



Government of Sudan – United Nations

Joint Assessment Mission to Darfur

24 March 2009

PART A:

1. FOREWORD

1. Foreword

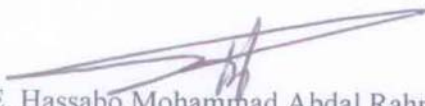
On 4 March 2009 the Government of Sudan announced its decision to dissolve three national and revoke the registration of thirteen international non-governmental organisations (NGOs) from the country for national security, administrative, and legal reasons. Most of these organisations had been working in various parts of North Sudan, in particular in Darfur since the current crisis started there in 2003.

The Government of Sudan and the United Nations discussed the matter on several occasions in various *fora* and concluded that, together, they should conduct assessment missions to each of the three Darfur states. The joint Government – UN teams were tasked to:

- gauge the humanitarian impact of the departure of the NGOs; and,
- assess the capacity to meet emergency needs in areas that the NGOs had to leave.

Teams comprising Government and UN officials – both at the management and technical levels – traveled throughout the three Darfur states from 11-18 March 2009. (See annexes with team members and the itineraries.) They focused on the above two points in the following sectors: food aid; health and nutrition; non-food items and shelter; and water, sanitation, and hygiene (WASH).

This report has been prepared by the teams and discussed at an all-day Government – UN workshop held at HAC on Saturday 21 March. The report comprises an executive summary outlining the overall findings and recommendations, sector-specific findings and recommendations, and a conclusion. Several annexes, including maps and detailed matrices, complete the report. On behalf of the Government of Sudan and the United Nations we hereby endorse the findings and the recommendations herein:



H.E. Hassabo Mohammad Abdal Rahman
Commissioner for Humanitarian Aid Commission
HAC



Ameerah Haq
UN Humanitarian Coordinator

2. Executive Summary & Summary of Recommendations

The past weeks since 4 March have been striking and wearing for all concerned. This joint Government of Sudan – United Nations assessment of the situation created by the departure of NGOs in Darfur and of the capacity needed to redress them for up to two months in the sectors of food aid, health and nutrition, non-food items and shelter, and water, sanitation, and hygiene provided an opportunity to focus energies on the technical issues at hand. Work took place in an open and constructive atmosphere, where managers and technicians alike recognised the challenge and committed to finding solutions. The Government's line ministries and UN agencies are working together so that the pressing issues at hand can be addressed before they become more urgent. The following paragraphs provide an overview of the key findings in the sectors of food aid, health and nutrition, non-food items and shelter, and water, sanitation, and hygiene in which the NGOs used to work:

Food

Four NGOs (ACF, CARE, Save the Children-US, and Solidarities) of the sixteen used to work in the sector. Some 600 technical and operational staff members were involved in the process. The NGOs had worked in partnership with WFP in designing the food aid programmes, managing warehouses and tertiary transporting, distributing food and monitoring and reporting on deliveries. The four NGOs served some 1.1 million people of whom 667,125, 356,000 and 120,000 in West, South and North Darfur respectively.

WFP is carrying out an *ad hoc* and one-off distribution for March and April, thanks to the engagement of local food committees. The method employed cannot be repeated. By the beginning of May, as the hunger gap approaches, the World Food Programme requires new and experienced partners to carry out food distributions for over one million people in need in Darfur.

Health & Nutrition

Six NGOs (ACF, CARE, IRC, MSF-France, SC-US, and Sudo) of forty-one working in health and nutrition no longer do so. 43 health facilities, of a total of 908, i.e. 4.7%, were run by the expelled NGOs. The services provided by these organizations covered over 840,000 people, including in areas where meningitis threatens. Some 650,000 people currently do not have full access to the necessary range of health services.

Moreover ACF, CARE, and Save the Children-US also managed nutritional surveillance and supplementary feeding programmes covering children and pregnant and lactating mothers with supplementary food supplied by WFP in 35 of 125 centres. Distribution of supplies to the beneficiaries and supervision and surveillance has been interrupted.

The Ministry of Health and the World Health Organization are addressing the gaps and supplies, salaries, and staff are in place until end of April. The Government has committed to provide salaries, staff, and supplies until the end of the year in order to avoid a public health crisis.

Non-food items & shelter

Eleven NGOs (ACF, CARE, CHF, IRC, Mercy Corps, MSF-France, MSF-Holland, Oxfam, Solidarites, SC-US, and Sudo) used to work in the non-food item and shelter sector. This is need-



driven and seasonal work. 692,400 people who would normally have received shelter materials before the rainy season begins will not do so unless UNJLC finds partners and they have access to previous distribution lists. Today Government officials and colleagues from the UN partners in the non-governmental sector are working to cover gaps.

Water, Sanitation, Hygiene (WASH)

Eight NGOs (ACF, CARE, CHF, IRC, Mercy Corps, OXFAM, Solidarites, and SUDO) used to work in the WASH sector in 38 locations covering between 20% to 100% of all WASH needs in the locations where they worked. The impact of the departure of these NGOs is highest in locations where these NGOs were the only WASH provider, particularly in sanitation and hygiene, as most of these NGOs were responsible for all services in this area of programming.

The areas that need attention include technical expertise in the areas of maintenance of power pumps, sanitation, hygiene, solid waste management, water quality and ground water monitoring; management and administrative capacity; provision of WASH supplies and financial support; and coordination and reporting. As of 19 March no organization had addressed sanitation – in particular de-sludging of latrines and waste disposal. Until now there is no evidence of increased morbidity or mortality but both can increase and might go to 2006 levels if immediate action is not taken and continuous support is not provided to all camps.

Currently, most of water systems are running with the support from the Government, UNICEF and NGOs. Although the mission did not encounter an immediate emergency, major water shortages could develop within two to four weeks, as from 18 March, if fuel, incentives, and spare parts are not continuously provided. The Government hereby commits itself to support the water operation up to the end of the year.

Staffing Capacity

Of 3,142 technical staff members employed by the ten NGOs in Darfur, 2,941 are Sudanese nationals and 201 are expatriates. Those who were staff of the government, for example the Ministry of Health, continue to work especially in critical places. The knowledge, capacities, and experience are being put to good use for example by participating in the emergency provision of services such as the running of water pumps. Further, many of these staff have expertise in technical assessments, planning, programme design and implementation, monitoring and evaluation. In terms of management, oversight, and organizational capacity there is a significant gap which will take time to replace, whether by Sudanese or international staff. The managerial potential of Sudanese staff should be enhanced and the United Nations pledges to work closely with the Sudanese authorities on this matter.

Assets

Assets being used by NGO and UN agencies are in the custody of the Government, reportedly for safe-keeping so that they can be used by entities taking on the work of the NGOs that had to leave Darfur. The Government reiterates its commitment to make sure that property and commodities of organizations working in Sudan are secure and under the control of the rightful owners. In particular, tools used to store information should be returned to either the government line ministry or the UN cluster lead in a particular sector so that the information can be made available to organizations working to cover the programme gaps.



Finances

The Ministry of Finance and key budgetary committees are requested to engage as soon as possible so that the line ministries and departments – such as for the Public Water Corporation – receive the money required to run life-saving services.

Access

Access to civilians in need is a key issue in any relief setting. In the course of the mission the teams gained access to all areas that they wished to visit. It is important that this type of situation prevails so that programmes can be implemented. The Government hereby commits to facilitate access so that emergency needs can be covered. It is essential that all actors and parties ensure access to civilians for relief activities such as epidemic control and vaccination campaigns.

Administration

The administrative procedures in place are clear and have been agreed to by both the Government, United Nations, donors, and INGOs – via the High-Level Committee and the Tri-Partite Joint Technical Committees in Khartoum and in the three Darfur states in order to ensure that rules and regulations are applied consistently and within the specified times. The Government hereby commits immediately to facilitate the work of all NGOs, including fast-tracking all administrative steps (including technical agreements, stay visas, and travel permits) in order to facilitate humanitarian action.

Monitoring

Regular support to and monitoring of new capacities in the field is required to make sure that they are appropriate and sustainable. Institutions wishing to take on activities need to address their full scope, including assessment, planning, implementation, monitoring, reporting, and evaluation. Appropriate monitoring systems need to be in place at the local, state, and federal levels, in order to ensure that civilians in need receive services and relief in time.

Next steps

The Government of Sudan and the United Nations will continue to work together, including with new potential partners. In the coming weeks, the actions of line ministries, UN agencies, and NGOs will need to be fast, focused, and concerted so that civilians in need can continue to receive life-saving food, health care, shelter, and water and sanitation. The availability of financial resources and management, within a facilitative operating environment, is crucial so that action plans can be implemented on time.



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Part B: Supporting Documentation (Draft)

1. Sector Findings

1.1 Food

Capacity Lost

Four partners of the World Food Programme in Darfur have had their licenses revoked: CARE in South and West Darfur, Save the Children US in West Darfur, Solidarites in South Darfur and ACF in North and South Darfur.

These NGOs had worked in partnership with WFP to assess the needs, design the food aid programmes, manage warehouses and tertiary transport as well as assets/infrastructure, distribute food and monitor and report on deliveries. Some 600 technical and operational staff members were involved in the process.

Humanitarian Impact

These four NGOs were contracted by WFP to plan and implement food aid and provide general food rations. Up to 1.1 million beneficiaries, located in some 130 locations in Darfur were to receive food assistance through these four NGOs during the January to June period.

Number of beneficiaries assisted by affected NGOs:

Departed NGOs	Beneficiaries
CARE	475,407
SC-US	422,370
Solidarités	115,496
ACF	119,363
Total	1,132,636

ACF, CARE and Save the Children US also managed and coordinated Supplementary Feeding Centers where some selected 5,254 children and pregnant & lactating mothers were to receive a special fortified food ration during the January to June period following therapeutic attention.

The NGOs also carried out other activities, such as seeds and tools distributions and animal vaccinations, which strengthened the overall livelihoods of affected populations in Darfur.

Critical needs

WFP and the NGOs have always worked with members of the community to help with the actual distribution process. These people are elected by the community or IDPs, trained and coached by NGOs staffs and organized within committees called 'Food Relief Committees' to help support food distributions.

- As an emergency measure, WFP decided to organize a one-time 2 months ration distribution (March and April food needs) through these established Food Relief Committees and with the help of some technical and operational staff WFP borrowed from the departing NGOs on a temporary, short term basis. This is a haphazard response, with limited accountability, and while it is foreseen that it will allow WFP to cover general food distribution needs of these 1.1 million people in all areas, there might be a few gaps particularly in remote rural areas. These distributions are underway in all locations under question. Such a solution is not sustainable as it only addresses one segment of the entire food assistance package that was handled by the departing NGOs.

Capacity required for adequate response

Food is not just about carrying out distributions, but about an entire chain of processes. Gaps in management, coordination, monitoring, registration and reporting will be felt over a longer period. For a sustainable food

assistance programme to continue beyond April, providers are required in all three states to deliver a comprehensive package.

A comprehensive food aid delivery package includes the following:

- Overall management and coordination capacity
- Logistics management (warehousing, operational staffing, tertiary transport etc.)
- Food security assessment – a specialized capacity
- Beneficiary verification and registration – a specialized capacity
- Monitoring and reporting – a specialized capacity
- Supporting infrastructure (e.g.: office, facilities and equipment)

Recommendations

Other critical areas need to be addressed before the start of the planting season and “hunger gap” as well.

- The specialized management and coordination in the supplementary feeding centers need to be brought back to previously established levels to allow for food supply and best use of food at feeding/recovery centers.
- Livelihood activities need to be resumed to support agricultural activities as well as pastoralists.

1.2 Health and Nutrition

Capacity Lost

Fourteen percent of the INGO-provided health care and 30% of all therapeutic feeding capacity have been affected by the expulsion of the NGOs. The health network in Darfur consists of 908 health facilities out of which 517 are run by NGOs. Of these facilities, 43 were managed by expelled NGOs. The assessment found that almost 50% of these 43 facilities still had significant gaps in terms of the quality and scope of services, leaving approximately 650,000 people without access to the full range of medical services. Previously, the nutrition programme run by the government and NGOs consisted of 125 therapeutic feeding centres (TFCs) and 92 supplementary feeding centres (SFC). Of these, 37 TFCs and 17 SFCs have been affected.

Although the government has made efforts to retain the national staff capacity of these NGOs, it has been impossible to retain all staff. In West Darfur, for example, 192 of 444 staff have so far been contracted again. Uncertainty about the status and duration of these new contracts is a major concern for the national staff, however, and the assessment found that the number of senior and highly skilled staff lost, was particularly high. Significant managerial and technical expertise that will be difficult to replace has been lost; most evidently in nutrition.

The management system of supplies has been disrupted in the absence of NGOs who used to be responsible for transportation of the goods from central hubs to rural populations. Referral systems have also been affected now that NGOs are no longer available to pay for referrals and transport. Gaps in health coverage of rural areas have further been exacerbated by the discontinuation of mobile clinics, the majority of which are run by NGOs.

Significant gaps were also observed in community-based services, including active case finding, awareness raising and sensitization, in which the NGOs played an important role. The NGOs financed these systems and provided the required training and management. It is currently unclear how to ensure the quality of these types of programming.

Finally, despite pledges by the federal government to provide three months of funding, the assessment mission found that state-level authorities often expressed the concern how to continue to fund the response in the future. UN agencies have in many cases been approached to pay for a substantial part of the activities, in particular the hidden costs of programming such as the operational costs of health and nutrition facilities, utilities, maintenance, fuel, and fresh food for patients in TFCs.

Humanitarian impact

The departure of the NGOs has left 650,000 people with lower levels of basic health services. Thirty two health facilities and 28 therapeutic feeding centres are not fully operational which will affect approximately 700 severely malnourished children.

The capacity to respond to health and nutrition emergencies has been affected as the NGOs were often the first responders in their area of operation. EWARS (Early Warning Alert and Response Systems) and NSS (Nutrition Surveillance System) reporting systems have been disrupted due to loss of coordinating channels. This disruption has considerable effect on the regularity of reporting to EWARS and ultimately on the early detection and notification of health events. Out of the total 146 EWARS sites in the whole of Darfur, a 20% decrease in reporting was observed in early March.

