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STATE REPORT NORTHERN BAHR EL GHAZAL

Village Assessments and Returnee Monitoring

Analytical Report, Maps and Statistical Tables

2009



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Scope of report

This report presents a comprehensive overview of information gathered through IOM Sudan's Village Assessment and Returnee Monitoring Programme in Northern Bahr el Ghazal State and seeks to highlight the reintegration challenges that returnees and resident communities face in the different counties in this State of high return.

The following report presents the results of Village Assessments conducted in Northern Bahr el Ghazal State between December 2008 and June 2009. A total of 1,738 villages were assessed, representing 96% of all existing villages in Northern Bahr el Ghazal State. The population in the areas is 790,898 residents (45%), 400,098 (51%) returnees and 32,439 IDPs (4%).

All of IOM's programmes in Sudan are aimed at promoting the safe, dignified and sustainable return and reintegration of those who were uprooted by the civil war in Sudan. The war lasted for 21 years and led to the displacement of more than 4 million individuals from or within Southern Sudan, a region dominated by poverty and scarcity.

Within Sudan, IOM is most closely associated with the joint Sudanese government, UN and IOM IDP (internally displaced people) return programme. Through this programme, IOM has helped more than 112,000 IDPs return to their homes in Southern Sudan. In addition, IOM has supported the return of Sudanese migrants who have been stranded abroad, the return of highly qualified migrants from the Diaspora (and IDP settlements in Khartoum) and, in coordination with UNHCR, the repatriation of Sudanese refugees. In total, within the last four years, IOM has assisted in the return of more 160,000 individuals to different parts of Sudan.

According to IOM's Total Returns to South Sudan Post-CPA (Comprehensive Peace Agreement Report), published in 2008 Northern Bahr el Ghazal is a main return destination for spontaneous returnees from South Darfur and North Sudan. Since the signing of the CPA, an estimated 400,000 IDPs have returned spontaneously to the State to rebuild their homes. By June 2009, SSRRC-IOMs Tracking of Spontaneous Returnees programme had captured a total of 226,330 spontaneous returnees to Northern Bahr el Ghazal.⁷ 36% of the returnees returned from the IDP settlements of South Darfur, and 35% from Khartoum. The main return destination in the State is Aweil East, where 41% of the tracked IDPs returned.

Within this context, the IOM Village Assessment Programme (along with the Tracking of Spontaneous Returns Programme) represents a key commitment from IOM to extend support to this enormous number of spontaneous returns.

The report is comprised of 3 parts:

- PART I: Data Analysis and Key Findings
- PART II: Maps Showing Key Data
- PART III: Statistical Tables and Form Samples.

The full Village Assessment Dataset is published in CD format only. The Dataset provides the completed forms for all the villages assessed which can be accessed through 'clickable' maps at the State, County and Payam levels.

⁷ SSRRC-IOM Sudan Spontaneous return Tracking Report, June 2009

Executive summary

The following report presents the results of Village Assessments conducted in Northern Bahr el Ghazal (NBeG) between December 2008 and May 2009. A total of 1,738 villages were assessed, representing 96% of all existing villages in Northern Bahr el Ghazal State. The population in the areas assessed is 790,898 residents (45%), 400,098 returnees (51%) and 32,439 IDPs (4%).

Insufficient access to water, and particularly improved drinking water, was highlighted by the majority of people in the assessed villages. In Northern Bahr el Ghazal an average of 858 people share a single improved water source. Hand pumps have been established in only 28% of villages assessed, 22% of these existing hand pumps were found to be not working during the assessment period. 47% of the villages have wells, mostly unprotected.

Lack of access to health care was rated as the second greatest concern. Only 7% of the villages assessed have healthcare facilities. Logistical constraints, such as inaccessible roads or lack of public transport, lack of financial means, hinder access to health care of the majority of the remaining villages. Of those villages which had healthcare facilities, the majority lack qualified personnel and basic equipment. Of all the health facilities assessed, 36% of health staff are mid wives/traditional birth attendants and 27% nurses. 17% have community health workers as staff, only 13% have medical assistants and 8% have a medical doctor.

Low levels of HIV/AIDS awareness in NBeG is of great concern: 67% of participants in focus group discussions in NBeG reported having no knowledge about HIV/AIDS.

Education is another major concern in Northern Bahr el Ghazal State. Only 27% of the villages assessed have direct access to education: 98% of the education facilities are, however, primary schools. The structures of school buildings themselves are generally basic: 43% are under trees, 41% are constructed with thatch, grass or mud; and only 13% of the schools are a permanent brick structure. School enrolment of girls is very low in Northern Bahr el Ghazal: only 26% of the students are girls.

Agro-pastoralism is cited as the main source of income for 69% of the population in Northern Bahr el Ghazal, with farming and livestock rearing as main activities. 26% reported supplementing this with fishing. The main sources of food were the products of the aforementioned activities supplemented with purchasing additional food at markets. The food basket was also supplemented with collecting wild food and support from relatives.

PART I – Narrative Report

A. Background – IOM village assessments in Northern Bahr el Ghazal State

IOM began the Village Assessment Programme in villages of high return in Northern Bahr el Ghazal State in 2007. By the end of 2008, 1738 villages of high return had been assessed. By June 2009, this figure had increased to 1,738 villages. Initially, the Village Assessment programme was intended to direct IOM's own reintegration projects in the state, but as the programme has expanded, so too have the objectives of the programme along with the degree of GoSS partnership. Latterly, the programme has come to represent one of the GoSS's commitments to large-scale remigration planning and coordination.

The objectives of the Village Assessment Programme are:

- To provide the Sudanese state authorities the basis on which to provide reintegration planning and coordination on return reintegration activities;
- To provide a mapping of the status of basic infra-structure and services in the selected States in order to support general recovery and development planning and coordination, for Sudanese authorities, NGOs, and UN bodies;
- To establish databases of the conditions of basic infra-structure and services in each village in the selected States to provide a technical basis for the planning of humanitarian, early recovery and development interventions.

The Village Assessment Program seeks to achieve these objectives through the following activities:

- Collection of data concerning, and mapping of, population patterns and basic infrastructure at village level within six sectors (water, education, health, shelter, food and security);
- Identify reintegration needs and protection concerns in the assessed villages;
- Share information in various forums/formats in order to incorporate the collected baseline data into reintegration planning;
- Build the capacity of the government to collect, monitor and manage baseline data and reintegration planning.

Village Assessments are undertaken through direct field visits, utilizing a standardized assessment tool. In 2009, the program also included capacity building for SSRRC, IOM's governmental counterpart, to collect and manage data. As such, all Village Assessments were conducted by SSRRC enumerators. The enumerators gathered professional experience in baseline data collection during their work as field staff for the SSRRC-IOM Tracking of Spontaneous Returnees Program and 83 SSRRC enumerators received further theoretical training from IOM, combined with on-the-job training and technical assistance to carry out Village Assessments.

During the reporting period, IOM assessed 1,738 villages in Northern Bahr el Ghazal. The distributions of villages within the counties are shown in Table 1 below:

Table 1: Total villages assessed per county, IOM Village Assessment Report, Sudan June 2009

County	Total of villages assessed
Aweil Centre	128
Aweil East	742
Aweil North	238
Aweil South	413
Aweil West	217
Total	1,738

B. Methodology

To implement this programme, IOM developed Sudan-specific questionnaires to gather information on the availability and accessibility of basic infrastructure in areas of high return. The questionnaire was designed for village-level assessments and includes questions on population and tribal composition of villages, the availability of shelter and food, and livelihood opportunities, as well as information on water and sanitation, health, education and other issues related to protection and reintegration (For copies of the questionnaires see Annexes 12 and 13).

The Village Assessments were conducted by 83 SSRRC enumerators (trained and supported by IOM). Training sessions were developed for the SSRRC enumerators for the Village Assessment Program and included modules in the following areas:

- management and implementation of baseline surveys;
- human rights and principles of internal displacement;
- methodology and logic of the Village Assessment form; and
- use of GPS, and other, technical devices (Nokia remote-database access equipment)

Each County was assessed by SSRRC enumerators based in the area. IOM assisted in the preparation and resource management of the assessments and provided necessary logistical and financial support. Working together, IOM and SSRRC developed an operational plan for the program.

The methodology use for data collection combined Focus Group Discussions with different social groups (i.e. government representatives, local leader, residents and returnee representatives, women and youths), individual interviews, and visual assessments which involved team members surveying available facilities with key informants and recoding this using GPS.

Village Assessment forms were processed in the Joint Operation Center in Juba and Khartoum and consolidated in a centralized IOM database. Verification and quality control was carried out at village level, data entry level and centralized IOM Juba and Khartoum levels. Forms with suspected unreliable information were placed 'on hold' and referred to verification teams who would revisit the concerned villages.

C. Challenges

The main challenge to this Village Assessment was that the total number of villages was unknown at the beginning of the assessment process - making planning difficult. Data provided by the Fifth Sudan Population Census was used for basic planning purposes, but the fluid nature of many of the population movements within Southern Sudan, and the somewhat interpretive nature of determining what constitutes a 'village', 'sub village' or 'village cluster' entailed that the programme needed to supplement the census data in some areas.

Administrative struggles regarding border demarcations of the counties made it difficult to decide which county team should assess which areas. Insecurity also hampered the complete assessment of Aweil North. Accessibility due to poor road infrastructure was challenging throughout the state, particularly in Aweil North and Aweil Centre.

Establishing reliable population figures was among the challenging aspects of the assessment process. IOM and the SSRRC did its utmost to verify the numbers of returnees and residents within villages, but it was clear that on some occasions the population data provided during the assessment was unrealistic and inflated. Ultimately the population figures collected through the IOM/SSRRC village assessments significantly exceeded the data of the 2008 Population and Housing Census, published in June 2009.

Various factors may contribute to this difference. The census figures, for example, do not include the number of returnees following the date of the census in May 2008. The greatest factor leading to a difference in figures is, however, likely due to interlocutors providing inflated population figures in the expectation that higher population figures would lead to greater levels of assistance.

In light of these concerns, and given that the IOM-conducted verification missions were able in general able to support census figures, the total population figures provided in this report are based on the data from the fifth census. Within these totals however, the relative numbers of 'types' of population (e.g. returnee, IDP, resident etc) are based on the percentage of these population types established by the village assessment process.

D. State report – Northern Bahr el Ghazal

1. Boundaries

It was estimated by the 2005 Sudan Joint Assessment Mission that approximately 4.7m million people were displaced during the 20 years of fighting between the northern and southern regions of Sudan (excluding Darfur). According to the latest Sudan Population Census, the total population of Northern Bahr el Ghazal is 720,898 people. An estimated 400,000 spontaneous returnees have returned to Northern Bahr el Ghazal since peace and stability was restored.

Northern Bahr el Ghazal is located in the north-west of South Sudan, bordering South Darfur and Abyei to the north, Western Bahr el Ghazal to the west and south, and Warrap to the east. Bahr el Ghazal means river (bahr) of gazelles (ghazal) in Arabic.

South Sudan was historically divided into 3 provinces: Greater Bahr el Ghazal, Upper Nile and Equatoria. Warrap was part of Bahr el Ghazal which also included what are now Northern and Western Bahr el Ghazal and Unity States. Under the Interim Constitution of Southern Sudan the three provinces of South Sudan were divided into 10 States, including NBeG.²

Northern Bahr el Ghazal state is currently subdivided into 5 counties and the counties into 39 payams. The capital of the state is Aweil town. The division of Northern Bahr el Ghazal into counties and around 100 bomas started in 2005 after the Interim Constitution entered into force. Borders, as well as names of counties and payams, were modified. The high return movement makes it necessary to continue the restructuring as new villages and bomas have been created. The payam Aweil Center was created in 2006 and the borders of all counties, apart from Aweil North, are not entirely clear. Aweil Center and Aweil West both claim the capital Aweil town as part of their territory. Aweil South and East have a border dispute with Gogrial West in Warrap state.

The boundaries of the new counties are recognized by the Government, but are not yet officially demarcated.

² The Interim Constitution of Southern Sudan, 2005, Part I, Chapter I, Nr.1 (2)

The following table gives an overview of the current administrative structure to payam level:

County		Payams	County headquarters
Aweil Centre	1	Auluich	Aroyo
	2	Nyalath	
	3	Barmayen	
	4	Aroyo	
	5	Chel South	
	6	Achanna	
	7	Awada	
Aweil East	8	Malualbaai	Wanyjok/Mabil
	9	Madhol	
	10	Baac	
	11	Mangartong	
	12	Wunlung	
	13	Yargot	
	14	Mangok	
	15	Majokyithiou	
Aweil North	16	Rumaker	Gok Machar
	17	Malual East (Mayen Ulem)	
	18	Ariath	
	19	Malual Centre (Pamet)	
	20	Malual North (Gok Machar)	
Aweil South	21	Malual West (Majakbaai)	Malek Alel
	22	Tieraliet	
	23	Nyeith	
	24	Panthou	
	25	Wathmouk	
	26	Tarweng	
	27	Gakrol	
	28	Nyocawany(Malekalel)	
Aweil West	29	Meiriam East (Maduany)	Nyamlel
	30	Meiriam West (Udhum)	
	31	Gomjuer East (Wedweil)	
	32	Gomjuer West (Chelkou)	
	33	Gomjuer Centre(Mayom Akoon)	
	34	Ayat centre(MayomAkuangrel)	
	35	Ayat East (Marialbaai)	
	36	Ayat West (Nyinbuoli)	
	37	Achanna	

2. Geography and road infrastructure of Northern Bahr el Ghazal

Northern Bahr el Ghazal is located in the north-west of South Sudan, bordering Abyei to the north, Western Bahr el Ghazal to the west and south, Lakes to the south-east and Unity to the north-east. The capital is Aweil town.

