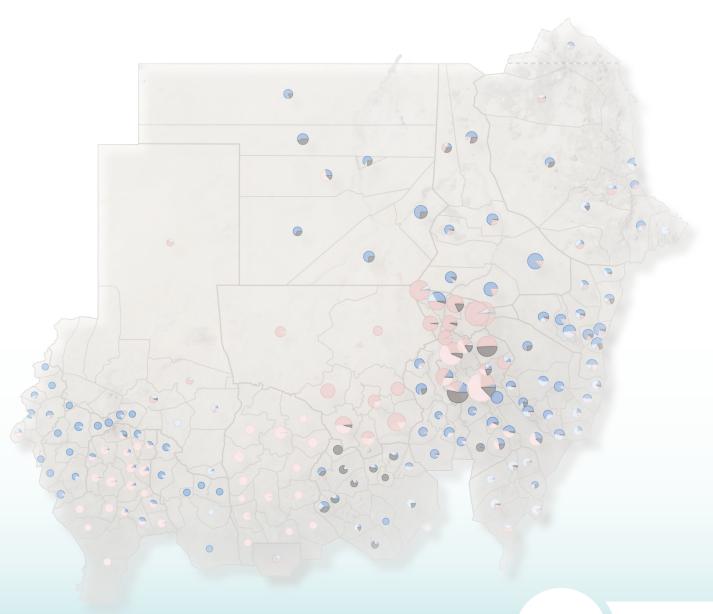


# **HeRAMS** Sudan

Baseline report **2025** 



Operational status of the health system

A comprehensive mapping of the operational status of health service delivery units



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# HeRAMS Sudan Baseline report 2025

## Operational status of the health system

A comprehensive mapping of the operational status of HSDUs







# **ACRONYMS**

**HeRAMS** Health Resources and Services Availability Monitoring System

**HSDU** Health Service Delivery Unit

**PPE** Personal Protective Equipment

ICU Intensive care unit

**HIS** Health Information Systems

**HER** Health Electronic Records

**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 first report of the **HeRAMS Sudan baseline report 2025** series, focusing on the operational status of HSDUs, level and type of support provided by partners, and availability of basic amenities. For more in-depth information on availability of essential health services and main barriers impeding service delivery, specialized reports are available on essential clinical and trauma care services<sup>1</sup>, child health and nutrition services<sup>2</sup>, communicable diseases services<sup>3</sup>, sexual and reproductive health services<sup>4</sup>, and noncommunicable diseases and mental health services<sup>5</sup>.

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 <a href="https://www.who.int/initiatives/herams">https://www.who.int/initiatives/herams</a> or contact <a href="herams@who.int">herams@who.int</a>

<sup>&</sup>lt;sup>1</sup> HeRAMS Sudan baseline report 2025 - General clinical and trauma care: A comprehensive mapping of availability of essential services and barriers to their provision, <a href="https://www.who.int/publications/m/item/herams-sudan-baseline-report-2025-general-clinical-and-trauma-care">https://www.who.int/publications/m/item/herams-sudan-baseline-report-2025-general-clinical-and-trauma-care</a>

<sup>&</sup>lt;sup>2</sup> 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-sudan-baseline-report-2025-child-health-and-nutrition

<sup>&</sup>lt;sup>3</sup> 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-sudan-baseline-report-2025-communicable-diseases.

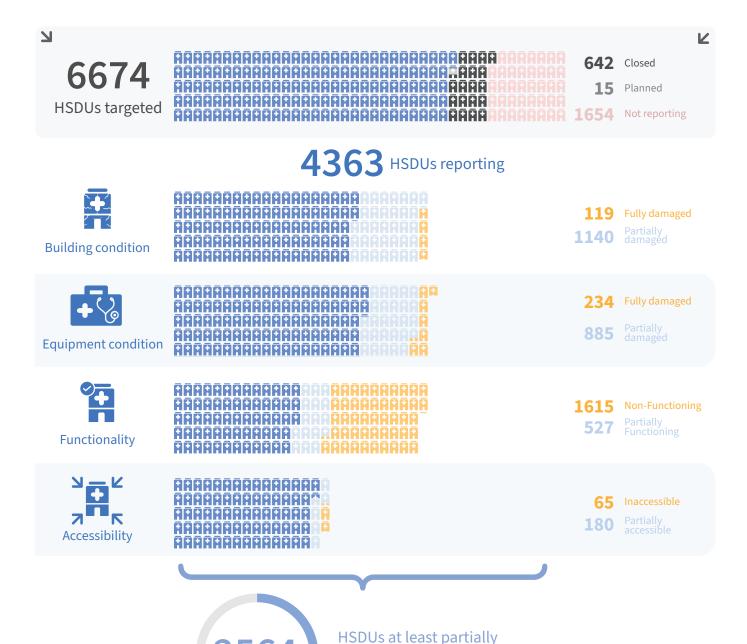
<sup>4</sup> HeRAMS Sudan baseline report 2025 - Sexual and reproductive health: A comprehensive mapping of availability of essential services and barriers to their provision, <a href="https://www.who.int/publications/m/item/herams-sudan-baseline-report-2025-sexual-and-reproductive-health">https://www.who.int/publications/m/item/herams-sudan-baseline-report-2025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

<sup>&</sup>lt;sup>5</sup> HeRAMS Sudan baseline report 2025 - Noncommunicable diseases and mental health: A comprehensive mapping of availability of essential services and barriers to their provision, <a href="https://www.who.int/publications/m/item/herams-sudan-baseline-report-2025-noncommunicable-diseases-and-mental-health">https://www.who.int/publications/m/item/herams-sudan-baseline-report-2025-noncommunicable-diseases-and-mental-health</a>



## **OVERVIEW OF HSDUS EVALUATED**

Data collection summary <sup>6</sup>



operational (out of 4363 HSDUs assessed)

<sup>&</sup>lt;sup>6</sup> 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.

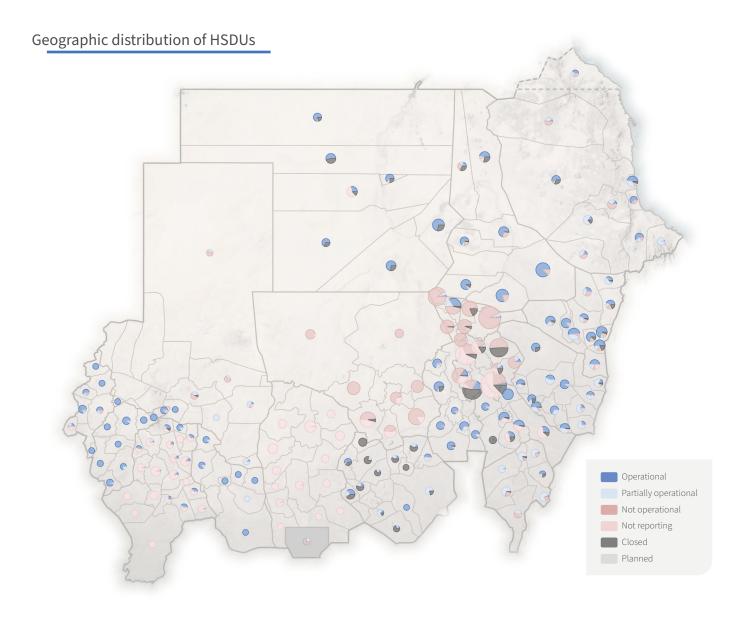


#### Reporting frequency and operational status by state

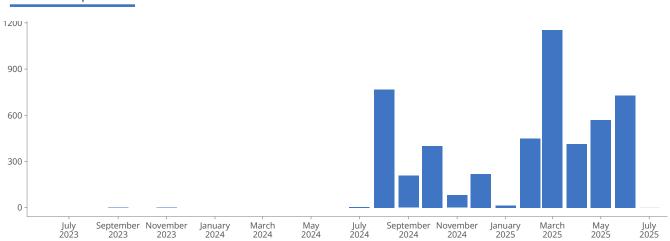
		Hos	pital		Rı	ural h	ospi	tal	Fa		heal nit	th	Fa	amily cer	heal iter	th		Ot	her			То	tal	
	0	N/O	N/R	P/C	0	N/O	N/R	P/C	0	N/O	N/R	P/C	0	N/O	N/R	P/C	0	N/O	N/R	P/C	0	N/O	N/R	P/C
ABYEI PCA	-	-	-	-	1	-	-	-	2	-	-	1	1	2	-	2	-	2	-	3	4	4	-	6
AJ JAZIRAH	10	3	12	9	20	12	18	16	27	169	178	97	52	177	176	109	-	-		-	109	361		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	-		87
RED SEA	11	-	2	-	13	3		2	76	49		12	110	11	3	5	3	-		-	213	63		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	-		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		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