Over the last two weeks there have been incomplete reports about the meningitis outbreaks and – if remained unchecked - this situation could develop in a situation of extreme humanitarian need. In areas where there is a clear need for meningitis immunization, this has not been achieved as the areas have been left with little or no coverage and are not easily accessible for government health staff.

Critical needs

- There is an urgent need to reestablish health and nutrition services and an emergency response capacity in areas that have been left with little or no services and remain inaccessible for government health staff.
- It is essential that health and nutrition surveillance and early warning systems are strengthened to ensure timely emergency health and nutrition interventions and avoid public health hazards. This is particularly urgent in view of the impending rainy season and the associated increase in communicable diseases.
- The reestablishment of TFCs is critical to treat all severely malnourished children. During the - fast approaching - hunger gap, TFC admissions traditionally increase four-fold. Supplementary feeding programmes are also critical to prevent children's nutritional situation from deteriorating further.
- Some large IDP camps, including ZamZam, Abou Shouk, Kalma and Mornei have lost key health-care providers that need to be replaced.

Capacity required for adequate response

The provision of sufficient funding is a key requirement to sustain the health and nutrition programmes in affected areas. In addition, the number of qualified health staff need to be increased and the skill mix of health teams improved. Technical and management capacity and systems of procurement and supply have to be restored to previous levels.

Recommendations

- Budget allocation needs to be operationalized from federal to state level. This needs to include all the hidden costs of programme implementation.
- Disease and Nutritional Surveillance, EWARS, and emergency response capacity need to be restored to their former levels.
- The health and nutrition sector needs to seek alternatives for service delivery (INGOs or NGOs) in inaccessible areas such as Jebel Marra and Kalma camp
- Gaps in human resources need to be identified and addressed. National staff from expelled NGOs should be rehired where possible to avoid expertise loss. In places where new personnel have arrived *in situ*, capacity-building needs to be provided to ensure the quality of services is maintained.
- Procurement and supply management systems for health and nutrition need to be maintained.
- Sustainability of the government emergency response needs to be maintained to ensure continuation of services; paying particular attention to TFCs, emergency obstetric care and reproductive health services.
- Access of IDPs to health care needs to remain free of charge and health facilities need to be supported to ensure that this free care is a reality on the ground.
- The impact of other programmatic areas on health and nutrition - such as water, sanitation, and food - need to be assessed and addressed.

1.3 Non-Food Items and Emergency Shelter

Capacity Lost

The GoS-UN Assessment Mission to Darfur agreed that the biggest impacts of the GoS decision to revoke registrations for NGOs in the Non-Food Items (NFI) and Emergency Shelter (ES) Sector are in 1) transport and logistics and 2) assessments and distributions.

Transport and logistics is specifically impacted by the seizure of the NFI & ES warehouses previously managed by CARE. It has been agreed, however, that the warehouses' management will be handed over to UNJLC. The Nyala warehouse is already under UNJLC management (as of 19 March) and the remaining 4 locations (Khartoum, El Obeid, El Geneina and El Fasher) will be handed over to UNJLC, shortly. While the confiscation of warehouses had a significant initial impact, since the issue is currently being resolved, the findings of this assessment mission focus on the area of needs assessments and distributions.

Assessment teams concluded that to complete the activities formerly conducted by departing organizations - to effectively support populations in need - 24,054 "man-days" are required. This is equivalent to approximately 66.82 full-time staff members working 360 days per year. This includes staff capacity for carrying out information campaigns, organizing and conducting distributions, monitoring and evaluation, essential reporting, needs assessments, inter-agency coordination, warehouse management, transport contracting, and receiving, moving and dispatching stocks.

Assessment teams in all three states established that critical assets required to conduct needs assessments and distributions, including logistics and programmatic aspects, are as follows:

Physical		Relationships/Contracts		Information/Documentation	
Vehicles	49	Transport Contracts	23	Needs Assessment Reports	144+
Computers	41	Warehouse Contracts	22	Distribution Lists	144+
Cell Phones	75+	Office Contracts	27	Distribution Reports	144+
Sat Phones	15+			Beneficiary Lists	19
Radios	67+				
Loudhailers	9				

Humanitarian Impact

In total there were 23 locations impacted by the departure/closure of NGOs in Darfur: Abu Shouk Camp, El Salam Camp, Shangil Tobay Camp, ZamZam Camp, Kebkabiya, Adila, Ed Daein, Kass, Billell Camp, Kalma Camp, Sakali, Hijaar, Saleah, Um Kunya, Sheiria, Muhajiria – South Camp, Kerenek Camp, Krinding Camp, Habila, Forobaranga, Nertiti Camp, Jebel Marra, and Zalingei.

Assessment teams found that the humanitarian impact of the departure of these key partners was 115,455 households (estimated at 692,730 individuals) who are currently not covered by NFI distributions.

Critical Needs

- The most critical humanitarian needs are in Zamzam Camp in North Darfur, where 36,000 newly-displaced individuals have arrived since early February. Upon the handover of the warehouses in El Fasher, essential non-food items and emergency shelter will be immediately dispatched and distributed.
- Emergency distribution modalities are being put in place jointly by UNJLC with other available agencies to address the emergency. This modality, however, is a one-time fix and not a long-term sustainable solution.

Capacity required for adequate response

Needs assessment and distribution capacity, which is presently not available to cover 115,455 households, has to be resolved over the next two months prior to the rainy season. Of greatest concern are those areas facing access problems.

By the first week of April, a minimum of 120 full-time staff (and associated assets) must be in place to carry out needs assessments for the rainy season. Needs assessments must be completed by the end of April to ensure

that distributions can be completed by the end of May. An additional 100 full-time staff (and associated assets) will be required to conduct the distributions in May.

Recommendations

- Return of the warehouses remains a precondition for conducting any beneficiary support in the near future. If this does not take place, the impacted beneficiary caseload will be much larger.

1.4 Water, Sanitation and Hygiene (WASH)

1. Capacity Lost

Only 8 NGOs (OXFAM, IRC, ACF, CHF, Mercy Corps, CARE, SUDO, Solidarites), out of 16 suspended NGOs, were working in the WASH sector. They were working in 38 locations covering 20% to 100% of WASH interventions and this percentage vary from location to location. In total, 989,490 people were affected in Darfur due to the pullout of these 8 NGOs. The impact is high in locations where only these NGOs were working, as there is no alternate agencies to provide immediate support. The sanitation and hygiene interventions that were carried out by expelled NGOs have been stopped and if no action is taken within 2/3 weeks, the impact will be high. The lost capacity includes, technical in the areas of maintenance of power pumps, sanitation, hygiene, solid waste management, water quality and ground water monitoring; management and administrative capacity; provision of WASH supplies and financial support; and coordination and reporting at camp levels.

2. Humanitarian impact

Currently, most of water systems are running with the support from government, UNICEF and NGOs. Although there is no immediate crisis noticed, there will be major water crisis in many camps within two to four weeks, if fuel, incentives and spare parts are not provided continuously. Further, displacement of IDPs is possible if the water supply stops in these camps. In most of locations, sanitation and hygiene activities (solid waste disposal, desulging of latrines, maintenance of latrines, waste water management, soap distribution and hygiene education) were totally stopped. Already there were gaps in water supply and sanitation in many camps. With the arrival of new IDPs due to ongoing conflicts, the demand has further increased and hence new water and sanitation systems should be built to cover the additional needs.

The risk of disease outbreak could be very high if sanitation and hygiene interventions are not restarted within 2/4 weeks of the day of joint visit in many locations, which will further aggravate during the rainy season. The Acute Water Diarrhea (AWD) outbreak was reported in 2006 with 2,567 cases and 89 deaths. In 2007 and 2008, there were no cases of AWD as a result of integrated efforts taken by all sector partners in WASH sector in coordination with Health sector. Until now there is no evidence of increased morbidity and mortality, but will increase if no action is taken and might go to the level of 2006.

3. Critical needs

The immediate critical needs are in the areas of sanitation and hygiene, as well as in water quality monitoring and ground water monitoring. Immediate needs in the water supply are managed by communities and local NGOs with the support of government (WES and SWC), UNICEF and few INGOs. The assessment indicates that this arrangement will only last for two to four weeks and the future supply of fuel and financial support are unclear. Unless immediate action is taken by governments and UN, the gaps will increase and could result in humanitarian disaster.

In some locations such as Kalma in South Darfur, and Hamadia and Hassa Hissa in Zallingei area of West Darfur, the IDPs are not willing to allow WES and SWC, national NGOs, as well as UN and existing INGOs in some cases. Hence, there is a need to find a solution that is acceptable to IDP communities. Locations such as Kutum rural, Mellit rural and Kassab in ND; and part of Jebel Marra in SD and WD are not accessible due to insecurity along the roads, although WES and SWC, as well as for many INGOs are working there. Efforts should be made to improve the security in these areas so that humanitarian services can be provided to affected communities.

4. Capacity Available and Required to Address Critical Immediate Humanitarian Needs

It is noticed that the community structure (WASH committees) and trained community workers (pump operators, chlorinators, hygiene promoters and masons) are available with the IDP communities, who are taking care of water systems with the support of WES, INGOs and UNICEF. In few locations, such as in Kebkabiya, local

NGOs are available and they have been managing some of sanitation and hygiene promotion interventions with support of expelled NGOs. Their capacity could be further expanded easily as close to 80% of staff from expelled NGOs are available in the area. WES and SWC are providing immediate support to most of IDP locations and they do have capacity to take these responsibilities in medium and long-term if adequate financial support is provided. Some INGOs have capacity and interest to fill the gaps if the financial assistance is available to them. Existing INGOs can easily expand their capacity by recruiting technical staff from expelled NGOs. Some gaps in the area of management, coordination and reporting, as well as financial support to the WES Project could be filled by UNICEF. Although, there are many national NGOs interested to fill the gap, they do not have current capacity to take this responsibility now and their capacity could be build in medium and long-term to take the role of INGOs in the future.

The capacity required are mainly in the areas of technical, management, coordination, reporting, supplies and finance. If sufficient funds are made available immediately, it will be possible to fill some of capacity gaps by recruiting technical staff from expelled NGOs by WES, SWC and NGOs, as well as bring few international technical staff by UNICEF and INGOs. It is estimated that about USD 20.0 will be required for April to December 2009 to sustain all WASH services in 38 locations where these 8 NGOs were present.

5. Recommendations

The key recommendations includes: a) Strengthen existing community capacity and handover the ownership of water and sanitation systems to communities in long-term, b) Use available local NGOs or facilitate to establish local NGOs from ex-NGOs staff, who can provide technical and management support to communities to run existing systems and re-start sanitation and hygiene interventions, c) Provide immediate technical, financial, coordination and management support from government through WES and SWC, d) In places where government, INGOs and UN agencies cannot provide support directly to IDPs, private sector arrangement can be established to implement WASH interventions. The private sector could be established within IDPs involving ex-NGOs staff, f) Undertake continuous sector detailed assessment and monitoring in all locations, and develop action plan for each camp while taking immediate action to ensure life saving interventions continues, g) Build the capacity of national agencies to take over all the responsibilities of WASH programme in long-run to enhance the sustainability, h) Government support and funding should be provided to SWC and WES along with capacity building to ensure effective response to emergency, and i) provide immediate financial support from donors to UN agencies and INGOs to fill the gaps and avoid humanitarian disaster.

6. Conclusion

If no action is taken within 2/4 weeks, the gap in sanitation and hygiene will be huge in 38 locations where 8 NGOs were present and providing WASH services before expulsion. Currently, immediate water needs are met fully for 95% of affected population and for the remaining 5% the quantity of water available is less as some water schemes are not working during the visit. If these water systems are not continuously supported to run and sustain water supply to affected communities, there will be additional displacement and increased morbidity and mortality, particularly among children. Most of the gaps could be filled by existing INGOs, local NGOs, government (WES and SWC) and UN agencies, if immediate funding is made available to the sector partners.

2. ANNEXES

ANNEX I. TERMS OF REFERENCE



Government of Sudan – United Nations Assessment Mission to Darfur

Background

Reference is made to the dissolution of three national NGOs and thirteen international NGOs, many of whom were key partners for the United Nations and who, at the same time, made a significant contribution to coordination arrangements for the humanitarian response in Darfur. Following consultations between the Government of Sudan and NGOs and UN agencies, agreement has been reached to field joint GoS – UN technical teams to each of the three Darfur states. The joint teams in Darfur have been tasked as follows:

- gauge the humanitarian impact of the dissolution of the NGOs; and,
- assess the capacity to meet emergency needs in areas that NGOs had to leave.

The teams will focus on the above two points in the following sectors: water, sanitation, and hygiene (WASH); health and nutrition; food aid; and non-food items and shelter.¹

Product

One report focusing on the two tasks of the assessment mission.

Objectives

1. Take note of the capacity that has been lost in each sector, incl. staff and assets, and recover information such as distribution data.
2. Measure the humanitarian impact of the departure of the NGOs.
3. Assess the most critical humanitarian needs and capacity required for adequate response.
4. Assess that the current environment enables emergency response (humanitarian access, safety and security, agreements, permits, coordination, and relations with the authorities).

Assessment methodology

1. Each State team will meet at the beginning of the assessment mission to define their priorities and functions within the framework of these TOR. (State HAC and OCHA will facilitate the work of the State Teams).
2. HAC and OCHA Khartoum and state will facilitate the teams' organizational details.
3. Consult the 4 sector representatives and line ministries
4. Liaise with existing working groups on the ground (local beneficiary committees, staff of former NGOs, leaders, state authorities etc.)
5. Visit service locations and distribution points including in IDP camps and rural areas affected by the recent decision.
6. To visit warehouses with UN property and assets.

Team Composition

In each Darfur state, 1 team co-lead by the Government and a UN senior representatives, with technical support from Khartoum and the field provided by line ministries and UN agencies reflecting water & sanitation (WASH), health and nutrition, food, and NFIs and Shelter.

