SUDANESE AMERICAN
PHYSICIANS ASSOCIATION

SAPA NORTHERN STATE ASSESSMENT REPORT

FEB 2024

Executive Summary

From January 23 to January 30, 2024, the Sudanese American Physicians Association (SAPA) assessed the on-the-ground conditions in the Wadi Halfa Locality in the state of Northern Sudan near the border with Egypt. Though not directly impacted by the fighting, the conflict between the Sudanese Armed Forces and the Rapid Support Forces that began on April 15, 2023 has had a great impact on the locality in the form of a wave of displaced people and a severe economic downturn. Most notably, the current population in the locality is 196% of what it was prior to the breakout of the Sudanese conflict and the subsequent wave of IDPs.

With a particular focus on IDPs in the area, this SAPA mission gathered information on three main sectors: health, WASH (water, sanitation, and hygiene), and nutrition. Conducted by SAPA staff, the project made use of three primary data-collection methods to assess the varying perspectives among the local population: interviews with key stakeholders, focus groups with IDPs, and site visits. Following this process, the collected data was subjected to thorough analysis using both descriptive statistics and qualitative methods, and appropriate recommendations for SAPA's ongoing efforts in the area were developed.

Key Findings & Recommendations:

Health

- Overcrowding, limited-service offerings, and a high rate of disease among IDPs have severely strained local healthcare systems.
- Efforts should focus on collaborating with local organizations to bolster training programs for medical staff, address supply shortages, and develop both disease control programs and emergency response capabilities.

Wash

- Unsafe water quality, inadequate sanitation facilities, and inefficient waste management–all factors that have been greatly exacerbated by the high number of incoming IDPs–pose serious health risks.
- Immediate efforts should prioritize conducting comprehensive water quality tests, boosting toilet availability, and collecting solid data on waste management and other WASH-related factors to facilitate more comprehensive strategies. Longer-term efforts should focus on developing local capacity, promoting hygiene, and investing in local infrastructure, including water treatment facilities, bolstered sewage networks, and sanitary landfills.

Nutrition

- Local CMAM programs are limited in both coverage and resource availability. Their severely depleted stockpiles and limited reach greatly hinder effective malnutrition management.
- Efforts should focus on expanding coverage and capacity, ensuring the consistent availability of critical supplies, establishing relevant data-collection systems, and promoting cultural awareness and acceptance of healthy nutrition practices.

In a broader sense, short-term efforts should prioritize addressing immediate needs through resource allocation, program expansion, and community engagement. Medium-term efforts should focus on building local capacity, developing comprehensive plans for each sector, and establishing partnerships in pursuit of sustainable service delivery. Finally, long-term efforts should focus on investing in infrastructure development, promoting sustainable practices, and integrating WASH and nutrition considerations into general development strategies.

All of the recommendations laid out in this report, if implemented, would contribute significantly to SAPA's humanitarian efforts, enhancing the well-being of those in the Wadi Halfa Locality–especially the IDPs.

Introduction

This mission conducted by the Sudanese American Physicians Association (SAPA) in the Wadi Halfa Locality in the Northern State of Sudan sought to assess and develop means to address the humanitarian needs that have come about due to the significant wave of displaced people stemming from the war between the Sudanese Armed Forces and the Rapid Support Forces that began on April 15, 2023. The mission gathered information on the on-the-ground circumstances in the locality across three sectors: health, WASH (water, sanitation, and hygiene), and nutrition.

While data was collected on overall conditions in the area (including all of the local residents as well as those working as miners in local markets), the considered metrics were chosen specifically to focus on local IDPs, including those living in camps (known as gathering points), those living in host communities, and those living with host families.

Methodology

This project targeted the current population of the Wadi Halfa Locality with a particular focus on the IDPs who have recently come into the area and are staying at designated camps or gathering points, in host communities, or with host families. Conducted over the course of eight days from January 23 to January 30, 2024, the project made use of three primary data-collection methods to assess the varying perspectives among the local population:

Interviews with key stakeholders

- Wadi Halfa Locality officials (Director, Humanitarian Aid Commissioner, Health Director)
- Healthcare system professionals (Hospital Management Staff, Health Authority Directors)
- Humanitarian organization officials (WHO Mobile Clinic Coordinator, IOM Mobile Clinic Team

Focus groups with IDPs

Site visits and field observations

- Medical facilities
- IDP gathering points
- Relevant agency sites

The collected data was subjected to thorough analysis using both descriptive statistics and qualitative methods. The findings are summarized in this comprehensive report to be shared with local authorities and other relevant stakeholders.

Before diving into the results, it's worth illustrating the scale of the strain on the Wadi Halfa Locality's system. In Abri, there are 0.89 IDPs for every local resident, while in Halfa, there are 1.05. Overall, the current population in the locality is 196% of what it was prior to the breakout of the Sudanese conflict and the subsequent wave of IDPs. This near-doubling of the population in under a year has put significant strain on the underdeveloped local infrastructure.

It is also worth noting that children under the age of 13 make up 40% of the IDP population in hosted communities and 19% at IDP gathering points, indicating a high degree of vulnerability among the local IDP population.

Health Sector Assessment

Before even touching on the healthcare facilities available in the Wadi Halfa Locality, it is necessary to highlight the prominent pre-existing health problems among the incoming IDPs. Most notably, they exhibit high incidence rates of various diseases, including urinary tract infections and gastrointestinal infections, as well as multiple chronic conditions, such as hypertension and diabetes. Their living conditions as IDPs also present them with many health-related challenges.

Fortunately, the locality boasts numerous medical facilities, including hospitals and clinics, many of which are capable of providing multiple essential services, including antenatal care and family planning. Many of them even have proper delivery rooms and ambulance services, both of which are of great value to the community. It is also worth highlighting that training programs for medical staff, medical assistants, and community health workers are common (though not universal).

Halfa Hospital is, by a decent margin, the most well-equipped medical facility in the locality. In fact, it boasts every type of critical health worker.

09 Medical Doctors	**27** Clinical Officers	**01** Medical Assistant
38 Nurses	**13** Midwives	**02** Immunizers
05 Pharmacists	**04** Nutritionists	**02** Community Health Workers
24 Lab Technicians		

While both of the hospitals in Abri also have all of these health worker categories covered, they are available in far smaller numbers, suggesting that availability may sometimes be an issue. Notably, any essential service that Halfa Hospital lacks fails to be covered by any other medical facility in the locality. This is troublesome, as it means that the locality as a whole lacks quite a few services.

