Number of boys and number of girls. Number of children that complete primary school (by gender). Number of children that enroll in secondary school (by gender). Reasons for drop outs. What fees do families pay for children to attend school? What are the principal concerns related to education? Are there issues related to the teachers?

<table>
<thead>
<tr>
<th>Grade</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
<th>Grade 5</th>
<th>Grade 6</th>
<th>Grade 7</th>
<th>Grade 8</th>
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<tbody>
<tr>
<td>Girls</td>
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<td>Boys</td>
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- Can IDP, returnee and refugee children be accommodated in existing schools?:
  - Yes: ☐  No: ☐  If yes, what percentage (1) _____ and what number (2) _____ students

- Are community buildings / facilities available that can be used as schools?:
  - Yes: ☐  No: ☐  If yes, how many: ______

- Are schools currently being used to accommodate IDPs?:
  - Yes: ☐  No: ☐  If yes, what number of IDPs? ______

- Are people from the community/site available to teach as volunteers?:
  - Yes: ☐  No: ☐  If yes, how many teachers? ______

- Is there a parent-teacher association?:
  - Yes: ☐  No: ☐

- Is there an accelerated learning program?:
  - Yes: ☐  No: ☐  If so, how many children are enrolled in the ALP: Boys:_____ Girls:_____
Water source: Standpipe: Yes: ☐ No: ☐
Handpump: Yes: ☐ No: ☐
Water tank at school: Yes: ☐ No: ☐

Does the school have a playground? Yes: ☐ No: ☐
If yes, in what condition? Very good: ☐ Fair: ☐ Poor: ☐ Non-existent: ☐

Classroom condition:

<table>
<thead>
<tr>
<th>Grades</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
<th>Grade 5</th>
<th>Grade 6</th>
<th>Grade 7</th>
<th>Grade 8</th>
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</thead>
<tbody>
<tr>
<td>Available</td>
<td>☐Yes</td>
<td>☐Yes</td>
<td>☐Yes</td>
<td>☐Yes</td>
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If there is a school how many male teachers:______ How many female teachers:______

How many male teachers are trained:______ How many female teachers are trained:______