Time / Locations / Deployment

7 days (11-18 March 2009) to 3 Darfur capitals plus to some specific locations in each Darfur state affected by the dissolution of NGOs (Sites could include: North Darfur- Abu Shouk camp, Es Salaam camp, Kebkabiya, Shangai Tobay, Zam Zam camp; South Darfur- Kalma camp, Muhajerrya, Sheria, El Daen, Kas; West Darfur- Habila, Mornei, Mukjar, Nertiti, Um Dukhun, Zalingei.)

Proposed schedule

¹ Figures to be used during the assessment are the numbers already used for programmes of the NGOs that left.

Day 1

Arrival at state capital

Team coordination meeting at HAC or OCHA

Definition of respective functions and locations to be visited by the team

Visit by the respective Team Leaders to the State Governor and other authorities

Day 2 to 6

Field visits and regular debriefings after the visits

Day 7

Wrap up meeting, complete draft, travel back to Khartoum

ANNEX II. TEAM COMPOSITION

North Darfur

Ali Adam Mohammed Hamza (Team Leader-HAC)
Laurent Bukera (Team Leader-WFP)
Helen Bugaari (WFP)
Sarla Varma (UNICEF-WASH)
Allanng Hb (UNJLC)
Taj Eldain Suleiman Bashir (UNICEF Nutrition)
Mohammed Hassab Elrassul Ahmed (WES-PWC)
Mohamed AbdleRahman Yousif Mohammed (MOH)
Amgad El Kholy (WHO)
Yousif Fadil Gomaa Mohammed (WHO)
Ahmed Fadil Edam Fadil (WHO)
Moamar Ahmed Eltalib Gebreil (UNFPA)
Sampath Kumar (WES-UNICEF)
Olushola Ismail (UNICEF)
Andy Barash, Coordination Support/ OCHA
Carla Lacerda, Coordination Support/ WFP

South Darfur

Khalid Mohamed Farag (Team Leader-HAC)
Moudawe Ibrahim Mohamed (WES)
Tariq Abdelgadir Mohamed (MOH)
Mohamed Mustapha Fadel (WES)
Toby Lanzer (Team Leader - D RC/HC)
Iman Shankiti (WHO)
Samir Wanmali (WFP)
Jean Emile Canu (UNJLC)
Prakash Lamsal (UNICEF WASH)

West Darfur

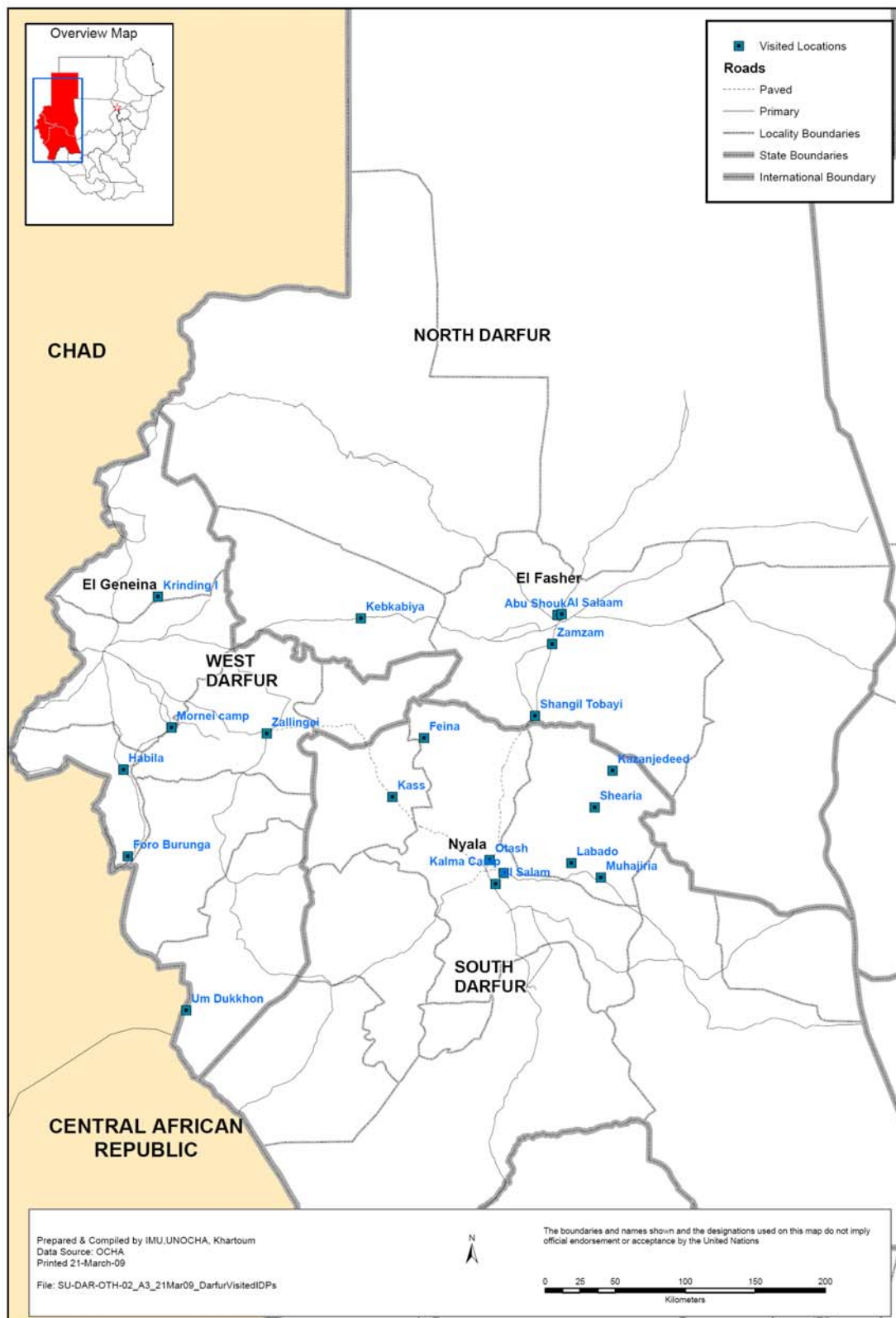
Badr El Din Abdallah Mohamed Khair (Team Leader-HAC)
Hamed Abdel Wahab Gamer Hamid (HAC)
Hosham El Amir Yussef Ibrahim (WES)
Mohamed Gedum Gadim Mohamed (WES)
Gaith Mohamed Abas Hussein (MOH)
Betsy Greve (Team Leader - UNHCR)
Caesar Hall (UNICEF WASH)
Dr Mohira Babaeva (WHO)
Paolo Mattei (WFP)
Richard Prouten (UNJLC).

ANNEX III. AREAS VISITED & ITINARIES

IMU OCHA Sudan
ochasudan@un.org
<http://ochaonline.un.org/Sudan>

Locations Visited By the Joint Assessment Mission
Marc 2009

OCHA United Nations Office
for the Coordination of
Humanitarian Affairs
Partnership for Humanity



Itinerary Joint Government / UN Assessment - North Dafur

Wednesday, 11 March

Arrival in El Fasher, North Darfur

Thursday, 12 March

Initial introduction at the Ministry of Health and discussion of Joint Mission objectives/ TORs

Friday, 13 March & Saturday, 14 March

Sector Desk Reviews

Sunday, 15 March

Visit to Abu Shouk & Al Salam IDP Camps (all sectors)

Monday, 16 March

Visit to Shangil Tobay and Zam Zam IDP camp (mission split in 2 Teams)

Team 1: Shangil Tobay/ Shadad IDP Camp - all sectors

Team 2: Zam Zam IDP Camp - only Health and Nutrition (main focus)

Tuesday, 17 March

Kabkabiya, Wrap up and sector desk review

Wednesday, 18 March

Compilation of findings and conclusions for Joint Draft Report

Thursday, 19 March

Departure to Khartoum

Itinerary Joint Government / UN Assessment - South Dafur

Wednesday, 11 March

Arrival Nyala

Thursday, 12 March

Visit Kalma Camp

Friday, 13 March

Road mission to Kass

Saturday, 14 March

Kass-Feina (without Government team members) -Nyala

Sunday, 15 March
Nyala-Labado-Muhajariya

Monday, 16 March
Shearia – Khazanjadeed

Tuesday, 17 March
Otash and Al Salam IDP Camp

Wednesday, 18 March
Discussions on mission report and wrap-up in Nyala

Thursday, 19 March
End of Mission – return to Khartoum

Itinerary Joint Government / UN Assessment West Darfur

Thursday 12 March
Arrival of Khartoum-based mission members. Meeting with mission members and El Geneina based authorities, hosted by the HAC Commissioner West Darfur.

Friday 13 March:
Field visit to Krinding 1 IDP camp / El Geneina. All mission members participated.

Saturday 14 March
Part of the mission members went on mission to Forabaranga and Habila, and others went on mission visited Krenek.

Sunday 15 March
Mission to Um Dukhun with 7 team members due to limited seat capacity of plane used and fact that Health sector was not deemed to be affected.

Monday 16 March
Mission to Zalingei

Tuesday 17 March
Mission to Mornei

Wednesday 18 March
Meeting to discuss draft report
Meeting with the Wali to brief him on the Joint Assessment mission

Thursday 19 March
Reports approved and departure Khartoum-based mission members to Khartoum

ANNEX IV. OVERALL GAP TABLE

The table below gives an overview of the number of people who did not receive different types of assistance in Darfur because of the dissolution of the three national and the expulsion of the ten international NGOs, as of 5 March and 19 March. As things stood on 19 March, considerable work by the Government, UN agencies, and remaining NGOs was underway to address the gaps in food, health, and water. While the picture on that particular day was far better in terms of the provision of food and water than two weeks earlier, the gains remain fragile. As such, a projection has also been made for 1 May.

Sector	5 March	19 March	1 May
Food	1,100,000	*	1.1 million people unless NGOs can take on the work and considerable resources become available quickly.
Health	650,000	650,000	650,000 people unless the Government, UN agencies, or NGOs can take on the work and considerable resources become available.
Shelter & NFIs	692,400	692,400	692,400 people unless the Government, UN agencies, or NGOs can take on the work and considerable resources become available.
Hygiene	872,540	872,540	872,540 people unless the Government, UN agencies, or NGOs can take on the work and considerable resources become available.
Sanitation – latrines	856,830	856,830	856,830 unless the Government, UN agencies, or NGOs can take on the work and considerable resources become available.
Sanitation – solid waste	975,950	975,950	975,950 the Government, UN agencies, or NGOs can take on the work and considerable resources become available.
Water	904,180	**	904,180 unless the Government, UN agencies, or NGOs can continue and expand the work and maintain incentives and the availability of fuel and spare parts.

* WFP is carrying out a two-month ration in an *ad hoc* fashion. It cannot be repeated in the same way and new, experience partners able to take on the full range of food aid management and distribution tasks is necessary.

** Thanks to concerted Government, UN, NGO work the gap had been mostly covered in a temporary way, although some water points were not functioning.

Food Sector – North Darfur

Geographic Coverage of Food Assistance					Former Situation			Current Situation				Analysis of Gaps	
Type	Locality	Location	Caseload	Food (MT)**	Activities	Staff	Assets	New Service Provider	Activities	Staff	Assets	Action Points & Quality Control	Gaps
GFD	Shangil Tobay	Shangil Tobay & Shadad IDP camps	41,601 (as per FLA between ACF and WFP)	ACF	-Food Distributions, -Monitoring, Verifying & Updating IOM list of new arrivals & regular IDP caseload, -Construction of distribution centres, - Cash/ Milling Voucher Programmes	- 70 – 80 local staff in North Darfur, plus 21 site secretaries - ACF provided highly skilled staff in the sectors of Food Aid, Nutrition, Agriculture and Voucher programmes	Not Available (although HAC was contacted, inventory list has not yet been provided)*	Not Available (To be Defined) (One – off distribution done in March for March – April by WFP/ FRC)	N/A	3 (ex – ACF) and 2 WFP	(no permanent presence)		
GFD (Seasonal Support)	Shangil Tobay	Shangil Tobay Rural (Gallab, Sherifa, Tamat Dehesh, Tangrara, Um Kheir)	25,182 (as per FLA between ACF and WFP)	ACF	-Food Distributions (seasonal support), -Monitoring, Verifying & Updating IOM list of new arrivals & regular IDP caseload, -Construction of distribution centres	- Same as above	- Same as above	WFP is currently planning distributions support and activities in preparation seasonal support distributions starting in April	N/A	(no permanent presence)	(no permanent presence)	GFD (Seasonal Support)	

Food Sector – North Darfur

Geographic Coverage of Food Assistance					Former Situation			Current Situation				Analysis of Gaps	
Type	Locality	Location	Caseload	Food (MT)**	Activities	Staff	Assets	New Service Provider	Activities	Staff	Assets	Action Points & Quality Control	Gaps
GFD (Seasonal Support)	Dar El Salam	Dar El Salam Rural (Abu Delek, Abud Weil, Alawna, Dar el Neim, Ed el Beida)	52,580 (as per FLA between ACF and WFP)	ACF	- Same as above	- Same as above	- Same as above	WFP is currently planning distributions support and activities in preparation seasonal support distributions starting in April	N/A	(no permanent presence)	(no permanent presence)		

* 1) Offices: 1 Office in El Fasher Town (located in Takaria area on Gubah Street with 4 buildings within the main compound, and 1 annex building opposite the main office compound - adjacent the annex building, there is workshop which was used for car maintenance and repair works) and 1 office in Shangil Tobay. 2) Guesthouses: 4 Guesthouses in North Darfur (including: 3 Guesthouses in El Fasher Town (ie. 2 guesthouses in Takaria area on Ziadia street for expats & 1 guesthouse for national staff on Takaria area very close Ziadia street) and 1 Guesthouse in Shangil Tobay. 3) Vehicles: 11 vehicles in North Darfur (including: 1 Toyota Hiace Mini Bus, 1 Toyota Hilux double cabin, 1 Toyota LC Pick-up, 1 Renault Truck, and 7 Toyota LC Hardtops - out of the 11 vehicles, 8 - 7 hardtops, and 1 LC Pick-up - were not in use due to carjacking). Due to security measure in securing the 8 vehicle from carjacking, ACF contracted 9 commercial vehicles to run the programs in which, 7 were based in Fasher, and 2 in Shangil Tobay. 4) Warehouses: 2 Warehouses in North Darfur (including: 1 Warehouse in El Fasher town with a storage capacity of 660 m2 on Massani Street on the way to Khartoum, plus 1 storage in Abu Shouk TFC and 1 storage in Shangil Tobay). In El Fasher the warehouse building is partitioned into smaller storage facilities which were used according to the departments. A new construction project was in progress for two annex buildings within the compound in order to increase the storage facility in anticipation for possible expansion of programs in the coming periods. Total storage capacity for this new construction is 120 m2. 5) Stocks: Plumpy nut, DSM, CSB, BSFP premix large stock of animal medicines and vaccination, 1 borehole drilling machine, weighing scales, pipes (quantities and items still to be accounted for).

