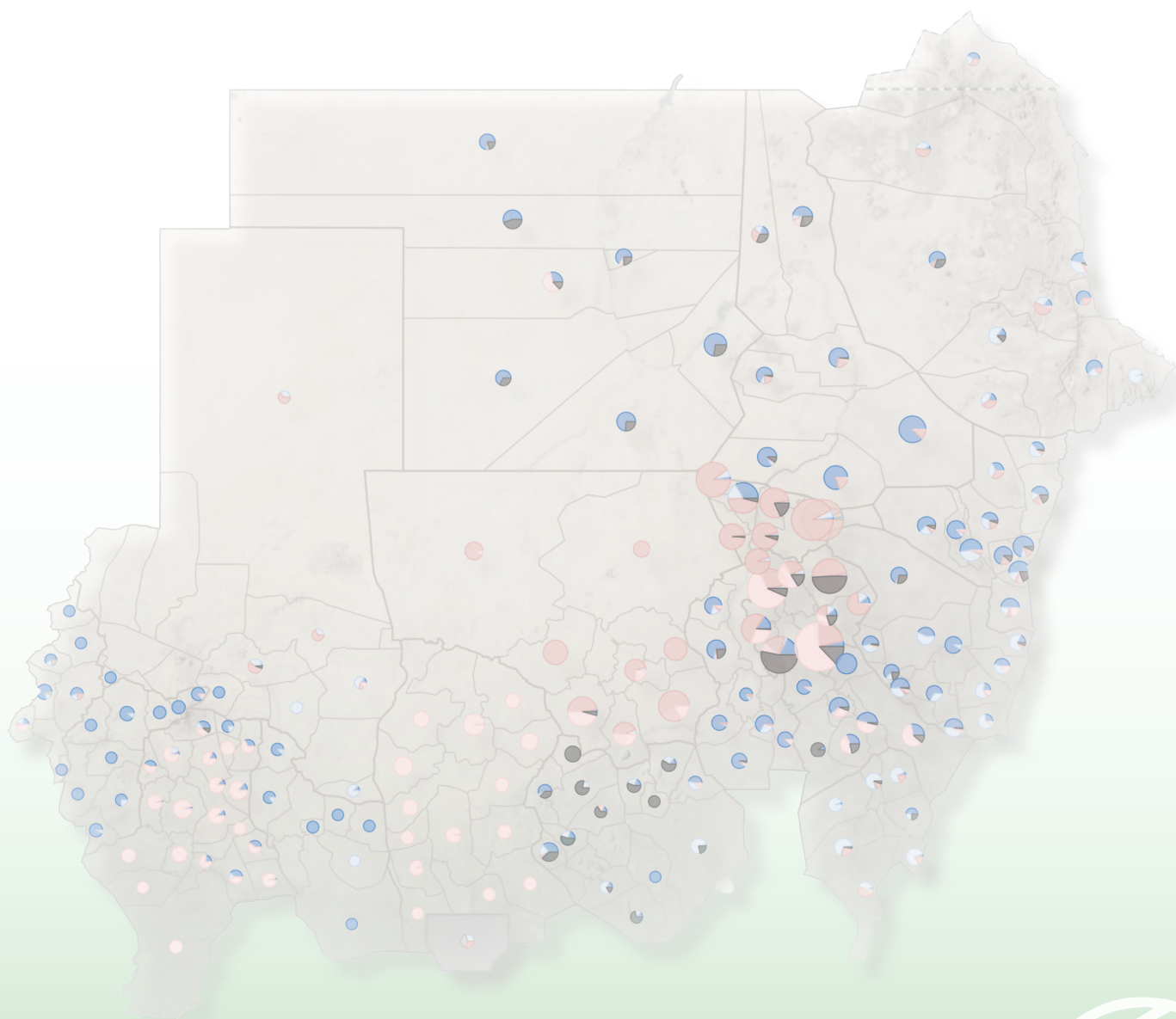




HeRAMS Sudan

Baseline report
2025



General clinical and trauma care services

A comprehensive mapping of availability of essential services and barriers to their provision



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HeRAMS Sudan

Baseline report

2025

General clinical and trauma care

A comprehensive mapping of availability of essential services and barriers to their provision





ACRONYMS

HeRAMS	Health Resources and Services Availability Monitoring System
HSDU	Health Service Delivery Unit
IV	Intravenous
NCD	Noncommunicable Diseases
OPD	Outpatient Department
ICU	Intensive Care Unit
MD	Medical Doctor
MRI	Magnetic Resonance Imaging
CT	Computed Tomography
OB-GYN	Obstetrics and Gynecology
WHO	World Health Organization



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DISCLAIMER

Disruptions to health systems can impede provision of and access to essential health services. Communities' vulnerability to increased morbidity and mortality substantially increases when a lack of reliable information prevents sound decision-making, especially in rapidly changing environments that require continued assessment. The Health Resources and Services Availability Monitoring System (HeRAMS) aims to provide decision-makers and health stakeholders at large with vital and up-to-date information on the availability of essential health resources and services, help them identify gaps and determine priorities for intervention.

HeRAMS draws on the wealth of experience and knowledge gathered by the World Health Organization (WHO) and health sector actors, including nongovernmental organizations, donors, academic institutions and other technical bodies. It builds on a collaborative approach involving health service providers at large and integrating what is methodologically sound and feasible in highly constrained, low-resourced and rapidly changing environments such as humanitarian emergencies. Rapidly deployable and scalable to support emergency response and fragile states, HeRAMS can also be expanded to - or directly implemented as - an essential component of routine health information systems. Its modularity and scalability make it an essential component of emergency preparedness and response, health systems strengthening, universal health coverage and the humanitarian development nexus.

HeRAMS has been deployed in Sudan since 2023 and has allowed for the assessment of 4363 health service delivery units (HSDUs). This analysis was produced based on the data collected up to 01 July 2025. It is important to note that the deployment of HeRAMS is ongoing, including data verification and validation. Hence, this analysis is not final and was produced solely for the purpose of informing operations.

This is the second report of the **HeRAMS Sudan baseline report 2025** series, focusing on the availability of general clinical and trauma care services. It is a continuation of the first report on the operational status of the health system¹ and should always be interpreted in conjunction with results presented in the first report. Additional reports are available covering essential child health and nutrition services², communicable diseases services³, sexual and reproductive health services⁴, and non-communicable diseases and mental health services⁵.

Caution must be taken when interpreting the results presented in this report. Differences between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times are to be expected. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change.

For additional information, please see <https://www.who.int/initiatives/herams> or contact herams@who.int

¹ HeRAMS Sudan baseline report 2025 - Operational status of the health system: A comprehensive mapping of the operational status of HSDUs, <https://www.who.int/publications/m/item/herams-en-baseline-report-2025-operational-status-of-the-health-system>.

² HeRAMS Sudan baseline report 2025 - Child health and nutrition: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-en-baseline-report-2025-child-health-and-nutrition>.

³ HeRAMS Sudan baseline report 2025 - Communicable diseases: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-en-baseline-report-2025-communicable-diseases>.

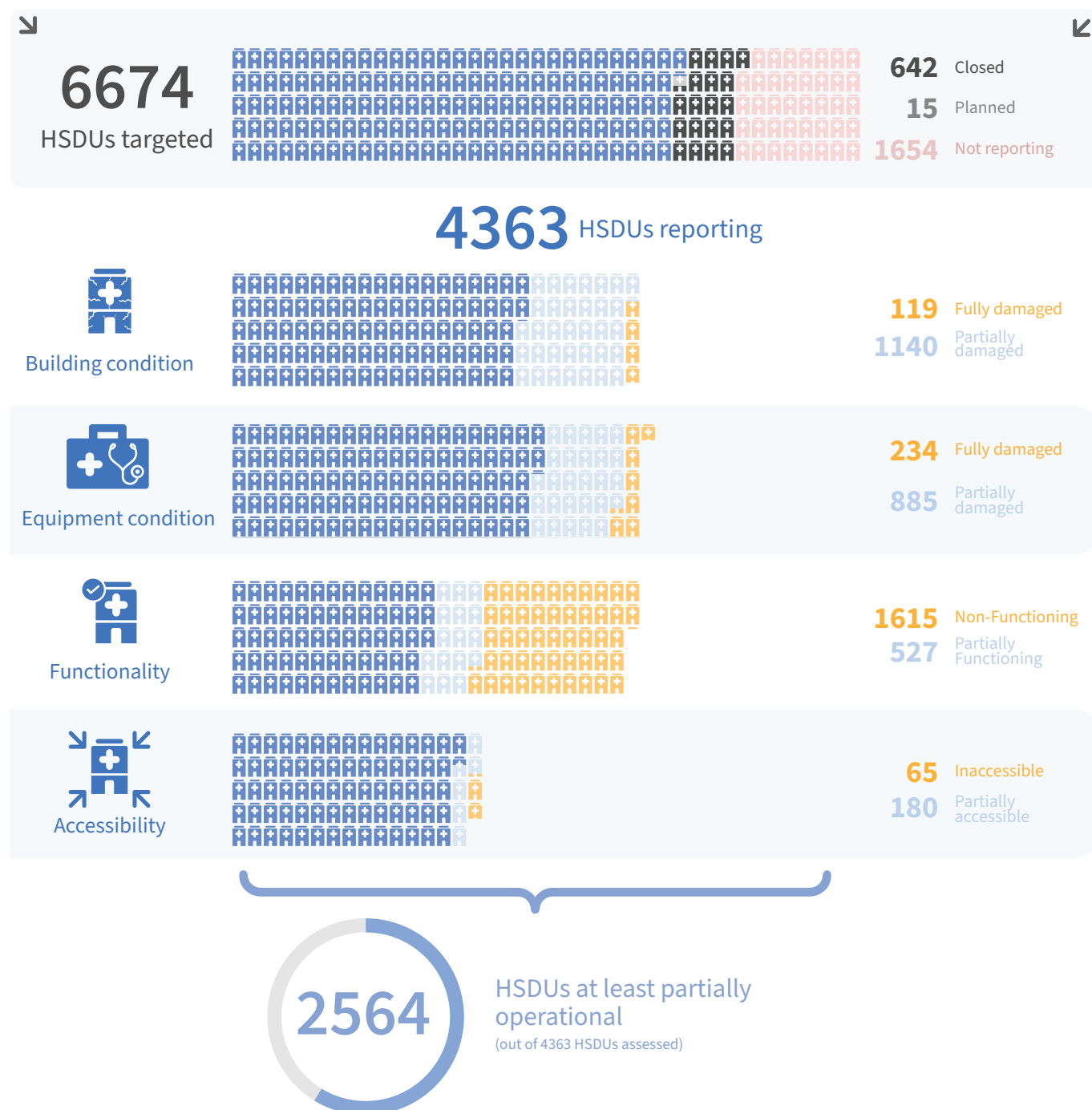
⁴ HeRAMS Sudan baseline report 2025 - Sexual and reproductive health: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-en-baseline-report-2025-sexual-and-reproductive-health>.

⁵ HeRAMS Sudan baseline report 2025 - Non-communicable diseases and mental health: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-en-baseline-report-2025-non-communicable-diseases-and-mental-health>.



OVERVIEW OF HSDUS EVALUATED

Data collection summary ⁶



⁶ HSDUs (Health Service Delivery Units) reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of an HSDU's non-operational status.

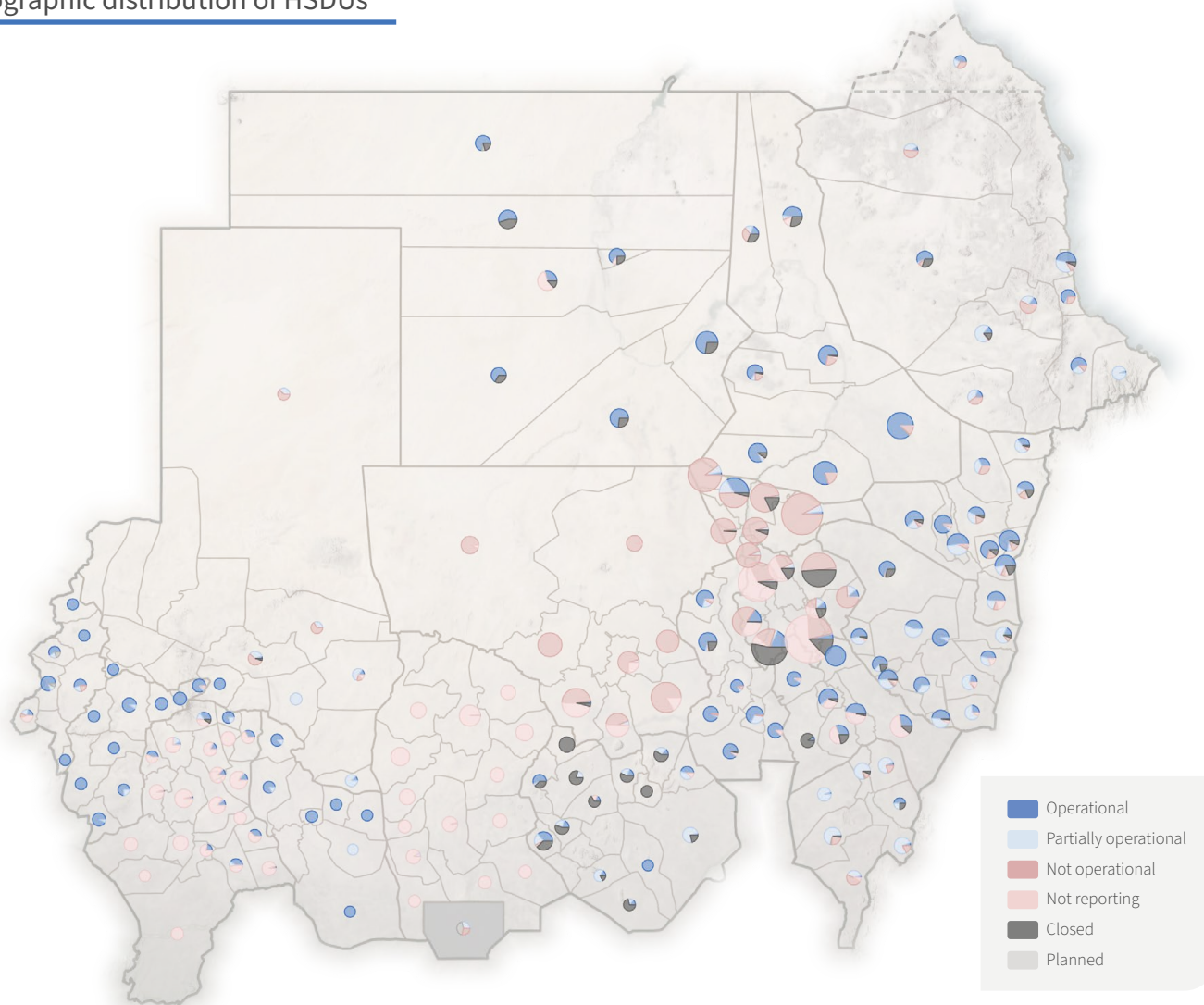
Reporting frequency and operational status by state

	Hospital				Rural hospital				Family health unit				Family health center				Other				Total			
	O	N/O	N/R	P/C	O	N/O	N/R	P/C	O	N/O	N/R	P/C	O	N/O	N/R	P/C	O	N/O	N/R	P/C	O	N/O	N/R	P/C
ABYEI PCA	-	-	-	-	1	-	-	-	2	-	-	1	1	2	-	2	-	2	-	3	4	4	-	6
AJ JAZIRAH	10	3	12	9	20	12	18	16	27	169	178	97	52	177	176	109	-	-	-	-	109	361	384	231
BLUE NILE	5	-	-	-	8	1	-	-	56	24	2	2	66	12	-	4	3	-	-	-	138	37	2	6
CENTRAL DARFUR	3	-	-	-	1	-	-	-	32	-	-	-	42	-	1	-	6	-	-	-	84	-	1	-
EAST DARFUR	-	-	-	-	1	-	-	-	4	-	-	-	19	-	-	-	2	-	-	-	26	-	-	-
GEDAREF	6	-	-	-	30	-	-	-	206	6	18	18	114	-	1	3	-	-	-	-	356	6	19	21
KASSALA	29	-	4	-	14	2	-	2	148	36	13	13	202	13	9	18	-	-	-	1	393	51	26	34
KHARTOUM	16	66	-	4	11	4	-	-	4	160	-	10	74	489	-	18	-	-	-	-	105	719	-	32
NORTH DARFUR	3	-	-	-	-	-	-	-	16	8	1	-	15	13	-	-	2	-	-	1	36	21	1	1
NORTH KORDOFAN	1	3	1	-	5	16	6	-	2	294	72	1	3	149	58	-	-	12	-	4	11	474	137	5
NORTHERN	4	-	-	-	22	-	2	-	89	-	23	76	77	-	10	11	-	-	-	-	192	-	35	87
RED SEA	11	-	2	-	13	3	-	2	76	49	-	12	110	11	3	5	3	-	-	-	213	63	5	19
RIVER NILE	3	-	-	1	27	1	1	-	76	20	9	21	196	33	6	13	-	-	-	-	302	54	16	35
SENNAR	7	-	-	2	19	-	-	1	53	-	103	25	101	-	11	14	-	-	-	-	180	-	114	42
SOUTH DARFUR	1	-	1	-	4	-	10	-	15	-	200	-	48	-	144	2	-	-	-	-	68	-	355	2
SOUTH KORDOFAN	3	-	-	-	1	-	-	2	39	1	4	77	67	-	-	42	-	-	-	-	110	1	4	121
WEST DARFUR	3	-	-	-	4	-	-	-	2	-	2	-	32	3	2	1	2	-	-	2	43	3	4	3
WEST KORDOFAN	1	-	5	-	2	-	19	-	-	-	151	-	1	-	206	-	-	-	-	-	4	-	381	-
WHITE NILE	21	-	1	-	1	-	-	-	105	4	5	12	63	1	2	-	-	-	-	-	190	5	8	12
GRAND TOTAL	127	72	39	16	184	39	56	23	952	771	858	365	1283	903	701	242	18	14	-	11	2564	1799	1654	657

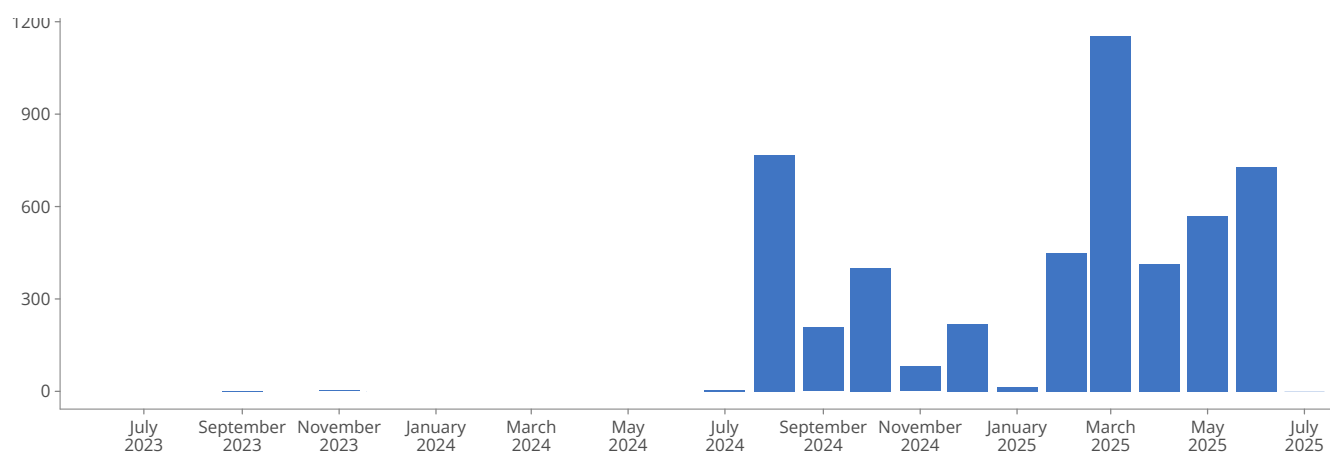
O = At least partially operational - N/O = Not operational - N/R = Not reporting - P/C = Planned / closed



Geographic distribution of HSDUs



Date of last update



OVERVIEW OF SERVICE AVAILABILITY

Service availability and main barriers

						Barriers (%)				
										
Service	Availability (%)									
Request for ambulance services by the patient	44	5		46	41	14	4	40	68	55
Recognition of danger signs	11	5	4	38	41	29	38	66	47	18
Acuity-based formal triage	5	3		47	41	35	45	56	46	17
WHO Basic emergency care by prehospital provider	8	5	4	42	41	31	37	67	54	20
WHO Basic Emergency Care	6	5	6	42	41	26	31	78	64	30
Advanced Syndrome-based management	2	2		53	41	26	25	79	60	28
Monitored referral	7	4	6	41	41	37	24	50	64	29
Referral capacity	9	7	2	41	41	22	11	52	79	36
Acceptance of referrals	6	2		47	41	30	18	71	72	27
Acceptance of complex referrals	4	2		52	41	27	29	65	65	36
Outpatient services for primary care	14	6	3	37	41	17	19	91	61	37
Outpatient department for secondary care	5	3		48	41	34	15	89	58	20
Home visits	3	4		51	41	51	22	68	49	26
Procedures for mass casualty scenarios	1			55	41	31	27	74	68	33
Mass Casualty Management System	2	3		53	41	49	33	75	69	23
WAR Surgery Protocols	2			54	41	53	19	82	68	25
Damage Control Surgery Protocols	2			55	41	55	17	78	71	27
Minor trauma definitive management	9	4	2	44	41	36	20	87	48	16
Emergency and elective surgery	1	3		54	41	17	11	86	82	69
Emergency and elective surgery with at least two operating theatres				56	41	30	20	76	71	47
Orthopedic/trauma ward				57	41	41	22	78	74	41
Short hospitalization capacity	9	2	3	45	41	24	11	81	73	52
20 Inpatient bed capacity	4	3	2	50	41	9	9	80	79	56
50 inpatient bed capacity	1	2		55	41	22	17	64	73	42
Inpatient critical care management				56	41	28	9	83	70	36
Intensive care unit				56	41	29	15	73	67	46
Basic laboratory	22	7	3	26	41	26	32	73	53	58
Laboratory services secondary level	5	3		50	41	37	20	81	75	32
Laboratory services tertiary level	1	2		55	41	57	8	85	81	24
Blood bank services	2			55	41	32	22	82	78	47
Hemodialysis unit				57	41	65	9	87	78	24
basic radiological unit	2	3		54	41	22	11	89	88	69
Radiology unit				57	41	62	13	78	76	40
Medical evacuation procedures				57	41	43	20	66	69	31

Availability status

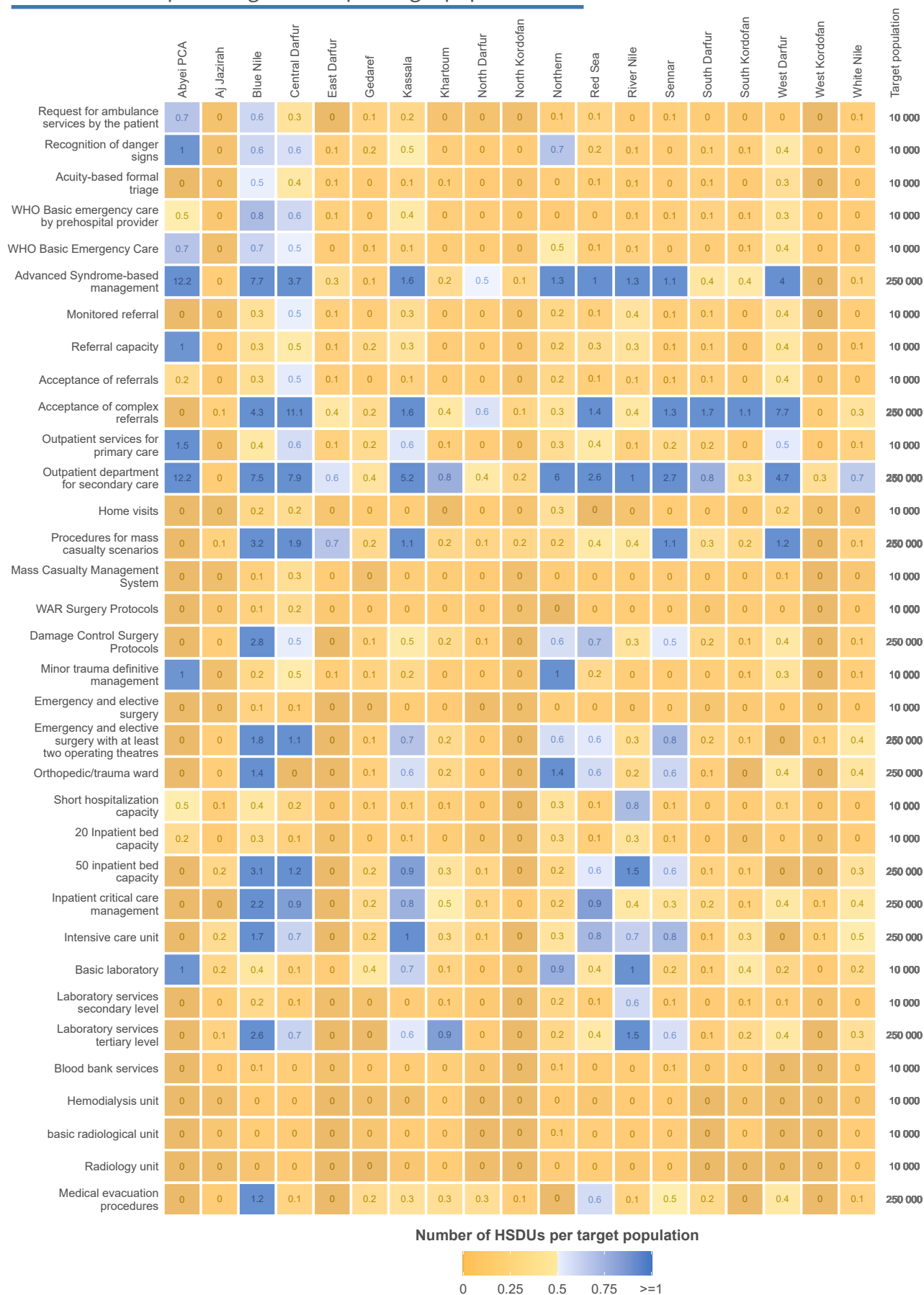
-  Available
-  Partially available
-  Not available
-  Not operational

Barriers for partial availability or non-availability.

-  Lack of staff
-  Lack of training
-  Lack of supplies
-  Lack of equipment
-  Lack of financial resources



Number of HSDUs providing services per target population ⁷



⁷ To account for partially available services, a weighing was applied with a weight of 1 given to services reported as fully available and 0.5 for partially available services. As target populations may vary across services, an additional column has been included to the right of the graph to assist readers in comprehending the target populations associated with each service. See [Annex 1](#) for population estimates per state.



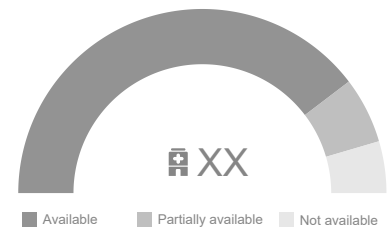
IN-DEPTH ANALYSIS BY HEALTH SERVICE



INTERPRETATION GUIDE

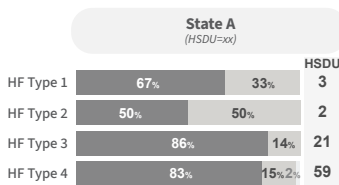
Service status

Arc charts provide an overview of the overall availability of a health service. The total number of HSDUs included in the analysis of a service is shown inside the arc chart.



For further insights, donut charts break down service availability by HSDU type. To improve readability, labels indicating the availability level for each category are provided either beside or below the chart. Additionally, to highlight the percentage of HSDUs where an service is available up to standard, the number may also be prominently placed inside the chart. Information on the total number of HSDUs included is clearly indicated above or below the respective donut.

Column charts offer a breakdown of service availability by state. The numbers represented by the bars indicate the count of HSDUs that fall into the specified availability category. The length of each bar is determined by the total number of HSDUs in the state. The total number of HSDUs included in each state is indicated under the state name.



Column charts by HSDU type display the availability of services by state and HSDU type. Each bar represents the percentage of HSDU falling into each category for the specified HSDU type and state. The grey bar on the right shows the number of HSDU falling into the category. By default these charts exclude HSDUs where a service was not normally provided or the HSDU did not report on it.

Maps use pie charts to depict the availability of an service at the locality level. The size of each circle represents the total number of HSDUs in the locality, while each slice reflects a specific availability level.



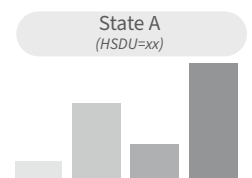
Barriers



To gain a more comprehensive understanding of the challenges faced by HSDUs, whenever a service was not or only partially available, main barriers impeding availability were recoded.

Each **donut chart** indicates the percentage of HSDUs having reported a specific barrier. The total number of HSDUs reporting at least one barrier is shown below the chart header.

Bar charts further break down barriers by state. Each bar represents a specific barrier, with the percentage value indicating the proportion of HSDUs reporting that particular barrier. Additionally, the number of HSDUs reporting at least one barrier is displayed below the Locality's name.

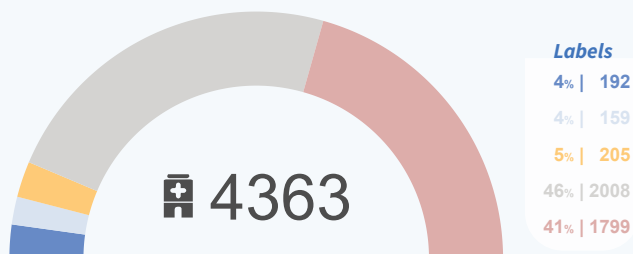


Important: The denominator for barrier charts excludes HSDUs where the service is fully available or not normally provided. It should further be noted that HSDUs can report up to three barriers for each service. Thus, the sum of all barriers may exceed 100%.

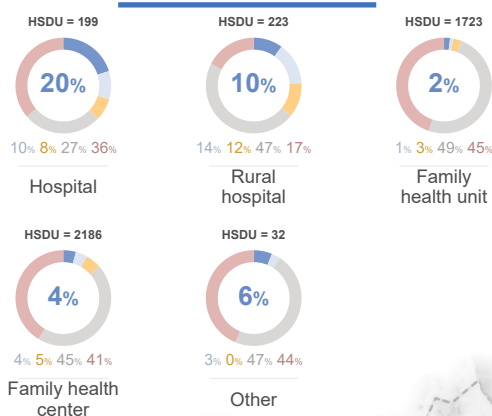


REQUEST FOR AMBULANCE SERVICES BY THE PATIENT

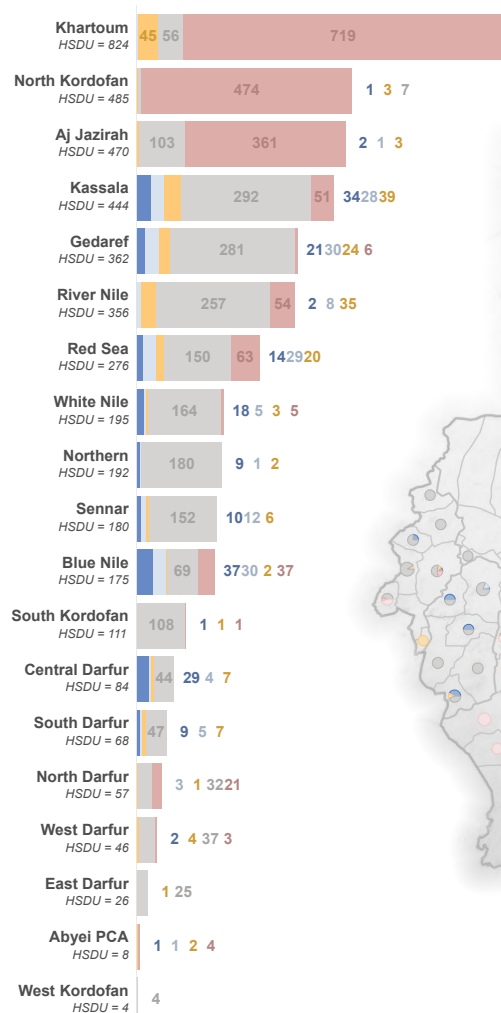
Service availability⁸



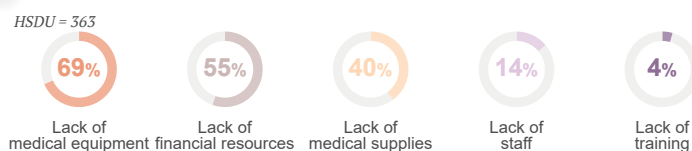
Service availability by HSDU type



Service availability by state

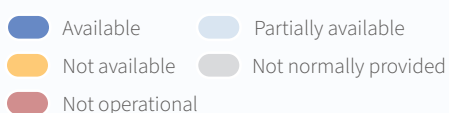


Barriers impeding service availability

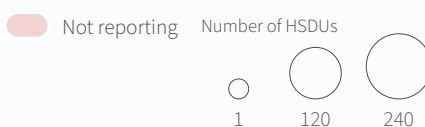


⁸ User-activated dispatch of basic ambulance services from district-level staging center (e.g., ambulance pool).

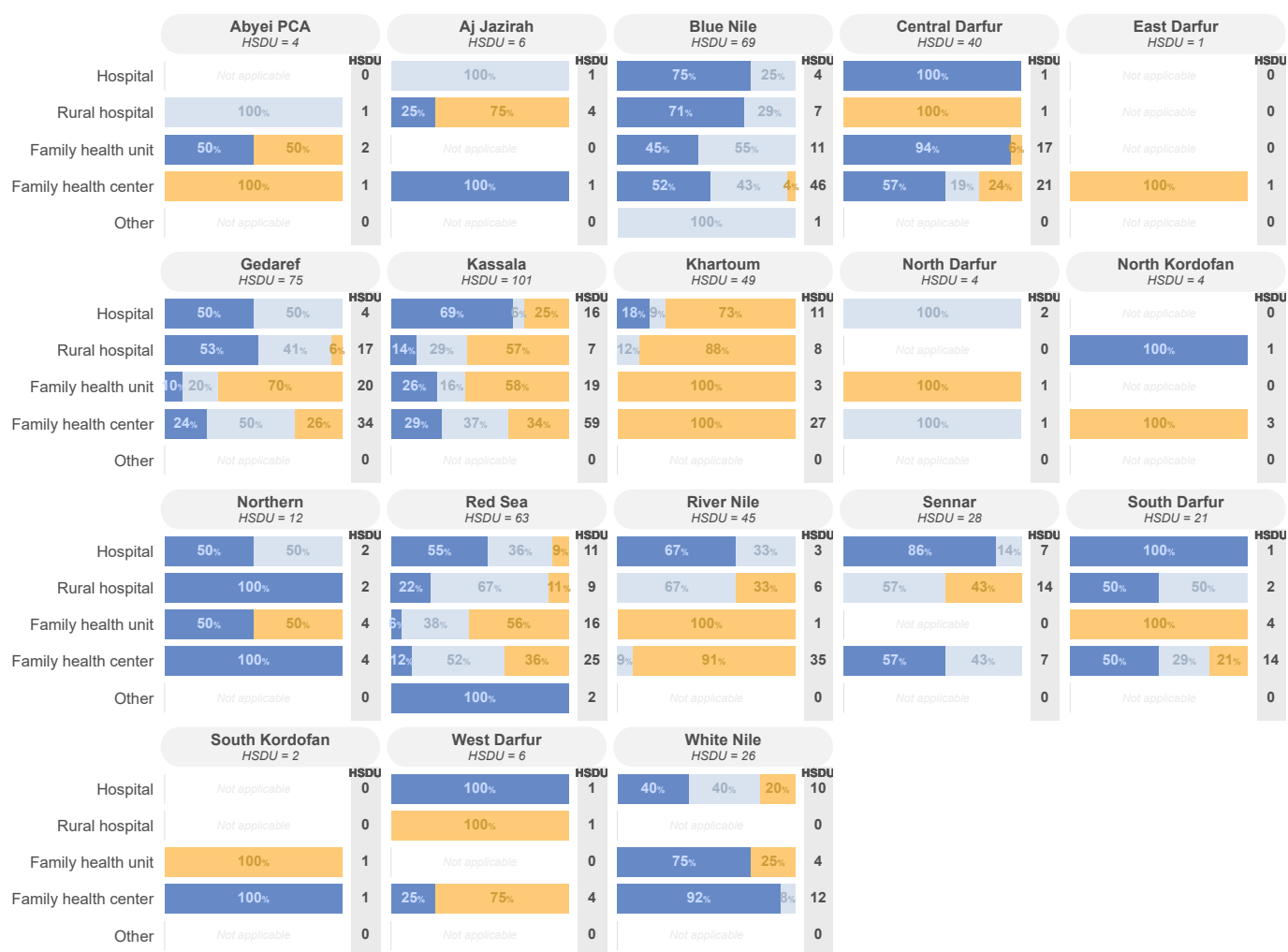
Availability status



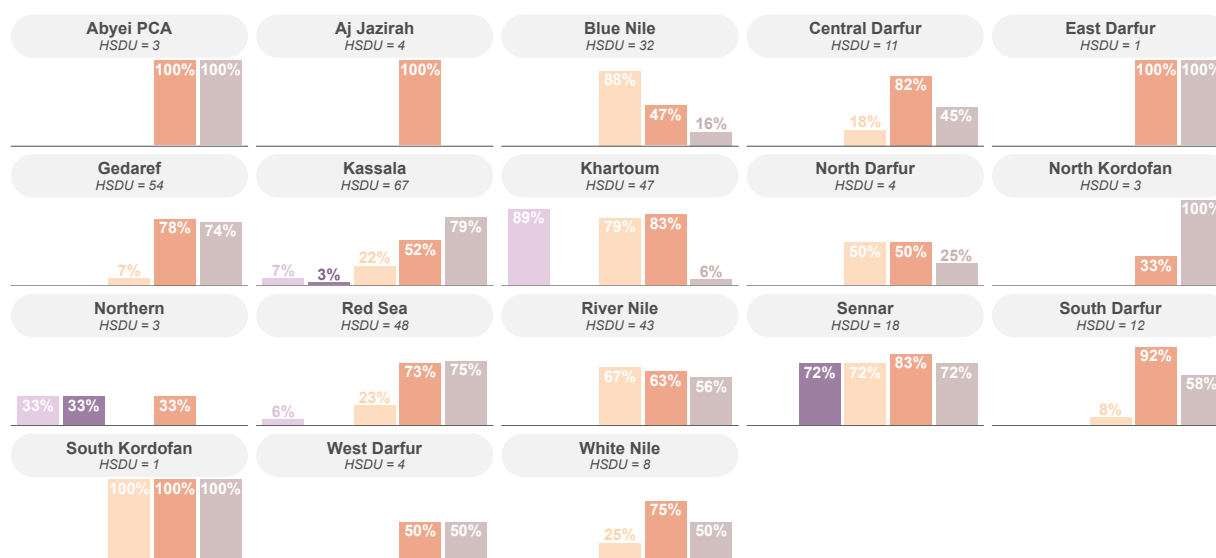
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

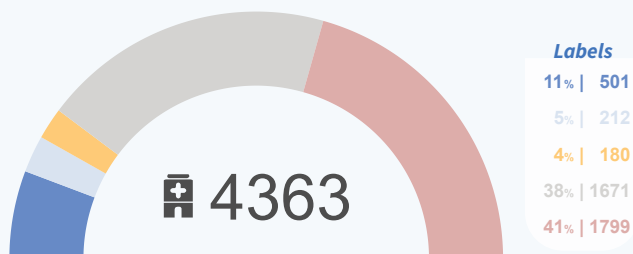
- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

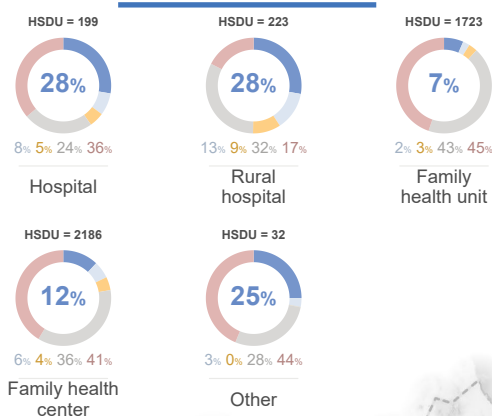


RECOGNITION OF DANGER SIGNS

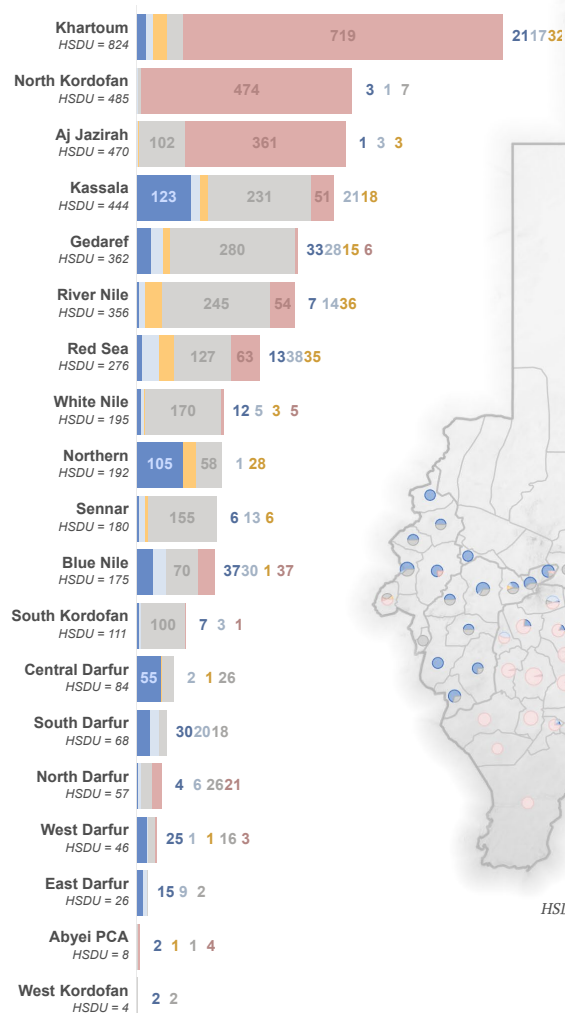
Service availability⁹



Service availability by HSDU type



Service availability by state

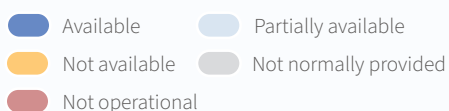


Barriers impeding service availability

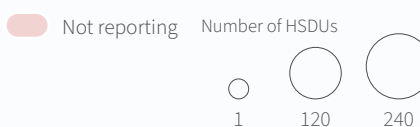


⁹ Recognition of danger signs in neonates, children, and adults, including early recognition of signs of serious infection, with timely referral to higher-level care.

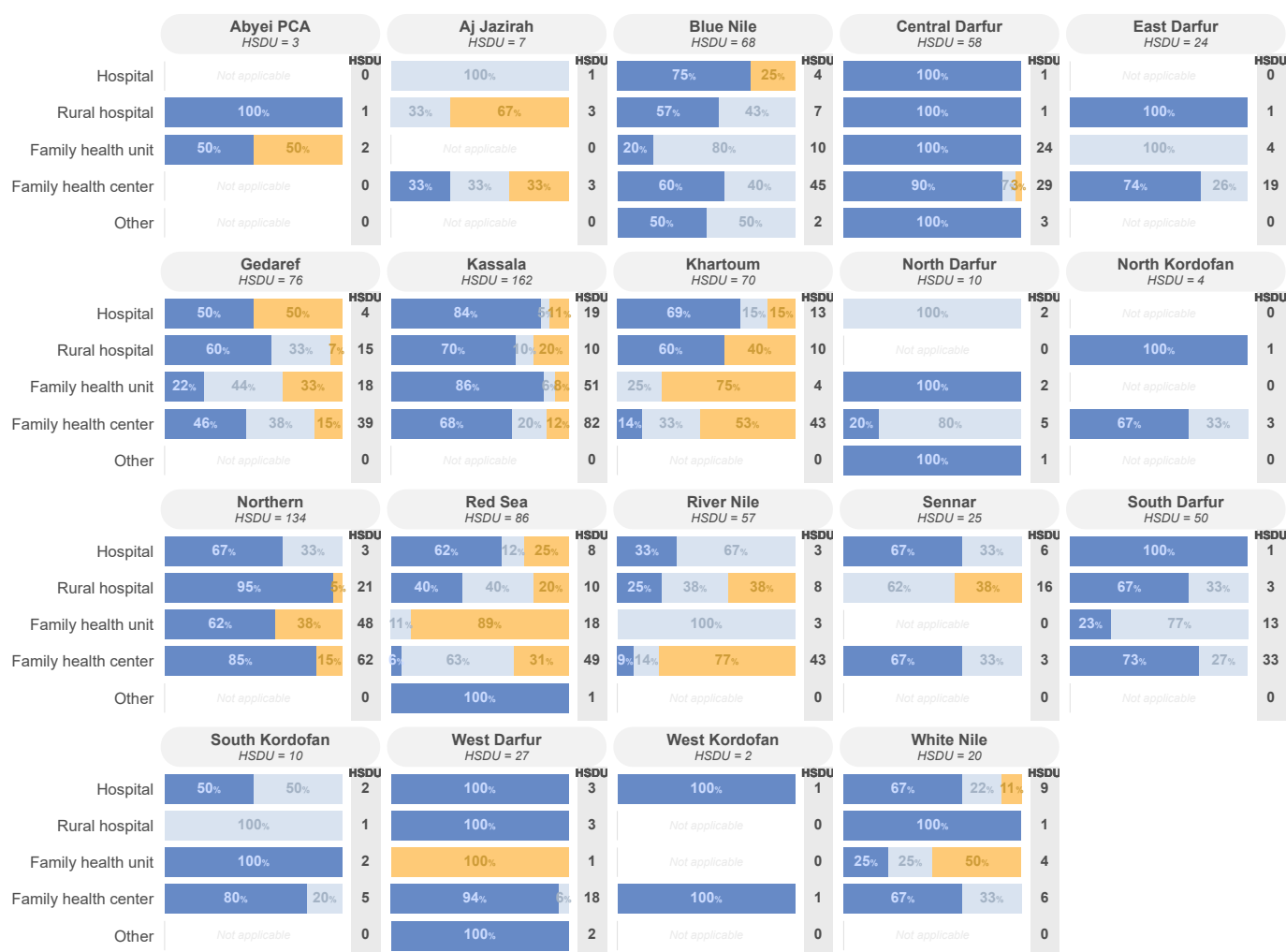
Availability status



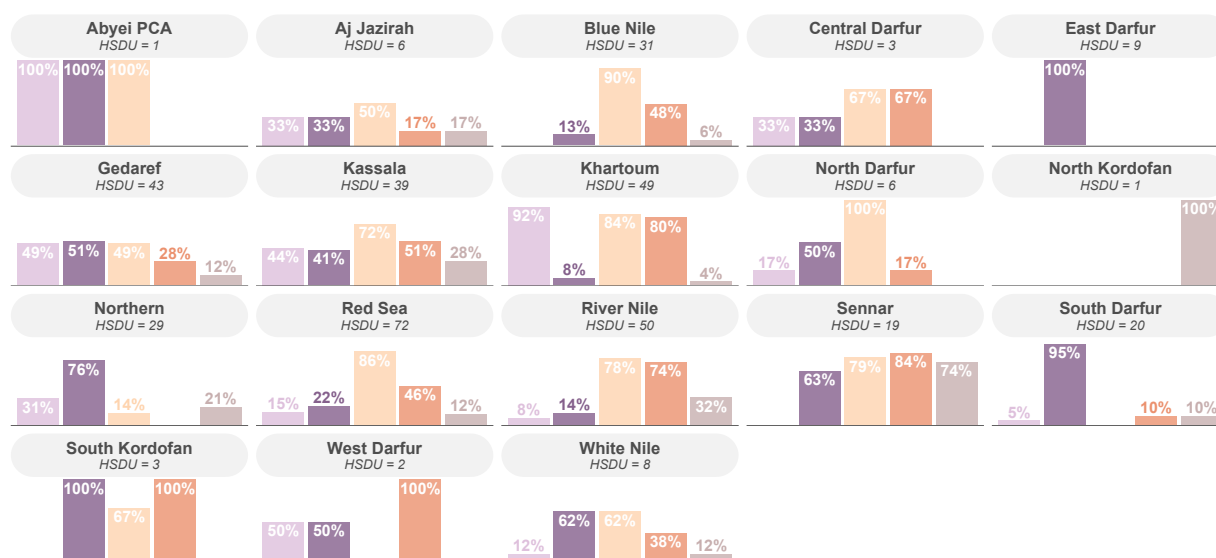
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

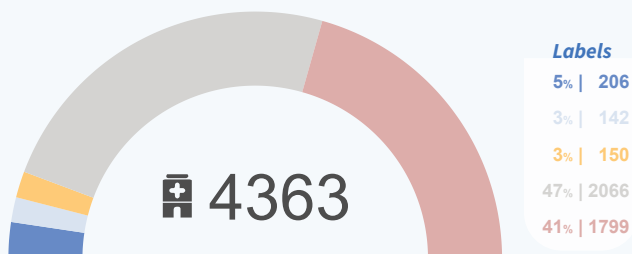
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

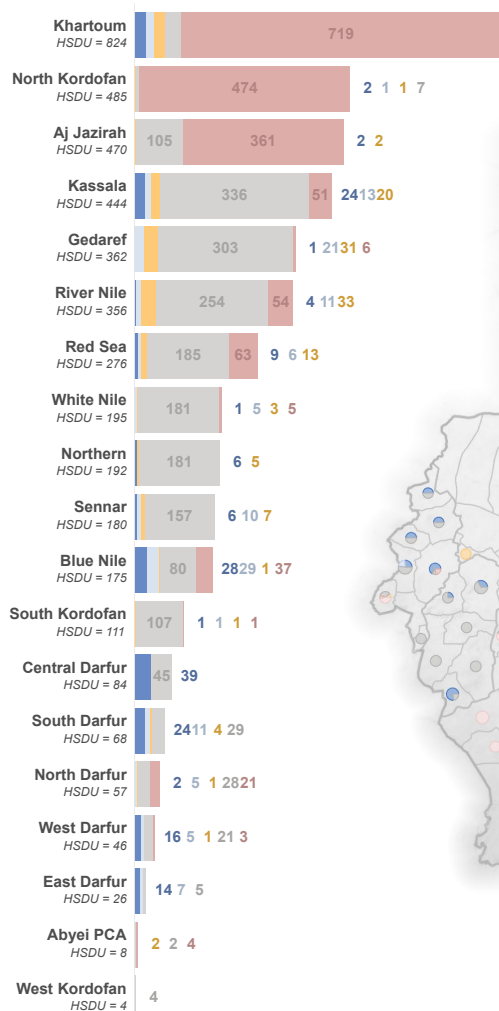


ACUITY-BASED FORMAL TRIAGE

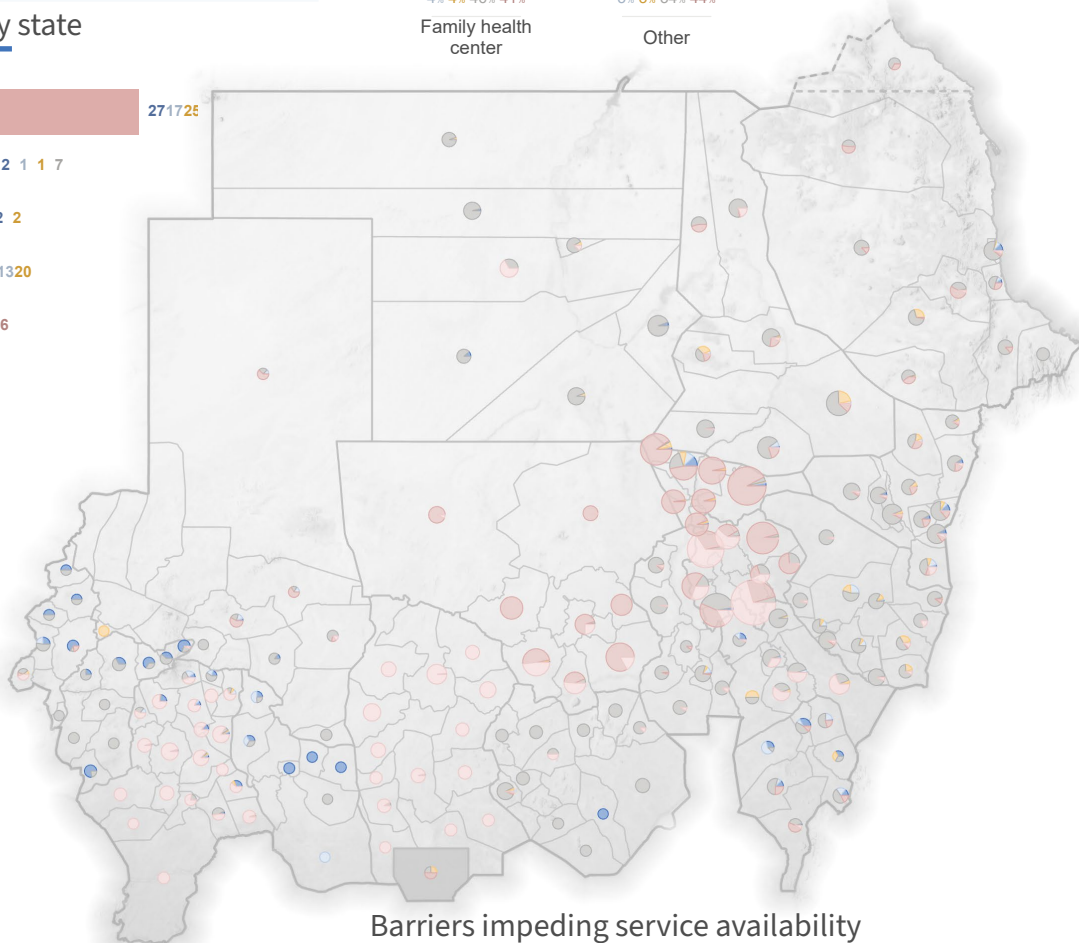
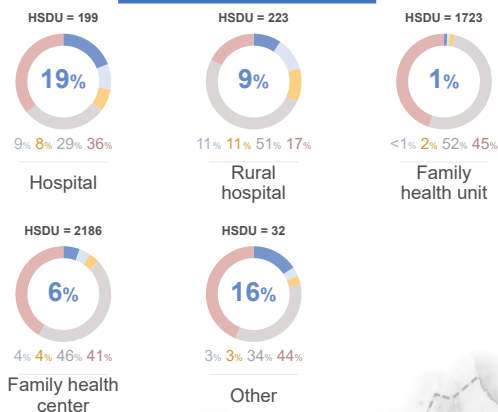
Service availability¹⁰



Service availability by state

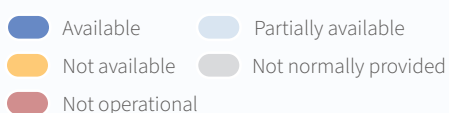


Service availability by HSDU type

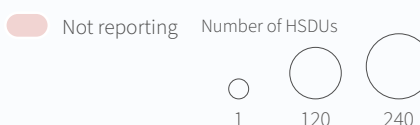


¹⁰ Acuity-based formal triage of children and adults at first entry to the facility with a validated instrument such as the WHO/ICRC Interagency triage tool.

