

**INDEPENDENT EVALUATION OF THE
ACT/CARITAS DARFUR
EMERGENCY RESPONSE OPERATION**

Caritas Internationalis

Beneficiary Survey Report

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Survey team 1 on the road to Kubum



Survey team 2 Tumkitr camp, Mershing



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1. INTRODUCTION

The population of South and West Darfur is about 2.24 million people compared to 3.4 million in North Darfur. Some 3.3 million Darfurians were in need of humanitarian assistance on September 1st 2005, with resident populations constituting 45 % of all affected people in Darfur. The number of internally displaced persons among them is currently 1.8 million and approximately 200 000 are refugees living in Eastern Chad.¹

ACT/Caritas Darfur Emergency Response Operation (DERO) is currently delivering a multi-sectoral programme to Internally Displaced People (IDPs) and host-communities in 33 locations in South and West Darfur.²

This survey was carried out from 6th to 30th of September 2005 parallel to an evaluation of the DERO programme by Veronika Scherbaum, Regine Penitsch and two interviewer teams. It highlights the beneficiaries' views on the services of ACT/Caritas DERO. The beneficiaries were asked about the quality of the operation's services in the sectors of Nutrition, Agriculture, Public Health, Environmental Health, Non-Food Items and Education. The sectors Psycho-Social Assistance and Protection were excluded from this quantitative survey, because questions to check the quality of the activities in these sectors are too sensitive to be asked during structured interviews. Especially where it is not clear how traumatised the interview partner may be, asking questions about protection and the impact of displacement may lead to re-traumatisation if the interviewer is not trained to deal with such a situation.³

The sectors Protection and Psychosocial Assistance were separately covered by qualitative interviews carried out by one of the evaluators (Patricia Garcia). Qualitative research carried out alongside the beneficiary survey by Regine Penitsch was also used to obtain further information for other sectors. This information was conveyed to the consultants responsible for the evaluation and included in their sectoral analysis in the main evaluation report. It also formed the basis for chapter 3. Vice versa, Dr. Birgit Niebuhr and Patricia Garcia made some contributions to the sectoral analysis of the survey results in this report.

The survey covers 840 households in South and West Darfur (see table 1). The locations included IDP camps, IDPs living in villages, and host community beneficiaries. In some locations the population is a mixture of IDPs and host community members who are also beneficiaries of services offered by DERO. In total, data was collected from 840 households in 28 clusters (30 households in each cluster). EPI-INFO was used for data entry and analysis. The scale and sampling methods (described in more detail below) assure that the survey is representative.

¹ United Nations Security Council: Monthly Report of the Secretary-General on Darfur, 14.10.2005.

² See e.g. Monthly Report on NCA/ACT/Caritas, August 2005.

³ The question about the material used for cooking was retained; this is related to protection, because leaving camps to collect firewood puts women at risk of being raped.

2. METHODOLOGY

2.1. Field planning and preparation of the questionnaire

The questionnaire for the beneficiary survey (see annex 1) was developed in Germany in close collaboration with the team members of the evaluation team, François Large, John Borton and the Health Focus backstopping team. After arrival in Nyala, the first step was to update the population data on beneficiaries in the locations with reference to the “Summary Table of Programme Activities of NCA ACT/CARITAS and Partners”⁴. Based on several discussions, a number of locations were excluded because of aspects of access, security and the criteria that DERO had been active in the chosen location in at least two sectors during the last six months. Subsequently, 30 clusters were randomly selected from the cumulative population list (see annex 2).

The questionnaire was adapted to the comments of the participants of the first workshop in Nyala, on October 5th, 2005 and translated into Arabic by two staff members of the NCA office in Nyala in collaboration with Regine Penitsch. Most of the interviewers were multi-lingual so they were flexible to adapt to the situation according to their interview partners. Many interviews were also conducted in the local languages Fur or Zaghawa.

Nearly three-quarters of the interviewees are IDPs (72%) and slightly more than a quarter are members of the host community. As the aim of the survey was to get the beneficiaries’ point of view about the DERO activities, this survey clearly concentrated on beneficiaries.

Province	Sub-division/ camp	No. of interviewees	
		IDPs	HC beneficiaries
Nyala	Mershing, Um Guzein	27	0
	Mershing, Tumkitr	25	0
	Bilel	29	1
Sheria	Labado	27	20
El Dhein	Khor Omer	32	0
	Wazazeen	15	14
	El Neim	56	7
Edd El Fursan	Kubum Town	31	3
	Dagadusa	29	3
	Um Labassa Town	49	41
	Falanduke	6	24
	Diri	19	13
Zalingei	Hassabala	4	26
	Khamza Dagaig	30	1
	Hassa Hissa	61	2
	El Hamidiya	63	0
Wadi Saleh	Zalingei Town	0	32
	Garsila, Debba	7	22
	Garsila, Ardeba	30	1
	Delej	24	0
	Um Kheir	25	7
	Kurdol	9	19
Total		598 (71.7%)	236 (28.3%)

2.2. Pre-testing of the questionnaire and data collection

Four women and ten men were recruited by DERO for the interview team. They were mostly under the age of 30 and holding an academic degree. Two male supervisors and one data entry clerk were involved, too. Veronika Scherbaum and Regine Penitsch trained the whole team for three days. One day was spent on explaining the questionnaire, another day field-testing in Mershing, and one day on retraining.

⁴ Monthly Report on NCA/ACT/Caritas, July 2005, p. 5.

For data collection, the 14 interviewers were divided into two teams each headed by a supervisor. One team travelled with Veronika Scherbaum to El Dhein and Kubum, the other with Regine Penitsch to Zalingei and Garsila/Wadi Saleh. A data entry clerk accompanied Regine's team and recorded the data collected the previous day. After two weeks of travel everyone reunited in Nyala and finished data collection in Mershing, Bilel and Labado.

In each location, the respective team chose the households mainly by cluster sampling, less often by systematic random sampling. For the cluster sampling method the centre of a randomly selected cluster was chosen, and then a pen was thrown on the ground to decide randomly in which direction the interviewer should go. Then each house from the centre to the end of the street was numbered, and a random number table was used to select the first house to visit. All subsequent houses on the right were then visited. The systematic random sampling, which was less often applied, presupposes that the population is geographically concentrated and that the houses/shelters are arranged in an orderly manner. A good estimation of the number of households has to be known. To calculate the sampling interval, this number is divided by the number of households to be interviewed. Each interviewer chooses a random number between one and the interval rate. The interviewer counts the houses from the starting point to this number and starts there. Adding the sampling interval then indicates the next household to visit.

The 30 clusters (selected from a cumulative population list) included IDP camps, villages and town quarters with their host community, or villages where IDPs and host community are mixed. The main criteria for including a location on the list of potential locations to be visited was that ACT/Caritas or a partner organisation was active there in at least two sectors. The survey team always applied the whole questionnaire in all locations regardless of whether DERO was active in each of the sectors. For finding out about the status of DERO support in different sectors in a location the team relied on information from informants found right there. If this was not possible, like e.g. in Mershing or Labado, where the team was not supplied with a reliable informant, the information was taken from the monthly reports of DERO activities. One major limitation of these lists is that the camps are not specified but only locations are mentioned. For example only "Garsila camp" or "Mershing" is noted, but in reality Garsila camp consists of three camps and Mershing of six camps. DERO is however not active in all of them to the same extent. Another weakness of these tables is that apparently one cannot rely fully on the statement that ACT/Caritas or one of the partners are active in this or that sector. The range of activities also varies. An activity in the education sector, for example, can be the delivery of equipment for a whole school, but equally well might only involve repairing the school roof. Or an activity in Primary Health can mean the establishment and running of a clinic, or only periodically having a health assistant in the location. An overview of DERO's activities including the information whether other NGOs outside DERO are active in the different locations is being worked on in Nyala, but was not available at the time. Many aspects of the results presented in this report could be analysed against the background of this information.

Access to the households

In some places the team got background information before going into the field, e.g. from community mobilisers or other DERO staff members working on the ground. Sometimes the team had to find such informants directly in the location. Their role was to provide information on the number of households, to indicate the sub-divisions of the location, to guide the team to the centre of the randomly chosen sub-division and to introduce the team leaders to the head of the community, who was asked for permission to do the survey. In the households, the interviewers introduced themselves, explained the aim of the visit, stressing not being linked to any

organisation or the GoS and asked if the person agreed to be interviewed.

Different interview situations were found in the households. Most frequently, only a woman with children was present, sometimes only a man. In situations where a couple was present, the men answered. The team usually arrived in the morning, during the time when the main meal (breakfast) was to be prepared, meaning that mostly women were in the houses. As women are responsible for household activities, men usually seek to leave, although public spaces to go to are limited, especially if possibilities to work are limited. The percentages of women and men interviewed are further discussed in chapter 3.1.

2.3. Technical notes for survey results in tables and annexes

- a) Within the main body of the report the tables summarise the figures in total, for West and South Darfur, and per province. More detailed tables, which list the figures for the different locations within the provinces are given in the annexes.
- b) Note that in Annex 3-9 as well as in the tables within the main text **all figures are percentages** if not mentioned otherwise. Apart from the questions listed under c) n is 840. The figures underlaid with grey have not been analysed because ACT/Caritas and partners were not active in these sectors in these locations.
- c) **“N/A”** means **not applicable**, e.g. because there was no activity in this sector or because the question was not relevant because of the answer to the previous questions:
 - Q104: only applied for people who answered Q103 in the affirmative (N= 224).
 - Q109-Q111: only applied for IDPs (N= 599).
 - Q202-205: only applied if Q201 was positive (N= 571).
 - Q302: only applied if Q301 was positive (N= 284).
 - Q303-309: only applied if Q302 was positive (N= 116).
 - Q411-412: only applied if Q409 or Q410 was positive (N= 488).
 - Q414 & Q416: only applied if Q413 was positive (N= 466).
 - Q503: only applied if Q502 was negative (N= 9).
 - Q505: only applied for women and only if Q504 was positive (N= 651).
 - Q602-604: only applied if Q601 was positive (N= 585).
- d) Note that for clarity of presentation **“No answer” is not listed in the tables. Some percentages therefore don’t sum up to 100% in the tables.**
- e) All data will be handed over to DERO and ACT/Caritas. Further use and interpretation can thus be made upon necessity or in pursuit of further questions and analysis.

3. SURVEY RESULTS

3.1. General characteristics

Gender and age

The table shows that about three quarters of the respondents (75%) are between 20-49 years old and female. This can not be interpreted as representative for the relation of the sexes in Darfur, because it mainly has to do with the fact that during the time of visit to the households men were typically out. This also needs to be seen in relation to gender roles in Darfur.

The percentage of single headed households can only be derived from one qualitative interview in the Ardeba Camp, where 25% was given as percentage.

Schooling and illiteracy

About 74% of the interviewees have not attended any type of school. Among those who attended school (N=224), the average duration of education was only 4.3 years. The highest proportion of illiteracy was found in the province of Wadi Saleh (82%).

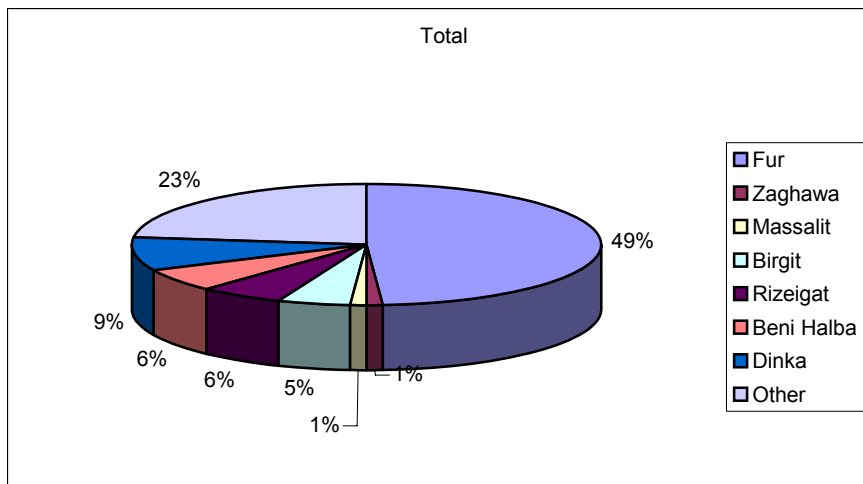
These figures reflect the situation in rural Darfur where illiteracy is generally very high, especially among women. This can be seen as a result of the central state's policies of neglect and marginalisation of the region. The national average of illiteracy lies at 42.5%.⁵ On the basis of these findings the evaluators recommend promoting adult education, especially in the areas with the highest illiteracy (>80%) such as Wazazeen, Khamzadagaig, Garsila Ardeba, Deleij, Um Kheir and Kurdol.

Table 2:	Q101 Gender		Q102 What is your age?			Q103 Have you been to (...) school?		Q104 How many years have you been to school?	
	Male	Fem.	15-19	20-49	>49	Yes	No	Ø	max.
Total	24.5	74.7	25.3	74.8	17.4	25.5	74.4	4.3	9
South Darfur	23.4	74.1	32.9	78.3	15.5	28.5	71.4	4.5	7
West Darfur	26.3	75.5	13.7	69.4	20.3	21.0	78.9	3.9	9
Nyala & Sheria Pr.	25.1	74.9	10.3	74.6	17.4	29.9	70.0	4.1	7
El Dhein Prov.	19.3	73.3	84.6	85.4	8.1	23.5	76.4	5.0	7
Edd El Fursan Pr.	25.8	74.2	4.1	74.9	21.1	32.2	67.7	4.5	7
Zalingei Prov.	23.6	76.4	13.1	71.8	15.0	24.3	75.7	3.8	9
Wadi Saleh Prov.	28.9	74.8	14.4	67.1	25.5	17.8	82.2	4.0	7

Ethnicity

Nearly half of all the interviewees belong to the Fur (49%) tribe, but this has to be differentiated regionally. The inhabitants of some locations in West Darfur state are totally Fur. About 83% of the interviewed persons in West Darfur are Fur. In South Darfur the tribal composition is much more heterogeneous, with 27% Fur. Some locations consist of basically one major tribe like Khor Omer (96% Dinka), Wazazeen (86% Rizeigat) or Labado (98% Zaghawa). Other locations are composed of various tribes, with up to 15 different tribes in El Neim camp.