 $\mathbf{O}$  = At least partially operational -  $\mathbf{N/O}$  = Not operational -  $\mathbf{N/R}$  = Not reporting -  $\mathbf{P/C}$  = Planned / closed





#### Date of last update





# **OVERVIEW OF THE OPERATIONAL STATUS**

Operational status and partner support



#### **Building condition**



3074   70%	Not damaged
1140   26%	Partially damage
119   3%	Fully damaged
30   1%	Not relevant

#### The three primary causes of building damage



X	560   44%	Lack of maintenance
	63   5%	Man-made disaster



#### **Equipment condition**



3244	74%	Not damaged
885	20%	Partially damaged
234	5%	Fully damaged

#### The three primary causes of equipment damage





#### **Functionality**



2102   48%	Fully Functioning
527   12%	Partially Functionin
1615   37%	Non-Functioning
119   3%	Non operational

#### The three primary causes of functionality constraints





#### **Accessibility**



2384   55%	Fully accessible
180   4%	Partially accessible
65   1%	Inaccessible
1734   40%	Non operational

#### The three primary causes of accessibility constraints





#### Partner support



257   6%	Major support
578   13%	Partial support
1729   40%	No support
1799   41%	Non operational

#### Partner support types

<b>†</b> □	723   87%	Training of health staff
10	666   80%	Provision of medical supplies
<b>+</b> 3	471   56%	Provision of medical equipment
\$	411   49%	Provision of operational costs
<u>iii</u>	309   37%	Governance / Oversight
	248   30%	Provision of health staff



#### Basic amenities and health information systems

				В	arrier	's (%)	)	
Indicator	Availability (9		†	10	<b>-</b> %	5		
Inpatient bed capacity								
ICU beds	7 50	41						
Maternity beds	8 8 5 37	41	7	12	51	41	40	
General inpatient beds	19 10 <mark>4</mark> 26	41						
WASH								
Water	<b>34</b> 20 <b>5</b>	41	1	17	69	41	54	
Sanitation facilities	<b>26</b> 19 <b>13</b>	41	2	9	39	56	62	2
Handhygiene facilities	<b>16</b> 17 <b>26</b>	41	4	11	63	71	49	2
Personal protective equipment	<b>16</b> 27 <b>16</b>	41	5	14	75	46	52	1
Cleaning equipment	<b>12</b> 28 <b>19</b>	41	6	20	76	60	47	1
Waste segregation	11 17 31	41	7	19	36	77	54	
Final disposal of sharps	<b>16</b> 21 <b>22</b>	41	7	18	40	76	55	
Final disposal of infectious waste	19 25 15	41	6	19	37	76	54	
Power and cold chain								
Power	28 8 23	41	1	8	55	47	72	
Cold chain	20 6 22 10	41	5	9	57	61	67	
Communication								
Communication equipment	22 15 22	41	2	9	40	46	73	
Health information systems								
Weekly epidemiological reporting system	<b>22</b> 1 10 26	41	63	69	26	17	52	
Facility reporting system	<b>33</b> 2 9 15	41	68	64	25	21	44	





## INTERPRETATION GUIDE

#### Indicator status

**Arc charts** provide an overview of the overall status of an indicator (i.e. functionality, availability, etc.), hereafter referred to as "availability". The total number of HSDUs included in the analysis of an indicator is shown inside the arc chart.





For further insights, donut charts break down indicator 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 indicator 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 indicator 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 indicator 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 indicator was not normally provided or the HSDU did not report on it.

**Maps** use pie charts to depict the availability of an indicator 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. To highlight areas not reporting, respectively, the impact of not operational HSDUs, maps depict all HSDUs targeted with HeRAMS.



#### **Barriers**



To gain a more comprehensive understanding of the challenges faced by HSDUs, whenever a indicator 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 indicator is fully available or not normally provided. It should further be noted that HSDUs can report up to three barriers for each indicator. Thus, the sum of all barriers may exceed 100%.

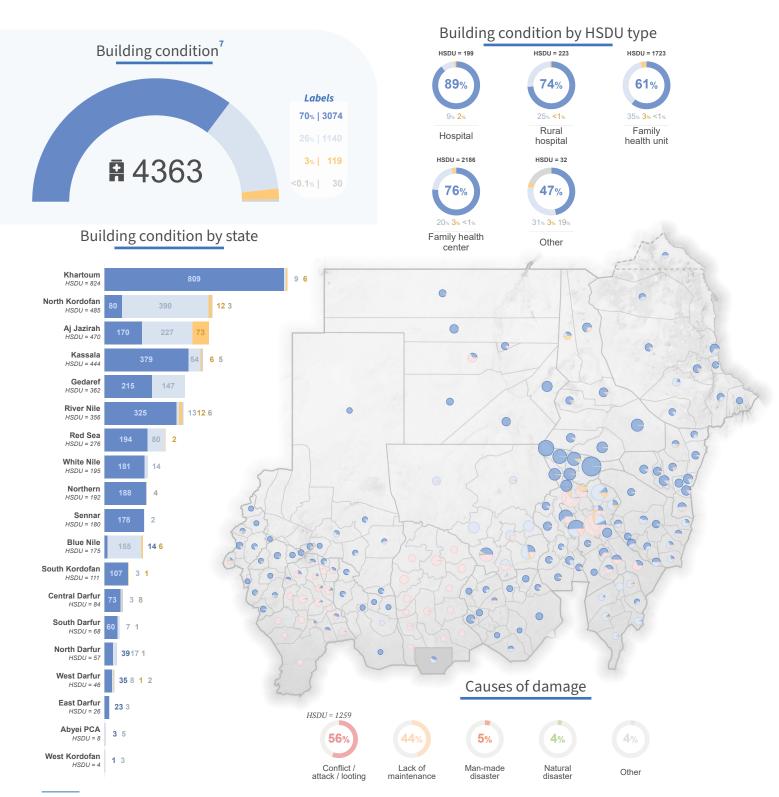
#### Basic amenity types

For some basic amenities additional information on main sources or types of amenities available were collected. The analysis of basic amenities follows the same logic as barriers (see above). Types of amenities were only evaluated if the amenity was at least partially available and focal point were allowed to report up to three main sources or types.

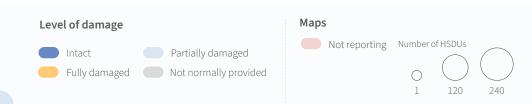




# BUILDING DAMAGE



Refers to the physical infrastructure of the HSDU building such as walls, foundations, roof, windows, etc. It further includes accessory infrastructure relevant to provide essential health services as for example sewerage, water tank. Minor maintenance issues not impacting (e.g., flaking paint) the HSDUs ability to provide services are not considered.