Food Sector - South Darfur

Geographic Coverage of Food Assistance					Former Situation			Current Situation				Analysis of Gaps	
Type	Locality	Location	Caseload	Food (MT)**	Activities	Staff	Assets	New Service Provider	Activities	Staff	Assets	Action Points & Quality Control	Gaps
GFD	Shaeria	Muhajeria	41,888	1,888	Solidarites Food aid targeting Beneficiary registration Food distribution Distribution monitoring Distribution reporting Logistics, Warehouse & commodity management Food security and nutrition assessments	49 staff directly working on food assistance covering all four locations. Some staff based in Muhajeria while others in Shaeria Town	Cars Radios Thuraya Laptops Desktops Scoops Scales Plastic Sheeting Pallets WFP Rubb Halls	WFP	Food distribution Logistics, Warehouse & commodity management Programme management	4 WFP staff & 32 ex-Solidarités staff hired on short-term basis	N/A	One-off direct WFP distribution of 2 month ration for March and April 2009	Major gap is GoS position on the food sector strategy after WFP direct distribution.
		Post-distribution monitoring to be conducted on regular basis in Muhajeria and Shaeria	Current WFP approach is not at all sustainable and this may lead to serious gap in food assistance programmes.										
		Abdangal	20,432	1,545								Overall programme management and administration	N/A
		Um Shegeira	33,193	950									

* Caseloads are based on WFP-Solidarités 2009 Field Level Agreement.

** Food quantities are based on the WFP-NGO FLA agreements and cover requirements for the March-June 2009 period.

Food Sector - South Darfur

Geographic Coverage of Food Assistance					Former Situation			Current Situation				Analysis of Gaps	
Type	Locality	Location	Caseload	Food (MT)**	Activities	Staff	Assets	New Service Provider	Activities	Staff	Assets	Action Points & Quality Control	Gaps
GFD	Kass	Kass Town	86,135	4,317	CARE Food aid targeting Beneficiary registration Food distribution Distribution monitoring Distribution reporting Logistics, Warehouse & commodity management Food security and nutrition assessments Overall programme management and administration	48 staff directly working on food assistance in all three Kass locations	Cars	WFP	Food distribution	WFP Kass Field Office & 16 ex-CARE staff hired on short-term basis	N/A	One-off direct WFP distribution of 2 month ration for March and April 2009	Major gap is GoS position on the food sector strategy after WFP direct distribution. Current WFP approach is not at all sustainable and this may lead to serious gap in food assistance programmes in the future.
		Thur & Nyama	9,378	470			Thuraya Laptops Desktops Scoops Scales Plastic Sheeting Pallets WFP Rubb Hall		Logistics, Warehouse & commodity management Programme management			Some post-distribution monitoring to be conducted in selected locations.	
	Buram	Gereida	134,700	8,950	Same as above	67 staff working directly on food aid projects	Same as above	WFP	Food distribution Distribution monitoring & reporting Logistics, Warehouse & commodity management Programme management	4 WFP staff & 54 ex-CARE staff hired on short-term basis	N/A	One-off direct distribution for March 2009. Regular post-distribution and food security monitoring.	Same as above

- Caseloads are based on WFP-Solidarités 2009 Field Level Agreement. ** Food quantities are based on the WFP-NGO FLA agreements and cover requirements for the March-June 2009 period.

Food Sector –West Darfur

Geographic Coverage of Food Assistance					Former Situation			Current Situation				Analysis of Gaps	
Type	Locality	Location	Caseload	Food (MT)**	Activities	Staff	Assets	New Service Provider	Activities	Staff	Assets	Action Points & Quality Control	Gaps
GFD	El-Geniena	Abu Zar, Ardamata, Dorti, El Hujaj, El Riad, Jama, Kirinding-1, Kirinding-2, Mastari, Mornie, Sultan house, Tilaihaya, Korti, Um Sibaiga, Arbokni, Dorti Marareet, Dorti Falata, Tandicraw, Deliabab, Agoura, Jabal, Muli, Romalia, Um Shalaya, Genderni, Hajer Tama	306,107	11,041.76	SC-US Food aid targeting Beneficiary registration Food distribution Distribution monitoring Distribution reporting Logistics, Warehouse & commodity management Food security and nutrition assessments Overall programme management and administration	91	Cars Radios Thuraya Laptops Desktops Scoops Scales Plastic Sheeting Pallets WFP Rubb Hall	WFP	Food distribution Logistics, Warehouse & commodity management Programme management	WFP FO staff + some of ex. SC_US staff	N/A	One-off direct WFP distribution of 2 month ration for March and April 2009 Some post-distribution monitoring to be conducted in selected locations.	Current WFP approach is not at all sustainable and this may lead to serious gap in food assistance programmes in the future
	Habila	Abu Dahiya, Arara, Beida Fur, Buranga, Gemieza, Babiker, Vul, Gobe, Habilla, Kongo, Haraza, Mangarasa, Nur El Huda, Sala + Ior, Sawani, Tawang, Tundosa, Um Samgamti	99,753	3,308	Same as above	48	- Same as above	WFP	same as above	same as above	N/A	same as above	same as above

Food Sector –West Darfur

Geographic Coverage of Food Assistance					Former Situation			Current Situation				Analysis of Gaps	
Type	Locality	Location	Caseload	Food (MT)**	Activities	Staff	Assets	New Service Provider	Activities	Staff	Assets	Action Points & Quality Control	Gaps
GDF	Wadi Salih	Gungar, Ras El Feel Un Jokoti	16,510	414	Same as above	30	Same as above	WFP	Same as above	Same as above	N/A	Same as above	Same as above
	Zalingei	Zalingei IDP camps: Hamedia, Hasa Hissa, Karanik, Shabab, Teyba	98,194	4,921.48	CARE Food aid targeting Beneficiary registration Food distribution Distribution monitoring Distribution reporting Logistics, Warehouse & commodity management Food security and nutrition assessments Overall programme management and administration	86	Cars Radios Thuraya Laptops Desktops Scoops Scales Plastic Sheeting Pallets WFP Rubb Hal	WFP	Food distribution Logistics, Warehouse & commodity management Programme management	WFP FO staff + some of ex. CARE staff	N/A	One-off direct WFP distribution of 2 month ration for March and April 2009 Some post-distribution monitoring to be conducted in selected locations.	Current WFP approach is not at all sustainable and this may lead to serious gap in food assistance programmes in the future
	Mukjar	Mukjar, Wadi Salih, Bendisi, Um Dukhun	139,861	7,009.84	Same as above	129	Same as above	WFP	same as above	same as above	N/A	same as above	same as above

* Caseload based on the highest figure during the period Jan. - Jun. 2009

** Planned MT based on FLAs requirements from March – June.



CAPACITY LOST

North Darfur

	LOCATIONS VISITED					
	Abu Shouk	El Salam Camp	Kebkabiya	Shangril Tobavi	Zam Zam Camp	ALL LOCATIONS VISITED
Assessment & Distribution Partner	OXFAM-GB	CHF International	OXFAM- GB	OXFAM- GB	CHF Internationa	CHF International, OXFAM
Transport & Warehousing Partner	CARE	CARE	CARE	CARE	CARE	CARE
Region/Camp Population	54,141	48,788	69,688	39,150	79,060	290,827
Individuals (HHs x 6) Supported in 2008	43,602	24,516	67,764	45,810	25,950	207,642
Households	7,267	4,086	11,294	7,635	4,325	34,607

"Man-Day" Capacity Lost to Complete Activities:

Distribution						
Information Campaigns	8	6	12	8	6	40
Information Gathering	32	48	36	24	48	188
Organize Distribution	8	12	12	8	12	52
Conduct Distribution	8	12	18	8	18	64
Distribution Report	4	4	4	4	24	40
Monitoring & Evaluation	9	9	9	9	9	45
Sub-Total	69	91	91	61	117	429
Transport & Logistics						
Transport Contracting	5	5	5	5	5	23
Hub Warehouse Management	504	504	504	504	504	2,520
Receiving Re-Supply Stocks	4	4	4	4	4	20
Process Transport Permits	7	7	7	7	7	35
Transport to Distribution Sites	14	14	14	14	14	70
Stock Reporting	28	28	28	28	28	140
Sub-Total	562	562	562	562	562	2,808
Information Management						
Assessment Report	4	4	4	4	4	20
NFI Request	2	2	2	2	2	10
Sector Partner Coordination	64	64	64	64	64	320
Seasonal Distribution Planning	64	64	64	64	64	320
Sector Planning	9	18	9	9	18	63
Sector Fundraising	42	18	42	42	18	162
Sector Reporting	28	28	28	28	28	140
Sub-Total	213	198	213	213	198	1,035
TOTAL	844	851	866	836	877	4,272
Full-Time Employee Equivalents	2.34	2.36	2.40	2.32	2.44	11.87

CAPACITY LOST

North Darfur

Partner	CARE	OXFAM-GB	CHF International
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Locations Supported

ALL	Abu Shouk Camp, Kebkabiya, Shangril Tobayi	El Salam Camp, Zam Zam Camp
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Y = yes, lost, but not quantifiable

ASSETS LOST:

Physical

Vehicles	1	1	2
Computers	1	1	1
NFI & ES Stocks	ALL	ALL	ALL
Office Equipment	Y	Y	
Cell Phones	18	4	6
Sat Phones	2	1	2
Radios	10	4	6
Loudhailers	-	1	1
Tables & Chairs	-	Y	Y
Stationary	Y	Y	Y

Relationships/Contracts

Transport Contracts	2		
Transporter Contact Details	Y		
Contracting Process Documentation and Short Lists	Y		
Waybills	Y		
Warehouse Contracts	1	1	1
Lease Agreements	Y	Y	Y
Receipts for rent paid	Y	Y	Y
Office Contracts	1	1	1
Lease Agreements	Y	Y	Y
Receipts for rent paid	Y	Y	Y

Information/Documentation

Needs Assessment Reports		32	32
Distribution Lists		32	32
Distribution Reports		32	32
Beneficiary Lists		3	2
Posters/Flyers/Info Sheets		Y	Y
Contacts within the Communities		Y	Y
Distribution Tools		Y	Y
Distribution Plans		Y	Y
Work Plan Project Sheets	Y	Y	Y
Fundraising Appeals	Y	Y	Y
Grant Documentation	Y	Y	Y
Monitoring Tools	Y		
Monitoring Reports	Y		
Books/Accounting Ledgers and Receipts	Y		
Stock Cards	Y		
Waybills	Y		

CAPACITY LOST

South Darfur

	Kass	Sharia / Muhajiria	ALL AFFECTED LOCATIONS VISITED	REMAINING AFFECTED CASELOAD/ LOCATIONS NOT VISITED	TOTAL AFFECTED CASELOAD
Assessment & Distribution Partner	CHF	Solidarite			
	International				
Transport & Warehousing Partner	CARE	CARE			
Individuals (HHs x 6) Supported in 2008	10,300	3,670	13,970	51,085	65,055
Percentage of Total Caseload			21.47%	78.53%	100.00%

"Man-Day" Capacity Lost to Complete Activities:

Distribution					
Information Campaigns	26	100	126	461	587
Information Gathering	10	12	22	80	102
Organize Distribution	113	30	143	521	664
Conduct Distribution	50	60	110	402	512
Distribution Report	5	5	10	37	47
Monitoring & Evaluation	8	8	16	59	75
Sub-Total	212	215	427	1,560	1,986
Transport & Logistics					
Transport Contracting	3	3	6	23	29
Hub Warehouse Management	811	811	1,622	5,931	7,553
Receiving Re-Supply Stocks	4	4	8	29	37
Process Transport Permits	6	6	12	44	56
Transport to Distribution Sites	20	20	40	146	186
Stock Reporting	40	40	80	293	373
Sub-Total	884	884	1,768	6,466	8,235
Information Management					
Assessment Report	5	5	10	37	47
NFI Request	1	1	2	7	9
Sector Partner Coordination	2	2	4	13	16
Seasonal Distribution Planning	-	2	2	7	9
Sector Planning	-	2	2	7	9
Sector Fundraising	-	42	42	154	196
Sector Reporting	1	7	8	29	37
Sub-Total	9	61	70	254	324
TOTAL	1,104	1,160	2,264	8,280	10,544
Full-Time Employee Equivalents	3.07	3.22	6.29	23.00	29.29