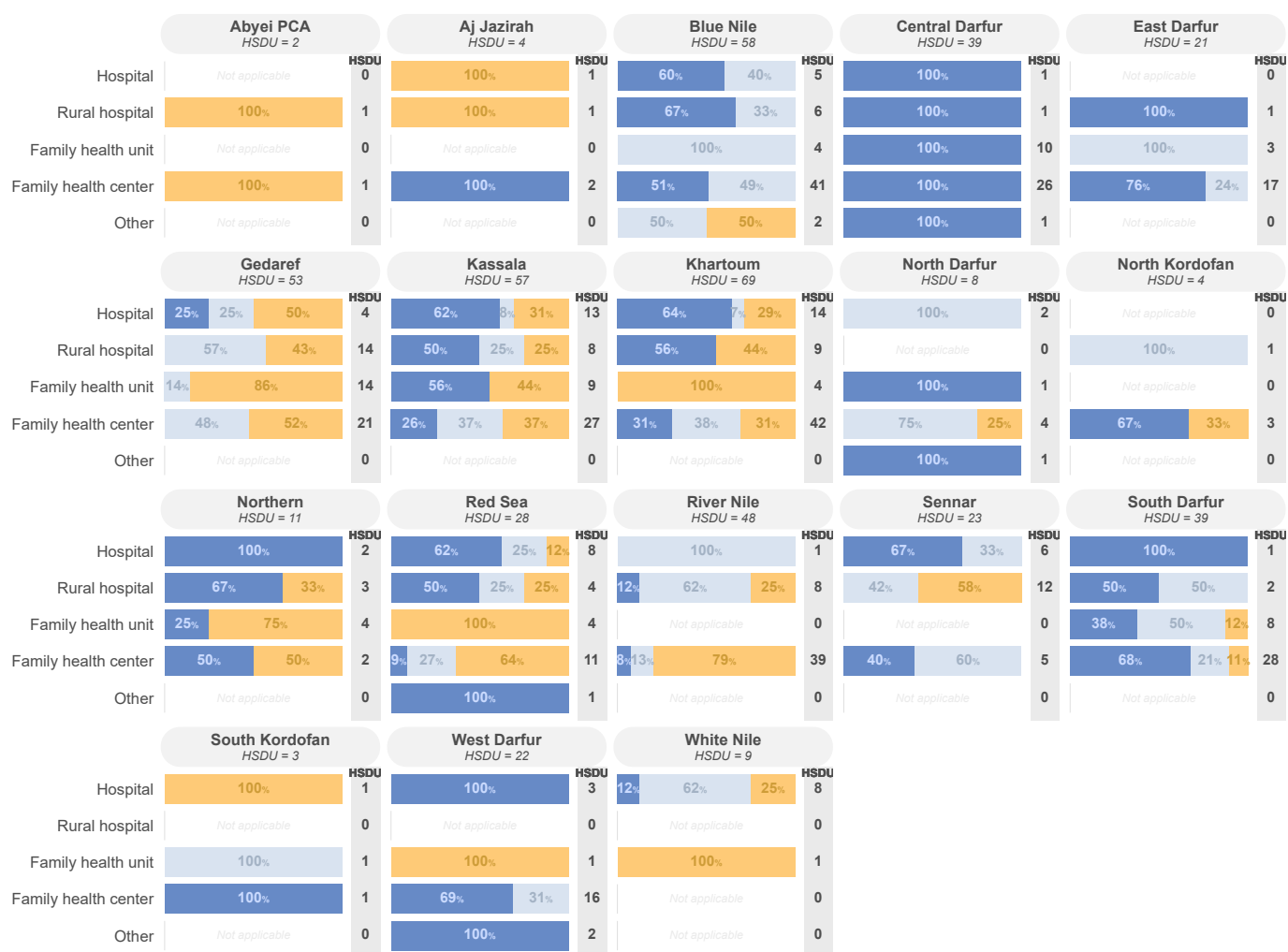
Availability status



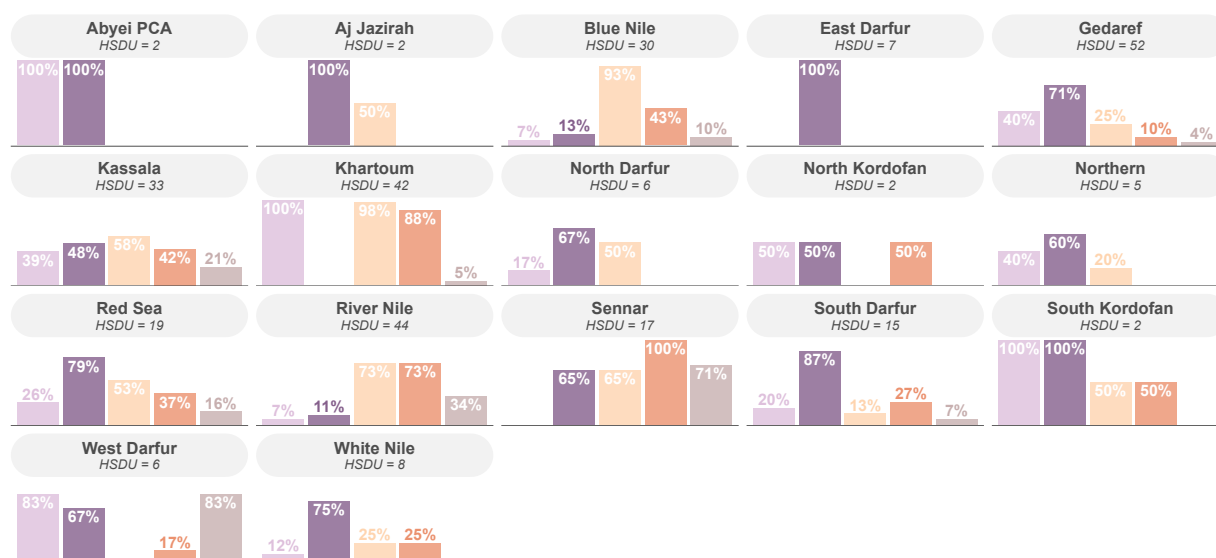
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

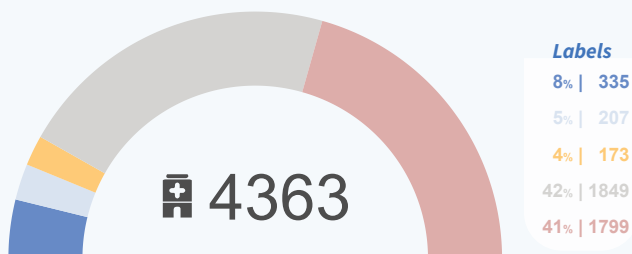
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

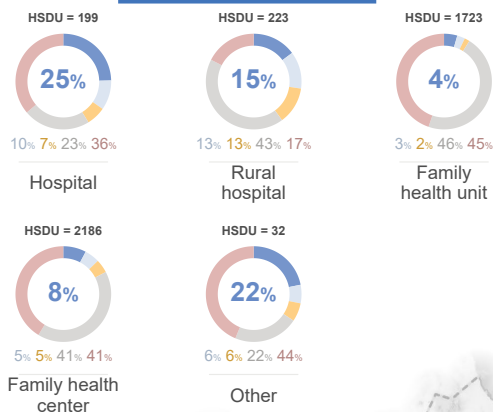


WHO BASIC EMERGENCY CARE BY PREHOSPITAL PROVIDER

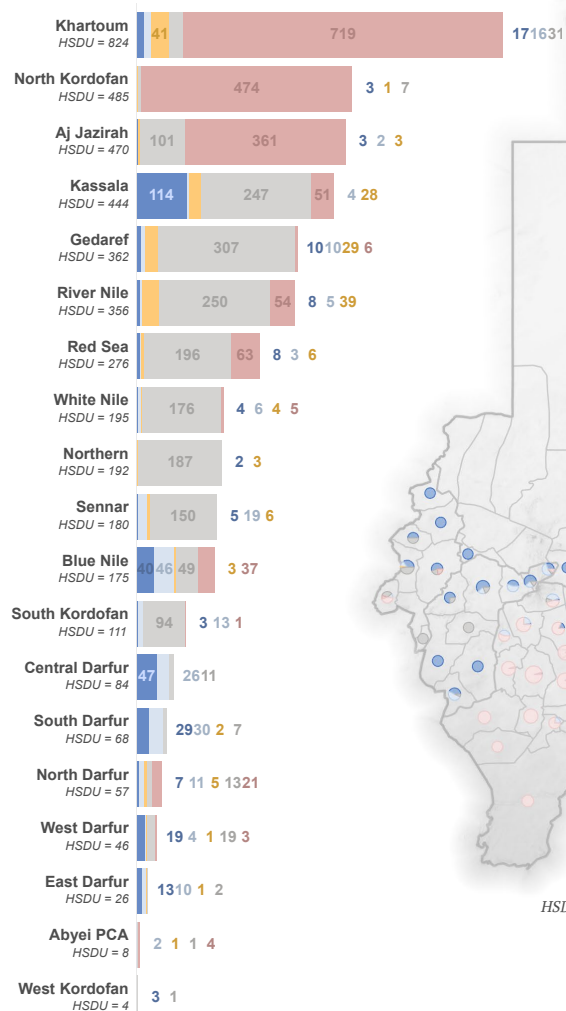
Service availability¹¹



Service availability by HSDU type



Service availability by state

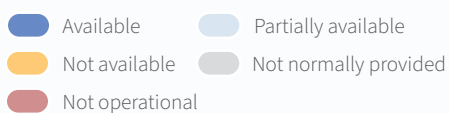


Barriers impeding service availability

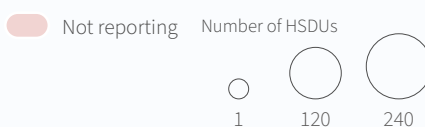


¹¹ Initial syndrome-based management at scene by prehospital providers for difficulty breathing, shock, altered mental status, and polytrauma.

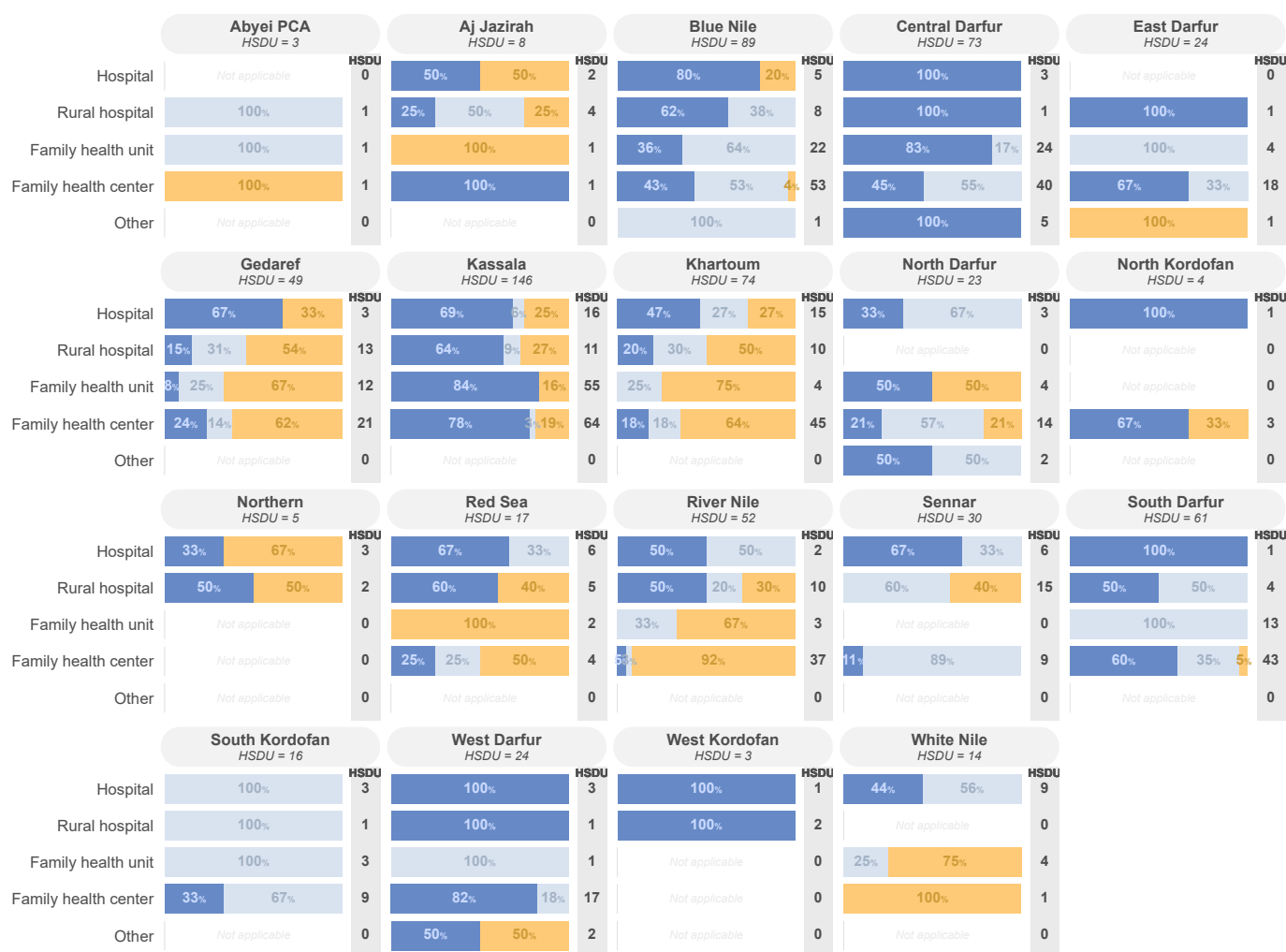
Availability status



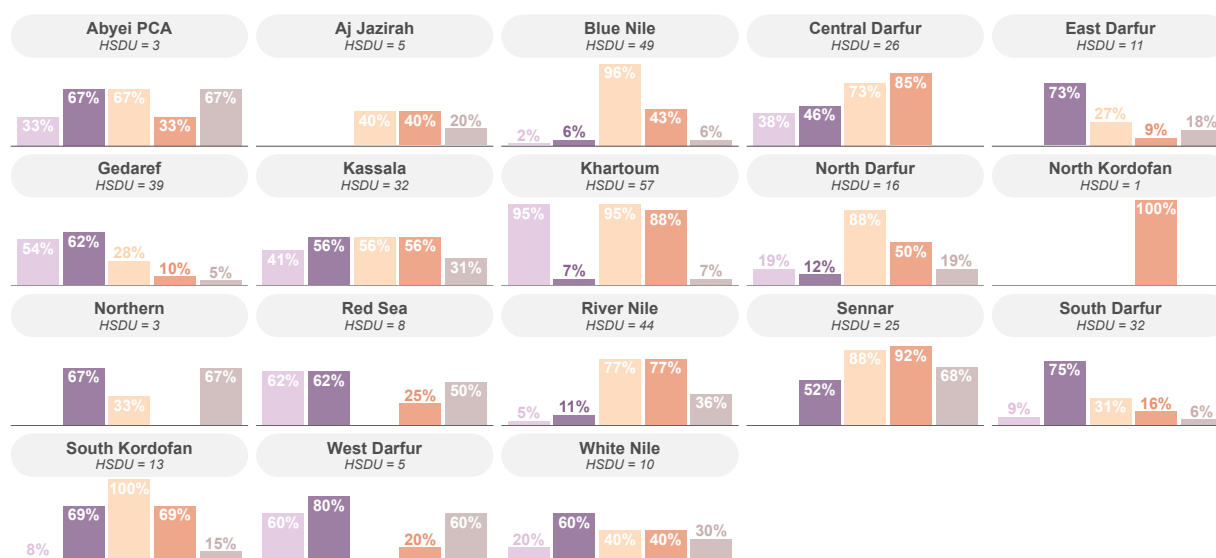
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

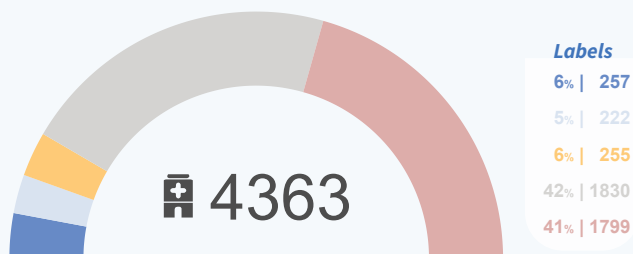
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

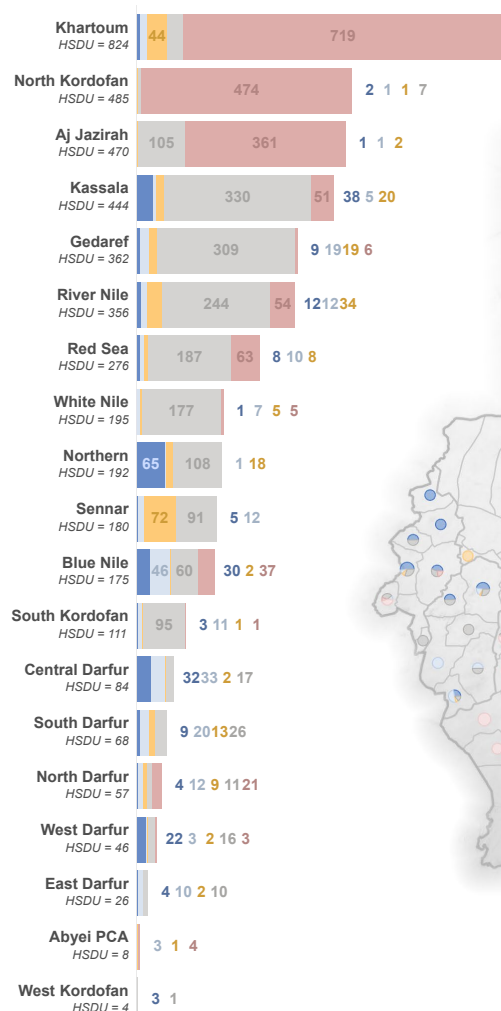


WHO BASIC EMERGENCY CARE

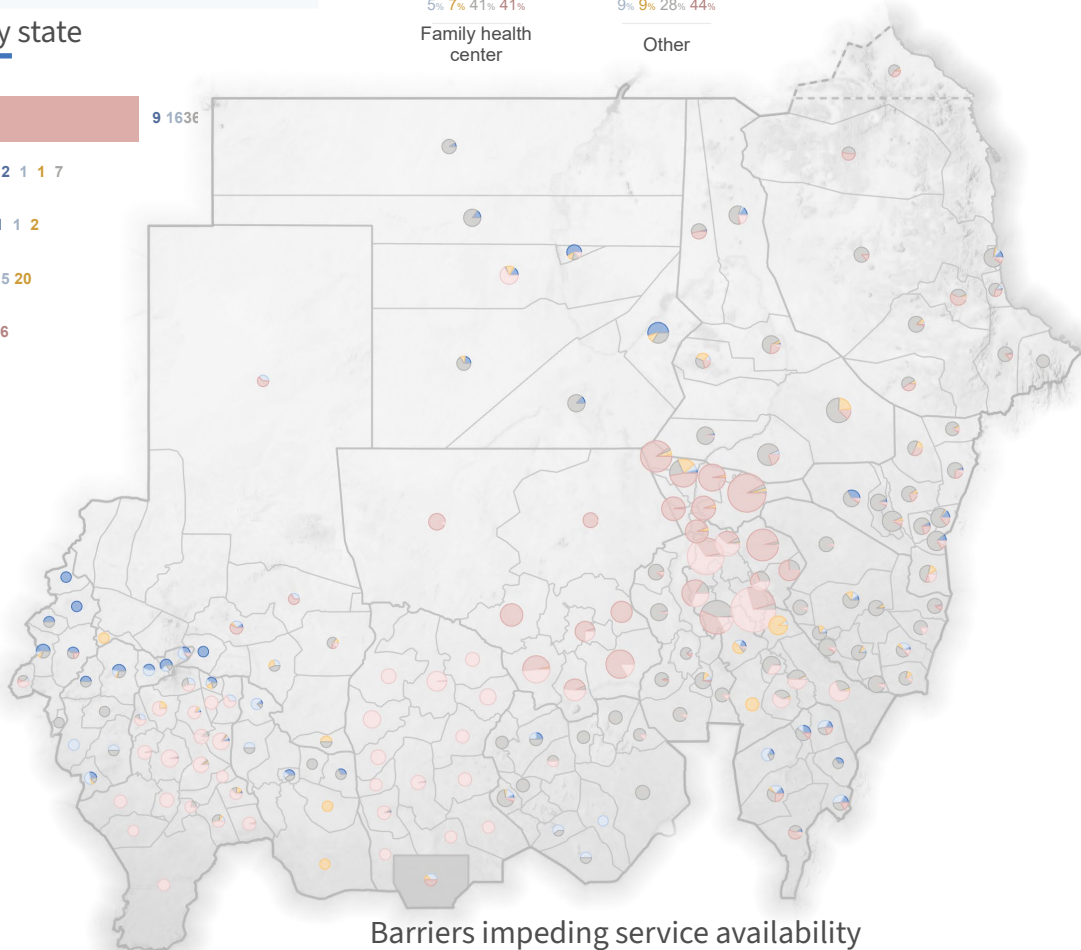
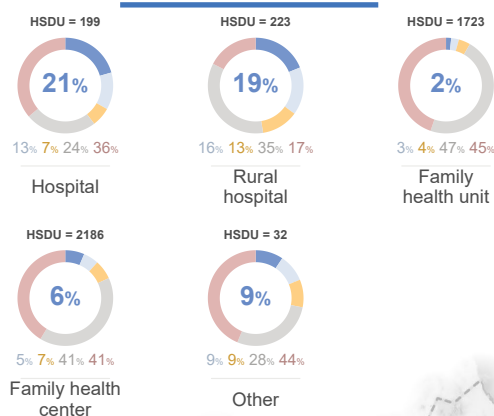
Service availability¹²



Service availability by state



Service availability by HSDU type

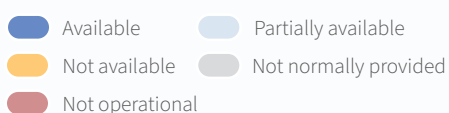


Barriers impeding service availability

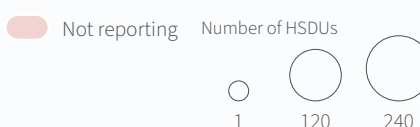


¹² Basic syndrome-based management of difficulty breathing, shock, altered mental status, and polytrauma for neonates, children, and adults. Interventions include manual airway maneuvers, oral/nasal airway placement, oxygen administration, bag-valve mask ventilation, temperature management, and administration of essential emergency medications, including empiric antibiotics for serious infection.

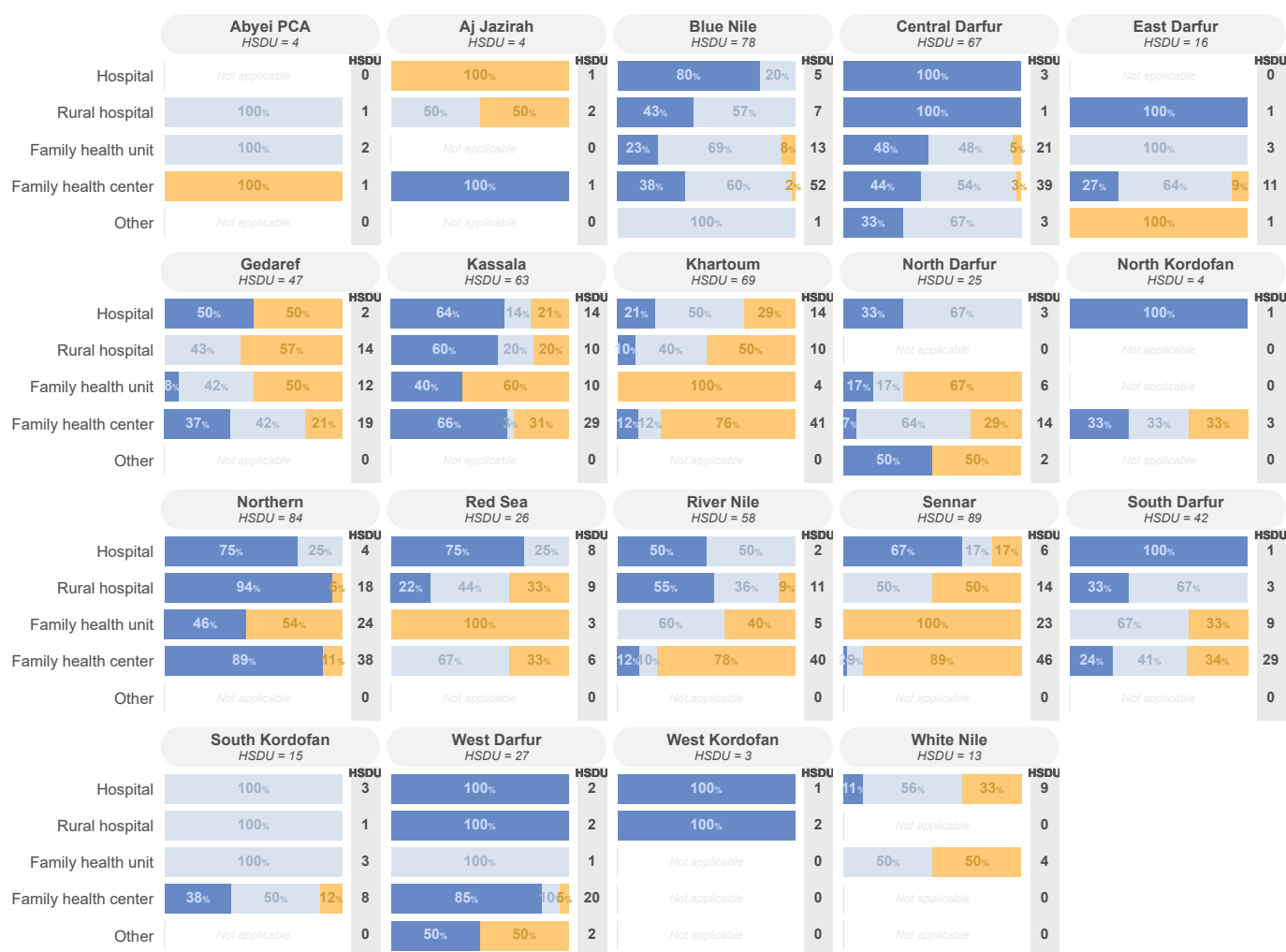
Availability status



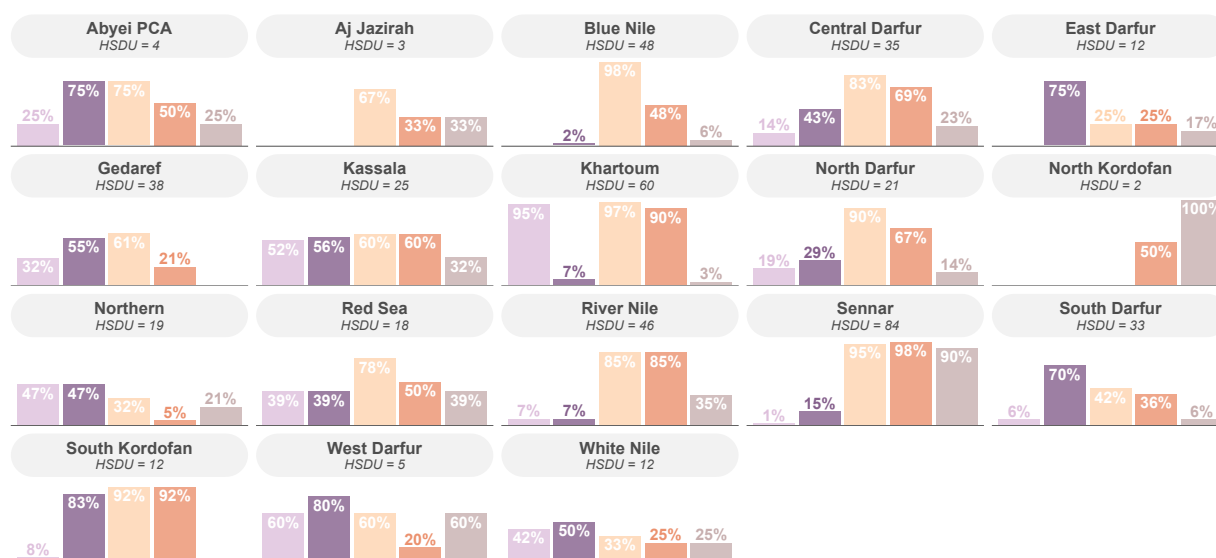
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

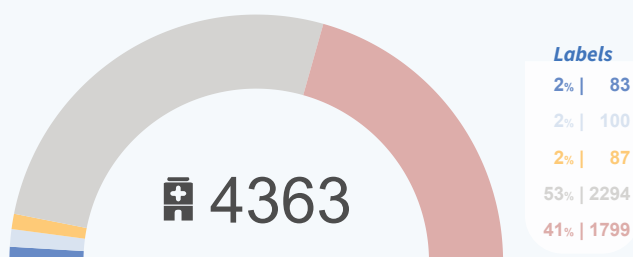
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

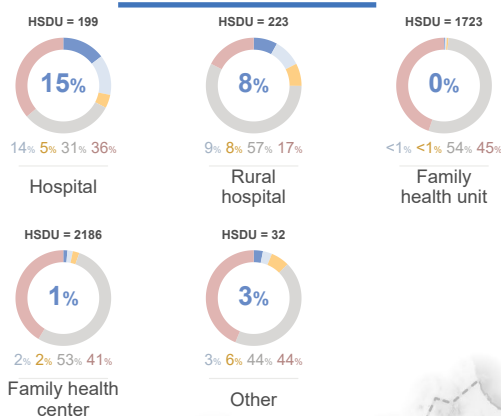


ADVANCED SYNDROME-BASED MANAGEMENT

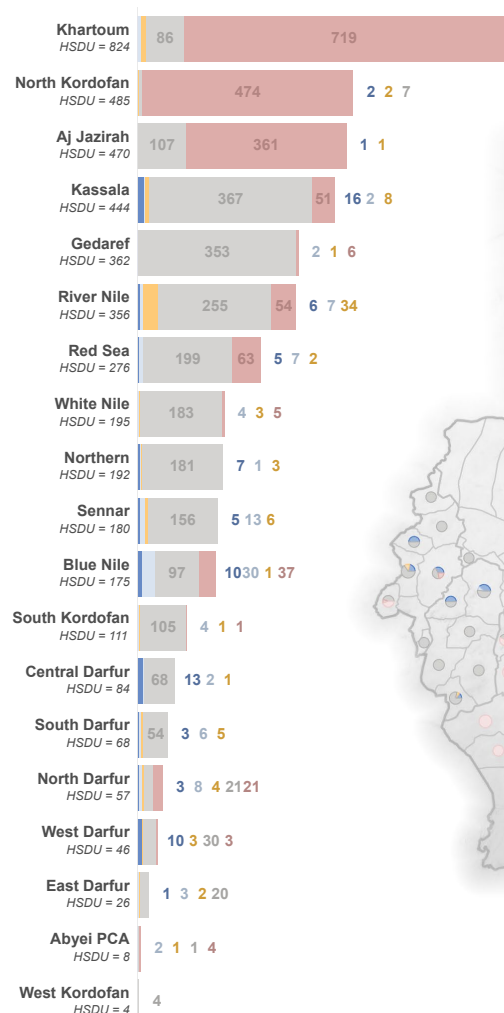
Service availability¹³



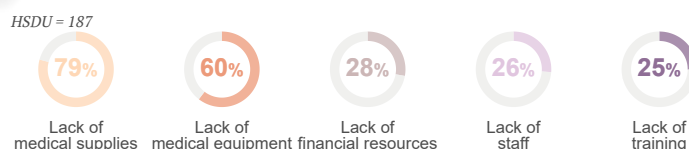
Service availability by HSDU type



Service availability by state

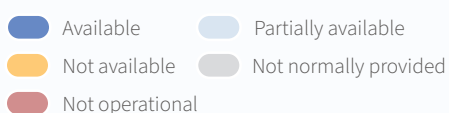


Barriers impeding service availability

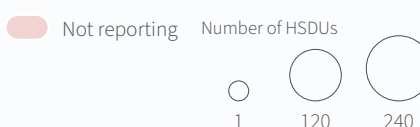


13 Advanced Syndrome-based management of difficulty breathing, shock, altered mental status, and polytrauma in a dedicated emergency unit, including for neonates, children, and adults. Interventions include intubation, mechanical ventilation, surgical airway, placement of chest drain, hemorrhage control, defibrillation, administration of IV fluids via peripheral and central venous line, with adjustment for age and condition, including malnutrition, and administration of essential emergency medications.

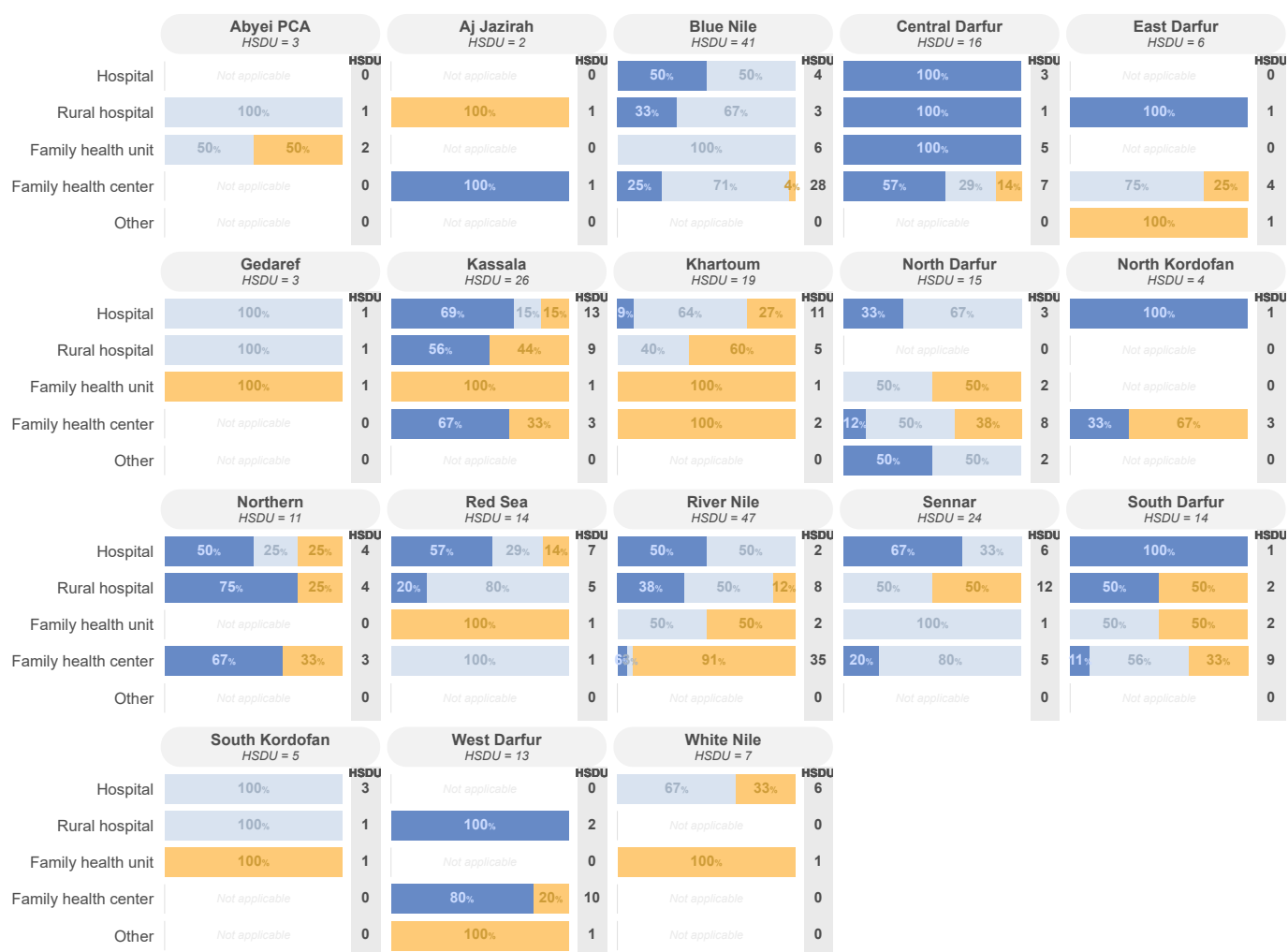
Availability status



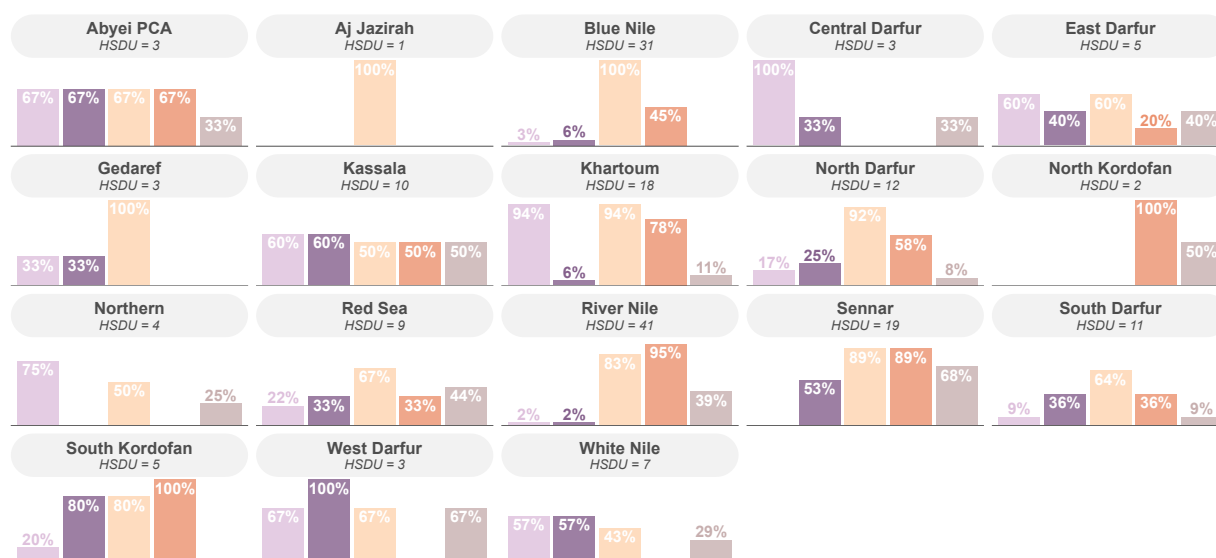
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

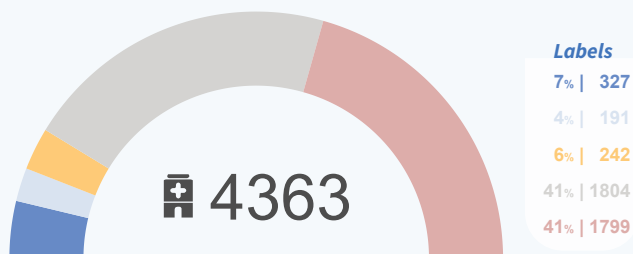
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

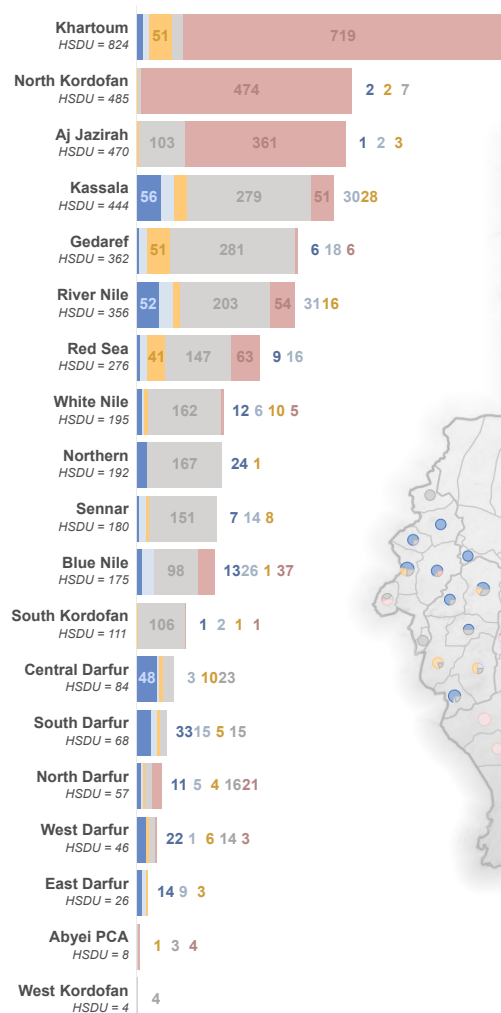


MONITORED REFERRAL

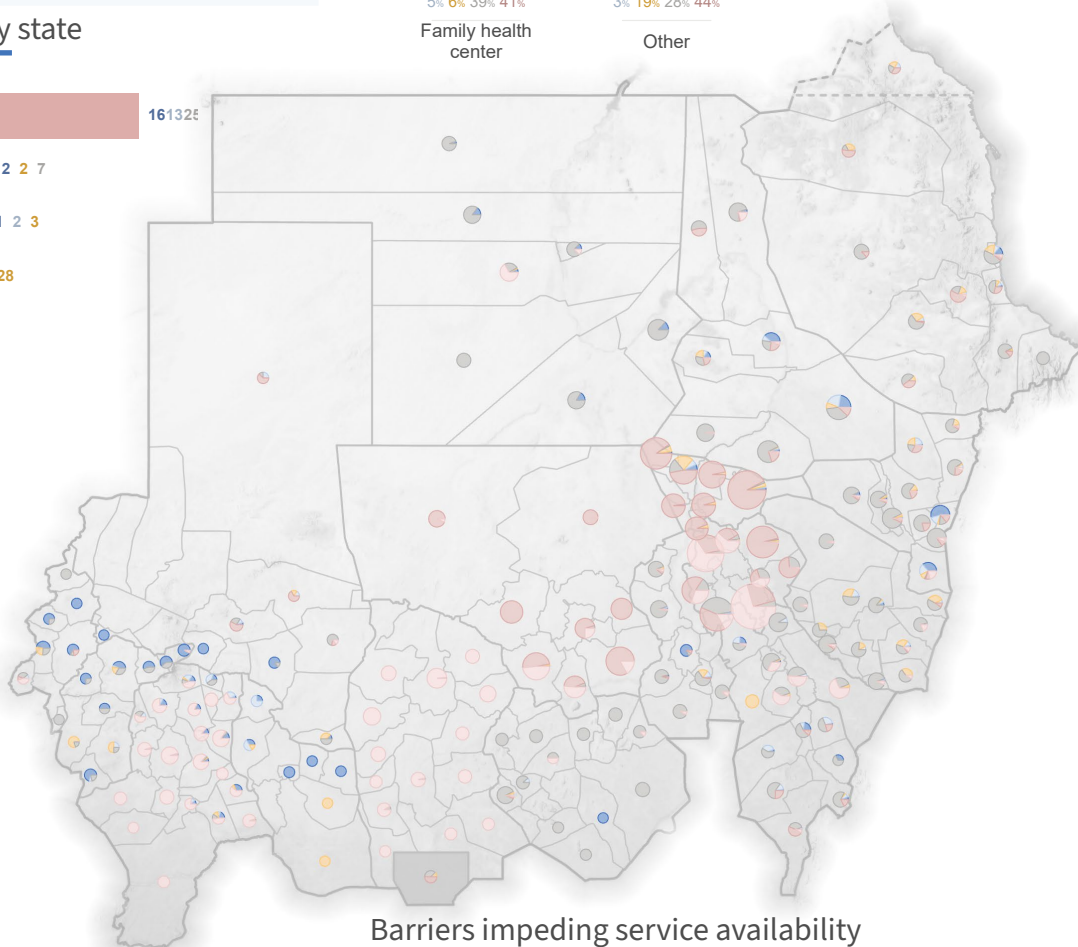
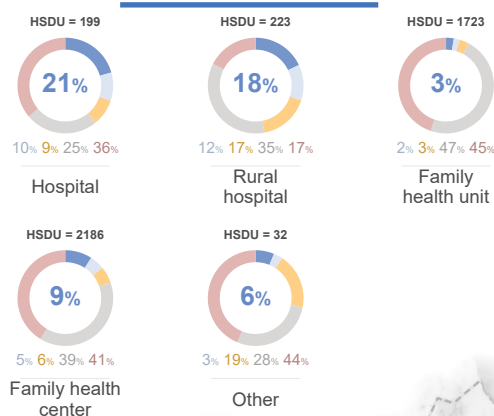
Service availability¹⁴



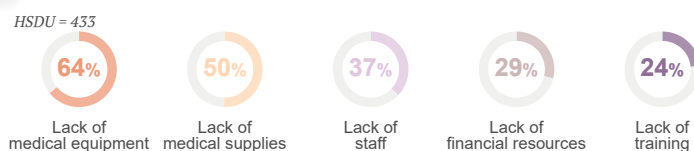
Service availability by state



Service availability by HSDU type

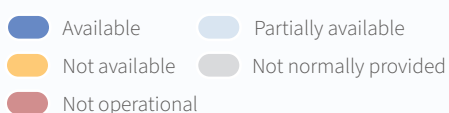


Barriers impeding service availability

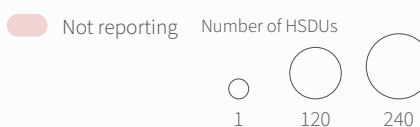


¹⁴ Direct provider monitoring during transport to an appropriate healthcare facility and structured handover to facility personnel.