The landscape is characterised by flat grassland and tropical Savannah of around 33,559 km². Every county is geographically divided into three areas of different ground water height, locally known as low-, middle- and highlands. Areas of high water table (lowland) are annually flooded in the rainy season from May to November and only accessible in the dry season. Characteristic for mid-lands is that water is available throughout the year and the area is not prone to floods. Highlands are fertile areas with low water table and no access to water in the dry season.

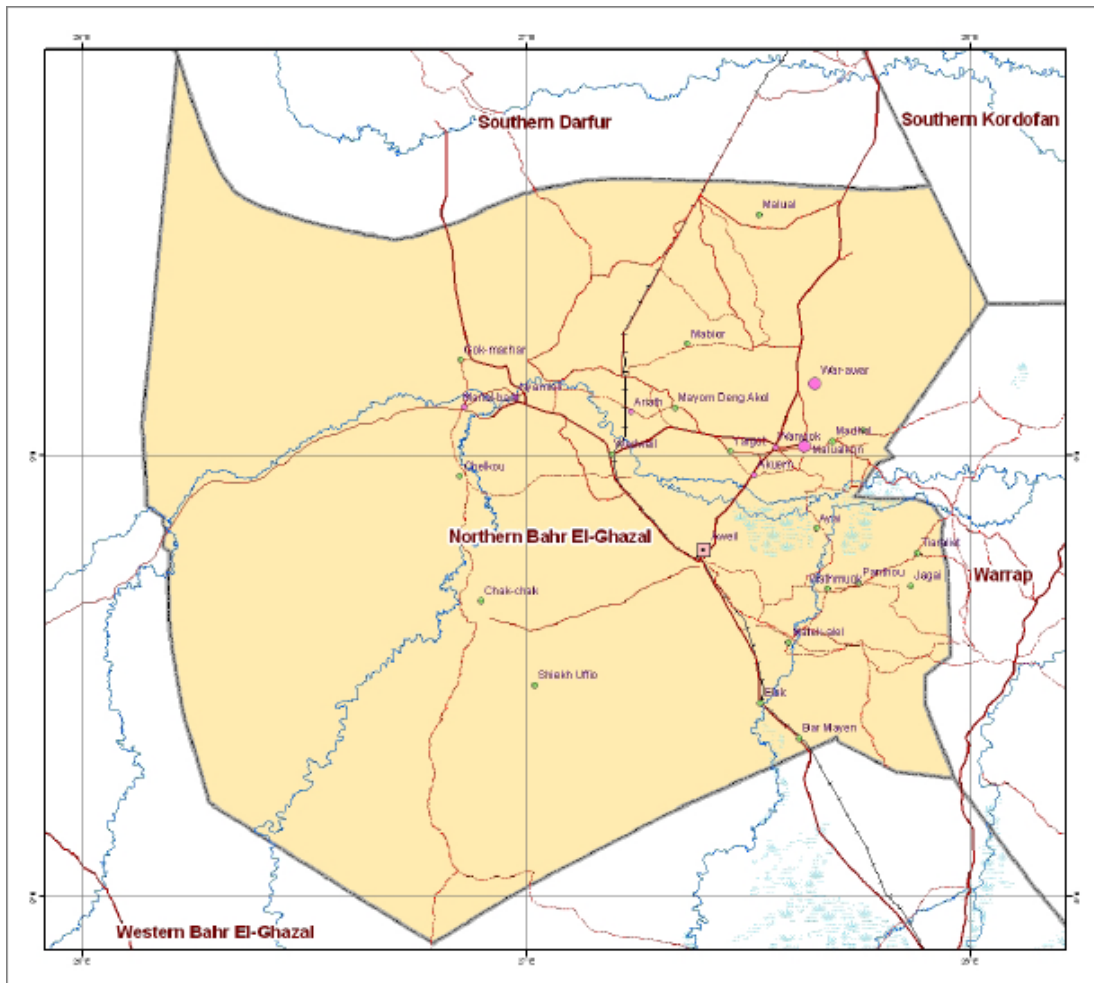
Three main rivers cross the state. The River Kuom flows from Central Africa through Western and Northern Bahr el Ghazal to Unity state and into the White Nile. The River Lol flows through Northern Bahr el Ghazal and crosses Gogrial West, where it is called Akon's River. The River Kiir from Darfur crosses Northern Bahr el Ghazal heading to Abyei and South Kordofan. Several seasonal rivers exist in all counties and are used as a source of drinking water and livelihood.

Annual floods are common all over Northern Bahr el Ghazal state, affecting residential areas. Aweil South was severely affected by the floods in 2008.

The accessibility of Northern Bahr el Ghazal has significantly improved in the last two years, when the reconstruction of roads and bridges started. All county headquarters are connected by all-weather roads with the exception of Arroyo, the capital of Aweil Center. Aweil town is connected to Wau town in Northern Bahr el Ghazal and Aweil East is connected to Gogrial in Gogrial West, Warrap.

Road access to the villages located away from the main roads is very difficult during the rainy season: 13 payams are not accessible from July – November.

The map below gives a rough overview of the administrative structure, the main rivers and roads as well as the annual flooded areas in the state



3. Population and migration pattern in Northern Bahr el Ghazal

The total population of the assessed 1,738 villages is 790,898 people. Returnees represent around 51% (400,098), IDPs 4% (32,439) and residents 45% (358,361) of the population assessed (see Table 2 and Figure 1 below for more details).

Establishing reliable population figures was amongst the most challenging aspects of the assessment process. IOM and the SSRRC did its utmost to verify the numbers of returnees and residents within villages, it was clear that on some occasions the population data provided during the assessment was unrealistic and inflated. Ultimately the population figures collected through the IOM/SSRRC village assessments significantly exceeded the data of the Population and Housing Census, published in June 2009.

In light of these concerns, and given that the IOM conducted verification missions were able in general able to support census figures, the total population figures provided in this report are based on the data from the fifth census. Within these totals however, the relative numbers of ‘types’ of population (e.g. returnee, IDP, resident etc) are based on the percentage of these population types established by the village assessment process.

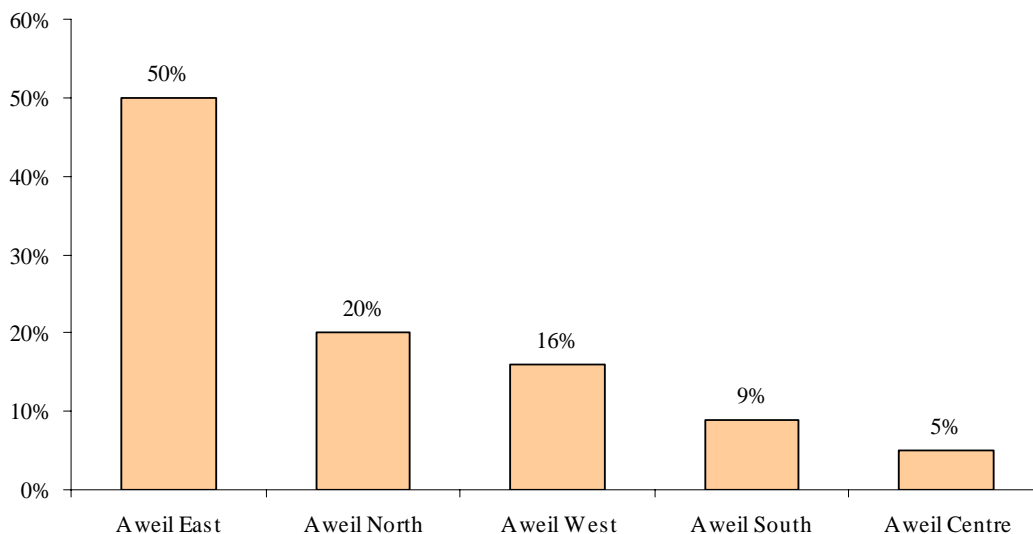
224 villages reported that some returnees were either displaced again or are separated from their families after their return to Northern Bahr el Ghazal State those secondary displaced returnees reported to be mainly from villages in Aweil East county (48%) and Aweil North (24%).

Table 2: Population and returnees of assessed villages in Northern Bahr el Ghazal, IOM Village Assessment Report, Sudan 2009

County	Number of villages assessed	Return Villages	Population	Returnees	IDP	Residents
Aweil Centre	128	123	45,327	20,005	1,882	23,440
Aweil East	742	735	344,921	200,049	13,946	130,926
Aweil North	238	236	143,127	80,019	5,811	57,297
Aweil South	413	381	80,106	36,009	3,321	40,776
Aweil West	217	217	177,417	64,016	7,479	105,922
Total	1,738	1,692	790,898	400,098	32,439	358,361
Percentage	97%			51%	4%	45%

Main return destinations in Northern Bahr el Ghazal are Aweil East (50%), Aweil North (20%) and Aweil West (16%).

Figure 1: Percentage of returnees in assessed area, IOM Village Assessment Report



In 2007/2008 three payams in Aweil East were affected by ethnic conflict in Southern Kordofan. The seasonal migration route of the Misserya leads to Northern Bahr el Ghazal. In the dry season from December to May they enter in the territory of the Dinka-Malual in search of grass and water for their cattle. During fighting around 4,000 people were displaced in three payams (Malual Bai, Madhol and Baac). Consequent reconciliation conferences took place and agreement on action points was reached. The parties are working towards an agreement to settle the conflict.

Northern Bahr el Ghazal is a safe haven for Darfurians who flee violence in their villages. An estimated 2,500 people migrated from South Darfur to Gok Machar in Aweil North. Another estimated 500 people moved through Raja in Western Bahr el Ghazal to Aweil Center (Awada).

An estimated 500 IDPs from the 2008 tribal clashes between the Apuk and the Adouk in Gogrial West, Warrap settled in Aweil South, mainly in Tieraliet and Panthou. Some have since returned, but this movement is not monitored.

Other migration movements in all counties are the yearly movements of cattle keepers with their families from July and November from the high-land to the lowland in search of water and grass. The movement is mainly peaceful but tensions between the pastoralists and the farmers arise from time to time due to disputes over use of resources.

E. Assessments results

1. Water coverage in assessed areas

1.1. Availability and accessibility of water

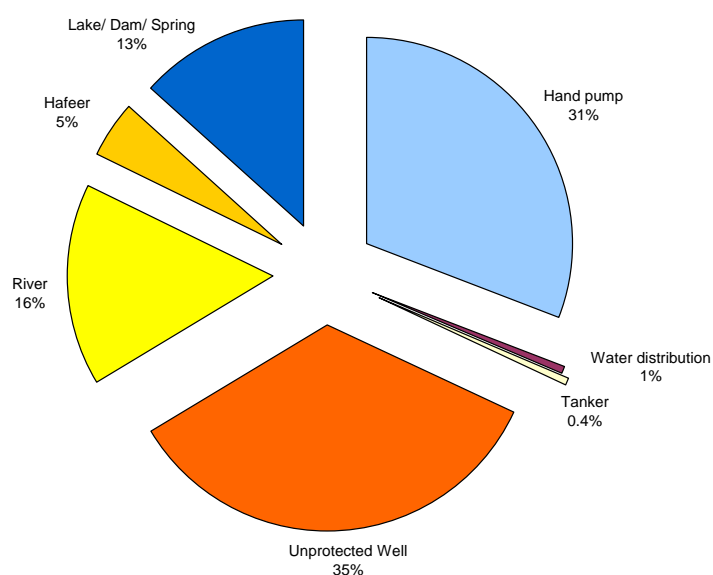
Only 30% of the villages in Northern Bahr el Ghazal state have access to improved drinking water³. This is insufficient for the population density. Moreover, hand pumps have been established in only 28% of the villages assessed and only 1% use water distribution systems.

70% of water sources in the villages assessed are unimproved drinking water sources: unprotected wells (47%), river water (12%), lakes and springs (8%) and hafeers (4%). Table 4 and Figures 3 and 4 below summarize the type of water sources available in the villages assessed.