⁵ UNICEF. The State of the World's Children, 2005.

Figure 1:

Table 3: Ethnic composition of provinces

	Fur	Zaghawa	Massalit	Birgit	Rizeigat	Beni Halba	Dinka	Other
Total	49.3	1.0	0.8	5.4	5.6	5.8	8.9	22.4
South Darfur	26.9	1.0	0	10.4	10.9	0	17.8	38.8
West Darfur	85.0	1.1	1.5	0.3	0.2	11.5	0	8.5
Nyala & Sheria Pr.	36.5	1.2	0	15.9	0	0	9.8	36.6
El Dhein Pr.	1.1	0.8	0	4.8	21.8	0	25.8	40.9
Edd El Fursan Pr.	43.3	1.6	2.0	0.4	0	33.5	0	15.2
Zalingei Prov.	66.8	1.1	2.6	0.5	0	1.1	0	10.4
Wadi Saleh Pr.	98.6	0.7	0	0	0.7	0	0	0

Table 4:	Q106 How many persons live in your household?					
	Total	Women 15-49 years	Men 15-49 years	Women & Men > 49 years	Children < 5 years	Children 5-14 years
Total	7.3	1.5	1.4	0.7	1.4	2.1
South Darfur	7.3	1.4	1.4	0.6	1.5	2.2
West Darfur	7.2	1.6	1.4	0.9	1.3	2.0
Nyala & Sheria Pr.	7.5	1.5	1.4	0.9	1.5	2.1
El Dhein Prov.	7.3	1.2	1.5	0.3	1.6	2.2
Edd El Fursan Pr.	7.2	1.4	1.4	0.5	1.5	2.4
Zalingei Prov.	7.6	1.7	1.6	0.8	1.3	2.1
Wadi Saleh Prov.	6.9	1.4	1.3	1.0	1.4	1.9

Household composition

The visited households accommodate on average 7.3 people, with 1.5 women between 15 and 49 years, 1.4 men between 15 and 49 years, 2.1 children between 5 and 14 years and 1.4 children below 5 years. On average only 0.7 women and men are older than 49.

The total number of people living in one household is higher than the figures given by the UN (5 persons per household).

Length of stay at IDP camps

The average period for IDPs living in the different locations is about 20 months with the longest period in Wadi Saleh (23 months) and Zalingei province (22 months). The shortest period of stay was found in El Dhein province (15 months) with only 10 months in Khor Omer⁶. On average, nearly 10% of the IDPs have lived in another camp before. However, the proportion of people having lived in different camps in south Darfur is twice as high (12%) as West Darfur (6%). The highest movement was reported in Labado (21%) and Khor Omer (23%). Nearly all of the IDPs had been farmers (95%) or pastoralists (8%) while only 1% had been merchants in their place of origin. Some people described themselves as e.g. farmer *and* pastoralist, so some figures of Q 111 may sum up to more than 100%.

Table 5:	Q107 Are you an IDP or member of the host community?		Q109 How long have you been living here?	Q110 Have you ever lived in a IDP camp before?		Q111 What was your principal source of livelihood in your place of origin?			
	IDP	HC member	(months)	Yes	No	Farmer	Pastoralist	Merchant	Other
Total	71.7	28.3	19.8	9.6	90.4	94.9	8.0	1.0	0.2
South Darfur	75.3	25.4	18.0	12.1	88.0	96.5	8.8	1.2	0.3
West Darfur	70.2	29.8	22.5	6.0	94.0	92.6	6.7	0.6	0
Nyala & Sheria Pr.	90.8	9.2	18.7	12.3	87.7	93.3	4.5	0	0
El Dhein Prov.	80.2	19.8	14.5	15.4	84.6	98.4	5.5	1.1	0.8
Edd El Fursan Pr.	54.9	45.1	20.9	8.5	91.6	97.7	16.5	2.6	0.2
Zalingei Prov.	74.2	25.8	21.9	9.8	90.1	92.6	5.8	1.3	0
Wadi Saleh Prov.	66.2	33.8	23.2	2.1	97.8	92.5	7.6	0	0

3.2. Sectoral interpretation of results

In the following text the survey results are included in the form of tables summarising the results by province. In the interpretation of the results, references are also made to the more exhaustive and locally disaggregated tables in annex 3-9.

One general comment can be made to all questions concerning the beneficiaries' knowledge about who provides the services. The interviewers were trained to minimize strategic answers of the interviewees. The generally poor awareness that DERO is the provider of many activities may be explained by several factors which became evident in many qualitative interviews. People aren't in fact very interested about who is providing the various services. The beneficiaries know more about DERO where it is active in more than one sector or in regions where DERO is the only organisation. People's knowledge is also better where DERO is one of only a few organisations – this is especially the case in small communities and/or remote areas. If people knew DERO, they normally referred to it as “al-nurwejeen” (the Norwegians)⁷ or they

⁶ It is well known that at least the Dinka have been living in Khor Omer for a very long time (up to 13 years). Due to the cluster sampling method applied in the large Khor Omer camp evidently a sub-unit of the cluster was chosen where IDPs live who arrived more recently.

⁷ NCA commented on the issue of representation that due to the fact that DERO was registered as NCA with the Sudanese authorities (NCA thus providing the legal entity), it was often referred to as such by Sudanese people in spite of the endeavour of the DERO management to present the program as ACT/Caritas.

indicated one prominent person referred to as working for the Norwegians. Mostly, only the sheiks and/or the other contact persons of DERO knew the exact name of service providers.

3.2.1. Nutrition

In the nutrition sector, the main areas of interest were availability of food, meal patterns, perceived quality of food, access to a general food ration, supplementary feeding, and therapeutic feeding programmes as well as the quality of nutrition services.

In the ACT/Caritas project areas, 29% of people have access to three meals a day whereas in about two thirds of households only two meals per day are prepared (mainly late breakfast and dinner). As reported in sector specific interviews, people usually do not prepare extra meals for children. Therefore, this low frequency of meals (two or less) definitely has a negative impact on the health and nutritional status of very young and sick children, who are in urgent need of several (four to six) meals per day to allow for convalescence and catch-up growth.

Table 6:	Q112 How many meals did you have yesterday?						Q113 Do you think the food you (...) ate yesterday was adequate? *		
	One meal			Two meals			Three meals	Yes	No
	Breakfast	Lunch	Dinner	Breakfast	Lunch	Dinner			
Total	1.9	0.7	1.1	66.3	0.9	66.9	29.0	27.4	76.3
South Darfur	2.7	0.8	1.5	61.5	0.4	60.7	33.3	21.8	78.2
West Darfur	0.7	0.6	0.6	73.4	1.8	73.1	22.5	35.8	73.4
Nyala & Sheria Prov.	2.2	0	0	74.6	1.1	72.7	24.1	25.4	74.6
El Dhein Prov.	4.8	1.6	3.1	72.9	0	72.9	16.4	21.6	78.4
Edd El Fursan Prov.	1.1	0.7	1.4	37.1	0	36.6	59.5	18.6	81.5
Zalingei Prov.	0	1.2	0.4	67.0	3.6	67.1	26.5	19.2	80.9
Wadi Saleh Prov.	1.3	0	0.8	79.7	0	79.0	18.3	52.4	65.9

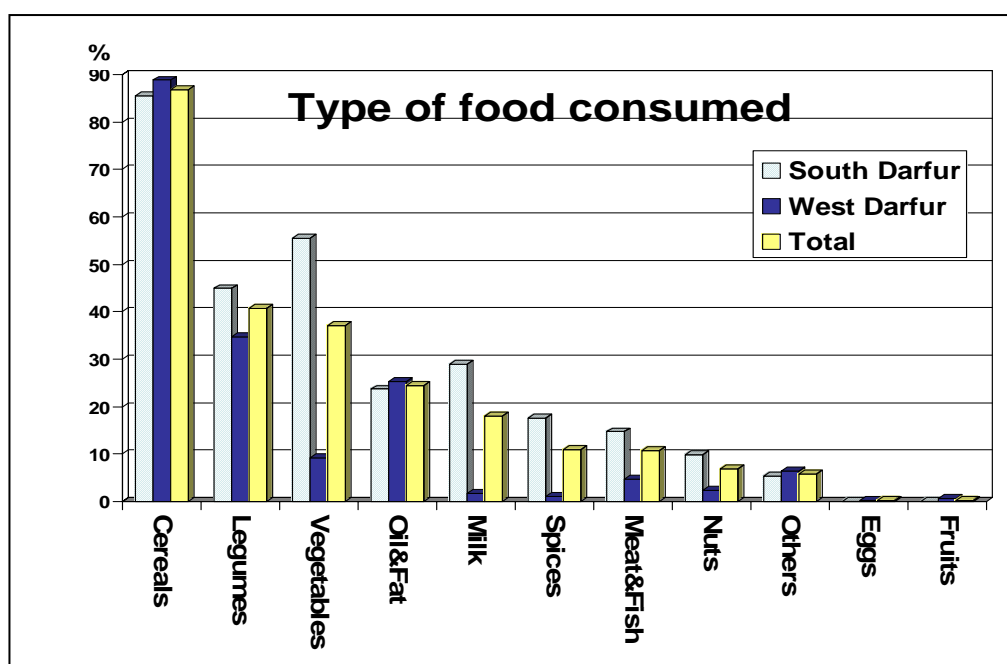
* Adequacy was defined as adequate quality, not quantity. The interviewers were trained to ask for the quality, thereby referring to the type and composition of food, not the amount.

In South Darfur, 33% of the households are in a position to prepare 3 meals a day in contrast to West Darfur where only 22.5% can do so. With regard to frequency of meals, big variations can be observed between certain IDP camps and/or host communities. For instance, in Mershing Tumkitr (0%), Khor Omer (3.8%), Um Kheir (6.3%) and Garsila Ardeba (9.7%) less than 10% of interviewees can afford to prepare three meals a day in contrast to Edd El Fursan Province where the highest proportion (59.5% is the average of 6 locations, 5 of which are host communities) was able to prepare three meals per day (range: Dagadussa: 44%; Diri: 87%). The reasons for these considerable differences in household food security need to be further investigated (e.g. difference in general food distribution, access to supplementary feeding programmes, access to agricultural land, nutritional status of women and children).

Table 7:	Q114 What of the following types of food did you use yesterday to cook the meals for your family?										
	Cereals	Legumes	Nuts	Oil/ Fat	Vegetables	Fruits	Eggs	Milk (products)	Meat/Fish	Spices	Others
Total	86.8	40.8	6.9	24.4	37.0	0.3	0.3	18.0	10.7	11.0	5.8
South Darfur	85.4	44.9	9.9	23.7	55.5	0	0	28.9	14.7	17.5	5.3
West Darfur	88.8	34.7	2.4	25.3	9.3	0.7	0.2	1.8	4.7	1.1	6.5
Nyala & Sheria Pr.	93.8	40.1	8.7	22.0	28.5	0	0	8.1	8.9	9.0	10.2
El Dhein Prov.	78.2	46.3	3.2	30.6	60.8	0	0	40.7	12.3	17.2	2.6
Edd El Fursan Pr.	84.2	48.5	17.7	18.7	77.1	0	.3	37.8	23.1	26.4	3.1
Zalingei Prov.	92.8	38.0	2.0	32.6	15.6	0.7	0.4	1.5	4.7	1.6	3.9
Wadi Saleh Prov.	84.8	31.3	2.6	18.0	3.0	0.6	0	1.9	4.6	0.6	9.1

The following types of food have been most frequently consumed by the interviewed families: Cereals (preferably millet and sorghum) 87%, followed by legumes (41%), vegetables (24%), oil/fat (24%), milk products (18%), meat/fish (11%), spices (11%), and very rarely fruits (0.3%) and eggs (0.3%).

Figure 2:

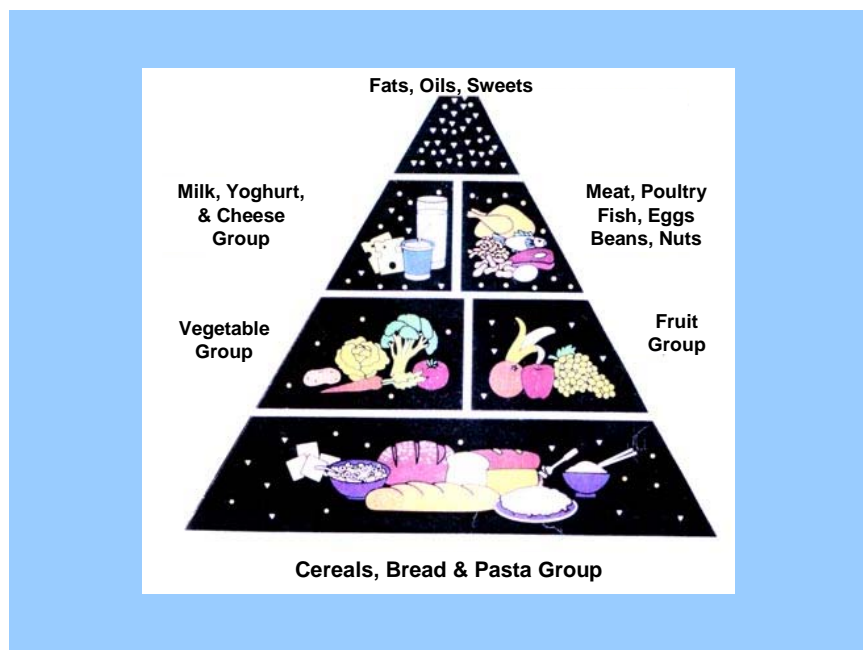


With regard to availability of cereals and oil/fat, no major difference has been reported between South and West Darfur. However, people living in South Darfur (especially in the Edd El Fursan Province) seem to be more likely to have access to a wider variety of food such as vegetables, milk products, meat or fish, nuts and legumes. The reason that milk products and meat are consumed to a larger extent in South Darfur may be related to the fact that in West Darfur the conflict has deprived people more of their assets (land and animals) than in South Darfur. The least variety of food consumed one day prior to this survey was observed in Mershing, Garsila camp and Deleij. Strategies need to be developed to improve access to a wider variety of food in those areas.