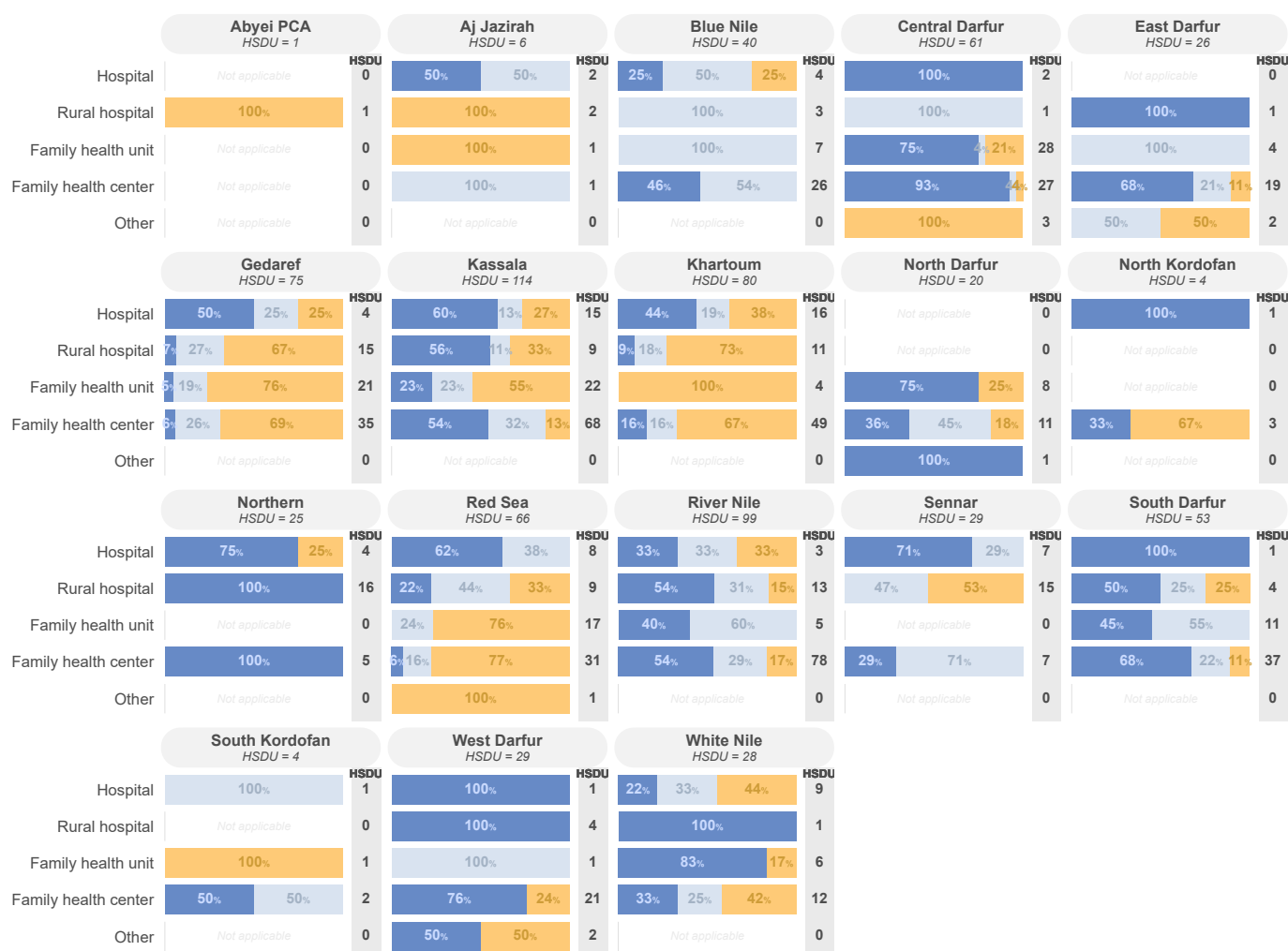
Availability status



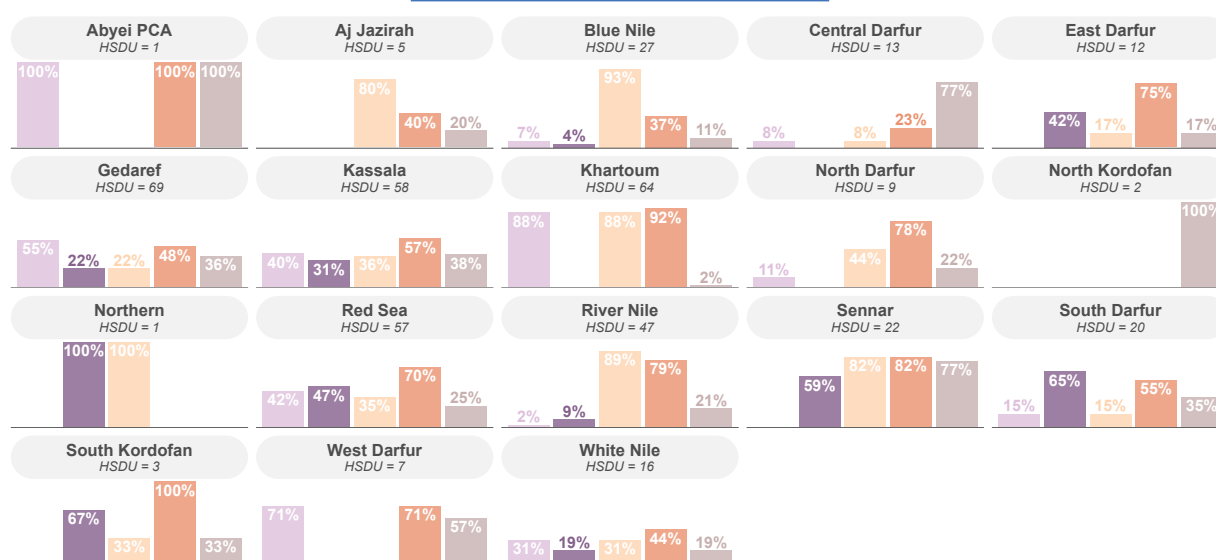
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

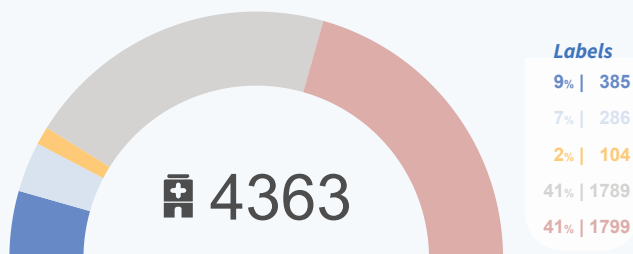
- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

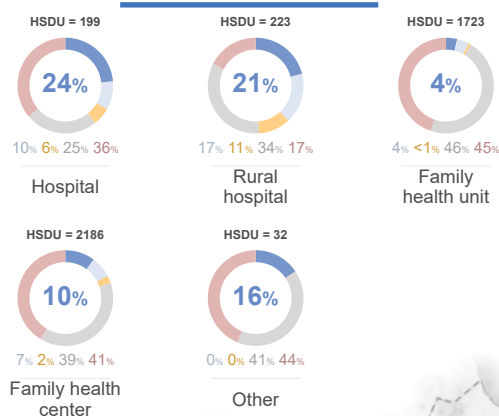


REFERRAL CAPACITY

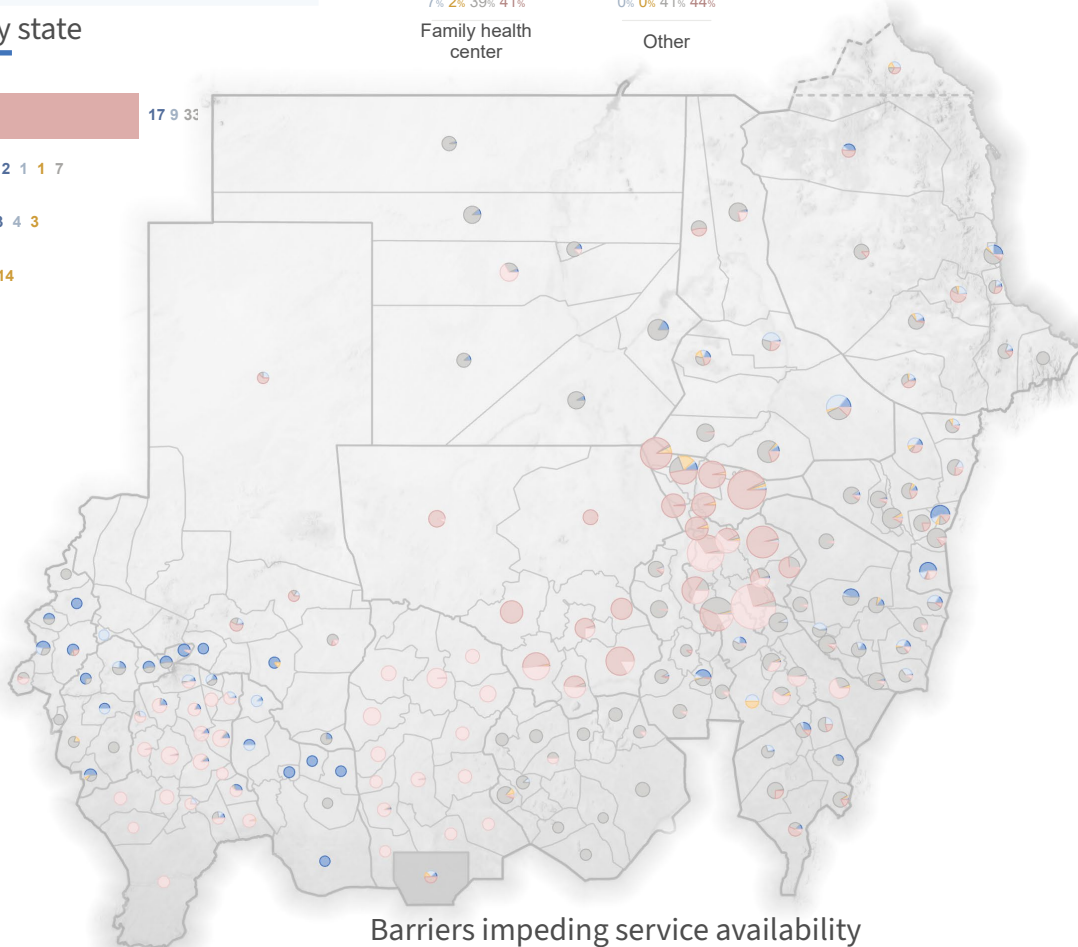
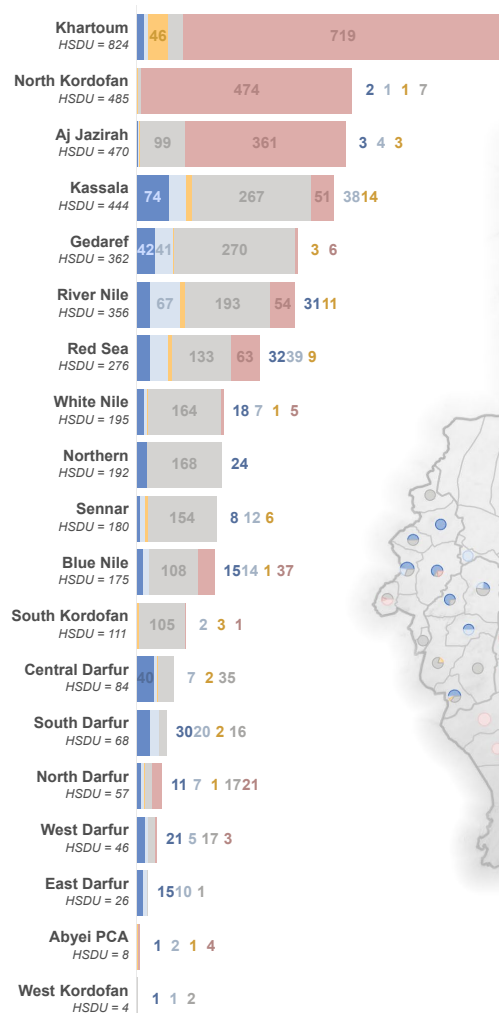
Service availability¹⁵



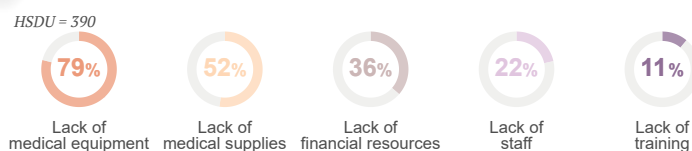
Service availability by HSDU type



Service availability by state

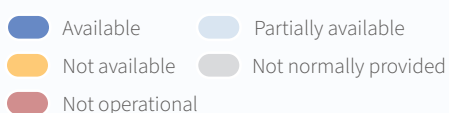


Barriers impeding service availability

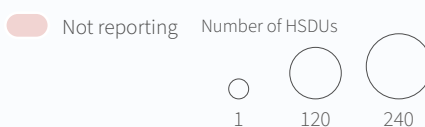


¹⁵ Referral procedures, means of communication, and access to transportation.

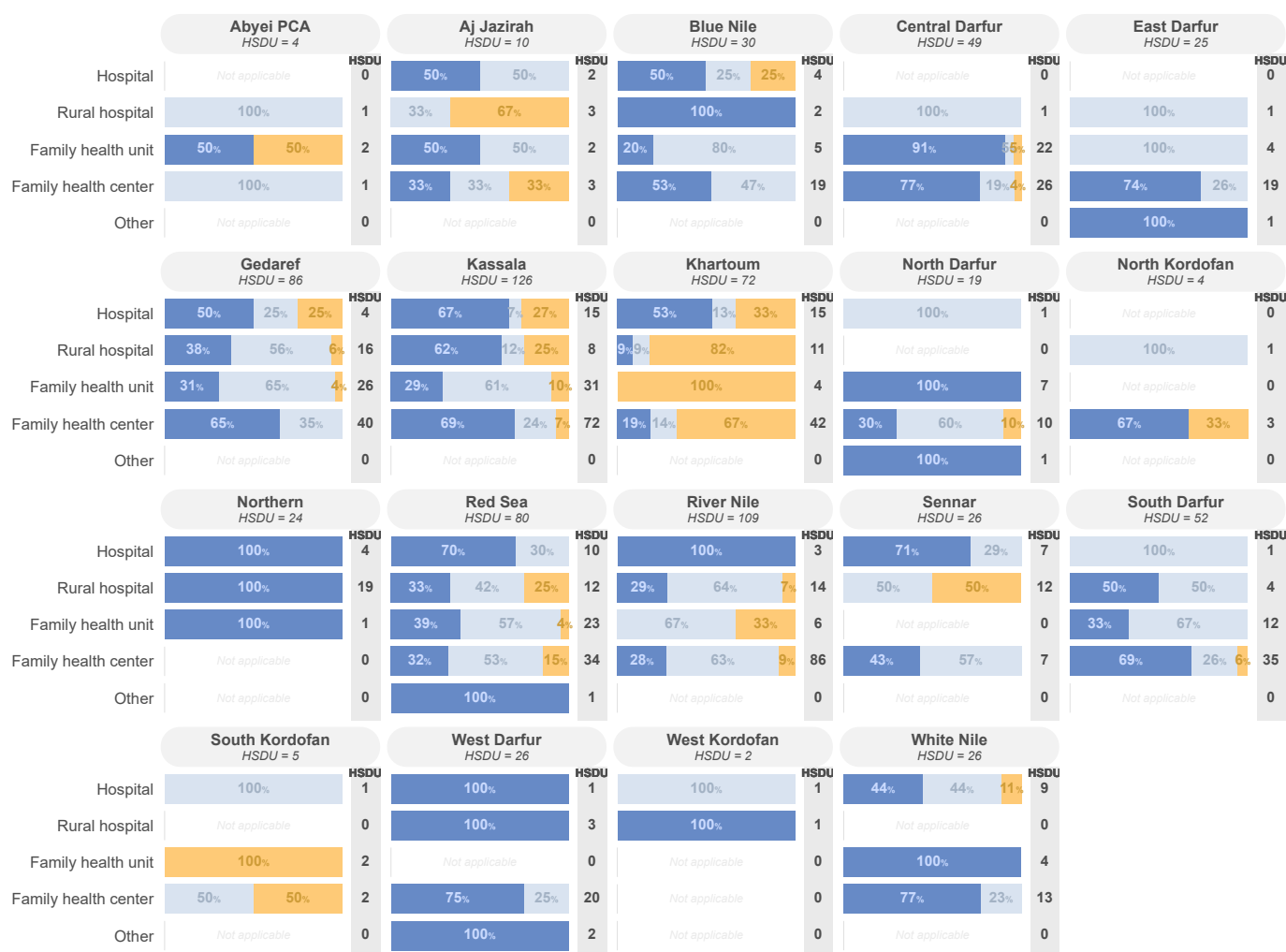
Availability status



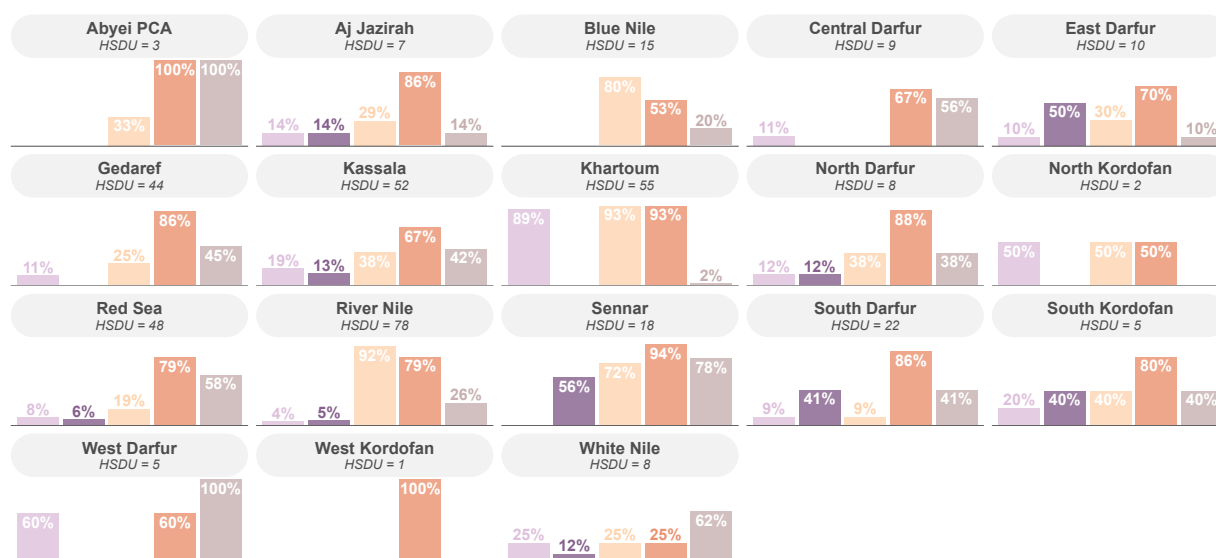
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

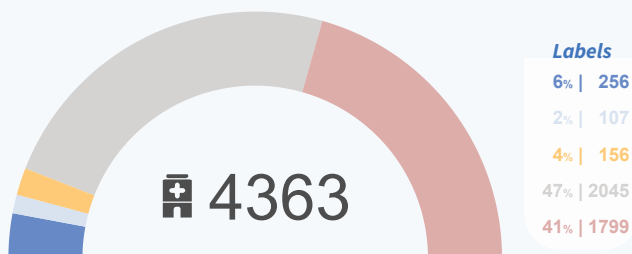
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

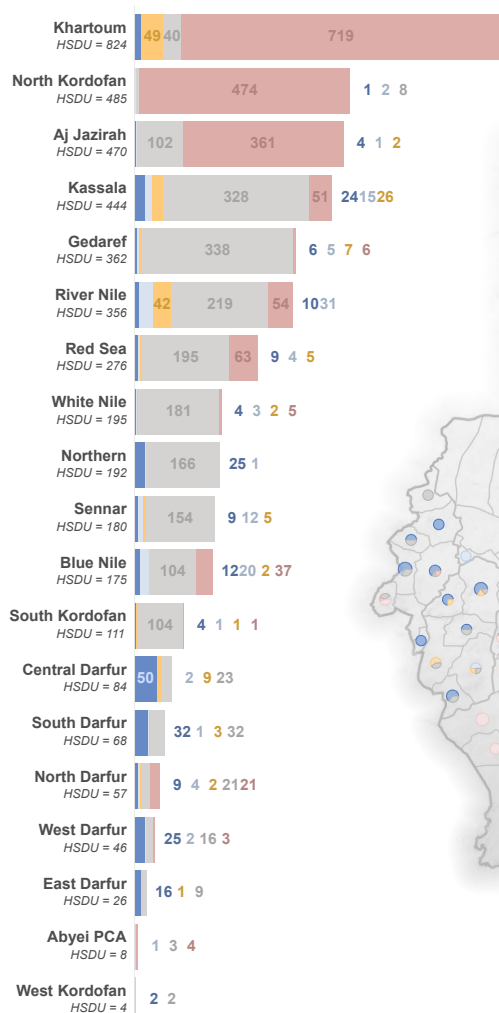


ACCEPTANCE OF REFERRALS

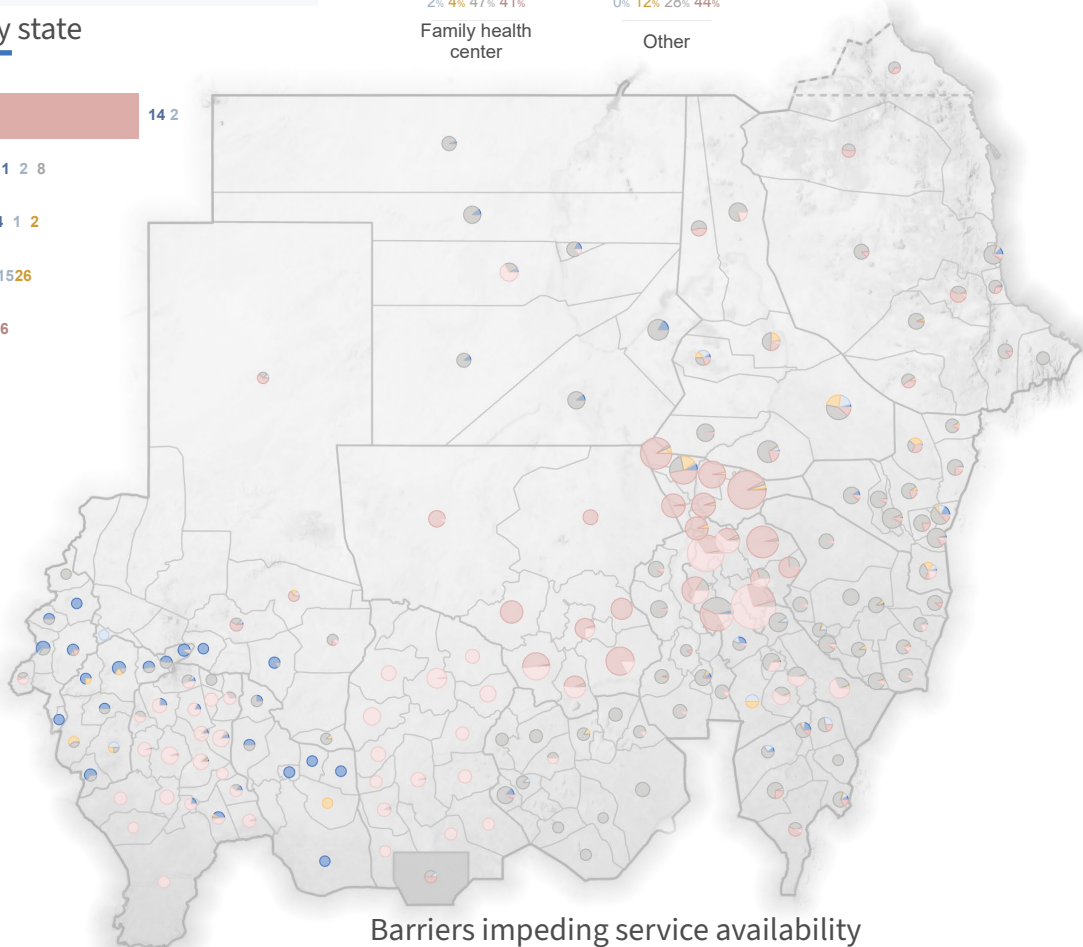
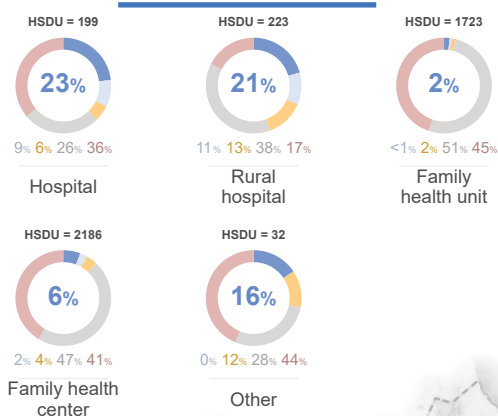
Service availability¹⁶



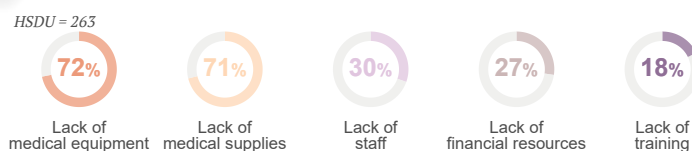
Service availability by state



Service availability by HSDU type

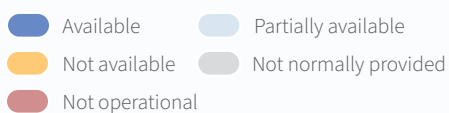


Barriers impeding service availability

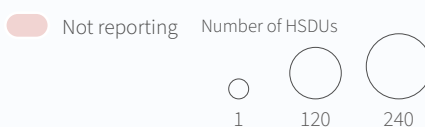


¹⁶ Acceptance of referrals with remote decision support for prehospital providers and primary healthcare facilities, and condition-specific protocol-based referral to higher levels.

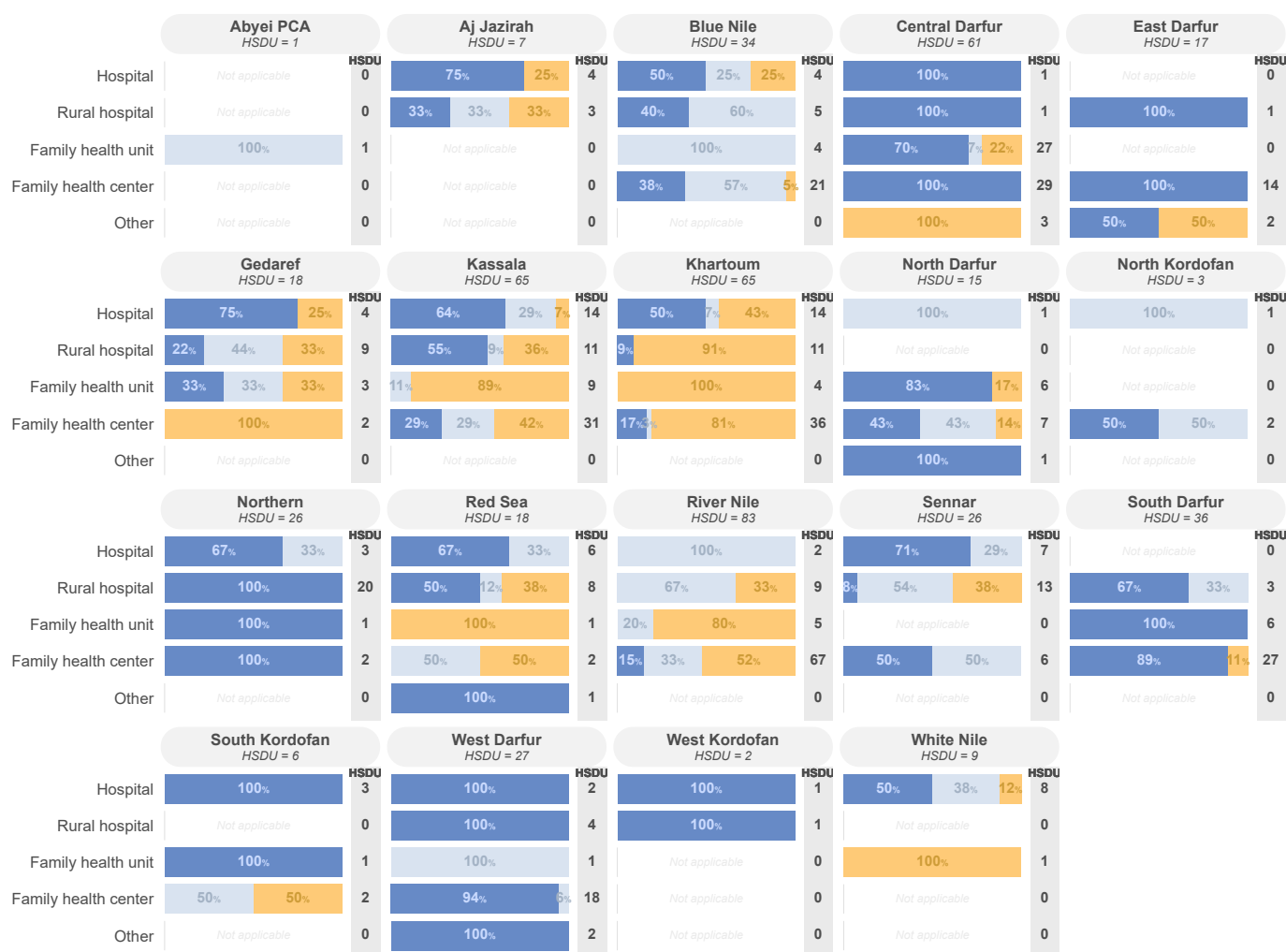
Availability status



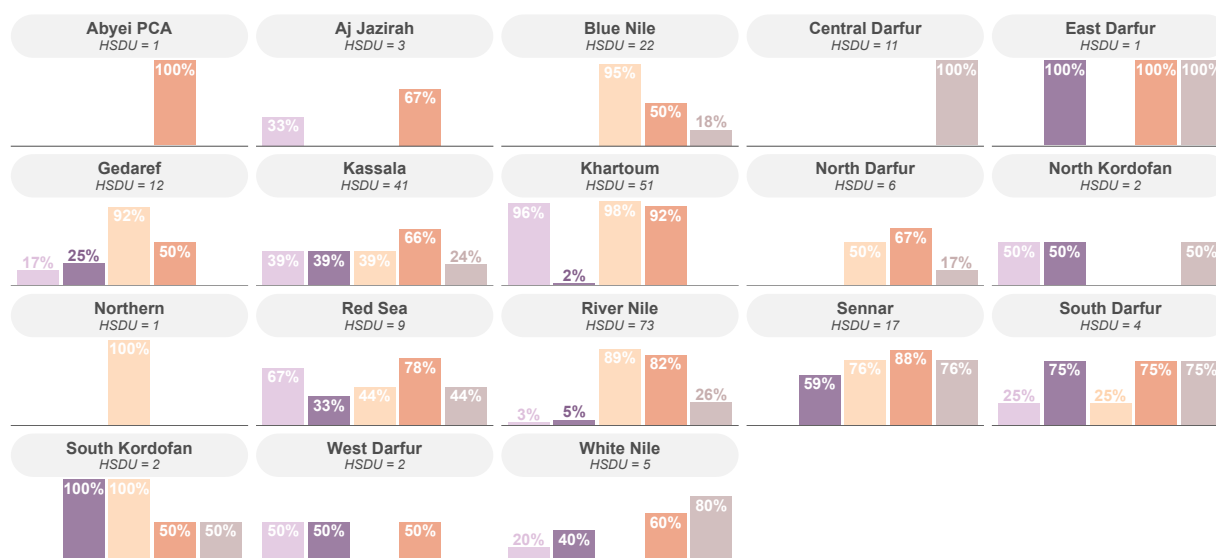
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

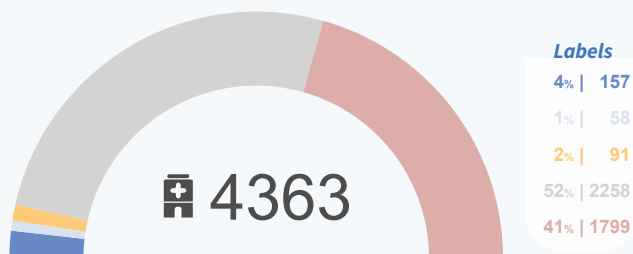
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

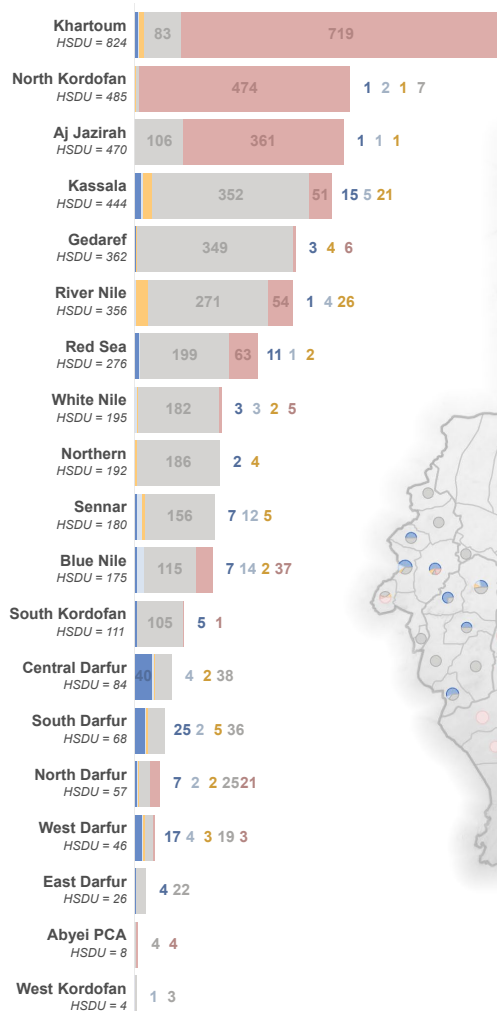


ACCEPTANCE OF COMPLEX REFERRALS

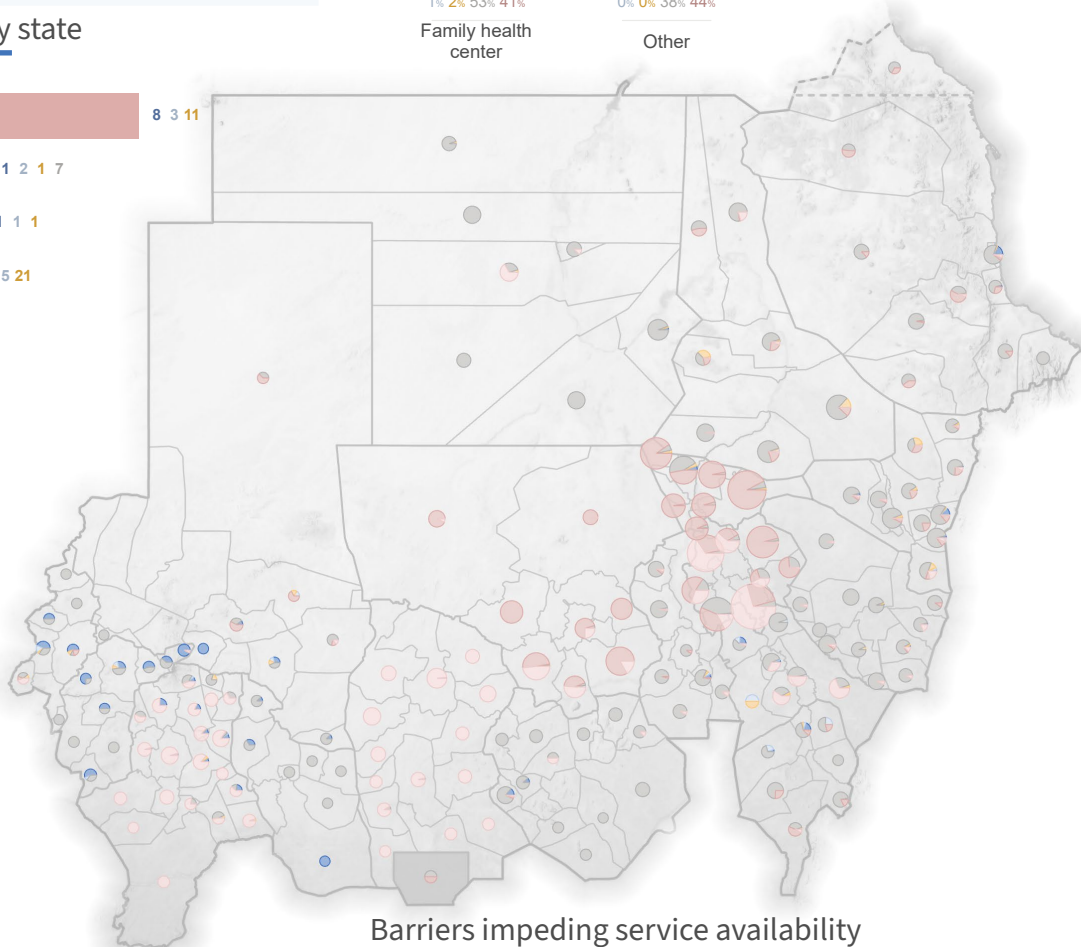
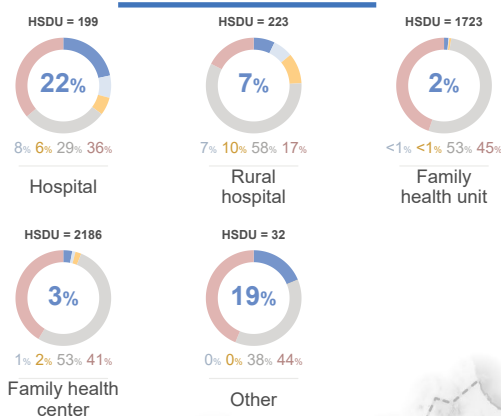
Service availability¹⁷



Service availability by state



Service availability by HSDU type

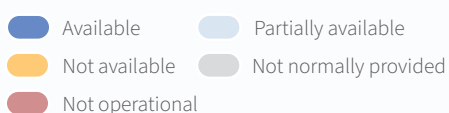


Barriers impeding service availability

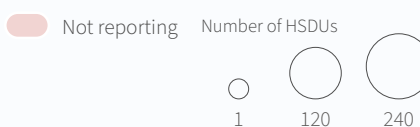


¹⁷ Acceptance of complex referrals with remote decision support for prehospital providers and lower-level facilities.

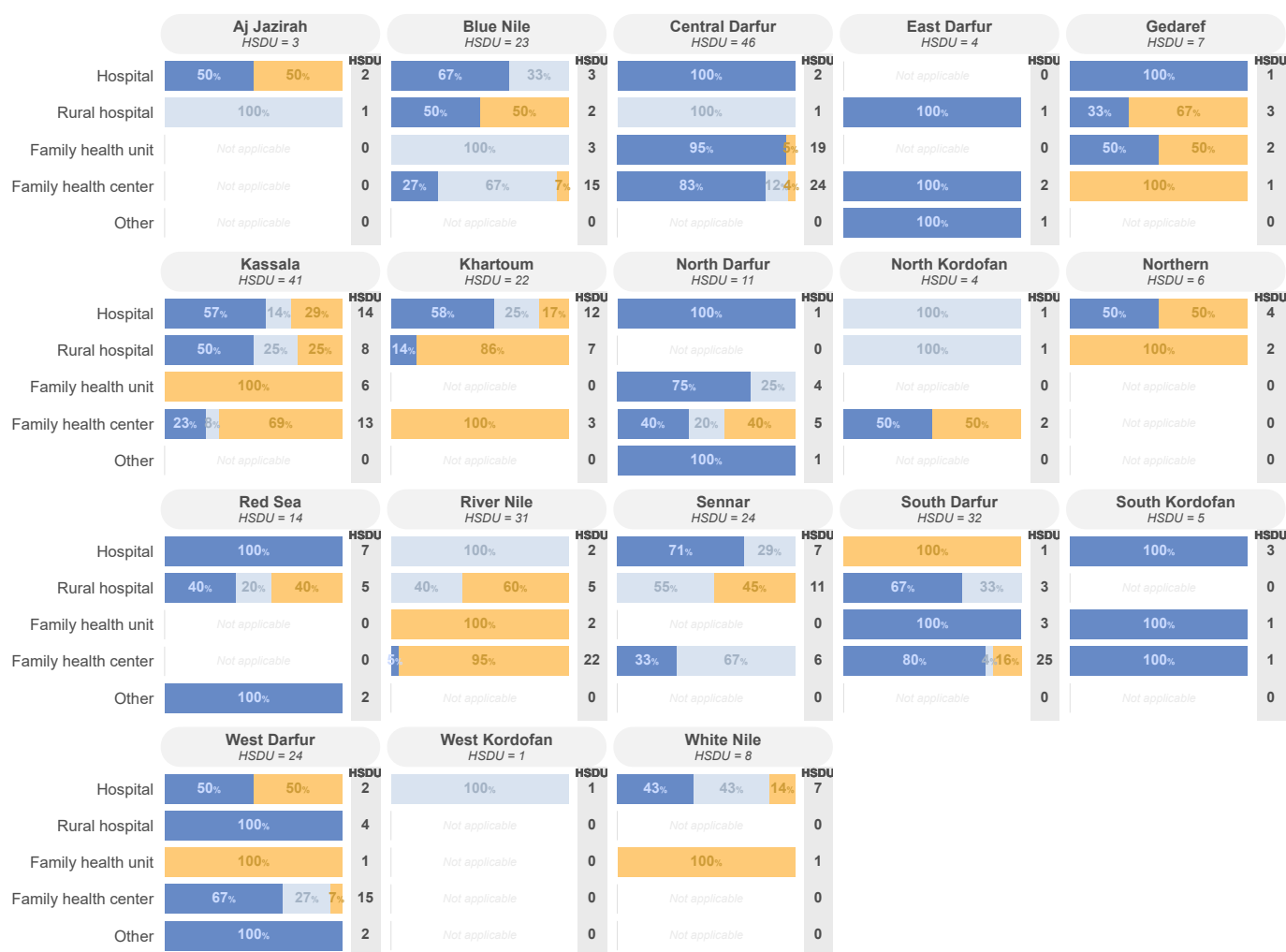
Availability status



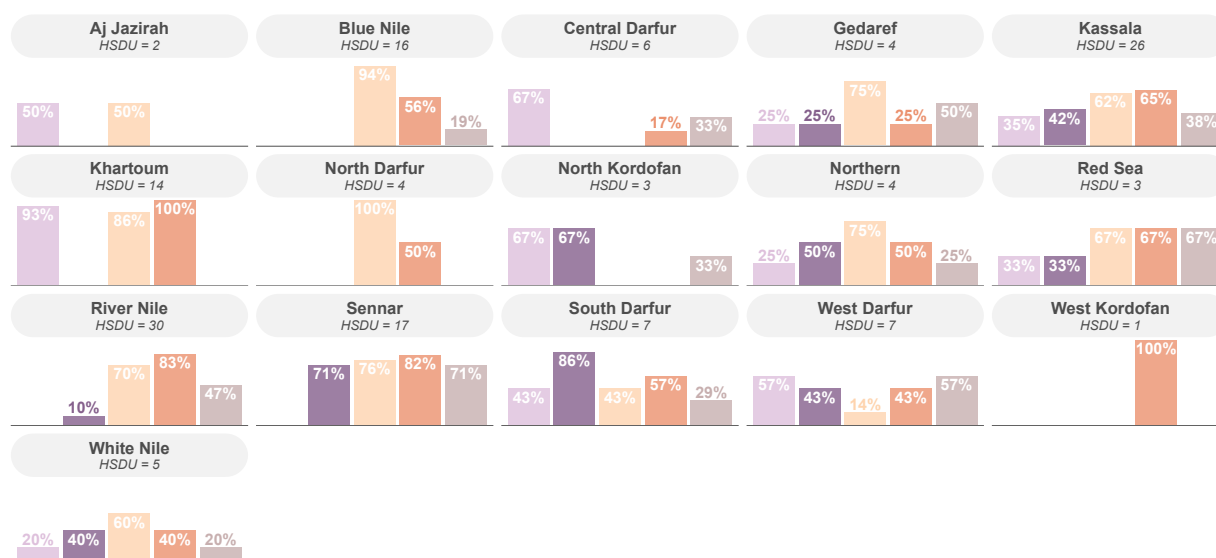
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

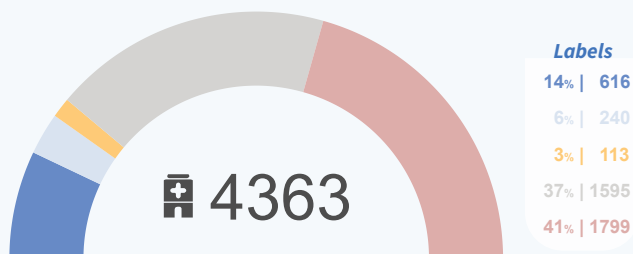
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

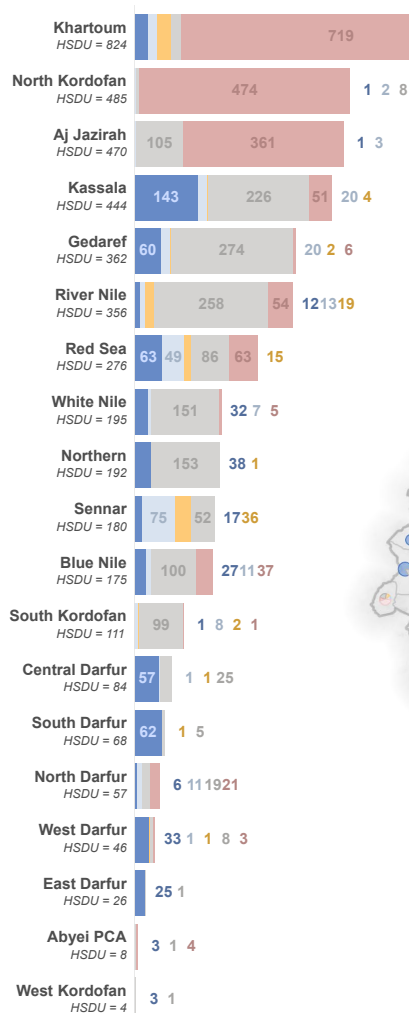


OUTPATIENT SERVICES FOR PRIMARY CARE

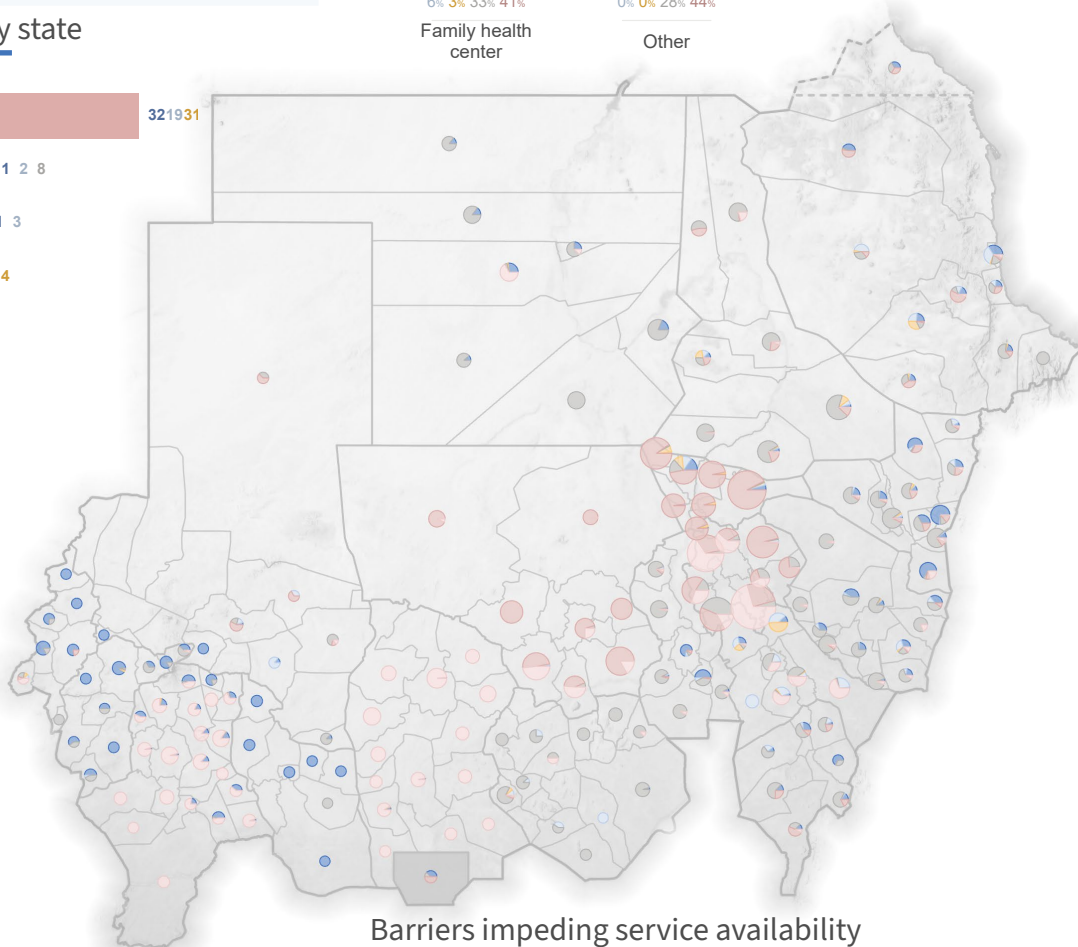
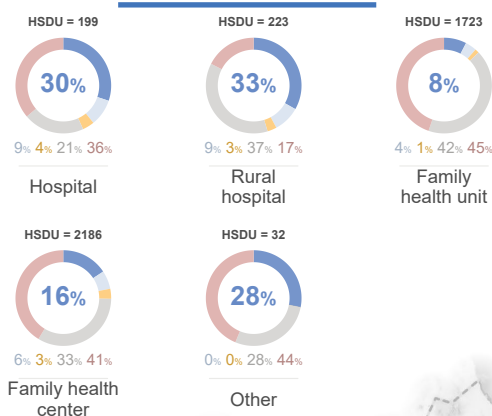
Service availability¹⁸



Service availability by state



Service availability by HSDU type

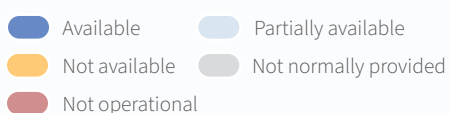


Barriers impeding service availability

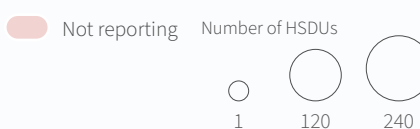


¹⁸ Outpatient services with availability of all essential drugs for primary care as per national guidelines.

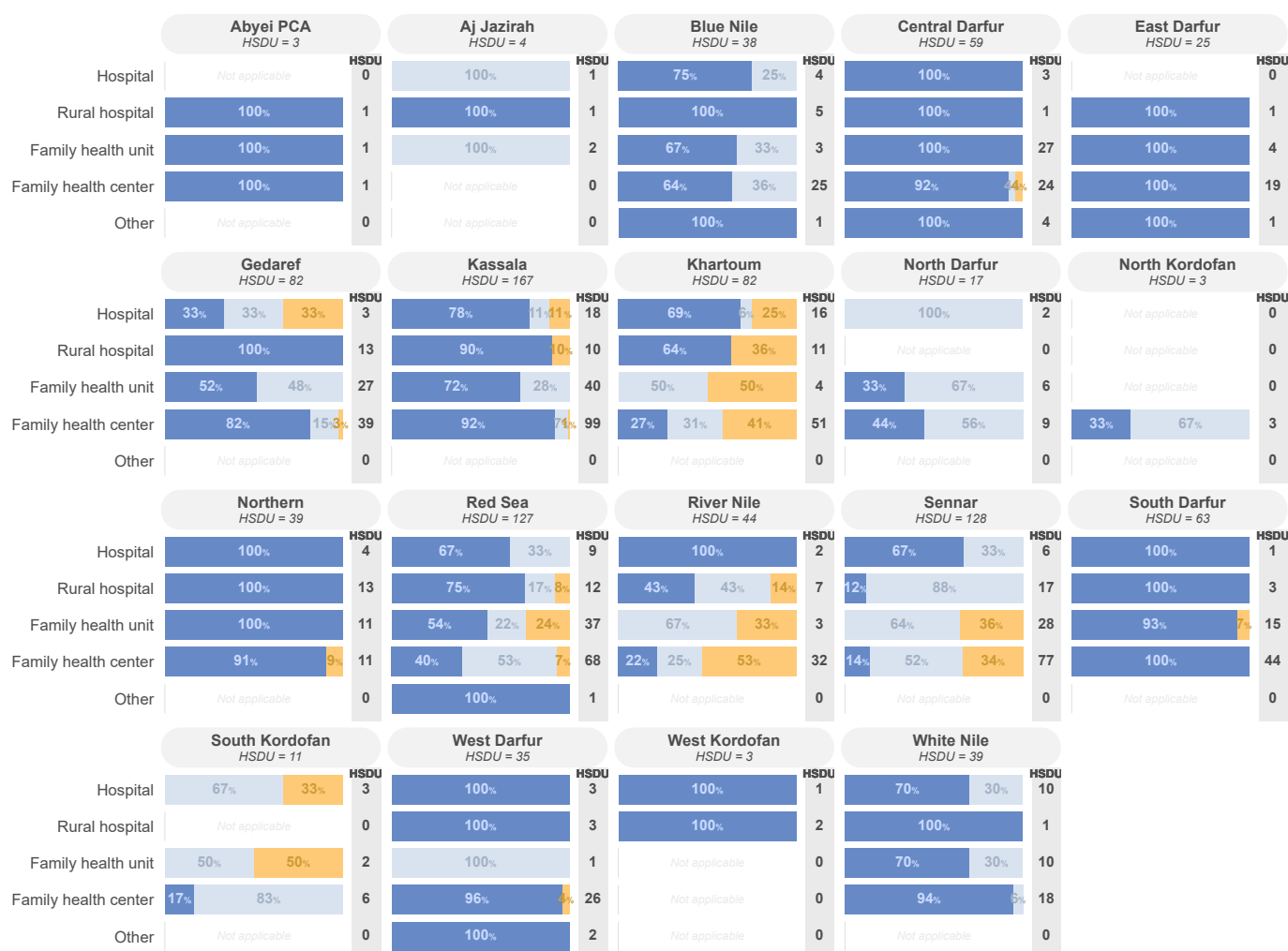
Availability status



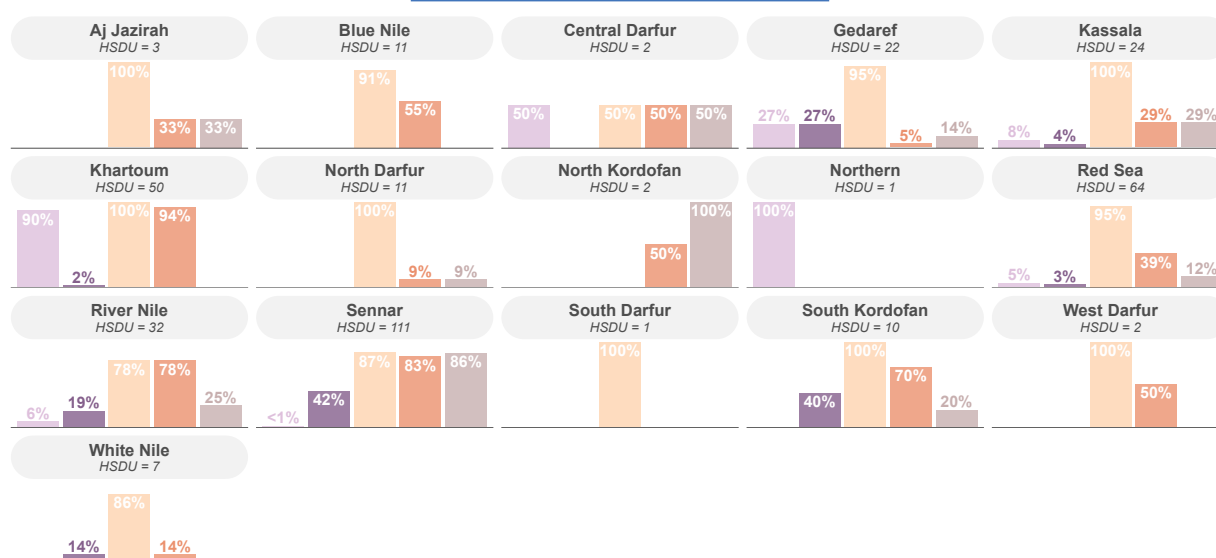
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

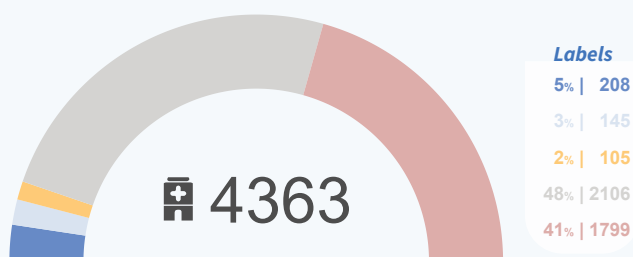
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

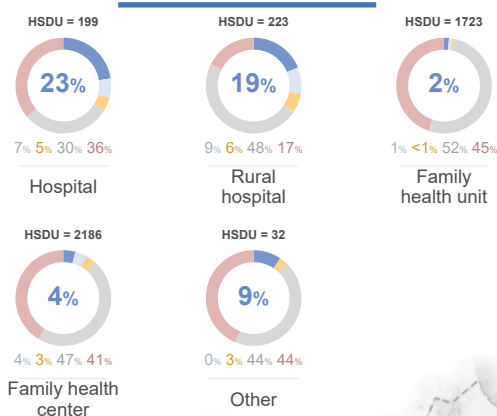


OUTPATIENT DEPARTMENT FOR SECONDARY CARE

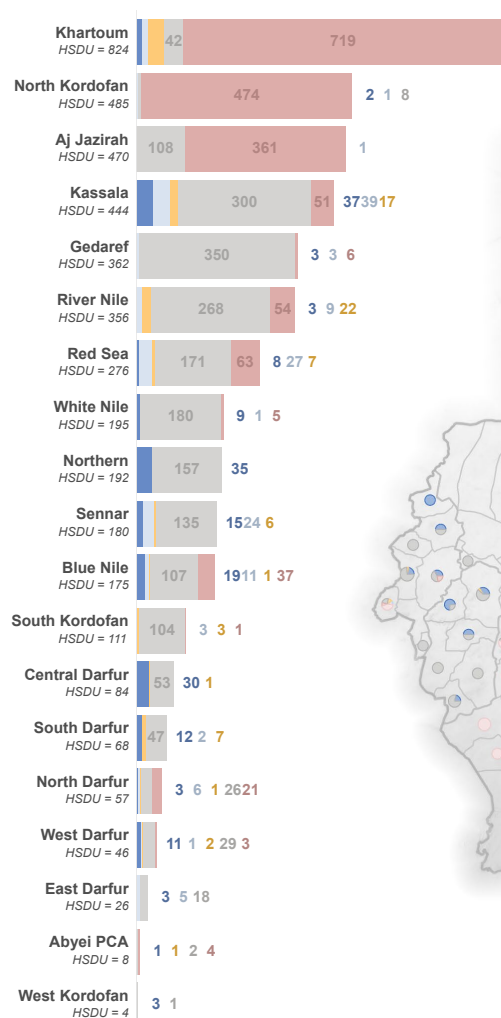
Service availability¹⁹



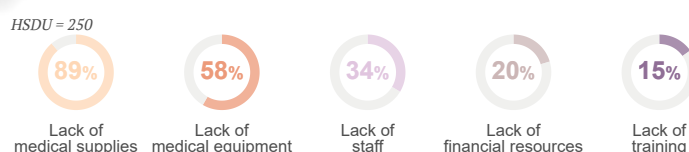
Service availability by HSDU type



Service availability by state

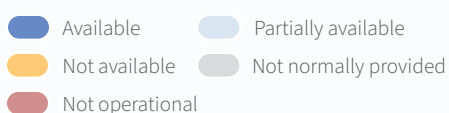


Barriers impeding service availability

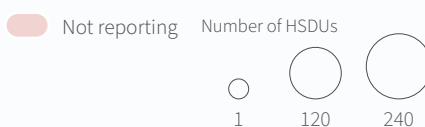


¹⁹ Outpatient department with availability of all essential drugs for secondary care as per national guidelines (including NCD and pain management), and at least one general practitioner.