CAPACITY LOST

South Darfur

	Kass	Sharia / Muhajiria	PARTNERS SUPPORTING AFFECTED LOCATIONS VISITED	PARTNERS SUPPORTING REMAINING AFFECTED CASELOAD / LOCATIONS NOT VISITED	TOTAL AFFECTED CASELOAD
Partner	CARE	CHF International	Solidarite		
Locations Supported	All	Kass	Sharia		
Individuals (HHs x 6) Supported in 2008		10,300	3,670	13,970	65,055
Percentage of Total Caseload				21.47%	100.00%
Y = yes, lost, but not quantifiable					
ASSETS LOST:					
Physical					
Vehicles	1	2	5	8	37
Computers	2	1	3	6	28
NFI & ES Stocks					
Office Equipment	Y	Y	Y		
Cell Phones	Y	Y	Y		
Sat Phones	Y	Y	Y		
Radios	Y	Y	Y		
Loudhailers					
Tables & Chairs	Y	Y	Y		
Stationary	Y	Y	Y		
Relationships/Contracts					
Transport Contracts					
Transporter Contact Details	2	1	1	4	19
Contracting Process Documentation and Short Lists	Y	Y	Y		
Waybills	Y	Y	Y		
Warehouse Contracts	1	1	1	3	14
Lease Agreements	Y	Y	Y		
Receipts for rent paid	Y	Y	Y		
Office Contracts	1	1	2	4	19
Lease Agreements	Y	Y	Y		
Receipts for rent paid	Y	Y	Y		
Information/Documentation					
Needs Assessment Reports		10	Y	10	47
Distribution Lists		10	Y	10	47
Distribution Reports		10	Y	10	47
Beneficiary Lists		2	Y	2	9
Posters/Flyers/Info Sheets					
Contacts within the Communities		Y	Y		
Distribution Tools		Y	Y		
Distribution Plans		Y	Y		
Work Plan Project Sheets	Y	Y	Y		
Fundraising Appeals	Y	Y	Y		
Grant Documentation	Y	Y	Y		
Monitoring Tools	Y				
Monitoring Reports	Y				
Books/Accounting Ledgers and Receipts	Y				
Stock Cards	Y				
Waybills	Y				

CAPACITY LOST

West Darfur

	LOCATIONS VISITED					ALL AFFECTED LOCATIONS VISITED	REMAINING AFFECTED CASELOAD/ LOCATIONS NOT VISITED	TOTAL AFFECTED CASELOAD
	Forbaranga	Habila	Kereneh	Krinding I	Zalingei			
Assessment & Distribution Partner	SC-US	SC-US	SC-US	SC-US	Mercy Corps			
Transport & Warehousing Partner	CARE	CARE	CARE	CARE	CARE			
Individuals (HHs x 6) Supported in 2008	30,084	11,904	27,726	22,728	51,288	143,730	95,316	239,046
Households	5,014	1,984	4,621	3,788	8,548	23,955	15,886	39,841
Percentage of Total Caseload						60.13%	39.87%	100.00%

"Man-Day" Capacity Lost to Complete Activities:

Distribution								
Information Campaigns	4	6	4	4	3	21	14	35
Information Gathering	32	98	32	32	24	218	145	363
Organize Distribution	12	28	12	12	5	69	46	115
Conduct Distribution	56	50	56	56	36	254	168	422
Distribution Report	1	1	1	1	1	5	3	8
Monitoring & Evaluation	9	8	9	9	9	44	29	73
Sub-Total	114	191	114	114	78	611	405	1,016
Transport & Logistics								
Transport Contracting	4	4	4	4	4	20	13	33
Hub Warehouse Management	782	782	782	782	782	3,910	2,593	6,503
Receiving Re-Supply Stocks	4	4	4	4	4	20	13	33
Storage at Distribution Sites	-	9	-	-	20	29	19	48
Process Transport Permits	9	9	9	9	9	45	30	75
Transport to Distribution Sites	34	34	34	34	34	170	113	283
Stock Reporting	52	52	52	52	52	260	172	432
Sub-Total	885	894	885	885	905	4,454	2,954	7,408
Information Management								
Assessment Report	1	2	1	1	2	7	5	12
NFI Request	1	2	1	1	14	19	13	32
Sector Partner Coordination	33	30	33	33	8	137	91	228
Seasonal Distribution Planning	18	12	18	18	18	84	56	140
Sector Planning	17	17	17	17	12	80	53	133
Sector Fundraising	17	17	17	17	12	80	53	133
Sector Reporting	28	29	28	28	42	155	103	258
Sub-Total	115	109	115	115	108	562	373	935
TOTAL	1,114	1,194	1,114	1,114	1,091	5,627	3,732	9,359
Full-Time Employee Equivalents	3.09	3.32	3.09	3.09	3.03	15.63	10.37	26.00

CAPACITY LOST
West Darfur

Partner	PARTNER LOSSES FOR LOCATIONS VISITED			PARTNERS SUPPORTING AFFECTED LOCATIONS VISITED	PARTNERS SUPPORTING REMAINING AFFECTED CASELOAD / LOCATIONS NOT VISITED	TOTAL AFFECTED CASELOAD
	CARE	SC-US Forbaranga, Habila, Kereneq, Krinding I	Mercy Corps Zalingei			
Locations Supported	ALL			143,730	95,316	239,046
Individuals (HHs x 6) Supported in 2008		92,442	51,288			
Percentage of Total Caseload				60.13%	39.87%	100.00%
Y = yes, lost, but not quantifiable						
ASSETS LOST:						
Physical						
Vehicles	1	2	2	5	3	8
Computers	2	2	2	6	4	10
NFI & ES Stocks	ALL	ALL	ALL			
Office Equipment	Y	Y	Y			
Cell Phones	8	8	12	28	19	47
Sat Phones	2	2	2	6	4	10
Radios	8	8	12	28	19	47
Loudhailers		2	2	4	3	7
Tables & Chairs		Y	Y			
Stationary		Y	Y			
Relationships/Contracts						
Transport Contracts	1			1	1	2
Transporter Contact Details	Y					
Contracting Process Documentation and Short Lists	Y					
Waybills	Y					
Warehouse Contracts	1	1	1	3	2	5
Lease Agreements	Y	Y	Y			
Receipts for rent paid	Y	Y	Y			
Office Contracts	1	1	1	3	2	5
Lease Agreements	Y	Y	Y			
Receipts for rent paid	Y	Y	Y			
Information/Documentation						
Needs Assessment Reports		16+	4	20	13	33
Distribution Lists		16+	4	20	13	33
Distribution Reports		16+	4	20	13	33
Beneficiary Lists		2	1	3	2	5
Posters/Flyers/Info Sheets		Y	Y			
Contacts within the Communities		Y	Y			
Distribution Tools		Y	Y			
Distribution Plans		Y	Y			
Work Plan Project Sheets	Y	Y	Y			
Fundraising Appeals	Y	Y	Y			
Grant Documentation	Y	Y	Y			
Monitoring Tools	Y					
Monitoring Reports	Y					
Books/Accounting Ledgers and Receipts	Y					
Stock Cards	Y					
Waybills	Y					

Location	Estimated Population	Parameters	Water Facilities	Sanitation	Garbage Collection	Hygiene Promotion	Hygiene Promotion	WASH in Schools	WASH in Health Centers
Abu Shouk	IDP:54,141	Facilities available	5 motorized pumps. 28 hand pumps construction by WES.	WES supplies chlorine powder and tabs.	No. of communal latrines: 1,258	Hygiene promoters and VHC members on ground	Hygiene promoters and VHC members on ground	water and sanitation services to schools and CFS	Water systems in IRC clinic, ACF, TFC. Sanitation by OXFAM
	Hosts: 0	Who was doing what	3 motorized pumps by WES. 28 hand pumps operated by the Community, spares by WES. OXFAM: Two water tanks and tap stands O&M	WES Provides Chlorine ,Chlorination activity by OXFAM	OXFAM	WES: Soc Mob at H/H level and provision of tools to hygiene Promoters. Resp: Fasher locality - provision of truck and WES for fuel & incentives	50% of the blocks covered by OXFAM, and remaining by WES	WES provides water to schools and CFS, Sanitation by OXFAM	Water systems in IRC clinic, ACF TFC by WES. Sanitation by ACF staff
	Total: 54,141	Current situation	All water systems are working. WES and ex. OXFAM staff is continuing the facilities. Community hand pumps mechanics and WatSan Committees functioning.	- Testing and Mont. Of chlorine by WES	Under Assessment	Garbage cleaning campaign is on-going. WES is providing tools, incentive to driver and fuel for truck	Complete activity is handled by WES Hygiene Promoters	WES continuing with the water in schools. Sanitation assessment on-going	WES is continuing with supply of water services in Health Centre, ACF TFC. Sanitation by the ACF staff
		Capacity available	-community is trained on operation and management of power and hand pumps - Fuel, spare parts and financial support was provided by WES	-Periodicity: Weekly by WES	Capacity Under Assessment	Hygiene promoters and VHC members on ground	Hygiene promoters and VHC members on ground	WASH Club in schools have been established	Community based WatSan and WES Hyg. promoters available
		Current gaps	- Financial & Technical management coordination support - Cap building eg. Training of HP mechanics and WY operators	No gaps. WES Lab fully equipped and technicians available	Gaps: Financial and staff under assessment	No gaps, routine activities are on	No gaps, routine activities are on	No gaps in water. School Sanitation: Financial supported needed, studies to be done	Financial support for Sanitation
		Proposed Actions	WES has taken over complete charge to continue the water services in entire camp	WES to continue, as before	WES along with Local NGO can be considered	WES staff and community based VHC members available	WES trained Hygiene promoters on ground	WES to continue the interventions	WES would liaise with ACF and IRC
		Actions taken	WES has started supporting the systems which were done by OXFAM before	Plans under way	Plans under way	WES is continuing	WES is continuing	WES plans for Sanitation under way	WES plans for Sanitation under way

Location	Estimated Population	Parameters	Water Facilities	Sanitation	Garbage Collection	Hygiene Promotion	Hygiene Promotion	WASH in Schools	WASH in Health Centers
Al Salaam	IDP: 48,788	Facilities available	5 motorized pumps. 17 Hand pumps	WES supplies chlorine powder and tabs.	No. of communal latrines: 1,037	Garbage collection activity	Hygiene Promotion	water and sanitation services to schools and CFS	Water and Sanitation Facility
	Hosts: 0	Who was doing what	2 motorized by WES and 3 by OXFAM. 17 Hand pumps constructed by WES, and maintained by the community. WES supplies spares for maintenance and repairs	-Chlorination activity by WES	OXFAM	OXFAM	OXFAM	Water services by WES, Sanitation by OXFAM	Water services by WES, and Sanitation by OXFAM
	Total: 48,788	Current situation	WES is operating and maintaining 2 motorized pumps. Fuel and supplies for 3 motorized (ex. OXFAM) is being provided WES. Hand Pump Mechanic are taking care of O&M of pumps.	- Testing and Mont. Of chlorine by WES	Assessment plans under way. WES exploring the possibility of deploying ex. OXFAM staff	Assessment plans under way. WES exploring the possibility of deploying ex. OXFAM staff	Assessment plans under way. WES exploring the possibility of deploying ex. OXFAM staff	Assessment plans under way. WES exploring the possibility of deploying ex. OXFAM staff for sanitation	Assessment plans under way. WES exploring the possibility of deploying ex. OXFAM staff for sanitation
		Capacity available	-Cap building eg. Training of HP mechanics and WY operators by WES	-Periodicity: Weekly by OXFAM	WES considering to take additional staff	Community based Hygiene promoters to be activated.	Community based Hygiene promoters to be activated.	Community based hygiene /sanitation promotion committees to be activated	Community based hygiene /sanitation promotion committees to be activated
		Current gaps	Financial and Technical/ coordination support. No immediate crisis. However, WES has intervened to provide life line to water systems. Additional staff and budget would be needed	WES is continuing the Activity	Budget and staff would be needed.	Budget and staff would be needed. Intermittently, WES is organizing cleaning campaign	Budget and staff would be needed. Intermittently, WES is organizing hygiene promotion	Schools are closed currently. No immediate crisis, however, budget and staff would be needed	Water system is continuing. WatSan committee to be activated. Budget would be needed
		Proposed Actions	WES to take on complete responsibility. UNICEF, WES and Community Leaders met on 12 March on the proposed Action Plan. WES to continue services in coordination with the WatSan Committee	WES to continue the activity	Assessment plans under way. WES exploring the possibility of deploying ex. OXFAM staff	Assessment plans under way. WES exploring the possibility of deploying ex. OXFAM staff	Assessment plans under way. WES exploring the possibility of deploying ex. OXFAM staff	Community based hygiene /sanitation promotion committees to be activated	Community based hygiene /sanitation promotion committees to be activated
		Actions taken	O&M responsibility taken over by WES effective 16 March	WES is continuing the Activity	ex. OXFAM staff contacted by WES to continue the activity	ex. OXFAM staff contacted by WES	ex. OXFAM staff contacted by WES	WES to take on, assessment under way.	WES to take on, assessment under way.