Blood bank	Intensive care unit
Critical care unit	Neonatal intensive care unit
Imaging in the form of CT scans and MRIs (X-rays & ultrasounds are available)	Outbreak preparedness & response team
Biopsy lab	Endoscopy
Free HIV/AIDS treatment	Rehabilitation therapy
Oncology	Morgue
Nursery	

Despite the lack of these facilities and services, Halfa Hospital remains severely overcrowded, which can strain its resources even further and seriously hinder the quality of its healthcare. In addition to being the only medical facility in the Halfa administrative unit–which is currently host to 54,339 people including both local residents and IDPs, the hospital also attracts patients from across the border in Egypt due to its substantial offerings. What's more, patients often come from Abri despite it having far more medical facilities than Halfa on account of the offerings only available at Halfa Hospital.

- **Emergency obstetric care**
- **Maternal death surveillance & response**
- **High dependency unit (HDU)**

Comprehensive and risk-averse maternal care is a key advantage here. Given that women make up a majority of the IDPs in nearly all of the hosted communities and at many of the individual gathering points, IDPs traveling from Abri to Halfa for care is an inevitable phenomenon. Additionally, the availability of an HDU means that those who are seriously ill and those who intend to or have just received surgery are likely to go out of their way to be treated at Halfa Hospital despite the long delays in travel arrangements, exacerbating its overcrowding problem. Notably, the hospitals and health center in Abri avoid this problem by having many small-scale healthcare units capable of tackling smaller-scale concerns. While Halfa has three smaller-scale health centers, they are currently closed and non-operational.

Given these prevailing health dynamics in the Wadi Halfa Locality, the following overarching recommendations can be made for continued efforts in this sphere:

Collaboration with external organizations, including the State Ministry of Health, the WHO, and the IOM, should be bolstered in order to secure substantial and reliable support.

Training programs for medical staff and community health workers should be standardized and made universal to ensure that local healthcare is consistently of high quality.

Addressing the shortage of medicines, medical supplies, and healthcare resources–especially in critical departments–should be prioritized to ensure that existing facilities can be leveraged to their fullest capacity.

- Part of this entails the provision of refrigerators to ensure adequate insulin storage and diabetes management.

Disease control programs should be developed for diseases that are particularly prevalent in the area, such as schistosomiasis

- Addressing such diseases goes hand in hand with water sanitation, which is discussed further in the section below.

Emergency response capabilities should be developed and bolstered, including rapid response training programs.

WASH Sector Assessment

The flow of IDPs into the Wadi Halfa Locality has put significant strain on local water, sanitation, and hygiene (WASH) systems, pushing them well beyond their capacity and stoking concern about the welfare of both local residents and those who were forced there.

In terms of baseline availability, the locality is well-positioned along the Nile River, meaning that it has easy and reliable access to fresh water. However, consuming unchlorinated water directly from the river poses significant health risks on account of potential waterborne diseases, such as bilharzia. Beyond that universal concern, the recent increase in pressure on the Nile River could lead to further contamination, exacerbating the aforementioned risk.

Sanitation and waste management also constitute significant concerns. In just the last few months since the wave of incoming IDPs, the monthly waste rate has nearly tripled across all of the considered areas, putting pressure on the already weak local infrastructure

Halfa: 30 → 85

Halfa Rural Areas: 11 → 31

Abri: 48 → 137

Fortunately, the locality possesses traditional sanitation systems in the form of toilets and septic tanks, meaning that there is a solid foundation upon which to build. Still, the IDPs in host communities have limited access to toilets, and the number of toilets available to IDPs at gathering points is seriously insufficient, raising stark concerns about hygiene.

During medium- to long-term crisis scenarios, the generally accepted minimum ratio of toilets to people is 1 to 20. Notably, a majority of the IDP gathering points–over 61%–meet or exceed this threshold, with some notable standouts.

> Ab-Karshola Mosque, for example, has 2 toilets for 7 IDPs, reaching 571% of the minimum ratio. Of course, this means that over a third of the IDP gathering points do not meet this threshold. Angash Mosque, which houses 147 people–two-thirds of whom are children under the age of 13–boasts just 1 toilet, giving it a mere 13.6% of the minimum ratio. At Town Park in Almuntazah, 1,580 IDPs share four toilets, giving it the worst ratio of any of the gathering points at 5.1% of the standard minimum.

Such inadequate sanitation and hygiene can lead to the spread of waterborne diseases.

In terms of waste management, the locality's designated waste-disposal sites offer centralized locations for handling waste. However, the rapid increase in waste generation has led to inefficiency in an overwhelmed system, and limited data availability on local sanitation practices hinders planning and optimization efforts. This issue must be addressed, as ineffective waste management inevitably pollutes nearby land and water sources, posing long-term health and environmental risks.

An increase in available resources and personnel is critical to adequately address the WASH situation in the Wadi Halfa Locality. However, as advocating for increased funding from humanitarian organizations and government agencies takes time, it is necessary to outline some immediate actions that can and must be taken.

Regarding water quality, water quality testing should be conducted at various points of use along the Nile River to assess contamination. This testing should be accompanied by the chlorination of the Nile River water supply or, depending on feasibility, exploration for safe alternative water sources. Finally, community education campaigns should be designed to promote safe water-handling practices.
Regarding sanitation, rapid assessments of toilet availability should be conducted at IDP gathering points and in host communities. When possible, toilets should be fixed instead of replaced to avoid unnecessary costs. Toilet repair and replacement efforts should be focused on shelters and host communities that currently fall below the standard minimum 1:20 toilet-to-person ratio. Additionally, handwashing stations should be set up at IDP gathering points alongside hygiene education campaigns to promote good practices despite the rough circumstances, and targeted interventions should be implemented to address bilharzia in the Morda neighborhood.

- ***Prioritizing fixing toilets*** over replacing them is particularly important at certain gathering points that have high numbers of non-functioning toilets. The faculty-student dwelling in Majarab, for example, has 52 non-functioning toilets alongside its 8 operational ones. Were those to be fixed, this gathering point would go well over the standard minimum ratio without the need for any new toilets.

- ***Regarding waste management,*** the capacity of existing waste disposal sites should be assessed to facilitate further planning and optimization. Waste collection should then be expanded in terms of both frequency (especially in high-waste-generation areas, such as those housing IDP gathering points) and coverage (to include remote and underserved areas). Additionally, waste-reduction and recycling efforts should be promoted within the locality.

- ***Regarding data collection***, comprehensive WASH assessments should be carried out in host communities and at IDP gathering points to gather data on sanitation access, practices, and needs. Data on solid waste management practices is also necessary to facilitate optimization efforts moving forward, which should be tracked and enhanced through the use of a purpose-designed information-management system

In the medium term, efforts should focus on developing local capacity, especially by training community members on maintaining sanitary practices, promoting hygiene, and collecting relevant WASH data. A comprehensive WASH sector plan should then be developed in cooperation with local and international partners to effectively outline resource and funding needs in a way that ensures the coordinated and effective provision of WASH services.
In the long term, investment in local infrastructure–including water treatment facilities, bolstered sewage networks, and sanitary landfills–is critical to WASH-related well-being in the Wadi Halfa Locality. Community education and behavioral change campaigns must be sustained to promote continued hygienic practices. Most importantly, WASH sector planning should be integrated into the locality's broader development and disaster-preparedness programs.