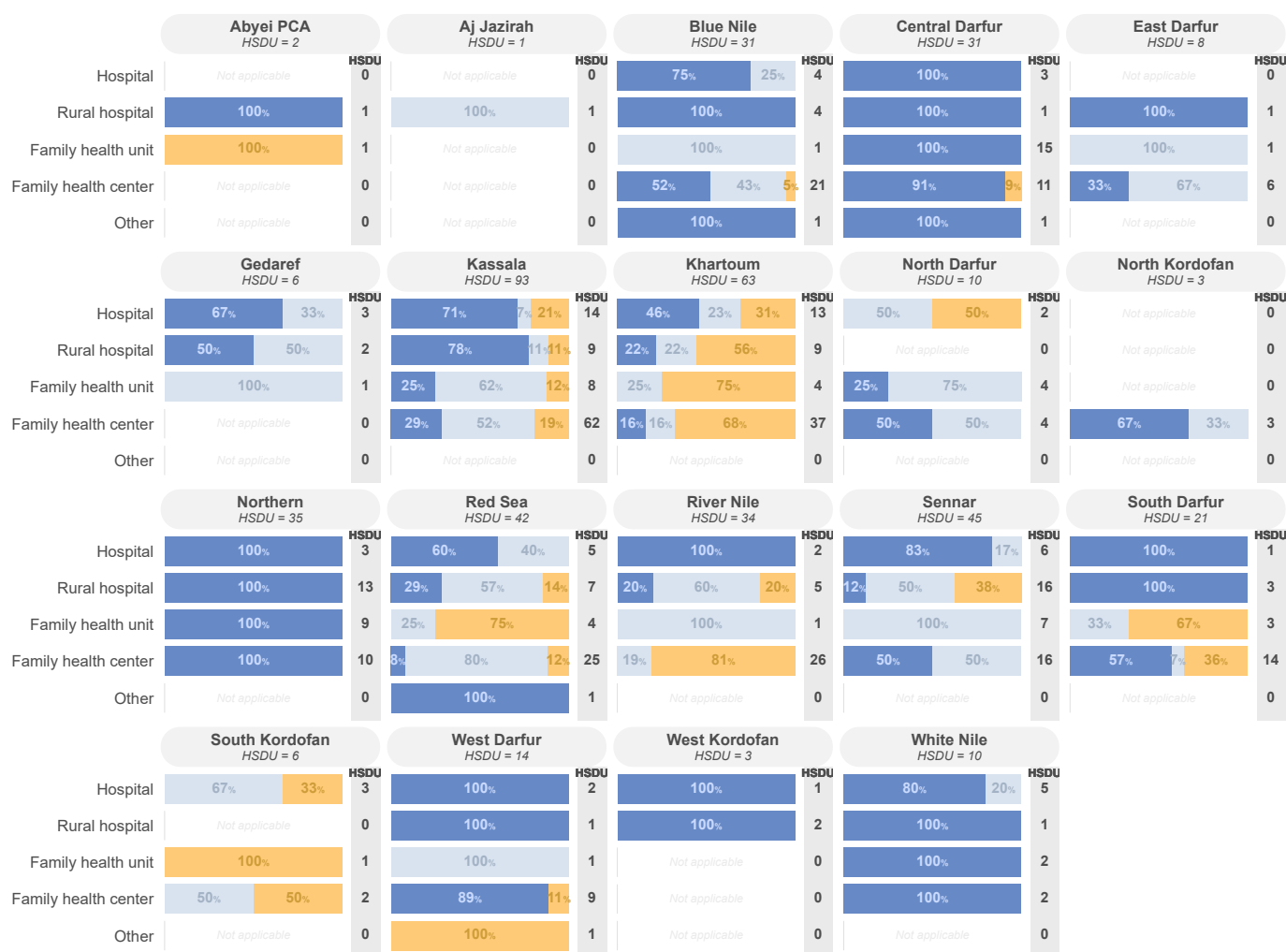
Availability status



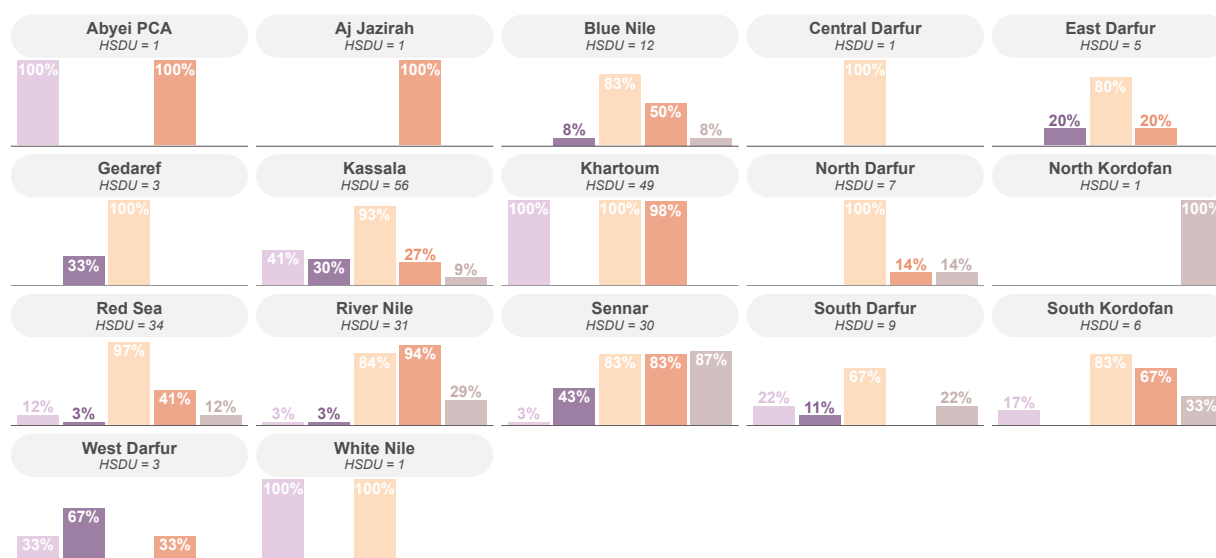
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

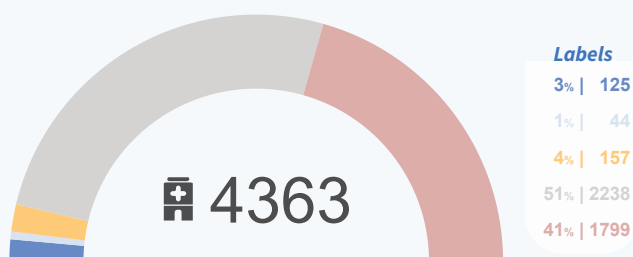
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

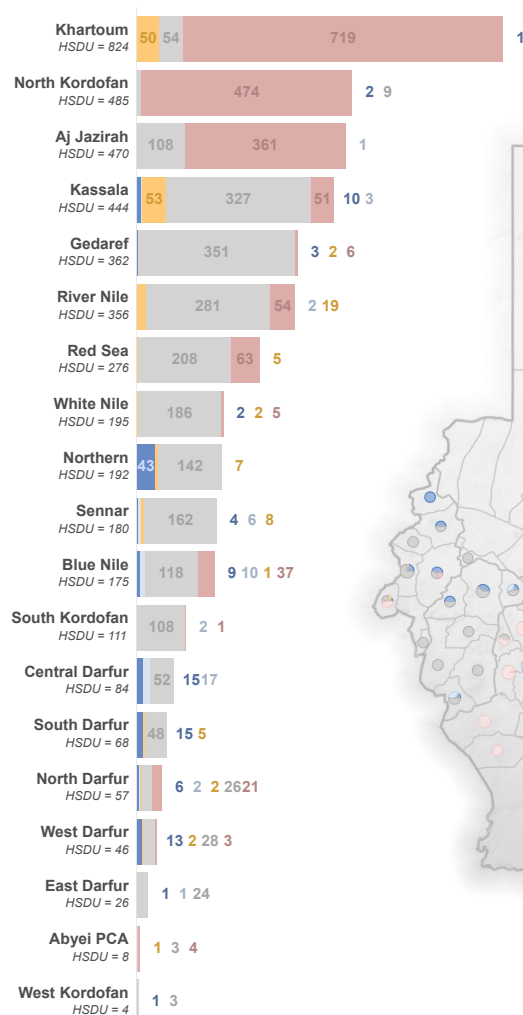


HOME VISITS

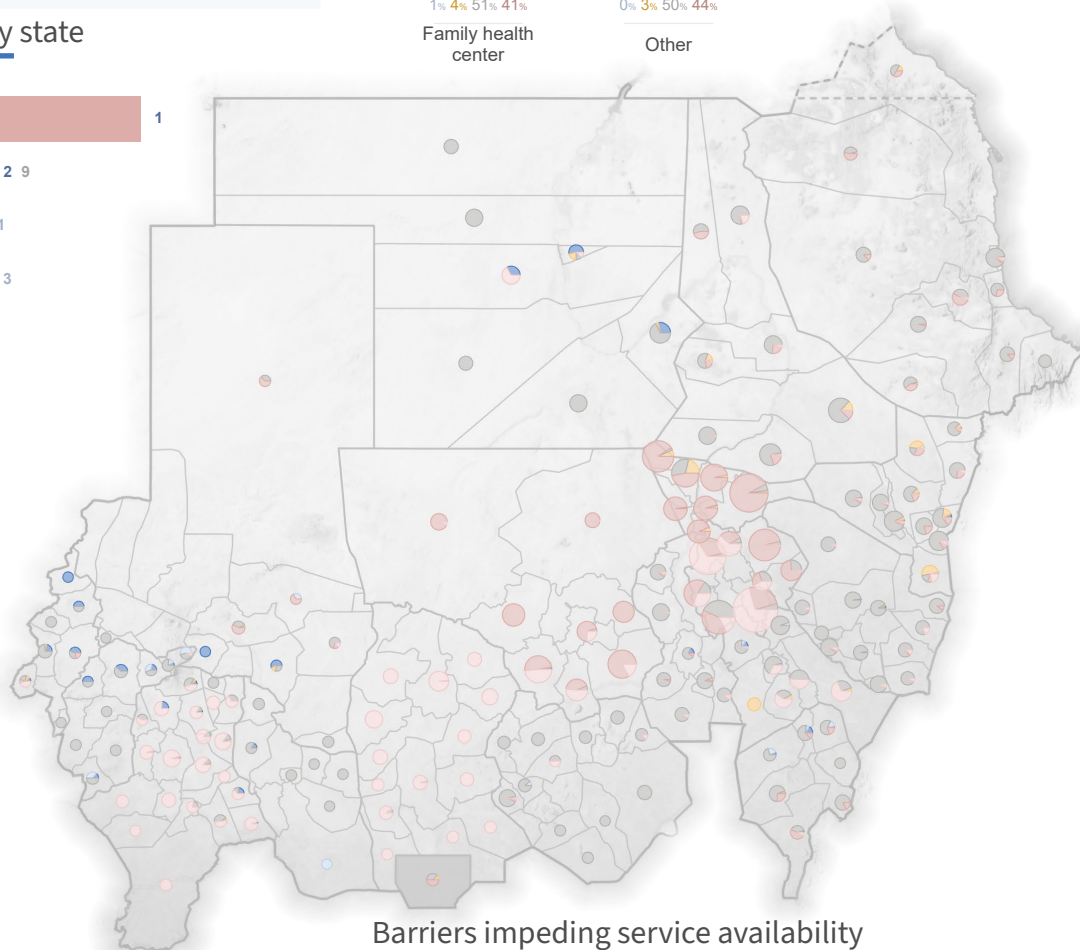
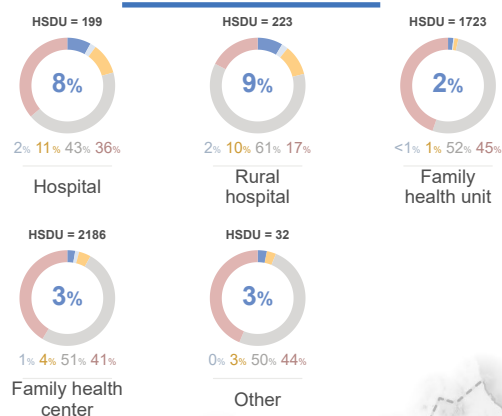
Service availability²⁰



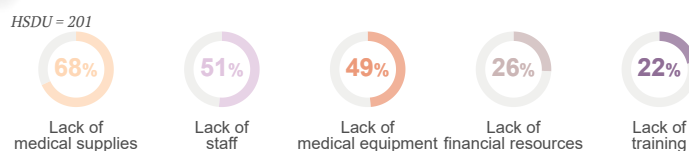
Service availability by state



Service availability by HSDU type

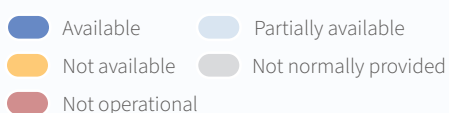


Barriers impeding service availability

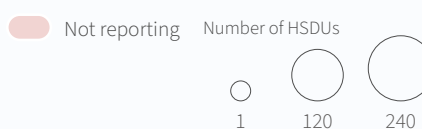


²⁰ Including promotion of self-care practices and monitoring of NCD medication compliance.

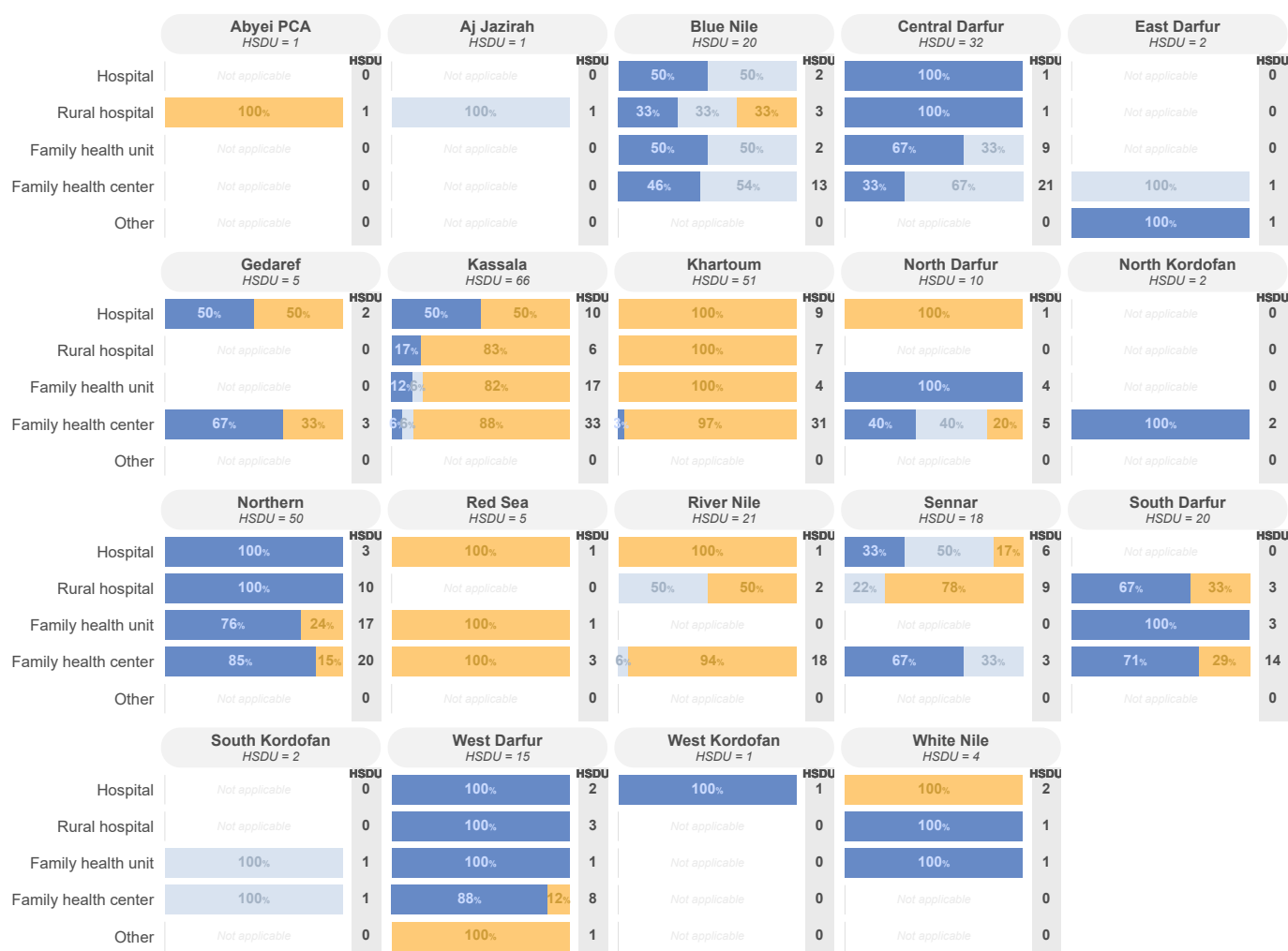
Availability status



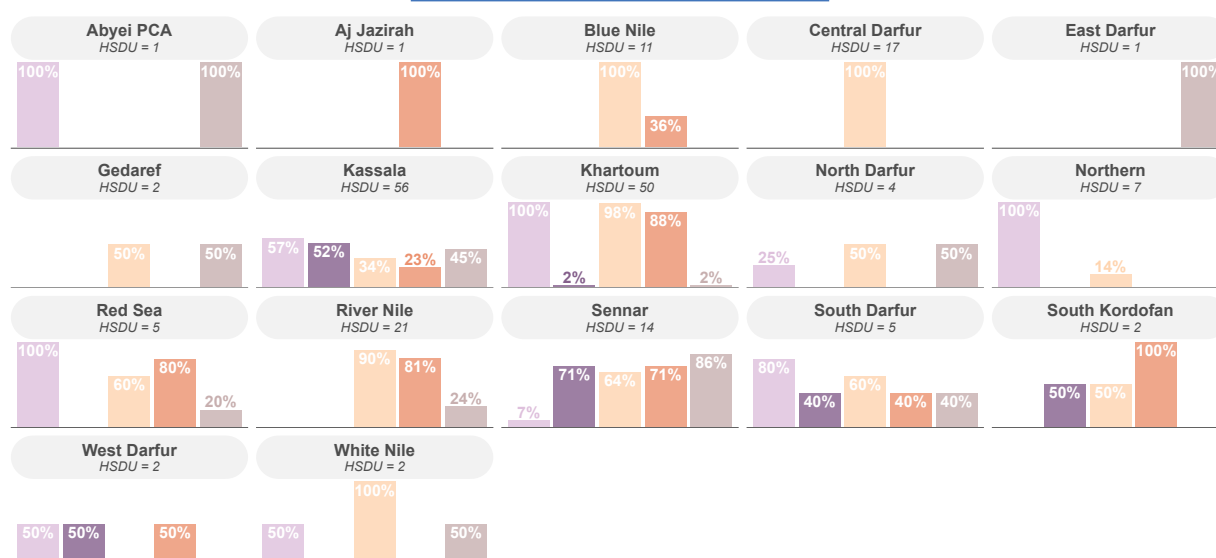
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

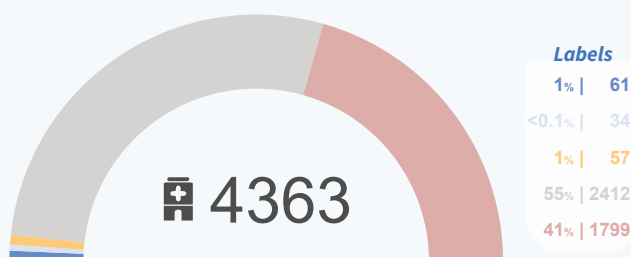
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

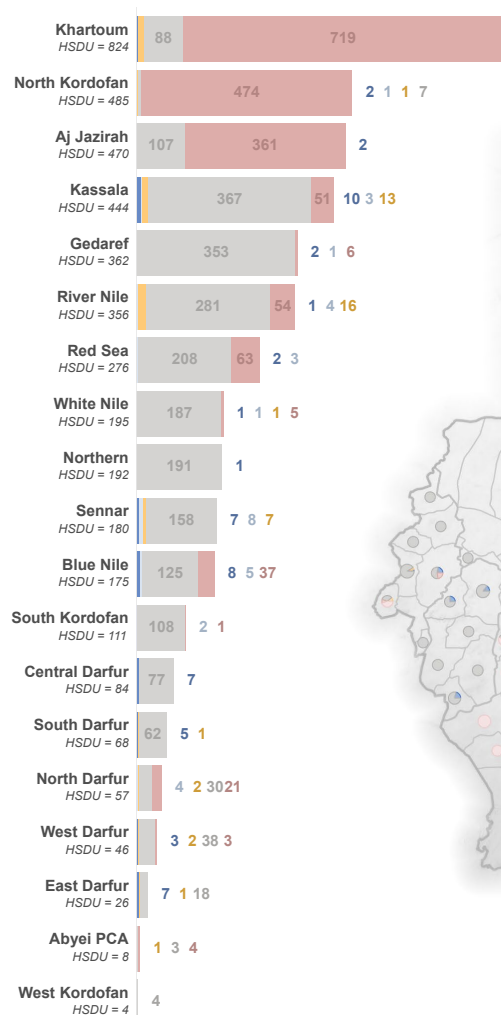


PROCEDURES FOR MASS CASUALTY SCENARIOS

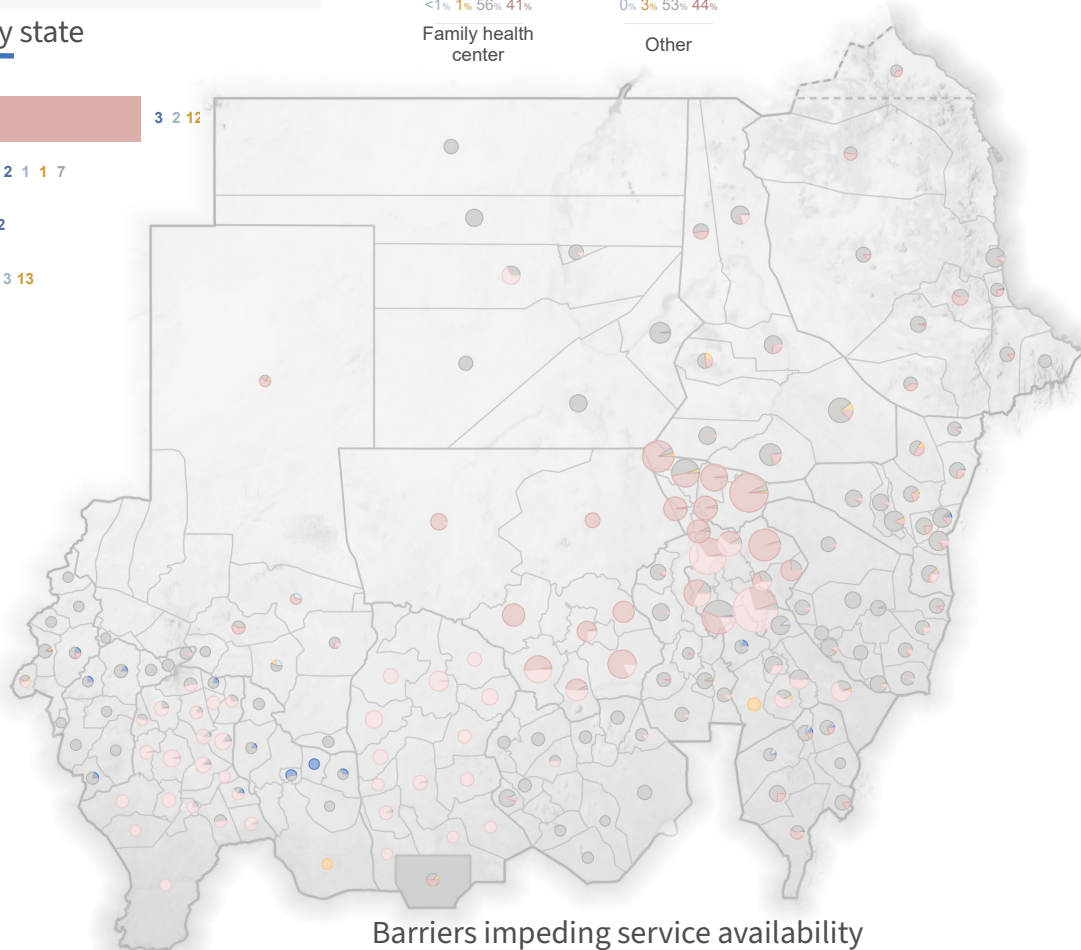
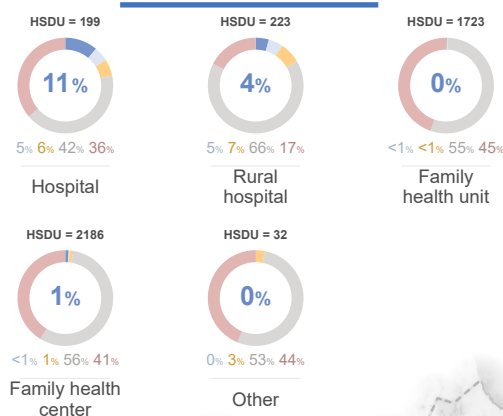
Service availability²¹



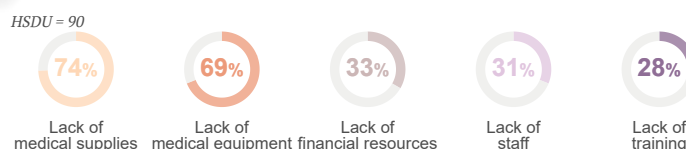
Service availability by state



Service availability by HSDU type

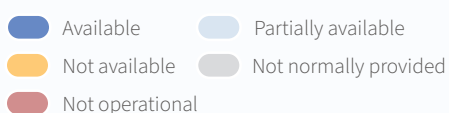


Barriers impeding service availability

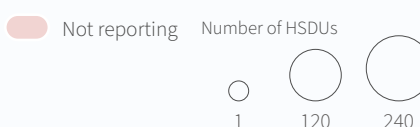


²¹ Procedures in place for early discharge of post-operative patients through referral to secondary hospitals, in mass casualty scenarios.

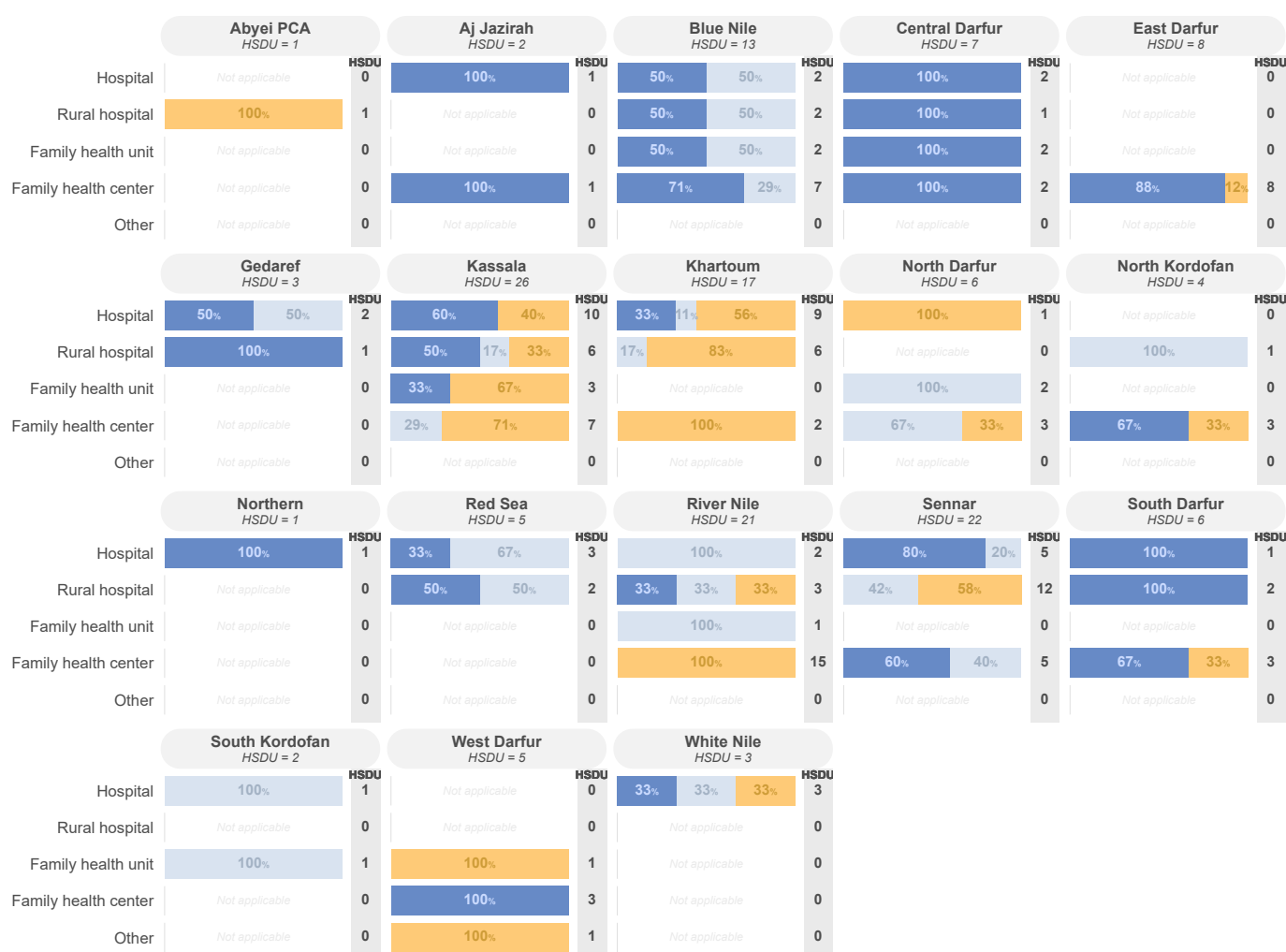
Availability status



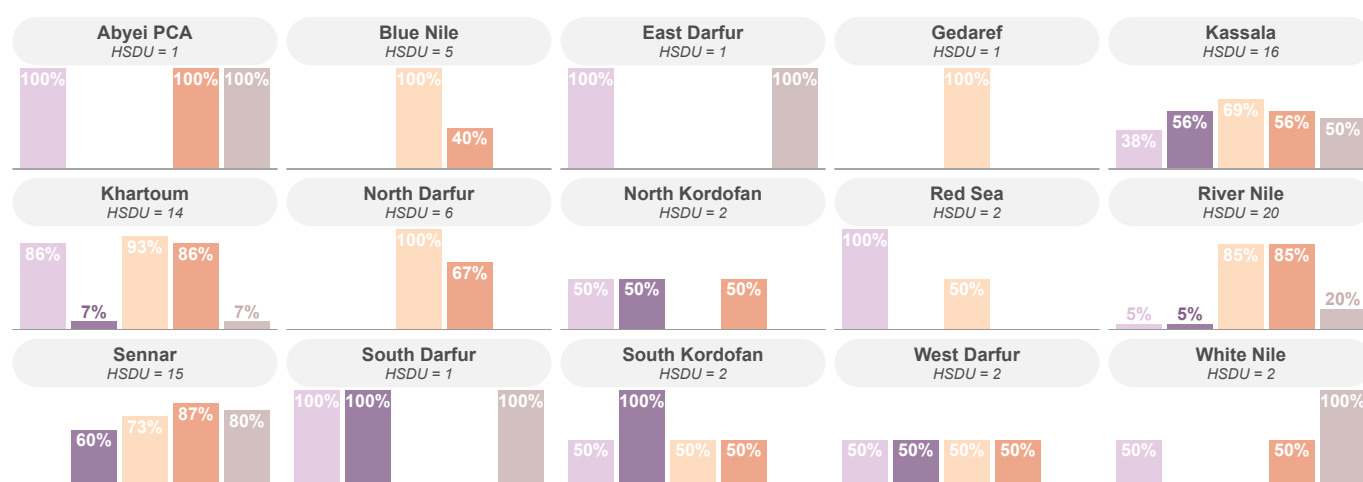
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

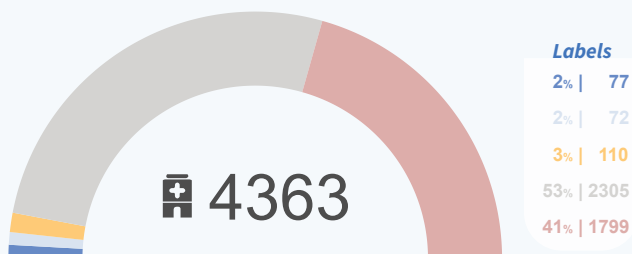
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

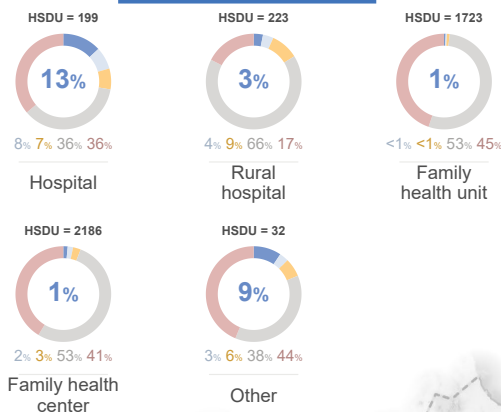


MASS CASUALTY MANAGEMENT SYSTEM

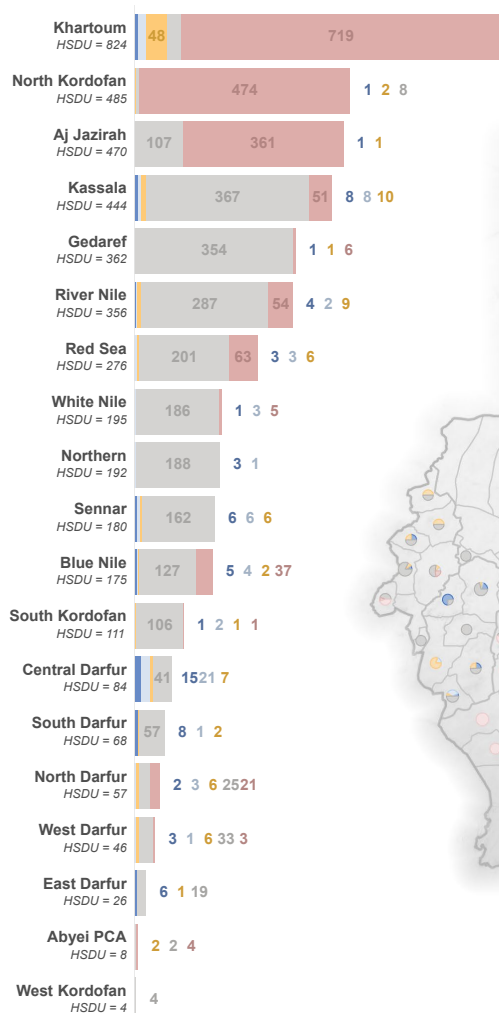
Service availability²²



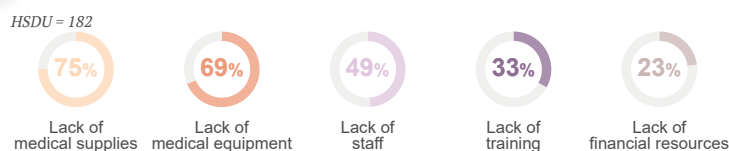
Service availability by HSDU type



Service availability by state

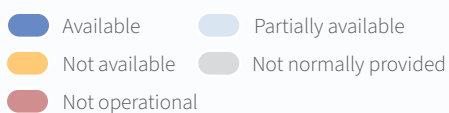


Barriers impeding service availability

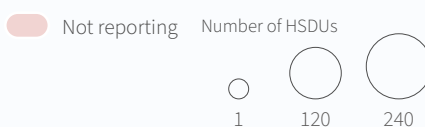


²² Mass casualty management system, including 2 step triage, green zone, red zone, incident command team, pre-prepared kits.

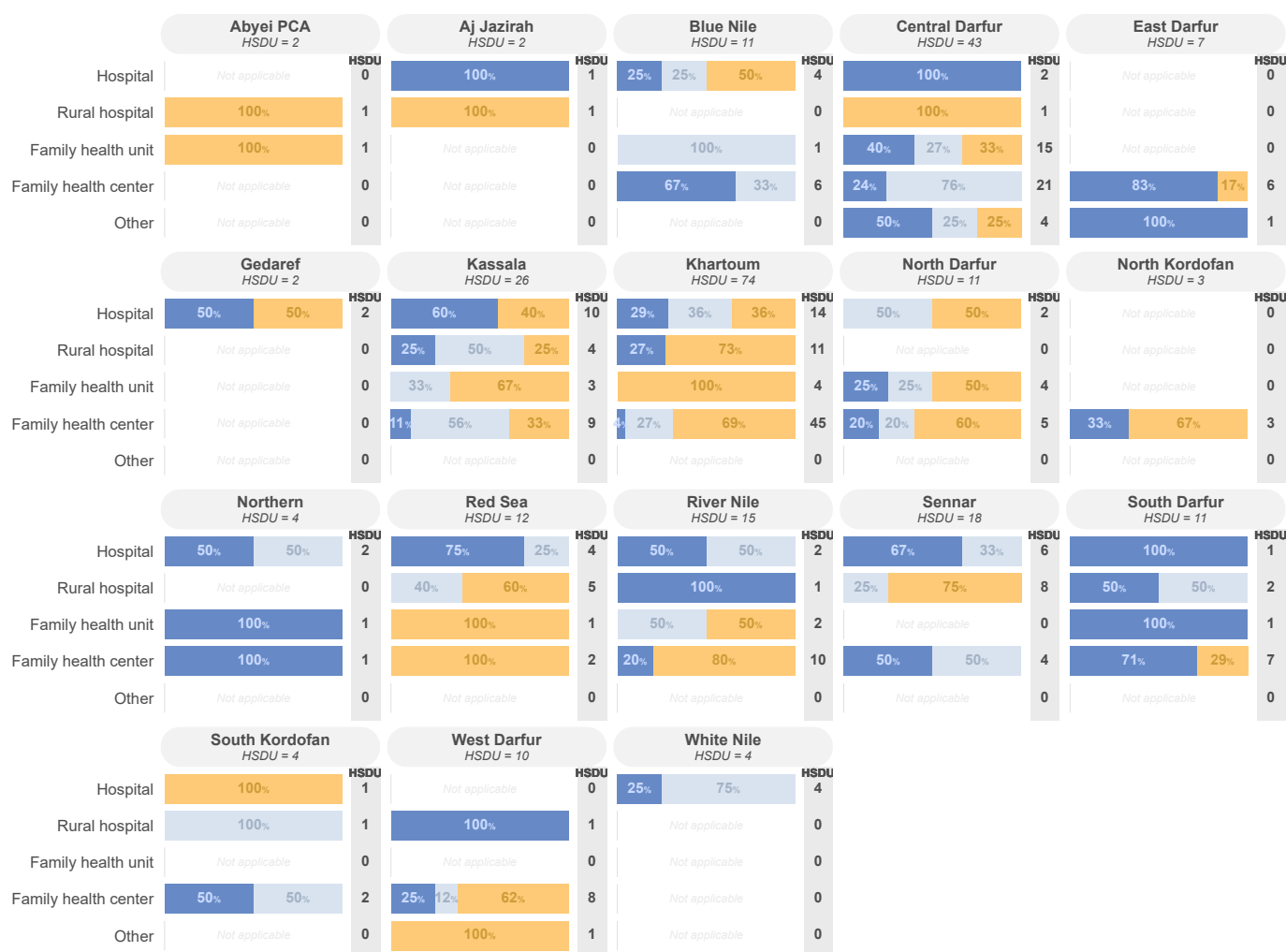
Availability status



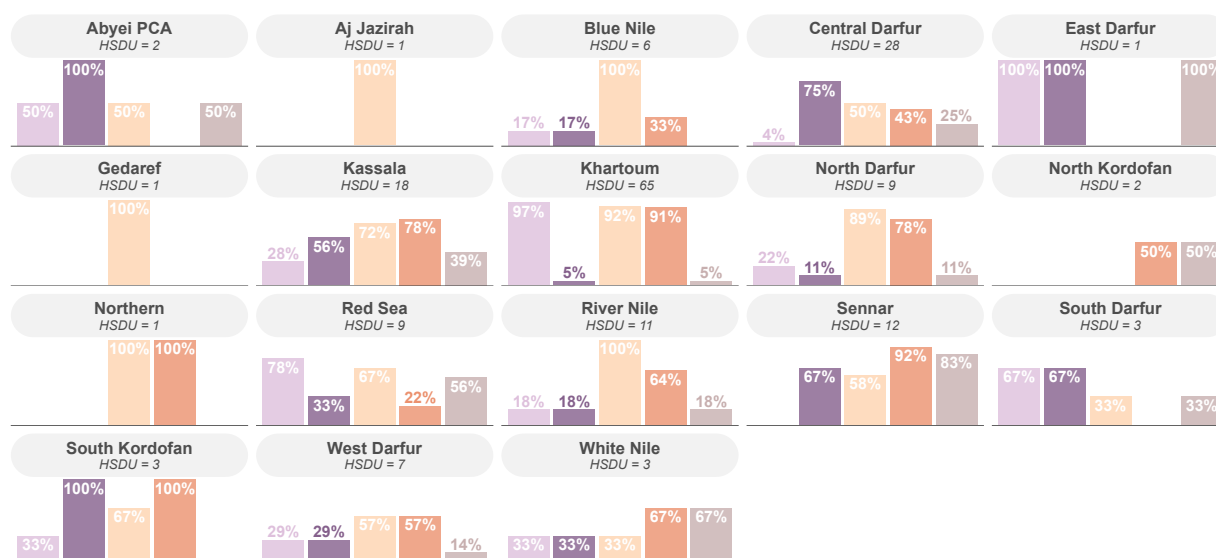
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

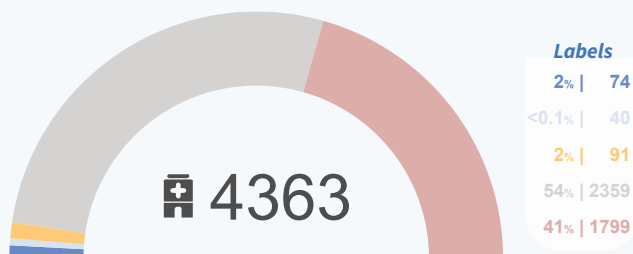
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

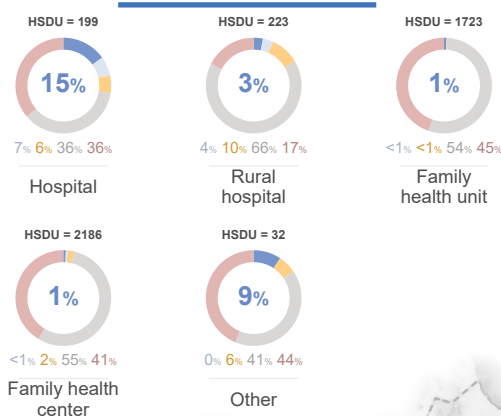


WAR SURGERY PROTOCOLS

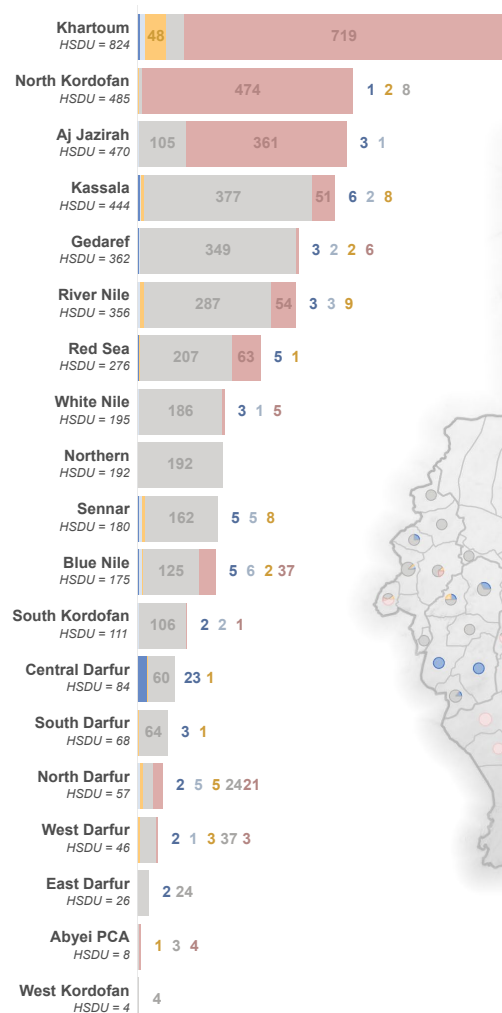
Service availability²³



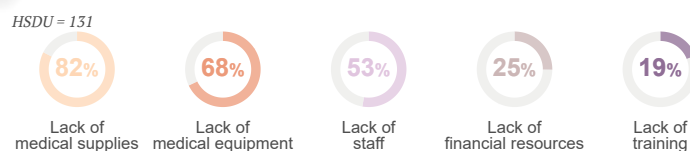
Service availability by HSDU type



Service availability by state

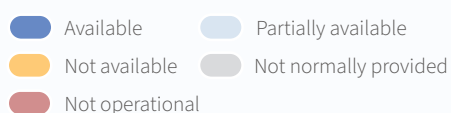


Barriers impeding service availability

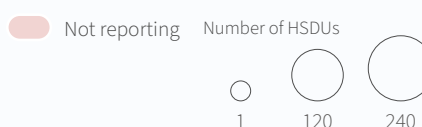


²³ 2 step surgery for contaminated wounds with debridement and delayed primary closure after 3-5 days.