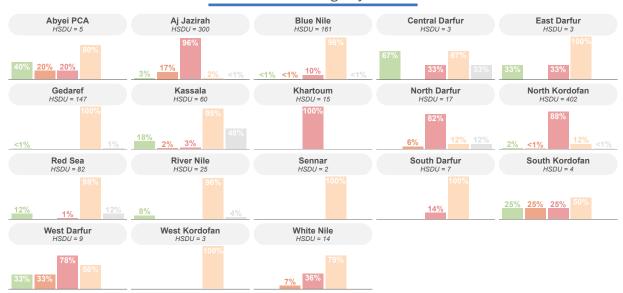


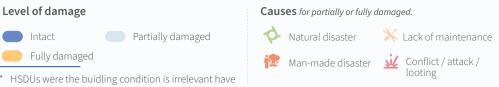


#### Building condition by HSDU type and state\*



#### Causes of damage by state

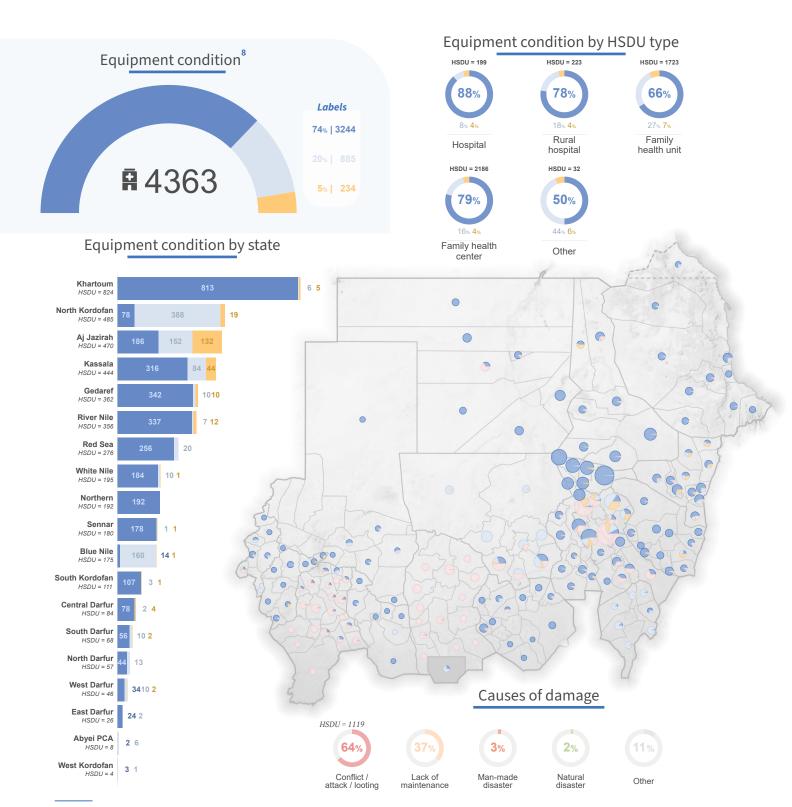




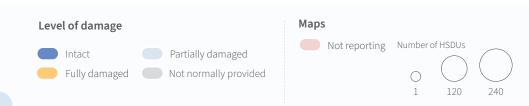
been removed from this chart.



# **EQUIPMENT CONDITION**



Refers to medical and otherwise critical equipment required by the HSDU to provide essential health services. Non-essential equipment not impacting the HSDUs ability to provide services as well as consumables and medicine are not considered here.