Location	Estimated Population	Parameters	Water Facilities	Sanitation	Garbage Collection	Hygiene Promotion	Hygiene Promotion	WASH in Schools	WASH in Health Centers
Kabkebiya-Town	IDP: 50,000	Facilities available	<ul style="list-style-type: none"> - 3 bore wells with submersible pumps and generator - 3 open well with power pump and generator - 8 T45 tanks and 52 water points with 6 taps in each water point - 46 hand pumps working and 10 hand pumps under construction 	<ul style="list-style-type: none"> -Continuous chlorination done in 8 T45 tanks -No chlorination at hand pumps, only done during disease outbreak 	<ul style="list-style-type: none"> -6,000 HH latrines are available and used by 2 or 3 HHs -200 latrines were planned to construct and materials available 	<ul style="list-style-type: none"> -9 garbage collection points -collected using trailers and disposed in a dumping place 	<ul style="list-style-type: none"> -400 trained community hygiene promoters -regular awareness sessions -monitoring of latrine use -jerry can cleaning campaigns -soap distribution 	<ul style="list-style-type: none"> -22 schools -91 pits were constructed for this schools -rain water harvesting system constructed in 3 schools 	<ul style="list-style-type: none"> -2 health centers run by MSF, but now functioning partly -both health centers have water supply and sanitation facilities
	Hosts: 19,668	Who was doing what	-OXFAM was managing all water interventions	-was carried by OXFAM and chlorine powder was given by UNICEF	-was carried by OXFAM using community technical capacity	-was carried by OXFAM using KSCS	-was carried out by KSCS with financial and technical support from OXFAM -soap was provided by UNICEF	-was carried out by OXFAM using local capacity	-water was provided by OXFAM -sanitation facilities provided by local capacity
	Total: 69,668	Current situation	<ul style="list-style-type: none"> - WASH committee is managing the operation of power pumps - All hand pumps are working 	<ul style="list-style-type: none"> -chlorination is being done - water quality not monitored 	-No immediate need for latrines, but needs continuous support for each HH to construct their latrines	-will continue by KSCS until April 2009 as per the agreement with OXFAM	-As per the agreement with OXFAM, KSCS will continue all hygiene promotion activities until April 2009	-some schools need additional latrines	-further assessment is required
		Capacity available	<ul style="list-style-type: none"> -community is trained on operation and management of power and hand pumps - Fuel, spare parts and financial support was provided by OXFAM, which will be sufficient for 2/3 months - Most of staff used by OXFAM are from Kebkabiya and hence they are available -Drilling rig (PAT 301T) and some supplies are available 	<ul style="list-style-type: none"> -technical capacity available in the town -7 pump operators trained and working -KSCS can take this responsibility if financial support and supplies are provided 	<ul style="list-style-type: none"> -Masons are available locally and have been trained -KSCS can do mobilization and support HHs for latrine construction, if financial support is provided 	-KSCS has capacity to do, if financial support is provided	-KSCS has good capacity and can continue with financial support	-KSCS has capacity to do, if financial support is provided	-no immediate gaps
		Current gaps	<ul style="list-style-type: none"> -Financial support -Technical and management support 	<ul style="list-style-type: none"> -Financial support -Technical and 	<ul style="list-style-type: none"> -Financial support -Technical and management 		-No immediate gaps, but required financial support	-further assessment is required	-further assessment is required

Location	Estimated Population	Parameters	Water Facilities	Sanitation	Garbage Collection	Hygiene Promotion	Hygiene Promotion	WASH in Schools	WASH in Health Centers
				management support	support		to continue from May 2009 -Hygiene promotion during rainy season is very crucial		
		Proposed Actions	<ul style="list-style-type: none"> - WES can provide technical and management support - Community can operate power and hand pumps and pay for operators by collecting user fee - KSCS can provide immediate technical and management support, if financial assistance is provided 	- WES can take these interventions using KSCS, if financial support is provided	<ul style="list-style-type: none"> -WES can provide technical and management support -KSCS can provide support to HHs for construction of latrines 	To explore the possibility with the local NGO	-WES and KSCS should discuss and come up with a plan, which could be funded by government and UNICEF	-undertake further assessment	-undertake further assessment
		Actions taken	- WES to undertake further assessment		Preliminary discussions held on 17 March by visiting UNICEF team	Preliminary discussions held on 17 March	Preliminary discussions held on 17 March	Preliminary discussions held on 17 March	Preliminary discussions held on 17 March

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Location	Estimated Population	Parameters	Water Facilities	Sanitation	Garbage Collection	Hygiene Promotion	Hygiene Promotion	WASH in Schools	WASH in Health Centers
Kabkebiya-Rural	IDP: 0	Facilities available	-60 hand pumps working and 20 hand pumps under construction -105 open dug wells used	-No chlorination at hand pumps, only done during disease outbreak -no regular water quality monitoring -all new bore wells are tested from chemical and bacteriological contamination	-4,900 HH latrines are available and used by 2 or 3 HHs	No a major issue	-no information collected/available	-25 schools -75 pits were constructed	-No information collected
	Rural: 72,495	Who was doing what	-OXFAM was managing all water interventions and providing support to local committees	-was carried by OXFAM and chlorine powder was given by UNICEF	-was carried by OXFAM using community technical capacity			-was carried out by OXFAM using local capacity	
	Total:	Current situation	- WASH committee in villages are managing the operation of hand pumps - All hand pumps are working	-No water quality monitoring	-Further assessment should be done			-some schools need additional latrines	
		Capacity available	-community is trained on operation and management of hand pumps - Most of staff used by OXFAM are from Kebkabiya and hence they are available -Drilling rig (PAT 301T) and some supplies are available	-technical capacity available in the town -KSCS can take this responsibility if financial support and supplies are provided	-Masons are available locally and have been trained -KSCS can do mobilization and support HHs for latrine construction, if financial support is provided			-KSCS has capacity to do, if financial support is provided	
		Current gaps	-Financial support -Technical and management support	-Financial support -Technical and management support	-Financial support -Technical and management support			-further assessment is required	
		Proposed Actions	- WES can provide spare parts and technical support - Community can operate and maintain hand pumps with support from KSCS - KSCS can provide immediate technical and management	- WES can take these interventions using KSCS, if financial support is provided	-WES can provide technical and management support -KSCS can provide support				

Location	Estimated Population	Parameters	Water Facilities	Sanitation	Garbage Collection	Hygiene Promotion	Hygiene Promotion	WASH in Schools	WASH in Health Centers
			support, if financial assistance is provided		to HHs for construction of latrines				
		Actions taken	Plans under way						
Shangil Tobai (Shadat)	39,150		3 Water yards, and two tanks.						
	(12,000 IDPs and rest host)	Who was doing what	OXFAM	Chlorine supplied by WES, but the activities by OXFAM	OXFAM	OXFAM	OXFAM, Soap provided by UNICEF	OXFAM	OXFAM
		Capacity available	Assessment required						
		Current gaps	WatSan Committee OK for 1 month. Financial support, management and coordination needed						
		Proposed Actions	Detail Assessment required						
		Actions taken	Initial info gathered						
Kassab	23,500		One motorized pump	Chlorination By WES	By IRC and WES	IRC. The Agency have 4 donkey carts	By GOAL and IRC		
			Five water bladders	Testing chlorine by WES	WES: 1800				
			28 hand pumps		IRC: 1000				
			O&M by WES						
			WES supplies fuel and spare parts	-Periodicity: Weekly by WES					

Joint GoS/UN Assessment Mission: Water & Environmental Sanitation Sector

Location	Estimated Population	WASH water agencies	No of HP	No of Motorized SP	No of Motorized HDW	Served population	Affected Population in Water Supply	WASH sanitation agencies	No of latrines	Served population	Remarks
Deraige	35,045	IRC	4	3		35,045	35,045	IRC	1,175	35,045	
						-	-				
Otash	73,215	WES	10	8		53,140		WES	2,080	12,480	
		CARE	4	3		20,075	20,075	CARE	1,533	9,198	
						-	-	IRC	2,710	16,260	
						-	-	ACF	820	4,920	
						73,215	-		7,143	42,858	
Beliel	25,987	IRC	8	2		12,994	12,994	IRC	1,500	22,500	
		WES				12,993					
						-	-				
						25,987	-				
Elsalam	63,000	WES	2	5		56,000		WES	587	8,805	All SP run by WES, Care distribute water through 6 water points, 1 elevated tank & 2 tona tanks
		CARE				7,000	7,000	CARE	815	12,225	
						-	-	ACF	365	5,475	
						63,000	-			26,505	
Kalma	106,500	OXFAM	15	11		71,190	71,190	OXFAM	9,000	54,000	
		CARE	7	3	3	21,072	21,072	CARE	3,000	18,000	
		WES	5	2	1	14,238		WES			No information available for number of constructed latrines by WES
						-	-			-	
						106,500	-				
Mossei	6,460	WES	1	1		6,460		WES	350	2,100	
						-	-	IRC	100	600	
						-	-			2,700	
Elserif	13,000	CARE	7	2	-	13,000	13,000	CARE	624	3,744	
						-	-			-	
Sakali	13,750	IRC	3	1		13,750	13,750	IRC	890	5,340	
						-	-			-	
Muhajiria	23,050	Solidarities		4		8,865	8,865		2,000	14,000	no more IDPs but 1050 returnees
		WES	24	4		14,185				-	
						23,050	-			-	
Seleia	24,491	Solidarities		2		24,491	24,491	solidarities			No information available for number of constructed latrines by WES
						-	-			-	
Kabum	2,208	CARE	5	2		2,208	2,208	CARE	140	2,100	
						-	-			-	
Idd Elfursan		WVI				-	-			-	Population information not available
		CARE				-	-			-	
						-	-			-	
Finna	12,000	WES		2		10,000	10,000	WES	7	140	WES stopped supplying fuel because of security and motorized pump not functioning
		SP	5			2,000		SP	6	120	
						-	-			-	
Adilla	28,907	WES				14,454	-	UMCOR		-	
		Solidarities				14,453	14,453	Solidarities			
						-	-			-	
						28,907	-			-	
Kass	107,494	CARE	16	-		8,000	8,000	CARE	1,390	8,340	
		IRC	22	5		36,000	36,000	IRC	1,718	10,308	
		SUDO	2	-		1,000	1,000	ACF	150	900	
		ACF	4	-		2,000	2,000	OXFAM	707	4,242	
		OXFAM	6	3		18,000	18,000	WES	3,003	18,018	
		WES	17	6		38,500				-	
						-	-			41,808	
Eldeain area camps	96,942	UMCORE				32,314		SUDO	500	7,500	UMCOR, Solidarities and SUDO support rehabilitation of water yards. WES run the SP
		WES		6		32,314		Tearfund	1,954	29,310	
		Solidarities				32,314	32,314	UMCORE	712	10,680	
						-	-	WES	1,570	23,550	
						-	-	Solidarities	702	10,530	
						96,942	-			81,570	
El Neem	56,015	WES				28,008	-	Tear Fund	1,925	11,550	
		SUDO				28,008	28,008	WES	1,370	8,220	
						-	-	SUDO	200	1,200	
						-	-	UMCOR	210	1,260	
						-	-	Solidarities	2,178	13,068	
						-	-			35,298	
Mershing	47,142	WVI				23,571	-	WVI		-	
		SUDO				23,571	23,571	SUDO		-	
						47,142				49,626	
Labado		WES					-	WES		-	Population number not available
		ACF					-	ACF		-	
		ICRC					-			-	
Total							403,036				

Location	Estimated Population	Former WASH water agencies	Specific Activities to be Sustained	Possible Partner to take over	Interim Implementation Arrangements	Affected Population -GAP	No of Water Yards GAP	No of HP-GAP	No of water supply operation staff GAP	No latrines new rehabilitation and new construction GAP	No Hyg. Supervisor GAP	No Hyg. Promoters GAP	Remarks
Krinding 1	21,990	WES- UNICEF, SC US	O&M of motorized systems and hand pumps including chlorination; rehabilitation of latrines; hygiene promotion along with soap distribution; and solid waste management	WES or IRW	WES is currently covering O&M for the water system with support from UNICEF for the next two weeks; IRW has shown interest in takeover in the future but no firm commitment.	9,120	1	18	4	1,510	6	29	There are problems with network, taps & fittings; soap distribution along with hygiene promotion and solid waste management
Krenik town	37,617	SC US	O&M of motorized systems and hand pumps including chlorination; rehabilitation of latrines; hygiene promotion along with soap distribution	WES or World Relief.	WES with support from UNICEF to take over WASH activities except solid waste management which Krenik Locality will take over; no commitment from World Relief	37,617	3	26	13	1,500	6	30	Sanitation and hygiene is a problem and solid waste management need to be addressed; there are also problems with network, taps & fittings; one motorized pump required urgently; 21 barrels of fuel required per month
Mornei	73,479	SC US	Solid waste management	CONCERN	CONCERN will be consulted to take over for a short period until another partner is identified	73,479	0	0	0	0	0	0	Solid waste management is a problem with the departure of SC US who had recently taken over
Habilla													
Habilla town	21,134	WES- UNICEF, SC US	O&M of motorized systems and hand pumps including chlorination; rehabilitation of latrines; hygiene promotion along with soap distribution	WES	WES with support from UNICEF to take over O&M of water facilities and in the medium term WES could take over sanitation and hygiene, in case another partner is not identified	6,000	3	28	11	1,522	5	25	Sanitation and hygiene is a problem and solid waste mngt need to be addressed; there are problems with network, taps & fittings; 1 motorized pump required urgently; 10 barrels of fuel required /month; need HP spare parts; drilling rig with a crew of 6 persons is available; water systems require 9 barrels of diesel/month

Location	Estimated Population	Former WASH water agencies	Specific Activities to be Sustained	Possible Partner to take over	Interim Implementation Arrangements	Affected Population -GAP	No of Water Yards GAP	No of HP-GAP	No of water supply operation staff GAP	No latrines new rehabilitation and new construction GAP	No Hyg. Supervisor GAP	No Hyg. Promoters GAP	Remarks
Forobanga town	40,047	SC US	O&M of motorized systems and hand pumps including chlorination; rehabilitation of latrines; hygiene promotion along with soap distribution	WES	WES with support from UNICEF to take over O&M of water facilities and in the medium term WES can take over sanitation and hygiene in case another partner is not identified	40,047	3	32	13	850	5	40	There are problems with network, taps & fittings; need one motorized pump & one generator along with hand pump spare parts; 5 barrels of fuel required per month;
Zalingei Hamida camp	43,742	IRC, Mercy Corps	O&M of motorized systems and hand pumps including chlorination; rehabilitation of latrines; hygiene promotion along with soap distribution	NCA	WES/NCA: WES to pay O&M cost incl. WASH staff salaries (using WES stand. rates) through NCA who will ensure implementation; NCA is making arrangements to take over of all WASH activities	43,742	2	15	10		2	13	Sanitation and hygiene is a problem and solid waste management needs to be addressed; network and fittings are required; 10 drums of diesel required per month.
Hassa Hisa camp	42,900	Mercy Corps	O&M of motorized systems and hand pumps including chlorination; rehabilitation of latrines; hygiene promotion along with soap distribution	NCA	WES/NCA: WES to pay O&M cost including water, sanitation and hygiene staff (using WES standard rates) through NCA who will ensure implementation using former Mercy Corps/IRC staff; NCA is making arrangements to take over of all WASH activities; OCHA to engage IDP leadership on the planned arrangements	42,900	3	12	26		2	12	Sanitation and hygiene is a problem and solid waste management needs to be addressed; network and fittings are required; 9 barrels of diesel & 17 barrels of petrol required per month
Jebel Marra													