The nutritional value of the recalled food items is given as follows:

While cereals with legumes (and vegetables) complement each other with respect to macro- and micronutrients, the low availability of oil/fat largely contributes to an inadequate energy supply. The relatively low availability of meat/fish and the extremely low consumption of fruits and eggs can be considered as major causes of protein and micronutrient deficiencies. The often unequal intra-household food distribution in favour of male family members is an additional factor contributing to malnutrition of vulnerable groups such as women and children, who are often only given the leftovers.

Figure 3: The Food Pyramid (recommended intake of food groups)



The vast majority of respondents (76%) perceived the quality of the food they ate the day before as inadequate. However, in Kurdol 63% of the people perceived that the food they had consumed the day before the interview was of adequate quality despite the fact that they reported a very low variety of ingredients (cereals: 48%, nuts: 13%, oil and milk products: 7%, vegetables: 3%). Household food security interventions and nutrition education activities should be intensified in areas where there is a big discrepancy between perceived quality of consumed food and actual availability of ingredients and/or knowledge about appropriate composition of meals (like in Kurdol and Mershing). In comparison to international recommendations (see Fig. 3) the variability of available food as well as the combination of different food groups was inadequate in most families (result of qualitative interviews).

Nearly all respondents stated that they use firewood for cooking their meals. Lack of access to adequate amounts of wood and/or alternative fuel sources can be an additional contributory factor to the low frequency of meals offered to family members. Therefore, more emphasis should be put on reforestation activities (including fruit trees) especially in camp surroundings and on the availability of other sources of fuel like kerosene, gas bottles, etc. In addition, the activities of the protection sector with regard to wood saving stoves made out of clay should be intensified. Unfortunately, the acceptance of this technology is still low, because people are not used to these stoves. However, this activity has only just begun and the protection staff hope that it will evolve positively in the future.

Table 8:	Q115 What do you use for cooking? *		Q116 Did you receive a general food ration last month? *		Q117 What should be improved concerning the distributed food ration?	
	Wood	Charcoal	Yes	No	Different Type	Regular Distribution
Total	99.1	0.89	68.8	32.2	52.5	42.1
South Darfur	98.7	1.3	70.5	29.5	53.8	40.5
West Darfur	99.7	0.3	66.2	33.8	50.4	44.6
Nyala & Sheria Pr.	99.2	0.8	88.5	11.6	66.8	51.5
El Dhein Prov.	98.4	1.6	67.1	32.9	51.1	29.9
Edd El Fursan Pr.	98.6	1.4	55.9	44.2	43.6	40.1
Zalingei Prov.	100	0	65.5	34.5	52.4	45.3
Wadi Saleh Prov.	99.4	0.6	66.9	33.1	48.5	44.1

* Everyone who holds an IDP card is entitled to a food ration. General food rations are not distributed by DERO but they are a prerequisite for food security in camp situations.

Nearly one third (32%) of the respondents reported that they did not receive the general food ration on a regular basis (27% of the IDPs in camps and 46% of those living in host communities). About half (52%) of the respondents would prefer millet and sorghum instead of wheat. Unfortunately, for economic reasons, WFP was not able to consider a higher proportion of millet and sorghum, which would have been more compatible with local food preferences. About 42% of the people would appreciate the general food ration to be distributed on a more regular basis.

On average, no big difference in the distribution of the general ration was observed between South Darfur (70%) and West Darfur (66%). However, in Kurdol and Falanduke nobody received a general food ration while people in Mershing-UmGuzein seem to depend totally on it. The reasons for this big difference in food security in certain areas should be further investigated.

Table 9:	Q201				Q202 Are you included in a feeding programme?			Q203 Does your child receive supplement food ...	
	Do you have a child below 5 years?	Are you pregnant in the 6.-9. months?	Are you breast-feeding during the first 6 months?	No	Yes (mother)	Yes (child)	No	... every week?	... every 2 weeks?
Total	62.7	14.8	21.9	31.2	12.4	36.1	42.1	22.4	78.9
South Darfur	68.8	12.7	28.3	24.2	13.3	36.0	48.2	9.3	90.7
West Darfur	54.6	18.1	12.2	41.6	11.0	19.2	32.9	61.6	61.2
Nyala & Sheria Pr.	76.7	10.0	36.7	20.0	16.7	40.0	73.3	6.2	93.8
El Dhein Prov.	70.3	16.6	27.3	21.0	14.0	32.0	34.6	12.0	88.0
Edd El Fursan Pr.	59.3	11.3	21.0	31.7	9.2	36.2	36.7	9.7	90.3
Zalingei Prov.	50.0	15.4	11.2	44.6	13.2	17.6	33.0	15.8	84.1
Wadi Saleh Prov.	59.1	20.8	13.2	38.6	8.83	20.8	32.8	61.6	38.4

About two third (63%) of the families have children below the age of 5 years. Nearly 15% of the women were pregnant in the last trimester during the survey period and 22% were breastfeeding their infants during the first six months. Under normal situations, pregnant and lactating women constitute about 5% of a population. The reasons for this high prevalence and big variations in the occurrence of pregnancy (4% in Mershing-Tumkitr, 29% in Garsila camp) and breastfeeding of an infant below 6 months (4% in Deleij; 34.5% in Wazazeen) needs to be further investigated.

Nearly every third mother who is pregnant in the last trimester or breastfeeding during the first 6 months and about every second child below 5 years of age have been included in the supplementary feeding programmes. The recalled percentage of children who received supplementary food rations seems to be significantly higher than the current prevalence of acute malnutrition of about 15% in the respective regions. This finding can be partly explained by the fact that target supplementary feeding is not yet being implemented according to existing guidelines saying that mainly children with weight for height indices below 80% and pregnant or lactating women with a MUAC below 23 cm are entitled to benefit of such programmes. On the other hand it is unclear why in certain areas like Labado and Deleij not even one mother was included in a supplementary feeding programme.

In DERO nutrition programmes, beneficiaries usually receive a supplementary food ration every two weeks whereas therapeutic feeding is performed once a week. However, the reported proportion of children who are supposed to receive therapeutic food (22%) is too high, indicating that in several areas SFP may also take place on a weekly basis.

Table 10:	Q204 What do you think about the quality of the services concerning nutrition?				Q205 Is this programme provided by ...?		
	Very good	OK	Not so good	No answer	DERO	Other NGO	Don't know
Total	18.0	51.4	30.1	1.1	52.1	11.6	30.7
South Darfur	29.3	48.8	22.5	0.6	65.6	9.4	25.0
West Darfur	1.2	55.4	41.5	1.9	31.8	23.1	39.2
Nyala & Sheria Pr.	31.3	43.8	25.0	0	68.8	6.3	25.0
El Dhein Prov.	19.9	59.0	22.6	1.8	68.5	14.8	16.7
Edd El Fursan Pr.	36.7	43.5	19.9	0	59.4	7.2	33.4
Zalingei Prov.	2.3	49.8	44.0	3.7	32.8	28.2	45.5
Wadi Saleh Pr.	0	61.0	38.9	0	30.7	18.0	32.8

Although interviewed mothers generally praised the nutrition services, nearly one third (30%) of the respondents expressed dissatisfaction with the quality of the Supplementary Feeding Programme. Focus group discussions with caretakers revealed that one of the major reasons was the long waiting times at the SFPs before getting served. The highest appraisal was achieved in Khor Omer (50%) and in Edd El Fursan (37%) while nobody in Wadi Saleh Province and only 2% in Zalingei Province rated the quality of the SFPs to be very good. Specific causes of dissatisfaction need investigation there.

More than half (52%) of caretakers have been aware that the nutrition programme is provided by DERO, 31% did not know the name of the agency involved and 12% recalled another NGO. Nearly twice as many people in South (66%) compared to West (32%) Darfur were able to report that the nutritional support was provided by DERO.

3.2.2. Agriculture

In the agricultural sector, access to land, distribution of seeds and tools as well as quality of services provided received the main attention during this investigation.

In total, about 25% of the beneficiaries have access to agricultural land. In West Darfur access is much more limited (15%) than in South Darfur (32%). It varies highly within the regions as well, and there are areas without any access to land. People living in host communities obviously have more access to land than IDPs living in camps (41% versus 24% respectively).

Table 11:	Q301 Do you have access to agricultural land?		Q302 Did you receive and plant seeds?		Q303 Are you happy with the seeds distributed?		Q304 If no, what should be improved?		Q305 Will you keep seeds aside for the next planting season?		
	Yes	No	Yes	No	Yes	No	Change type	Increase quantity	Yes	No	Don't know yet
Total	25.4	71.4	47.1	52.9	35.6	64.4	3.6	12.6	2.4	80.8	12.3
South Darfur	32.0	68.0	43.9	56.1	26.3	73.7	3.9	15.1	0.9	98.4	0.8
West Darfur	15.4	84.6	51.8	48.2	49.7	50.3	3.2	8.8	7.2	54.5	29.5
Nyala & Sheria Pr.	11.7	88.4	42.9	57.1	28.6	71.4	0	6.7	0	100	0
El Dhein Prov.	36.5	63.5	69.6	30.4	40.9	59.1	4.8	17.5	0	100	0
Edd El Fursan Pr.	48.0	52.1	19.3	80.7	9.3	90.7	6.8	21.2	2.6	95.1	2.4
Zalingei Prov.	18.6	81.4	25.0	75.0	37.5	62.5	6.3	12.5	N/A	37.5	37.5
Wadi Saleh Prov.	12.2	87.8	78.6	21.4	61.9	38.1	0	5.0	7.2	71.5	21.5

In contrast to Nyala & Sheria as well as Wadi Saleh province where only about 12% of beneficiaries have access to agricultural land, the highest percentage was reported from people living in Edd El Fursan (48%) and El Dhein province (36.5%). In Wazazeen – a camp in a very remote area - about 83% of the people have access to agricultural land as compared to Mershing, El Hamidiya and Garsila Ardeba where there seems to be no access at all.

Some of the results suggest that it is a matter of getting acquainted to the host communities. There seems to be also a correlation with the size of the camps - the bigger the camps- the less access to agricultural land.

In the short and medium term, extended agricultural activities should focus more intensively on camps/HC with better access to agricultural land.

Up to now, nearly half (47%) of the people who have access to agricultural land, received and planted seeds. Seed distribution varies between the different provinces, with the lowest percentages in Edd El Fursan (19%) and Zalingei Province (25%). The highest proportion (79%) was found in Wadi Saleh and in El Dhein (70%) province.

About two third (64%) of the beneficiaries have not been happy with the seeds distributed so far (50% in West Darfur and 74% in South Darfur). Major reasons for complaint include the fact that the seed did not arrive in time (56%, refer to Q307), the low quantity of seeds (13%, see Q 304), and the type of seed (4%, see Q 304).

The majority of respondents (81%) stated that they would not be able to keep seed aside for the next planting season, considerably more in South Darfur (98%) than in West Darfur (54.5%).

54.5% of those who did not keep seed aside for the next planting season are IDPs and 45.5%

belong to the host community. This indicates that food security seems to be a problem among both IDPs and HC members.

Table 12:	Q306 Have you received agricultural tools/inputs?		Q307 Did the seeds/inputs arrive in time for planting?		Q308 What do you think about the quality of the services concerning agriculture?			
	Yes	No	Yes	No	Very good	Okay	Not so good	No answer
Total	39.1	60.9	44.1	55.9	5.4	15.1	51.5	26.5
South Darfur	36.9	63.1	30.9	69.1	9.0	17.6	29.3	44.1
West Darfur	42.4	57.6	6.9	36.2	0	11.3	84.9	0
Nyala & Sheria Pr.	42.9	57.1	28.6	71.4	16.7	16.7	16.7	50.0
El Dhein Pr.	65.2	34.8	39.1	60.9	8.7	26.1	47.8	17.4
Edd El Fursan Pr.	2.5	97.5	25.0	75.0	1.7	10.0	23.3	65.0
Zalingei Prov.	6.3	93.7	56.3	43.8	0	15.4	76.9	0
Wadi Saleh Prov.	78.5	21.5	71.4	28.6	0	7.1	92.8	0

39% of the interviewed beneficiaries who have access to land received agricultural tools/inputs and there is no big difference between South Darfur (37%) and West Darfur (42%), but there is a huge difference between the lowest coverage in Edd El Fursan (2.5%) and the highest in Wadi Saleh Province (79%). In Edd El Fursan province, for example, 53.5% of those who have access to land are host community members and 46.5% are IDPs. People living in a host community are more likely to borrow agricultural tools from their neighbourhood as compared to IDPs living in a large camp.

More than half (52%) of the beneficiaries were not happy with the quality of the agricultural services. However, there is a striking difference between South Darfur (29%) and West Darfur (85%) as well as between the lowest appreciation in Wadi Saleh and the highest approval in Nyala & Sheria province.

It is also interesting to note that 73% of the beneficiaries did not know the name of the organisation that provided the agricultural inputs (see table 14). About 20% knew that the service was provided by DERO and nearly 8% stated that seeds and tools have been distributed by another NGO.

Table 13:			
Q309: Were the seeds/tools provided by...?			
	DERO	Other NGO	Don't know
Total	19.6	7.6	72.8
South Darfur	27.1	7.9	65.0
West Darfur	8.3	7.2	84.5
Nyala & Sheria Pr.	0	14.3	85.7
El Dhein Prov.	65.2	4.3	30.4
Edd El Fursan Pr.	16.2	5.0	78.9
Zalingei Prov.	0	0	100
Wadi Saleh Prov.	16.6	14.3	69.1

3.2.3. Environmental Health

In the EH sector, major areas of interest during this survey were access to water and quality of water provided, distribution of hygiene kits, access and usage of latrines, as well as waste disposal.