Table 3: Number of villages with each water source broken down by Locality

County	Population	Hand pump	Water distribution system	Tanker	Unprotected Well	River	Hafeer	Lake/Dam/Spring	Total
Number of Villages with each water source									
Aweil Centre	45,327	56	0	0	116	29	4	5	210
Aweil East	344,921	255	13	10	606	191	99	61	1,235
Aweil North	143,127	169	6	3	70	62	1	39	350
Aweil South	80,106	124	0	1	373	38	12	96	644
Aweil West	177,417	280	8	0	344	71	18	41	762
Total	790,898	884	27	14	1,509	391	134	242	3,201
Percentage		28%	1%	0.4%	47%	12%	4%	8%	100%

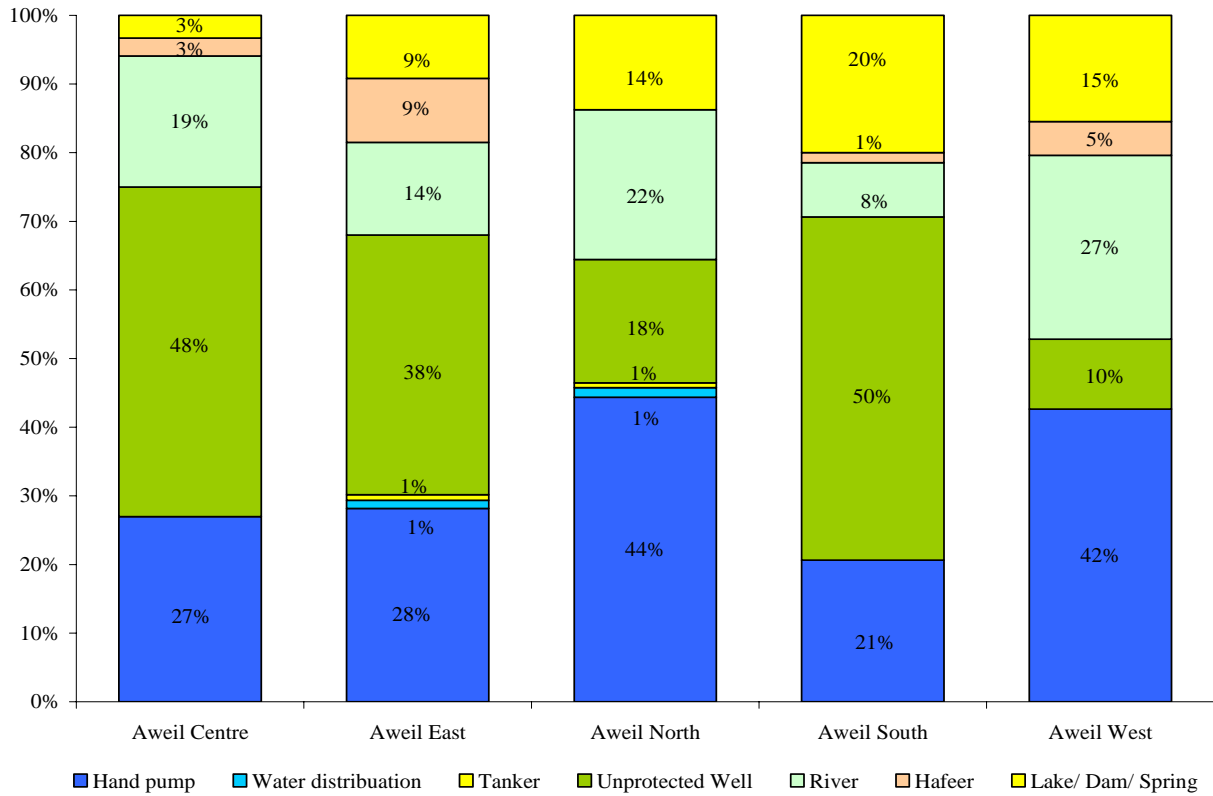
Figure 2: Correlation between villages per state and available water sources



³ Within the scope of this report hand pumps, water tanker and water distribution systems are defined as improved drinking water. Hafeers have been rated as other water source.

In each county in NBeG, less than 45% of the villages assessed have access to safe drinking water. Hand pumps have been established in 42% - 44% of the villages in Aweil West and Aweil North and in only 21% of the villages in Aweil South. In all counties, people rely mainly on water from contaminated sources such as unprotected wells, river, lakes and ponds. See figure 3 for more details at county level.

Figure 3: Correlation between villages per county and types of water sources



1.2. Access to improved drinking water in area assessed

On average, 858 people attain water from each hand pump, showing the pressing need to improve access to safe drink water. This figure varies across the counties: in Aweil East 1,353 people access each hand pump, in Aweil North and Aweil Centre the figure is 828 people per hand pump; and in Aweil South and Aweil West 634 people access each hand pump. Although many successful interventions have been made, access to water is still concerning and more than the Sphere Humanitarian Charter and Minimum Standards in Disaster Response (Sphere Standards) of 500 individuals per improved drinking water source. See Table 4 and Figure 4 below for more information.

It is worth mentioning that only 12 main villages (semi-towns) in NBeG have proper water distribution systems (27 water distribution systems), of which 13 water distribution systems are in Aweil East, eight water distribution systems are in Aweil West and six in Aweil North.

Figure 4: Access to improved drinking water sources per county

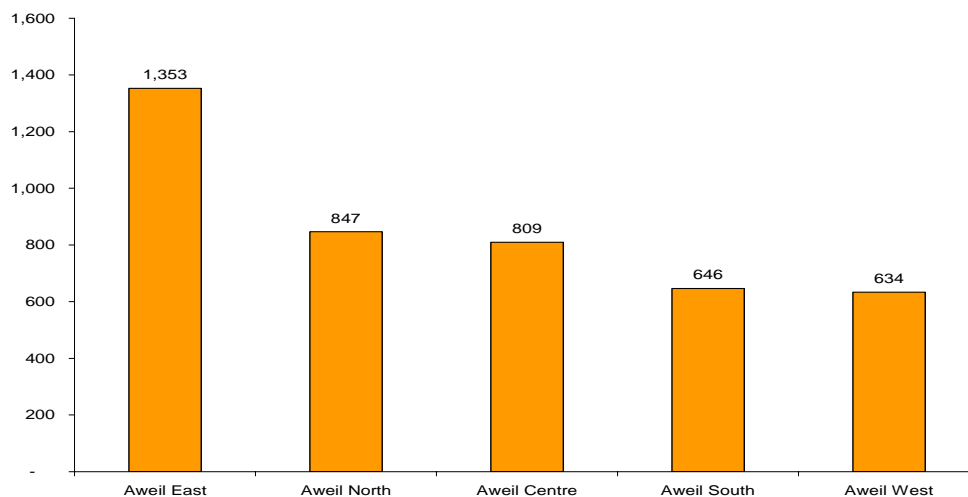
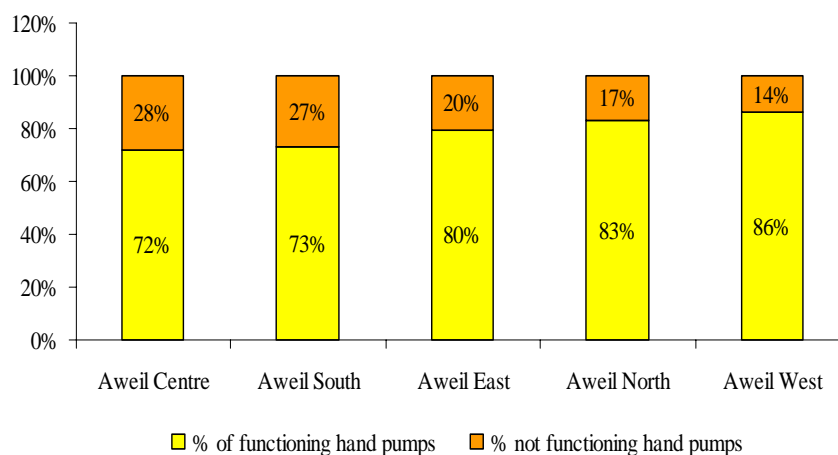


Table 4: Number of water sources in the area assessed

County	Population	Hand pump	Water distribution	Tanker	Unprotected Well	River	Hafeer	Lake/Dam/Spring/Ponds	Total
Aweil Centre	45,327	56	0	0	116	29	4	5	210
Aweil East	344,921	255	13	10	606	191	99	61	1,235
Aweil North	143,127	169	6	3	70	62	1	39	350
Aweil South	80,106	124	0	1	373	38	12	96	644
Aweil West	177,417	280	8	0	344	71	18	41	762
Total	790,898	884	27	14	1,509	391	134	242	3,201
Percentage		28%	1%	0.4%	47%	12%	4%	8%	100%

233 hand pumps were out of order during the assessment period. In Aweil Centre and Aweil South an average of 27% of the hand pumps were broken, 20% in Aweil East and 14% in Aweil North and Aweil West (see Figure 5 and Annex 2 for more details). While many villagers reported being charged maintenance fees for use of the water from hand pumps, capacity to maintain and repair the water sources are largely unavailable: the main reasons given for the breakdown of hand pumps were a lack of spare parts and/or lack of ‘know how’.

Figure 5: Correlation between functioning and non-functioning hand pumps



2. Education and school enrolment

2.1. Coverage and type of education

Only 27% of the villages assessed have direct access to education (see Table 6 for more details): 488 functioning schools exist across the 1,738 villages assessed. 474 villages had one or more than one education facility. In general, four villages are served by one Basic Primary School; In Aweil South access to education is significantly lower with children in an average 5.5 villages accessing one school - see Figures 6 and 7 for more details.

98% (479) of existing education facilities are basic primary schools. Access to secondary education is virtually non-existent: there are only 5 secondary schools in the entire State. Four facilities provide classes for adult education. See Table 5 for more details.

Table 5: Typology of education per county

County	Primary	Secondary	Other	Total
Aweil Centre	39	0	1	40
Aweil East	197	0	0	197
Aweil North	83	0	2	85
Aweil South	72	3	0	75
Aweil West	88	2	1	91
Total	479	5	4	488
Percentage	98%	1%	1%	100%

Figure 6: Correlation of villages assessed with availability of schools

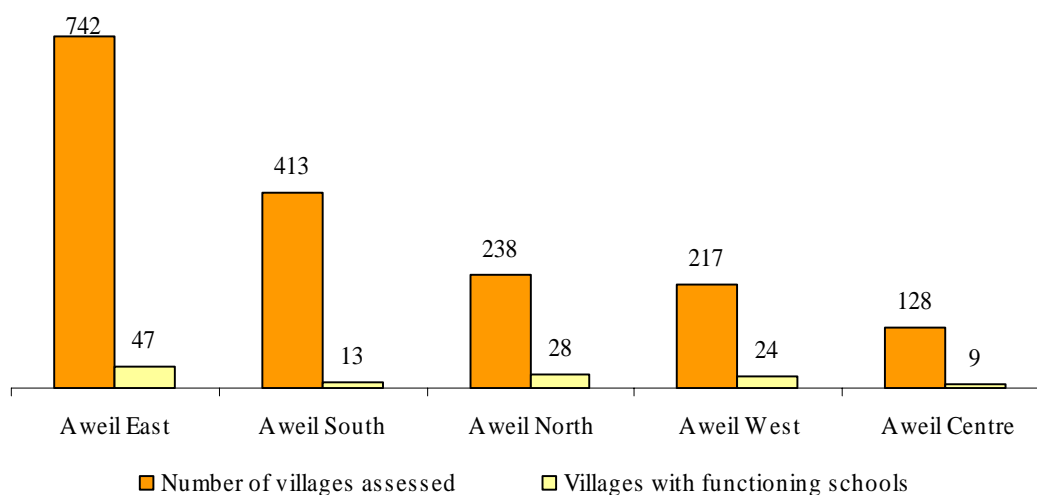
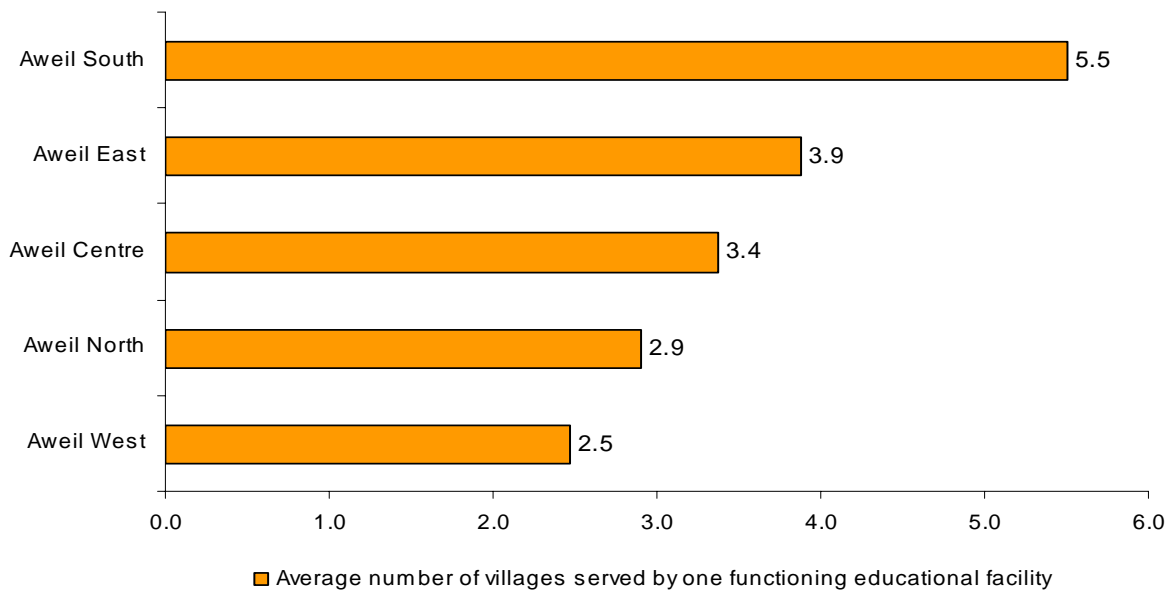
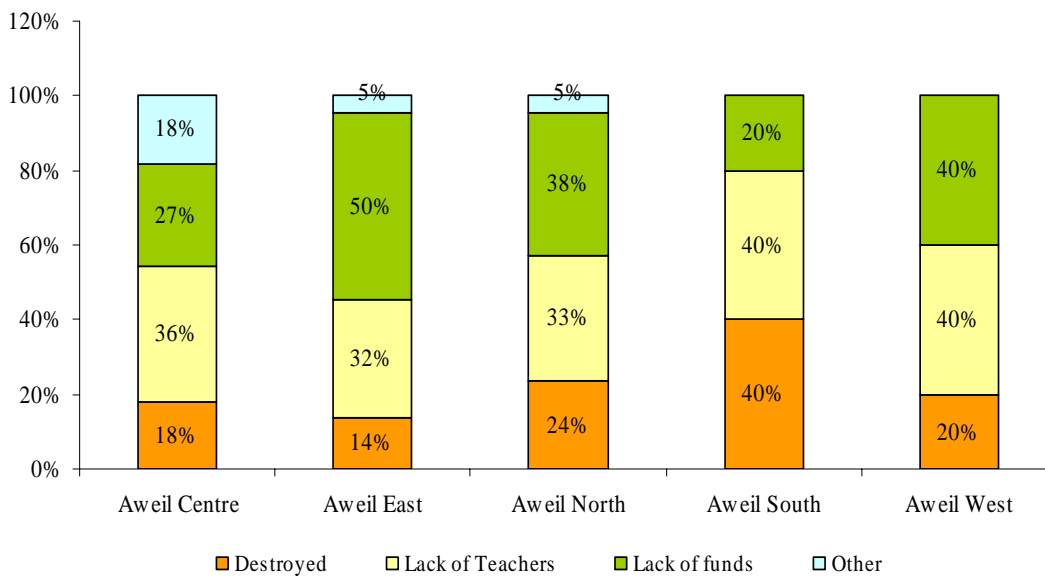


Figure 7: Number of villages served by one functioning educational facility



A total of 45 non-functioning schools were also detected during the assessment process. Reported reasons for non-functioning educational facilities included a lack of teachers (35%), destroyed buildings (20%), and lack of funds (39%).