Nutrition Sector Assessment

Given the importance of nutrition among vulnerable populations like IDPs, it is fortunate that all three of the hospitals in the Wadi Halfa Locality offer nutrition services, and the two main hospitals–Halfa Hospital and Abri Hospital–feature established CMAM (community-based management of acute malnutrition) programs aimed at providing treatment for malnourished children. However, these CMAM programs have some significant limitations.

Most notably, stabilization care–a form of treatment used in cases of severe acute malnutrition (SAM)–is only available at Halfa Hospital. Given that there were eight identified SAM cases in January 2024 alone, this limitation is deeply concerning, and there is a clear need to expand stabilization care beyond the walls of the overcrowded hospital. Outpatient therapeutic programs (OTPs) were employed 19 times across the two hospitals' CMAM programs in January 2024 to treat instances of malnourishment, indicating that it is necessary to maintain this program. In the same vein, January 2024 saw 91 cases of moderate acute malnutrition (MAM) across Halfa Hospital and Abri Hospital. Such cases can be treated in a rather straightforward manner through supplementary feeding programs (SFPs), but CMAM supply stockpiles are running dangerously low, again pointing to the need to put effort into maintaining these programs. If these stockpiles are not replenished, there is a high (and unnecessary) risk of MAM cases turning into SAM cases, increasing local suffering as well as the ultimate cost of addressing the issue in the long run.

As of January 2024, the SFP stockpile across both CMAM programs consisted of the following:

- **195 RUTF cartons & response**
- **0 F100 milk containers** (fully depleted)
- **12 F75 milk containers** (low stock)
- **0 micronutrient supplements** (fully depleted)

Nutrition in the Wadi Halfa Locality faces a few more notable challenges. Geographical factors have limited access to nutrition-related services, with rural areas, the west bank, and island communities in the locality being completely cut off. Cultural factors also play a role here, with a general lack of awareness of the importance of nutrition stopping people from making an effort to engage with the CMAM programs. Finally, an overall lack of data on malnutrition in rural areas and other parts of the locality hinders efficient resource allocation and optimization efforts. Given these prevailing dynamics, several recommendations can be made across multiple dimensions.

- ***Regarding coverage,*** CMAM programs must undoubtedly be expanded in several respects. Most straightforwardly, CAMA programs that already exist should be bolstered with more personnel to ensure that they are effective and sustainable. Of course, efforts must be made to expand the reach of these programs. A new CMAM site should be considered at Abraga Hospital in Abri to accommodate those in the West Bank, and innovative approaches–such as boat clinics or partnerships with local transportation providers–should be explored as means of catering to island communities and other remote dwellings. Finally, stabilization care should be provided by Abri Hospital and Abraga Hospital to ensure that SAM cases can be handled throughout the locality.

- ***Regarding supply,*** the consistent availability of F100 milk, F75 milk, RUTF cartons, and micronutrient supplements must be ensured to sustain SFPs. Without such supplies, the identification of cases of malnourishment will be accompanied by a complete inability to address them. Increased funding is crucial to ensure this degree of consistency.

- ***Regarding information availability,*** data-collection and data-monitoring systems should be established to inform resource allocation and, in turn, boost program performance. The results of MUAC screenings would constitute a big part of such systems, meaning that it is important to conduct such screenings throughout the locality, including rural areas, the west bank, and island communities.

- ***Regarding perception,*** efforts must be made to raise local awareness of CMAM programs and promote service utilization through targeted programs.

Without public acceptance, heightened availability will do little to promote nutrition. Partnerships should be coordinated with community leaders and organizations to get a better understanding of and address cultural beliefs that may hinder the local community's uptake of nutrition programming.

Conclusion

This integrated assessment of the health, WASH, and nutrition sectors in the Wadi Halfa Locality, conducted from January 23 to January 30, 2024, outlined the concerning dynamics stemming in large part from the recent wave of incoming IDPs. In doing so, it provided concrete recommendations for SAPA's ongoing efforts in the area.

Key Findings & Recommendations:

Health

- Overcrowding, limited-service offerings, and a high rate of disease among IDPs have severely strained local healthcare systems.
- Efforts should focus on collaborating with local organizations to bolster training programs for medical staff, address supply shortages, and develop both disease control programs and emergency response capabilities.

Wash

- Unsafe water quality, inadequate sanitation facilities, and inefficient waste management–all factors that have been greatly exacerbated by the high number of incoming IDPs–pose serious health risks.
- Immediate efforts should prioritize conducting comprehensive water quality tests, boosting toilet availability, and collecting solid data on waste management and other WASH-related factors to facilitate more comprehensive strategies. Longer-term efforts should focus on developing local capacity, promoting hygiene, and investing in local infrastructure, including water treatment facilities, bolstered sewage networks, and sanitary landfills.

Nutrition

- Local CMAM programs are limited in both coverage and resource availability. Their severely depleted stockpiles and limited reach greatly hinder effective malnutrition management.
- Efforts should focus on expanding coverage and capacity, ensuring the consistent availability of critical supplies, establishing relevant data-collection systems, and promoting cultural awareness and acceptance of healthy nutrition practices.

In a broader sense, short-term efforts should prioritize addressing immediate needs through resource allocation, program expansion, and community engagement. Medium-term efforts should focus on building local capacity, developing comprehensive plans for each sector, and establishing partnerships in pursuit of sustainable service delivery. Finally, long-term efforts should focus on investing in infrastructure development, promoting sustainable practices, and integrating WASH and nutrition considerations into general development strategies.

All of the recommendations laid out in this report, if implemented, would contribute significantly to SAPA's humanitarian efforts, enhancing the well-being of those in the Wadi Halfa Locality–especially the IDPs.

It would also be worth highlighting general points of emphasis here. In a broader sense, short-term efforts should prioritize addressing immediate needs through resource allocation, program expansion, and community engagement. Medium-term efforts should focus on building local capacity, developing comprehensive plans for each sector, and establishing partnerships in pursuit of sustainable service delivery. Finally, long-term efforts should focus on investing in infrastructure development, promoting sustainable practices, and integrating WASH and nutrition considerations into general development strategies.