Location	Estimated Population	Former WASH water agencies	Specific Activities to be Sustained	Possible Partner to take over	Interim Implementation Arrangements	Affected Population -GAP	No of Water Yards GAP	No of HP-GAP	No of water supply operation staff GAP	No latrines new rehabilitation and new construction GAP	No Hyg. Supervisor GAP	No Hyg. Promoters GAP	Remarks
Nyertiti (north and south camp)	57,896	Solidarite and WES-UNICEF	O&M of motorized systems and hand pumps including chlorination; rehabilitation of latrines; hygiene promotion along with soap distribution	WES	WES: to take over all WASH activities; no other potential partner at this location	33,000	5	63	24		3	30	Sanitation and hygiene is a problem and solid waste management needs to be addressed; network and fittings are required; WES/UNICEF to provide standby generator & submersible pump; 15 barrels of diesel required/ month
Gornei	13,770	Solidarites, ICRC, NCA	O&M of motorized systems and HPs incl. chlorination rehab. of latrines; hyg promotion along with soap	ICRC or NCA		13,770	0	3					Sanitation & hygiene promotion including solid waster management is a significant gap that need to be addressed
Saga	3,476	Solidarites, ICRC, NCA	O&M of motorized systems and hand pumps including chlorination; rehabilitation of latrines; hygiene promotion along with soap distribution	ICRC or NCA		3,476	0	3					Sanitation & hygiene promotion including solid waster management is a significant gap that need to be addressed
Mukjar													
Mukjar	16,407	CARE, Mercy Corps, German Red Cross, Sudanese Red Crescent	O&M of motorized systems and hand pumps including chlorination; rehabilitation of latrines; hygiene promotion along with soap distribution	German Red Cross and Sudanese Red Crescent	GRC/SRC & WES: WES technician seconded to GRC to implement WASH activities; WES office in Garsila will support water activities	20,000	1	18	15				GRC/SRC will cover hygiene promotion and sanitation
Um Dukhum													
Um Dukhum town	55,547	Triangle, Mercy Corps, Oxfam	O&M of motorized systems and hand pumps including chlorination; rehabilitation of latrines; hygiene promotion along with soap distribution	WES and Triangle	Triangle with technical support from WES: will cover WASH activities	37,361	4	36	11		3	30	Sanitation and hygiene is a problem and solid waste management need to be addressed; network and fittings are required; WES/UNICEF to provide standby generator & submersible pump.
Kulbus													

Location	Estimated Population	Former WASH water agencies	Specific Activities to be Sustained	Possible Partner to take over	Interim Implementation Arrangements	Affected Population -GAP	No of Water Yards GAP	No of HP- GAP	No of water supply operation staff GAP	No latrines new rehabilitation and new construction GAP	No Hyg. Supervisor GAP	No Hyg. Promoters GAP	Remarks
Kulbus	13,518	CONCERN, SUDO/PHO	O&M of hand pumps; hygiene promotion along with soap distribution	CRS		1,250	0	0	0	0	0	0	SUDO drilled 5 boreholes and hand pumps not installed; CRS will install hand pumps; WES will provide hand pumps in case not available at SUDO Office
Wadi Bardi 1	3,913	CONCERN, SUDO/PHO	O&M of hand pumps; hygiene promotion along with soap distribution	CRS									
Wadi Bardi 2	2,185	CONCERN, SUDO/PHO	O&M of hand pumps; hygiene promotion along with soap distribution	CRS									
Total	447,621					361,762	25	254	127	5,382	32	209	

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Health & Nutrition Sector
Assessment Report
State North Darfur

State - North Darfur		Former Situation																			Current Situation								
Locality	Location	Caseload/ week	Former Provider	HF Infrastructure				HF's Human Resources							Provided Services					Assets	New Provider	Activities/ Comments	Staff	Assets	Gap				
				Activities	HF Type	EWARS	Referral Capacity	MO	MA	Nurse	PHO	MW	Vacc.	Lab Person	Total medical staff in HF	Total Community Staff	Community Level	PHC Level	SHC Level						Total	%	Yes	No	
ElFasher	Abu Shoak camp	1498	IRC	Health	PHCC	Y	Y	1	6	8	1	6	5	1	28	40	A11,A12,A21,A23 A31,A42,A43,A5 1,A52,A53,A61,A 71,A81	B11,B12,B13,B14,B21,B22,B 41,B42,B43,B51,B52,B54,B6 1,B62,B63,B64,B65,B66,B71, B72,B73,B81,B91	C11,C13	38	62.3%	shelters, Ambulance, wards of 57 beds	SMOH	C01,C21,C22,C23,C31,C41,C41, C42,C43,C51,C52,C53,C61,C81, C91,P11,P13,P14,P21,P22,P23,P41 P51,P52,P53,P54,P61,P62,P63,P64 P65,P71,P72,P73,P91	17		yes		
	Abu Shoak camp	NA	ACF	Nutrition	TFC/SFC	Y	Y	1	4	6	0	0	0	0	11	11	A11,A21,A31,A32	B13,B14,B31,B32,B91		11	18.0%	shelters, Ambulance, wards of 26 beds	SMOH	C22,C31,C32,,P13,P21,P22,P23,P3 1,P32,P41	55				
	Es-Salam	1890	IRC	Health	PHCC	Y	Y	1	6	7	0	4	2	1	21	28	A11,A12,A21,A23 A31,A42,A43,A5 1,A52,A53,A61,A 71,A81	B11,B12,B13,B14,B21,B22,B 41,B42,B43,B51,B52,B54,B6 1,B62,B63,B64,B65,B66,B71, B72,B73,B81,B91	C11,C13	38	62.3%	shelters, Ambulance, wards of 42 beds	SMOH	C01,C21,C22,C23,C31,C41,C41, C42,C43,C51,C52,C53,C61,C81, C91,P11,P13,P14,P21,P22,P23,P41 P51,P52,P53,P54,P61,P62,P63,P64 P65,P71,P72,P73,P91	18		yes		
	ZamZam	1085	SUDO	Health	PHCC	Y	N	0	1	1	0	2	1	0	5	8	A11,A21,A22,A42	B11,B13,B22,B41,B42,B51,B 52,B61,B62,B63,B64,B71,B7 2,B91		21	34.4%	perminant 5-roomed and ambulance	Facility closed	No services provided	0		yes		
Kutum Rural	Hashaba	1050	IRC	Health	PHCC	Y	Y	0	1	4	0	1	1	1	8	11	A12,A23,A31,A42 A51,A52,A53,A6 1,A81	B11,B12,B13,B14,B42,B51,B 52,B54,B61,B62,B63,B64,B6 5,B66,B71,B72	C11,C13	27	44.3%	5 rooms perminant	SMOH- Sudan Islamic Medical Association (SIMA)	C01,C23,P11,P13,P21,P61,P62,P63	8		yes		
Kutum Rural	Gabr Ganam	350	IRC	Health	PHCC	Y	Y	0	1	4	0	2	1	1	9	13	A12,A23,A31,A42	B11,B12,B13,B14,B21,B42,B 51,B52,B54,B61,B62,B63,B6 4,B65,B66,B71,B72	C11,C13	28	45.9%	5 rooms perminant	SMOH- SIMA	C01,C23,P11,P13,P21,P61,P62,P63	8		yes		
Kutum Rural	Kherban	1050	IRC	Health	PHCC	Y	Y	0	1	3	0	3	1	1	9	14	A12,A23,A31,A42 A51,A52,A53,A6 1,A81	B11,B12,B13,B14,B21,B42,B 51,B52,B54,B61,B62,B63,B6 4,B65,B66,B71,B72	C11,C13	28	45.9%	5 rooms perminant	SMOH- SIMA	C01,C23,P11,P13,P21,P61,P62,P63	7		yes		
Kutum Rural	Um Ajaja	400	IRC	Health	PHCC	Y	Y	0	0	4	0	2	1	1	8	12	A12,A23,A31,A42 A51,A52,A53,A6 1,A81	B11,B12,B13,B14,B21,B42,B 51,B52,B54,B61,B62,B63,B6 4,B65,B66,B71,B72,	C11,C13	28	45.9%	2 rooms perminant	SMOH- SIMA	C01,C23,P11,P13,P61,P62,P63,	5		yes		
Kutum Rural	Basheem	455	IRC	Health	PHCU	Y	Y	0	1	3	0	1	1	1	7	10	A12,A23,A31,A42 A51,A52,A53,A8 1	B11,B12,B13,B14,B42,B51,B 52,B54,B61,B62,B63,B64,B6 5,B66,B71,B72	C13	25	41.0%	2 rooms perminant	SMOH- SIMA	C01,C23,P11,P13,P61,P62,P63,	7		yes		
El Fasher	El Fasher & Kuma - El Salam		ACF	Health	Mob_clin ic	Y	Y	0	1	0	0	0	0	0	1	1													

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		Former Situation																		Current Situation						
Locality	Location	Population	HF Infrastructure				HFs Human Resources								Provided Services				New Provider	Activities/ Comments	Staff	Assets	Gap			
			Former Provider	Activities	HF Type	EWAR S	Referral Capacity	MO	MA	Nurs e	PHO	MW	Vacc.	Lab Person	Total medical staff in HF	Total Commu nity Staff	Community Level	PHC Level					Total	%	Yes	No
Geneina	Kerendig 1	21,908	SCUS	Health	PHCC	Y	Y	2	2	2	0	0	2	1	9	14	A11,A21,A22,A23,A31,A32,A33,A41,A42,A43,A51,A52,A53,A61,A81	B11,B12,B13,B14,B21,B22,B31,B32,B41,B42,B44,B51,B52,B54,B55,B56,B58,B61,B62,B63,B64,B65,B66,B71,B72,B81,B82,B83,B91	44	72.10%	SMOH/SIMA	C21;C43;C53;C61;P11;P21;P22;P41;P42;P51;P52;P53;P61;P62;P63;P64;P65;P66;P81;P91	2		yes	
Kerenik	Kerenik	35,455	SCUS	Health	PHCC	Y	Y	2	2	5	0	0	6	1	16	19	A11,A21,A22,A23,A31,A32,A33,A41,A42,A43,A51,A52,A53,A61,A81	B11,B12,B13,B14,B21,B22,B31,B32,B41,B42,B44,B51,B52,B54,B55,B56,B58,B61,B62,B63,B64,B65,B66,B71,B72,B81,B82,B83,B91	44	72.10%	SMOH/Concern	C11;C12;C22;C23;C42;C52;P11;P12;P13;P14;P21;P22;P41;P42;P51;P56;P61;P62;P63;P64;P66;P73;P82;P83;P91	12		yes	
	Morni	73,350	SCUS	Health	PHCC	Y	Y	3	2	5	0	0	3	1	14	26	A11,A21,A22,A23,A31,A32,A33,A41,A42,A43,A51,A52,A53,A61,A81	B11,B12,B13,B14,B21,B22,B31,B32,B41,B42,B44,B51,B52,B54,B55,B56,B58,B61,B62,B63,B64,B65,B66,B71,B72,B81,B82,B83,B91	44	72.10%	SMOH/IARA/Concern	C22;C23;C31;C32;C33;C41;C81;P11;P12;P13;P14;P21;P22;P31;P32;P41;P42;P43;P51;P52;P82;P83;P91;S11;S12;S13;S21	4		yes	
Habilla	Habila town	43,108	SCUS	Health	PHCC	Y	Y	3	2	5	0	0	4	1	15	19	A11,A21,A22,A23,A31,A32,A33,A41,A42,A43,A51,A52,A53,A61,A81	B11,B12,B13,B14,B21,B22,B31,B32,B41,B42,B44,B45,B51,B52,B54,B55,B56,B58,B61,B62,B63,B64,B65,B66,B71,B72,B81,B82,B83,B91	44	72.10%	SMOH/SRC	P11;P13;P14;P21;P42;P53;P61;S11;S12	14		yes	
	Tawang village	8,960	SCUS	Health	PHCC	N	Y	0	1	0	0	0	0	0	1	7	A11,A21,A22,A23,A31,A32,A33,A41,A42,A43,A51,A52,A53,A61,A81	B11,B14,B21,B22,B31,B32,B41,B42,B44,B51,B52,B54,B55,B61,B62,B63,B64,B65,B66,B71,B72,B81,B82,B83,B91	40	65.60%	No services provided	No services provided	1		yes	
	Gobeyi	7,953	SCUS	Health	PHCC	N	Y	1	1	0	0	0	0	0	2	8	A11,A12,A21,A22,A23,A31,A32,A33,A41,A42,A51,A52,A53,A61,A81	B11,B14,B21,B22,B42,B44,B51,B52,B54,B55,B61,B62,B63,B64,B66,B71,B72,B73,B82,B91	35	57.40%	SMOH	P11;	4		yes	
Forbaranga	Rural Bakhat	11,695	SCUS	Health	PHCC	Y	Y	3	4	10	0	0	8	1	26	10	A11,A21,A22,A23,A31,A32,A33,A41,A42,A43,A51,A52,A53,A61,A81	B11,B14,B21,B22,B31,B32,B41,B42,B44,B51,B52,B54,B55,B61,B62,B63,B64,B65,B66,B71,B72,B81,B82,B83,B91	40	65.60%	SMOH partially	P11;P21;P42;P53;P61	10		yes	
	Gemeiza	8,109	SCUS	Health	PHCC	Y	Y	1	0	0	0	0	0	0	1	8	A11,A21,A22,A23,A31,A32,A33,A41,A42,A43,A51,A52,A53,A61,A81	B11,B14,B21,B22,B31,B32,B41,B42,B44,B51,B52,B54,B55,B61,B62,B63,B64,B65,B66,B71,B72,B81,B82,B83,B91	40	65.60%	SMOH partially	No services provided	1		yes	
	Hajar Bagar	6,000	SCUS	Health	PHCC	Y	Y	0	0	0	0	0	0	0	0	12	A11,A21,A22,A23,A31,A32,A33,A41,A42,A43,A51,A52,A53,A61,A81	B11,B14,B21,B22,B31,B32,B41,B42,B44,B51,B52,B54,B55,B61,B62,B63,B64,B65,B66,B71,B72,B81,B82,B83,B91	40	65.60%	SMOH partially	P11;P63;P53;P61	3		yes	
Zalingi	Zalingi town	50,000	MSF-F																		SMOH	P11;P112;P13;P14;P21;P22;P23;P31;P32;P41;P42;P51;P52;P53;P54;P61;P62;P63;P64;P65;P66;S11;S12;S13;S14;S15;S21;S61;S81;S82;S83	90		yes	
	Hamidia	37,985	SUDO	Health	Mob_clinic	Y	Y	0	1	2	0	0	1	0	4	4	B11,B13,B14,B21,B31,B41,B42,B44,B51,B52,B54,B55,B61,B62,B71,B72,B81,B91	A11,A12,A22,A23,A31,A32,A33,A41,A42,A51,A52,A53,A61,A81	32	52.50%	IMC/NCA	No services provided	0		yes	
	Hasaheisa	30,939	MSF-F	Health	PHCC	Y	Y	1	2	1	0	1	2	0	7	7	A11,A21,A22,A23,A31,A32,A33,A42,A51,A53,A61,A81	B11,B14,B21,B22,B41,B42,B44,B51,B52,B54,B55,B61,B62,B63,B64,B66,B71,B72,B82,B91	32	52.50%	No services provided	No services provided	0		yes	
	Hasaheisa		SUDO	Health	PHCU	Y	Y	0	1	1	0	0	0	0	2	3	A22,A23,A41,A42,A51,A52,A61,A81	B11,B14,B21,B22,B31,B41,B42,B44,B51,B52,B55,B61,B62,B63,B64,B66,B71,B72,B82,B91	28	45.90%	IARA/NCA	No services provided	0		yes	
Nertiti	Nertiti	45,000	MSF-F	Health	PHCC	Y	Y	2	3	5	1	1	2	1	15	13	A11,A12,A22,A23,A31,A32,A33,A41,A42,A51,A52,A53,A61,A81	B11,B12,B13,B14,B21,B31,B32,B41,B42,B44,B51,B52,B54,B55,B61,B62,B63,B64,B65,B66,B71,B72,B73,B81,B91	39	63.90%	SMOH	C41;C42;P11;P12;P13;P21;P22;P23;P31;P41;P42;P52;P55;P62;P63;P65;P82;P91;C11;C13	22		yes	
	Nertiti/South IDP	11,916	SUDO	Health	PHCU	Y	Y	1	1	2	0	0	2	0	6	4	A11,A12,A22,A23,A31,A32,A33,A41,A42,A51,A52,A53,A61,A81	B11,B13,B14,B21,B41,B42,B44,B51,B52,B54,B55,B61,B62,B71,B72,B81,B91	31	50.80%	SMOH	C41;C42;P11;P12;P22;P23;P42;	5		yes	
	Kutrum	10,000	MSF-F	Health	PHCU	N	Y	0	1	2	0	0	2	0	5	3	A11,A12,A22,A23,A31,A32,A33,A41,A42,A51,A52,A53,A61,A81	B11,B14,B21,B42,B44,B51,B52,B54,B55,B61,B62,B63,B64,B65,B66,B91	30	49.20%	Nil	Innaccessible areas	Nil		yes	
	Tour	15,500	MSF-F	Health	Mob_clinic	N	Y	1	1	1	0	1	1	0	5	1	A11,A12,A21,A22,A23,A31,A42,A51,A61,A81	B11,B14,B21,B22,B42,B44,B51,B52,B54,B55,B61,B62,B71,B72,B82,B91	26	42.60%	No services provided	Innaccessible areas	Nil		yes	
	Kurifal	5,000	MSF-F																		No services provided	Innaccessible areas	0		yes	