Figure 8: Reasons for non-functioning schools in percentages



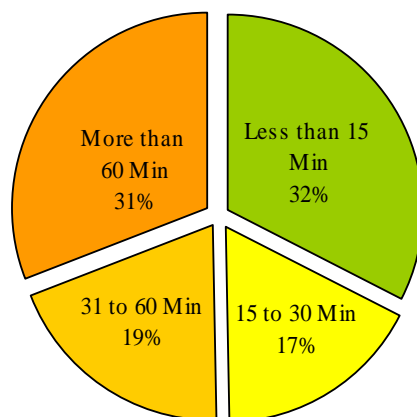
At the county level, the lowest percentage of functioning schools in the villages assessed is 18% in Aweil South and 26% in Aweil East (see Table 6). This result has to be evaluated in view of the varied type of schools assessed in each State (Table 5).

Table 6: Availability of education facilities by county

County	Number of village assessed	Villages with functioning schools	Villages without schools	% of villages with functioning schools	% of villages without functioning schools	Number of functioning schools	Number of Non-functioning schools
Aweil Centre	128	38	90	30%	70%	40	6
Aweil East	742	191	551	26%	74%	197	16
Aweil North	238	82	156	34%	66%	85	11
Aweil South	413	75	338	18%	82%	75	4
Aweil West	217	88	129	41%	59%	91	8
Total	1,738	474	1,264	27%	73%	488	45

For children attending school, 31% have to walk more than 60 minutes to reach their place of education, 19% have to walk between 31 and 60 minutes and 17% walk between 15 and 30 minutes as detailed in Figure 10. Repeatedly, the distance to the nearest school was given as the main reason why children are not enrolled in school as well as why many drop out early.

Figure 9: Average walking distance to access education in percentage

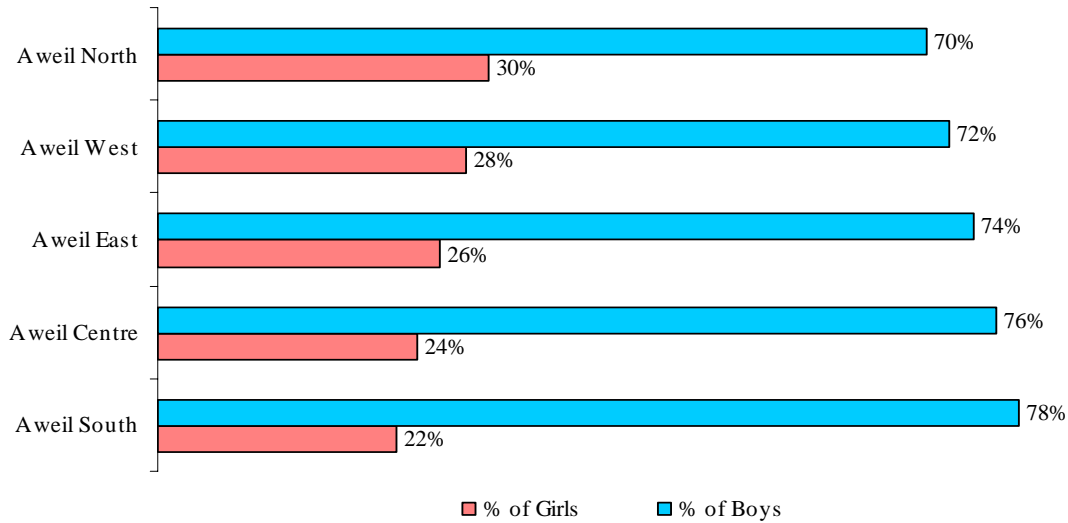


2.2. School enrolment and gender disaggregation

School enrolment and assistance needs were discussed with school headmasters. Enrolment figures, based on registration figures, show that 129,107 boys (74%) and 46,066 girls (26%) were enrolled in school during the assessment period, see Figure 10 for more details. The average number of students per class is 60.

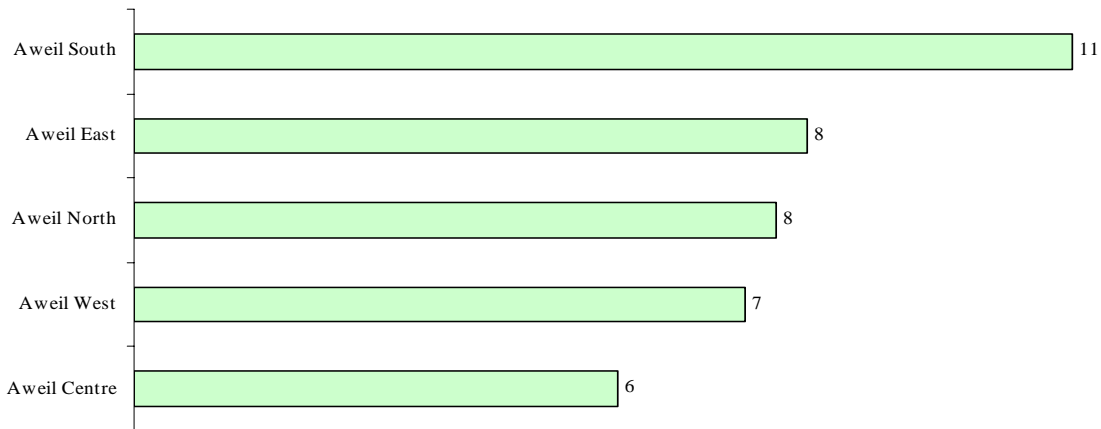
School enrolment of boys and girls however varies between the five counties of Northern Bahr el Ghazal. While the average girl enrolment is 25%, in Aweil South this is as low as 22%, and as high as 30% in Aweil North. See Figure 10 for more details.

Figure 10: Gender disaggregated school enrolment



The average of teachers per school is 8 and more than 3,903 teachers were identified during the assessment. Many, however, are volunteers who have not received teacher-training. Most reported that they are not included in the government payroll and rely financially on voluntary contributions from the community. See Figure 11 for more details.

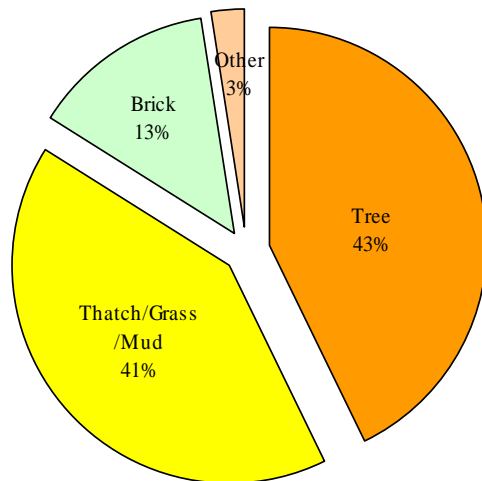
Figure 11: Average number of teachers in a school by county



2.3. Construction type and school equipment

The construction standards of educational buildings are extremely poor. 41% of the functioning schools are constructed out of local materials such as grass, wood and/or mud. A significant number of the buildings are found to be in need of maintenance (see Figure 12 for details). 43% of educational facilities are actually classes held in open spaces, mainly under trees for shade. Only 13% of the schools are permanent structures.

Figure 12: Construction materials of schools, IOM Village Assessment Report, Northern Bahr el Ghazal July 2009



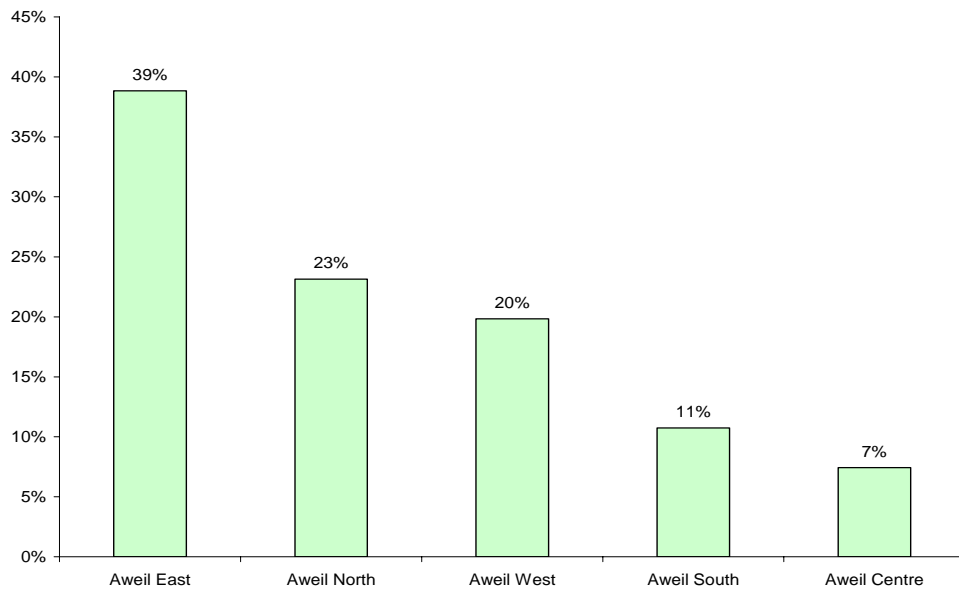
83% of schools reported that they receive assistance for the provision of education. This high percentage reflects the efforts provided by both the State authorities and the international humanitarian community in Northern Bahr el Ghazal. Weil East, Aweil North and Aweil West are the areas most supported by the international community (39%, 23% and 20% respectively), however only 11% of the schools in Aweil South and 7% in Aweil Centre receive assistance. See Figure 13 and Table 7 below for more details.

39% of this assistance involves the provision of school materials such as textbooks, 31% is teacher training and 6% is furniture: 115 schools reported offering school feeding to encourage students enrolments, particularly for girls.

Table 7: Type of education assistance by county

County	Number of assessed Villages	Number of villages with education assistance	Building	Furniture	Textbooks	Training	School Feeding	Other	Total
Aweil Centre	128	33	8	3	28	24	6	2	71
Aweil East	742	146	44	23	137	100	40		344
Aweil North	238	81	8	6	76	52	22	2	166
Aweil South	413	66	24	12	64	61	35	3	199
Aweil West	217	79	23	11	73	60	12	3	182
Total	1,738	405	107	55	378	297	115	10	962
Percentage			11%	6%	39%	31%	12%	1%	100%

Figure 13: Percentage of education assistance provided to supported schools

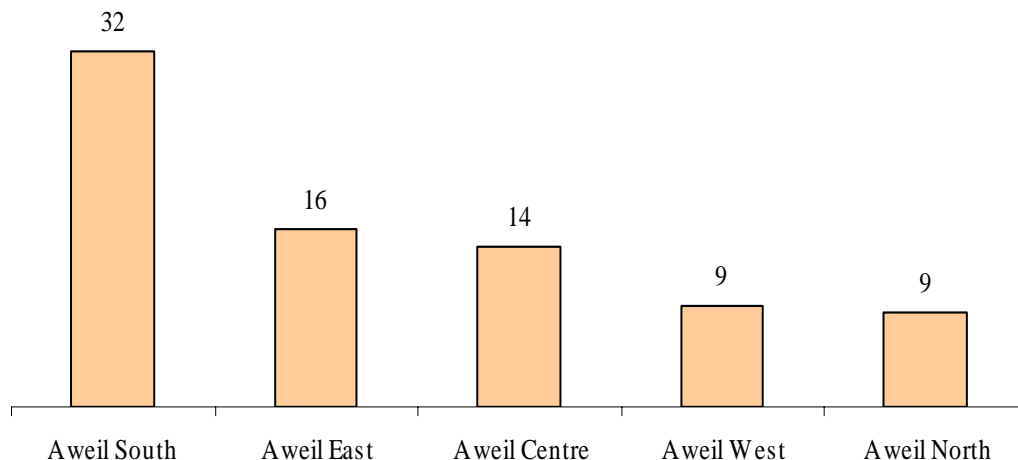


3. Health sector and HIV/AIDS awareness

3.1. Coverage and accessibility of health facilities

The lack of health facilities and access to health care in NBeG is also extremely concerning. A total of 127 functioning health facilities were identified in only 121 villages out of the 1,783 assessed. That means, 93 % of the villages assessed have no healthcare centres or units. As such, the majority of the rural population relies on traditional medicine and/or uses drugs without prescriptions. See Figure 14 for more details about availability of health facilities.