All of the recommendations laid out in this report, if implemented, would contribute significantly to SAPA's humanitarian efforts, enhancing the well-being of those in the Wadi Halfa Locality–especially the IDPs. Of course, SAPA cannot do it alone; the success of these interventions requires the active involvement of local authorities, humanitarian organizations, and the community itself.

Contact Information:

: Anmar Homeida - Executive Director - anmar.homeida@sapa.org

: Omer Mahgoub - Media, communications and outreach - omer.mahgoub@sapa-usa.org

: sapa-usa.org

: @sapa_org

Annexure - A

Annexure - A 1 : Target Population Distribution

Distribution of Target Population at Wadi Halfa Locality				
No.	Administrative Unit (AU)	Local Residents	Internally Displaced Persons (IDPs)	Target Population
1.	Halfa	26,508	27,831	54,339
2.	Abri	17,414	15,473	32,887
3.	Halfa Rural Areas	1,042	No information about the displacement waves at this area.	1,042
4.	Deportees			5,710
5.	Miners			10,000
Total		44,964	43,304	103,978

Distribution of Internally Displaced Persons (IDPs) Wadi Halfa Locality				
No.	Administrative Unit (AU)	Breakdown per Shelter Categories		Overall Count per (AU)
		Hosted communities	Gathering Points (GP) (Schools or others Public Buildings)	
1.	Halfa	21,120	6,711	27,831
2.	Abri	15,473	0	15,473
Total		36,593	6,711	43,304

Annexure - A 2 : Halfa AU Population Breakdown

Distribution of Halfa Administrative Unit (AU)								
No.	Neighborhood	Local Residents		Internally Displaced Persons (IDPs): Breakdown at Hosted communities:				
		Men	Women	Man	Women	Children (12-5)	Children <5)	Overall
		13,519	12,989					
1.	Block 1	1,758		576	568	300	332	1,776
2.	Block 2	2,800		550	704	254	180	1,688
3.	Block 3 (Majarab)	2,222		425	655	203	167	1,450
4.	Block 4 (Saras)	1,212		365	546	605	180	1,696
5.	Block 5	1,528		320	554	209	456	1,539
6.	Block 6 (Alashgal)	4,489		205	320	350	185	1,060
7.	Aldawajin	510		330	720	180	340	1,570
8.	Alsika'hadid	1,018		295	350	230	170	1,045
9.	Al'isskan alqadim	879		190	135	210	155	690
10.	Al'isskan aljadid (Gemai)	1,828		390	438	390	220	1,438
11.	Block 11	2,278		367	670	590	167	1,794
12.	Alanqad	953		258	386	186	203	1,033
13.	Alsalam	909		304	405	266	158	1,133
14.	Almorada	1,485		300	367	456	146	1,269
15.	Albuhayra	463		206	285	308	150	949
16.	Almuazafin	2,176		265	295	307	123	990
Total		26,508		5,346	7,398	5,044	3,332	21,120

Continued ->

Halfa Administrative Unit (AU)									
No.	Neighborhood	Internally Displaced Persons (IDPs):							
		Breakdown at Gathering Points (GP) like (Schools or others Public Buildings):							
		GP No.	GP Name	GP Types	Man	Women	Children (12-5)	Children <5)	
1.	Block 1	1.	Hamza ALQurania School	Educational Institutes	43	102	0	79	
		2.	Angash Mosque	Worship House	27	19	98	3	
		3.	Alwalidain Mosque	Worship House	27	0	0	0	
		4.	Aldandarawia Mosque	Worship House	12	13	0	0	
		5.	Block 1 Mosque	Worship House	5	21	4	2	
		6.	Wadi Halfa Elementary School For Girls	Educational Institutes	61	64	0	10	
Sub-Total					175	219	102	94	
2.	Block 2	7.	Haram Mosque	Worship House	0	26	9	0	
		8.	Mohamed Ali Abbas Secondary School For Boys	Educational Institutes	36	62	7	0	
		9.	Mohamed Ali Abbas Secondary School For Girls	Educational Institutes	62	86	30	0	
		10.	Wadi Halfa Intermediary School For Boys	Educational Institutes	22	43	15	9	
		11.	Deguem Elementary School For Boys	Educational Institutes	44	50	10	0	
		12.	Perm Elementary School For Girls	Educational Institutes	53	53	12	0	
		13.	Perm Intermediary School For Girls	Educational Institutes	36	62	7	0	
		14.	Alburhania Mosque	Worship House	23	21	2	1	
Sub-Total					276	403	92	10	
3.	Block 3 (Majarab)	15.	Faculty Of Earth Sciences and Mining	Educational Institutes	162	172	166	35	
		16.	Faculty – Students Dwelling	Educational Institutes	392	0	0	0	
		17.	Deguem Elementary School For Girls	Educational Institutes	53	70	6	31	
Sub-Total					607	242	172	66	
4.	Block 4 (Saras)	18.	Saras Elementary School For Boys	Educational Institutes	39	53	11	46	
		19.	Saras Mosque	Worship House	3	19	5	3	
Sub-Total					42	72	16	49	
5.	Block 5	20.	Block 5 Mosque	Worship House	57	0	0	0	
		21.	Abd Aljaber Industrial Institute	Educational Institutes	32	40	12	0	
		22.	Ab-Karshola Mosque	Worship House	3	4	0	0	
Sub-Total					92	44	12	0	
6.	Block 6 (Alashgal)	23.	Albaraka Mosque	Worship House	0	20	7	2	
		24.	Ahmed Abdelaziz Abdelzahir School	Educational Institutes	48	77	10	0	
		25.	Altaqwa Mosque	Worship House	43	105	11	9	
		26.	Alehsan Mosque	Worship House	3	10	2	2	
Sub-Total					94	212	30	13	
7.	Aldawajin	-	-	-	-	-	-	-	
8.	Alsika'hadid	27.	Alsikahadid Elmentary School (Males)	Educational Institutes	115	0	0	0	
		28.	Alsikahadid Elmentary School (Families)	Educational Institutes	101	114	62	26	
Sub-Total					216	114	62	26	
9.	Al'isskan alqadim	-	-	-	-	-	-	-	
10.	Al'isskan aljadid (Gemai)	29.	Osman Mohamed Suliman School	Educational Institutes	20	42	43	43	
		30.	Elhussain Mosque	Worship House	21	23	0	3	
		31.	Hai Alisskan Mosque	Worship House	4	9	18	17	
		32.	Gemai Mosque	Worship House	78	0	0	0	
		33.	Osman Isaac Mosque	Worship House	79	100	31	0	
Sub-Total					**202**	**174**	**92**	**63**	
11.	Block 11	-	-	-	-	-	-	-	
12.	Alanqad	-	-	-	-	-	-	-	
13.	Alsalam	34.	Alsalam New Mosque	Worship House	74	0	0	0	
		35.	Alsalam West School	Educational Institutes	89	116	109	22	
		36.	Alsalam East School	Educational Institutes	28	55	35	10	
		37.	Alsalam Old Mosque	Worship House	24	25	0	3	
Sub-Total					215	196	144	35	
14.	Almorada	38.	Almorada Church	Worship House	53	0	0	0	**53**
15.	Albuhayra	39.	Albuhayra Club	Public Building	34	0	0	0	**34**
16.	Almuazafin	40.	Almuazafin Mosque	Worship House	14	6	4	2	**26**
17.	Town Center	41.	Education Office	Educational Institutes	41	42	9	7	
		42.	Guest House	Public Building	24	24	0	6	
		43.	Electricity Worker Dwelling	Public Building	8	12	3	2	
		44.	Town Park (Almuntazah)	Public Building	620	820	130	10	
		45.	Health Insulation Building	Public Building	30	85	26	14	
		46.	Nile Club	Public Building	4	5	0	3	
Sub-Total of Town Center					727	988	168	42	
Total					2,747	2,670	894	400	