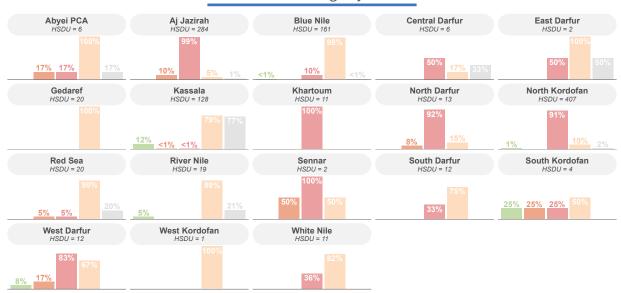


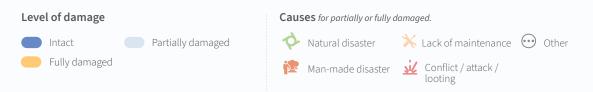


#### Equipment condition by HSDU type and state\*



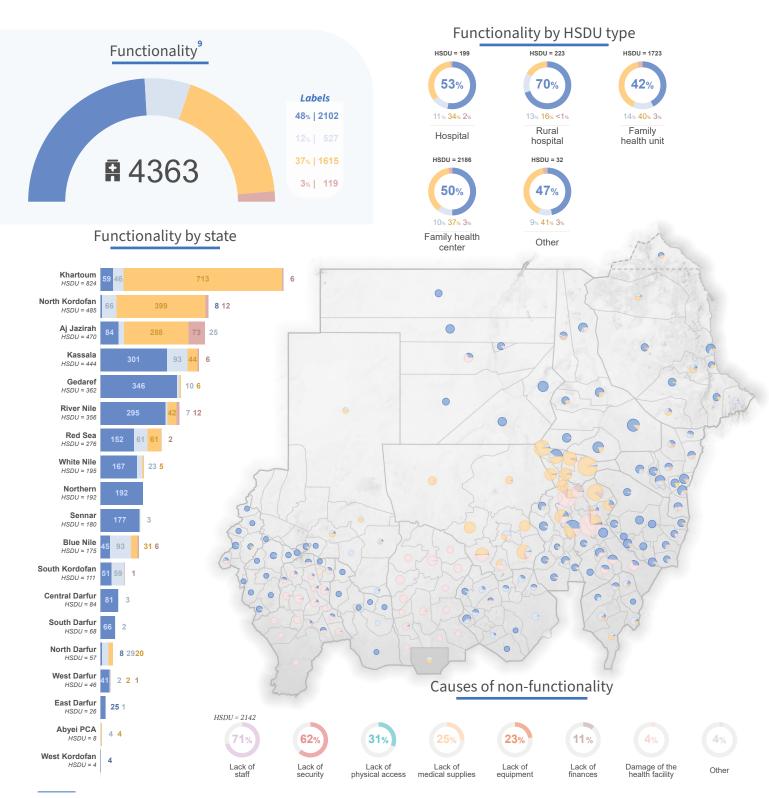
#### Causes of damage by state







# FUNCTIONALITY





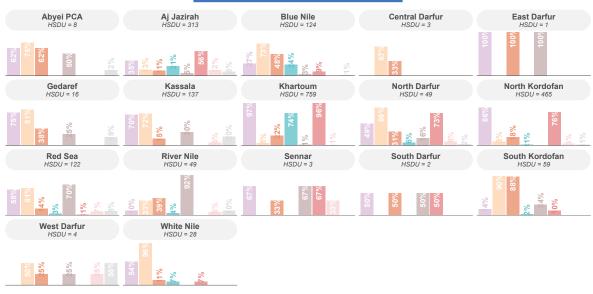




#### Functionality by HSDU type and state

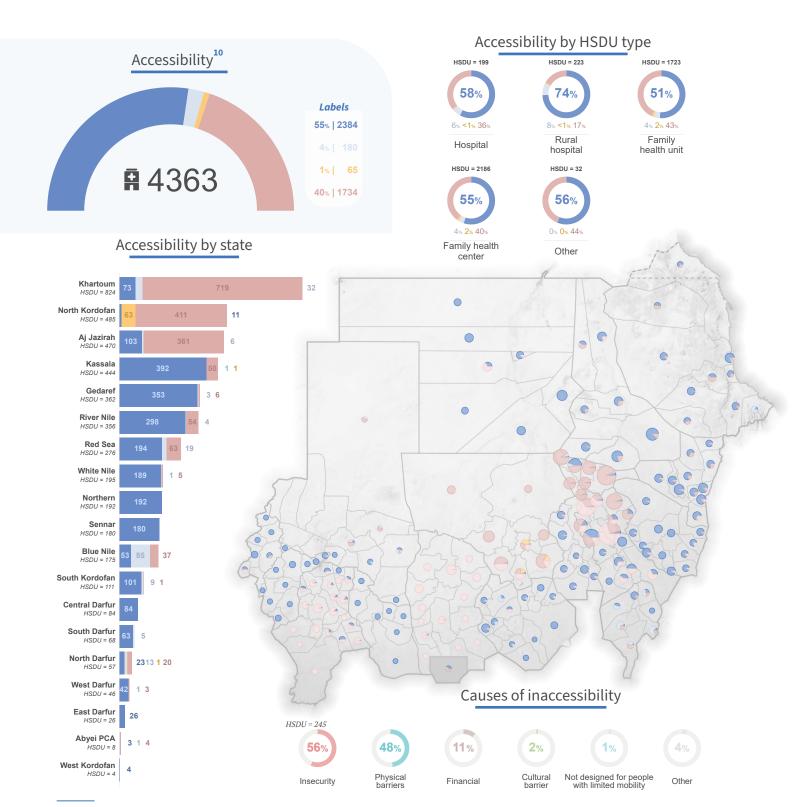


#### Causes of non-functionality by state

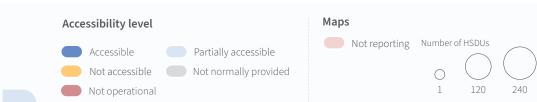




# ACCESSIBILITY



10 Ability of patients to access essential health services and includes both physical as well as socio-economic and cultural constraints.

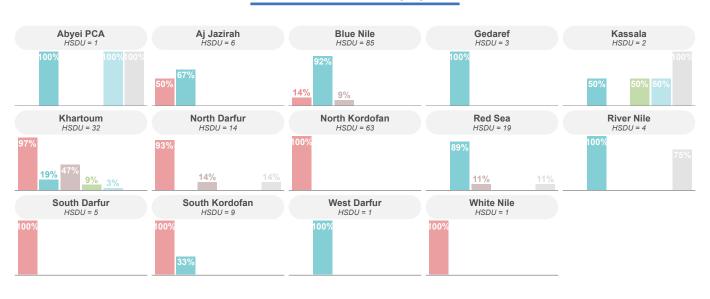




#### Accessibility by HSDU type and state

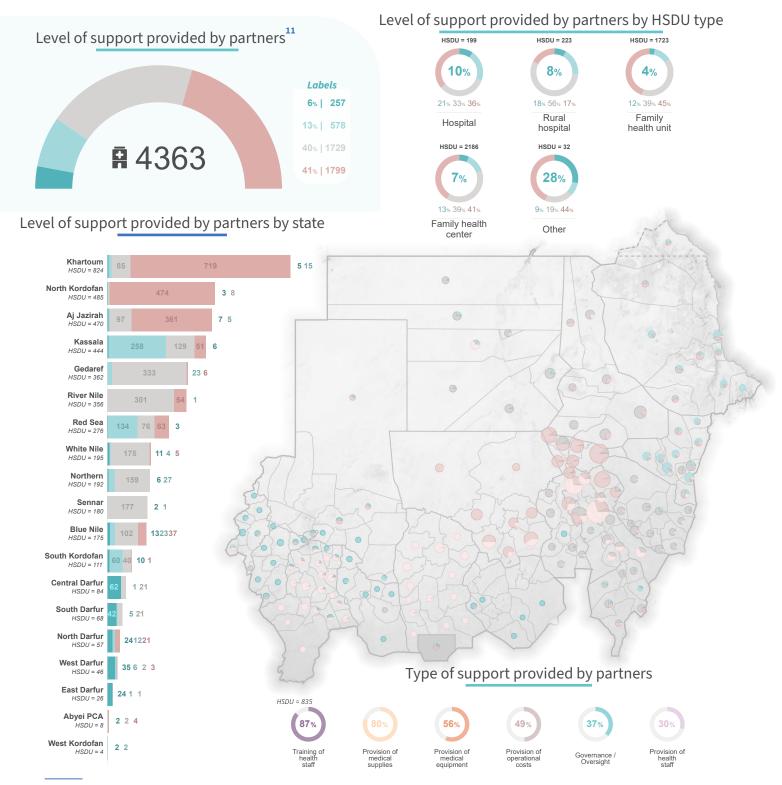


#### Causes of inaccessibility by state





# **PARTNER SUPPORT**



11 Level of support provided by external partners. Major support indicates that an HSDU is unable to operate without the contribution made by partner(s).

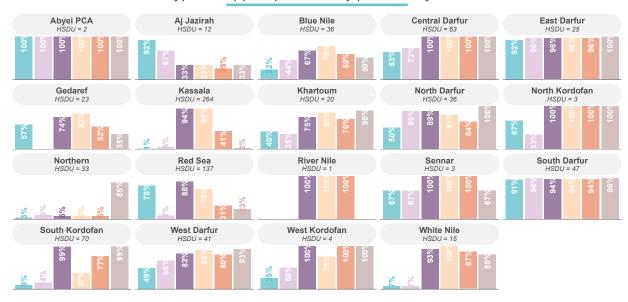




#### Level of support provided by partners by HSDU type and state



#### Type of support provided by partners by state







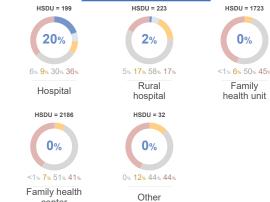


# INPATIENT BED CAPACITY

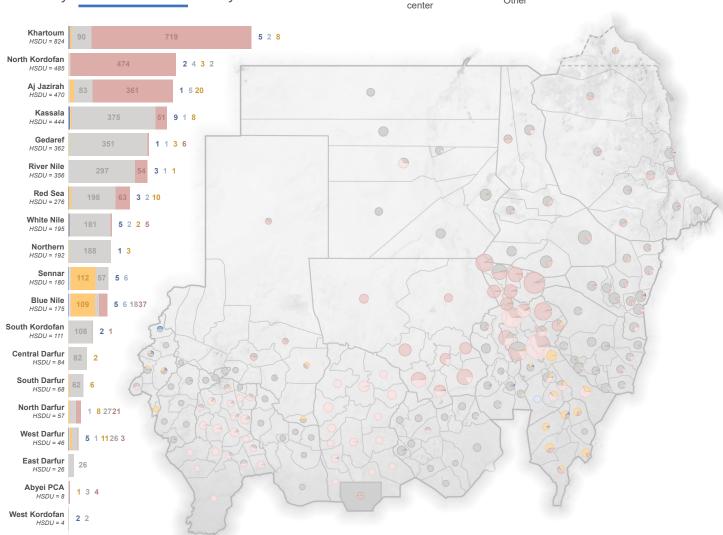
## ICU beds



Availability of intensive care beds by HSDU type



Availability of intensive care beds by state

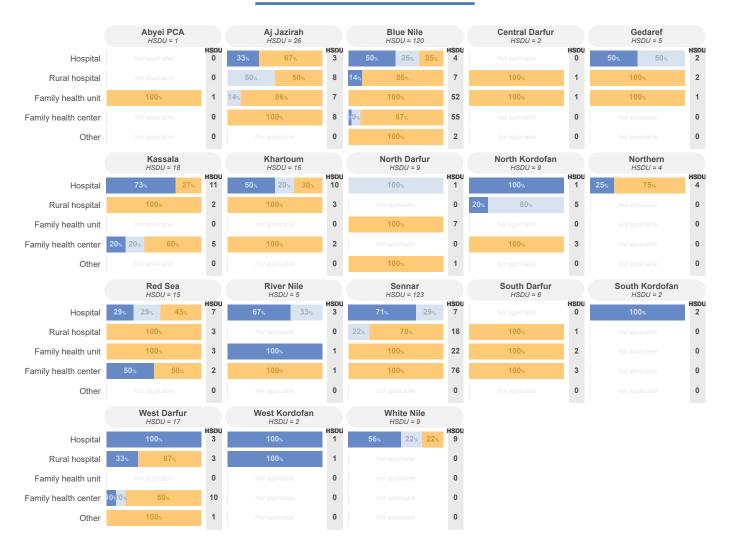


12 Availability of sufficient, functioning intensive care beds to meet the HSDUs demands, including availability of supplies and human resources to manage patient load. Optionally, information on inpatient bed capacity may be collected by bed type (e.g., ICU beds, maternity beds, general inpatient beds).