Regarding the time needed to reach the nearest source of water⁸ there seems to be no major difference between South and North Darfur. About one third of the beneficiaries (35%) have access to water within 10 minutes and nearly the same proportion (33%) of people need to walk up to 30 minutes to reach a water source. It needs to be stressed that on average still about 22% of the beneficiaries have to walk longer than 30 minutes (one way) to reach the nearest water source. The worst reports were from Nyala & Sheria (32%) and El Dhein (31%) province, with the lowest access to water in a reasonable distance in Wazazeen camp (55%), followed by Labado (43%) and Deleij (42%). This situation is not satisfying, the reasons for it should be followed up, and further improvements attempted.

	Q401 How much time does it take to reach the nearest source of water?					Q402 How long do you have to wait there to get water?				Q403 From where do you get water?				
	< 5 min	5-10 min	< 10-30 min	> 30 min	No answer	< 5 min	5-10 min	> 10-30 min	> 30 min	Well	Tank/bladder	Pump	Natural water point	People selling water
Total	9.4	35.1	33.4	22.4	1.3	10.6	20.8	17.6	47.5	24.9	52.6	36.1	14.3	8.7
South Darfur	4.2	32.2	34.8	24.7	2.2	7.8	9.4	16.4	54.2	21.1	45.1	34.7	21.3	13.3
West Darfur	17.3	39.4	31.4	19.1	0	14.8	23.1	19.8	37.5	30.5	64.0	38.2	3.7	1.9
Nyala & Sheria Pr.	0	26.8	41.4	32.0	0	0	8.6	12.5	79.0	26.1	43.6	46.4	7.8	12.5
El Dhein Prov.	1.6	27.9	28.0	30.8	5.8	11.7	10.8	15.9	55.3	0	84.1	1.8	24.2	25.0
Edd El Fursan Pr.	10.9	42.0	35.1	11.3	0.7	11.6	38.8	20.7	28.2	37.3	7.5	55.9	32.1	2.4
Zalingei Prov.	31.4	43.5	20.7	18.6	0	20.5	31.2	16.6	21.4	10.7	90.9	31.3	3.2	2.1
Wadi Saleh Prov.	3.2	35.1	42.1	19.5	0	9.0	14.9	22.4	53.7	50.3	37.1	45.0	4.2	1.6

On average nearly half of the people (47.5%) have to wait for more than 30 minutes to get water. In some locations the proportion of people waiting for access to water seems to be extremely high, with the worst situation in Mershing-Um Guzein where 86% of the interviewees said that they have to wait regularly more than half an hour to get access to either a hand pump or a well. The longest waiting times were described in individual interviews and related to peak times of household water needs in morning and evening hours.

On average about 14% of the people still use natural water (10% of IDPs and 33% of HC members), with large regional variations. Only about 4% of the West Darfurians in comparison to 21% of the South Darfurians are using natural water points. The peak usage of natural water is found in Edd El Fursan Province (32%), followed by El Dhein Province (24%). On the other hand, there seems to be no use of natural water points in Bilel, Khamzadagaig and Garsila.

⁸ The questions were asked about the access to provided water points – not to natural water points.

Visits to the field, particularly in Zalingei showed that a number of wells were not in use – they were not cleaned and water was not treated. Water treatment programmes with chlorine had started, using trained and paid volunteers for treating the water in the buckets once it is fetched at the water source.⁹

Table 15:	Q404 Do you have to pay for water?			Q405 Is one of the sources provided by...?			Q406 What do you think of the quality of this water (...)?		
	Yes, always	Yes, sometimes	No	DERO	Other NGO	Don't know	Good	Okay	Poor
Total	12.7	9.0	78.6	26.4	21.6	51.7	20.1	50.6	27.2
South Darfur	20.7	13.1	66.2	23.5	27.8	48.7	16.5	28.6	38.2
West Darfur	0.7	2.8	97.1	35.2	12.3	56.2	30.9	65.5	10.7
Nyala & Sheria Pr.	4.0	3.2	92.9	22.5	24.2	53.4	2.9	64.2	33.0
El Dhein Prov.	56.8	28.2	15.0	18.3	37.3	44.4	18.8	28.6	40.9
Edd El Fursan Pr.	1.3	7.8	90.9	29.7	22.0	48.4	27.9	31.4	40.7
Zalingei Prov.	0.5	3.2	97.3	35.2	12.2	52.6	30.9	60.6	8.5
Wadi Saleh Prov.	0.9	2.4	96.8	27.8	12.5	59.7	18.9	68.4	12.8

The evaluation took place at the end of the rainy season when water availability is usually less problematic. Therefore, only a small proportion of beneficiaries (9%) reported that they received water from people selling water. The regional difference seems to be parallel to the general access to adequate water sources. If access to a well or a tank is more difficult – like in South Darfur - more people buy from water-sellers (13%) or fetch it from natural water sources (21%). In some regions, people have to pay for water even if it is provided by wells or a tank/bladder. Similarly to the situation described above, beneficiaries living in South Darfur are more likely to pay for water. This is especially the case in El Dhein province. For instance in El Neim camp nearly every beneficiary has to pay (82.5% always and 16% sometimes). The reasons why so many people in El Dhein province need to pay for water should be further investigated.

Even though interviews with DERO field staff and with the general population (women and men at water sites, people active in water committees) did not reveal any concrete conflicts about water, it was emphasised that water was very hard to get especially during the dry season when many of the natural water points do not carry water and that water being sold privately was very expensive. The prices for water vary greatly between locations and seasons. Water is sold by water sellers in the market or water sellers walking around with a donkey or a small cart. Water is also sold at a water point constructed by an NGO by “creative” people who are responsible for the water point.

While access to water is in general very important to the population, only about half of the respondents were able to cite the organisation that provided safe water. About a quarter (26%) of the people interviewed knew that DERO provided water and the about the same percentage thought that it was provided by another NGO. More than half of the people (52%) were not able to recall the name of the organisation involved in water provision.

⁹ Due to time restrictions on the day of the visit water supply sites were not looked at in Mershing and El Dhein Province (Birgit Niebuhr).

With regard to the quality of water provided – about 20% of the beneficiaries approved of the water quality and more than half found it satisfactory (OK), whereas 27% were not satisfied with the quality of the water – again with large regional differences. The majority of beneficiaries who are not happy with the water quality live in El Dhein and Edd El Fursan province. The main criticism was the taste of the water. The problem is that often the “safe” water has been treated with chlorine. Culture sensitive health education is needed here.

The highest approval of the water quality was found in Zalingei where a number of different organisations are involved in the provision of water supply sites. Even though there seemed to be a lack of coordination and supervision of water sources and their maintenance, according to the interviews the population was aware of a lot of activities that were going on. This may have contributed to the good estimations of the water quality in Zalingei.

In general, DERO staff are aware of the need to treat well water and run the programme respectively. However, it is not so clear whether staff are equally aware of the concomitant risks if treated water has an unfavourable taste for the population. This may be an interesting point for DERO to pick up or to intensify in their health promotion programmes. There are laboratory checks for water points to detect and treat contamination, particularly if there is an increase in diarrhoeal disease in the region.

Table 16:	Q407 Is this water (...) available at all times when you need it?					Q408 What do you think about the quality of the services concerning water?			
	Always	Some- times	Very seldom	Principally yes, but insufficient	No answer	Very good	Okay	Not so good	No answer
Total	19.3	51.9	11.7	12.2	3.8	7.4	43.0	45.4	4.2
South Darfur	19.4	38.9	13.9	19.9	5.4	7.6	31.6	54.1	6.7
West Darfur	19.2	71.5	6.7	0.5	1.4	7.1	60.1	32.3	0.4
Nyala & Sheria Pr.	7.2	55.9	14.6	20.3	2.2	2.2	33.8	63.0	1.1
El Dhein Prov.	6.3	35.8	19.5	22.7	9.2	4.5	36.3	48.9	10.3
Edd El Fursan Pr.	44.7	24.9	7.7	16.8	4.8	6.8	24.6	50.4	8.7
Zalingei Prov.	24.9	67.9	4.9	0	1.1	0.8	63.9	25.2	0
Wadi Saleh Prov.	13.5	75.1	8.5	1.1	1.8	3.4	56.2	39.4	0.9

The water availability is regarded as being rather problematical in general. In total, only about 20% reported that they always get water when they need it. 52% of the respondents stated that they can get it only sometimes. Best results are found in Edd El Fusan Province (45%) and especially in Kubum town (77%). There is broad variation between the single locations, not only between provinces or regions. The worst situation for beneficiaries is found in Nyala & Sheria Province and El Dhein Province with only 7% and 6% respectively always having water available. At camp level, especially in Labado, Khor Omer and Deleij the availability of water needs to be urgently improved. With regard to availability of water there is no big difference between IDPs living in HC or in camps (see small table on the right).

Q407	IDP	HC member
Always	22.0	26.3
Sometimes	53.6	35.6
Very seldom	9.2	14.0
Principally yes, but insufficient	11.2	13.1
No answer	4.0	11.0

Remarkable is also the response that water is available but not in sufficient quantities. In some locations a fifth, a quarter, or even nearly a third of the respondents reported this. These

locations should be looked at more closely to analyse the specific need of the beneficiaries regarding the quantity of water.

The quality of the services concerning water include the estimation of all the services around the water supply, the setting up, the maintenance and the management of the water supply points. In total, only 7% of the beneficiaries were in favour of the quality of water services provided, while 43% found it satisfactory (OK) and nearly the same proportion of people (45%) was not so happy with the provided quality in the water sector. Generally, the result was better in West Darfur, and best in Zalingei province.

Table 17:	Q409 Have you received simple hygiene kits (...)?		Q410 Have you received full hygiene kits (...)?		Q411 What do you think about the quality of the kits? (...)				Q412 Were the kits provided by ...?		
	Yes	No	Yes	No	Very good	OK	Not so good	No answer	DERO	Other NGO	Don't know
Total	25.7	73.3	31.6	73.3	6.72	23.6	39.4	25.0	45.2	5.0	49.8
South Darfur	16.4	83.6	17.2	83.6	0.9	16.9	34.1	34.3	38.5	4.5	57.0
West Darfur	42.0	58.0	53.3	58.7	2.7	30.5	47.2	6.4	53.5	7.0	39.5
Nyala & Sheria Prov.	4.3	95.8	7.5	95.0	0	10.0	56.0	34.0	37.0	2.0	61.0
El Dhein Prov.	4.4	95.6	2.7	97.3	0	10.3	27.3	62.5	25.0	4.6	70.4
Edd El Fursan Prov.	40.5	59.5	41.5	58.5	28.3	36.6	19.1	15.9	57.0	5.0	39.0
Zalingei Prov.	53.6	46.3	50.2	49.8	5.3	26.9	39.5	1.7	52.5	4.9	42.7
Wadi Saleh Prov.	30.3	69.6	56.3	67.6	0	34.0	54.9	11.1	54.6	9.1	36.3

Regarding the distribution of hygiene kits – about 32% of the beneficiaries received full hygiene kits and 26% simple hygiene kits. Overall considerably more simple and full hygiene kits have been distributed in West Darfur as compared to South Darfur (42% versus 16%, 54% versus 17% respectively). The lowest numbers of both simple and full hygiene kits was distributed in Nyala & Sheria and El Dhein Province. No clear explanation could be found for this. According to DERO's latest decision (see planning documents) the distribution of hygiene kits will be stopped in favour of a greater emphasis of more participatory health promotion with the aim of increasing community ownership and responsibility for health.

While only a very small proportion of the beneficiaries were pleased with the quality of the hygiene kits (7%) about 40% of the people in West and South Darfur were not in favour of the quality of the different hygiene kits with large regional variations. The highest disapproval was reported from Mershing (60%), Labado (52%), and the Wadi Saleh province (55%).

It is interesting to note that almost half of the beneficiaries (57% in South and 39.5% in West Darfur) stated that they do not know the origin of the hygiene kit. Although it is generally of little importance to people who provides the services, one may raise the question of how much communication has taken place between the community mobilisers (who are recruited from the IDPs and responsible for hygiene promotion) and the beneficiaries.

Table 18:	Q413 Is there a latrine around here?		Q414 Do you use it?		Q415 If no, why not?				Q416 Do you know if the latrine(s) is/are provided by...?		
	Yes	No	Yes	No	Too far away	Too long waiting times	Unclean	Way unsafe	DERO	Other NGO	Don't know
Total	55.8	44.2	91.6	7.9	0.2	0.4	0.3	0.1	43.5	19.9	39.3
South Darfur	40.4	48.4	88.3	10.9	0.3	0.6	0.4	0.1	48.5	24.7	32.7
West Darfur	78.9	21.1	96.6	3.4	0	0	0.25	0.3	38.0	20.8	37.8
Nyala & Sheria Pr.	37.5	62.6	87.4	13.0	0	0	0	0	36.7	29.5	33.9
El Dhein Prov.	38.4	61.6	86.7	11.0	0.8	1.9	0.8	0	71.0	24.0	26.3
Edd El Fursan Pr.	45.0	54.6	90.7	9.3	0	0	0	0	34.0	5.3	60.8
Zalingei Prov.	75.3	24.7	94.9	5.1	0	0	0.5	0.5	33.6	20.8	45.50
Wadi Saleh Prov.	82.5	17.4	98.3	1.7	0	0	0	0	42.3	27.5	30.1

In total, about 56% of the beneficiaries have access to a latrine, 40% in South Darfur and 79% in West Darfur with large regional variations. For example in Wazazeen camp and Kurdol only 3% of the respondents report having access to a latrine while in Kubum and Dagadusa camp more than 90% and in Garsila camp and Um Kheir more than 80% answered affirmative. In locations with a camp character the situation seems to be better in comparison to very remote areas.