Halfa Rural Areas: (Administratively tracking to Halfa AU and Geographically tracking to Abri AU)			
No.	Village	Local Residents	Internally Displaced Persons (IDPs)
1.	Dal	104	No information about the displacement waves at this area.
2.	Akasha	266	
3.	Sarkamatto	259	
4.	Kulb	147	
5.	Dakka	177	
6.	Melik Alnasir	89	
Total		1,042	

Annexure - B

Annexure - B 1 : Health Facilities Mapping

Health Assessment Result								
Health Facilities Mapping of Wadi Halfa Locality								
No.	Administrative Unit (AU)	Target Population	Health Facilities Categories					
			Healthcare Unit	Health Center	Hospital	Total of Health Facilities		
						Functioning	Closed	Overall
1	Halfa	54339	0	3	1	1	3	4
2	Abri	32887	20	1	2	18	5	23
3	Halfa Rural Areas	1042	5	2	0	4	1	5
Total		88268	23	6	3	23	9	32

Detailed Health Facilites Mapping							
No.	Administrative Unit (AU)	Target Population	Health Facilities Categories				
			Healthcare Unit	Health Center	Hospital	Total of Health Facilities	
						Functioning	Closed
Halfa Administrative Unit:							
1.	Block 1	3,534			✓	✓	
2.	Block 2	4,488		✗			✗
3.	Block 3 (Majarab)	3,672					
4.	Block 4 (Saras)	2,908		✗			✗
5.	Block 5	3,067					
6.	Block 6 (Alashgal)	5,549					
7.	Aldawajin	2,080					
8.	Alsika'hadid	2,063					
9.	Al'isskan alqadim	1,569					
10.	Al'isskan aljadid (Gemai)	3,266					
11.	Block 11	4,072					
12.	Alanqad	1,986					
13.	Alsalam	2,042					
14.	Almorada	2,754		✗			✗
15.	Albuhayra	1,412					
16.	Almuazafin	3,166					
Abri Administrative Unit:							
17.	Ferka	627	✓			✓	
18.	Hai alarab	361	✗				✗
19.	Silim	201	✗				✗
20.	Mofrakka	711	✓			✓	
21.	Kosha	465		✓		✓	
22.	Ginis	883					
23.	Attab	414					
24.	Amara	2,160	✓			✓	
25.	Arneti	814	✓			✓	
26.	Dar alsalam	1,967					
27.	Abri (Town)	8,697			✓	✓	
28.	Tabag	2,753	✓			✓	
29.	Kowikka	1,741	✗				✗
30.	Aboud	869	✓			✓	
31.	Suarda	907	✓			✓	
32.	Iru	617	✓			✓	
33.	Ashimtou	797	✓			✓	
34.	Nilwa	580	✓			✓	
35.	Qubbat Selim	297	✗			✓	✗
36.	Nilwatti (Nolwata)	765	✗				✗
37.	Abraga	707			✓	✓	
38.	Hamid	796	✓			✓	
39.	Adu (Say Island)	624	✓			✓	
40.	Morka (Say Island)	1,491	✓			✓	
41.	Oroden (Say Island)	1,249	✓			✓	
42.	Saysab (Say Island)	1,394	✓			✓	
Halfa Rural Areas:							
43.	Dal	104	✓			✓	
44.	Akasha	266		✓		✓	
45.	Sarkamatto	259		✓		✓	
46.	Kulb	147	✗				✗
47.	Dakka	177					
48.	Melik Alnasir	89	✓			✓	

Annexure - B2 : EHS Availability

No.	Administrative Unit (AU)	Health Facilities Categories	Availability of Essential Healthcare Services																																	
			Antenatal care		Family Planning		Delivery Room		Emergency Obstetric Care (EmOC)		Maternal Death Surveillance and Response (MDSR)		HIV/AIDS Free Treatment		EPI		Nutrition		Communicable Diseases Prevention		Surveillance and Outbreak Detection and Early Response		Outbreak Preparedness and Response (Rapid Response Team)		Non-communicable Diseases Treatment		Dressing and Wound Suturing Room		Short Stay Room		Emergency Department (ED)		Vital Registration System		Mental Health service	
			Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not
	Halfa Administrative U																																			
1.	Halfa	Hospital	✓		✓		✓		✓		✓			X	✓		✓		✓		✓			X	✓		✓		✓		✓		✓		✓	
	Abri Administrative U																																			
2.	Ferka	Healthcare Unit		X		X		X		X		X		X	✓			X	✓		✓			X	✓		✓			X		X	✓			X
3.	Mofrakka	Healthcare Unit		X		X		X		X		X		X	✓			X	✓			X		X	✓		✓			X		X	✓			X
4.	Kosha	Health Center		X		X	✓			X		X		X	✓			X	✓		✓			X	✓		✓			X		X	✓			X
5.	Amara	Healthcare Unit		X		X		X		X		X		X	✓			X	✓			X		X	✓		✓			X		X	✓			X
6.	Arneti	Healthcare Unit		X		X		X		X		X		X	✓			X	✓			X		X	✓		✓			X		X	✓			X
7.	Abri (Town)	Hospital	✓		✓		✓			X		X		X	✓		✓		✓		✓			X	✓		✓		✓			✓		✓			
8.	Tabag	Healthcare Unit		X		X		X		X		X		X	✓			X	✓			X		X	✓		✓			X		X	✓			X
9.	Aboud	Healthcare Unit		X		X		X		X		X		X	✓			X	✓			X		X	✓		✓			X		X	✓			X
10.	Suarda	Healthcare Unit		X		X		X		X		X		X	✓			X	✓			X		X	✓		✓			X		X	✓			X
11.	Iru	Healthcare Unit		X		X		X		X		X		X	✓			X	✓			X		X	✓		✓			X		X	✓			X
12.	Ashimtou	Healthcare Unit		X		X		X		X		X		X	✓			X	✓			X		X	✓		✓			X		X	✓			X
13.	Nilwa	Healthcare Unit		X		X		X		X		X		X	✓			X	✓		✓			X	✓		✓			X		X	✓			X
14.	Abraga	Hospital	✓		✓		✓			X		X		X	✓		✓		✓		✓			X	✓		✓		✓			X	✓				X
15.	Hamid	Healthcare Unit		X		X		X		X		X		X	✓			X	✓			X		X	✓		✓			X		X	✓			X
16.	Adu (Say Island)	Healthcare Unit		X		X		X		X		X		X	✓			X	✓			X		X	✓		✓			X		X	✓			X
17.	Morka (Say Island)	Healthcare Unit		X		X		X		X		X		X	✓			X	✓		✓			X	✓		✓			X		X	✓			X
18.	Oroden (Say Island)	Healthcare Unit		X		X		X		X		X		X	✓			X	✓			X		X	✓		✓			X		X	✓			X
19.	Saysab (Say Island)	Healthcare Unit		X		X		X		X		X		X	✓			X	✓			X		X	✓		✓			X		X	✓			X
	Halfa Rural Areas:																																			
20.	Dal	Healthcare Unit		X		X		X		X		X		X	✓			X	✓			X		X	✓		✓			X		X	✓			X
21.	Akasha	Health Center		X		X	✓			X		X		X	✓			X	✓		✓			X	✓		✓		✓			X	✓			X
22.	Sarkamatto	Health Center		X		X		X		X		X		X	✓			X	✓			X		X	✓		✓		✓			X	✓			X
23.	Melik Alnasir	Healthcare Unit		X		X		X		X		X		X	✓			X	✓			X		X	✓		✓			X		X	✓			X
Availability Ratio			3	20	3	20	5	18	1	22	1	22	0	23	23	0	3	20	23	0	8	15	0	23	23	0	23	0	5	18	2	21	23	0	2	21