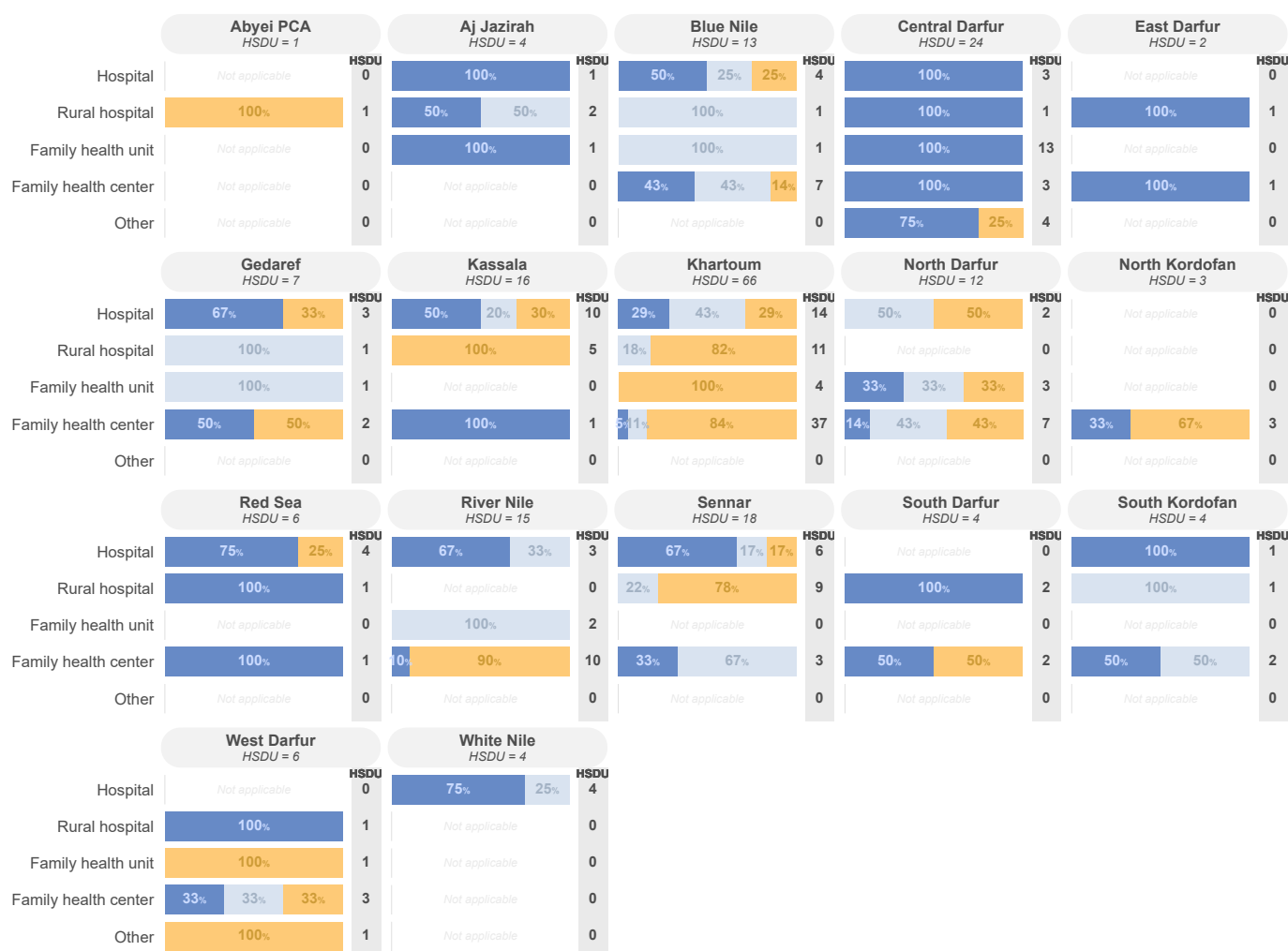
Availability status



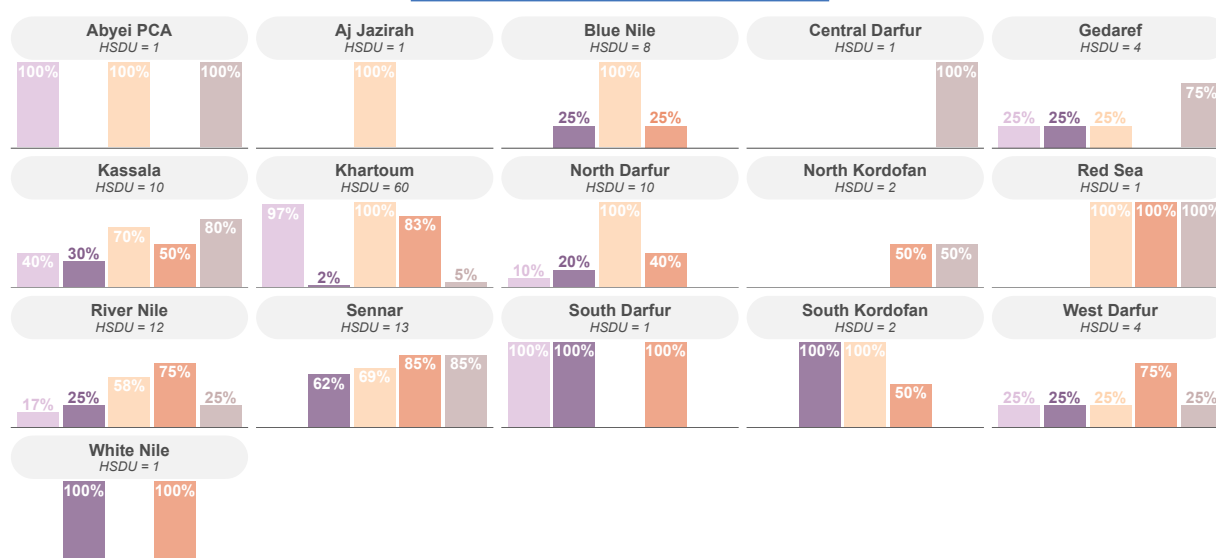
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

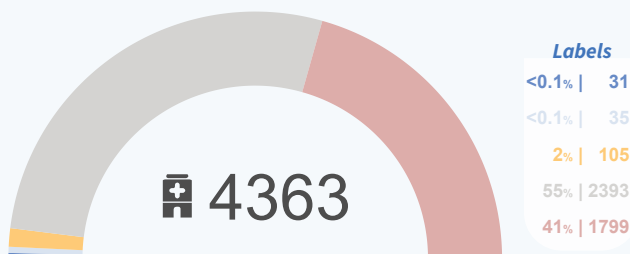
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

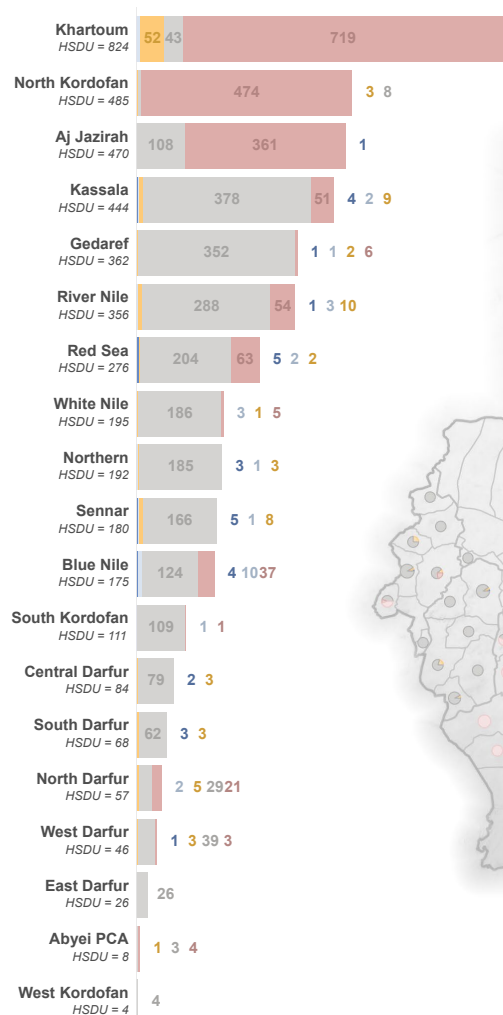


DAMAGE CONTROL SURGERY PROTOCOLS

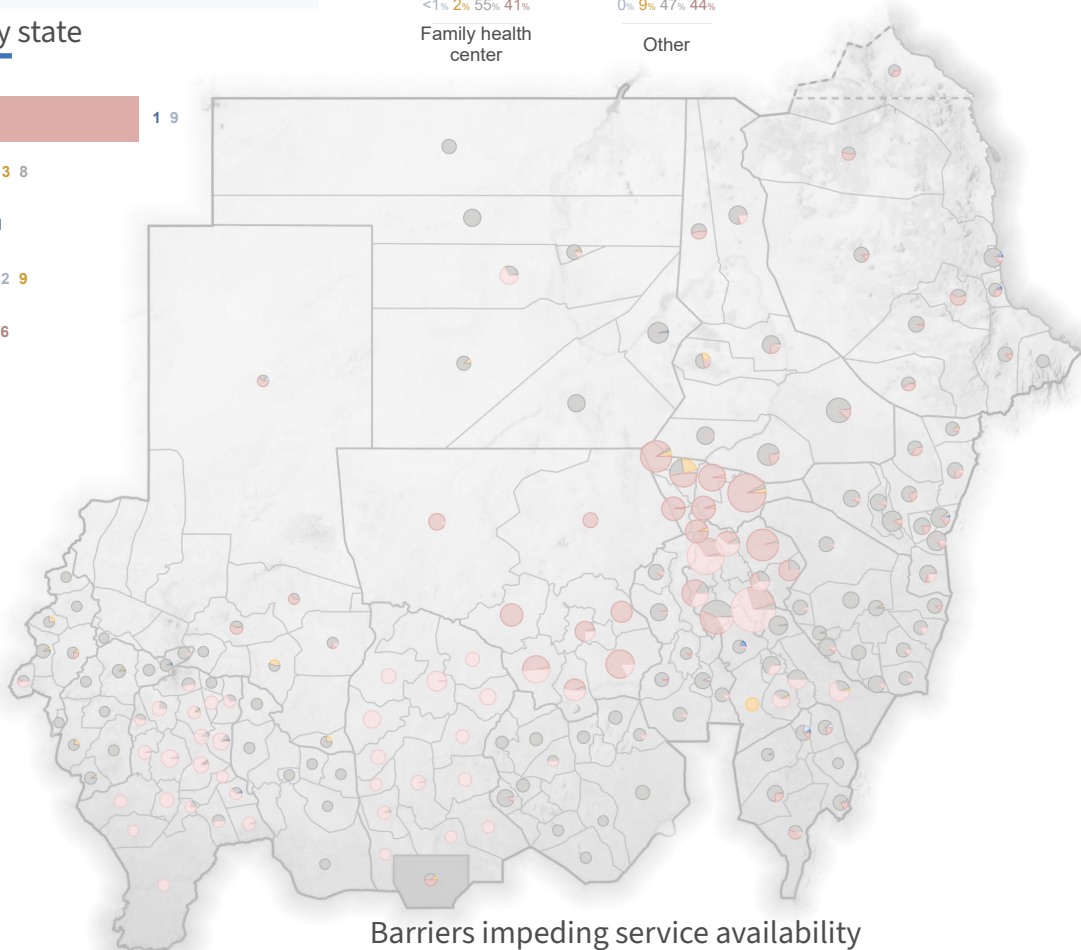
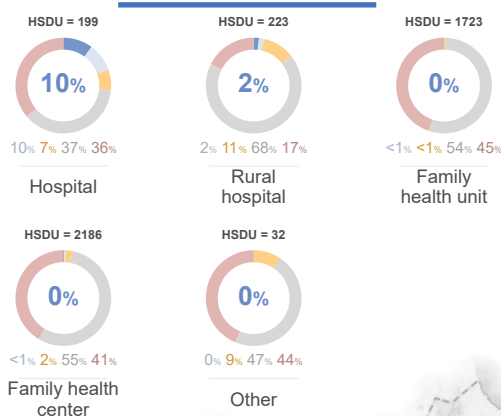
Service availability²⁴



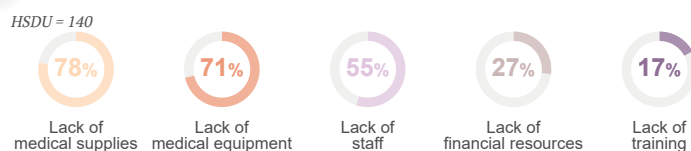
Service availability by state



Service availability by HSDU type

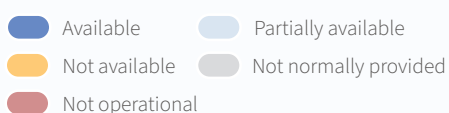


Barriers impeding service availability

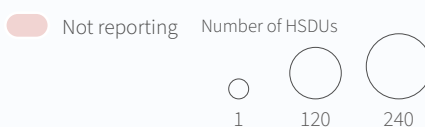


²⁴ 2 step abbreviated surgery (chest, abdomen and limbs) with vascular shunting, limitation of contamination, hemorrhage control, external fixation and physiological recovery in the ICU before returning to operating theatre.

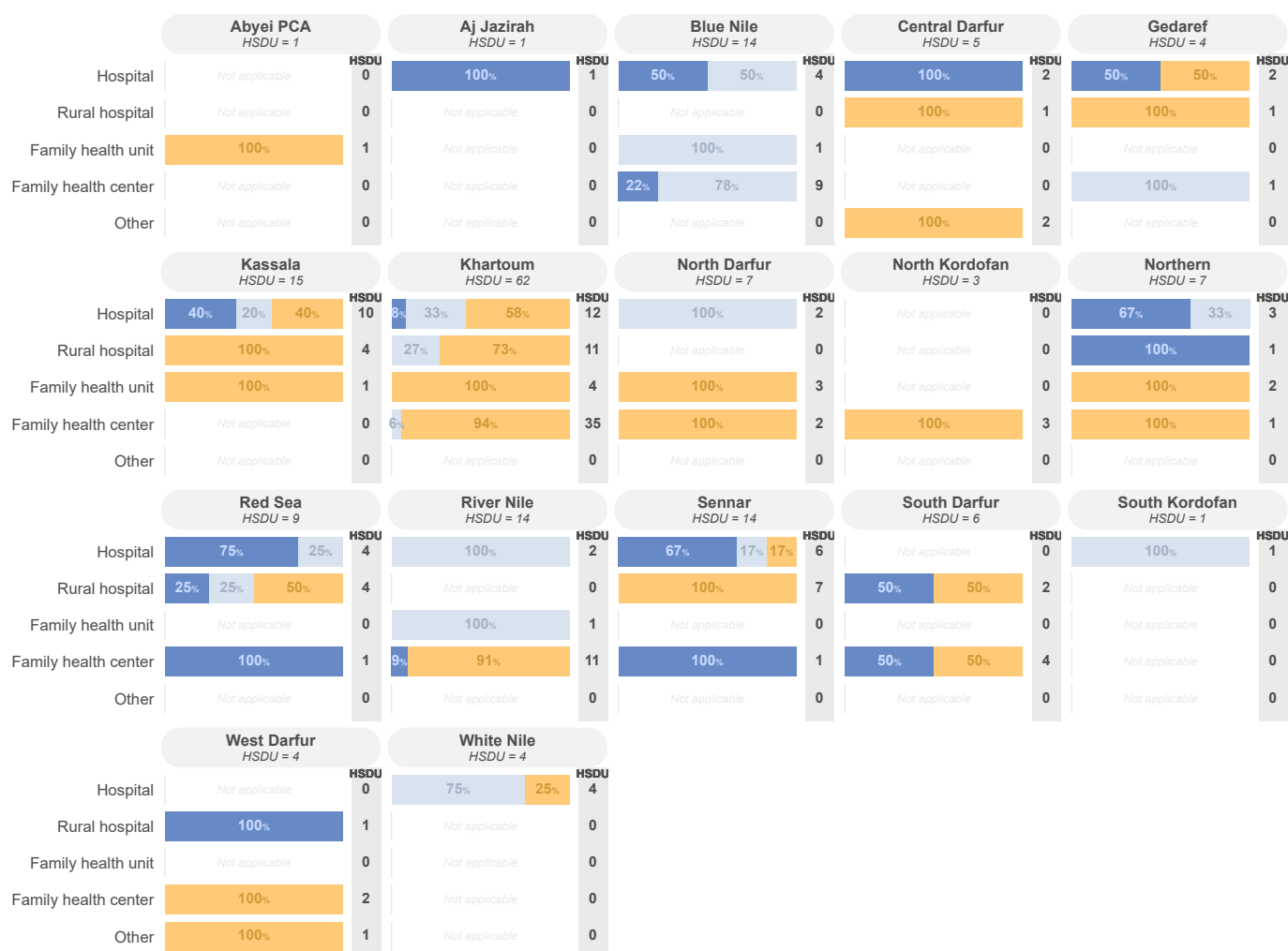
Availability status



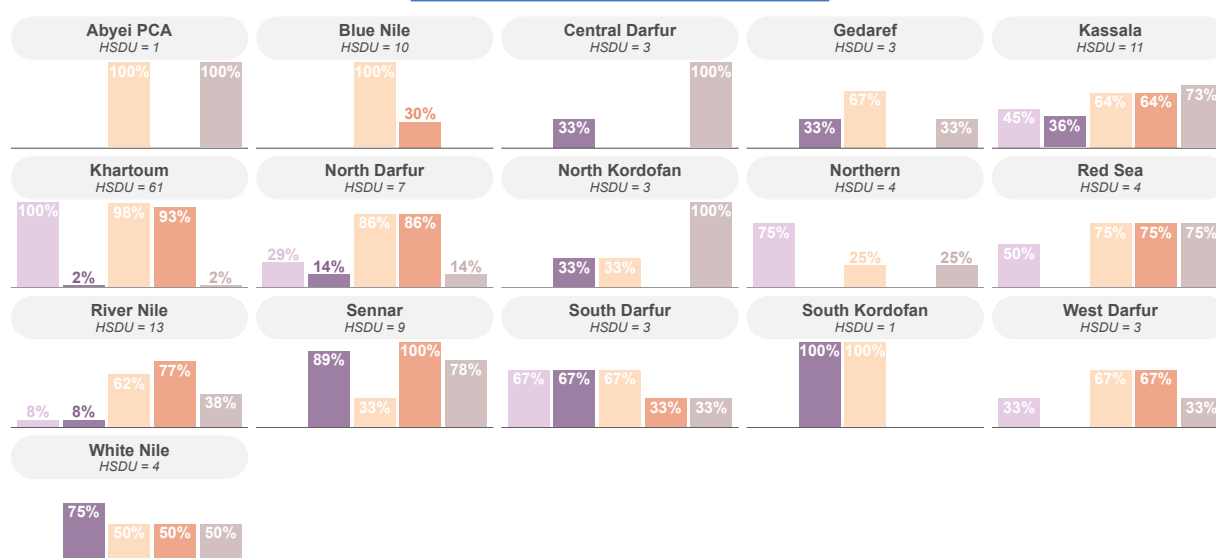
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

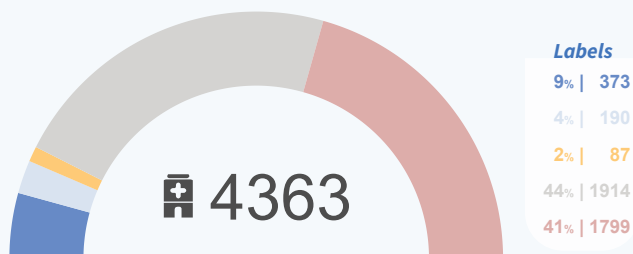
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

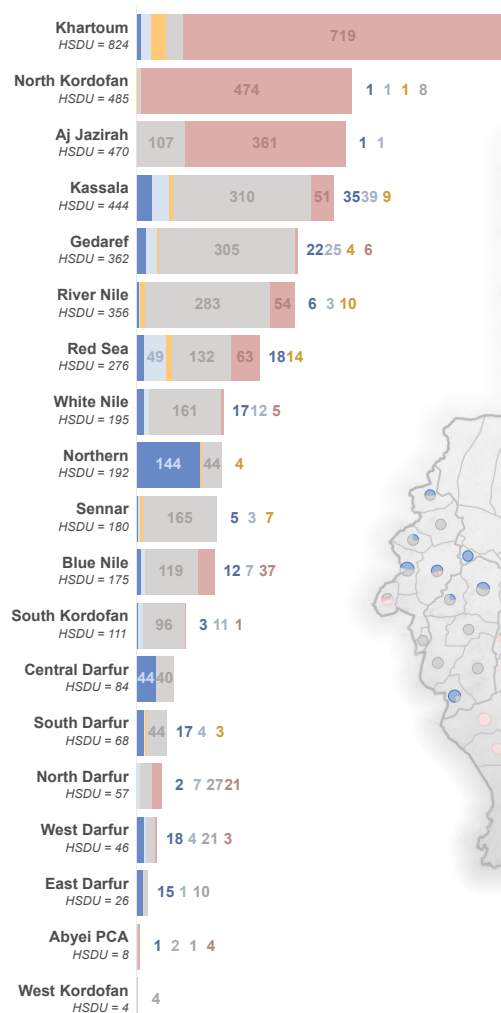


MINOR TRAUMA DEFINITIVE MANAGEMENT

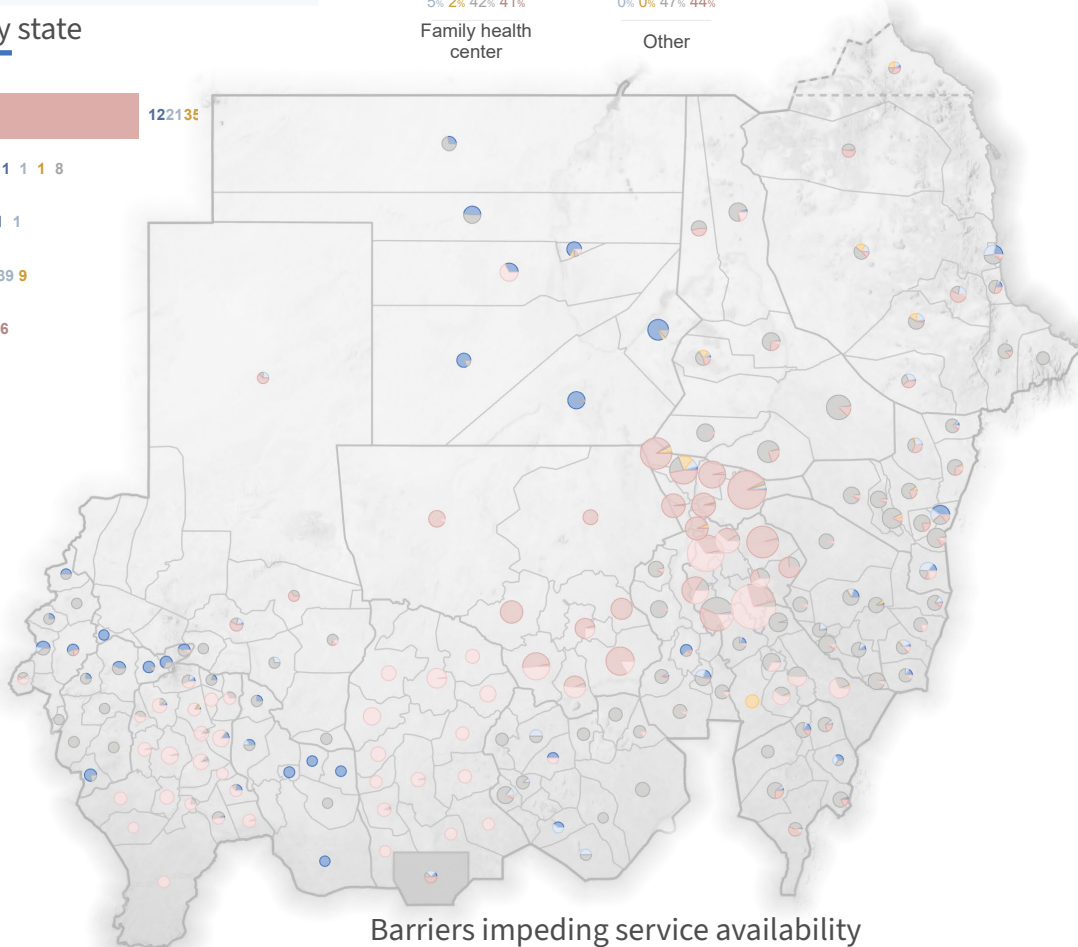
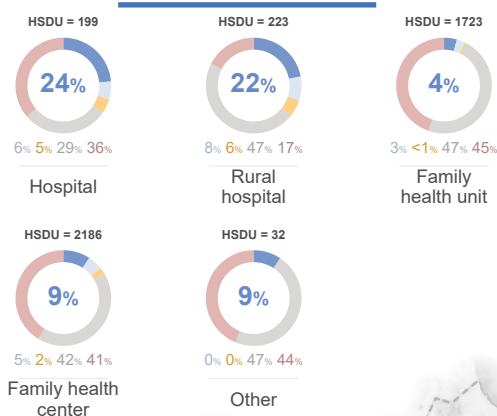
Service availability²⁵



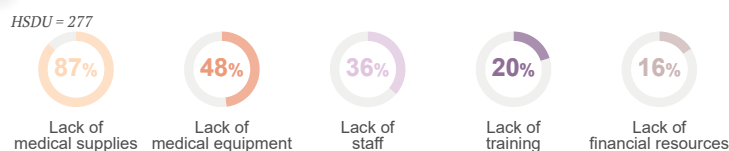
Service availability by state



Service availability by HSDU type

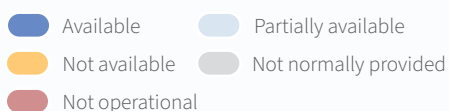


Barriers impeding service availability

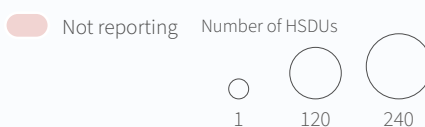


²⁵ Pain management, tetanus toxoid and human antitoxin, minor surgery kits, suture absorbable/silk with needles, disinfectant solutions, bandages, gauzes, and cotton wool.

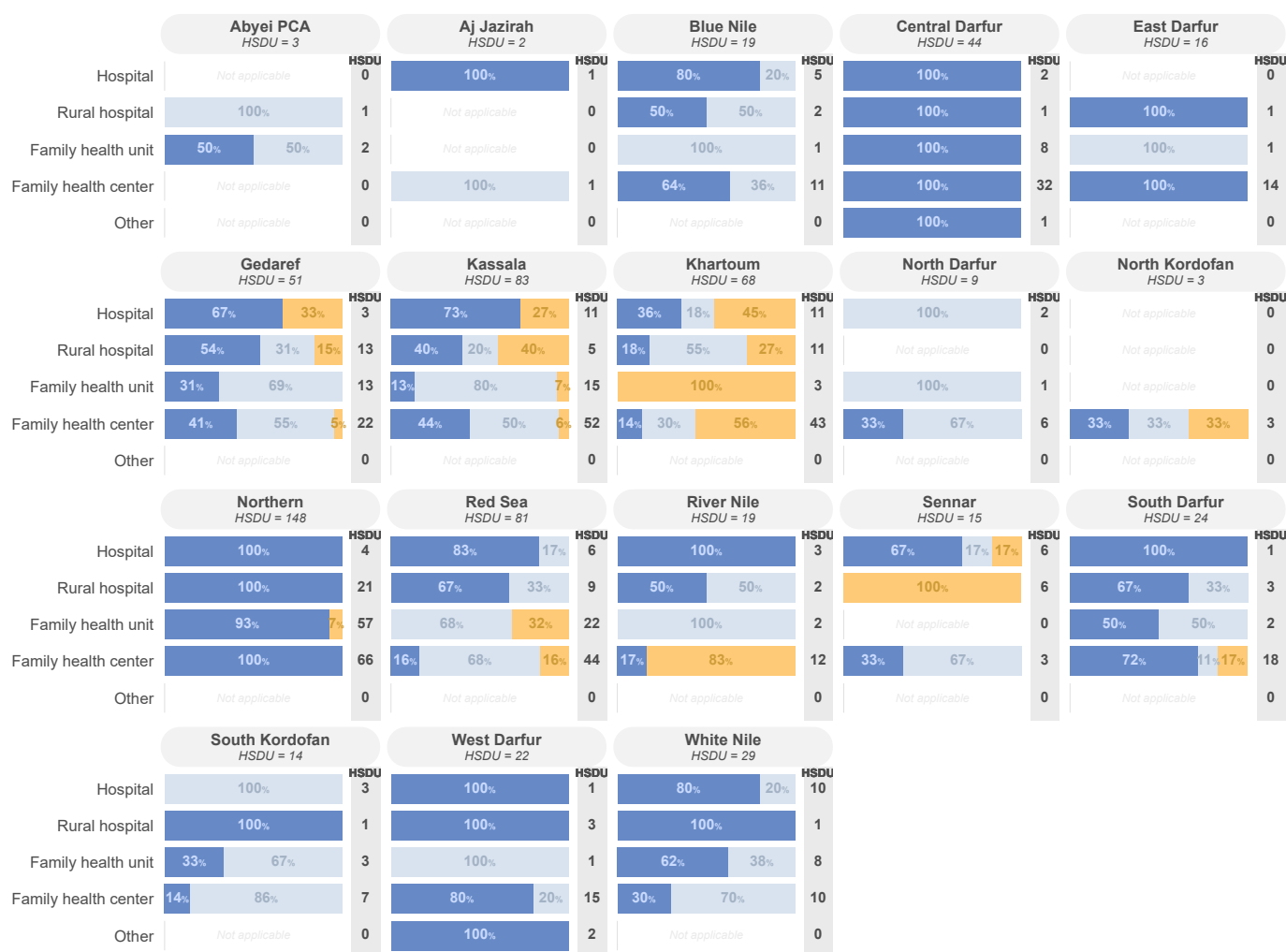
Availability status



Maps



Service availability by HSDU type and state*

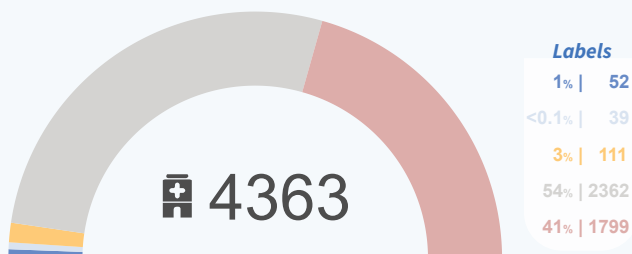


* Non-operational HSDU and those not normally providing the service are excluded from this chart.

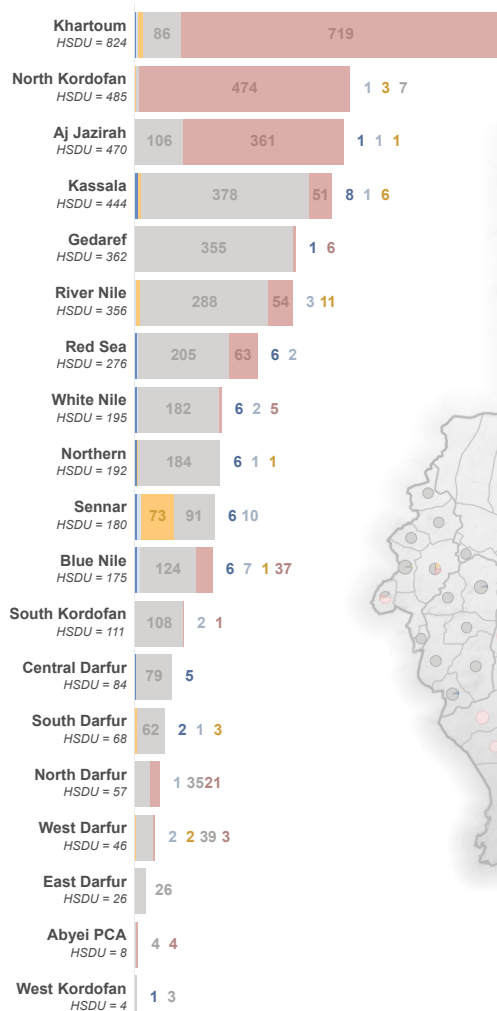


EMERGENCY AND ELECTIVE SURGERY

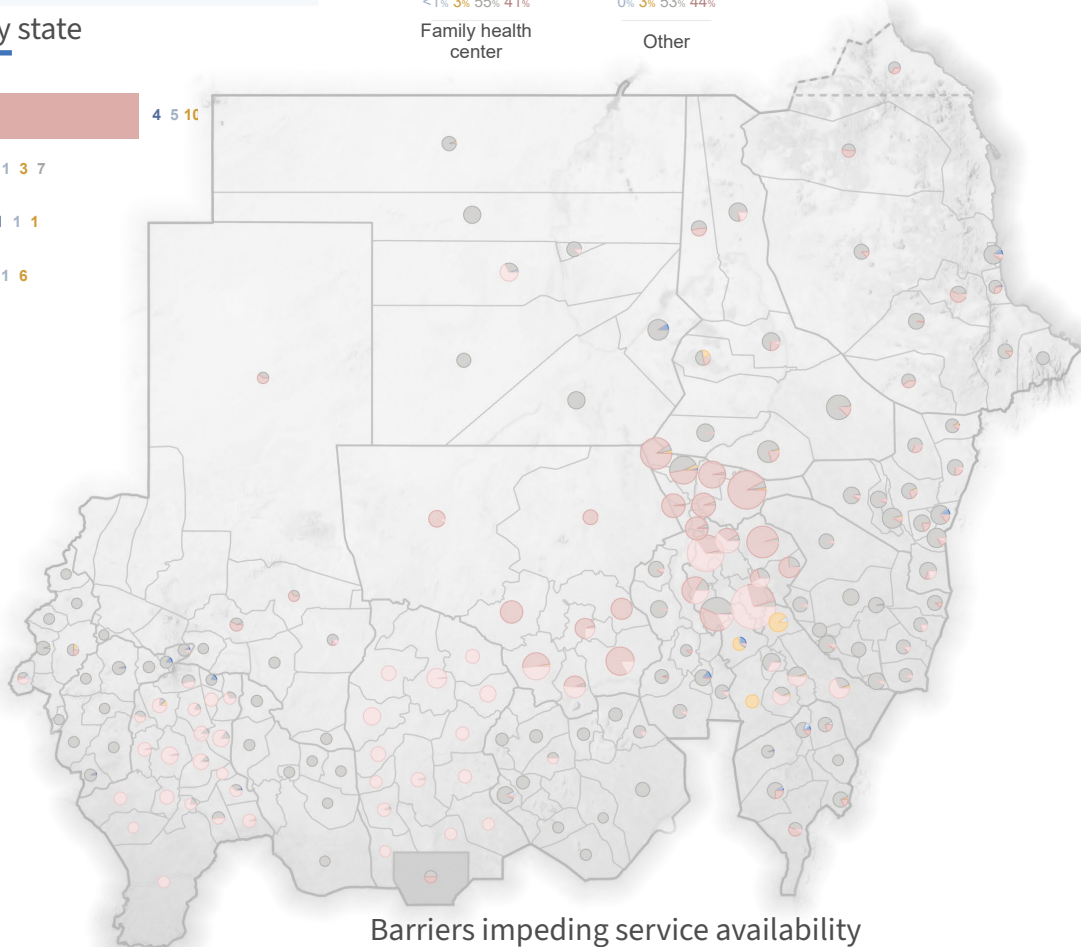
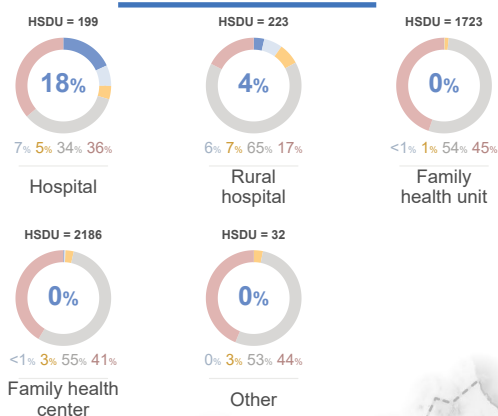
Service availability²⁶



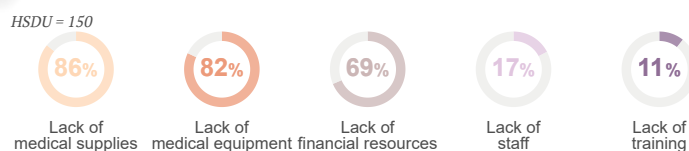
Service availability by state



Service availability by HSDU type

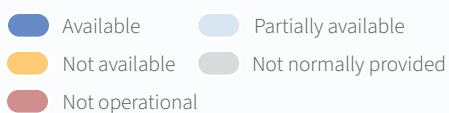


Barriers impeding service availability

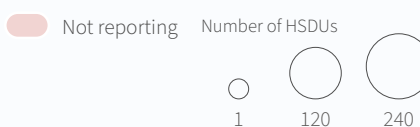


²⁶ Inpatient surgical ward with at least one operating theatre (with or without gas).

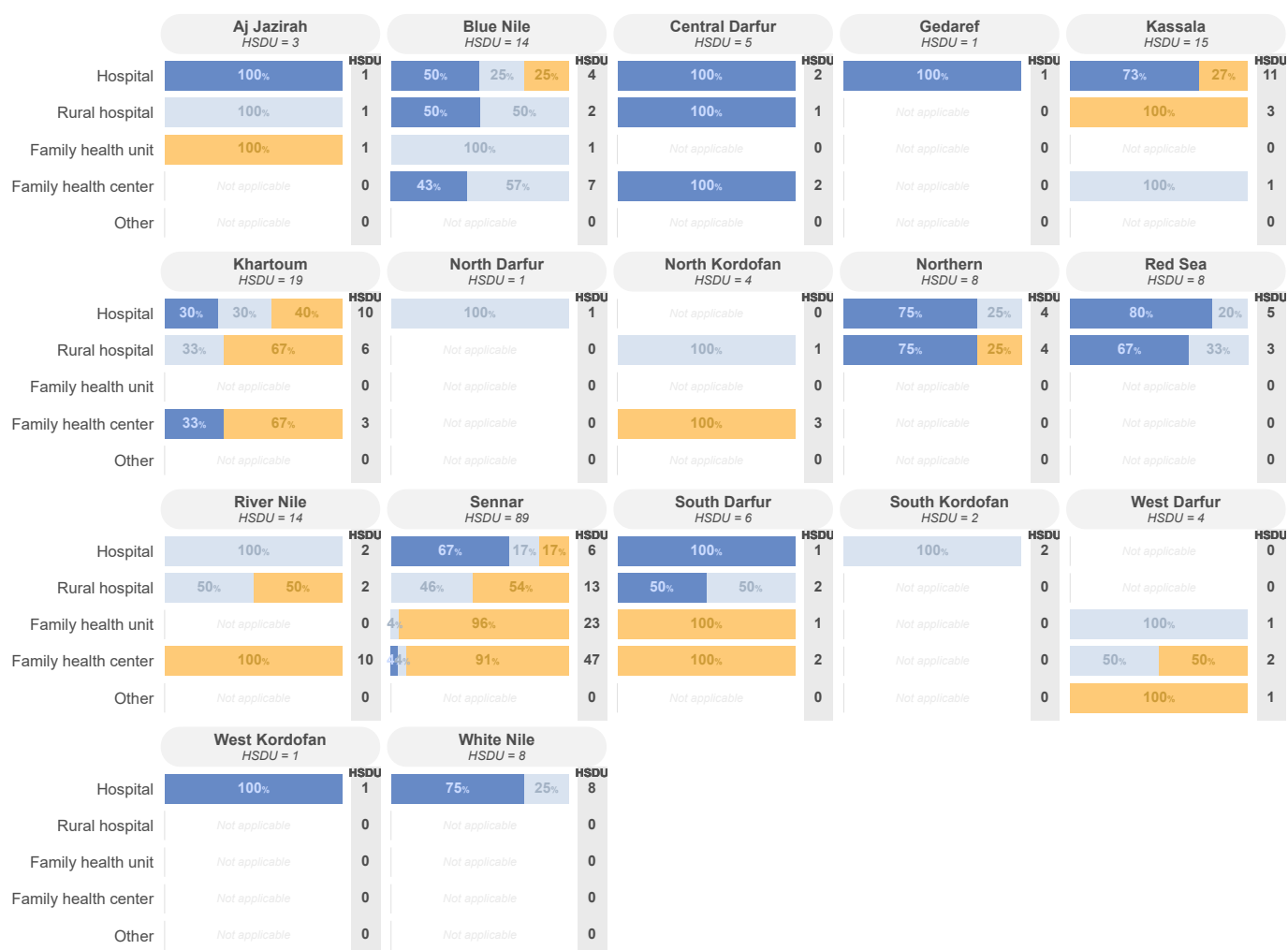
Availability status



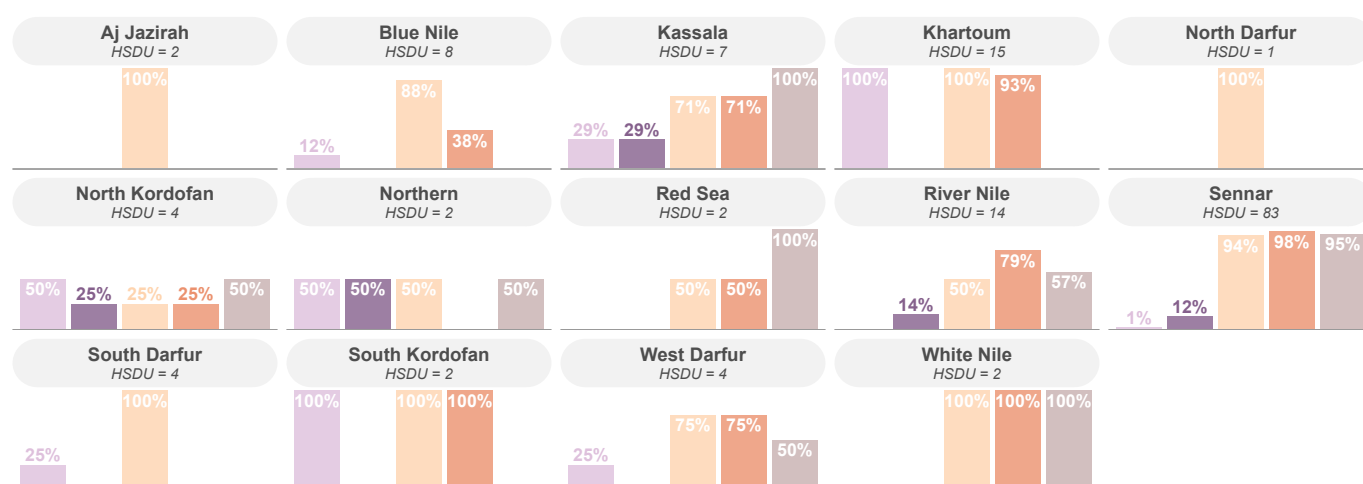
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

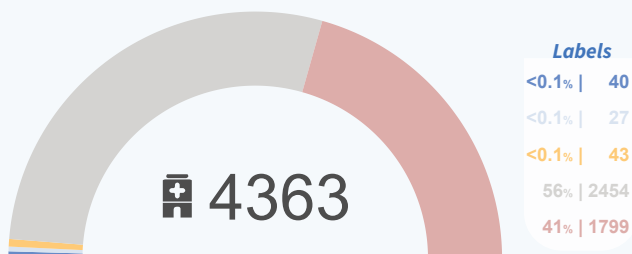
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

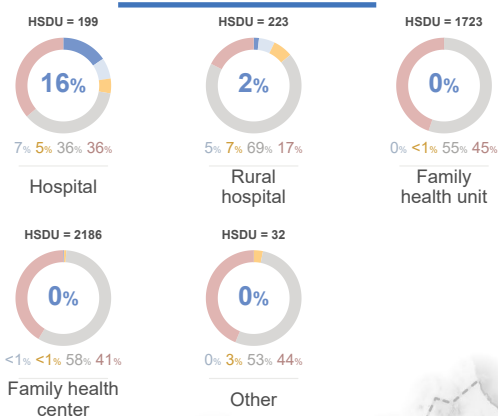


EMERGENCY AND ELECTIVE SURGERY WITH AT LEAST TWO OPERATING THEATRES

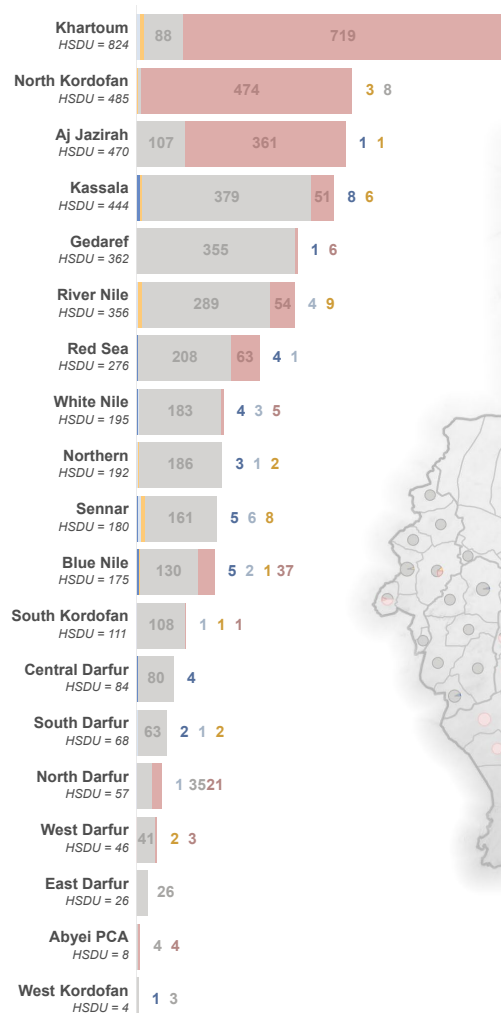
Service availability²⁷



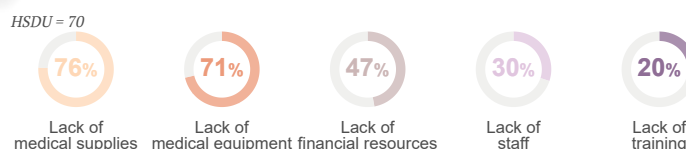
Service availability by HSDU type



Service availability by state

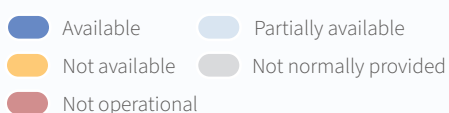


Barriers impeding service availability

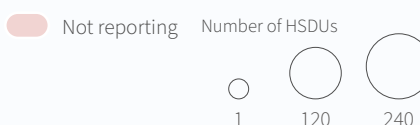


²⁷ Inpatient surgery ward with at least two operating theatres with pediatric and adult gaseous anesthetic.

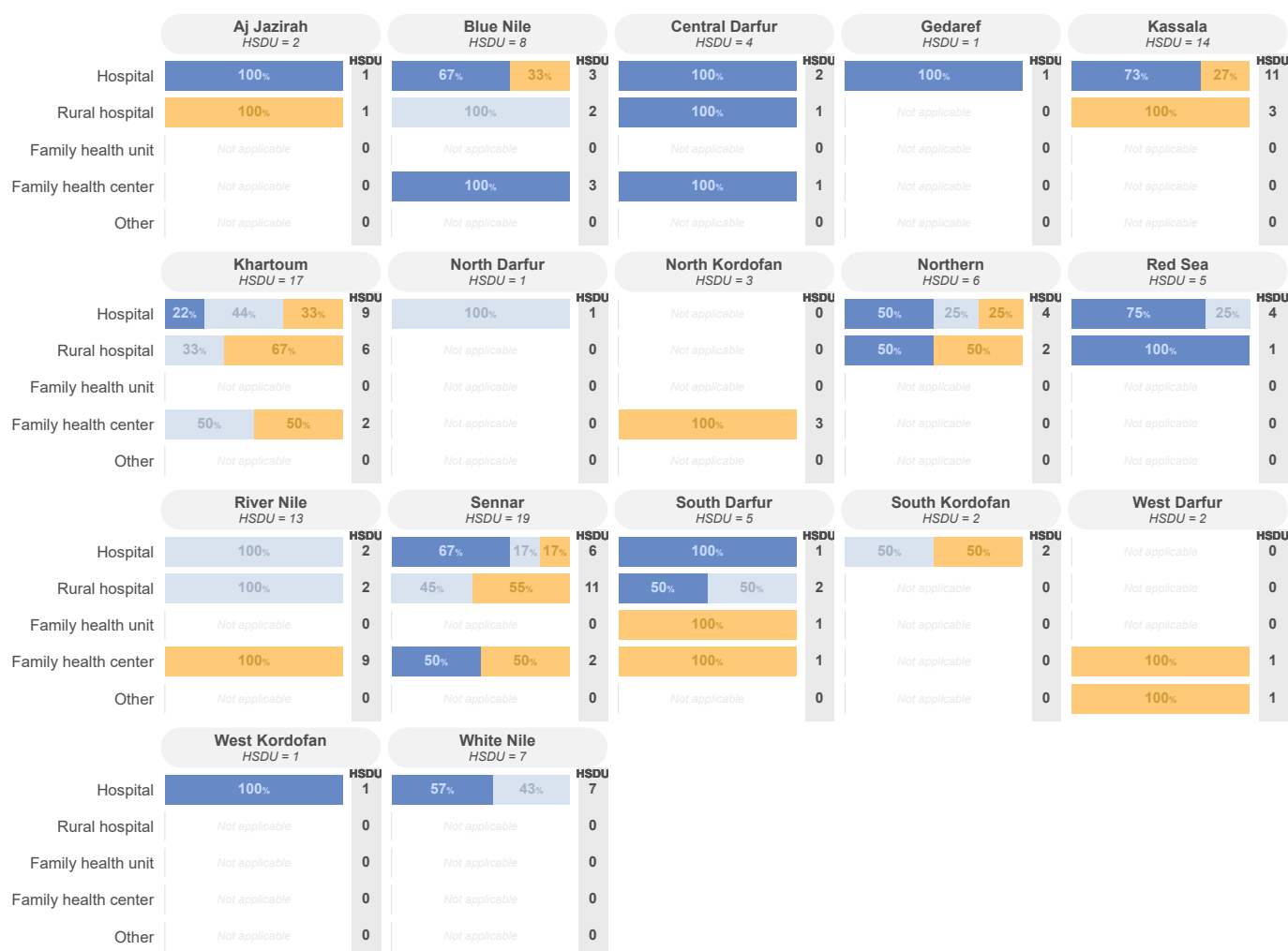
Availability status



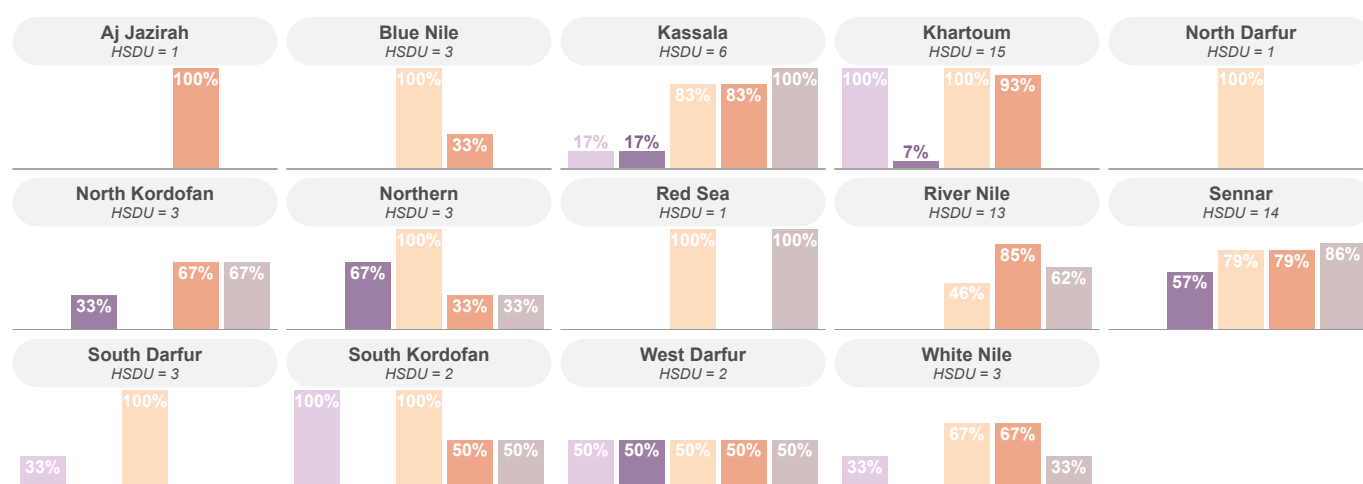
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

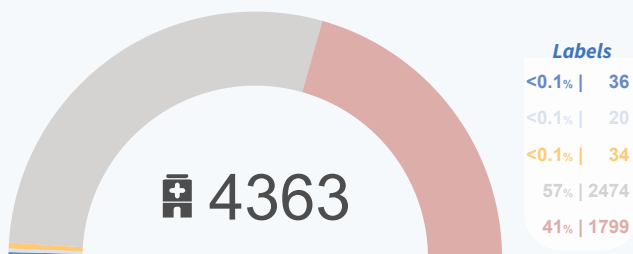
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

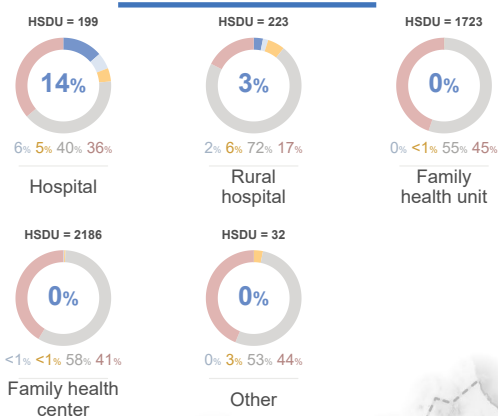


ORTHOPEDIC/TRAUMA WARD

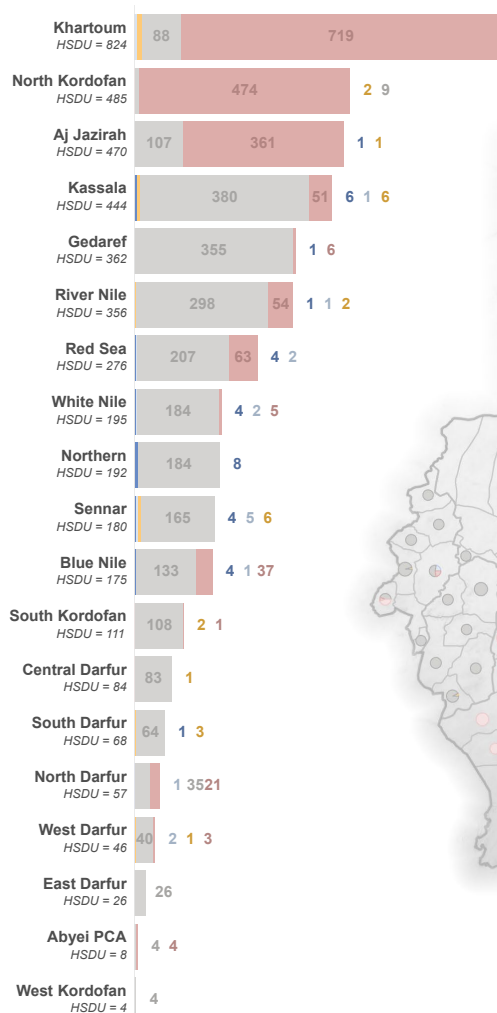
Service availability²⁸



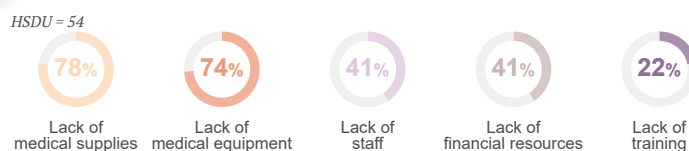
Service availability by HSDU type



Service availability by state

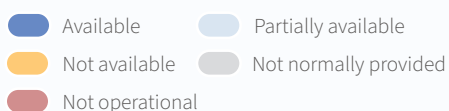


Barriers impeding service availability

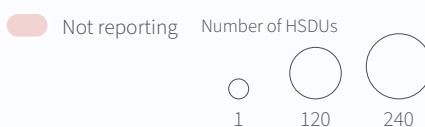


²⁸ Orthopedic/trauma ward for advanced orthopedic and surgical care, including burn patient management.