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		Former Situation																		Current Situation								
		HF Infrastructure					HF's Human Resources								Provided Services					New Provider		Activities/ Comments	%	Staff	Assets	Gap		
Locality	Location	Caseload	Former Provider	Activities	HF Type	EWARS	Referral Capacity	MO	MA	Nurse	PHO	MW	Vacc.	Lab Person	Total medical staff in HF	Total Community Staff	Community Level	PHC Level	SHC Level							Total	%	Yes
Kass	Abrum	3000	Care	Health	PHCU	N	N	0	1	1	0	3			5		A11,A12,A22,A23,A41,A42,A81	B12,B13,B22,B31,B32,B41,B44,B51,B53,B58,B61,B62,B63,B64,B65,B66,B71,B73,B81,B84		27	44.3%	Closed 6 months ago	0	0			no	
	Kirwe	3500	Care	Health	PHCU	N	N	0	1	1	0	2			4		A11,A12,A22,A23,A41,A42,A81	B12,B13,B22,B31,B32,B41,B44,B51,B53,B58,B61,B62,B63,B64,B65,B66,B71,B73,B81,B84		27	44.3%	Information not available	0	0		yes		
	Singita	2276	Care	Health	PHCC; Stopped activities since long time	N	Y	0	0	1	0	3			4		A11,A12,A22,A23,A41,A42,A81	B12,B13,B22,B31,B32,B41,B44,B51,B53,B58,B61,B62,B63,B64,B65,B66,B71,B73,B81,B84		27	44.3%	Clinic closed long time ago	0	0	0		no	
	Kass (Dawagen & Ruhhal camps)	26265	Care	Health	PHCC;	N	N	0	0	0	1	5			6	0	A11,A12,A22,A23,A41,A42,A81	B12,B13,B22,B31,B32,B41,B44,B51,B53,B58,B61,B62,B63,B64,B65,B66,B71,B73,B81,B84		27	44.3%	Patients referred to SMOH Hospital and Humedica PHCC	S11,S12,S13,S14,S21,S61	0				no
	Ardiba a,b, Shawal, Tour, Ajabbar a,b, Erty, (IRC Clinic B)	111367	IRC	Health	PHCC	N	Y	0	0	0	0	3	1	0	4	0	A11,A12,A21,A23,A31,A41,A42,A51,A81	B11,B12,B13,B14,B21,B32,B41,B43,B44,B51,B53,B54,B58,B61,B62,B63,B64,B65,B66,B71,B72,B73,B81,B82,B84		34	55.7%	Patients referred to SMOH Hospital and Humedica. Doctor from Khartoum just arrived to operate the IRC PHCC centre , utilizing local staff. EWARS system not operational	S11,S12,S13,S14,S21,S61		MoH 43			no
	Kass (IRC Clinic A)					Y		1	4	1	3	5	1	3	18	42	A11,A12,A21,A41,A42,A51,A71,A81	B11,B12,B13,B14,B21,B32,B41,B43,B44,B51,B53,B54,B58,B61,B62,B63,B64,B65,B66,B71,B72,B73,B81,B82,B84		33	54.1%	Closed for the lats 6 months	0		NA			no
	Ruhhal, Dawagen, Abdulgadir camps	450	Care	Nutrition	SFP/OTP											0												no
Edufarsan	Um Lubasa	908	Care	Nutrition	Nutrition services		Y	0	1	0	0	2			3	0												
	Habuba	5,000	Care	Health	PHCC	N	N	0	1	0	0	2			3	0	A11,A12,A22,A23,A41,A42,A81	B12,B13,B22,B31,B32,B41,B44,B51,B53,B58,B61,B62,B63,B64,B65,B66,B71,B73,B81,B84		27	44.3%	Information not available		0		yes		
	Markondi	2276	Care	Health	PHCC	N	N	0	1	1	1	3		1	7	1	A11,A12,A22,A23,A33,A41,A42,A71,A81	B11,B12,B13,B22,B31,B32,B41,B44,B51,B53,B58,B61,B62,B63,B64,B65,B66,B71,B73,B81,B84		30	49.2%	Information not available				yes		
	Kubum	25000	Care	Health	PHCU - providing mobiles services to surrounding villages											0											yes	

		Former Situation																		Current Situation														
Locality	Location	Caseload	HF Infrastructure					HF's Human Resources								Provided Services					New Provider	Activities/ Comments	%	Staff	Assets	Gap								
			Former Provider	Activities	HF Type	EWARS	Referral Capacity	MO	MA	Nurse	PHO	MW	Vacc.	Lab Person	Total medical staff in HF	Total Community Staff	Community Level	PHC Level	SHC Level	Total						%	Yes	No						
Nyala	Kalma	88,086	MSF H	Health	PHCU	N	Y	0	3	0	0	0	0	0	3	0	A11,A12,A21,A23,A31,A32,A33,A41,A42,A51,A61,A71,A81	B11,B12,B13,B14,B21,B22,B31,B32,B41,B43,B44,B51,B52,B53,B54,B58,B61,B62,B63,B64,B65,B66,B71,B72,B73,B81,B83,B84,B91	C11,C12,C13,C15,C21,C31	34	55.7%	No services provided	0				yes							
	Kalma		MSF H	Health	PHCC	N	Y	2	4	3	2	4	3	0	18	48	A11,A12,A21,A23,A31,A32,A33,A41,A42,A51,A61,A71,A81	B11,B12,B13,B14,B21,B22,B31,B32,B41,B43,B44,B51,B52,B53,B54,B58,B61,B62,B63,B64,B65,B66,B71,B72,B73,B81,B83,B84,B91	C11,C12,C13,C15,C21,C31	42	68.9%		0											
	Kalma		IRC	Health	PHCC	N	Y	1	4	4	0	13	2	2	26	182	A11,A12,A21,A23,A31,A41,A42,A51,A81	B11,B12,B13,B14,B21,B32,B41,B43,B44,B51,B53,B54,B58,B61,B62,B63,B64,B65,B66,B71,B72,B73,B81,B82,B84		42	68.9%	No services provided	0				yes							
	Kalma	220	ACF	Nutrition	Nutrition/TFC/OTP										0												maintained through ACF national staff and UNICEF and MOH	TFC/OTP						no
	Ottash	23424	IRC	Health	PHCC	N	Y	1	3	3	0	8	1	2	18	69	A11,A12,A21,A23,A31,A41,A42,A51,A81	B11,B12,B13,B14,B21,B32,B41,B43,B44,B51,B53,B54,B58,B61,B62,B63,B64,B65,B66,B71,B72,B73,B81,B82,B84		34	55.7%	Humedica, WV1 (remaining) KPHF,	B11,B12,B13,B14,B21,B32,B41,B43,B44,B51,B53,B54,B58,B61,B62,B63,B64,B65,B66,B71,B72,B73,B81,B82,B84		15					no				
	Mershing	14500	SUDO	Health	PHCC	N	Y	0	1	1	0	2	1	0	5	1	A11,A12,A21,A23,A31,A32,A33,A41,A42,A51,A61,A71,A81	B11,B12,B13,B14,B21,B22,B31,B32,B41,B43,B44,B51,B52,B53,B54,B58,B61,B62,B63,B64,B65,B66,B71,B72,B73,B81,B83,B84,B91	C11,C12,C13,C15,C21,C31	30	49.2%	WV1	B11,B12,B13,B14,B21,B22,B31,B32,B41,B43,B44,B51,B52,B53,B54,B58,B61,B62,B63,B64,B65,B66,B71,B72,B73,B81,B83,B84,B91						no					
	Sakali camp	8190	MSF H	Health	Mobile Clinic closed 6 months earlier	N	Y	2	1	0	0	1	0	0	4	0	A11,A12,A21,A23,A31,A32,A33,A41,A42,A51,A61,A71,A81	B11,B12,B13,B14,B21,B22,B31,B32,B41,B43,B44,B51,B52,B53,B54,B58,B61,B62,B63,B64,B65,B66,B71,B72,B73,B81,B83,B84,B91	C11,C12,C13,C15,C21,C31	42	68.9%		0											
	Ottash	250	ACF	Nutrition	OTP											0											maintained through ACF national staff and UNICEF and MOH						no	
	Derieg																0																no	
	Al Sereif																0																no	
Alsalam																0																no		
Bilel Camp	250	SUDO	Nutrition	Nutrition/SFP -												0																no		
East Jabal Mara	Feina	33527	MSF H	Health	PHCC	N	Y	1	3	2	0	3	3	2	14	2	A11,A12,A21,A23,A31,A32,A33,A41,A42,A51,A61,A71,A81	B11,B12,B13,B14,B21,B22,B31,B32,B41,B43,B44,B51,B52,B53,B54,B58,B61,B62,B63,B64,B65,B66,B71,B72,B73,B81,B83,B84,B91	C11,C12,C13,C15,C21,C31	42	68.9%	MSF H National Staff working	p21,p22,p23,p42,p43,p65		12			yes						
	Feina (Mental H.)		MSF H	Health	PHCU (Men-Health)			0	2	0	0	0	0	0	2	0	A11,A12,A21,A23,A31,A32,A33,A41,A42,A51,A61,A71,A81	B11,B12,B13,B14,B21,B22,B31,B32,B41,B43,B44,B51,B52,B53,B54,B58,B61,B62,B63,B64,B65,B66,B71,B72,B73,B81,B83,B84,B91	C11,C12,C13,C15,C21,C31	42	68.9%	no services provided	0		0			yes						
Sharea	Labado	20262	MSF H	Health	PHCC	N	Y	0	1	3	0	3	0	0	7	2	A11,A12,A21,A23,A31,A32,A33,A41,A42,A51,A61,A71,A81	B11,B12,B13,B14,B21,B22,B31,B32,B41,B43,B44,B51,B52,B53,B54,B58,B61,B62,B63,B64,B65,B66,B71,B72,B73,B81,B83,B84,B91	C11,C12,C13,C15,C21,C31	42	68.9%	National MSF Staff	P11,P22P31		3			yes						
	Muhajrya	48628	MSF H	Health	Rural Hospital	N	Y	3	2	8	2	4	3	3	25	41	A11,A12,A21,A23,A31,A32,A33,A41,A42,A51,A61,A71,A81	B11,B12,B13,B14,B21,B22,B31,B32,B41,B43,B44,B51,B52,B53,B54,B58,B61,B62,B63,B64,B65,B66,B71,B72,B73,B81,B83,B84,B91	C11,C12,C13,C15,C21,C31	42	68.9%	National Health Cooperation (NGO)	B11,B12,B13,B14,B21,B22,B58,B65,		14			yes						
	Muhajrya	25	MSF H	Nutrition	TFC											0											National Health Cooperation (NGO)	0						
		130	MSF H	Nutrition	TFC/OTP											0											still some staff are working in OTP (ATFC) and UNICEF will support until a new partner identified	OTP/ATFC						

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