Annexure - B 3 : DTS Availability

No.	Administrative Unit (AU)	Health Facilities Categories	Availability of Diagnostic and Therapeutic Services																																	
			General laboratory Services		Specialized laboratory (Biopsy)		Endoscopy		Imaging Services (X-rays)		Imaging Services (CT scans)		Imaging Services (MRIs)		Imaging Services (ultrasounds)		Blood Bank		Dispensary Pharmacy		Emergency Pharmacy		Oncology		Kidney Dialysis Unit		Rehabilitation Therapy		Nursery		HDU		ICU		CCU		Morgue	
			Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not
	Halfa Administrative																																			
1.	Halfa	Hospital	✓			X		X	✓			X		X	✓			X	✓			X		X	✓			X		X	✓			X		X		X
	Abri Administrative U																																			
2.	Ferka	Healthcare Unit		X		X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
3.	Mofrakka	Healthcare Unit		X		X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
4.	Kosha	Health Center	✓			X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
5.	Amara	Healthcare Unit		X		X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
6.	Arneti	Healthcare Unit		X		X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
7.	Abri (Town)	Hospital	✓			X		X	✓			X		X	✓			X	✓			X		X	✓			X		X		X		X		X		X
8.	Tabag	Healthcare Unit		X		X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
9.	Aboud	Healthcare Unit		X		X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
10.	Suarda	Healthcare Unit		X		X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
11.	Iru	Healthcare Unit		X		X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
12.	Ashimtou	Healthcare Unit		X		X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
13.	Nilwa	Healthcare Unit		X		X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
14.	Abraga	Hospital	✓			X		X	✓			X		X		X		X	✓			X		X		X		X		X		X		X		X		X
15.	Hamid	Healthcare Unit		X		X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
16.	Adu (Say Island)	Healthcare Unit		X		X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
17.	Morka (Say Island)	Healthcare Unit		X		X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
18.	Oroden (Say Island)	Healthcare Unit		X		X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
19.	Saysab (Say Island)	Healthcare Unit		X		X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
	Halfa Rural Areas:																																			
20.	Dal	Healthcare Unit		X		X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
21.	Akasha	Health Center	✓			X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
22.	Sarkamatto	Health Center	✓			X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
23.	Melik Alnasir	Healthcare Unit		X		X		X		X		X		X		X		X	✓			X		X		X		X		X		X		X		X		X
Availability Ratio			6	17	0	23	0	23	3	20	0	23	0	23	2	21	0	23	23	0	0	23	0	23	2	21	0	23	0	23	1	22	0	23	0	23	0	23

Annexure - B 4 : HWs Availability

No.	Administrative Unit (AU)	Health Facilities Categories	Availability of Health Workforce																			
			Medical Doctor		Clinical Officer		Medical Assistant		Nurses		Midwife		Community Health Worker		Pharmacist		Laboratory Technician		Nutritionist		Immunizer	
			Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not	Available	Not
	Halfa Administrative																					
1.	Halfa	Hospital	9		27		1		38		13		2		5		24		4		2	
	Abri Administrative																					
2.	Ferka	Healthcare Unit		0		0		0	1			0		0		0		0		0		0
3.	Mofrakka	Healthcare Unit		0		0	1			0		0		0		0		0		0		0
4.	Kosha	Health Center		0		0		0	1			0	1			0		0		0		0
5.	Amara	Healthcare Unit		0		0	1			0		0		0		0		0		0		0
6.	Arneti	Healthcare Unit		0		0	1			0		0		0		0		0		0		0
7.	Abri (Town)	Hospital	1		2		5		29		8		4		4		5		6		3	
8.	Tabag	Healthcare Unit		0		0	1			0		0		0		0		0		0		0
9.	Aboud	Healthcare Unit		0		0		0		0		0	1			0		0		0		0
10.	Suarda	Healthcare Unit		0		0		0	1			0		0		0		0		0		0
11.	Iru	Healthcare Unit		0		0	1			0		0		0		0		0		0		0
12.	Ashimtou	Healthcare Unit		0		0	1			0		0		0		0		0		0		0
13.	Nilwa	Healthcare Unit		0		0	1			0		0		0		0		0		0		0
14.	Abraga	Hospital	2		2		1		1		1		1		1		1		1		1	
15.	Hamid	Healthcare Unit		0		0		0	1			0	1			0		0		0		0
16.	Adu (Say Island)	Healthcare Unit		0		0	1			0		0		0		0		0		0		0
17.	Morka (Say Island)	Healthcare Unit		0		0	1			0		0		0		0		0		0		0
18.	Oroden (Say Island)	Healthcare Unit		0		0	1			0		0		0		0		0		0		0
19.	Saysab (Say Island)	Healthcare Unit		0		0	1			0		0		0		0		0		0		0
	Halfa Rural Areas:																					
20.	Dal	Healthcare Unit		0		0	1			0		0		0		0		0		0		0
21.	Akasha	Health Center		0		0	1		1			0		0		0		0		0		0
22.	Sarkamatto	Health Center		0		0		0	1			0		0		0		0		0		0
23.	Melik Alnasir	Healthcare Unit		0		0	1			0		0		0		0		0		0		0
Availability Ratio			3	20	3	20	17	6	9	14	3	20	6	17	3	20	3	20	3	20	3	20