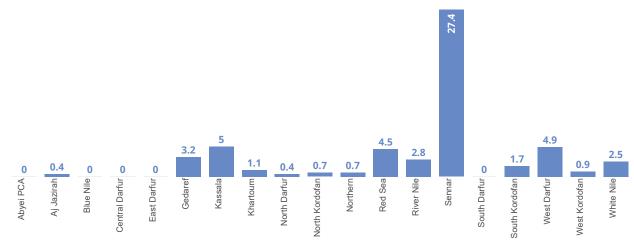




#### Availability of intensive care beds by HSDU type and state\*



#### Number of ICU beds per 250 000 inhabitants\*\*



<sup>\*\*</sup> See <u>Annex I</u> for population estimates.

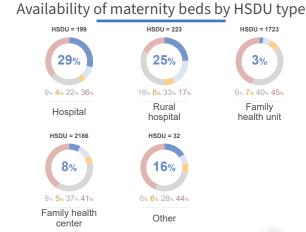


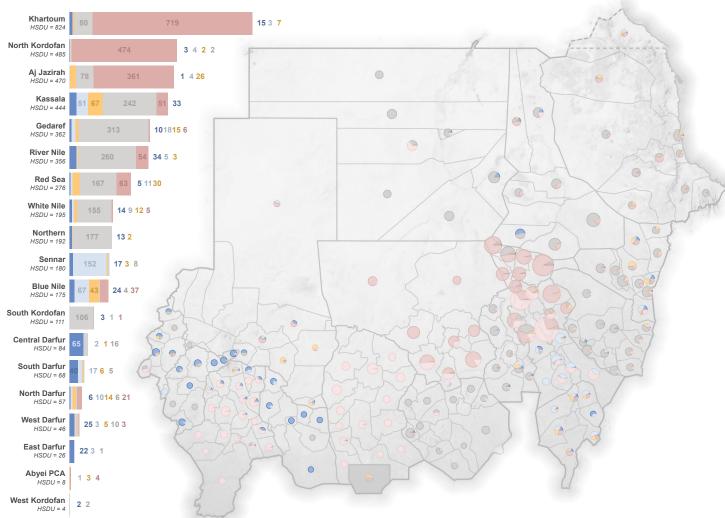


## **Maternity beds**

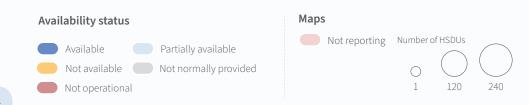


#### Availability of maternity beds by state





13 Availability of sufficient, functioning maternity beds to meet the HSDUs demands, including availability of supplies and human resources to manage patient load. Optionally, information on inpatient bed capacity may be collected by bed type (e.g., ICU beds, maternity beds, general inpatient beds).

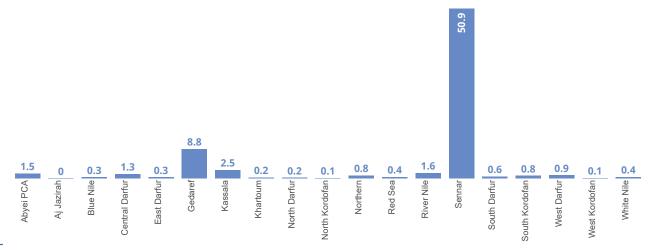




#### Availability of maternity beds by HSDU type and state\*



#### Number of maternity beds per 10 000 inhabitants\*\*



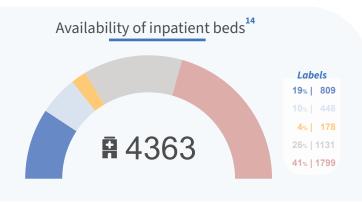
<sup>\*\*</sup> See <u>Annex I</u> for population estimates.



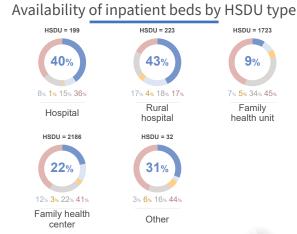
Non-operational HSDU and those not normally providing the service are excluded from this chart.

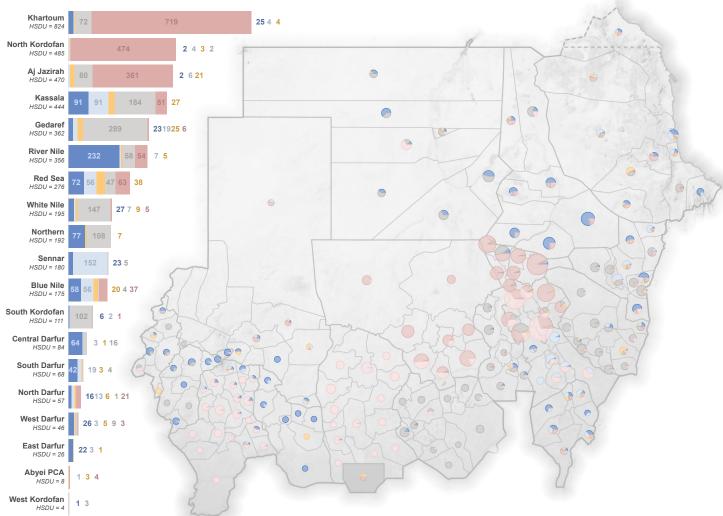


## **General inpatient beds**

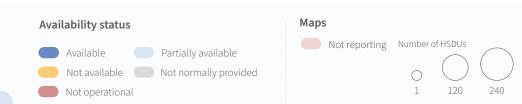


#### Availability of inpatient beds by state





14 Availability of sufficient, functioning other inpatient beds to meet the HSDUs demands, including availability of supplies and human resources to manage patient load. Optionally, information on inpatient bed capacity may be collected by bed type (e.g., ICU beds, maternity beds, general inpatient beds).

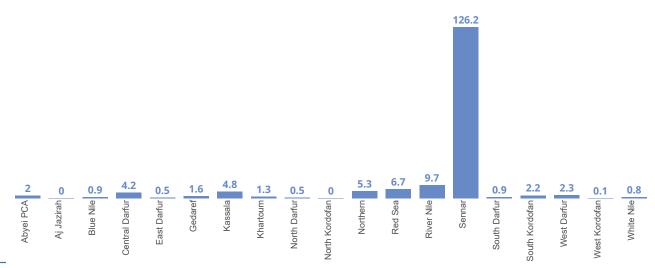




#### Availability of inpatient beds by HSDU type and state\*



#### Number of other beds per 10 000 inhabitants\*\*



<sup>\*\*</sup> See <u>Annex I</u> for population estimates.