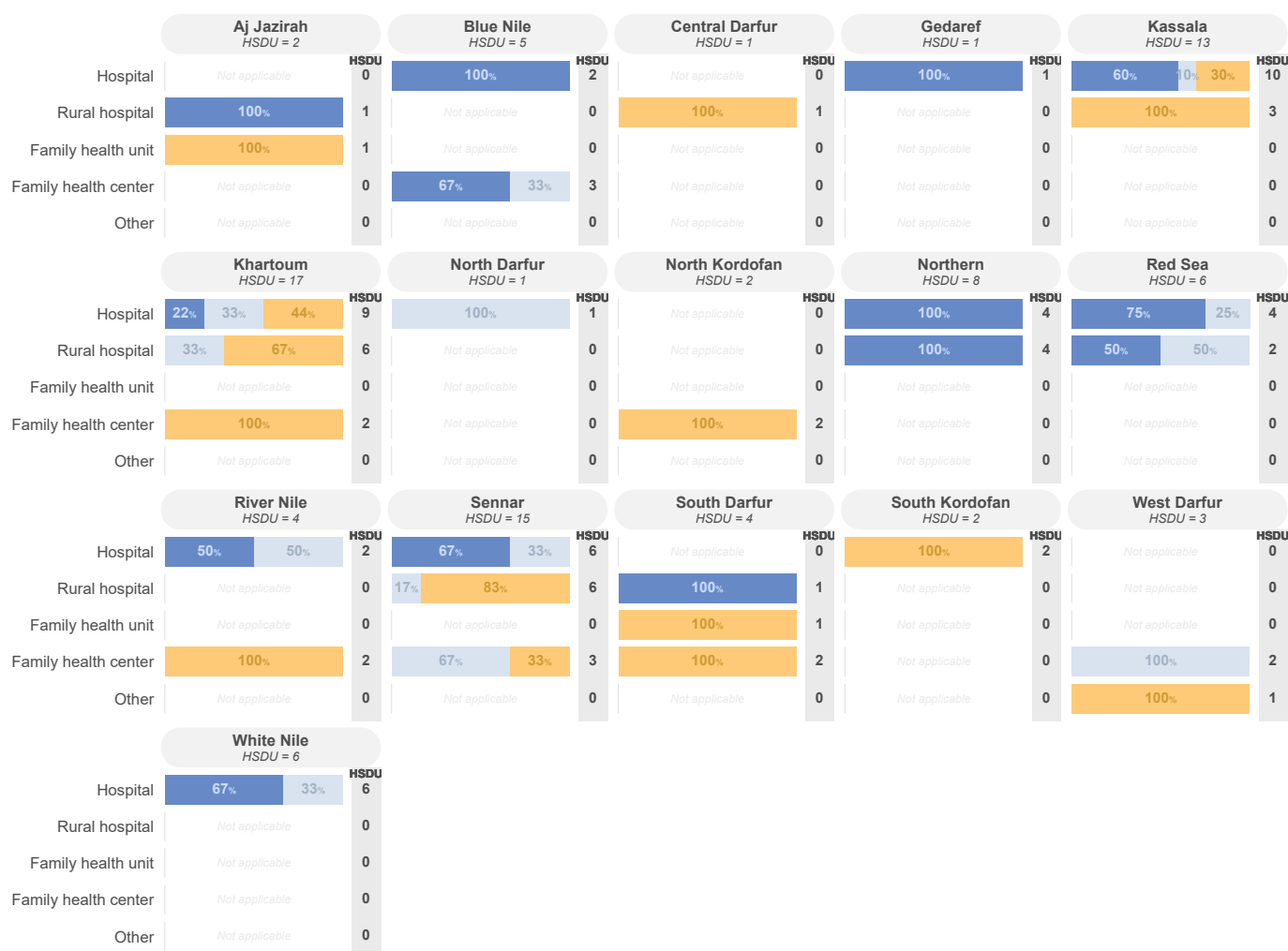
Availability status



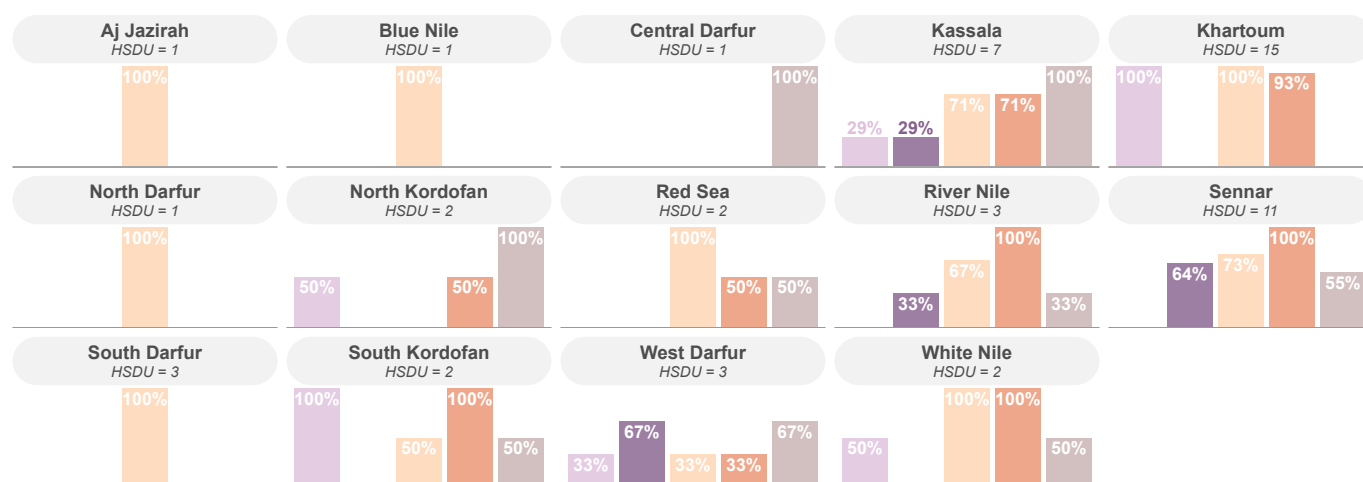
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

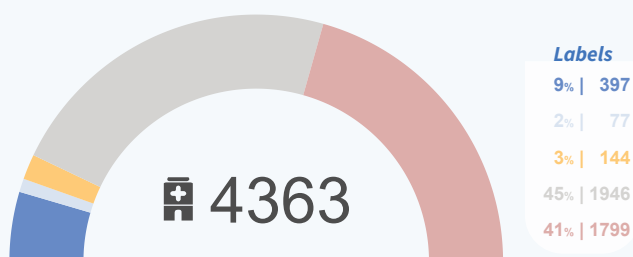
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

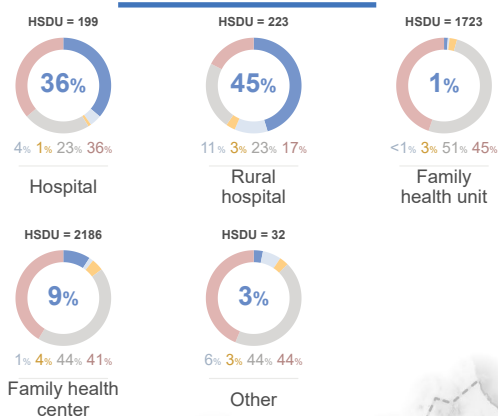


SHORT HOSPITALIZATION CAPACITY

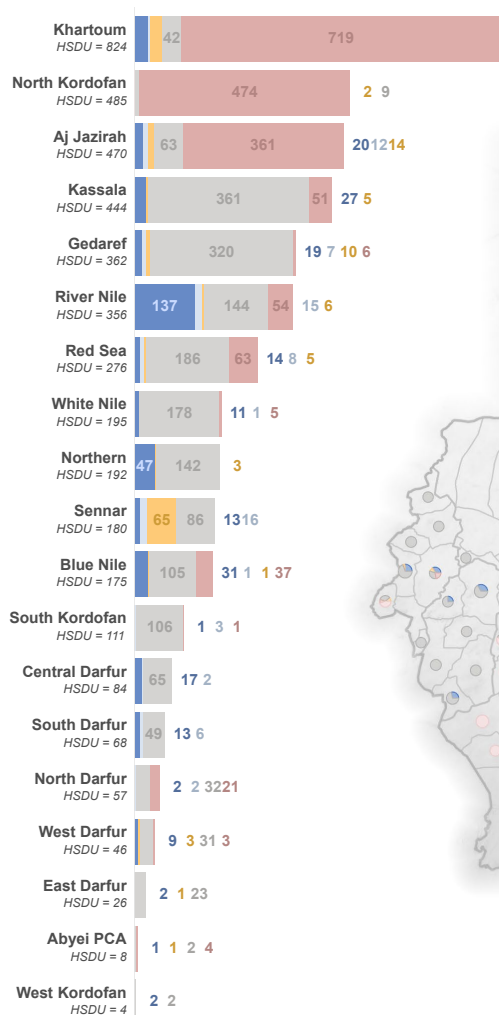
Service availability²⁹



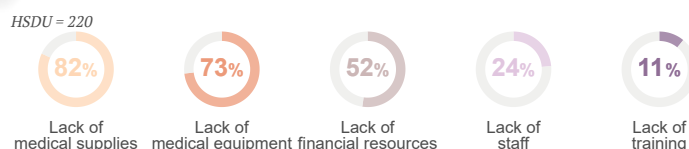
Service availability by HSDU type



Service availability by state

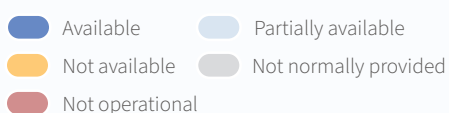


Barriers impeding service availability

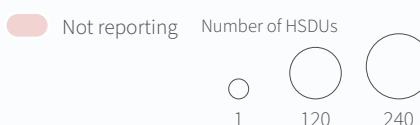


²⁹ Short hospitalization capacity for observational purposes (maximum 48 hours)

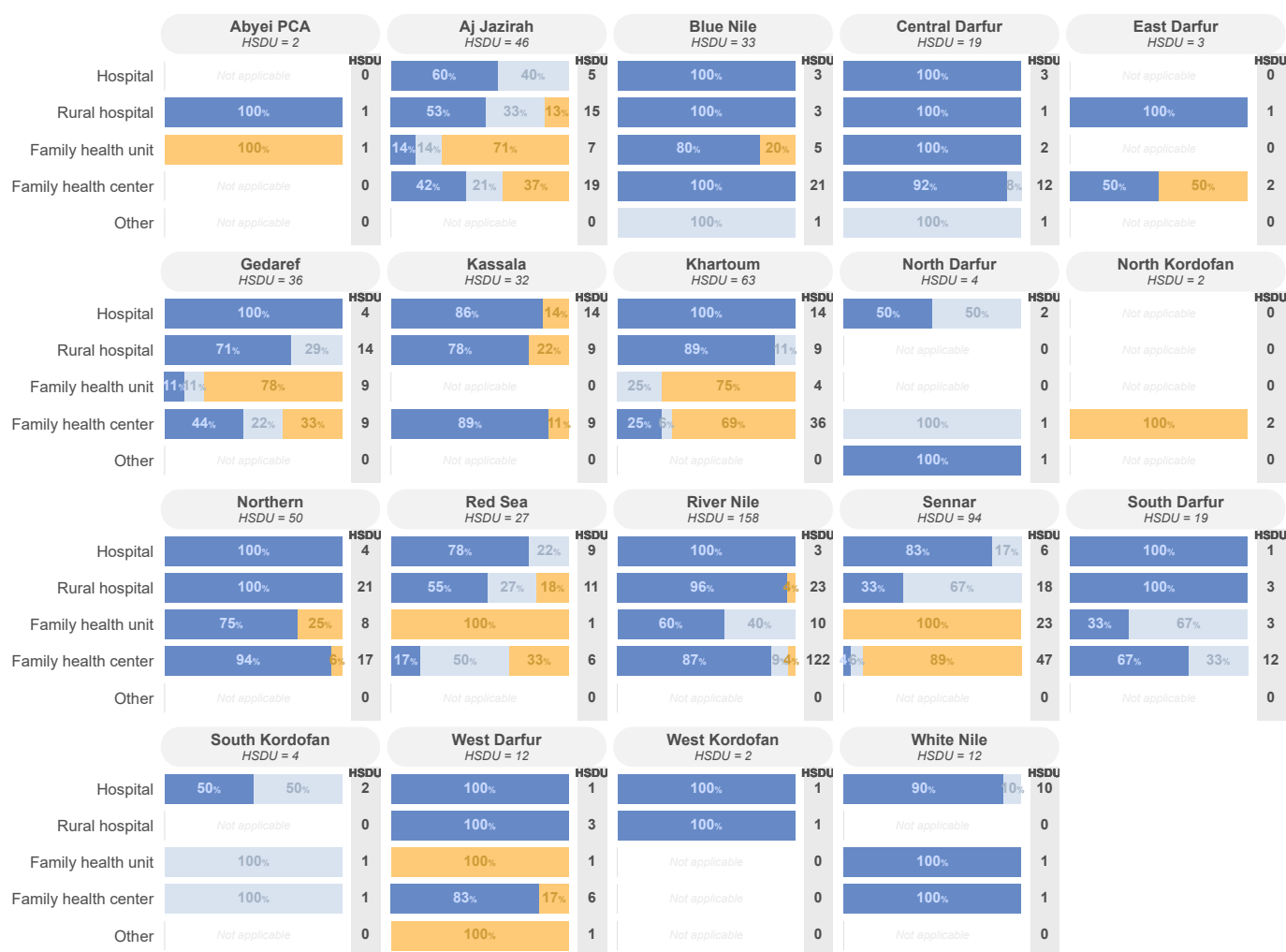
Availability status



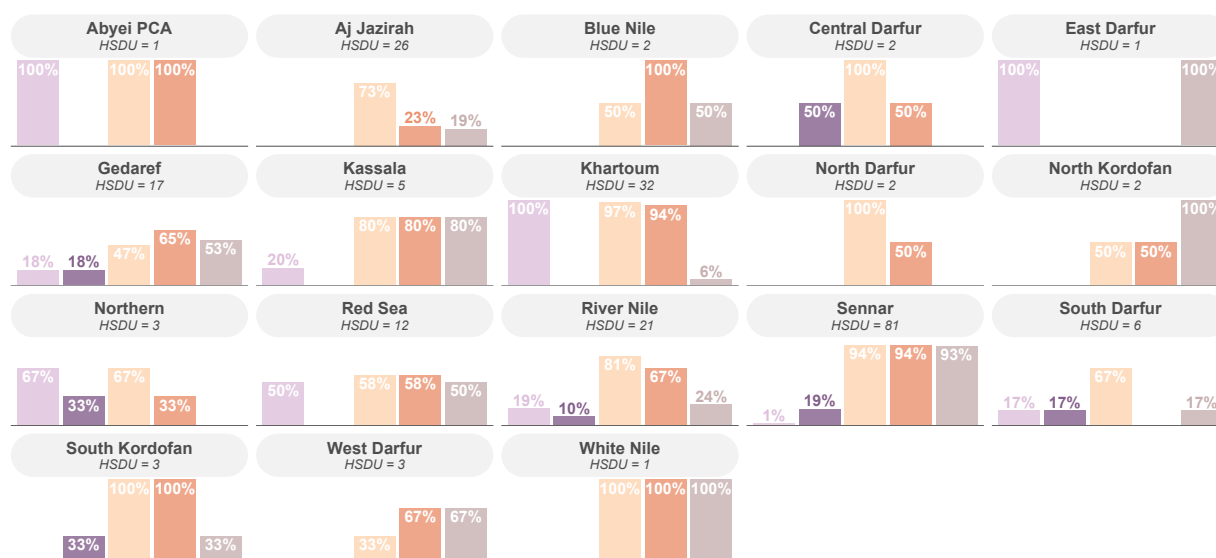
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

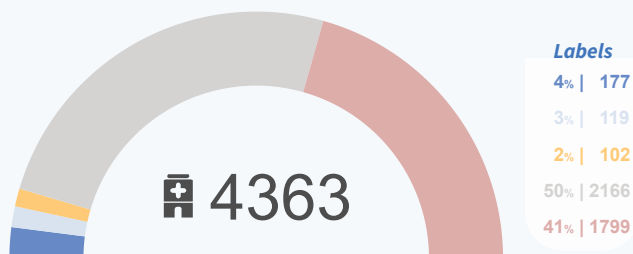
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

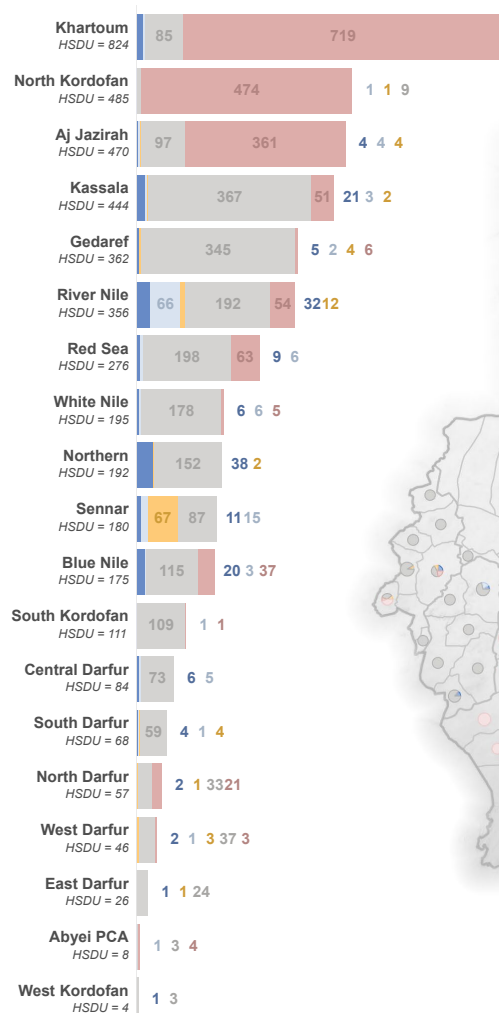


20 INPATIENT BED CAPACITY

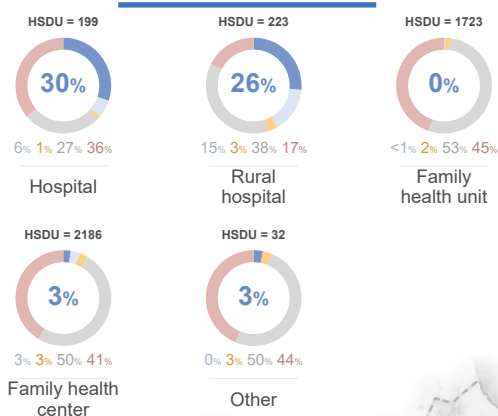
Service availability³⁰



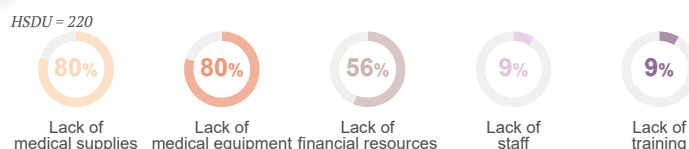
Service availability by state



Service availability by HSDU type

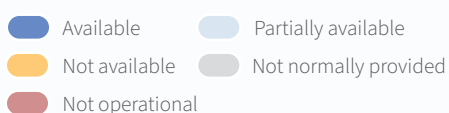


Barriers impeding service availability

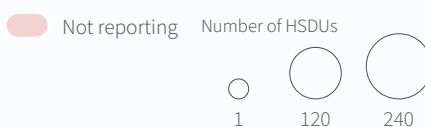


³⁰ At least 20 inpatient bed capacity with 24/7 availability of medical doctors, nurses and midwives.

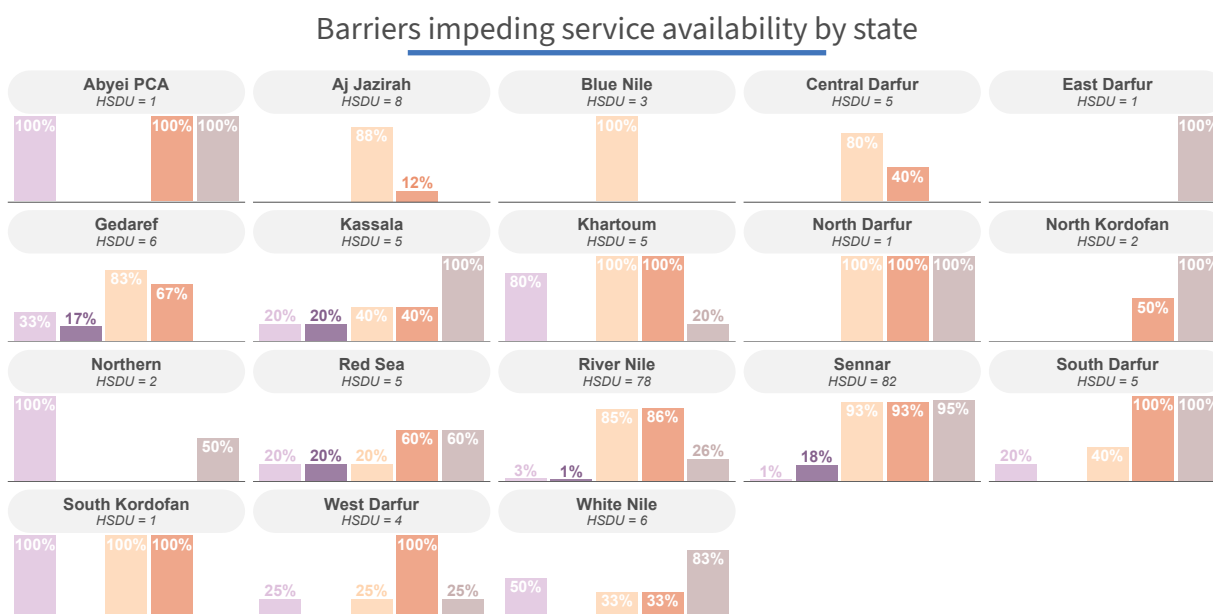
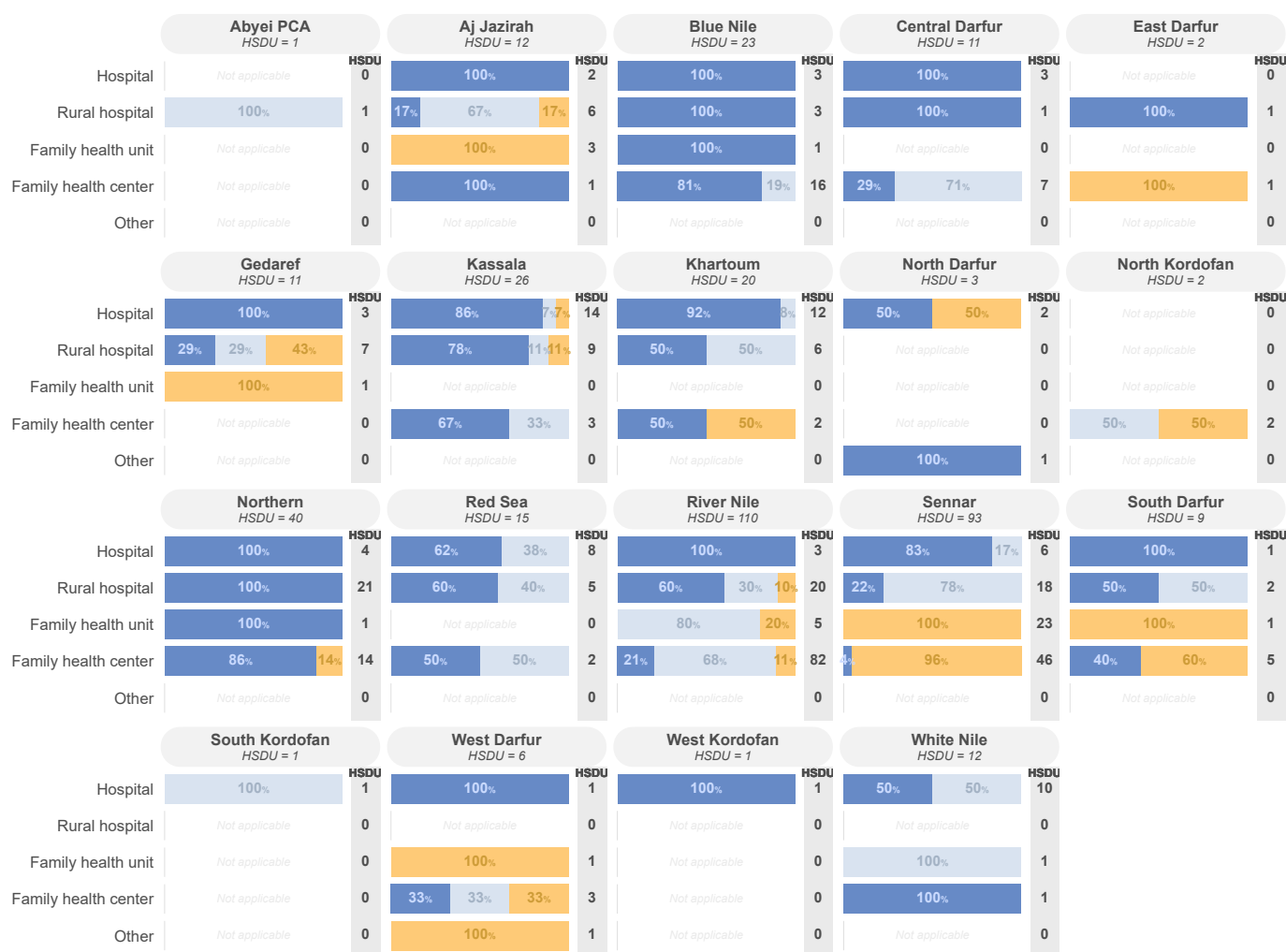
Availability status



Maps



Service availability by HSDU type and state*

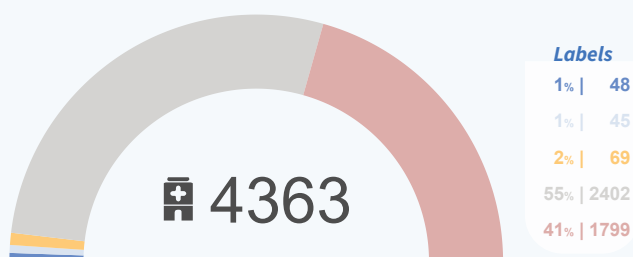


* Non-operational HSDU and those not normally providing the service are excluded from this chart.

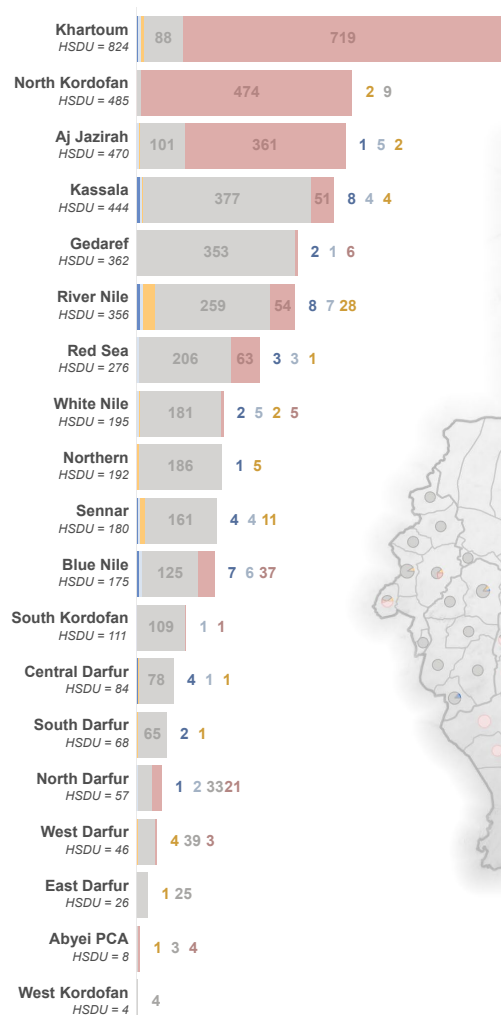


50 INPATIENT BED CAPACITY

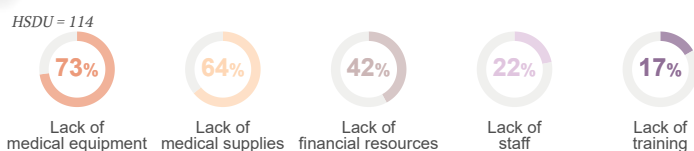
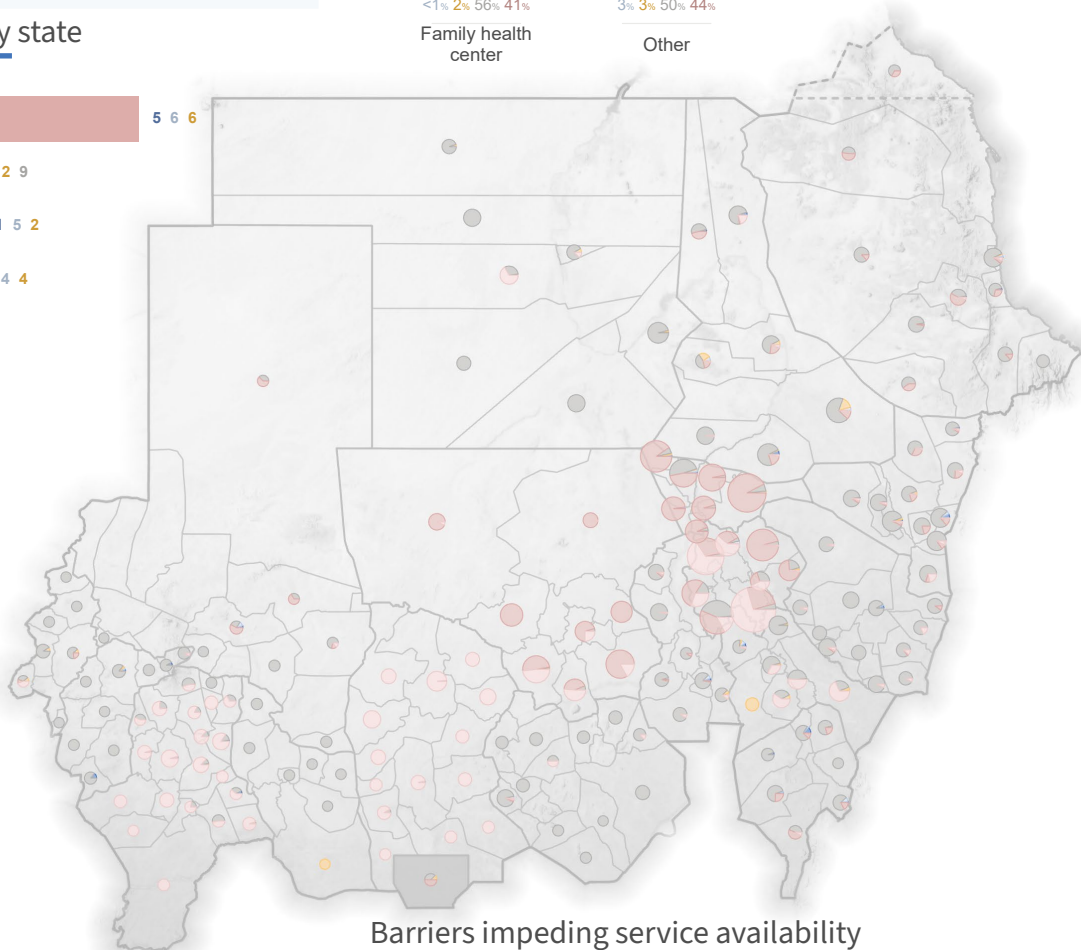
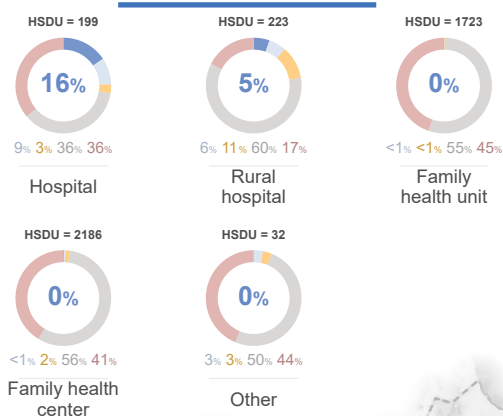
Service availability³¹



Service availability by state

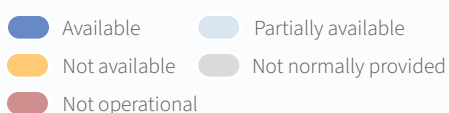


Service availability by HSDU type

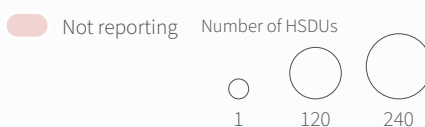


³¹ At least 50 inpatient bed capacity with pediatric and ob-gyn wards with 24/7 availability of doctors and/or specialists (general surgeon, ob-gyn, pediatrician, others).

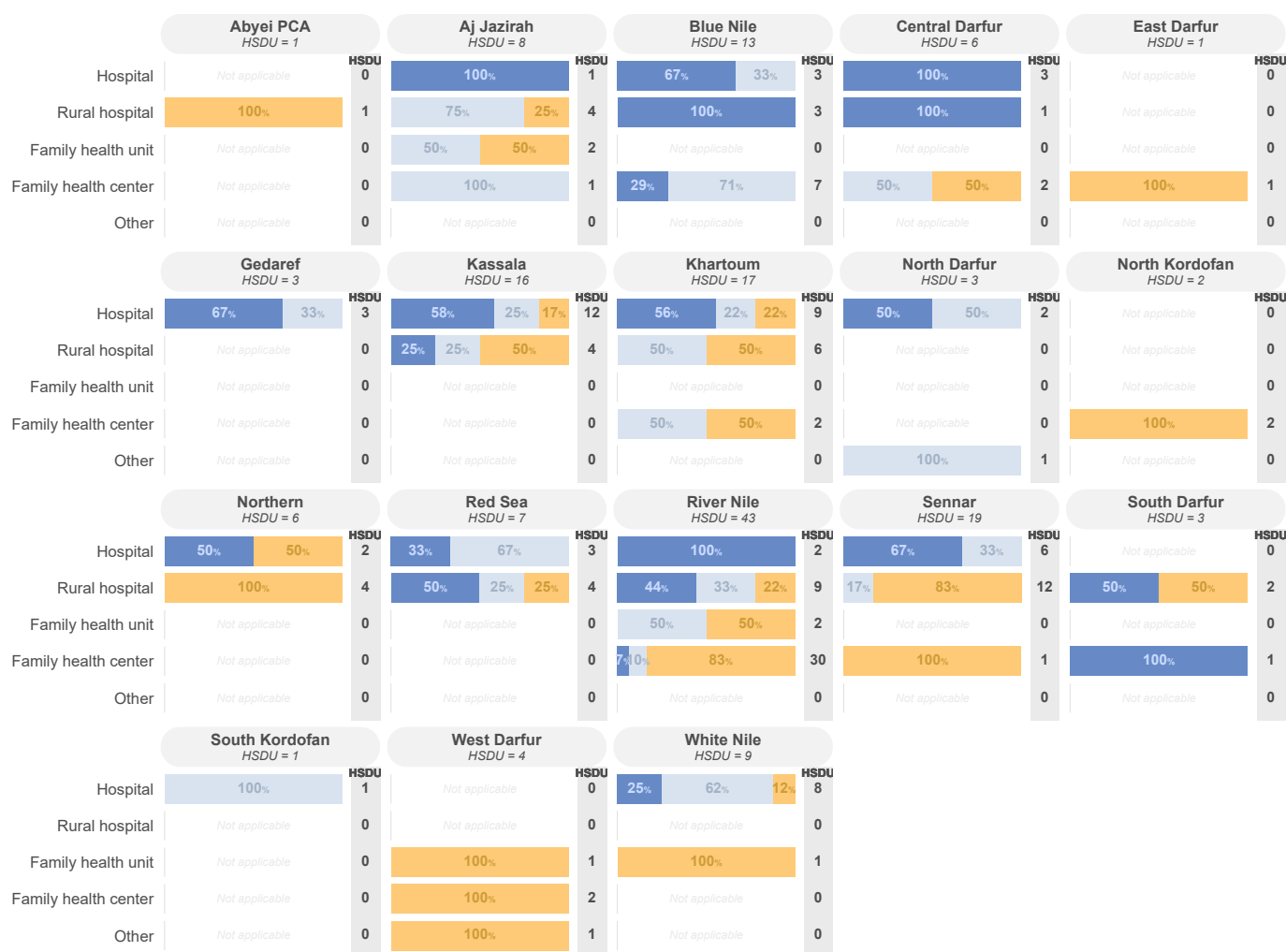
Availability status



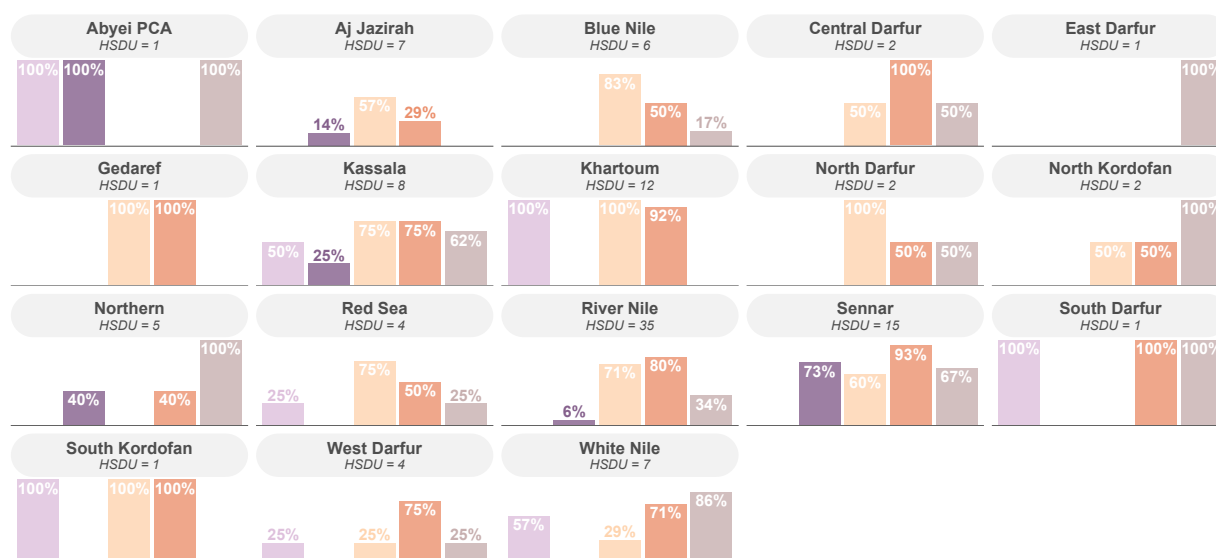
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

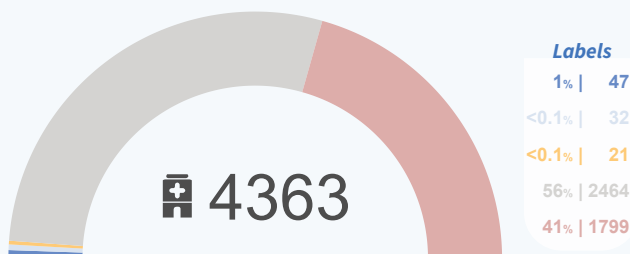
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

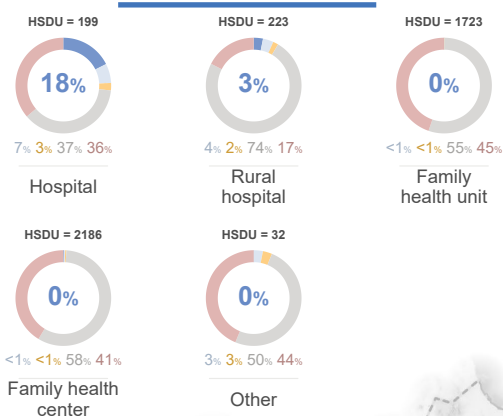


INPATIENT CRITICAL CARE MANAGEMENT

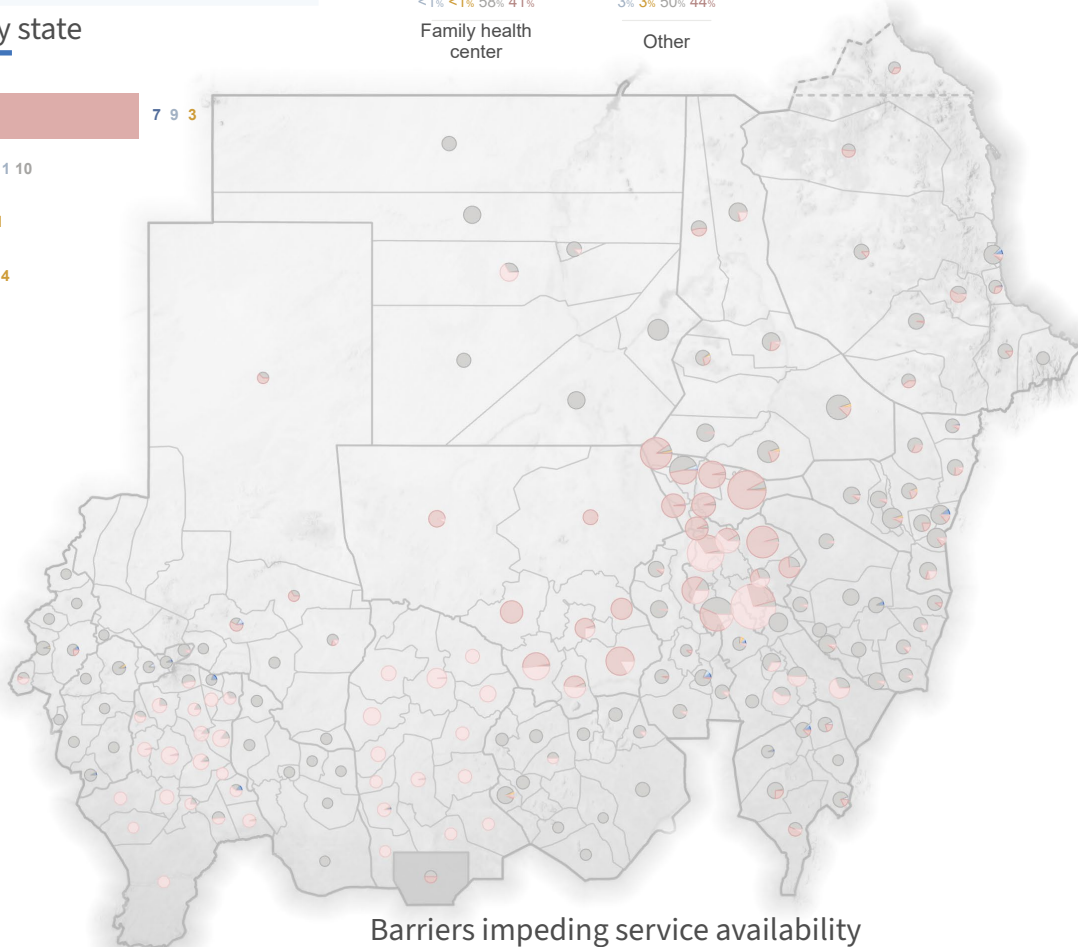
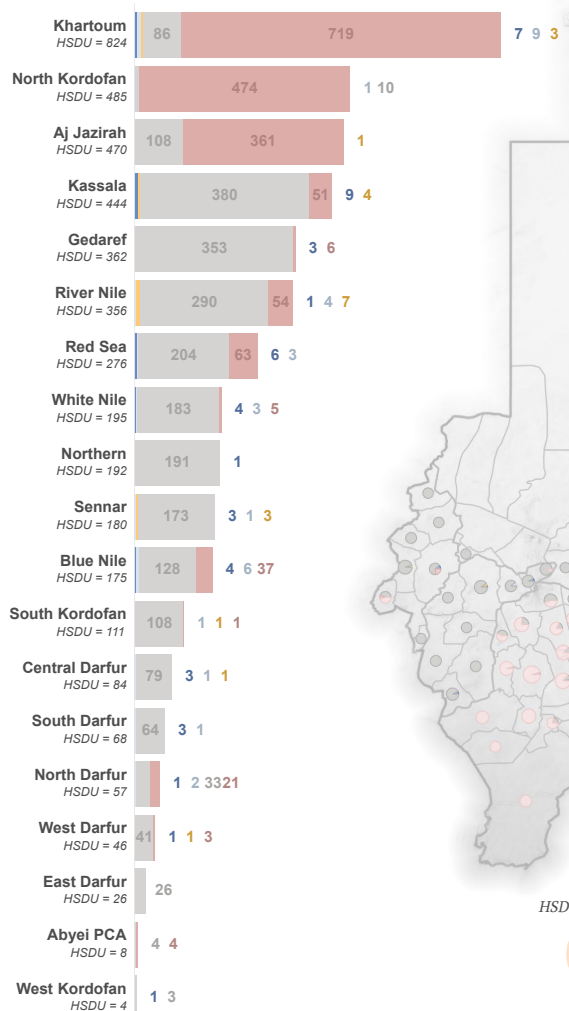
Service availability³²



Service availability by HSDU type



Service availability by state

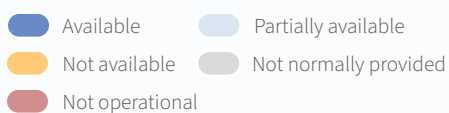


Barriers impeding service availability

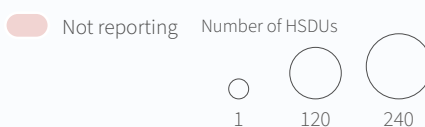


³² Inpatient critical care management with availability of mechanical ventilation, infusion pumps and third-line emergency drugs.

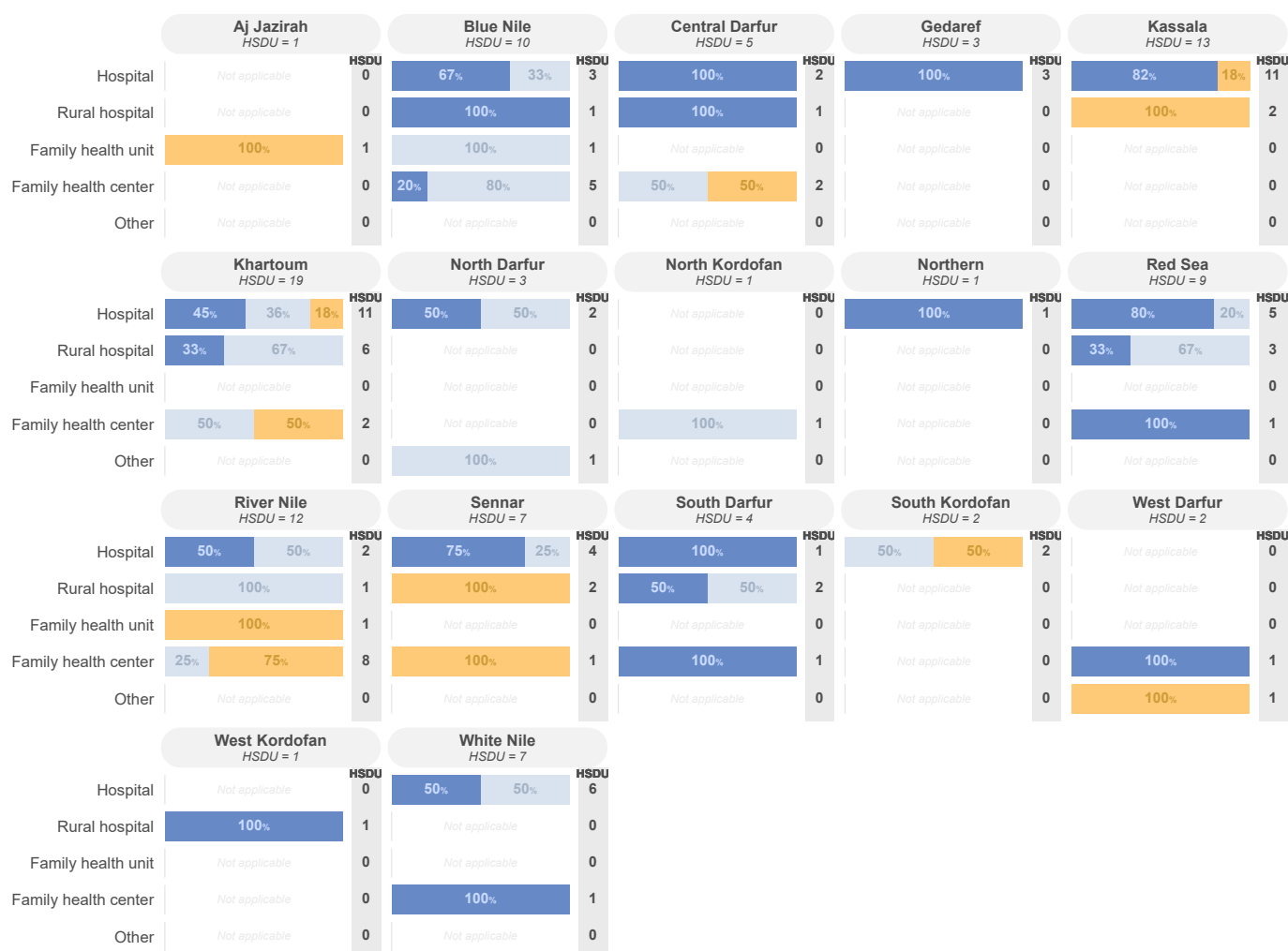
Availability status



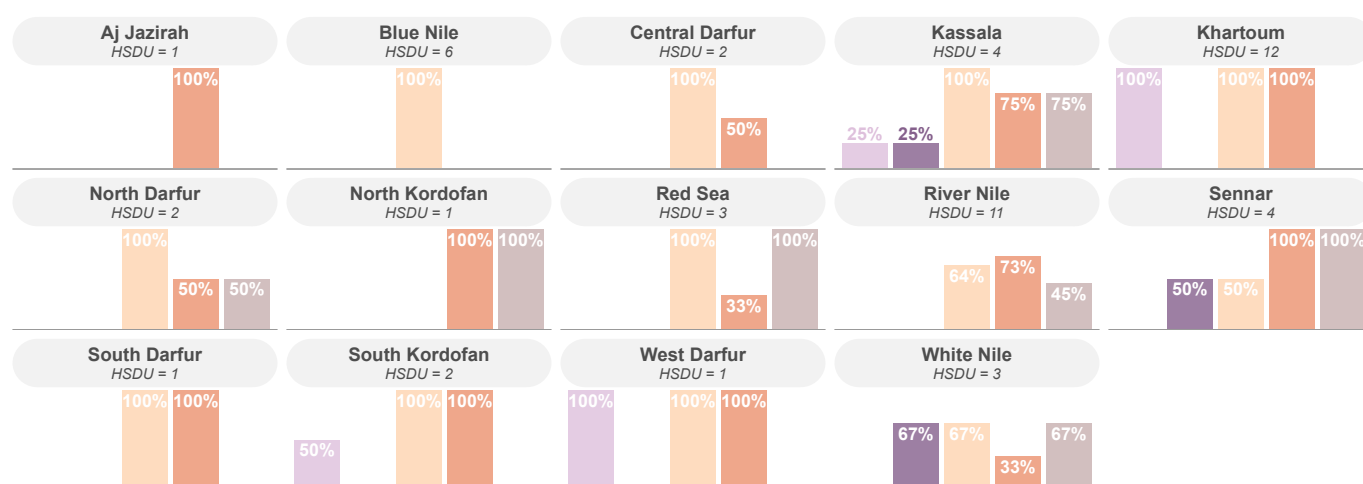
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

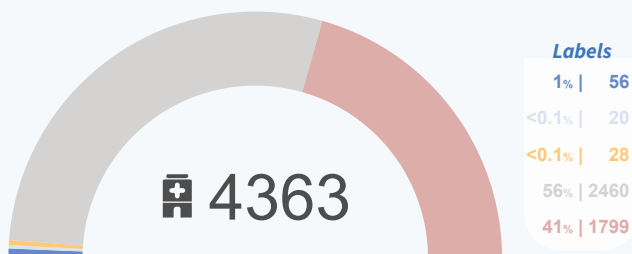
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

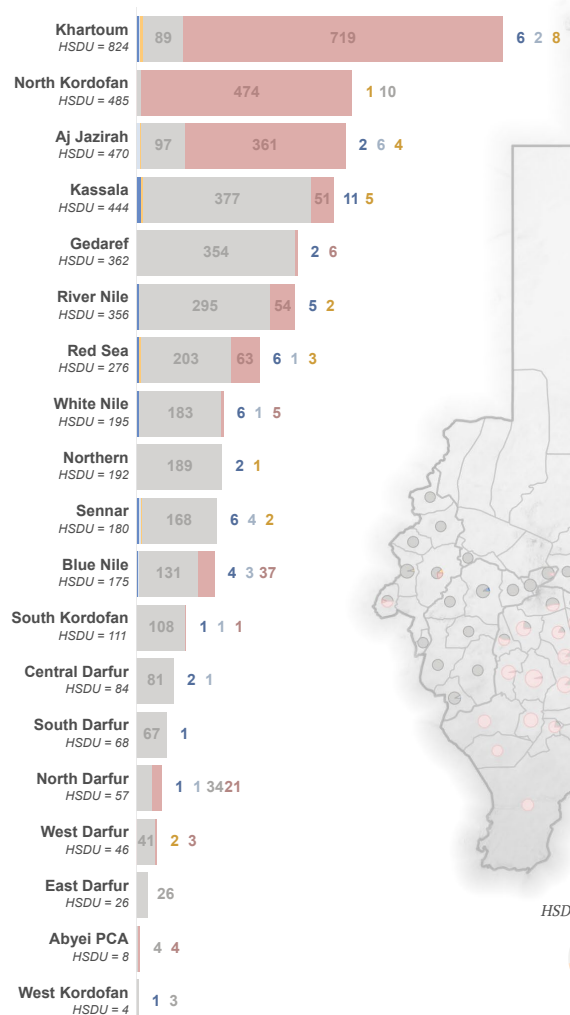


INTENSIVE CARE UNIT

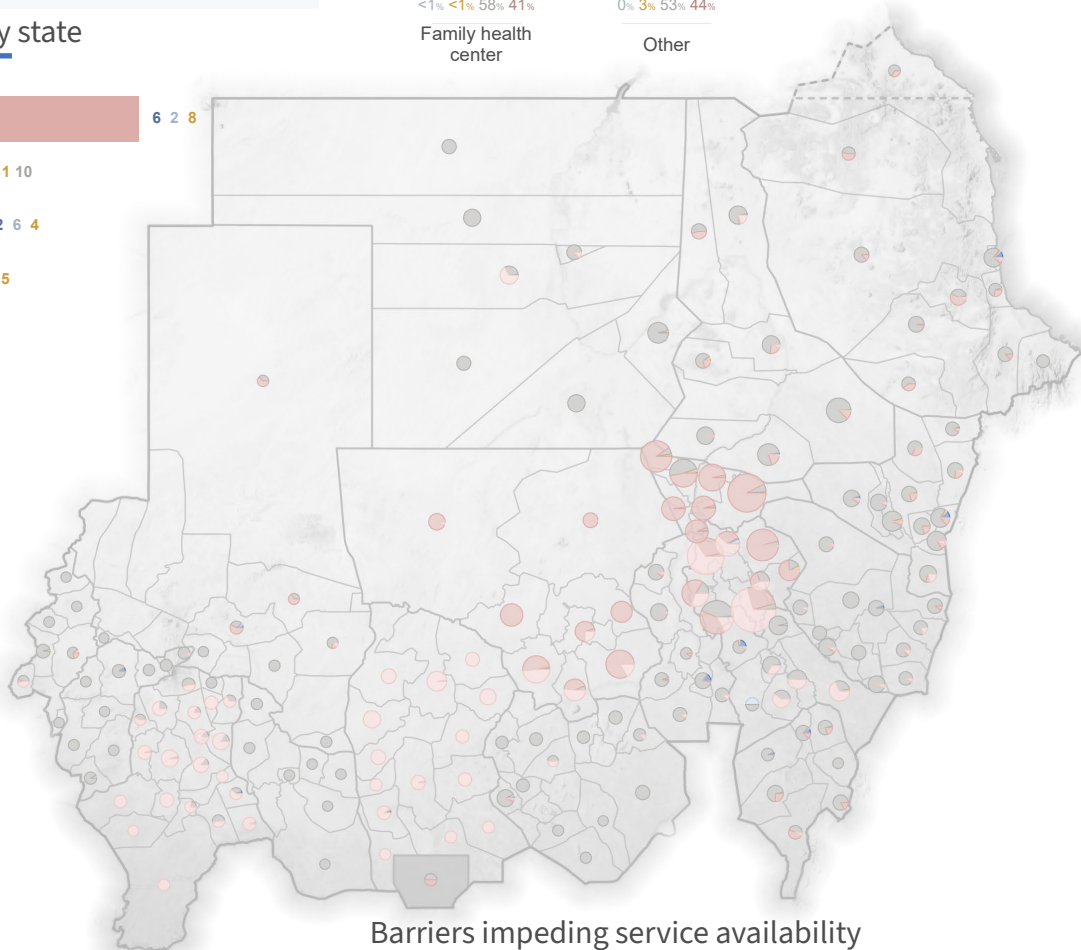
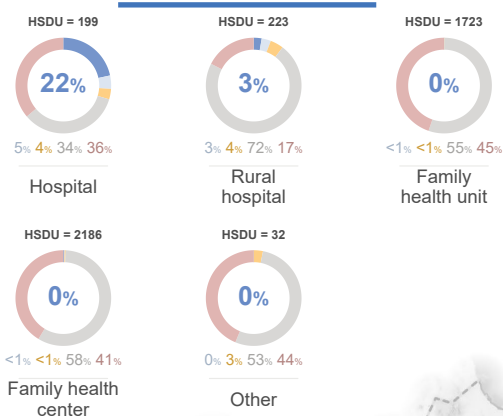
Service availability³³



Service availability by state



Service availability by HSDU type

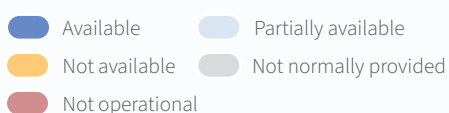


Barriers impeding service availability

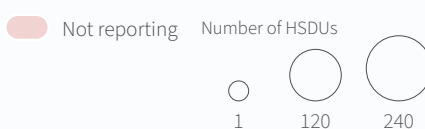


³³ Intensive care unit with at least 4 beds.