Annexure - B 5 : Mortality Data

Mortality Data (Three Months Nov 2023, Dec 2023 and Jan 2024)			
Source: Department of Halfa Locality Health Administration			
No.	Cause of Death	Gender	Age (Years)
1.	Hypoperfusion + Renal failure	Male	63
2.	Esophageal cancer + Hypotension	Male	69
3.	Hepatocellular carcinoma + Hepatitis outbreak	Male	59
4.	Cerebrovascular accident (CVA) + Hypertensive crisis	Female	51
5.	Hypovolemia + Road traffic accident (RTA)	Female	48
6.	Hypovolemia + Esophageal cancer	Male	56
7.	RTA + Head injury	Male	16
8.	RTA + Head trauma	Male	16
9.	Cardiac arrest + Hypotension (Under 5)	Female	1 (Month)
10.	Hypovolemia + Hepatocellular carcinoma	Female	74
11.	Severe circulatory insufficiency	Male	66
12.	Profound hypovolemia	Male	74
13.	Hypoperfusion + Acute heart failure	Male	60
14.	Hypoperfusion + Thoracic vertebral fracture	Male	60
15.	Ovarian cancer + Hypotensive shock	Female	60
16.	CVA + Profound circulatory collapse	Male	70
17.	Metastatic breast carcinoma	Female	59
18.	Sepsis + Osteoporosis	Female	81
19.	Acute respiratory distress syndrome (ARDS) + Respiratory failure	Male	87
20.	RTA + Head injury	Male	14
21.	RTA + Rib fractures	Female	55
22.	Angina pectoris + Hypertension	Male	58
23.	Venous leg ulcer + Sepsis	Male	85
24.	Myocardial infarction + Heart failure	Male	65
25.	Sepsis + Hyperacute inflammation	Male	72
26.	Angina pectoris + Congestive heart failure (CHF)	Female	84
27.	Cerebral stroke	Male	67
28.	Combined respiratory and cardiac arrest	Male	65
29.	Hypovolemic shock + Sepsis	Male	74
30.	Respiratory failure	Male	62

Mortality Rates		
Rate	Formula	Value
Crude Mortality Rate (CMR)	(30 deaths / 103,978 population) * (12 months / 3 months) * 1000	3.62 deaths per 1000 population per year
Under-5 Mortality Rate (U5MR)	(1 death / 14,000 children) * (12 months / 3 months) * 1000	0.93 deaths per 1000 children per year
Case Fatality Rate (CFR)	Cannot be calculated with the provided data. CFR requires the number of individuals diagnosed with each specific disease, which is unavailable here.	

Most Common Causes of Death (Overall)	
Cause of Death	Count
Heart-related issues (includes myocardial infarction, heart failure, angina pectoris)	5
Cancer (includes esophageal, hepatocellular, breast, ovarian)	4
Hypovolemia	3
RTA (Road Traffic Accident)	3
Sepsis	3
Stroke (includes CVA and cerebral stroke)	2

Annexure - C

Annexure - C 1 : WASH Assessment Result

WASH Assessment Result									
Administrative Unit (AU)		Number of Neighborhood/ Village	Water Supply: Standing Water Source (Nile River)		Excreta Management		Solid Waste Management		
			Percentage of Communal Water Distribution Points *(indicator)	Water Facility: Water lifting System by Pumps from River to Water Tanks (Containers) *(indicator)	Excreta Collection by Traditional Toilets (Sewage Will and Septic Tanks System); Average Range of the Well Depth *(indicator)	Excreta Transport-Disposal System (Sewage Vehicles)	Distance of Waste Disposal Landfill from AU Center	Monthly Waste Rate	
								Before Displacement Wave	After Displacement Wave
Halfa	Halfa Town	16	✓		5 meters	✓		30 Ton	85 Ton
	Rural Areas	6		✓	25 meters	✓		11 Ton	31 Ton
Abri	Abri Town	1	✓		25 meters	✓	3 Km	2 Ton	5 Ton
	Rural Areas	25		✓	25 meters	✓		46 Ton	132 Ton
Total		48	17 (35.4%)	32 (64.6%)					