Of those who have access to a latrine (N=466) almost all (92%) used it.

Although those who have access to a latrine but don't use it, didn't answer in the affirmative to any reasons offered, information collected in qualitative interviews revealed the following reasons for not using latrines:

- People don't want to share a latrine. If there are more households sharing one, they don't accept it.
- Latrines are seen as sources of illnesses (not related to uncleanliness), especially if flies are around.
- People are not used to going always to the same place.
- Some latrines are not maintained well, so privacy is not guaranteed. As the latrines are where other people are, this is inconvenient.

Knowledge about the organisation that provides the latrine varies between the locations. In total, around 43.5% of the beneficiaries knew that DERO provided the latrines with extremely big variations. For instance in Wazazeen camp all interviewed persons knew that the latrines were provided by DERO.

The survey showed that in total 75% of the beneficiaries reported not having anywhere to put their waste. The situation varies between the locations, even from one camp to the other: For instance in Khamzadagaig all people reported that they don't have a place, while in El Hamidiya and Hassa Hissa more than half stated that they do have a special place to put their garbage.

Table 19:	Q417 Is there a place where you can put your garbage?	
	Yes	No
Total	24.7	75.3
South Darfur	24.5	75.5
West Darfur	24.9	75.1
Nyala & Sheria Pr.	25.2	74.8
El Dhein Prov.	29.8	70.2
Edd El Fursan Pr.	18.5	81.5
Zalingei Prov.	37.5	62.4
Wadi Saleh Pr.	12.3	87.6

In general, the evaluators perceived that the camps were largely unsanitary. Together with the factor of being overcrowded this situation contributes to high risk of disease and illness. Here data from the main report suggests that measures for solid waste disposal include incineration and using old wells as garbage dumps. Nothing can be said on the regularity or intensity of these measures. However, the evaluator's impressions were that water supply, hygiene and vector control measures and related health promotion was more focused than waste disposal. Given the continuous shortage of staff, one may expect that not all measures can be addressed equally. However, waste disposal should be an area of further support of DERO in the future.

3.2.4. Primary Health

In the Primary Health sector, access to medical institutions, need for medical care and the perceived quality of the services have been investigated.

The average time to walk to the nearest medical institution is 36 minutes. For many regions, the findings are in line with the results expressed in the main report (walking time between 30 and 60 minutes). In El Dhein, health services are in fact more scattered, therefore people need to walk on average one hour to reach the nearest clinic. The situation seems to be worst in Wazazeen and Labado, where up to 6 hours walking distance have been reported. In these locations it is possible that beneficiaries wanted to emphasize that they need to walk 6 hours to reach a more sophisticated health institution. Shorter distances have been reported in locations around towns, like Kubum camp or Dagadusa and in locations like Mershing-Um Guzein with a medical institution nearby.

Table 20:	Q501 How long do you have to walk to the nearest medical institution?		Q502 If you get ill do you have access to a medical institution staffed by:				Q503 If no, why not?		Q504 Have you been in need for medical attention over the last 6 months?	
	Ø Average	Max. [hours]	Medical doctor	Health assistant	Nurse/ Midwife	No access	Too far away	No personal	Yes	No
Total	0.6	6	43.5	13.7	41.2	1.4	0	0	76.3	23.4
South Darfur	0.6	6	39.8	17.7	41.0	1.3	0	0	76.6	23.7
West Darfur	0.6	4	49.2	7.7	41.7	1.6	0	0	76.0	24.0
Nyala & Sheria Pr.	0.3	6	64.3	0	35.7	0	N/A	N/A	78.6	21.4
El Dhein Prov.	1.0	6	47.8	8.8	39.6	3.9	0	0	62.8	37.3
Edd El Fursan Pr.	0.5	4	7.3	44.4	47.6	0	N/A	N/A	88.4	11.6
Zalingei Prov.	0.6	3	46.9	7.4	43.9	2.2	N/A	N/A	82.4	7.6
Wadi Saleh Prov.	0.6	2	51.4	7.9	39.4	1.1	0	0	69.5	30.3

DERO Health clinics are generally not staffed with a medical doctor, but with a medical assistant, a nurse, and/or a midwife. Therefore, it was surprising that the majority of beneficiaries reported approaching a medical doctor (43.5%) or a midwife (41%), while only a minority (14%) said they had consulted a health assistant in times of illness. Except for Edd El Fursan province, where only 7.4% reported having access to a medical doctor and 44% rightly said they had access to a 'health assistant', in many other locations people may have mistaken the medical assistant for a medical doctor.

However, the most important result seems to be that in total only 1.4% reported not having access to any qualified personnel. This is very encouraging and reflects DERO's (and other institutions') efforts in health care.

Of the very small percentage of people who reported not having access to a medical institution (N=9), no one agreed with the given reasons "too far away" or that there is "no personnel".

Overall, 76% of the respondents stated that they were in need of medical care within the last 6 months prior to the survey. This is a clear indication for the relevance of the medical service provision for the IDP and host population. It is interesting to note that in El Dhein, the province with the longest walking time to a medical institution, the fewest people reported a need for medical services. This may reflect the fact that people in remote areas are more likely to approach traditional healers, who are usually available at village level.

Table 21:	Q505 If yes, please specify the reason:				Q506 Did you get the services you need?		Q507 What do you think about the quality of the medical services?			
	Pregnancy	Childbirth	Disease	Child's disease	Yes	No	Very good	Okay	Not so good	No answer
Total	7.4	3.3	55.9	32.8	81.5	21.5	4.6	49.3	43.7	8.5
South Darfur	7.7	0.3	56.0	36.0	79.6	20.4	5.7	48.1	45.6	11.5
West Darfur	6.8	7.8	55.8	28.0	84.4	23.1	3.0	51.2	40.8	4.1
Nyala & Sheria Prov.	13.6	0	50.0	36.4	95.5	4.5	0	54.5	36.4	9.1
El Dhein Prov.	0	0	49.5	50.6	64.4	35.7	2.2	52.0	61.8	16.7
Edd El Fursan Prov.	9.6	1.0	68.5	20.9	79.0	21.0	14.8	37.9	38.5	8.8
Zalingei Prov.	7.0	6.1	55.2	30.2	83.3	31.8	4.5	48.4	47.0	0
Wadi Saleh Prov.	6.6	9.6	56.3	25.7	85.5	14.4	1.6	53.9	34.6	8.1

Only women were asked to specify why they were in need of medical care (N= 651). Major reasons for women to consult medical care include personal illness (56%), followed by child's diseases (33%), pregnancy (7%) and delivery (3%). This is an interesting result, since general data from other African countries point to mother and child health as the most important reason for visiting clinics (antenatal care, vaccination). It is also significant that women in South Darfur have hardly ever sought medical assistance for childbirth (0.3%) in contrast to 8% in West Darfur. This is an indication of the importance of traditional birth attendance (TBA) in the DERO project areas. The actual performance of this TBA, indigenous knowledge, and potential training need to be further investigated.

The high percentage of people (81.5%) who confirmed that they get the services they need has to be regarded as a positive result for the health support measures. However, this is compromised by the fact that only 5% found the quality of the services provided “very good”

whereas nearly half of the beneficiaries reported that it is OK (49%) or even not so good (44%). Results of the main report confirm this finding. People gave the lack of laboratory facilities as a main reason for their dissatisfaction. Again, El Dhein has the highest percentage (62%) of dissatisfaction with medical services.

Table 22:	Q508 Is the medical service (provided by the MoH) supported by...?		
	DERO	Other NGO	Don't know
Total	54.3	16.3	41.5
South Darfur	64.0	13.5	42.6
West Darfur	39.8	20.4	39.8
Nyala & Sheria Pr.	72.7	9.1	18.2
El Dhein Pr.	54.2	29.2	16.7
Edd El Fursan Pr.	65.1	2.2	93.0
Zalingei Prov.	37.1	26.6	36.3
Wadi Saleh Pr.	42.4	14.2	43.2

In addition, it is interesting to see how many people don't know the provider of the health service, as generally recognized for the question concerning other kind of services. Still, more than half of the respondents (54%) knew that it is DERO, but also 41.5% didn't know it at all with large regional variations. For example, all of the interviewed people in

Wazazeen camp knew that the medical services are supported by DERO. This may be explained by the fact that there are no other NGOs working in such remote areas like Wazazeen.

3.2.5. Non Food Items & Shelter

In the NFI sector, coverage, variability and quality of distributed items and the respective usage have been investigated. In general, coverage of Non-Food Items was good in most areas and it was especially high in Edd El Fursan and Wadi Saleh province. On average, only 21% of the beneficiaries stated that they did not receive NFIs. However, in South Darfur, more people (25.5%) complained that they did not receive NFIs than in West Darfur (14%). Especially in the El Dhein province, about half of the respondents (52%) reported not having received NFIs at all.

Table 23	Q601 Have you received items for ...?								Q602 What do you think about the quality of the items?			
	Plastic sheets	Sleeping/ Covering	Cooking	Eating	Washing yourself	Washing clothes/ Cleaning	Mosquito nets	No items	Very good	Okay	Not so good	No answer
Total	72.6	57.3	57.8	53.3	38.7	33.0	57.3	20.7	12.1	41.9	43.3	2.0
South Darfur	69.9	43.3	48.2	46.2	29.5	24.8	43.8	25.5	18.9	37.6	40.7	3.2
West Darfur	76.8	66.8	72.2	64.0	52.5	40.5	77.6	13.6	1.8	48.3	47.2	0.2
Nyala & Sheria Prov.	77.1	37.4	34.8	40.2	18.2	6.5	25.0	21.4	6.8	28.3	63.7	2.5
El Dhein Prov.	39.8	14.7	23.7	40.2	5.0	2.7	18.9	51.6	9.6	49.7	34.1	6.6
Edd El Fursan Prov.	92.7	77.8	86.1	17.9	65.2	65.2	87.5	3.6	40.4	34.9	24.3	0.4
Zalingei Prov.	73.0	62.0	79.0	72.1	54.5	57.7	88.9	23.0	3.5	53.8	39.5	0.3
Wadi Saleh Prov.	80.6	71.6	65.4	55.8	50.4	23.3	66.2	4.1	0	42.8	54.8	0

The majority of beneficiaries received plastic sheets (73%), followed by cooking utensils (58%), mosquito nets (57%), blankets (53%), dishes (53%), personal washing utensils (39%), and clothes washing bowl (33%).

The best coverage of plastic sheet distribution was found in Edd El Fursan province (93%), Wadi Saleh province (81%) and Nyala & Sheria province (77%) The question was not applicable for the more remote locations in Edd El Fursan province as there this activity was not carried out at all by DERO. It is interesting to look closer whether there is a pattern to be found along the line of being a remote area and having lower coverage. This can't be verified in Wadi Saleh province, where even in Um Kheir – a very remote place – 72% report having received plastic sheets. In El Dhein province this hypothesis can be verified, as Wazazeen (3%) is further away from the urban centre of El Dhein than El Neim and Khor Omer, where 48% and 39% of the beneficiaries respectively received NFIs.

With 57% the coverage of mosquito nets is less than of plastic sheets but the difference between the two states is more pronounced. While in West Darfur 78% received a mosquito net, it was only 44% in South Darfur. Similar to the reception of plastic sheets, beneficiaries living in Zalingei, Edd El Fursan and Wadi Saleh (89%, 88%, 66%) provinces were more likely to receive mosquito nets as compared to Nyala & Sheria and El Dhein provinces (25% and 19% respectively). At the same time, there are considerable differences between the single locations. For example, in Nyala province only 4% of the beneficiaries in Mershing-Um Guzein received mosquito nets in comparison to 33% in Bilel; or 3% recipients in Wazazeen in comparison to 23% in Khor Omer and 30% in El Neim (El Dhein province); or only 13% recipients in Um Kheir in comparison to 90% in Garsila-Ardeba and 96% in Deleij (Wadi Saleh province).

In general, the regional differentiation is similar for the reception of all items distributed. The maximum percentage for all items is found in Edd El Fursan province, followed by Zalingei and Wadi Saleh province. This is the same for items for personal hygiene or for washing clothes and cleaning. But in comparison to other NFIs, items for personal hygiene (39%) or for washing clothes and cleaning (33%) were less often distributed. Hygiene promotion activities cannot be strongly practised if basic items e.g. soap are not distributed to all beneficiaries. Washing and cleaning on the other hand cannot be undertaken without reasonable access to water.

Of those people who have received items (N=585) most respondents stated that the quality was “not so good” (43%), followed closely by “okay” (42%). Only 12% in total found the items “very good”. The differences between the locations are very large. An outstanding result was found for Edd El Fursan province, where 40% were satisfied (“very good”) in comparison to zero in Wadi Saleh or 3.5% in Zalingei province.

In qualitative interviews, people complained for example that plastic water containers broke after only a short time of use. Some women said that cooking pots were not the type of pots used for cooking in their areas. Some of the Sheikhs complained that the plastic sheets were not durable enough. The beneficiaries were however defensive and restrained in their responses about the quality of the NFIs in order not to be impolite and probably did not want to speak out as they feared that they might not get any further assistance.

However, the high percentage of use of NFIs in all areas (85%, see table 23) indicate that the people did benefit from the items distributed.

Very few people (4%) said that they had bartered or sold the distributed NFIs (see table 24). It may be questioned how frank people were here. The interviewers were trained to make clear that they wanted the truth and nothing would be taken for their disadvantage. Qualitative

Table 24	Q603 What did you do with the items?			Q604 Are the items provided by...?		
	Own use	Bartered for food etc	Sold them	DERO	Other NGO	Don't know
Total	85.1	2.3	1.6	49.8	12.1	39.1
South Darfur	79.5	2.1	0	57.2	11.9	32.6
West Darfur	93.6	2.8	4.2	38.7	12.4	48.9
Nyala & Sheria Prov.	82.9	1.6	0	48.4	16.8	39.2
El Dhein Prov.	58.9	3.9	0	64.3	14.2	22.1
Edd El Fursan Prov.	96.7	0.7	0	58.8	4.6	36.6
Zalingei Prov.	88.2	3.5	7.3	34.4	6.4	59.1
Wadi Saleh Prov.	98.9	2.1	1.0	42.9	18.3	38.7

interviews revealed that some people in need of money to buy food or clothes etc., do sell items, as can be observed walking through the markets. But it does not seem to be the rule.