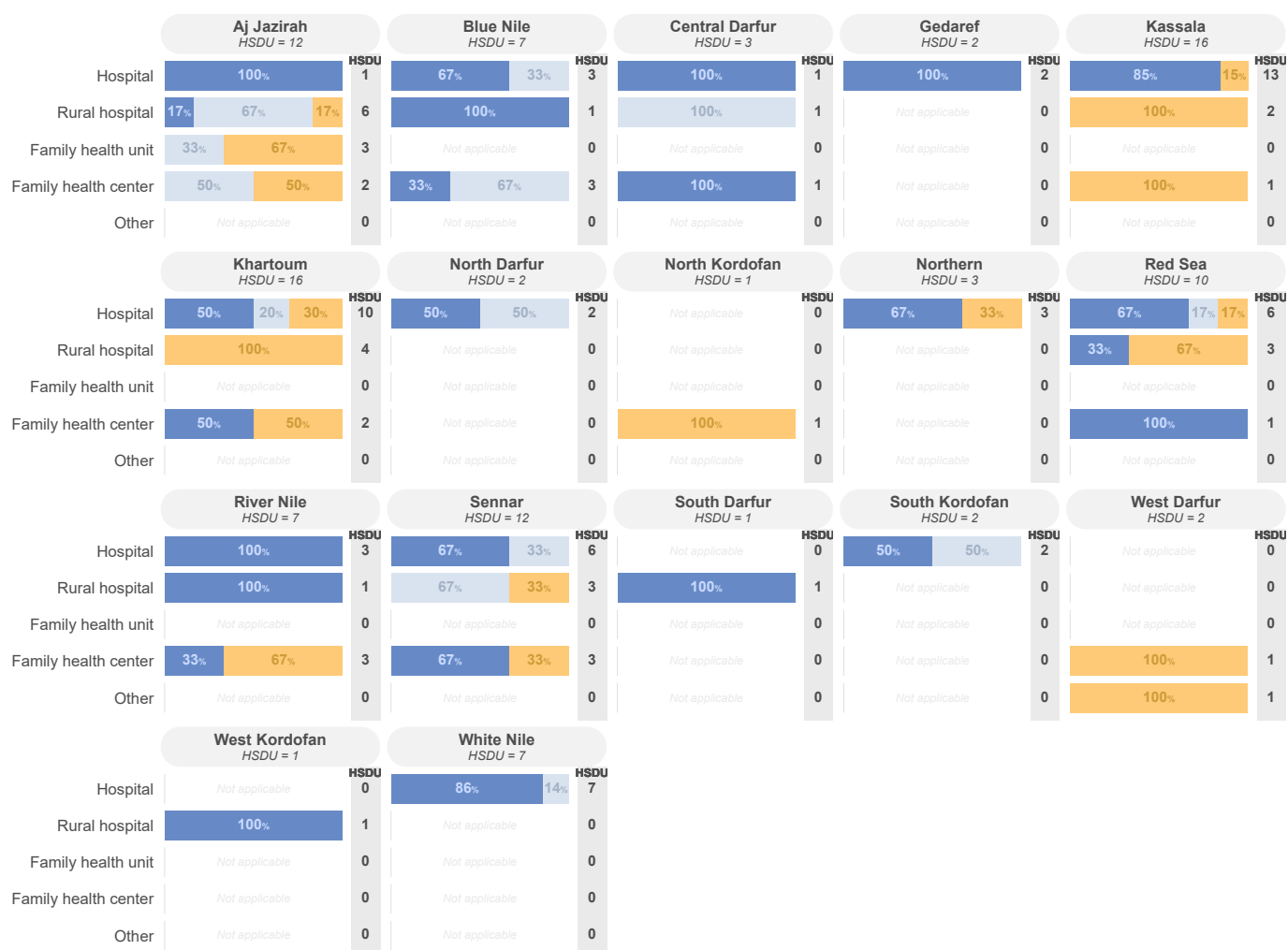
Availability status



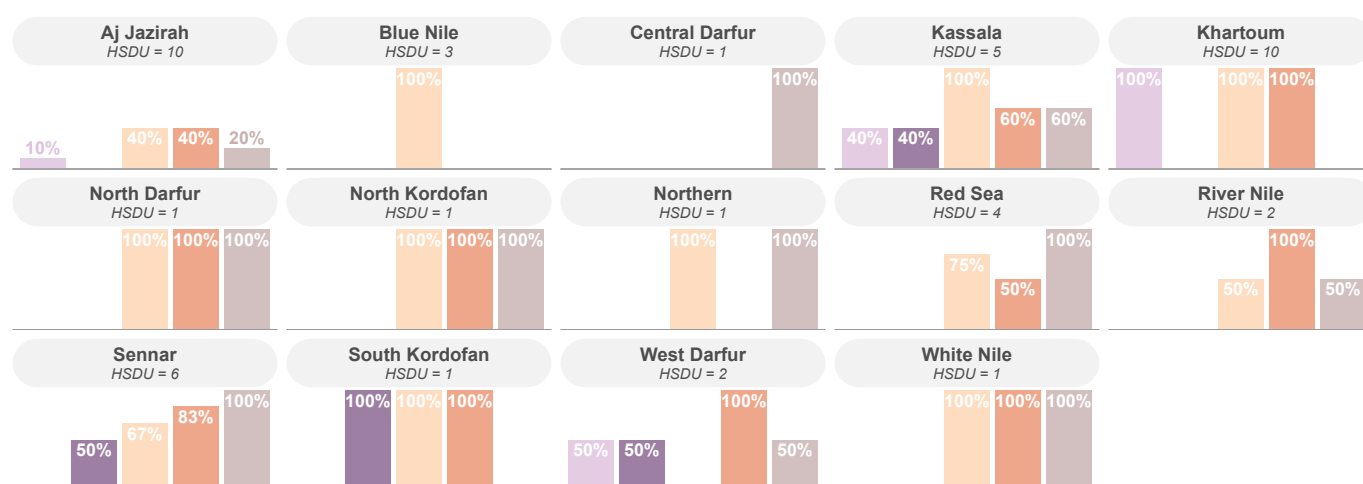
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

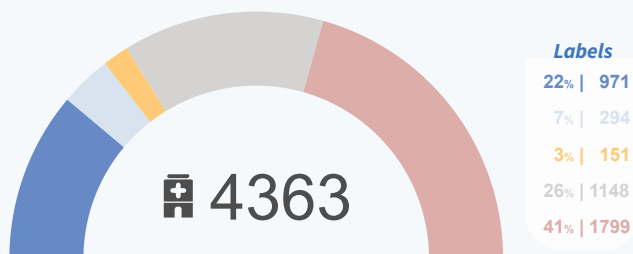
-  Lack of staff
-  Lack of training
-  Lack of supplies
-  Lack of equipment
-  Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

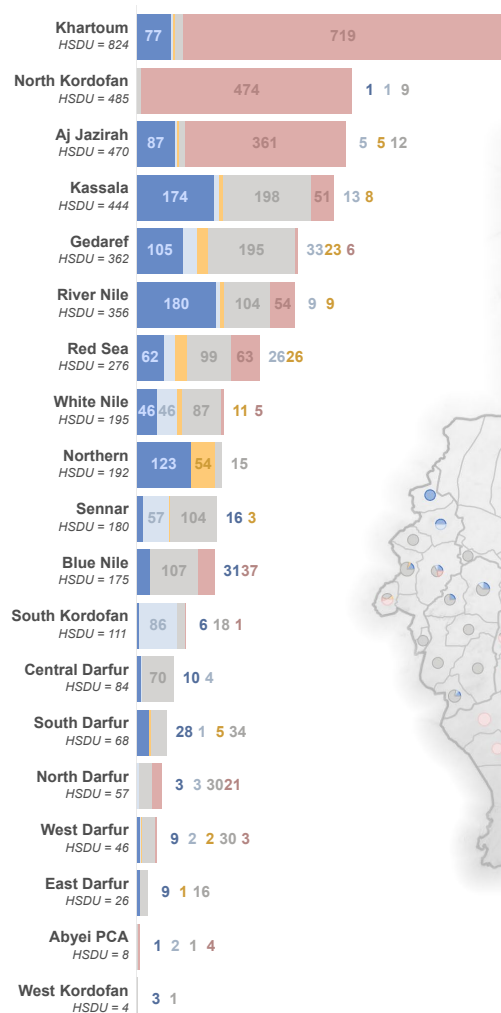


BASIC LABORATORY

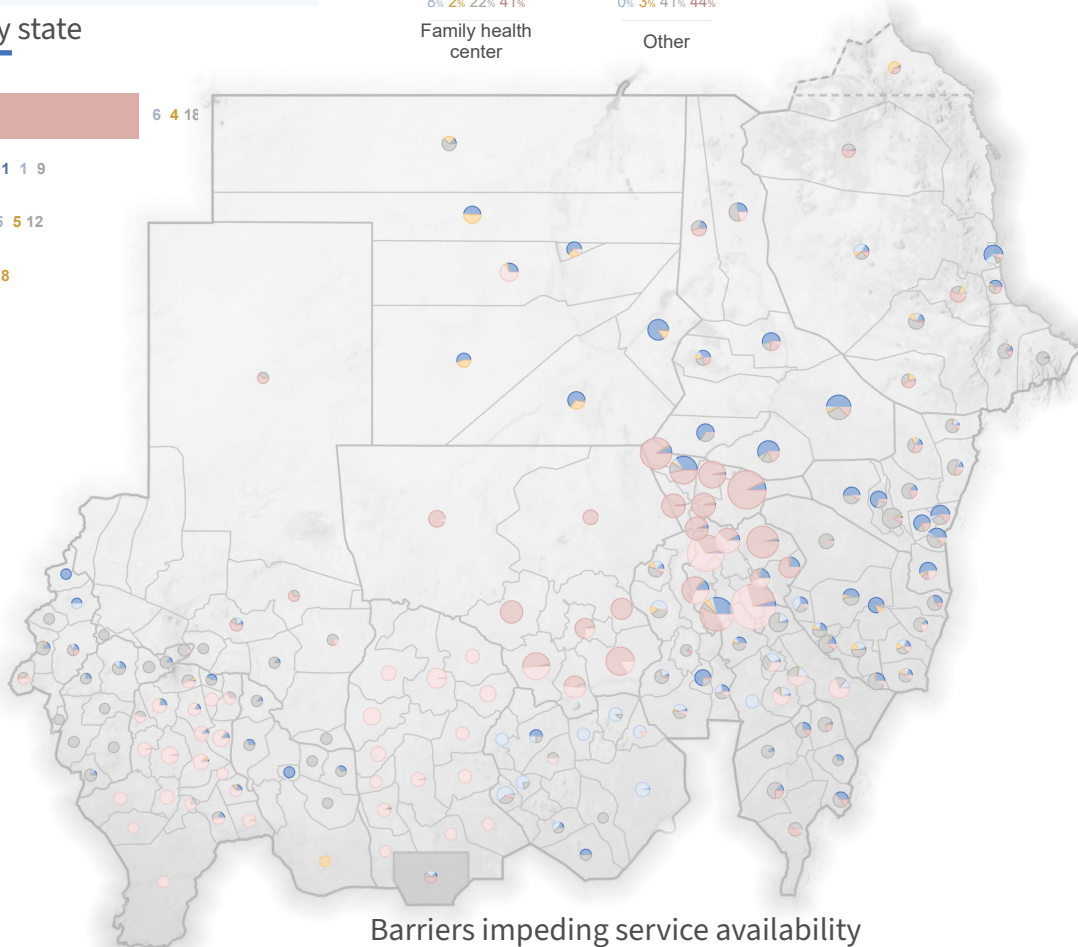
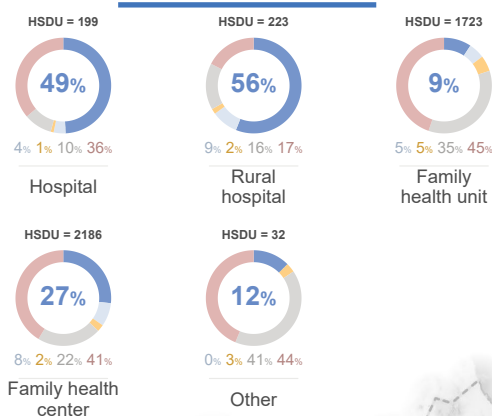
Service availability³⁴



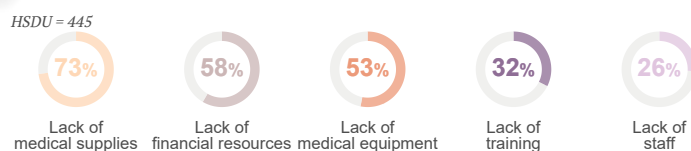
Service availability by state



Service availability by HSDU type

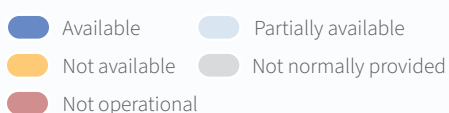


Barriers impeding service availability

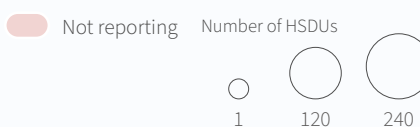


³⁴ Basic laboratory with general microscopy.

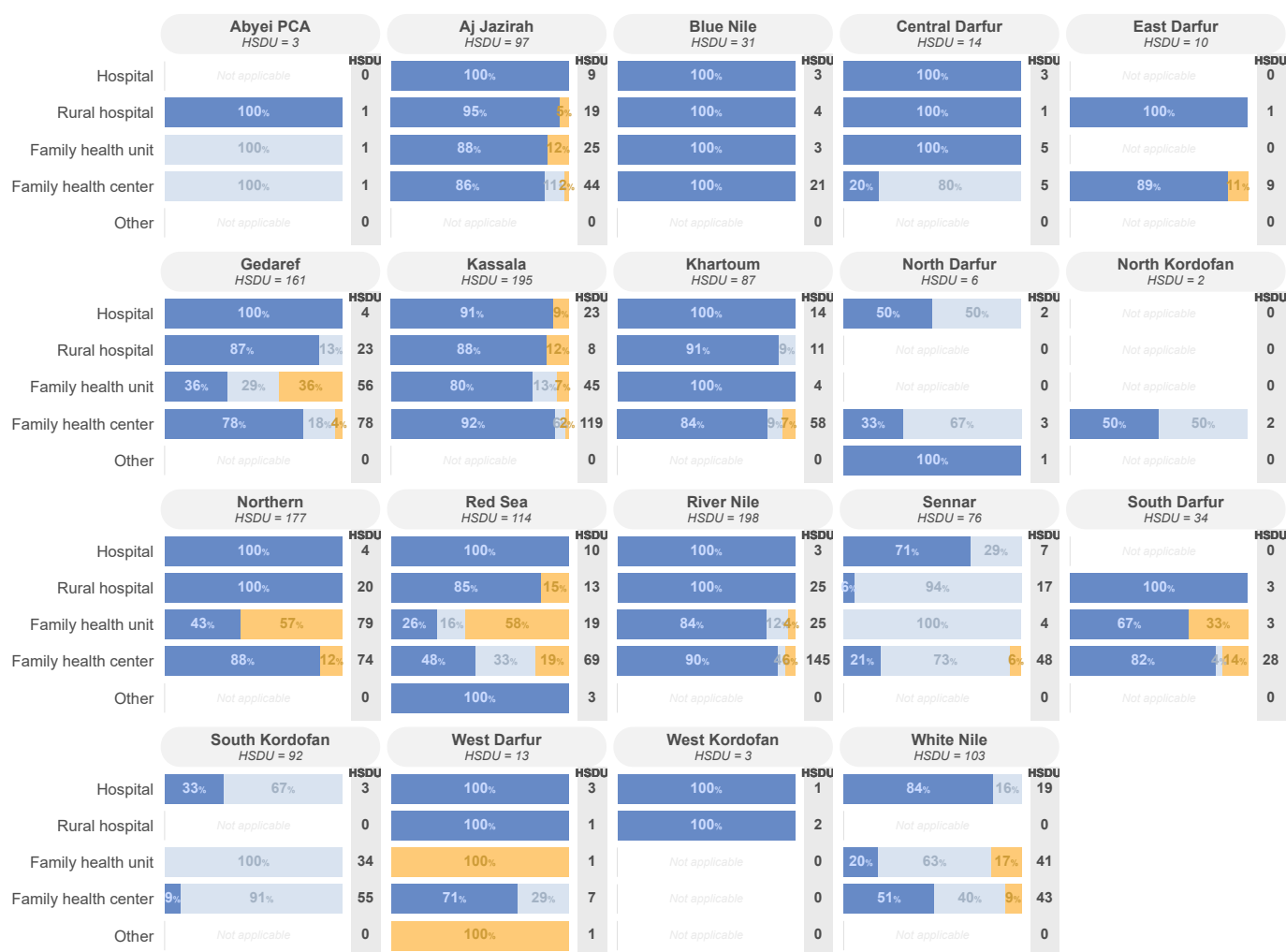
Availability status



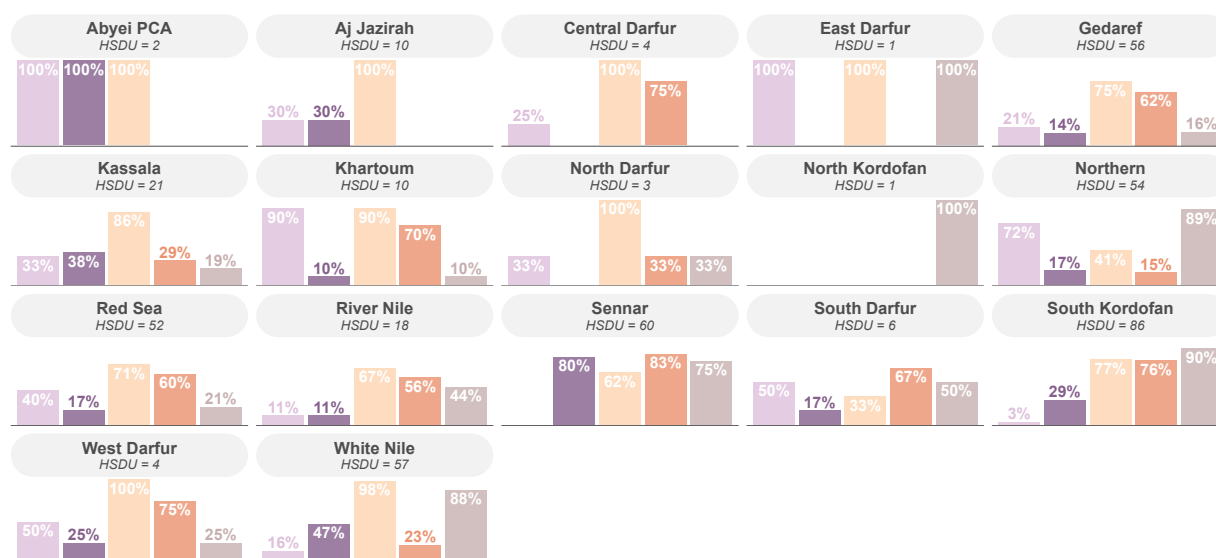
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

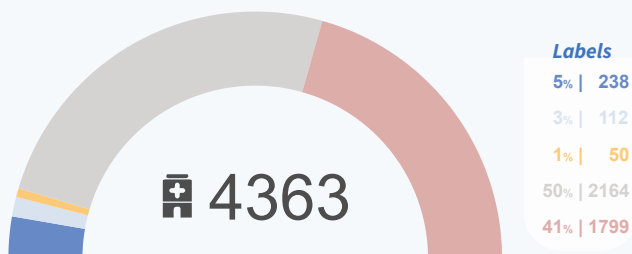
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

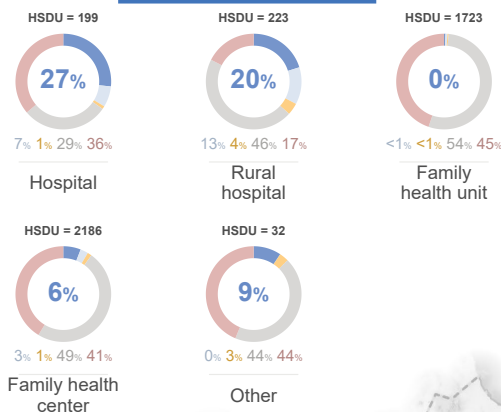


LABORATORY SERVICES SECONDARY LEVEL

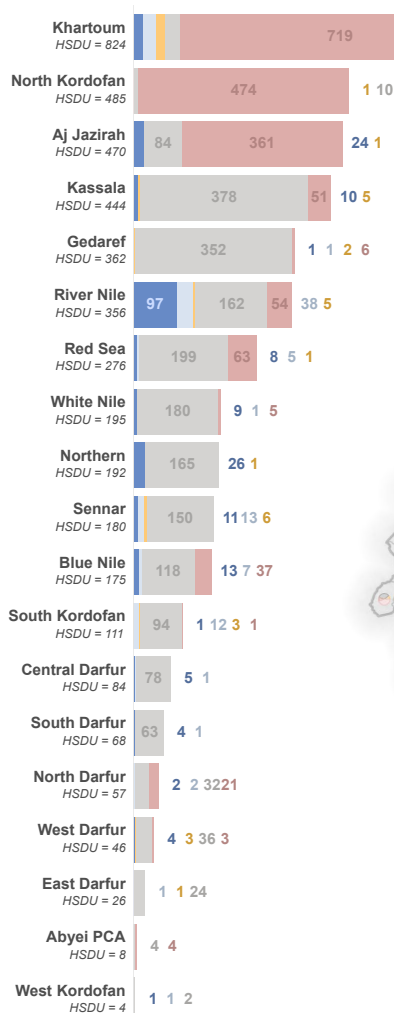
Service availability³⁵



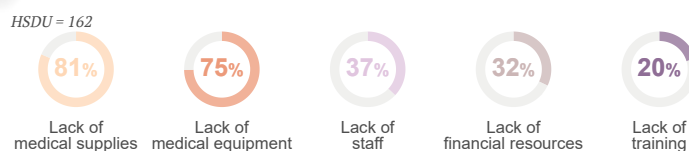
Service availability by HSDU type



Service availability by state

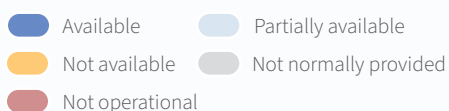


Barriers impeding service availability

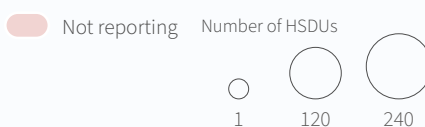


³⁵ Secondary laboratory services including electrolyte and blood gas concentrations.

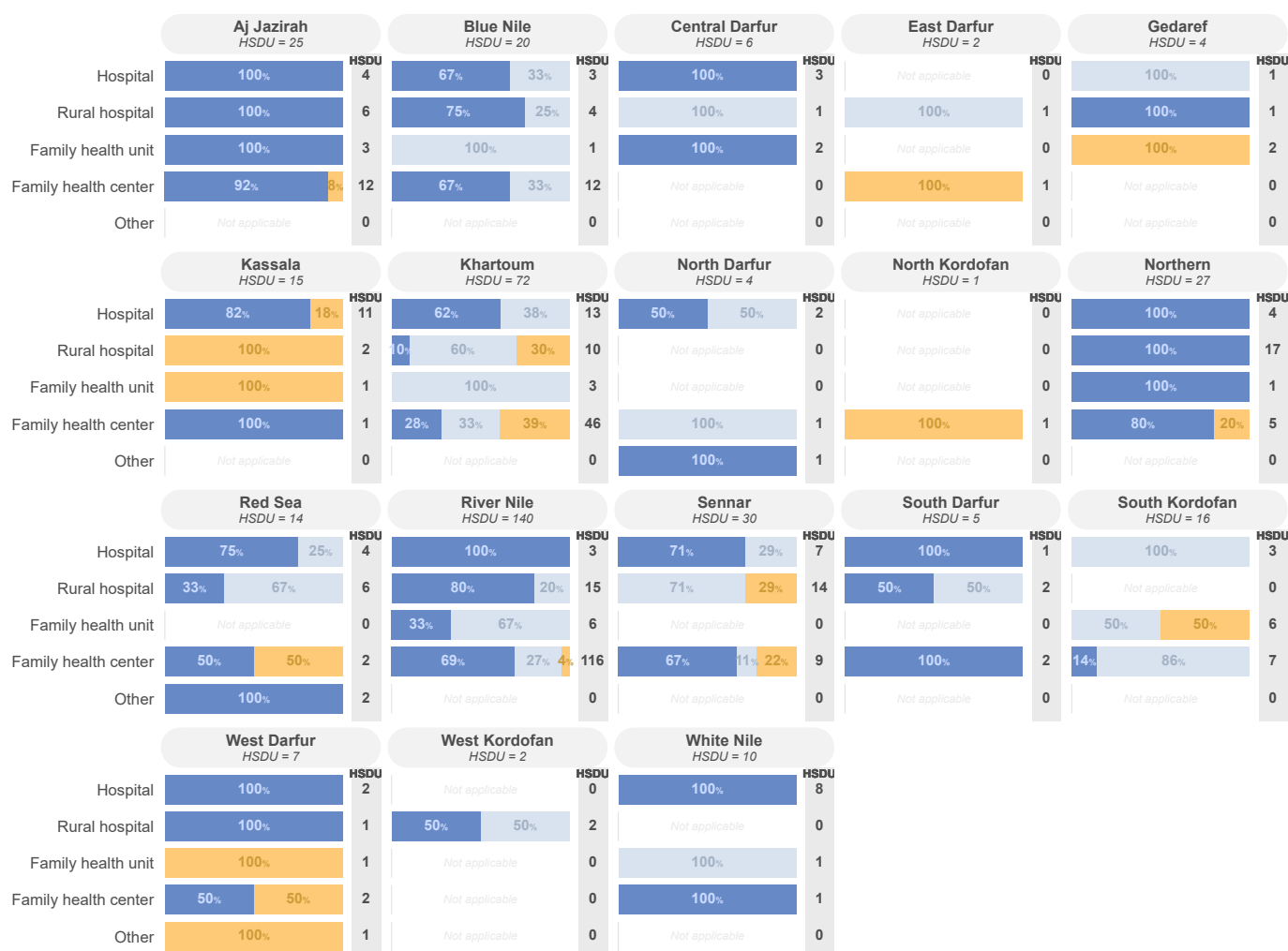
Availability status



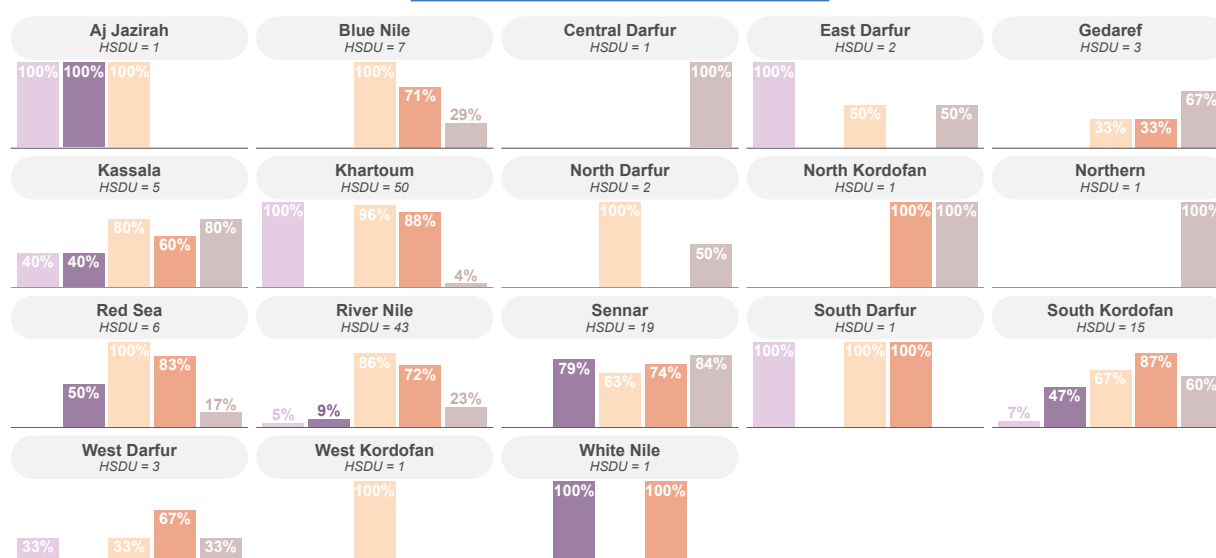
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

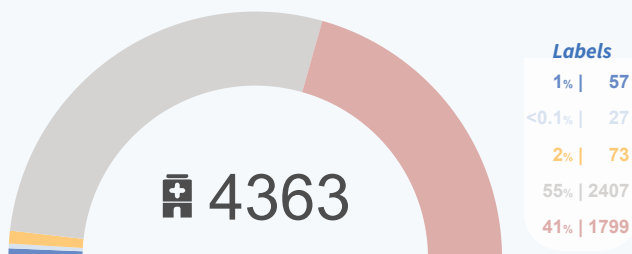
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

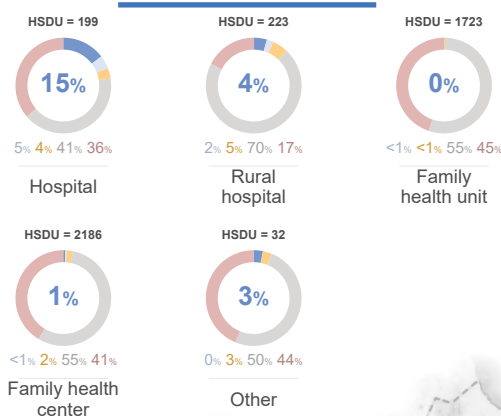


LABORATORY SERVICES TERTIARY LEVEL

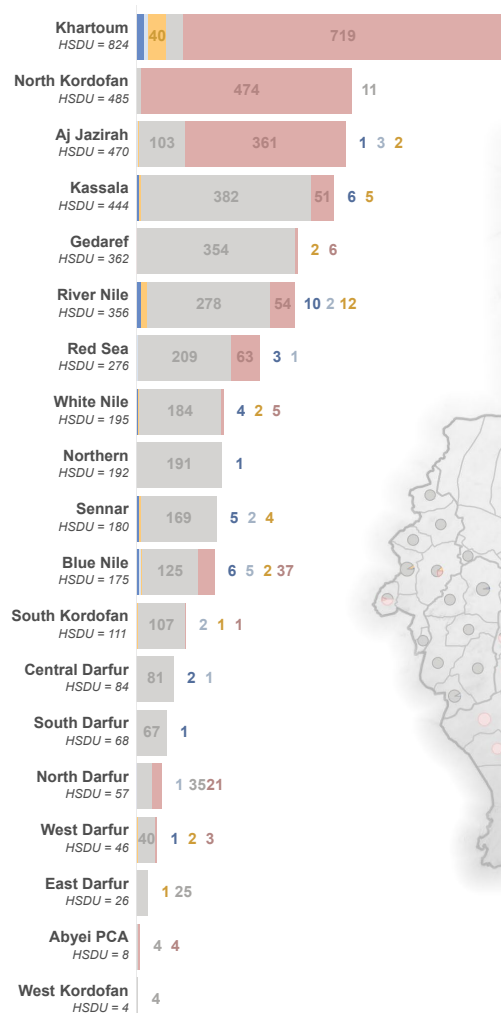
Service availability³⁶



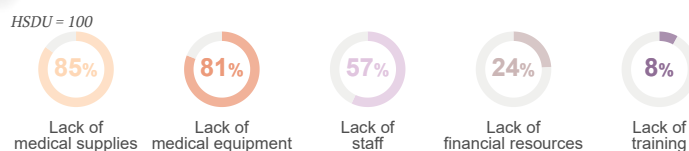
Service availability by HSDU type



Service availability by state

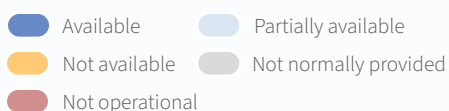


Barriers impeding service availability

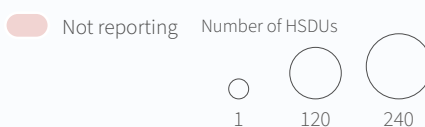


³⁶ Tertiary laboratory services with public health laboratory capacities.

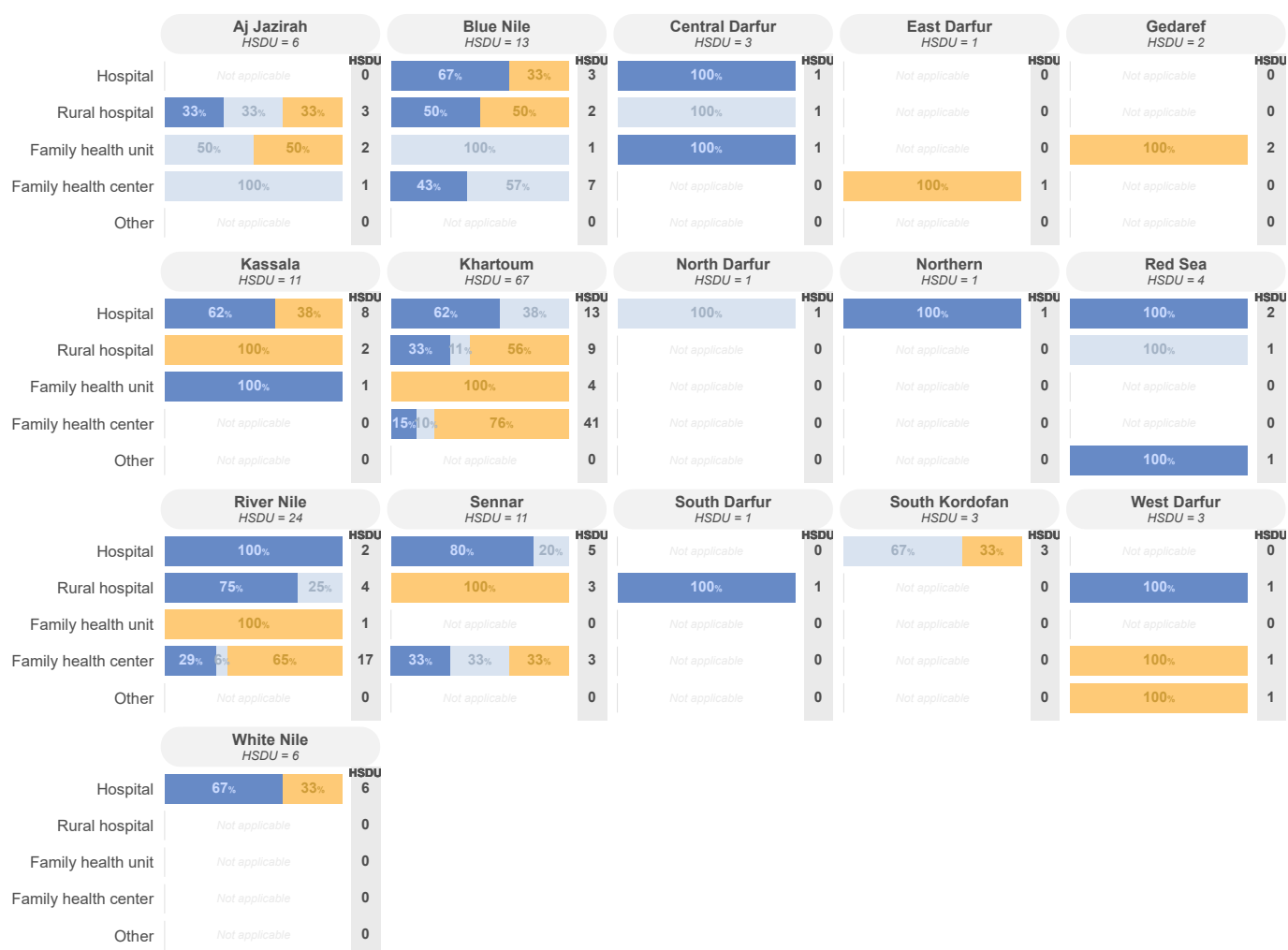
Availability status



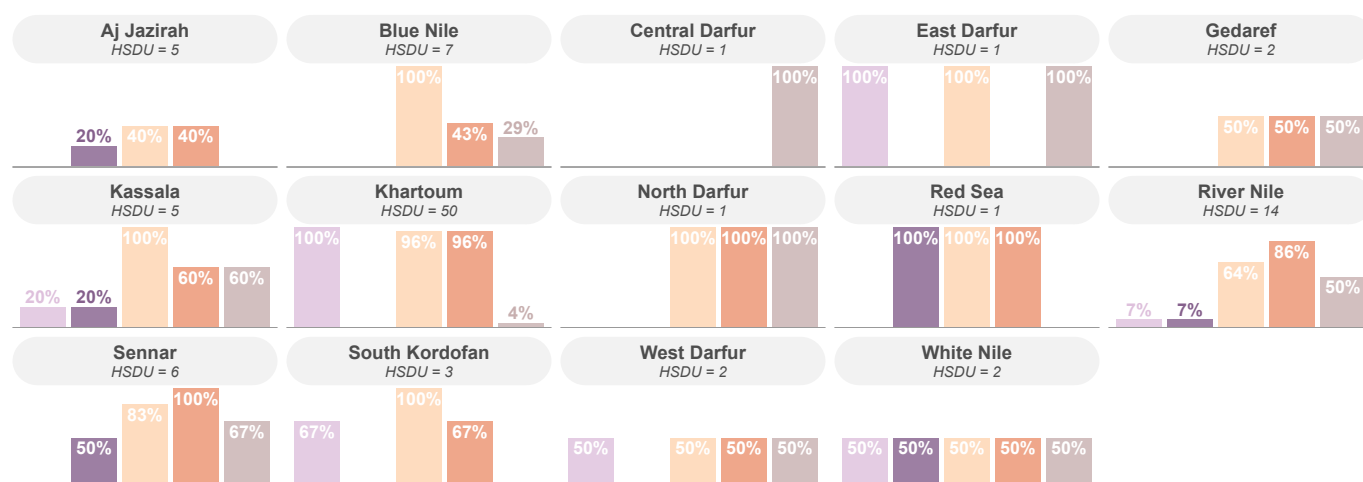
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

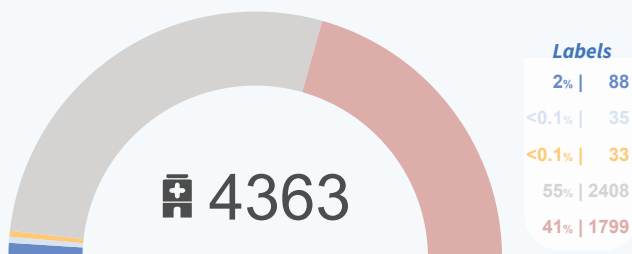
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

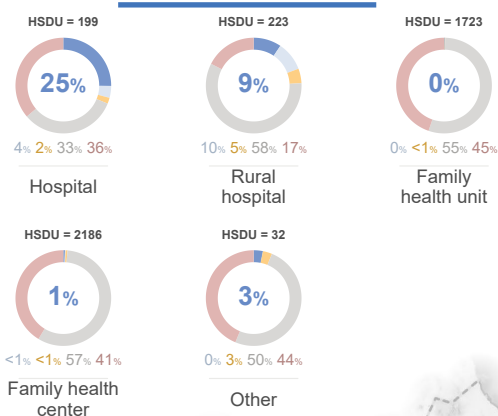


BLOOD BANK SERVICES

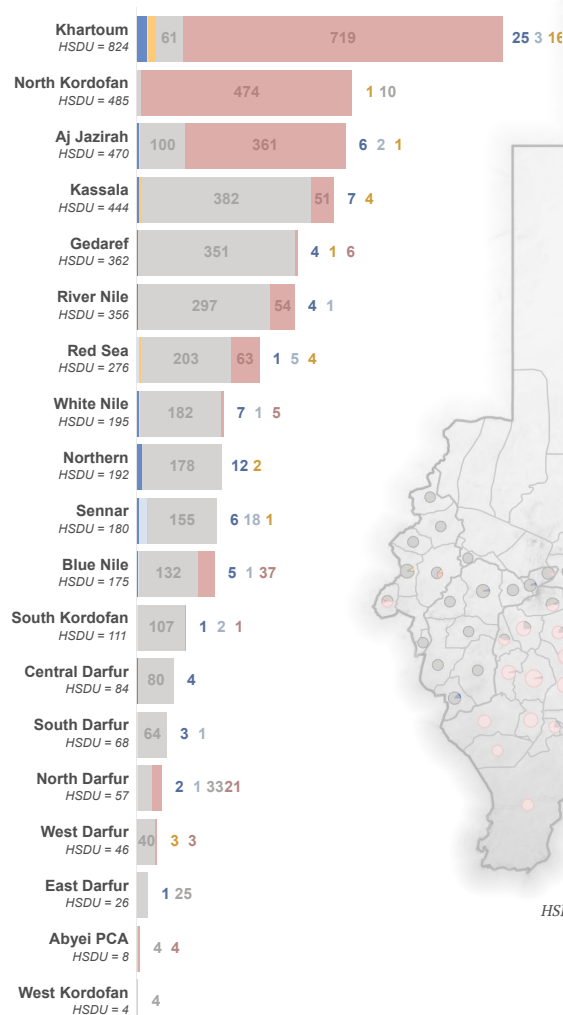
Service availability³⁷



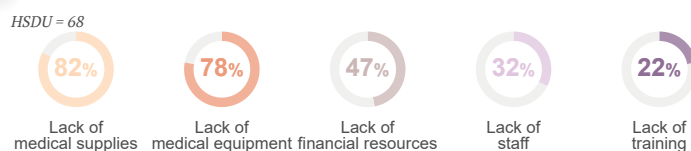
Service availability by HSDU type



Service availability by state

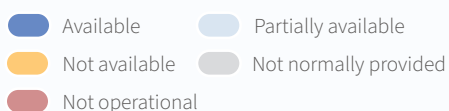


Barriers impeding service availability

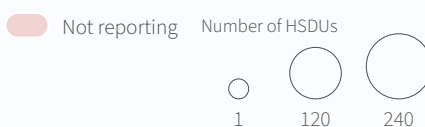


³⁷ Availability of blood bank services.

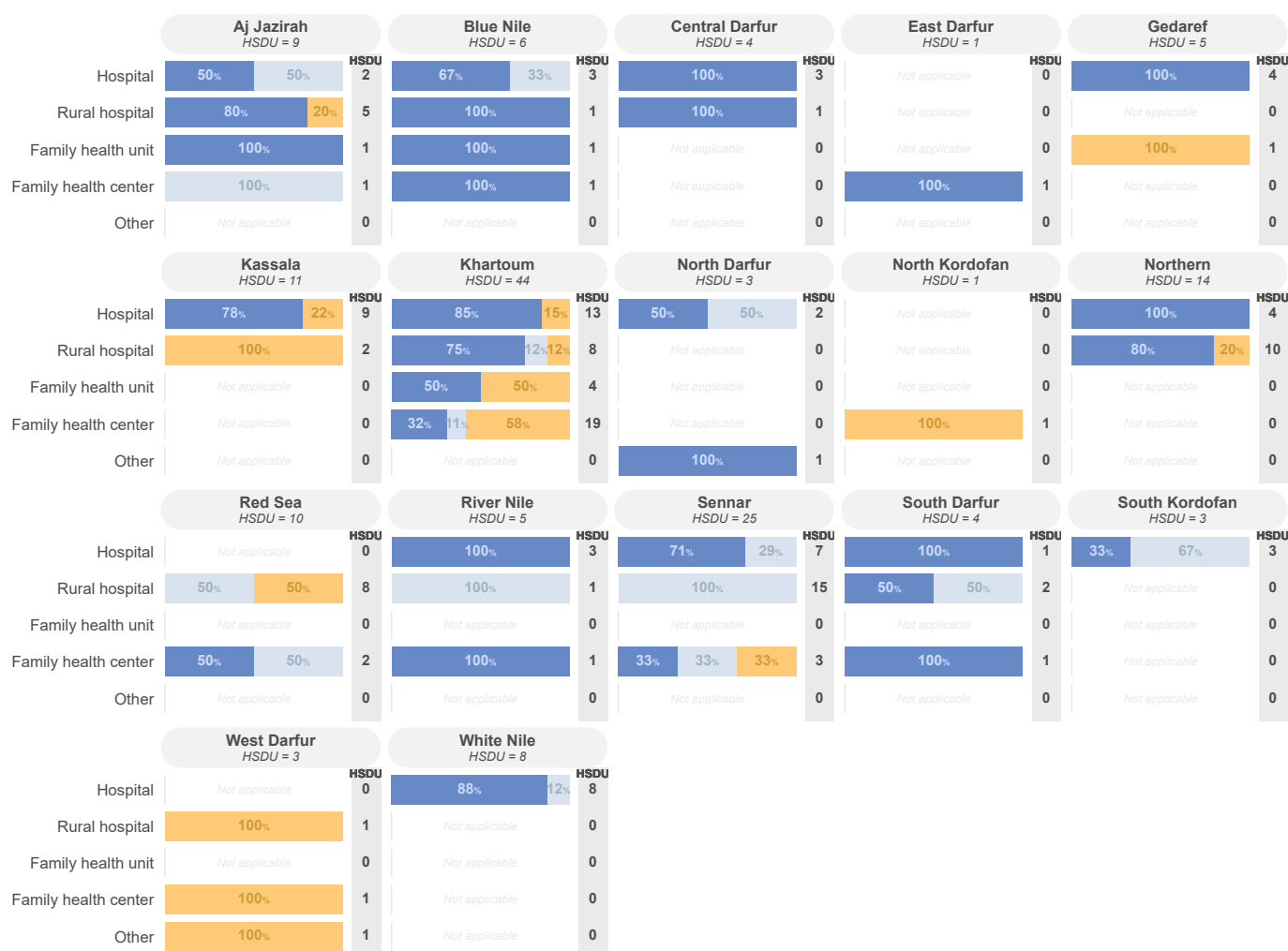
Availability status



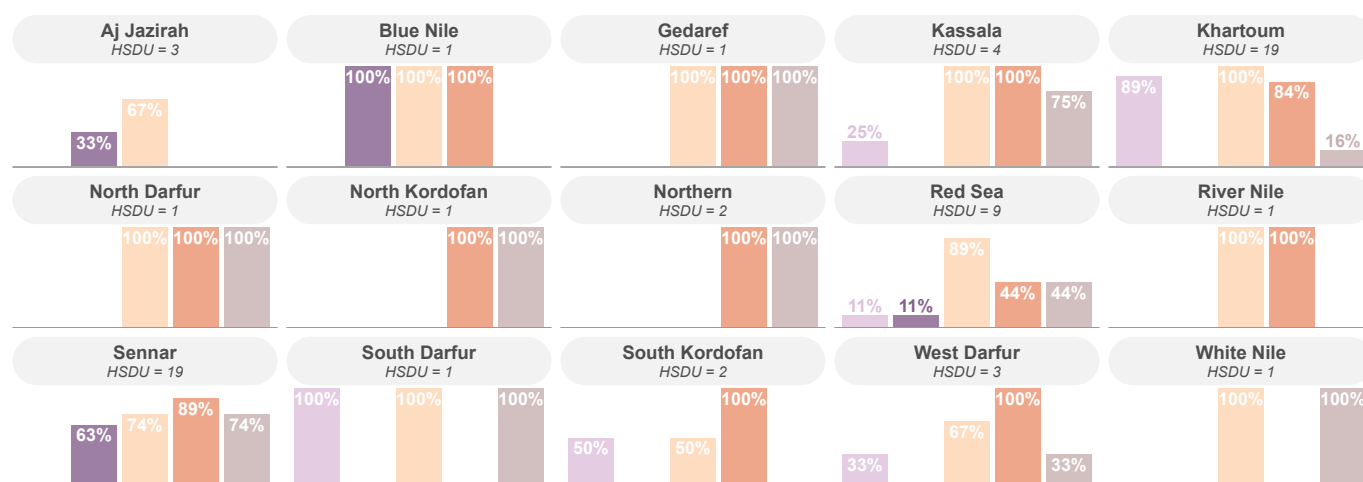
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

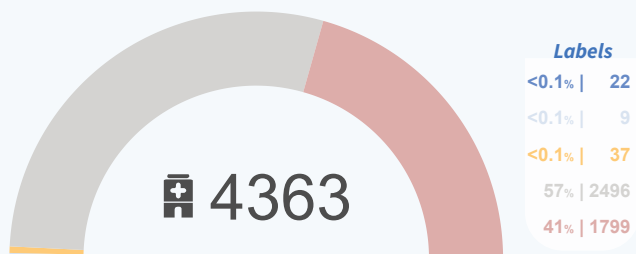
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

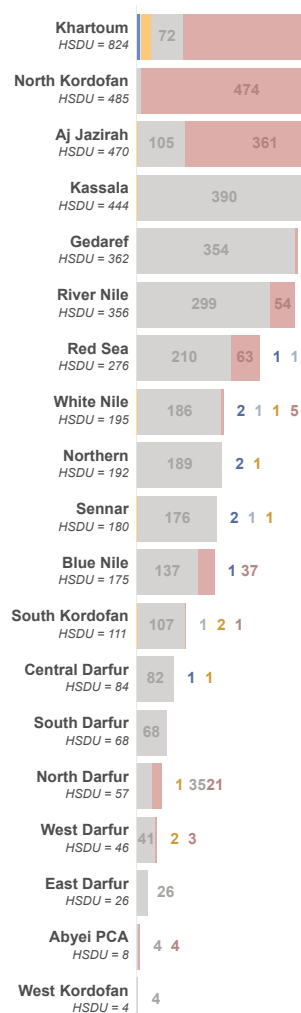


HEMODIALYSIS UNIT

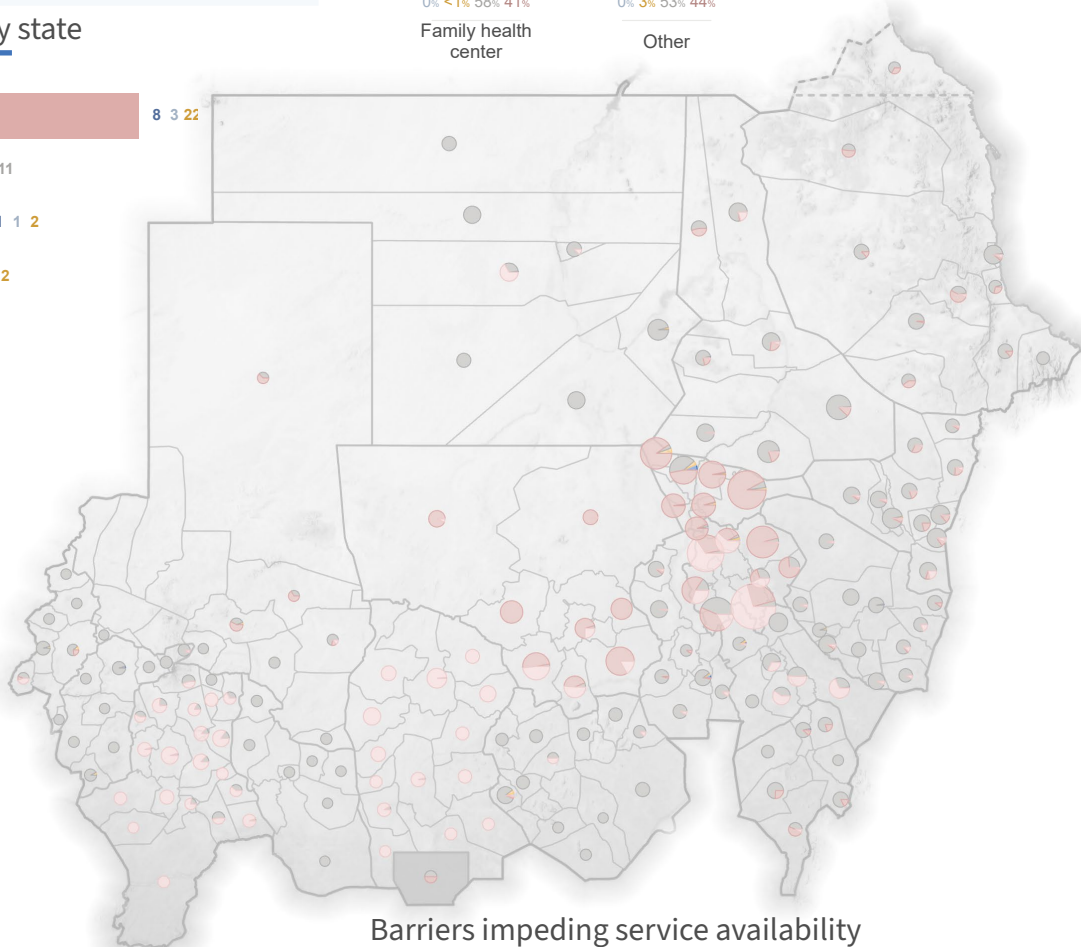
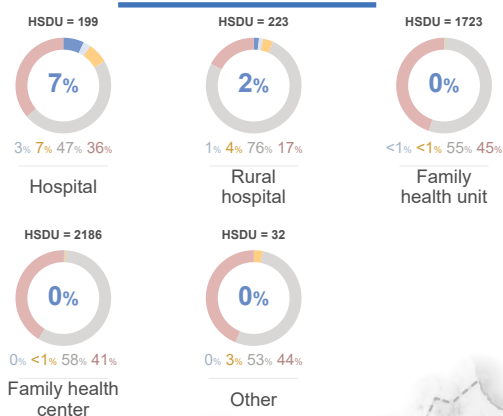
Service availability³⁸



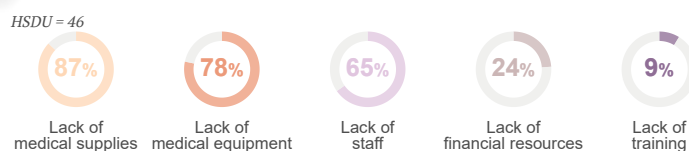
Service availability by state



Service availability by HSDU type

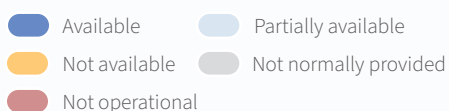


Barriers impeding service availability

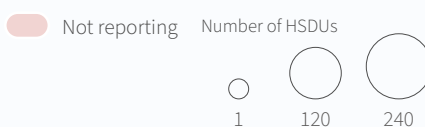


³⁸ Availability of hemodialysis unit.