Halfa Administrative Unit (AU)								
No.	Neighborhood	Internally Displaced Persons (IDPs):						
		Excreta Management and Access to Sanitation Facilities at Gathering Points (GP) like (Schools or others Public Buildings):						
		Gathering Points (GP) No.	Gathering Points (GP) Name	No. Of Toilets		No. Of IDPs	Ratio of shared Toilets	Percentage of Access to Toilets
				Serving *(indicator)	Disabled		Note: the minimum standard ratio at medium and long term of crisis (1 toilet/20 person) *(indicator)	According to Minimum Standard Ration *(indicator)
1.	Block 1	1.	Hamza ALQurania School	6	0	224	1t/37p	53.60%
		2.	Angash Mosque	1	0	147	1t/147p	13.60%
		3.	Alwalidain Mosque	5	0	27	1t/5p	370%
		4.	Aldandarawia Mosque	2	0	25	1t/12p	400%
		5.	Block 1 Mosque	2	0	32	1t/16p	125%
		6.	Wadi Halfa Elementary School For Girls	6	0	135	1t/22p	88.90%
2.	Block 2	7.	Haram Mosque	3	0	35	1t/11p	171%
		8.	Mohamed Ali Abbas Secondary School For Boys	6	0	105	1t/17p	114%
		9.	Mohamed Ali Abbas Secondary School For Girls	6	0	178	1t/29p	67.40%
		10.	Wadi Halfa Intermediary School For Boys	6	0	89	1t/14p	134%
		11.	Deguem Elementary School For Boys	6	0	104	1t/17p	115%
		12.	Perm Elementary School For Girls	12	0	118	1t/9p	203%
		13.	Perm Intermediary School For Girls	6	0	105	1t/17p	114%
		14.	Alburhania Mosque	6	0	47	1t/7p	255%
3.	Block 3 (Majarab)	15.	Faculty Of Earth Sciences and Mining	14	0	535	1t/38p	52.30%
		16.	Faculty – Students Dwelling	8	52	392	1t/49p	40.80%
		17.	Deguem Elementary School For Girls	12	0	160	1t/13p	150%
4.	Block 4 (Saras)	18.	Saras Elementary School For Boys	12	0	149	1t/12p	161%
		19.	Saras Mosque	1	0	30	1t/30p	66.70%
5.	Block 5	20.	Block 5 Mosque	5	1	57	1t/11p	175%
		21.	Abd Aljaber Industrial Institute	5	1	84	1t/16p	119%
		22.	Ab-Karshola Mosque	2	0	7	1t/3p	571%
6.	Block 6 (Alashgal)	23.	Albaraka Mosque	2	0	29	1t/14p	200%
		24.	Ahmed Abdelaziz Abdelzahir School	3	0	135	1t/45p	44.50%
		25.	Altaqwa Mosque	6	0	168	1t/28p	71.40%
		26.	Alehsan Mosque	2	0	17	1t/8p	235%
7.	Aldawaiin	-	-	-	-	-	-	-
8.	Alsika'hadid	27.	Alsikahadid Elmentary School (Males)	8	0	115	1t/14p	139%
		28.	Alsikahadid Elmentary School (Families)	12	0	303	1t/25p	79.20%
9.	Al'isskan alqadim	-	-	-	-	-	-	-
10.	Al'isskan aljadid ((	29.	Osman Mohamed Suliman School	6	0	148	1t/24p	81.10%
		30.	Elhussain Mosque	4	0	47	1t/11p	170%
		31.	Hai Alisskan Mosque	2	0	48	1t/24p	83.40%
		32.	Gemai Mosque	3	0	78	1t/26p	76.90%
		33.	Osman Isaac Mosque	6	0	210	1t/35p	57.10%
11.	Block 11	-	-	-	-	-	-	-
12.	Alanqad	-	-	-	-	-	-	-
13.	Alsalam	34.	Alsalam New Mosque	6	0	74	1t/12p	162%
		35.	Alsalam West School	8	0	336	1t/42p	47.60%
		36.	Alsalam East School	6	0	128	1t/21p	93.80%
		37.	Alsalam Old Mosque	3	0	52	1t/17p	115%
14.	Almorada	38.	Almorada Church	6	0	53	1t/8p	113%
15.	Albuhayra	39.	Albuhayra Club	2	0	34	1t/17p	117%
16.	Almuazafin	40.	Almuazafin Mosque	2	0	26	1t/13p	153%
17.	Town Center	41.	Education Office	5	0	99	1t/19p	101%
		42.	Guest House	4	0	54	1t/13p	148%
		43.	Electricity Worker Dwelling	3	0	25	1t/8p	240%
		44.	Town Park (Almuntazah)	4	0	1580	1t/395p	5.10%
		45.	Health Insulation Building	25	0	155	1t/6p	322%
		46.	Nile Club	2	0	12	1t/6p	333%

Annexure - D

Annexure - D 1 : Nutrition Assessment Result

Nutrition Assessment Result			
Healthcare Facility Availability and Workforce			
Administrative Unit	Facility	Nutrition Services	Nutritionist
Halfa	Hospital	✓	4
Abri	Hospital	✓	6
Halfa Rural Areas	Various	✗	0
Abri Rural Areas	Various	✗	0
West Bank	Abraga Hospital	✓	1
Other West Bank facilities	Various	✗	0

No.	Administrative Unit (AU)	Health Facilities Categories	Availability of Nutrition Services		Availability of Nutritionist	
			Available	Not	Available	Not
Halfa Administrative Unit:						
1.	Halfa	Hospital	✓		4	
Abri Administrative Unit:						
2.	Ferka	Healthcare Unit		✗		0
3.	Mofrakka	Healthcare Unit		✗		0
4.	Kosha	Health Center		✗		0
5.	Amara	Healthcare Unit		✗		0
6.	Arneti	Healthcare Unit		✗		0
7.	Abri	Hospital	✓		6	
8.	Tabag	Healthcare Unit		✗		0
9.	Aboud	Healthcare Unit		✗		0
10.	Suarda	Healthcare Unit		✗		0
11.	Iru	Healthcare Unit		✗		0
12.	Ashimtou	Healthcare Unit		✗		0
13.	Nilwa	Healthcare Unit		✗		0
14.	Abraga	Hospital	✓		1	
15.	Hamid	Healthcare Unit		✗		0
16.	Adu (Say Island)	Healthcare Unit		✗		0
17.	Morka (Say Island)	Healthcare Unit		✗		0
18.	Oroden (Say Island)	Healthcare Unit		✗		0
19.	Saysab (Say Island)	Healthcare Unit		✗		0
Halfa Rural Areas:						
20.	Dal	Healthcare Unit		✗		0
21.	Akasha	Health Center		✗		0
22.	Sarkamatto	Health Center		✗		0
23.	Melik Alnasir	Healthcare Unit		✗		0
Availability Ratio			3	20	3	20

CMAM Program Coverage (One Month Data/ January 2024)				
Key Features of CMAM	Indicator	Value	Key Findings	Need Assessment
CMAM Center	Number of CMAM centers	2	Halfa Hospital, Abri Hospital	• Expand CMAM coverage: Establish mobile clinics and centers in rural areas and on the west bank. • Consider Abraga hospital for a new CMAM center: Address coverage gap on the west bank.
Stabilization Care (SC)	Inpatient cases (SAM cases)	8	Halfa Hospital	Provide stabilization care (SC) at Abri hospital and Abrga hospital for inpatient care for children with severe malnutrition (SAI
Outpatient Therapeutic Program (OTP)	OTP cases	19	Reports of the Nutrition Department of Halfa Locality Health Administration	Rehabilitation and development of CMAM Center At Halfa hospital and Abri hospital.
Supplementary Feeding Program (SFP)	MAM cases	91	Reports of the	Stockpiles of F100 Milk, F75 Milk, and Vitamins/Dietary Minerals to ensure uninterrupted program delivery.
	RUTF cartons (remaining)	195		
	F100 Milk	0	Stock depleted	
	F75 milk	12	Low stock	
	Micronutrient Supplementation	0	Stock depleted	
Community Mobilization	Coverage	No	No community mobilization activities reported	Implement community mobilization activities to raise awareness about CMAM and encourage service utilization.
MUAC (Mid-Upper Arm Circumference)	Coverage on rural Halfa, Abri	No	No MUAC screening conducted in rural areas or on the west bank	Conduct MUAC screening in rural areas and on the west bank to identify malnutrition cases.

Annexure – E

Images from the Assessment

The team visit to Abre Hospital.

Visit to one of the IDP camps in Halfa locality

Meeting with Halfa locality local health system management team