Concerning knowledge of the organisation providing the NFIs, like in other cases half the respondents stated it was DERO, 39% didn't know and 12% said that it was another NGO. However, there are some locations with a fairly good knowledge that DERO was the provider, like in Wazazeen

(93%) where mostly cooking and eating utensils were received, El Neim (75%), Deleij (71%) or Dagadusa (65%).

Shelter

Building materials distributed to family households for shelter construction were well-utilised and appreciated. The beneficiaries stated that the use of local traditional building materials was appropriate. There were always requests for more shelter building materials as many families needed to accommodate additional family members and relatives who arrived in the camps.

The beneficiaries are remaining in the camps for longer periods. With the possibility of return now being unrealistic, DERO should consider provision of shelter materials to more family households in 2006 and assess different types of shelter to meet the needs of the beneficiaries in this transition from acute emergency to recovery phase.

Types of Shelter:

The way people live varies with the locations and the duration of living in that place. Whereas some camps are built with unpleasant easily constructed tents, others have simple shelters made out of wood. Where people have already stayed for a long period of time, the shelters are strengthened and/or people have constructed the region's typical round mud huts.

3.2.6. Education

In the education sector, major areas of interest during this survey were attendance of children in primary and secondary school, as well as the quality of the services provided. In total, 74% of the children had the chance to attend schools and there was no obvious difference between IDP camps (73%) and host communities (75%). Access to basic education was better in West Darfur (86%) with the highest enrolment rates in Zalingei and Wadi Saleh Province (86%) as compared to South Darfur (66%), and the lowest enrolment rates in El Dhein Province (44%). This is in line with statistics of the GoS, which also reported the highest enrolment rates in West Darfur and the lowest in South Darfur (see evaluation report). Children living in Wazazeen camp have by far the lowest chance to attend a school (24%). The reasons for this need to be investigated and appropriate interventions are recommended.

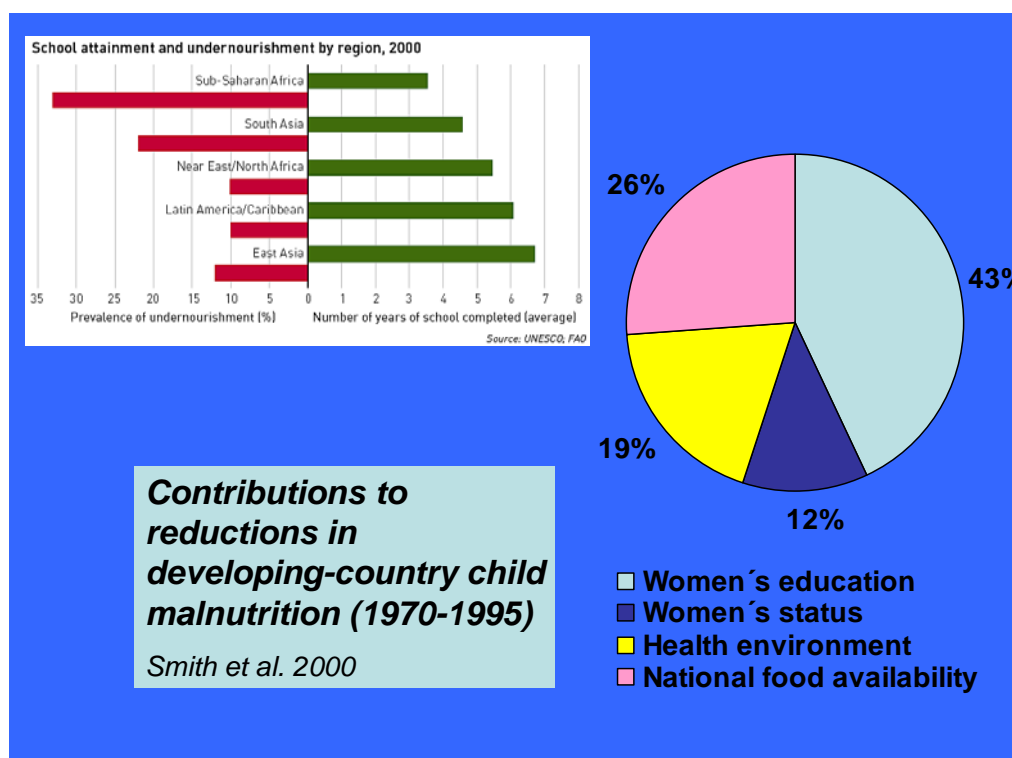
Table 25	Q701 Do your children attend school?		Q702 If yes, what type of school?		Q703 What do you think about the quality* of the services being provided to your children?			Q704 Is this (provided by the MoE) supported by...?		
	Yes	No	Primary school	Secondary school	Very good	Okay	Not so good	DERO	Other NGO	Don't know
Total	74.0	26.0	100	0	11.3	45.2	41.4	37.6	22.1	40.3
South Darfur	66.2	33.8	100	0	17.2	43.4	35.7	47.4	19.1	33.6
West Darfur	85.7	14.3	100	0	2.4	47.0	50.0	22.9	26.7	50.4
Nyala & Sheria Prov.	75.6	24.4	100	0	8.6	37.2	49.8	41.9	15.2	42.9
El Dhein Prov.	43.7	56.3	100	0	8.4	49.6	37.0	43.1	27.8	29.2
Edd El Fursan Prov.	79.4	20.3	100	0	34.6	45.2	20.2	57.1	14.3	28.6
Zalingei Prov.	85.8	14.2	100	0	3.5	41.4	55.4	22.7	17.1	60.1
Wadi Saleh Prov.	85.6	14.3	100	0	1.2	52.6	44.5	23.0	36.2	40.6

* The question is not about the quality of education, but the services. The criteria the interviewees referred to were enough teachers, classrooms, books, pencils, banks, chalk etc; crowded classes; quality of the shelters; if fees had to be paid for teachers. Even illiterate parents could judge these criteria.

Only in one location (Diri) very few children had the chance to visit a secondary school (4.3%). About 45% of the parents were content with the service provided but nearly the same proportion (41%) found the quality of the education offered to their children "not so good". Surprisingly, more parents in South Darfur expressed their gratitude towards education than in West Darfur where children in general already have better access to schools. The highest appreciation was expressed in Kubum town (35%) and Bilel camp (26%). 38% of the respondents were aware that the support for education has been provided by DERO, 22% mentioned another NGO and the others were not able to recall any NGO.

There is plenty of evidence in the literature that school attainment especially by girls and women makes a major contribution to the reduction of malnutrition (see fig. 4)

Figure 4:



3.3. General regional differences of quality of services provided

The overall situation of the services shows striking regional differences - cross-cutting the sectors. Inside the two regions of South and West Darfur the results vary between provinces and also between locations. The situation is generally highly contingent on the local context.

The following table summarises the degree of satisfaction with services provided in different sectors. It is important to recall that the beneficiaries referred to the services in their location generally, and that these services were not necessarily provided by DERO.¹⁰

The most obvious result is the fairly low estimation of the services provided in the agricultural sector (21%) and the relatively high estimation of nutrition services (69%). This corresponds to the finding of the evaluation team that the activities in the agricultural sector do not yet cover the perceived needs sufficiently. In nutrition, the result may reflect the fact that during the time of the evaluation a blanket feeding programme was still being delivered to a large extent and this was positively perceived as a substitute for a general food ration. In addition, there has been a relative good satisfaction with services provided by the education sector (57%), non-food items (54%), water (53.9%) provision (although it does not form a separate sector), and public health (50%) sector. Especially for the estimation of “very good” and “not so good” services large regional differences exist. It is recommended to further explore the reasons why beneficiaries have not been happy with some services provided and to consider these aspects in future activities.

What do you think about the quality of the services concerning...																		
	Nutrition			Agriculture			Medical Services			Education			Quality of non-food items			Water		
	Very good	OK	sum	Very good	OK	sum	Very good	OK	sum	Very good	OK	sum	Very good	OK	Sum	Very good	OK	sum
Total	18.0	51.4	69.4	5.4	15.1	20.5	4.6	49.3	53.9	11.3	45.2	56.5	12.1	41.9	54	7.4	43.0	50.4
South Darfur	29.3	48.8	78.1	9.3	17.6	26.9	5.7	48.1	53.8	17.2	43.4	60.6	18.9	37.6	56.5	7.6	31.6	39.2
West Darfur	1.2	55.4	56.6	0	11.3	11.3	3.0	51.2	54.2	2.4	47	49.4	1.8	48.3	50.1	7.1	60.1	67.2
Nyala & Sheria P.	31.3	43.8	75.1	16.7	16.7	33.4	0	54.5	54.5	8.6	37.2	45.8	6.8	28.3	35.1	2.2	33.8	36
El Dhein P	19.9	59	78.9	8.7	26.1	34.8	2.2	52.0	54.2	8.4	49.6	58	9.6	49.7	59.3	4.5	36.3	40.8
Edd El Fursan P.	36.7	43.5	80.2	1.7	10	11.7	14.8	37.9	52.7	34.6	45.2	79.8	40.4	34.9	75.3	6.8	24.6	31.4
Zalingei P	2.3	49.8	52.1	0	15.4	15.4	4.5	48.4	52.9	3.5	41.4	44.9	3.5	53.8	57.3	0.8	63.9	64.7
Wadi Saleh Pr.	0.0	61	61.0	0	7.1	7.1	1.6	53.9	55.5	1.2	52.6	53.8	0	42.8	42.8	3.4	56.2	58.6

¹⁰ The questionnaire also had open questions for people's reasons of dissatisfaction, which could not be quantitatively analysed with epi-info. DERO may, however, refer to these explanations in order to investigate possible reasons for dissatisfaction more closely.

4. QUALITATIVE RESULTS AND RECOMMENDATIONS

4.1. Case studies

I.) Case study: Khamzadagaig 1

Key points:

- Methodology in information collection
- Reporting structure

The camps around Zalingei are called Khamzadagaig, Hassa Hissa, El Hamidiya. The names were already there before camps were built on this grounds. From this fact several points can be derived.

“Khamzadagaig” means “5 minutes”. The original inhabitants of the Zalingei used to go through this hilly area at the town’s border to reach their fields, which they were cultivating after their urban work. It took only 5 minutes for the police to come if something happened in the fields, because the police station is located there.

Therefore, the original inhabitants felt more secure due to the presence of the police station. For the IDPs living there this fact was a reason for suspicion. People were more closed than in the other two camps and some elder even refused to talk when the interviewer explained to them that they were not coming from a NGO. They could not be convinced that not being with an NGO doesn’t equal with being a member of the government.

Bad experiences have induced IDPs to distrust the GoS police. At first, people reported incidents to the police. But in many cases the policemen refused to note down the announcement, pretending not having any paper left “for this”. Some IDPs tell about incidents happening under the eyes of policemen – e.g. a donkey was stolen and a policeman who observed it did nothing. As a result, people don’t report incidents to the police any more. In addition, IDPs may feel secure only up to 1 km outside the camp. Beyond that line people can be beaten, robbed and women raped. When women go to collect firewood they are escorted by the African Union. Since the African Union is present, there are less incidents, but still some.

All their hope lies on the presence of NGOs, and partly of the AU. The police now feels under pressure to react as NGOs and the African Union report about incidents.

II.) Case study: Khamzadagaig 2

Key points:

- Income generation
- Adaptation to new urban surrounding
- Advocacy and protection

The fact that the IDPs next to Zalingei are living in places with already existing names can be seen as a symbol for the ongoing **building of a new community**. They adapt to the new

location, and build new identities with lots of urban influences.¹¹

The three camps don't differ with regard to the composition of the population. Their people have all come at the same time. They now mix, meaning that former neighbours don't live next to each other. The camps' sheiks¹² know where their people live but are now politically responsible for the newly built communities only. The former sheikhs were newly elected from the members of the sub-parts of the camps.

People have now already been living since two years in the camps close to Zalingei. They are adapting to urban life. They can't go and farm, because only one kilometre outside of the camp they are in danger of being beaten up or become a victim of even worse assaults. Their land is already taken and strangers are cultivating it. The Sudanese traditional law says that the landowner **looses his land** if he doesn't live on it and/or cultivate it. So the IDPs fear that not only by force but also by law they have lost their land irrevocably. They are farmers. Without land they feel that they are nothing. "We only know the nature, we've lived in the bush and the on the fields", a farmer says and all present men nod.

On the other hand, they are willing to **adapt to their new situation**. A new community has been built. Among other signs this is expressed by marriages between men and women from families who got to know each only in the camp. New links are established. And people already go to work in town. Men have jobs e.g. on construction sited, women work in households of their host community. Some women have already learnt to produce soap or stoves. They expressed their ideas for future activities: "We only need some material to have a small soap factory. The produced soap can be sold to the NGOs and distributed to IDPs". They want to lean more.

"I know now, that we have a right for education. Now I want it. Not only for my children who couldn't go to school before. It was too far away. No, also for me. Before, I didn't know anything - only the fields. But now, I want to read and write. I could work in better jobs. I could talk to people of the organisations directly."

People urgently need cash income. The head of the sheikhs (sheikh kebir) in Hassa Hissa camp e.g. stressed that he has to care for his family. He is working, in the way he used to work in his place of origin: He is giving advice in all issues and problems to his community members as well as NGO representatives. In former days people recompensed his work by cultivating his fields or giving him parts of the harvest. He complains that now "I am doing a job for the organisations. But no one pays." The status he gets through his work is not enough. He says that the NGO representatives wouldn't understand that his consultancy is work that should be rewarded.

The need for cash is obvious when looking at the increased prices for all items at the markets.