Figure 14: Average of villages served by one health facility



At county level, an average of 11%-12% of all villages in Aweil North and Aweil West counties and 6%-7% in Aweil East and Aweil Centre have functioning health facilities. In Aweil South, however, only 3% of the villages of that county have a functioning health service. See Table 8 for more details.

20 health units are non-functioning, mainly located in Aweil West, Aweil Centre and Aweil East. Reasons given this were the lack of qualified staff, lack of financial support and lack of medicines. 14% of the health facilities are closed because the building has been damaged, destroyed or in need of maintenance.

Table 8: Availability of health facilities by county

County	Number of villages assessed	Villages with functioning Health facility	Villages without Health facility	% of villages with functioning Health facility	% of villages without functioning Health facility	Number of functioning Health facility	Number of Non-functioning Health facility
Aweil Centre	128	9	119	7%	93%	11	4
Aweil East	742	47	695	6%	94%	48	4
Aweil North	238	28	210	12%	88%	30	3
Aweil South	413	13	400	3%	97%	13	1
Aweil West	217	24	193	11%	89%	25	8
Total	1,738	121	1,617			127	20

Access to the existing health facilities is viewed as a serious concern for 77% of the population: walking distances of more than 60 minutes were reported by 62% of the population, 15% of respondents reported requiring 31 to 60 minutes to walk to the nearest facility. See Figure 15 and Table 9 for more details.

Figure 15: Average walking distance to health facilities

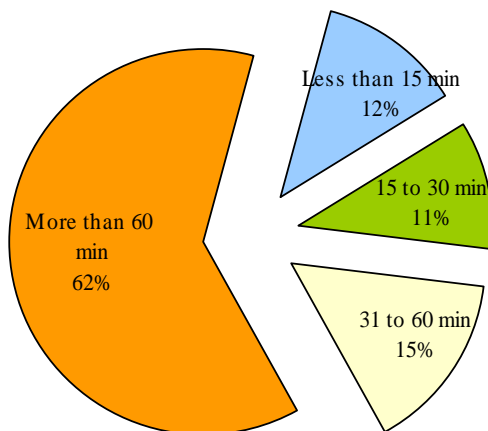


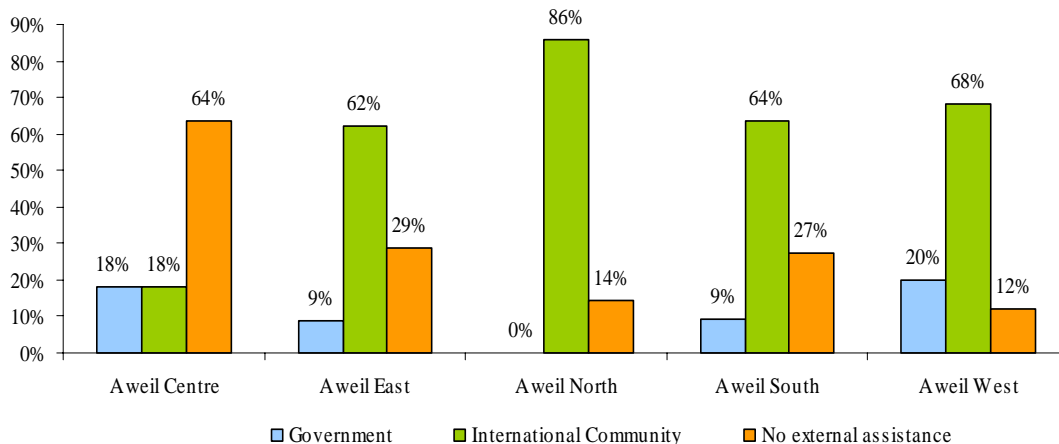
Table 9: Average walking distance to health facilities

County	Less than 15 min	15 to 30 min	31 to 60 min	More than 60 min
Aweil Centre	9%	3%	11%	76%
Aweil East	14%	9%	11%	66%
Aweil North	17%	11%	12%	61%
Aweil South	7%	19%	25%	49%
Aweil West	11%	8%	14%	68%

3.2. Structure and staffing of healthcare facilities

86% of the existing health facilities operate in permanent structures, and 14% of the health facilities are based in semi-permanent structures. The level of financial and material assistance to the healthcare units provided by the State varies for each county: in Aweil West the State was reported as providing assistance support to only 20% of the health care facilities, and in Aweil Centre assistance to 18%. In Aweil East and Aweil South, however, the State was reported as providing assistance to only 9% of the facilities. The international community is reported as providing the least support to Aweil Centre (18%) and providing the most support to Aweil North (86%). The relative contributions of the international community and the State are provided in Figure 16 below:

Figure 16: External assistance for health facilities per county

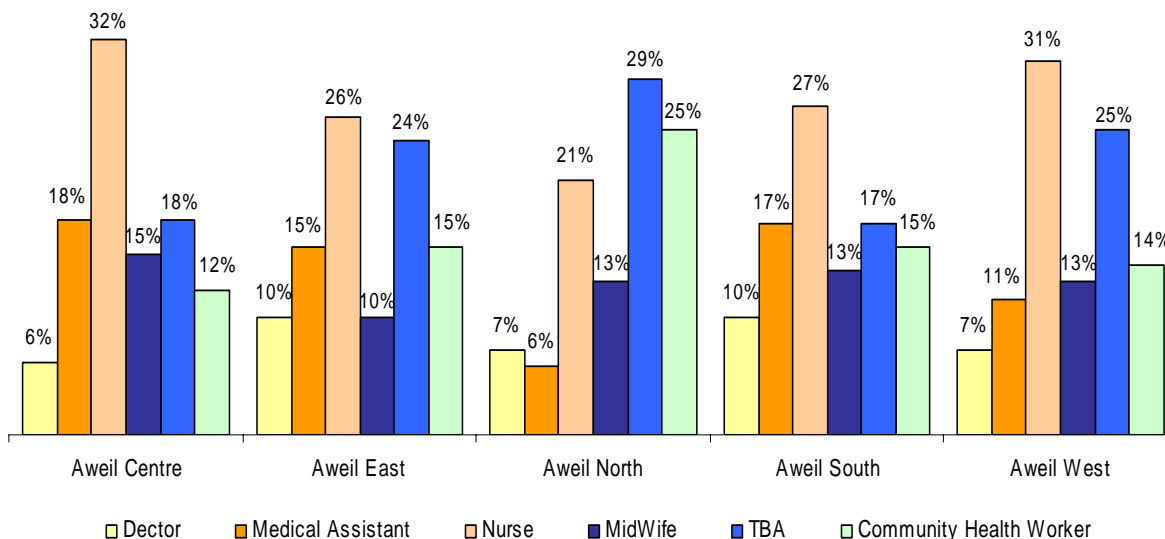


The level of qualified medical personnel in the 127 healthcare facilities is reported as being very low. Medical doctors represent only 8% of the medical personnel in NBeG – there are only 27 medical doctors in the area assessed. Out of this 27 doctors, 10 are working in Aweil East County. Only 21% of the healthcare facilities have either medical doctors or medical assistants. Table 10 and figure 17 shown below indicate the structure of the medical personnel in the areas assessed.

Table 10: Health staff in health care facilities assessed per person

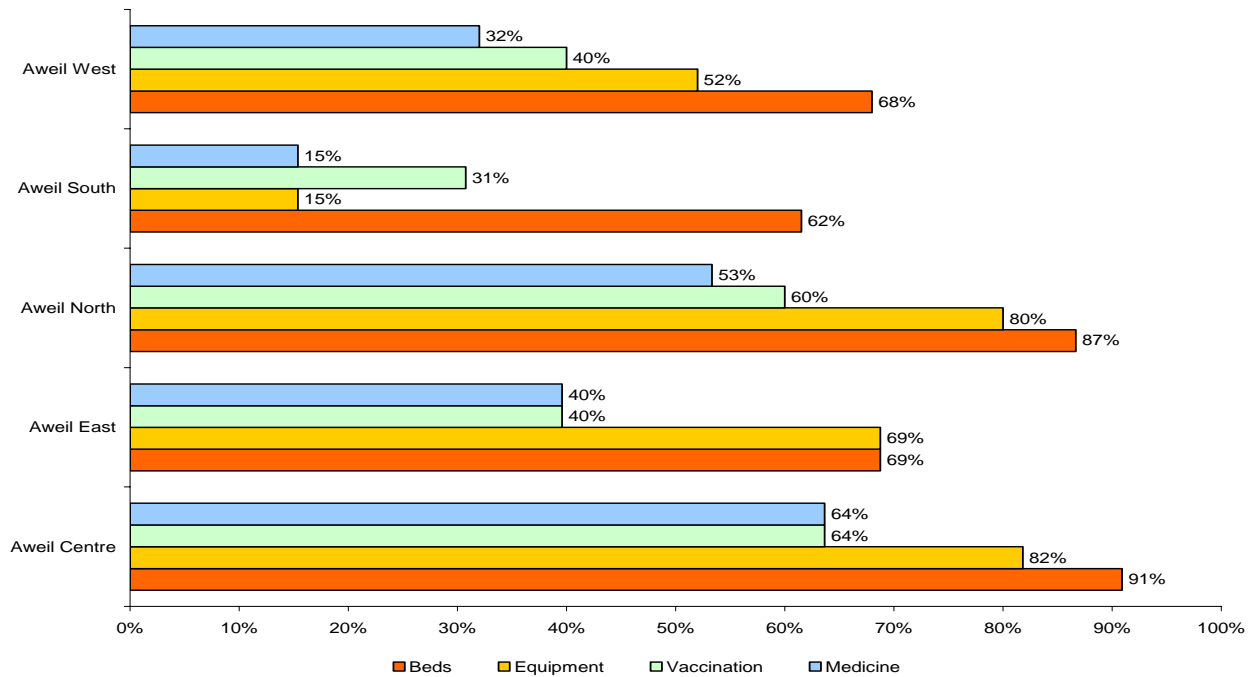
County	Doctor	Medical Assistant	Nurse	Midwife	TBA	Community Health Worker
Aweil Centre	2	6	11	5	6	4
Aweil East	10	16	27	10	25	16
Aweil North	5	4	15	9	21	18
Aweil South	5	9	14	7	9	8
Aweil West	5	8	22	9	18	10
Total	27	43	89	40	79	56
Percentage	8%	13%	27%	12%	24%	17%

Figure 17: Health staff in health care facilities assessed in percentage



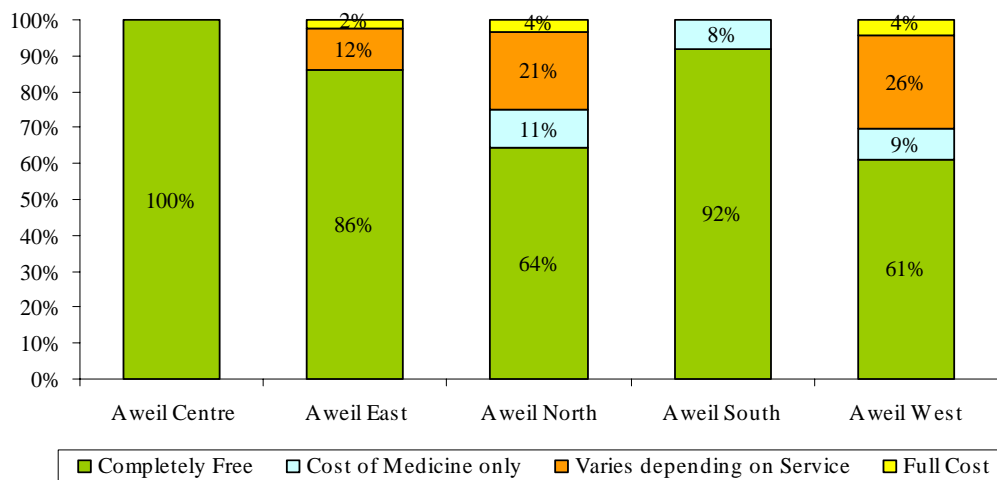
During the assessment, representatives of the health sector were asked what kinds of resources were available. In the majority of the facilities, vaccination and medicines are available; however, the availability of basic drugs required to operate a health facility are often limited. See Figure 18 for more details. The need for beds and equipment was highlighted in almost all healthcare facilities.

Figure 18: Lack of supply in health care facilities in percentage



The cost of access to healthcare showed some variation from county to county. In Aweil Centre, 100% of the inhabitants report that medical services are totally free of charge. In Aweil West, 61% of the health services are reported as being free of charge, see figure 19 for more details. The result should be interpreted taking into consideration the overall limited access to healthcare in Northern Bahr el Ghazal mentioned in section 3.1.