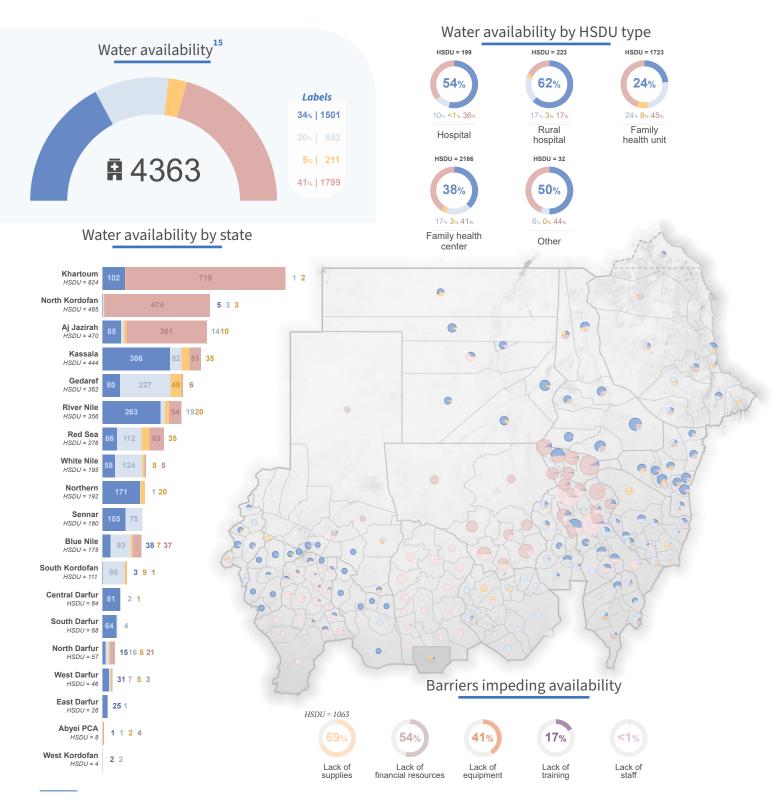


Non-operational HSDU and those not normally providing the service are excluded from this chart.









15 Availability reliable and safe water, in line with national guidelines – and in sufficient quantity to meet the HSDU's daily demand. Water should come from an improved water sources or treated onsite following national guidelines. If average daily quantities are insufficient to meet daily demand or water is taken from unimproved sources and not treated, water is considered partially available. Improved water sources include e.g., running water, tube or boreholes, protected wells, protected springs, rainwater, and bottled or distributed water.

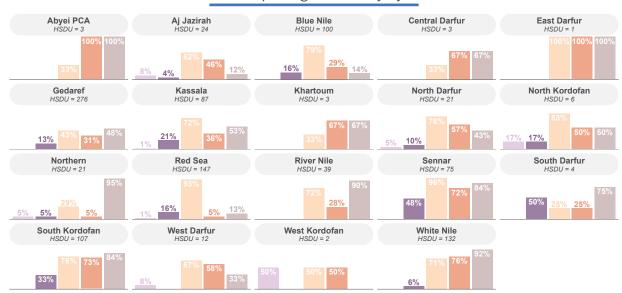


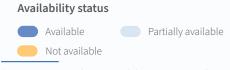


#### Water availability by HSDU type and state\*



#### Barriers impeding availability by state

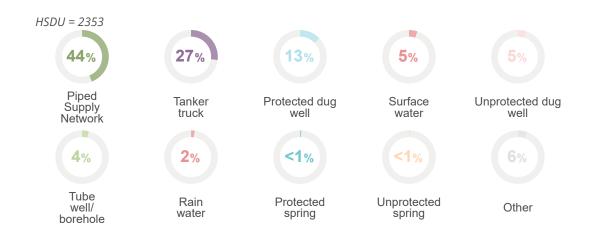








#### Main water sources



#### Main water sources by state



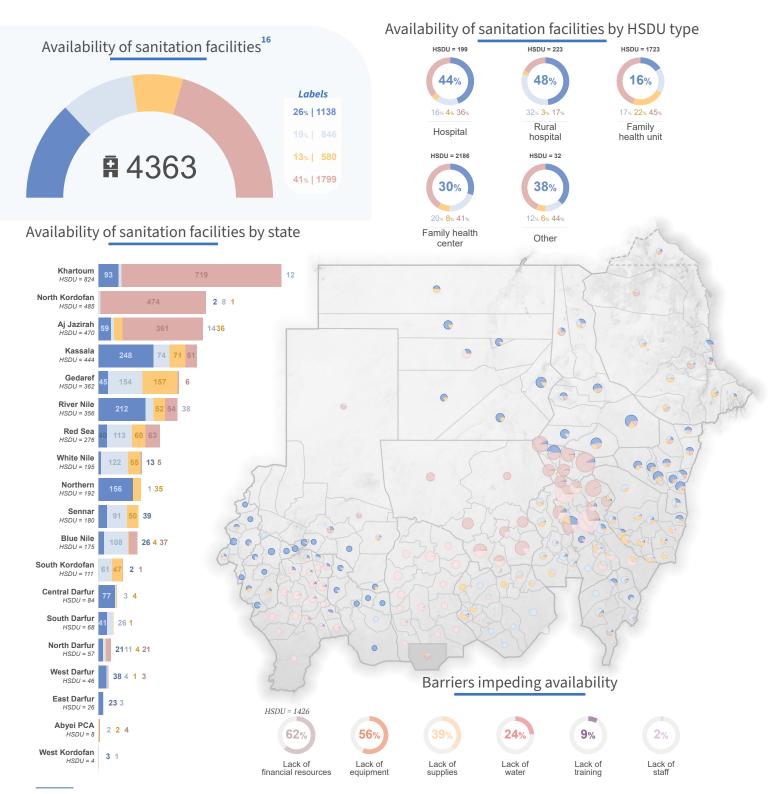




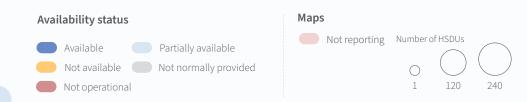




# SANITATION FACILITIES



<sup>16</sup> Availability of sufficient improved and usable sanitation facilities with at least one toilet reserved for staff, at least one sex-separated toilet with facilities for menstrual hygiene, and at least one toilet accessible to users with reduced mobility. Improved sanitation facilities include flush/pour flush toilets to piped sewer system, septic tanks or pit latrines, ventilated improved pit latrines, composting toilets or pit latrines with slabs.

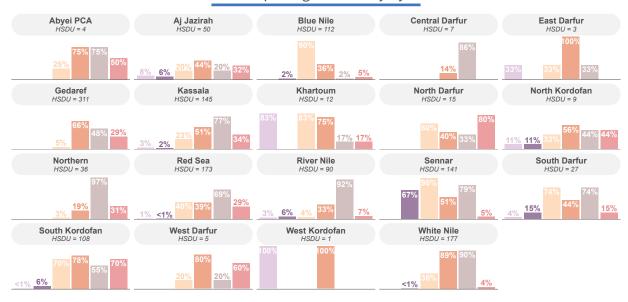


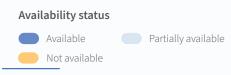


#### Availability of sanitation facilities by HSDU type and state\*



#### Barriers impeding availability by state









#### Types of sanitation facilities



#### Types of sanitation facilities by state







### Sanitation facilities accessibility



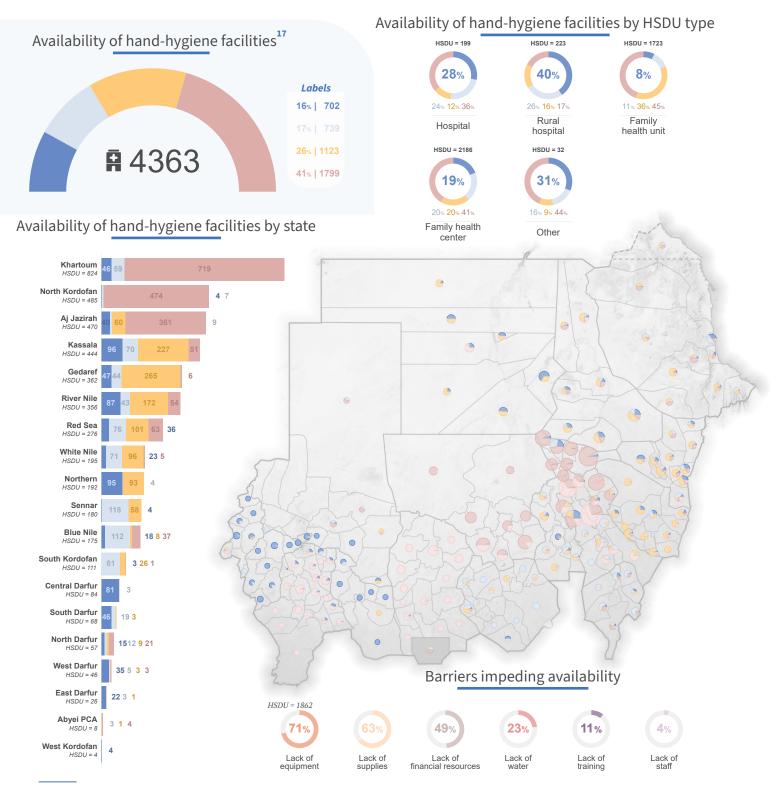
#### Sanitation facilities accessibility by state