	Garsila Town		Zalingei Town	
	before the war (SDD)	Sept.2005 (SDD)	before the war (SDD)	Sept.2005 (SDD)
sorghum (1 bag)	2,000	5,500	1,500	10,000
sugar (1 kg)	100	160	100	350
oil (0.75 l)	100	200	100	300
okra (0.5 kg)	250	600	250	500

¹¹ In Garsila e.g. it is different. The camps have new names, the community is also new, but not linked to the town as much. They build a new community, which is independent of the HC. In Mershing, the camps have the names of their old villages.

¹² A Sheikh is the head of a village or of a part of a village or town.

4.2. Qualitative results from interviews

Interviews with mothers attending SFPs

- Women usually walk about 1 to 2 hours to reach the SFP site and wait another 2 to 4 hours to be served by the SFP team.
- Women appreciated very much when their children or they themselves got entitled to receive a supplementary food ration.
- Mothers are usually happy when their children additionally receive medical attention
- Most of children like to eat the premix in form of porridge.
- Most frequently, sick children are referred to clinics by nurses.
- Many mothers, even when criteria of vulnerability can not be applied, wish to receive supplementary rations.
- The lists for general food distribution are not up-to-date; for single parent mothers and old women it is extremely difficult to get a ration card.

Traditional food and feeding behaviour

During pregnancy

- In case of a new pregnancy, breastfeeding is stopped immediately; there seems to be a very strong belief that the child on the breast could harm the development of the foetus.

Important health communication issues.

- *Abrupt weaning can cause a psychological trauma for the child leading to loss of appetite and malnutrition.*
- *The quality of breast milk does not change during a new pregnancy.*
- Pregnant women are advised not to consume sugar and meat.
 - *During pregnancy, food taboos can significantly reduce the variety of food consumed and – in the case of meat - deprive from rich source of protein and micronutrients*
- During the last months, pregnant women should eat less in order to have a small foetus and to avoid difficulties during delivery
 - *This practice can contribute to the already high prevalence (30%) of low birth weight babies who carry a high risk of malnutrition in early childhood.*

After delivery

Boiled (sugar) water is offered to mothers before the onset of breastfeeding because of the fear that initially the quantity of mother's milk is not sufficient

- *The high value of colostrum in terms of nutrients antibodies etc. for a child - and the fact that a healthy newborn has very little fluid requirements were not known.*

Breastfeeding and complementary feeding

- Exclusive breastfeeding is practised from about 1 week (lying-in period) to about 40 days (maternity leave). A maximum duration of 4 months (depending on the assistance of relatives) was reported.
 - *The value of exclusive breastfeeding during the first six months (reduced postnatal bleeding, lower risk of diarrhoea, contraceptive effect etc.) was virtually unknown*
- Early introduction of complementary foods such as undiluted cow milk, asida (sorghum porridge), rice, potatoes, lentils, biscuits, eggs, chicken soup, etc was mentioned.
 - *Early introduction of complementary food increases the risk of gastrointestinal infectious disease contributing to malnutrition. During the entire first year of life undiluted cow milk is*

not recommended for the infant;

- The most frequently reported reasons for the early onset of complementary feeding were “lack of breast milk” and “resuming work in the fields” shortly after child birth.
 - *The quantity of breast milk depends to a large extent on the frequency of breast feeding and not on the nutritional status of nursing mothers. Only severely malnourished women may not be able to produce enough breast milk at a sufficient quality.*

Family food

- The main family food is based on millet and beans, while milk, meat, vegetables and fruits are not regularly consumed. Most commonly, men are served first and the left over is given to women and children.
 - *According to the mentioned food habits it can be assumed that the diet for women and children is often inadequate with respect to macronutrients (e.g. protein and fat) and micronutrients (e.g. iron, folic acid, vitamin A, C, etc.). Beside Malaria, hookworms, gynaecological problems etc., nutritional iron deficiency can contribute to anaemia, which was mentioned by midwives as one of the biggest health problem among women during the reproductive age.*
- A porridge is considered to be a “healthy food”
 - *The nutritional value of porridge, when prepared with water is limited, but can be considerably increased by adding milk (however, a modified (diluted) porridge could serve as an excellent form of cereal-based ORS).*
- A considerable number of women asked for medicine against goiter
 - *Iodine deficiency is known to be a significant health problem with considerable consequences on fetal development and child health. Particularly in remote areas of Darfur, where exchange of food is very limited and (the more expensive) iodized salt is not easily available, supplementation programs are urgently needed. The distribution of iodized oil capsules for all women during the reproductive age planned by UNICEF, has to be seen as an important strategy.*

Child spacing

- Many women get pregnant again very soon (on average 18 months) after the last delivery
 - *Maternal and Child health are known to be closely interlinked with adequate child spacing. Apart from the commonly very short duration of exclusive breastfeeding, contraceptives are currently not available in most of the locations.*

Recognition of signs of child malnutrition by the mothers

- Loss of appetite, fever, frequent crying and unhappiness of children were most frequently mentioned.
 - *It was noticeable that major signs of malnutrition like wasting, distended abdomen and the relative frequent occurrence of hair changes were not mentioned by the mothers*

Treatment of malnutrition by local healers

- Many local healers write special expressions (e.g. sura from Koran) on a paper or wood and wash it off with water, which is then collected in a cup and offered to the child as a medicine against malnutrition.
- Other traditional therapies are cupping or cutting the skin. Through bleeding the disease is felt to disappear from the body

Local treatment for diarrhoea

- The following methods of home treatment were reported by mothers:

- To give milk and/or perform cuttings of the skin
- To boil the bark of special trees (e.g. palm tree) and offer the fluid to The sick child
- *Counteracting risks of potentially harmful practices needs a long process of culturally adapted health communication about causes, prevention and treatment of malnutrition. Offering forms of cooperation to local healers (and integrating non-harmful practices) might be more effective than widening the gaps between the different sectors.*

Interview with parents and teachers about education

- Many illiterate parents would like to receive adult education; especially women are motivated to learn. Some women asked for alphabetisation to be able to get better jobs.
- Parents like to send their children to school. They are now informed that there is free education. It is, however, not free in reality, because the parents have to pay for the teaching materials and the teacher's breakfast; some teachers have to stay in the camp because they come from far away; only few teachers have been recruited from the camps directly, but these volunteer teachers are more ready to teach among IDPs.
- Often, the quality of teaching is not good because some teachers have to walk long distances to come to the camp and therefore, they are already exhausted even before starting the lessons.
- There is an urgent need for more schools and more teachers; classrooms are often crowded, children are taught in shifts, some children in school-age still go to the kindergarden because there's no place for them in school.
- Lack of chairs, tables, blackboards, chalk, books, pencils, school uniforms, school latrines, and access to water are obvious.
- The quality of the schools in IDP camps needs to be improved to enable pupils with good results to proceed to secondary schools.
- The system of letting the families pay incentives for teachers should be changed; teachers need more assurance that they will get their "salary". Especially, the incentives for voluntary teachers are too low.
- About half of the families cannot afford to pay incentives for teachers and so the children cannot go to school (but some teachers are friendly and let the children come without payment) e.g. this month, only 400 from 900 families could pay.
- Several teachers are not motivated because of very big classes and very low salary (e.g. SDD 1200)
- Usually there are now national holidays, but here in the camp they continue to teach because children want to go to school; they do not have any alternative places to go - in contrast to their former lives when they could walk to the fields or visit relatives in other villages, etc. But access to schools is better now than before the conflict in their place of origin.

4.3. Recommendations

Methodology of collecting information:

Data should not be collected without good preparation, especially if the information touches sensitive issues like security. In a conflictive setting, information is a means of politics. To hide information and/or to give wrong information is a common strategy to blame another group in order to weaken it.

One example of the importance of this issue is that during a Watsan assessment, questions about the security situation were posed. The head of the villages – al-umda - answered that there is no problem between Arabs and Fur. Probably he thought it would be better not to say the truth (that there is a problem) because he feared that then the NGO wouldn't want to work in the region any more. Although the DERO staff did not rely solely on this source of information, it illustrates the point that wrong information can be obtained that may result in even more negative consequences if the place is indeed not safe, but represented as such. This might result in a lack of outer participation to improve security in the respective communities.

During the Beneficiary Survey, the challenge was to minimize strategic answers. On the one hand, the beneficiaries might have exaggerated in the negative way, expressing that everything was not good in order to get more aid. On the other hand, they might have been too polite to criticize because they didn't want to be considered as being ungraceful vis-à-vis their benefactors. It is therefore crucial to have specifically trained persons using proper methodologies to collect the data.

There is no objective truth because every actor follows their own objectives. Therefore, the aim strived for was transparency. Confidence has to be established between the interviewer and the respondent as far as possible so as to get to know the respondent's standpoint and to be able to interpret the answers.

Confidence has to be built:

- 1.- ... by using a **key informant**. You should have someone you can trust. This person can introduce you to others. A network can thus be developed.
- 2.- ... by **not being linked to an organisation**, so that no expectations for direct services will be raised.
- 3.- ... by avoiding any doubt of not being linked to the GoS (!).
- 4.- ... by using experienced **translators** you can trust 100%. IDPs have reasons to distrust translators. Spies have already entered NGOs systematically. There have been cases where people were arrested after having given interviews.

A common issue is that interpreters don't translate properly but modify their answers to their own point of view.

- 5.- ... by **avoiding Arabic** if possible. Masalit is spoken around El Djenena, Fur in Western Darfur and also in Mershing (Birgit-tribe talk Fur). In Labado Zaghawa is spoken. In the El Dhein area it is more complicated, because a lot of different languages are spoken, so probably Arabic can't be avoided there.

⇒ **Recommendation:** ACT/Caritas should have a stock of translators on call. What needs to be avoided is "just grabbing someone who is around".

Reporting structures for human rights violations should be generalised and systematised

People have to be convinced that reporting assaults is the first step to be supported protection-wise. There should be one member of the community trusted by them to collect all incidents. This person should always report to GoS-police, to AU and IRC. IRC already teaches how to report. The incipient activities of the protection office should be extended.

Income generation strategies

Given the remote possibility of returning to their places of origin, IDPs urgently need access to income. That's why many of them don't want to work as volunteers or for small incentives. They can't and don't want to depend on the services of the NGOs. They don't just have to survive but also to live. They need to engage in expedient activities in order to perceive themselves as self-responsible human beings rather than just victims, and they need cash. There is a lot of potential in the communities, in spite of the number of invalids and traumatized persons. There are teachers, tailors, carpenters, black-smiths, weavers, bakers, healers - who can also learn new occupations.

Advocacy & Protection:

It is important not to be afraid of working with every actor, including GoS police or military, but to be aware of one's role at the same time. The collection of data is especially important for the following issues:

- the history of the conflict,
- a demographic profile of the location – camp, village or town,
- the relationship between IDPs and host community
- the relationship between the different tribes and political groups (former and now),
- land taking and land rights,
- the security situation,
- income generation potentials among the IDPs,
- traditional ways of conflict management
- motivation to stay or to return,
- motivation for peace building.

The following actors should be included in conflict analysis and peace building activities: IDPs, the GoS on local, regional and national level (e.g. representatives like the police), the AU, the Arab militia (active/ passive in the conflict), SPLM/A (and splinter groups), JEM (and splinter groups), and also NGOs.

Awareness of the political context should not lead to fear of talking and working with the diverse actors (like with GoS representatives or AU members). At the same time one has to be very careful about what to say to whom.

Living in a foreign socio-cultural surrounding

There seems to be a demarcation line between expatriate and national personnel. Main obstacles in this process are inadequate language skills.

- **Speaking no or only little Arabic**
- **Learning Arabic**

Living in a country for at least 3 months should be motivating enough to learn the local language at least for basic communication. Sudanese people appreciate it very much if somebody amongst themselves speaks even a little English, and the same applies to foreigners speaking a few words of the local language. Language skills can be important door-openers for mutual understanding and respect.

Besides, there is also a security issue. One should be able to communicate with the guard and the drivers at least for asking and/or instructing them in urgent cases. Being unable to communicate at all is not ideal when there is a problem or a tense situation .

Many expatriates exaggerate the difficulty of learning Arabic because of the different orthography and some different sounds. But the aim is not to learn modern standard Arabic (al-Fusha), but basic knowledge of Sudanese colloquial Arabic.¹³ It is indeed possible to learn colloquial Arabic without writing it. A curriculum can be easily developed for the context of the organisation's work. Special target groups are drivers, guards and cooks.

- **Teaching English**

Again, the question is not to learn English like at school, but to be able to communicate as soon as possible. Specific training can be developed for different occupational groups who mostly lack even basic English: drivers, guards, cooks. Each group could learn the same basic grammar and vocabulary and then about 20 different key sentences.

¹³ The rejection of learning Arabic may be because it is linked to the Islamic, strange "Other".

ANNEX 1: QUESTIONNAIRE FOR BENEFICIARY SURVEY

Independent Evaluation of the ACT/Caritas Darfur Emergency Response Operation

001 Number of questionnaire [][][][] 002 State 003 Locality

.....

004 Commissariat 005 Village / IDP camp

.....