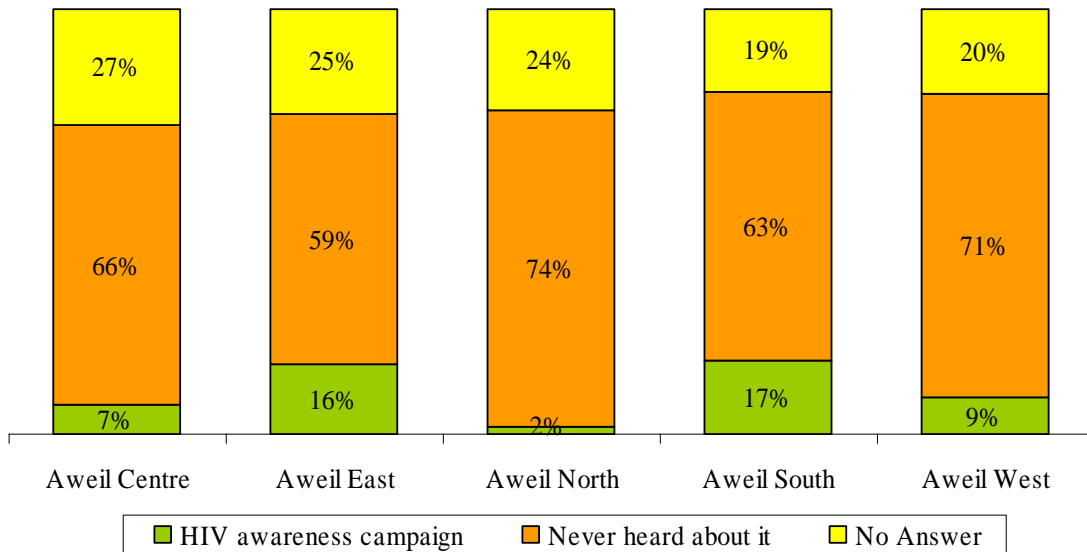
Figure 19: Cost of access to health care



3.3. HIV/AIDS

67% of communities in the villages assessed report having little or no HIV/AIDS awareness, 10% state they had been reached by HIV awareness raising programmes and 23% were reluctant to answer questions about their awareness of HIV/AIDS. In Aweil South for example, only 17% of the inhabitants reported having some awareness of the virus, while over 60% reported having no knowledge about HIV/AIDS.

Figure 20: HIV/AIDS awareness in the area assessed



4. Income generation and food resources

4.1. Income generation activities in the area assessed

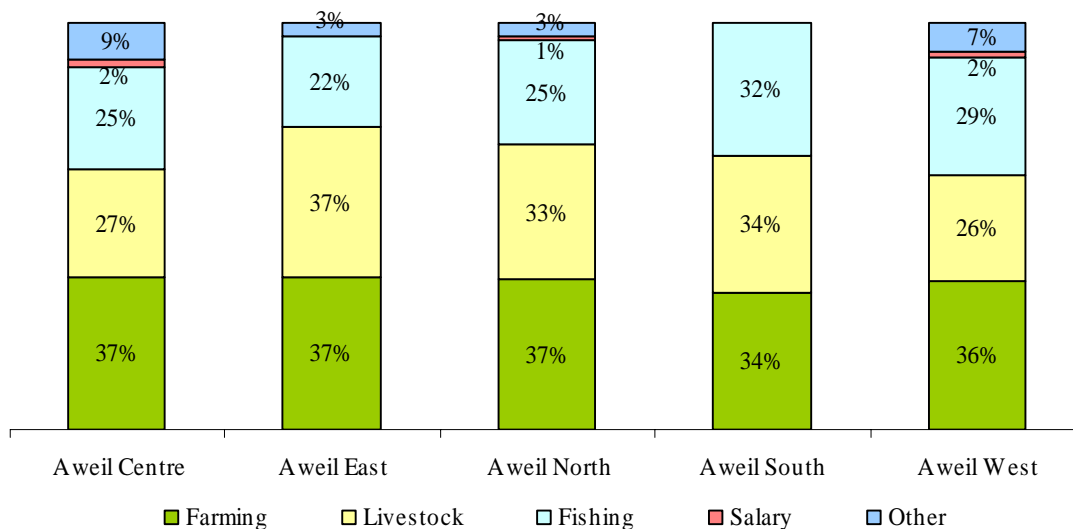
The majority of the communities in NBeG are agro-pastoralists who engage in both farming and the rearing of livestock, particularly cattle. Planting is conducted during the rainy season, though some cultivation also occurs during summer. The main crops are sorghum, simsim, millet, groundnut peas, okra and pumpkin.

Fishing constitutes a significant source of income in South Sudan: 22% to 32% respondents reported fishing to be among the three main income sources in their village. See Figure 21 for more details.

Other income sources include low-scale income generation activities such as carving, milling of grains, collection and sale of wild vegetables and firewood, production and sale of charcoal or alcohol brewing. Blacksmithing, carpentry and brick-laying are also income sources.

A considerable number of returnees in the villages assessed state that they have no possibility of farming due to the lack of agricultural tools and seeds. This was provided as the main reason why many turn to low-scale income generation activities.

Figure 21: Main income generation activities per county



4.2. Food resources

Pre- and post-conflict food resources are similar, the three main pillars are ‘own production’, ‘wild food’ (bush meat and bush fruits) and ‘borrowing from relatives.’ Own production or self-sufficiency, is ranked by 42% of the communities as their primary source of food before the conflict. Currently, “own production” as the main source of food decreased to 33%; see Figure 22 and Table 11. Wild food is categorized by 18% as a major source of food post-conflict, compared to 21% pre-conflict. See Figure 22 and Annex 11 for more information about the pre-conflict food sources.

The purchase of food is categorized by 20% of the villages assessed as a major source of food post-conflict, compared to 12% pre-conflict. International food assistance increased significantly from

3% pre-conflict to 13%. See Annex 12 for more information about the pre-conflict food sources. 'Own production' is the primary source of food reported by all counties. Aweil Centre, Aweil North and Aweil West depend on 'market purchase' as a secondary food source (see Table 9 for more details), while in Aweil East the population depends more on 'relatives' and 'wild food as a secondary food source.

Figure 22: Correlation of pre-conflict and current food sources

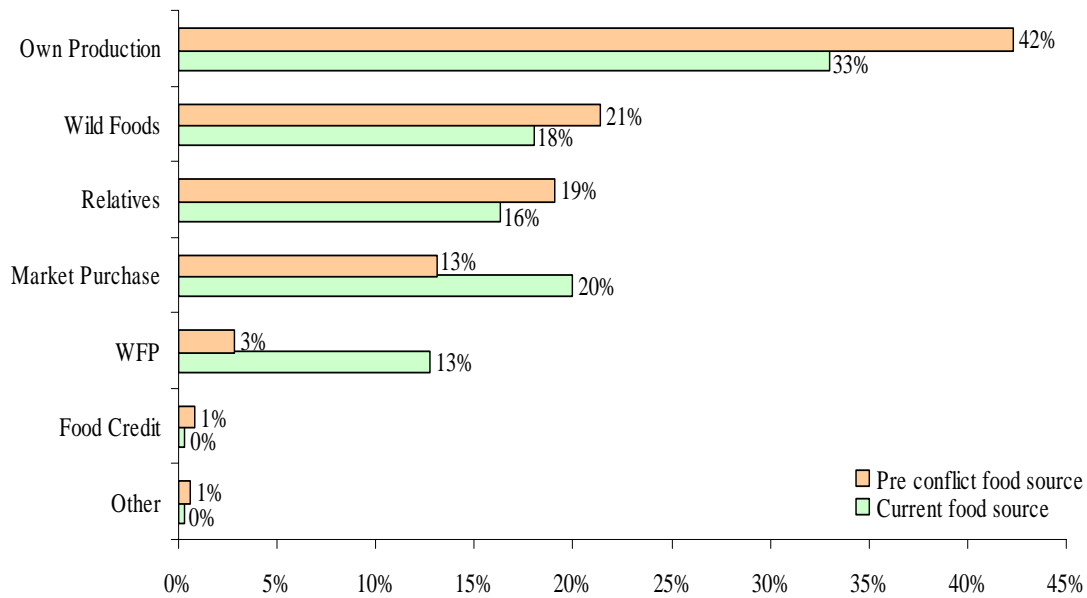


Table 11: Percentage of current sources of food clustered by county

County	Food Credit	Market Purchase	Own Production	Relatives	WFP	Wild Foods	Other
Aweil Centre	1%	23%	35%	13%	6%	22%	0%
Aweil East	0%	16%	33%	26%	8%	17%	0%
Aweil North	0%	23%	34%	15%	10%	19%	0%
Aweil South	0%	18%	30%	15%	23%	14%	0%
Aweil West	0%	20%	33%	14%	17%	19%	1%

4.3. Food assistance

On average, 43% of the villages assessed reported receiving food assistance: 94% reported receiving three months assistance and 6% more than three months during 2008 and 2009 (see Figure 24 for more details). Reported food assistance to communities does not vary significantly by county - see Figure 23.

Figure 23: Food assistance per county

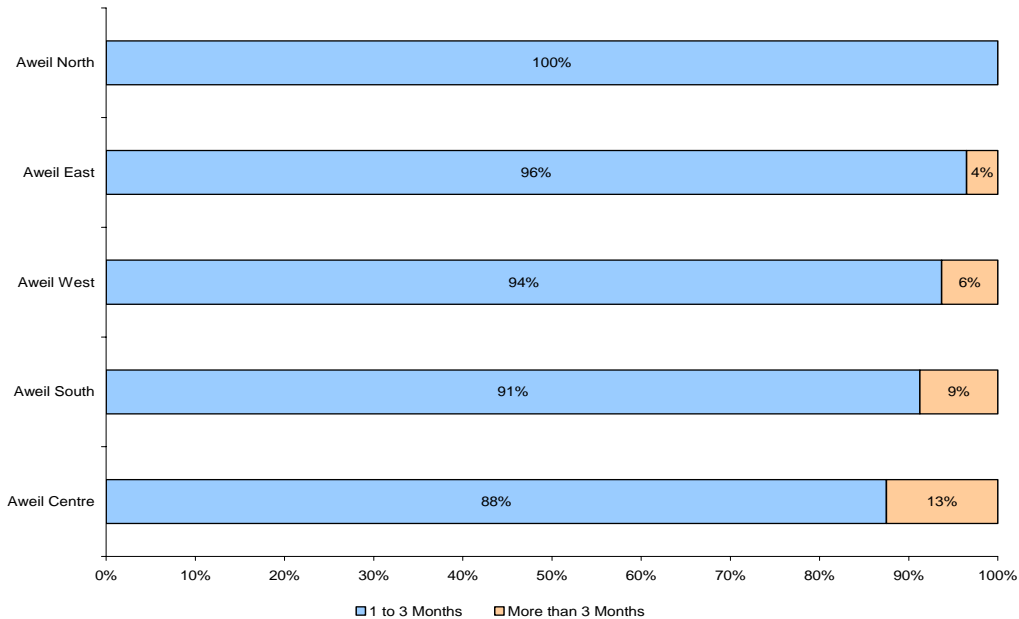
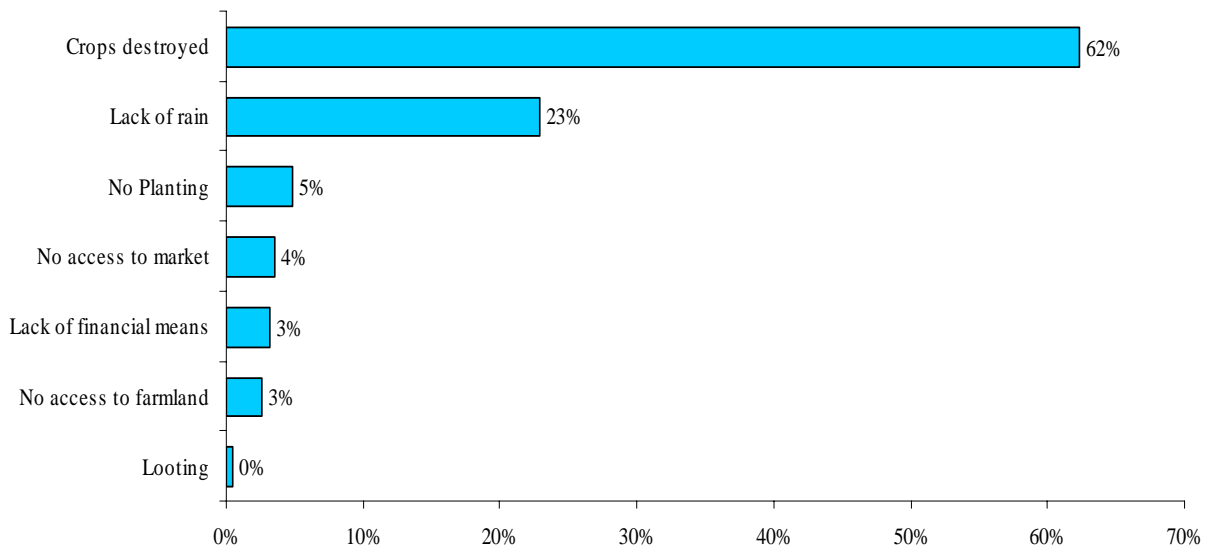


Figure 24: Reasons for food shortage in 2008, IOM Village Assessment Report, Northern Bahr el Ghazal, July 2009



The main reasons for food shortages were given as destroyed crops - either by floods or by pest - (62%) and lack of rain (23%). See Figure 25 for more details.

5. Shelter and housing

In 85% of the villages assessed, the construction of new shelters has been observed, especially in Aweil East (92%), Aweil South (88%) and Aweil West (85%).