# **HAND-HYGIENE FACILITIES**

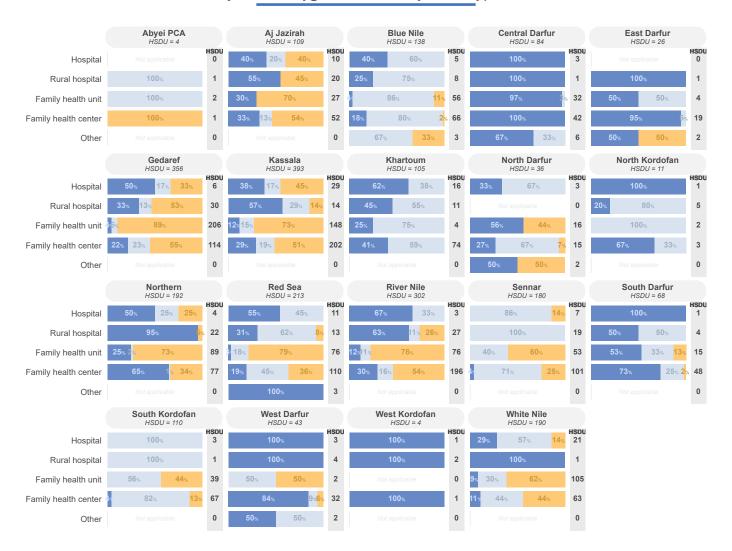


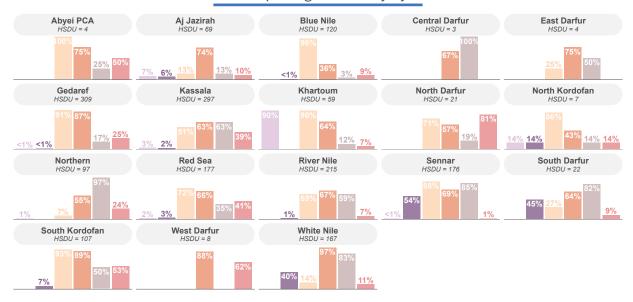
<sup>17</sup> Availability of functioning hand-hygiene facilities at all critical locations within the HSDU, including availability of sufficient equipment, supplies and human resources, availablity of cleaning protocols, and staff having been adequately trained. A hand hygiene facility is any device that allows staff and patients to wash their hands effectively. Chlorinated water is not considered an adequate substitute for soap and water or for an alcohol-based hand rub. Hand hygiene facilities at toilets must have soap and water rather than ABHR.

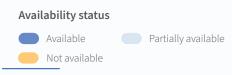




#### Availability of hand-hygiene facilities by HSDU type and state\*



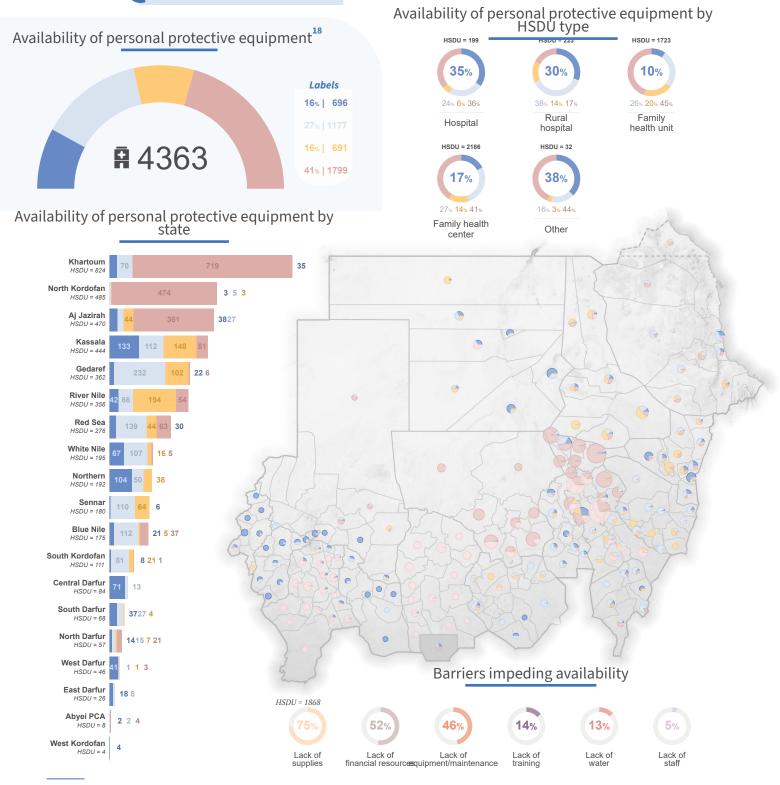




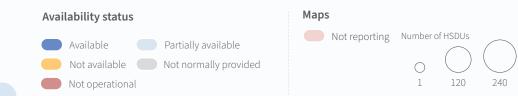




### **PERSONAL PROTECTIVE EQUIPMENT**

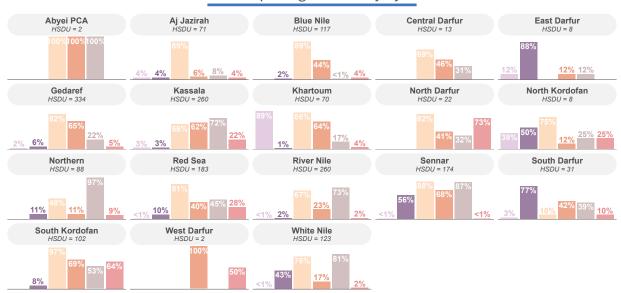


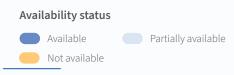
<sup>18</sup> Availability of personal protective equipment (PPE) is accessible to individuals in a given setting and whether there is an established policy or requirement for its use. Includes availablity of protocols on PPE use and staff being trained in the correct use of PPE.