006 Interviewer: Code [][] Name 007 Date of interview: [][][][][][]

Controlled by the supervisor: Name..... Signature Date

[][][][][][]

SECTION 1 : GENERAL CHARACTERISTICS

Q101	Gender	Male [] Female []	
Q102	What is your age ?	15-19 [] 20-49 [] > 49 []	
Q103	Have you been to any form of school?	Yes [] No [] No answer []	<i>If No → Q105</i>
Q104	How many years have you been to school?	[][]	
Q105	To which tribe do you belong to?	
Q106	How many persons live in your household?	women (15-49 years) [][] men (15-49 years) [][] women and men > 49 years [][] children < 5 years [][] children 5 to 14 years [][] TOTAL [][]	
Q107	Are you an IDP or member of the host community ?	IDP [] Member of the Host Community []	
Q108	<i>Does the interviewer agree with the statement above?</i>	Yes [] No []	



Q109	How long have you been living at this place up to now?	[] [] months	
Q110	FOR IDP: Have you ever lived in a IDP camp before?	Yes [] No []	
Q111	FOR IDP: What was your principal source of livelihood in your place of origin? <i>[multiple choice possible]</i>	Farmer [] Pastoralist [] Merchant [] Other [] Specify:	
Q112	How many meals did you have yesterday?	One meal: breakfast [] lunch [] dinner []	
		Two meals: breakfast [] lunch [] dinner []	
		Three meals: []	
Q113	TO WOMEN: Do you think the food you and your family ate yesterday was of adequate quality?	Yes [] No [] If no, what was missing?	
Q114	TO WOMEN: What of the following types of food did you use yesterday to cook the meals for your family? <i>[multiple choice possible]</i>	Cereals (staple food) including roots [] Legumes like beans, lentils, pea etc [] Nuts (groundnuts etc) [] Vegetable oil/ Fat (butter) [] Vegetables [] Fruits [] Eggs [] Milk (products) [] Meat (products) & Fish (products) [] Spices (incl. bone-flour) [] Others []	
Q115	What do you use for the cooking?	Wood [] Charcoal [] Kerosene [] Gas bottle [] Other []	
Q116	Did you receive a general food ration last month?	Yes [] No []	If No → Q201



Q117	What should be improved concerning the distributed food ration? <i>[multiple choice possible]</i>	A different type of staple food? <input type="checkbox"/> Regular distribution on a monthly basis? <input type="checkbox"/> Other <input type="checkbox"/> Specify:	
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SECTION 2 : NUTRITION

Q201	(FOR WOMAN:)	Do you have a child below 5 years? <input type="checkbox"/> Are you pregnant in the last trimester (6.-9. month)? <input type="checkbox"/> Are you breastfeeding during the first 6 months? <input type="checkbox"/> No <input type="checkbox"/>	<i>If No → Q301</i>
Q202	If yes: Are you included in a feeding programme?	Yes (mother) <input type="checkbox"/> Yes (child) <input type="checkbox"/> No <input type="checkbox"/>	<i>If No → Q301</i>
Q203	If yes, does your child receive supplement food ...?	... every week? <input type="checkbox"/> ... every two weeks? <input type="checkbox"/>	
Q204	What do you think about the quality of the services concerning nutrition?	Very good <input type="checkbox"/> Okay <input type="checkbox"/> Not so good <input type="checkbox"/> No answer <input type="checkbox"/> Specify:	
Q205	If yes, is this programme provided by...?	NCA, ACT/Caritas and/or SUDO, SCC, SudanAid <input type="checkbox"/> Other NGO <input type="checkbox"/> Don't know <input type="checkbox"/>	

SECTION 3 : AGRICULTURE

Q301	Do you have access to agricultural land (own or rented)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If No → 401</i>
Q302	Did you receive and plant seeds?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Q303	Are you happy with the seeds distributed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If Yes → Q305</i>



Q304	If no, what should be improved? <i>[multiple choice possible]</i>	Change type <input type="checkbox"/> Increase quantity <input type="checkbox"/> Other <input type="checkbox"/> Specify:	
Q305	Will you keep seeds aside for the next planting season?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know yet <input type="checkbox"/>	
Q306	Have you received agricultural tools/inputs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Q307	Did the seeds/inputs arrive in time for planting?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Q308	What do you think about the quality of the services concerning agriculture ?	Very good <input type="checkbox"/> Okay <input type="checkbox"/> Not so good <input type="checkbox"/> No answer <input type="checkbox"/> Specify:	
Q309	If yes, were the seeds and/or inputs provided by ...?	NCA, ACT/Caritas and/or SUDO, SCC, SudanAid <input type="checkbox"/> Other NGO <input type="checkbox"/> Don't know <input type="checkbox"/>	

SECTION 4 : ENVIRONMENTAL HEALTH

Q401	How much time does it take to reach the nearest source of <u>water</u> ?	< 5 min <input type="checkbox"/> > 5 - 10 min <input type="checkbox"/> >10 - ≤ 30 min <input type="checkbox"/> > 30 min <input type="checkbox"/> No answer <input type="checkbox"/>	
Q402	How long do you have to wait there to get water?	< 5 min <input type="checkbox"/> > 5 - 10 min <input type="checkbox"/> >10 - ≤ 30 min <input type="checkbox"/> > 30 min <input type="checkbox"/> No answer <input type="checkbox"/>	
Q403	From where do you get water? <i>[multiple choice possible]</i>	Well <input type="checkbox"/> Tank/bladder <input type="checkbox"/> Pump <input type="checkbox"/> Natural water point (river, lake, pound, source) <input type="checkbox"/> People selling water <input type="checkbox"/> Other <input type="checkbox"/> Specify:	



Q404	Do you have to pay for water?	Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/>	
Q405	Is one of the sources provided by ...	NCA, ACT/Caritas and/or SUDO, SCC, SudanAid <input type="checkbox"/> Other NGO <input type="checkbox"/> Don't know <input type="checkbox"/>	
Q406	What do you think of the quality of this water provided by an organisation?	Good <input type="checkbox"/> Okay <input type="checkbox"/> Poor <input type="checkbox"/>	
Q407	Is this water (provided by an organisation) available at all times when you need it ?	Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Very seldom <input type="checkbox"/> In principle yes, but not sufficient <input type="checkbox"/> No answer <input type="checkbox"/>	
Q408	What do you think about the quality of the services concerning water ?	Very good <input type="checkbox"/> Okay <input type="checkbox"/> Not so good <input type="checkbox"/> No answer <input type="checkbox"/> Specify:	
Q409	Have you received simple hygiene kits (cotton, storage containers, combs, nail clippers)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Q410	Have you received full hygiene kits (washing line cords, washing basins, sandals, shawls, jugs)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Q411	What do you think about the quality of this kits? What should be different?	Very good <input type="checkbox"/> Okay <input type="checkbox"/> Not so good <input type="checkbox"/> No answer <input type="checkbox"/> Specify:	
Q412	Were the kits provided by ...	NCA, ACT/Caritas and/or SUDO, SCC, SudanAid <input type="checkbox"/> Other NGO <input type="checkbox"/> Don't know <input type="checkbox"/>	
Q413	Is there a <u>latrine</u> around here?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If No→ Q417</i>
Q414	Do you use it?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If Yes→ Q416</i>



Q415	If no, why not? <i>[multiple choice possible]</i>	Too far away <input type="checkbox"/> Too long waiting times <input type="checkbox"/> Unclean <input type="checkbox"/> Not safe going there <input type="checkbox"/> Other <input type="checkbox"/> Specify:	
Q416	Do you know if the latrine(s) is/are provided by...	NCA, ACT/Caritas and/or SUDO, SCC, SudanAid <input type="checkbox"/> Other NGO <input type="checkbox"/> Don't know <input type="checkbox"/>	
Q417	Is there a place where you can put your <u>garbage</u> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 5: PUBLIC HEALTH

Q501	How long do you have to walk to the nearest "medical institution"? hours	
Q502	If you get ill do you have access to a medical institution staffed by: <i>[multiple choice possible]</i>	Yes, following: Medical doctor <input type="checkbox"/> Nurse/Midwife <input type="checkbox"/> Health assistant <input type="checkbox"/> No <input type="checkbox"/>	If Yes→ Q504
Q503	If no, why not?	It is too far away <input type="checkbox"/> There is hardly ever any person <input type="checkbox"/> Other <input type="checkbox"/> Specify:	
Q504	Have you been in need for medical attention over the last 6 months?	Yes <input type="checkbox"/> No <input type="checkbox"/> No answer <input type="checkbox"/>	If No→ Q601
Q505	FOR WOMEN: If yes, please specify the reason: <i>[multiple choice possible]</i>	Pregnancy <input type="checkbox"/> Childbirth <input type="checkbox"/> Disease <input type="checkbox"/> Because of child's disease <input type="checkbox"/> No answer <input type="checkbox"/>	



Q506	Did you get the service you need?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Q507	What do you think about the quality of the medical services ?	Very good <input type="checkbox"/>	Okay <input type="checkbox"/>	Not so good <input type="checkbox"/>
			No answer <input type="checkbox"/>	
		Specify:	
Q508	Is the medical service (provided by the MoH) supported by...?	NCA, ACT/Caritas and/or SUDO, SCC, SudanAid <input type="checkbox"/>	Other NGO <input type="checkbox"/>	Don't know <input type="checkbox"/>

SECTION 6: NON-FOOD-ITEMS

Q601	Have you received items for ... <i>[multiple choice possible]</i>	Plastic sheeting <input type="checkbox"/>	Sleeping/Covering <input type="checkbox"/>	
		Mosquito nets <input type="checkbox"/>	Cooking <input type="checkbox"/>	
		Eating <input type="checkbox"/>	Washing yourself <input type="checkbox"/>	
		Washing clothes/cleaning the house <input type="checkbox"/>		
		Other <input type="checkbox"/> Specify:	
			No <input type="checkbox"/>	If No → 701
Q602	What do you think about the quality of the items?	Very good <input type="checkbox"/>	Okay <input type="checkbox"/>	Not so good <input type="checkbox"/>
			No answer <input type="checkbox"/>	
		Specify:	
Q603	What did you do with the items? <i>[multiple choice possible]</i>		Own use <input type="checkbox"/>	
		Bartered them for food or other commodities <input type="checkbox"/>		
			Sold them <input type="checkbox"/>	
		Other <input type="checkbox"/> Specify:	
Q604	Are the items provided by ...?	NCA, ACT/Caritas and/or SUDO, SCC, SudanAid <input type="checkbox"/>	Other NGO <input type="checkbox"/>	Don't know <input type="checkbox"/>

SECTION 7: EDUCATION



Q701	Do your children receive any education/attend school?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If No→ end
Q702	If yes, what type of school?	
Q704	What do think about the quality of the services being provided to your child/children?	Very good <input type="checkbox"/> Okay <input type="checkbox"/> Not so good <input type="checkbox"/> No answer <input type="checkbox"/> Specify:	
Q703	Is this (provided by the Ministry of Education) supported by ...?	NCA, ACT/Caritas and/or SUDO, SCC, SudanAid <input type="checkbox"/> Other NGO <input type="checkbox"/> Don't know <input type="checkbox"/>	

We've now arrived at the end of our interview. Thank you very much for your participation. We appreciate your help.

Do you have any questions?

ANNEX 2: BENEFICIARY SURVEY: CLUSTER ALLOCATION¹⁴

Location	Type	Population Number	Cumulative Population Number	Number assigned	Clusters
Nyala Province					
Mershing	Camp/HC	40 000	40 000	1-40 000	1, 2, 3
Bilel	Camp	15 864	55 864	40 000-55 864	4
Dereig	Camp	14 378	70 242	55 864-70 242	
Sheria Province					
Labado	HC	19 680	89 922	70 242-89 922	5, 6
El Dhein Province					
Khor Omer	Camp	26 000	115 922	89 922-115 922	7
Sunta	Camp	4 000	119 922	115 922-119 922	
Wazazeen	Camp	4 000	123 922	119 922-123 922	8
El Neim	Camp	36 000	159 922	123 922-159 922	9, 10
Edd El Fursan Province					
Kubum Town	HC/IDP	15 000	174 922	159 922-174 922	11
Kubum	Camp	4 000	178 922	174 922-178 922	
Dagadousa	Camp	6 000	184 922	178 922-184 922	
Um Labassa Town	HC/IDP	38 705	223 627	184 922-223 627	12, 13, 14
Um Labassa	Camp	2 150	225 777	223 627-225 777	
Diri	HC/IDP	14 695	240 472	225 777-240 472	15
Bido	HC/IDP	5 912	246 384	240 472-246 384	
Falanduke	HC/IDP	19 000	265 384	246 384-265 384	16
Habuba	HC	7 500	272 884	265 384-272 884	17
Hassabala	HC	18 000	290 884	272 884-290 884	18
Total Nyala Office		290 884			
Zalingei Province					

¹⁴ Based on the "Summary Table of Program Activities - NCA ACT/CARITAS AND PARTNERS (July /2005)" including adaptations of local experts, 2. 9. 2005



Zalingei	HC	29 000	319 884	290 884-319 884	19
Hassa Hissa	Camp	32 464	352 348	319 884-352 348	20, 21
Hamadiya	Camp	28 596	380 944	352 348-380 944	22, 23
Triage	HC	14 000	394 944	380 944-394 944	24
Wadi Saleh Province					
Garsila	Camp /HC	29 793	424 737	394 944-424 737	25, 26
Deleij	HC	20 823	445 560	424 737-445 560	27
Um Kher	Camp	12 900	458 460	445 560-458 460	28
Kurdo	HC	7 000	465 460	458 460-465 460	
Bindizi	Camp	18 000	483 460	465 460-483 460	29
Mukjar	Camp	21 000	504 460	483 460-504 460	30
Total Zalingei Office		213 576			
Grand Total		504 460			

Methodology:

Interval rate: Total / 30 (statistic standard): $525\,460 / 30 = 16\,815$

Random Number (chosen by random from random number charter, has to be between 1 and the first number assigned: 1- 40 000: **3769**

1st cluster: random number: 3 769

2nd cluster: random number + interval rate : $3\,769 + 16\,815 = 20\,584$

3rd cluster: 2nd cluster + interval rate: $20\,584 + 16\,815 = 37\,399$

4th cluster: 3rd cluster + interval rate: $37\,399 + 16\,815 = 54\,214$

etc.

No of cluster	1	2	3	4	5	6	7	8	9	10
Cluster allocation	3 769	20 584	37 399	54 214	71 029	87 844	104 659	121 474	138 289	155 104

No of cluster	11	12	13	14	15	16	17	18	19	20
Cluster allocation	171 919	188 734	205 549	222 364	239 179	255 994	272 809	289 624	306 439	323 254

No of cluster	21	22	23	24	25	26	27	28	29	30
Cluster allocation	340 069	356 884	373 699	390 514	407 329	424 144	440 959	457 774	474 589	491 404