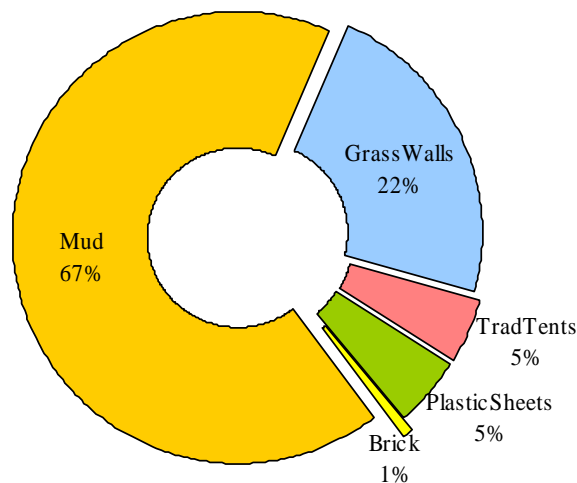
Table 12: Construction of new shelters in the assessed villages

County	Villages Yes	Villages No	NA	% of shelter Constructed
Aweil Centre	84	42	2	66%
Aweil East	685	47	10	92%
Aweil North	179	53	6	75%
Aweil South	363	43	7	88%
Aweil West	166	45	6	76%
Total	1,477	230	31	85%
Percentage	85%	13%	2%	

The majority of the new constructions are classified as ‘temporary’ and made out of grass walls (22%) and mud (67%). See Figure 26.

In numerous focus group discussions, returnees state that they were not able to construct ‘tukuls’ (semi-permanent shelters) because they could not afford the construction materials. In Northern Bahr el Ghazal, 10% of the temporary residences were made of traditional tents and plastic sheets.

Figure 25: Type of new constructed shelters in area assessed



PART II – MAPS

The section of the report presents a collection of thematic maps based predominantly on the data collected through IOM's Village Assessment Programme. The exceptions to this are Maps 1 and 3 which, to greater or lesser degrees, also rely on data from IOM's Tracking of Spontaneous Returns Programme.

1. Tracking of Spontaneous Returns: Southern Sudan & Southern Kordofan - Cumulative January 2006 - June 2009

This map is based on data from IOM's Tracking of Spontaneous Returns Programme, based on data gathered from January 2006 up to March 2009.

This programme gathers data directly from the villages of return, and thus provides actual return numbers. As of March 2009, the geographic coverage of IOM's Tracking of Spontaneous Returns Programme is around 65% by payam. Areas of the map shown without colour indicate the lack of reporting mechanism, not lack of returnees. By various means, the IOM area of return tracking programme is directed towards the areas of highest return, and thus the coverage of numbers of returnees tracked is held to be above the geographical coverage of 65%.

2. Density of villages assessed – County level

This map is based on data from IOM's Village Assessment Project gathered between June 2008 and June 2009 and shows the density of villages assessed at the county level. The lightest tone on the map indicates a smaller number of villages assessed in the county, and darker colours indicate areas where the number of villages assessed is higher.

3. Access to Water in Assessed Villages: Northern Bahr el Ghazal – County Level

This map is based on data from IOM's Village Assessment Project gathered between June 2008 and June 2009. This map compares the percentage of villages without improved water sources in each county with the villages with improved water sources. The lightest tone on the map indicates the ratio of improved water sources to the number of villages in the county is relatively good, and darker colours indicate areas where there are lower numbers of improved water sources per village per county. As such, the darker the shading the greater the cause for concern. The map also shows the absolute number of villages with improved, or other, water sources for each county in bar chart form. Improved water sources are taken to be wells, hand-pumps and tankers.

4. Health Facilities in Assessed Villages: Northern Bahr el Ghazal – County Level

This map is based on data from IOM's Village Assessment Project gathered between June 2008 and June 2009. The map compares the percentage of villages without a health facility in each county with those villages with a health facility. The lightest tone on the map indicates the ratio of villages that have a health facility to villages without a health facility in any given county are relatively good. Darker shaded payams indicate areas where the number of health facilities is lower compared to the number of villages. As such, darker shaded counties indicate areas of greater concern.

5. Health Services Availability in Assessed Villages: Northern Bahr el Ghazal – County Level

This map is based on data from IOM's Village Assessment Project gathered between June 2008 and June 2009. The map compares the percentage of villages without a health facility in each county with those villages with a health facility. It also indicates the services which are available in those health facilities. The lightest tone on the map indicates a relatively good ratio of villages that have a health facility to villages without a health facility in any given county. Darker shaded counties indicate areas where the number of health facilities is lower than to the number of villages. As such, darker shaded counties indicate areas of greater concern. The size of the circle is proportional to the number of equipped health facilities.

6. Type Of Health Facility Construction in Assessed Villages: Northern Bahr el Ghazal – County Level

This map is based on data from IOM's Village Assessment Project gathered between June 2008 and June 2009. The map shows the type of construction for health facilities in the villages assessed. This map also compares the percentage of villages without a health facility in each county with those villages with a health facility. The sections within the density circles in each county indicate the construction materials used, while the size of the circle is proportional to the number of health facilities in the county. The lightest tone on the map indicates a relatively good ratio of villages that have a health facility to villages without a health facility. Darker shaded counties indicate areas where the number of health facilities is lower compared to the number of villages. As such, darker shaded counties indicate areas of greater concern.

7. Awareness Level about HIV/AIDS in Assessed Villages: Northern Bahr el Ghazal – County Level

This map is based on data from IOM's Village Assessment Project gathered between June 2008 and June 2009. It shows the level of awareness of HIV/AIDS at the county level. The size of each density circle indicates the absolute number of villages assessed who replied to the HIV/AIDS question during the village assessment campaign, and the sections within the circles indicate the level of HIV/AIDS awareness found in each county. This map also compares the percentage of villages without a health facility in each county with those villages with a health facility. The lightest tone on the map indicates a relatively good ratio of villages that have a health facility to villages without a health facility. Darker shaded counties indicate areas where the number of health facilities is lower compared to the number of villages. As such, darker shaded counties indicate areas of greater concern.

8. Type Of Education Construction in Assessed Villages: Northern Bahr el Ghazal – County Level

This map is based on data from IOM's Village Assessment Project gathered between June 2008 and June 2009. This map shows the type of construction of schools in the villages assessed. The size of the pie charts show the number of schools per county, and each slice of the pie is proportional to the type of construction of the school. The shaded areas represent the density of primary schools per county.

9. Numbers of Teachers in Assessed Villages: Northern Bahr el Ghazal – County Level

This map is based on data from IOM's Village Assessment Project gathered between June 2008 and June 2009.

This map shows the absolute number of teachers in each county, at primary school level only.

10. Numbers of Teachers and Enrolled Student Ratios: Northern Bahr el Ghazal – County Level

This map is based on data from IOM's Village Assessment Project gathered between June 2008 and June 2009. This map shows the relative number of teachers to enrolled students, calculated at the payam level. Counties where student/teacher ratios are 60:1 or less are light shaded, where ratios are higher, darker shading is used. As such, darker shaded counties indicate areas of greater concern. The map also shows the absolute number of teachers in each county with the use of density circles.

11. Enrolment in Primary Schools by Gender: Northern Bahr el Ghazal – County Level

This map is based on data from IOM's Village Assessment Project gathered between June 2008 and June 2009. Coloured circles on this map show the relative number of boy/girl enrolment in primary schools at the county level. Shading is used to indicate the absolute number of primary schools in each county.

12. Percentage of Villages without Schools: Northern Bahr el Ghazal – County Level

This map is based on data from IOM's Village Assessment Project gathered between June 2008 and June 2009. This map shows the percentage of villages without schools, calculated at the county level. Counties where the ratio of villages with schools to those without is good, is shown in light shading. Where the ratio of villages with or without schools is poor, darker shading is used.

13. Average Walking Time to Nearest School: Northern Bahr el Ghazal – County Level

This map is based on data from IOM's Village Assessment Project gathered between June 2008 and June 2009. This map shows the average walking time to the nearest school calculated at the county level. Light shaded counties indicate where walking time to the nearest school is a short, darker shade indicates longer average walking times to the nearest school.

14. Average Walking Time to Nearest Health Facility: Northern Bahr el Ghazal – County Level

This map is based on data from IOM's Village Assessment Project gathered between June 2008 and June 2009. This map shows the average walking time to nearest health facility calculated at the county level. Light shaded payams indicate where walking time to the nearest health facility are short, darker shades indicate longer average walking times to the nearest health facility.

The following series of maps aim at showing the vulnerability of the village by sector and are based on an estimated average walking speed of 3 km per hour. The calculations and representations are founded on a construct of 3 levels of vulnerability as 1). 3km = acceptable distance; 2). up to 5km = "medium" distance ; 3). up to 10km= critical distance. Above 10 km, all villages should be considered as priority.

15. Access to Education – time/distance correlation in Assessed Villages – Northern Bahr El Ghazal

This map is based on data from IOM's Village Assessment Project gathered between June 2008 and June 2009. This map shows the level of access to education facilities in the villages assessed in Northern Bahr El Ghazal. It presents a proximity analysis where distance buffers are applied around the villages with primary schools. The proximity of villages without facility is estimated according to their distance to the nearest primary school, ranging between acceptable (3 km) to critical (10 km maximum). Villages located outside these buffers should be considered as high priority areas.

16. Access to Health Facilities – time/distance correlation in Assessed Villages – Northern Bahr El Ghazal

This map is based on data from IOM's Village Assessment Project gathered between June 2008 and June 2009. This map shows the level of access to health facilities in the villages assessed in Northern Bahr El Ghazal. It presents a proximity analysis where distance buffers are applied around the villages with a health facility. The proximity of villages without a facility is estimated according to their distance to the nearest health facility, ranging between acceptable (3 km) to critical (10 km maximum). Villages located outside these buffers should be considered as high priority areas.

17. Access to Water – time/distance correlation in Assessed Villages – Northern Bahr El Ghazal

This map is based on data from IOM's Village Assessment Project gathered between June 2008 and June 2009. These maps show the level of access to water in the villages assessed in Northern Bahr El Ghazal. It presents a proximity analysis where distance buffers are applied around the villages with improved water sources. The proximity of villages without improved water sources is estimated according to their distance to the nearest improved water source, ranging between acceptable (3 km) to critical (10 km maximum). Villages located outside these buffers should be considered as high priority areas.

PART III: STATISTICAL TABLES AND FORM SAMPLE

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Annex 1: Percentage of water sources in the area assessed, IOM Village Assessment Report, Northern Bahr el Ghazal July 2009

County	Improved drinking water			Other drinking water			
	Hand pump	Water distribution	Tanker	Unprotected Well	River	Hafeer	Lake/Dam/Spring
Aweil Centre	27%	0%	0%	55%	14%	2%	2%
Aweil East	21%	1%	1%	49%	15%	8%	5%
Aweil North	48%	2%	1%	20%	18%	0%	11%
Aweil South	19%	0%	0%	58%	6%	2%	15%
Aweil West	37%	1%	0%	45%	9%	2%	5%

Annex 2: Correlation between functioning and non-functioning hand pumps, IOM Village Assessment Report, Northern Bahr el Ghazal July 2009

County	Hand pump functioning	Hand pump not functioning	Total	% of functioning hand pumps	% not functioning hand pumps
Aweil Centre	56	22	78	72%	28%
Aweil East	255	69	324	79%	21%
Aweil North	169	35	204	83%	17%
Aweil South	124	46	170	73%	27%
Aweil West	280	61	341	82%	18%
Total	884	233	1,117		
Percentage				79%	21%

Annex 3: Reasons for non-functioning schools, IOM Village Assessment Report, Northern Bahr el Ghazal July 2009

County	Destroyed	Lack of Teachers	Lack of funds	Other
Aweil Centre	2	4	3	2
Aweil East	3	7	11	1
Aweil North	5	7	8	1
Aweil South	2	2	1	0
Aweil West	2	4	4	0
Total	14	24	27	4
Percentage	20%	35%	39%	6%

Annex 4: Average walking distance to access education, IOM Village Assessment Report, Northern Bahr el Ghazal July 2009

County	Less than 15 Min	15 to 30 Min	31 to 60 Min	More than 60 Min
Aweil Centre	49	5	21	56
Aweil East	244	119	142	255
Aweil North	90	44	40	72
Aweil South	91	120	120	84
Aweil West	103	18	22	83
Total	577	306	345	550
Percentage	32%	17%	19%	31%

Annex 5: Gender disaggregated school enrolment, IOM Village Assessment Report, Northern Bahr el Ghazal July 2009

County	Girls	% of Girls	Boys	% of Boys	Total
Aweil Centre	2,141	24%	6,925	76%	9,066
Aweil East	18,700	26%	53,955	74%	72,655
Aweil North	10,988	30%	25,554	70%	36,542
Aweil South	5,839	22%	21,132	78%	26,971
Aweil West	8,398	28%	21,541	72%	29,939
Total	46,066		129,107		175,173
Percentage	26%		74%		100%

Annex 6: Construction Materials of schools, IOM Village Assessment Report, Northern Bahr el Ghazal July 2009

County	Tree	Thatch/Grass/Mud	Brick	Other
Aweil Centre	22	21	5	3
Aweil East	75	100	31	8
Aweil North	58	29	11	2
Aweil South	27	59	5	2
Aweil West	61	26	24	0
Total	243	235	76	15
Percentage	43%	41%	13%	3%

Annex 7: Percentage of education assistance provided to supported schools, IOM Village Assessment Report, Northern Bahr el Ghazal July 2009

County	Number of villages assessed	Number of villages with education assistance	% of villages with education assistance
Aweil Centre	128	33	26%
Aweil East	742	146	20%
Aweil North	238	81	34%
Aweil South	413	66	16%
Aweil West	217	79	36%
Total	1,738	405	23%

Annex 8: Average walking distance to health facilities, IOM Village Assessment Report, Northern Bahr el Ghazal July 2009

County	Less than 15 min	15 to 30 min	31 to 60 min	More than 60 min
Aweil Centre	12	4	15	100
Aweil East	106	68	85	501
Aweil North	41	27	29	149
Aweil South	28	79	103	205
Aweil West	25	17	31	153
Total	212	195	263	1,108
Percentage	12%	11%	15%	62%