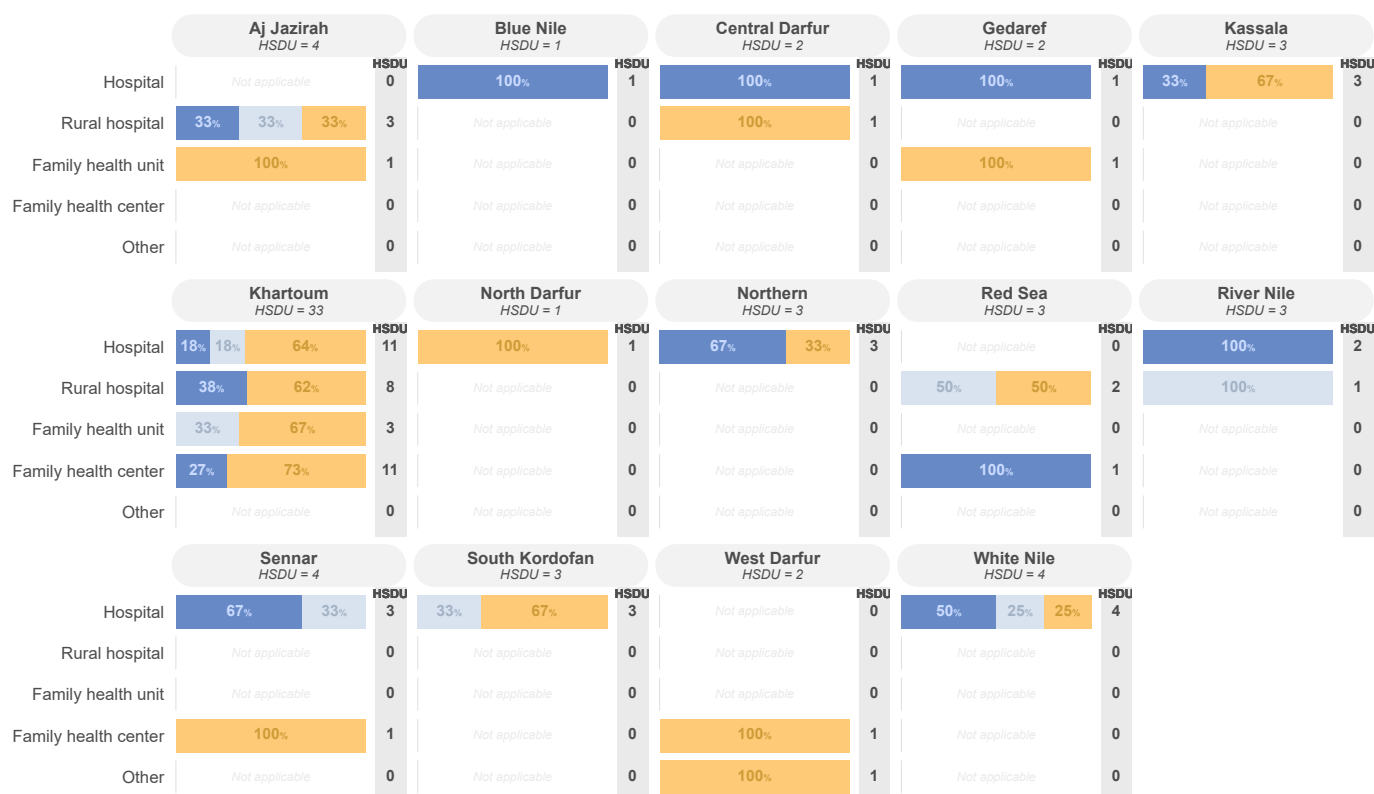
Availability status



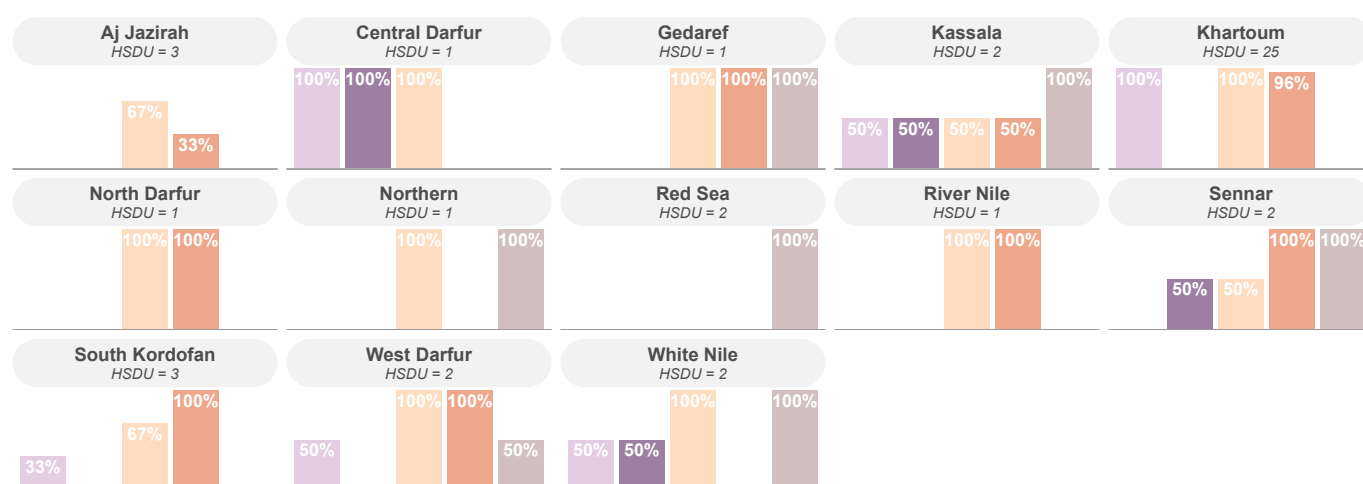
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

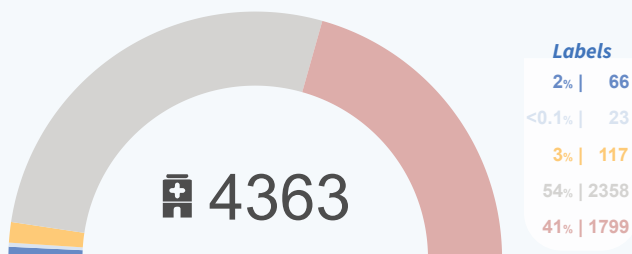
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

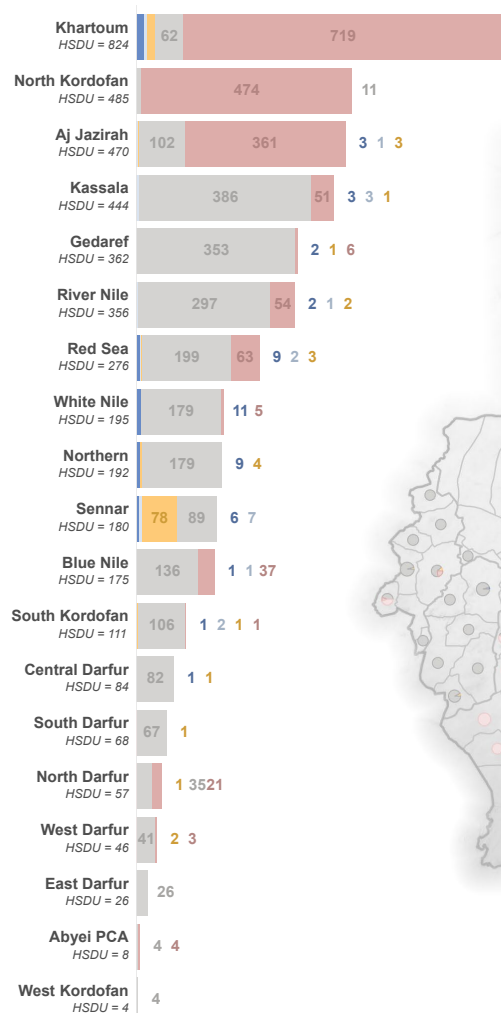


BASIC RADIOLOGICAL UNIT

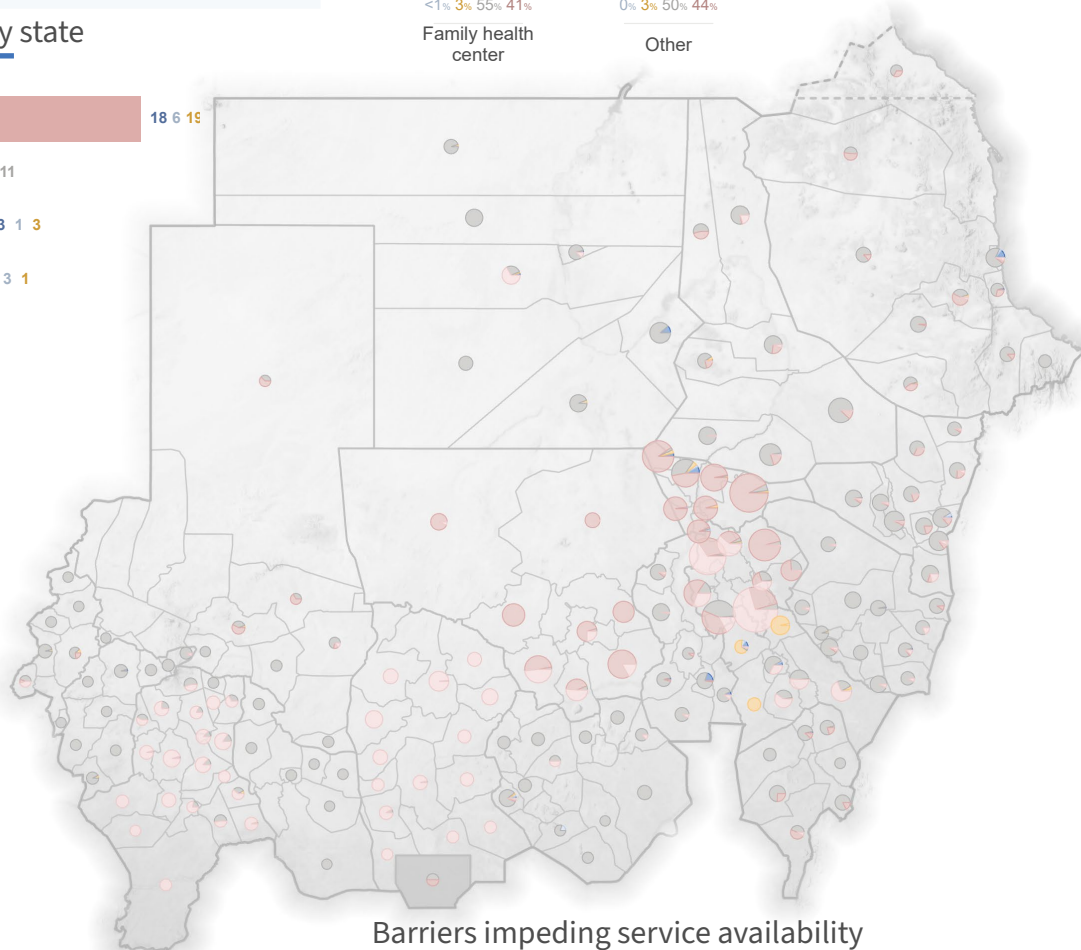
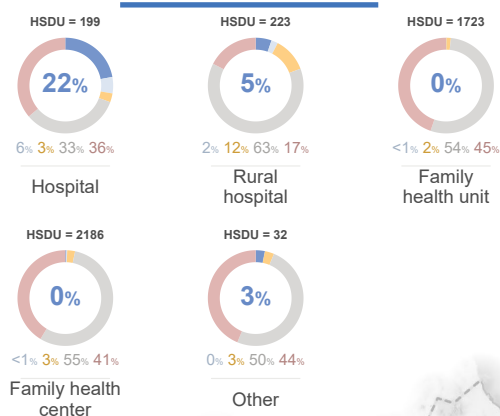
Service availability³⁹



Service availability by state

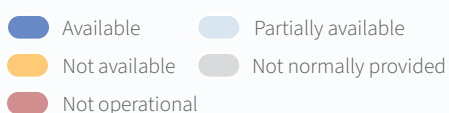


Service availability by HSDU type

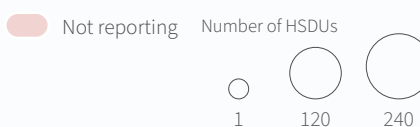


³⁹ Basic radiological unit with X-ray and ultrasound.

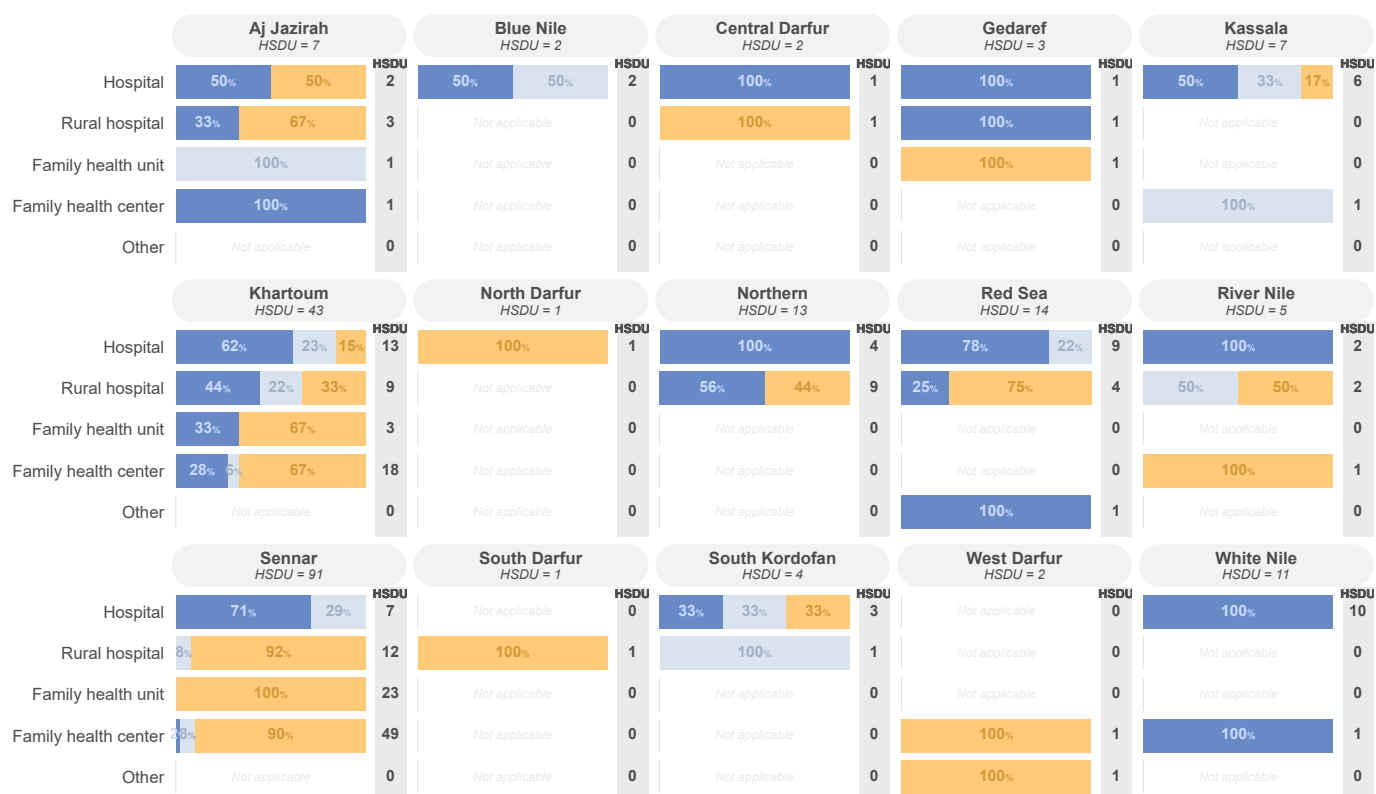
Availability status



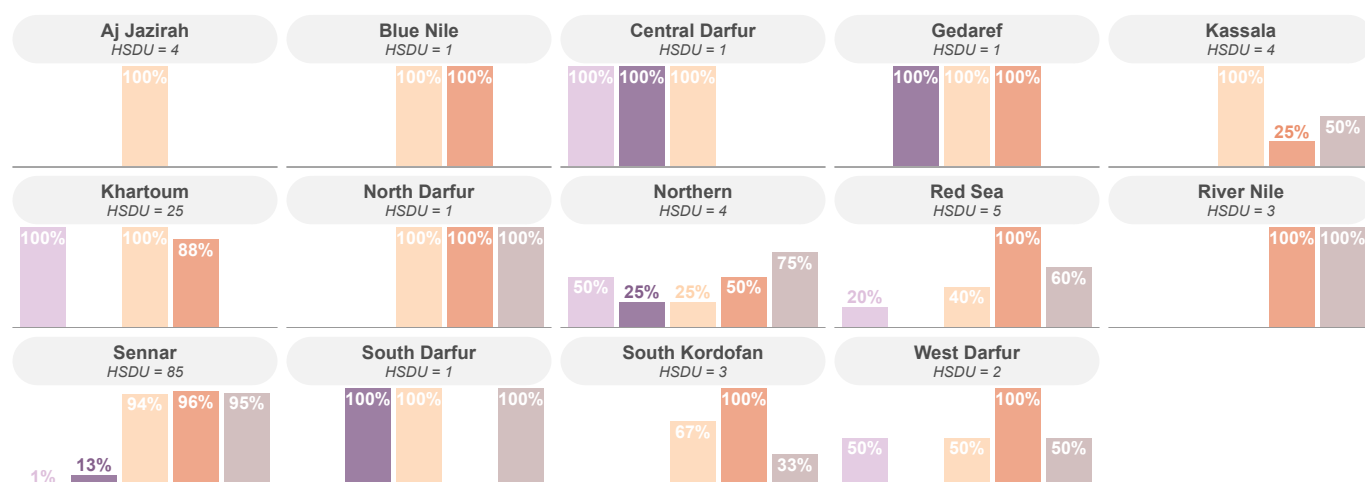
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

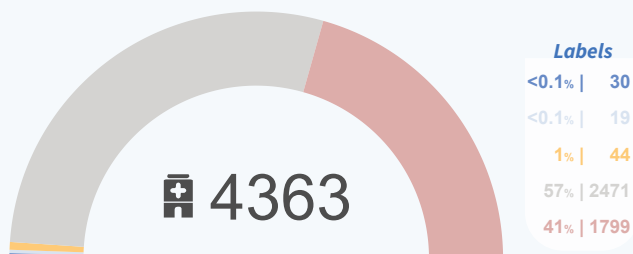
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

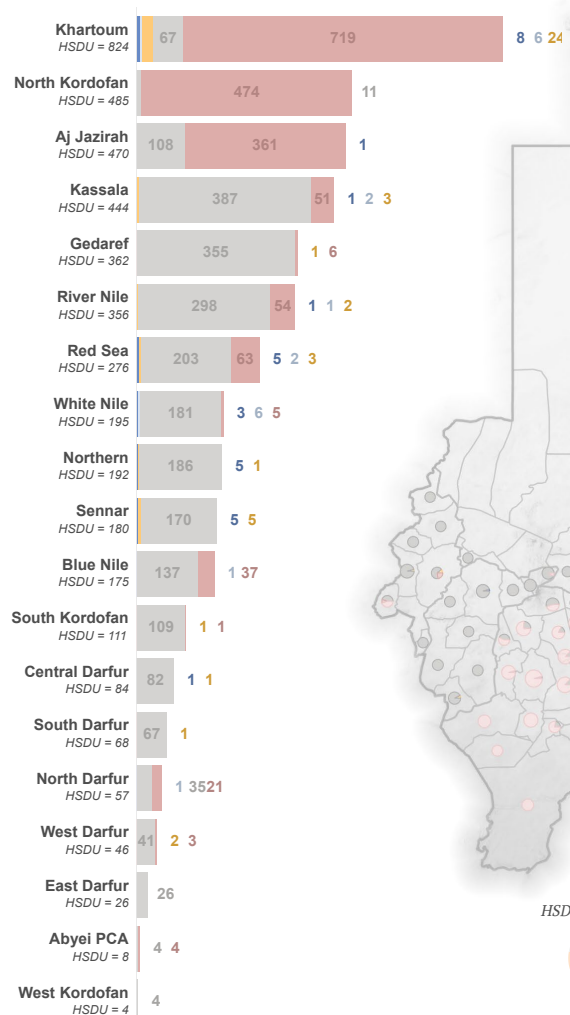


RADIOLOGY UNIT

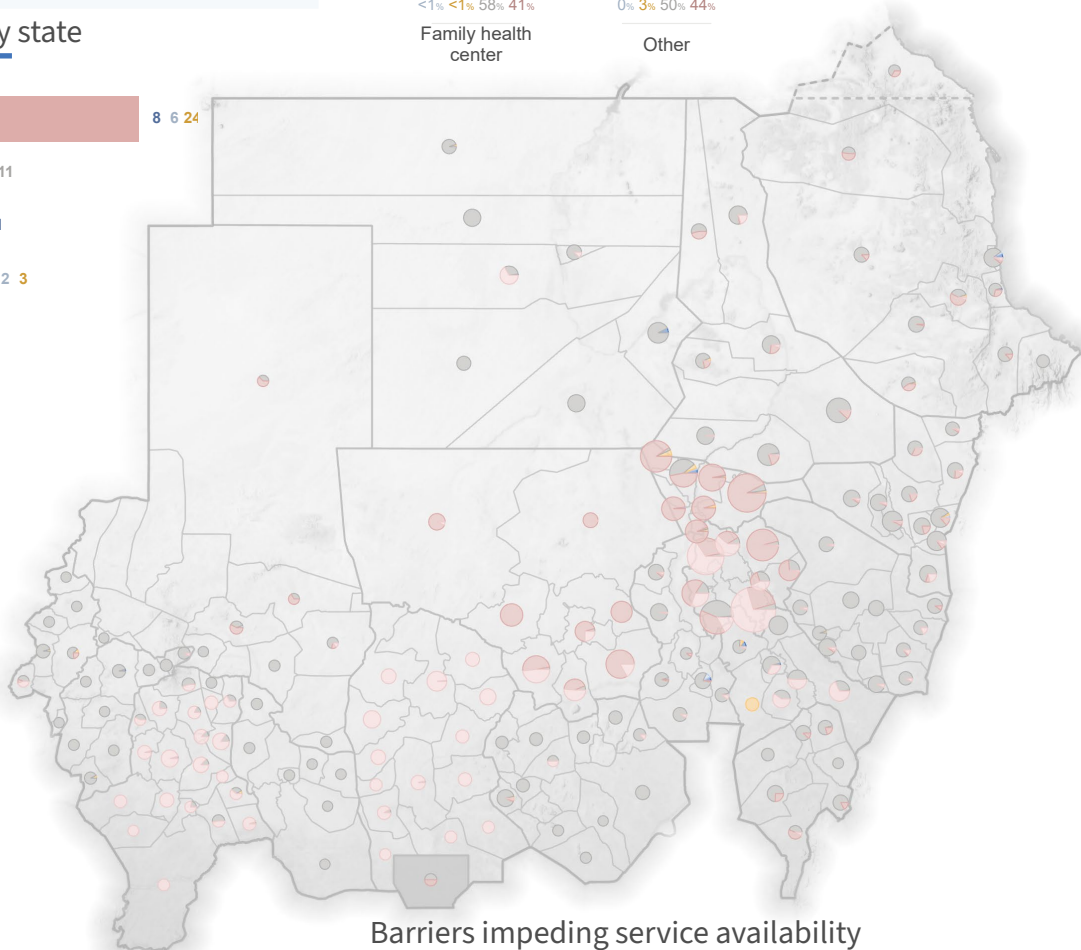
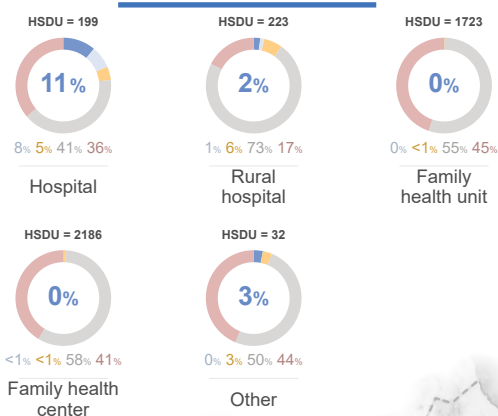
Service availability⁴⁰



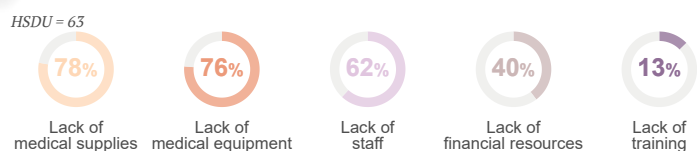
Service availability by state



Service availability by HSDU type

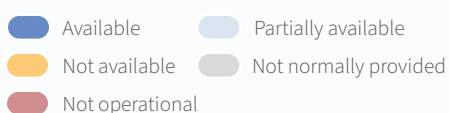


Barriers impeding service availability

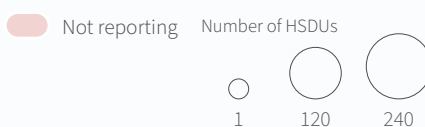


⁴⁰ X-ray with stratigraphy, intraoperation X-ray intensifier, ultrasound, MRI and/or CT scan.

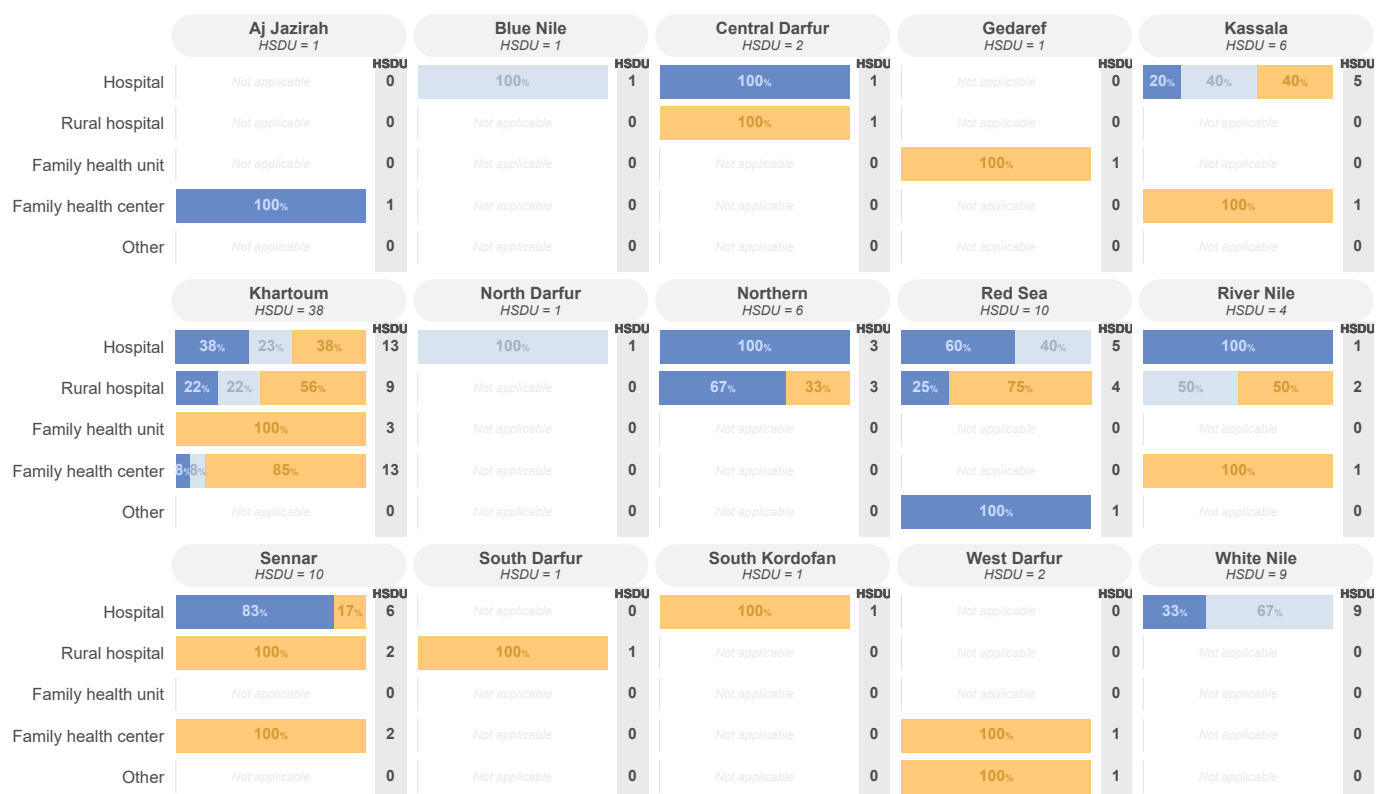
Availability status



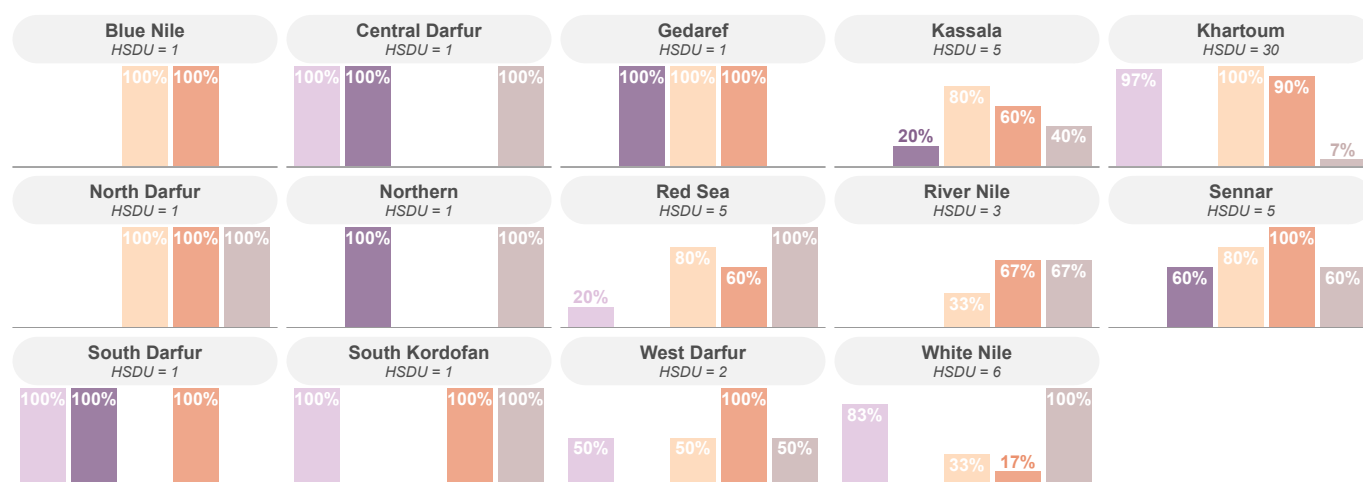
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

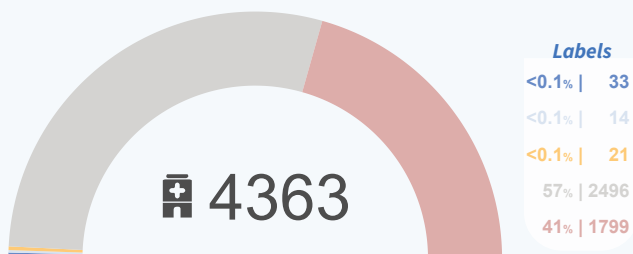
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

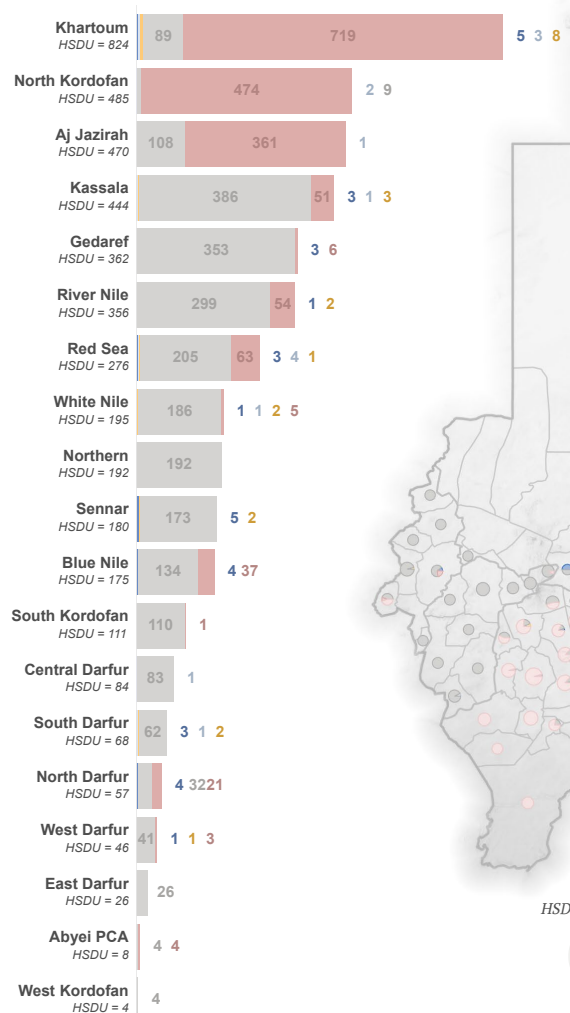


MEDICAL EVACUATION PROCEDURES

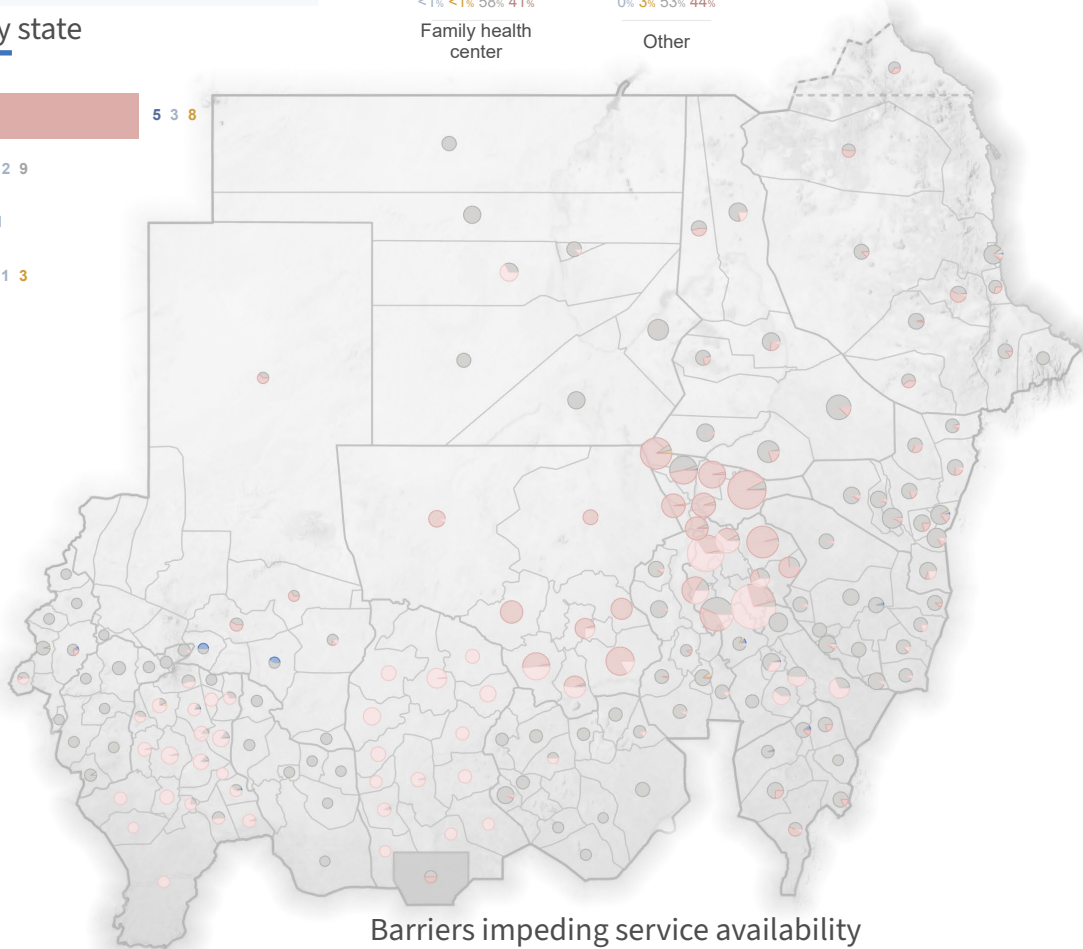
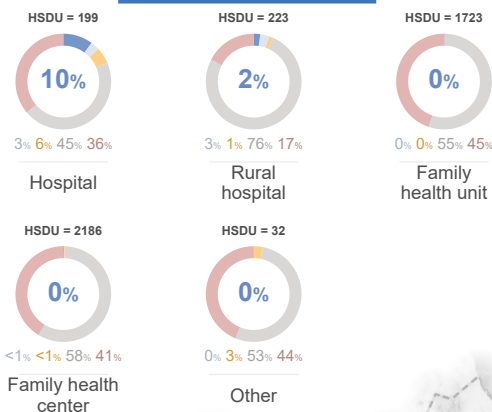
Service availability⁴¹



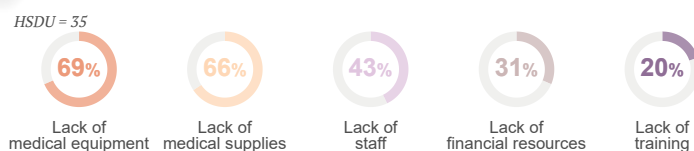
Service availability by state



Service availability by HSDU type

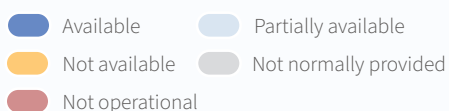


Barriers impeding service availability

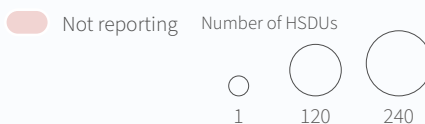


⁴¹ Medical evacuation (medevac) procedures, transport means and network for referral of patients in need of highly specialized care T1.15.

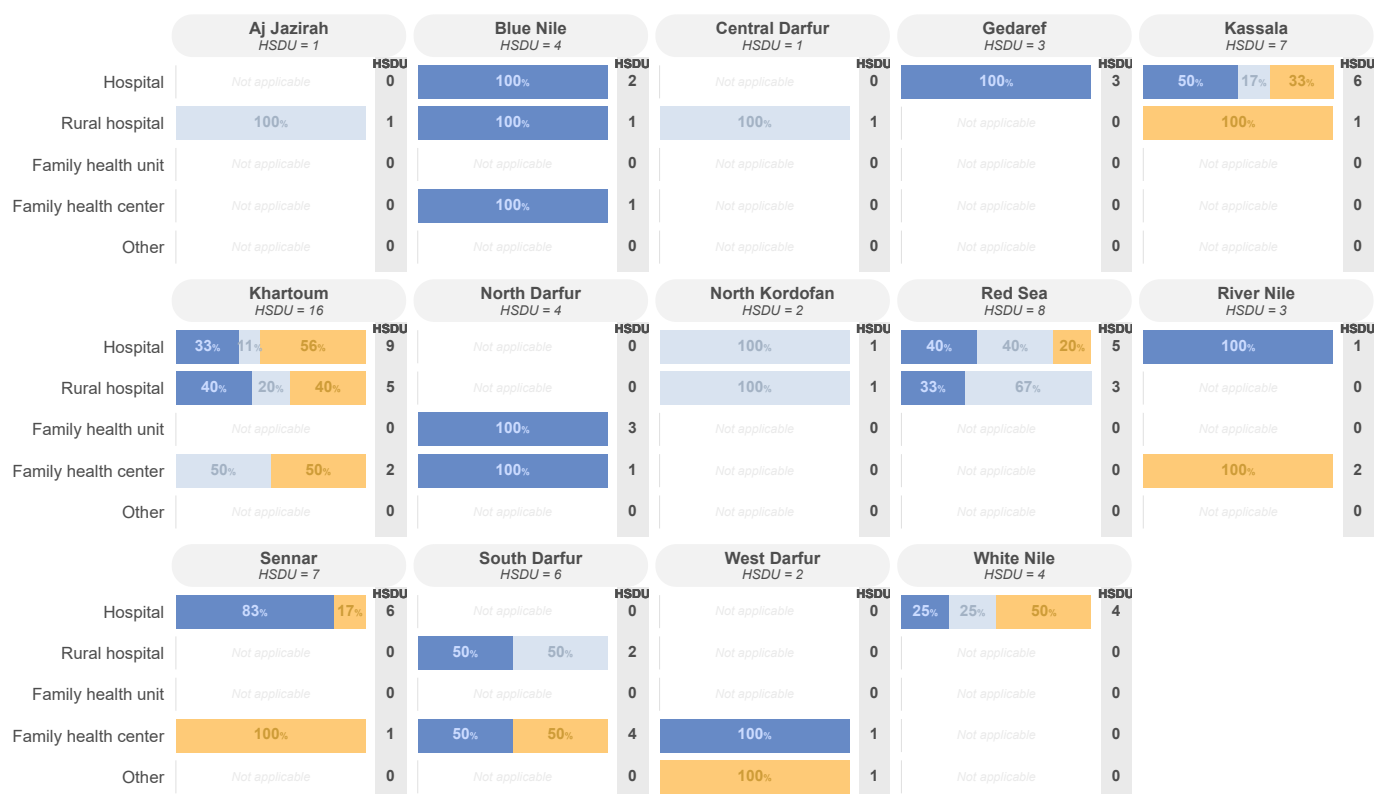
Availability status



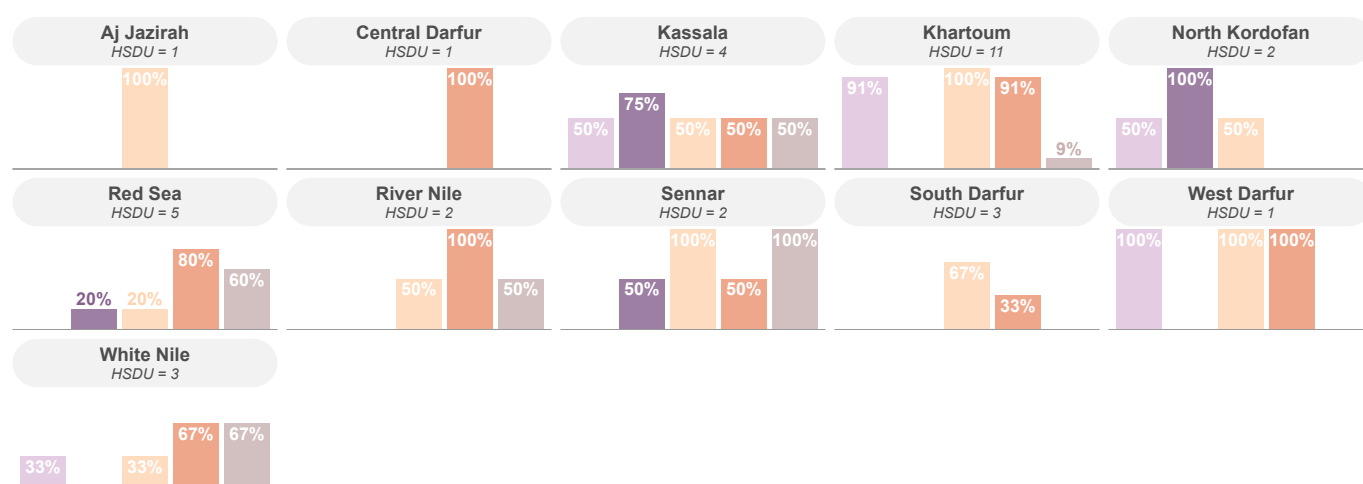
Maps



Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

ANNEX





ANNEX I: POPULATION ESTIMATES

State	Population estimates
KHARTOUM	5 941 286
AJ JAZIRAH	5 124 749
SOUTH DARFUR	3 895 007
NORTH DARFUR	3 461 818
NORTH KORDOFAN	3 444 769
WHITE NILE	3 392 274
GEDAREF	3 091 393
KASSALA	2 718 540
WEST KORDOFAN	2 612 654
SENNAR	2 532 326
EAST DARFUR	2 390 080
RED SEA	2 035 582
RIVER NILE	1 862 303
NORTHERN	1 446 861
SOUTH KORDOFAN	1 156 469
CENTRAL DARFUR	943 721
BLUE NILE	813 930
WEST DARFUR	618 178
ABYEI PCA	20 480
Grand total	47 502 420

ANNEX II: HeRAMS SERVICE DEFINITIONS

Service	Definition
REQUEST FOR AMBULANCE SERVICES BY THE PATIENT	User-activated dispatch of basic ambulance services from district-level staging center (e.g., ambulance pool).
RECOGNITION OF DANGER SIGNS	Recognition of danger signs in neonates, children, and adults, including early recognition of signs of serious infection, with timely referral to higher-level care.
ACUITY-BASED FORMAL TRIAGE	Acuity-based formal triage of children and adults at first entry to the facility with a validated instrument such as the WHO/ICRC Interagency triage tool.
WHO BASIC EMERGENCY CARE BY PRE-HOSPITAL PROVIDER	Initial syndrome-based management at scene by prehospital providers for difficulty breathing, shock, altered mental status, and polytrauma.
WHO BASIC EMERGENCY CARE	Basic syndrome-based management of difficulty breathing, shock, altered mental status, and polytrauma for neonates, children, and adults. Interventions include manual airway maneuvers, oral/nasal airway placement, oxygen administration, bag-valve mask ventilation, temperature management, and administration of essential emergency medications, including empiric antibiotics for serious infection.
ADVANCED SYNDROME-BASED MANAGEMENT	Advanced Syndrome-based management of difficulty breathing, shock, altered mental status, and polytrauma in a dedicated emergency unit, including for neonates, children, and adults. Interventions include intubation, mechanical ventilation, surgical airway, placement of chest drain, hemorrhage control, defibrillation, administration of IV fluids via peripheral and central venous line, with adjustment for age and condition, including malnutrition, and administration of essential emergency medications.
MONITORED REFERRAL	Direct provider monitoring during transport to an appropriate healthcare facility and structured handover to facility personnel.
REFERRAL CAPACITY	Referral procedures, means of communication, and access to transportation.
ACCEPTANCE OF REFERRALS	Acceptance of referrals with remote decision support for prehospital providers and primary healthcare facilities, and condition-specific protocol-based referral to higher levels.
ACCEPTANCE OF COMPLEX REFERRALS	Acceptance of complex referrals with remote decision support for prehospital providers and lower-level facilities.
OUTPATIENT SERVICES FOR PRIMARY CARE	Outpatient services with availability of all essential drugs for primary care as per national guidelines.
OUTPATIENT DEPARTMENT FOR SECONDARY CARE	Outpatient department with availability of all essential drugs for secondary care as per national guidelines (including NCD and pain management), and at least one general practitioner.
HOME VISITS	Including promotion of self-care practices and monitoring of NCD medication compliance.



Service	Definition
PROCEDURES FOR MASS CASUALTY SCENARIOS	Procedures in place for early discharge of post-operative patients through referral to secondary hospitals, in mass casualty scenarios.
MASS CASUALTY MANAGEMENT SYSTEM	Mass casualty management system, including 2 step triage, green zone, red zone, incident command team, pre-prepared kits.
WAR SURGERY PROTOCOLS	2 step surgery for contaminated wounds with debridement and delayed primary closure after 3-5 days.
DAMAGE CONTROL SURGERY PROTOCOLS	2 step abbreviated surgery (chest, abdomen and limbs) with vascular shunting, limitation of contamination, hemorrhage control, external fixation and physiological recovery in the ICU before returning to operating theatre.
MINOR TRAUMA DEFINITIVE MANAGEMENT	Pain management, tetanus toxoid and human antitoxin, minor surgery kits, suture absorbable/silk with needles, disinfectant solutions, bandages, gauzes, and cotton wool.
EMERGENCY AND ELECTIVE SURGERY	Inpatient surgical ward with at least one operating theatre (with or without gas).
EMERGENCY AND ELECTIVE SURGERY WITH AT LEAST TWO OPERATING THEATRES	Inpatient surgery ward with at least two operating theatres with pediatric and adult gaseous anesthetic.
ORTHOPEDIC/TRAUMA WARD	Orthopedic/trauma ward for advanced orthopedic and surgical care, including burn patient management.
SHORT HOSPITALIZATION CAPACITY	Short hospitalization capacity for observational purposes (maximum 48 hours)
20 INPATIENT BED CAPACITY	At least 20 inpatient bed capacity with 24/7 availability of medical doctors, nurses and midwives.
50 INPATIENT BED CAPACITY	At least 50 inpatient bed capacity with pediatric and ob-gyn wards with 24/7 availability of doctors and/or specialists (general surgeon, ob-gyn, pediatrician, others).
INPATIENT CRITICAL CARE MANAGEMENT	Inpatient critical care management with availability of mechanical ventilation, infusion pumps and third-line emergency drugs.
INTENSIVE CARE UNIT	Intensive care unit with at least 4 beds.
BASIC LABORATORY	Basic laboratory with general microscopy.
LABORATORY SERVICES SECONDARY LEVEL	Secondary laboratory services including electrolyte and blood gas concentrations.
LABORATORY SERVICES TERTIARY LEVEL	Tertiary laboratory services with public health laboratory capacities.
BASIC RADIOLOGICAL UNIT	Basic radiological unit with X-ray and ultrasound.
RADIOLOGY UNIT	X-ray with stratigraphy, intraoperation X-ray intensifier, ultrasound, MRI and/or CT scan.
MEDICAL EVACUATION PROCEDURES	Medical evacuation (medevac) procedures, transport means and network for referral of patients in need of highly specialized care T1.15.