Annex 9: External assistance for health facilities per county, IOM Village Assessment Report, Northern Bahr el Ghazal July 2009

County	Government	International Community	No external assistance	Total
Aweil Centre	18%	18%	64%	9%
Aweil East	9%	62%	29%	38%
Aweil North	0%	86%	14%	23%
Aweil South	9%	64%	27%	9%
Aweil West	20%	68%	12%	1%
Percentage	10%	65%	25%	20%

Annex 10: Health staff in health care facilities assessed in percentages, IOM Village Assessment Report, Northern Bahr el Ghazal July 2009

County	Doctor	Medical Assistant	Nurse	Midwife	TBA	Community Health Worker
Aweil Centre	6%	18%	32%	15%	18%	12%
Aweil East	10%	15%	26%	10%	24%	15%
Aweil North	7%	6%	21%	13%	29%	25%
Aweil South	10%	17%	27%	13%	17%	15%
Aweil West	7%	11%	31%	13%	25%	14%
Percentage	8%	13%	27%	12%	24%	17%

Annex 11: Percentage of pre-conflict sources of food clustered by county, IOM Village Assessment Report, Northern Bahr el Ghazal July 2009

County	Food Credit	Market Purchase	Own Production	Relatives	WFP	Wild Foods	Other
Aweil Centre	1%	12%	46%	17%	2%	21%	1%
Aweil East	0%	16%	33%	29%	2%	19%	0%
Aweil North	1%	15%	47%	13%	2%	22%	1%
Aweil South	1%	11%	39%	25%	5%	20%	0%
Aweil West	1%	11%	47%	11%	5%	25%	0%
Average	1%	13%	42%	19%	3%	21%	1%

Annex 12: Food assistance per county, IOM Village Assessment Report, Northern Bahr el Ghazal July 2009

County	Number of villages assessed	No. of villages with food assistance	% of villages with Food assistance
Aweil Centre	128	33	26%
Aweil East	742	256	35%
Aweil North	238	93	39%
Aweil South	413	387	94%
Aweil West	217	144	66%
Total	1,738	913	53%

Annex 13: Modified Village Assessment Form, IOM Village Assessment Report, Northern Bahr el Ghazal July 2009



IOM Sudan Village Assessment Form



Date: Is this the first visit to the village? Yes No VAF No. To be filled by the data entry

Team Leader: Organization:

Location

State: County: RC/Payan:

Bomah: Village: GPS: N ° ' " E ° ' "

Population Data

Population pre-conflict:		Total population:		Returnees:		IDPs:		Resident Community:	
HH:	PP:	HH:	PP:	HH:	PP:	HH:	PP:	HH:	PP:

Are there any returnees who went back to the place of displacement? Yes No If yes, how many? HH: PP:

What are the main tribes in the village? 1. 2. 3. 4.

Which agencies are working in the village? 1. 2. 3. 4.
5. 6. 7. 8.

Is the area accessible the whole year? If No, why? Yes No

Shelter

Do you see any newly constructed/under construction shelters? Yes No

Are all the shelters occupied? Yes No If no, then chose one: a quarter half three quarters occupied

Material	What are a majority of the shelters made from?	What other shelters are present?	How would you describe the quality of the shelters?		
			Permanent, well constructed and able to protect inhabitants from the weather	Permanent and offering some protection to inhabitants but in need of repair	Providing little or no protection and in urgent need to material assistance
Brick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tukul (mud)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tukul (grass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rakuba/grass walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional tents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A majority of the returnees live: (more than one answer possible)
 in own shelters with relatives or friends in someone else's property under trees other _____

Food

What are the 3 main income generation activities in the village (currently)?
 farming livestock rearing fishing salary, specify _____ other, specify _____

From where you get your food?	Current	Pre-conflict	Who provided food assistance? <input type="checkbox"/> government <input type="checkbox"/> WFP <input type="checkbox"/> others, _____
Own production	<input type="checkbox"/>	<input type="checkbox"/>	When was the last food distributed? <input type="text"/>
WFP	<input type="checkbox"/>	<input type="checkbox"/>	How long was food provided for in the last distribution lasted for? <input type="checkbox"/> ___ week or <input type="checkbox"/> ___ month
Relatives	<input type="checkbox"/>	<input type="checkbox"/>	When is the next distribution? <input type="text"/>
Market purchase	<input type="checkbox"/>	<input type="checkbox"/>	How many distributions has the village received? <input type="text"/>
Wild foods	<input type="checkbox"/>	<input type="checkbox"/>	What were the reasons for food shortages in the village this year? <input type="checkbox"/> no planting <input type="checkbox"/> lack of rain <input type="checkbox"/> looting <input type="checkbox"/> crops destroyed <input type="checkbox"/> no access to market <input type="checkbox"/> lack of financial means <input type="checkbox"/> no access to farm land
Others:	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	



IOM Sudan Village Assessment Form



Education

Functioning schools							
Type	Construction	Teachers No	Students No		School costs	Assistance received	Needs
			Girls	Boys			
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Koranic / Khalwa <input type="checkbox"/> Other: _____	<input type="checkbox"/> Tree <input type="checkbox"/> Thatch/Rakuba <input type="checkbox"/> Brick <input type="checkbox"/> Other: _____	Total				<input type="checkbox"/> Building <input type="checkbox"/> Furniture <input type="checkbox"/> Textbooks <input type="checkbox"/> Teacher training <input type="checkbox"/> School feeding <input type="checkbox"/> Other: _____	<input type="checkbox"/> Building <input type="checkbox"/> Furniture <input type="checkbox"/> Textbooks <input type="checkbox"/> Teacher training <input type="checkbox"/> Other: _____
		M	F				
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Koranic / Khalwa <input type="checkbox"/> Other: _____	<input type="checkbox"/> Tree <input type="checkbox"/> Thatch/Rakuba <input type="checkbox"/> Brick <input type="checkbox"/> Other: _____	Total				<input type="checkbox"/> Building <input type="checkbox"/> Furniture <input type="checkbox"/> Textbooks <input type="checkbox"/> Teacher training <input type="checkbox"/> Other: _____	<input type="checkbox"/> Building <input type="checkbox"/> Furniture <input type="checkbox"/> Textbooks <input type="checkbox"/> Teacher training <input type="checkbox"/> Other: _____
		M	F				
Assistance provided by WHOM? _____							
Do children from other villages (communities) attend any of the above functioning schools? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, which villages? village 1: _____ village 2: _____ village 3: _____							

Non-functioning schools			
Type	Construction	Reason for non- functioning schools	If no school in village, distance to nearest school: _____ km or _____ hrs _____ min Village name: _____
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Koranic / Khalwa <input type="checkbox"/> Other: _____	<input type="checkbox"/> Tree <input type="checkbox"/> Thatch <input type="checkbox"/> Brick <input type="checkbox"/> Other: _____	<input type="checkbox"/> Destroyed/ Damaged <input type="checkbox"/> Lack of teachers <input type="checkbox"/> Lack of funds/equipment <input type="checkbox"/> Other: _____	<input type="checkbox"/> Building <input type="checkbox"/> Furniture <input type="checkbox"/> Textbooks <input type="checkbox"/> Teacher training <input type="checkbox"/> Other: _____

Health

Construction material	Health staff type:	Beds Available	Equipment available	Anti-natal services	Trauma counselling available	Vaccination availability	Medicine availability	Costs of health care	External assistance provided?	By whom	Type of clinic
<input type="checkbox"/> Brick <input type="checkbox"/> Tukul (mud) <input type="checkbox"/> Tukul (gras) <input type="checkbox"/> Rakoba/ Grass walls <input type="checkbox"/> Other, _____	<input type="checkbox"/> doctor <input type="checkbox"/> medical ass <input type="checkbox"/> nurse <input type="checkbox"/> midwife <input type="checkbox"/> TBA <input type="checkbox"/> Community Health workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Completely free <input type="checkbox"/> Cost of medicine only <input type="checkbox"/> Varies depending on service <input type="checkbox"/> Full cost	<input type="checkbox"/>		<input type="checkbox"/> PHC <input type="checkbox"/> PHU <input type="checkbox"/> Mobile Clinic
		<input type="checkbox"/> Brick <input type="checkbox"/> Tukul (mud) <input type="checkbox"/> Tukul (gras) <input type="checkbox"/> Rakoba/ Grass walls <input type="checkbox"/> Other, _____	<input type="checkbox"/> doctor <input type="checkbox"/> medical ass <input type="checkbox"/> nurse <input type="checkbox"/> midwife <input type="checkbox"/> TBA <input type="checkbox"/> Community Health workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Completely free <input type="checkbox"/> Cost of medicine only <input type="checkbox"/> Varies depending on service <input type="checkbox"/> Full cost	<input type="checkbox"/>	

How many villages (communities) are the above clinics serving? village1: _____ village2: _____

Distance to nearest clinic on foot? (if no clinic in the village) _____ km _____ hrs _____ min and name of village _____

Needs of Clinic	<input type="checkbox"/> staff <input type="checkbox"/> medicine <input type="checkbox"/> building <input type="checkbox"/> equipment <input type="checkbox"/> other, _____		
Type of non-functioning clinic	Previous Health staff type:	Reason for not functioning	Comment:
<input type="checkbox"/> Brick <input type="checkbox"/> Tukul (mud) <input type="checkbox"/> Tukul (gras) <input type="checkbox"/> Rakoba/ Grass walls <input type="checkbox"/> Other, _____	<input type="checkbox"/> doctor <input type="checkbox"/> medical ass <input type="checkbox"/> nurse <input type="checkbox"/> midwife <input type="checkbox"/> TBA	<input type="checkbox"/> destroyed/damaged <input type="checkbox"/> lack of qualified staff <input type="checkbox"/> lack of fund <input type="checkbox"/> other, _____	
What is the general attitude / awareness level about HIV/AIDS ? <input type="checkbox"/> Never heard about it <input type="checkbox"/> HIV awareness campaign <input type="checkbox"/> No answer <input type="checkbox"/> Other, explain: _____			



IOM Sudan Village Assessment Form



Water and Sanitation

How many functioning water sources are available to the community *in the dry season only* (state number)?

<input type="checkbox"/> Protected well (Yith)	<input type="checkbox"/> hand pump	<input type="checkbox"/> Tanker	<input type="checkbox"/> Water distribution system	<input type="checkbox"/> spring	
<input type="checkbox"/>	<input type="checkbox"/> river	<input type="checkbox"/> lake/dam	<input type="checkbox"/> hafeer	<input type="checkbox"/> Unprotected well	
Treated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	other: _____		

Do other villages (communities) use the local water facilities in this village? Yes No

If yes, how many and which: village1: _____ village2: _____ village3: _____

Assistance provided? Yes No by: _____

How far is the water point from the settlement / village? _____ km or _____

Distance to water point 0-30 min 30 - 60 min 1 hour - 1 h 30 min more than 1 h 30 min

Number of **non-functioning** water points: well hafeer hand pump tanker Other _____

GPS: N _____° _____' _____" E _____° _____' _____"

Reasons for non-functioning: defect not potable contaminated security other: _____

Availability of latrines? bush/open field simple pit latrine VIP public latrine private house serves other: _____

Assistance

What kind of assistance, if any has been received?	If assistance received, who provided the assistance?	Assistance needed (ranked from 1-6)
Food	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Government <input type="checkbox"/> UN <input type="checkbox"/> Local/INGO <input type="checkbox"/> church	
Water	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Government <input type="checkbox"/> UN <input type="checkbox"/> Local/INGO <input type="checkbox"/> church	
NFI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Government <input type="checkbox"/> UN <input type="checkbox"/> Local/INGO <input type="checkbox"/> church	
Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Government <input type="checkbox"/> UN <input type="checkbox"/> Local/INGO <input type="checkbox"/> church	
Agriculture	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Government <input type="checkbox"/> UN <input type="checkbox"/> Local/INGO <input type="checkbox"/> church	
Education	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Government <input type="checkbox"/> UN <input type="checkbox"/> Local/INGO <input type="checkbox"/> church <input type="checkbox"/>	
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Government <input type="checkbox"/> UN <input type="checkbox"/> Local/INGO <input type="checkbox"/> church	

Security

Are there any Mines or UXOs in the village? Yes No If yes, where are they located?

Have there been any demining activities? Yes No If yes, by which activities?

Have you had any mine risk awareness activities? Yes No If yes, by whom?

The security in the village can be described as: Calm Tense Insecure

The security situation in the area can be described as: Improving Not Changing Deteriorating



IOM Sudan Village Assessment Form



Comments

Population (if possible indicates the gender/age breakdown of the village population-estimate no. of women, men and children under 5yrs, no. of female headed households; what is the source of the data? Do the population figures relate to the village or payam/county? If there are IDP's currently displaced in the village, where are they displaced from?)

Land/Population (type of land dispute, groups without access to land; problem covering land if any)

Food (details of food insecurity, food assistance programmers and how food assistance is distributed etc)

Water and Sanitation (e.g. reasons for non functioning borehole wells, is water available in the rainy season only or year round, comments on latrines if any)

Health (any additional details on health facilities, do they inpatient service, including separate rooms for men and women, trained or untrained staff, supply of medicines, etc)



IOM Sudan Village Assessment Form



Education (*school calendar year, language of school instruction, volunteer or paid teachers, is there more residence children or more returnees children in the school especially girls, is the school a permanent structure, etc, separate latrines for boys and girls*)

Other issues (*info on ethnic groups, recreational space for children etc*)

Security (*general security situation*)