### Availability of personal protective equipment by HSDU type and



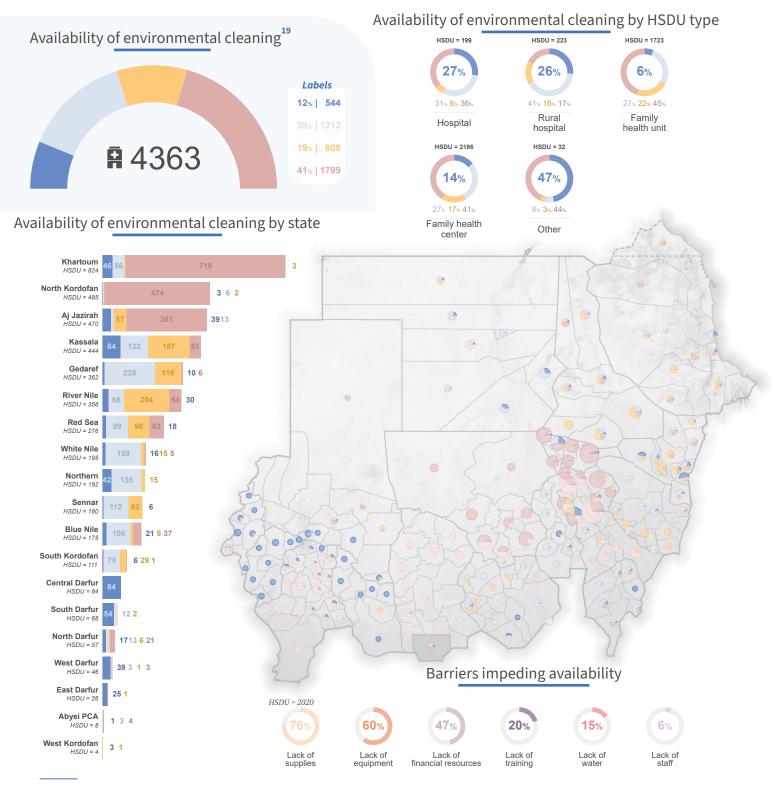








# CLEANING EQUIPMENT



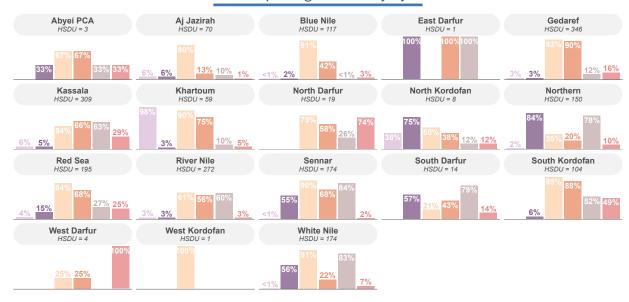
<sup>19</sup> The availability of means to ensure proper environmental cleaning in accordance with national guidelines. This includes the availability of sufficient resources (including equipment, supplies, and human resources), availablity of cleaning protocols, and that staff has been adequately trained. Cleaning protocols should include step-by-step techniques for specific tasks, such as cleaning a floor, cleaning a sink, cleaning a spillage of blood or body fluids.

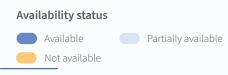




#### Availability of environmental cleaning by HSDU type and state\*





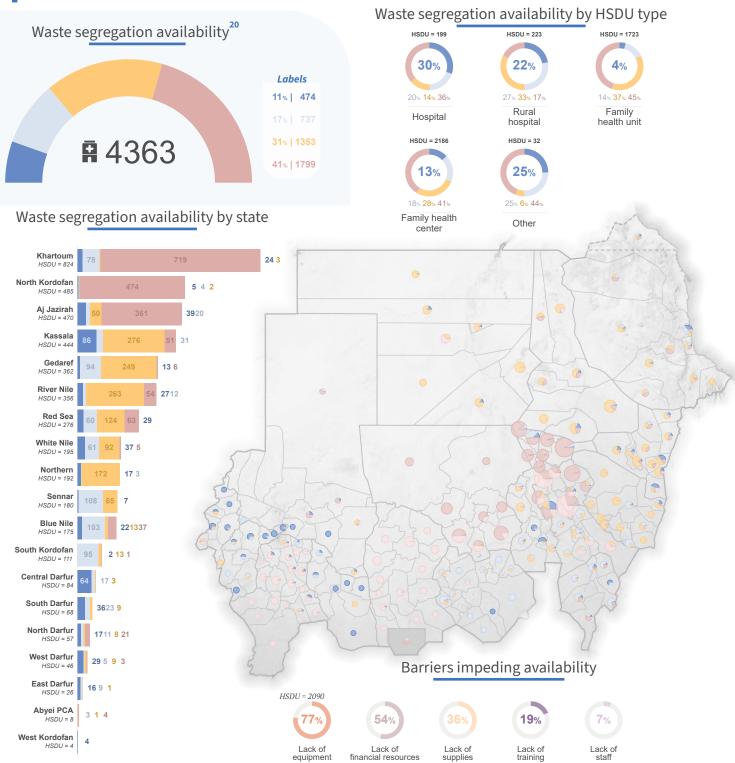




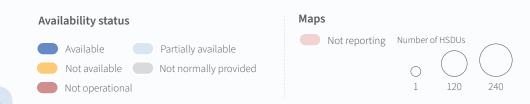


### **WASTE MANAGEMENT**

### Waste segregation



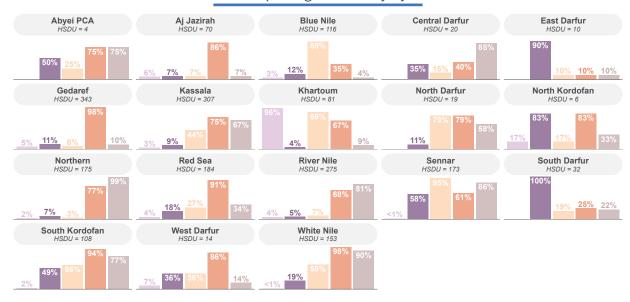
<sup>20</sup> Availability of means to follow proper waste segregation practices in line with national standards, including at least three labeled, leak-proof bins for waste separation. Hazardous waste containers should further have lids and sharps containers must be puncture-proof. Relevant staff has received training on practicing waste segregation.

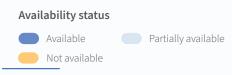




#### Waste segregation availability by HSDU type and state\*



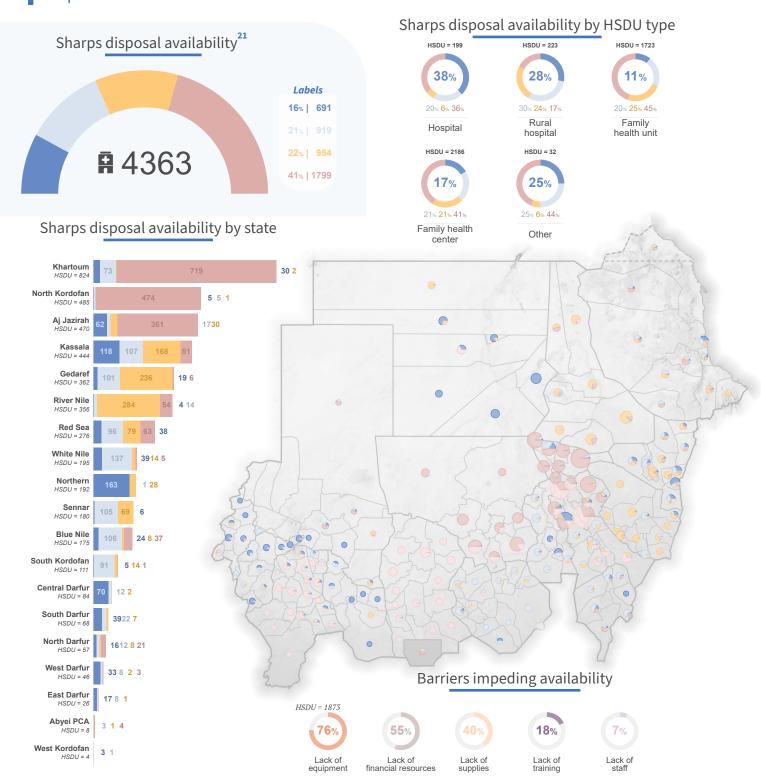




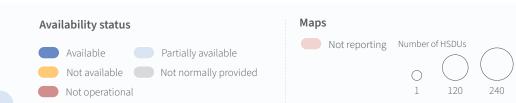




### Final disposal of sharps

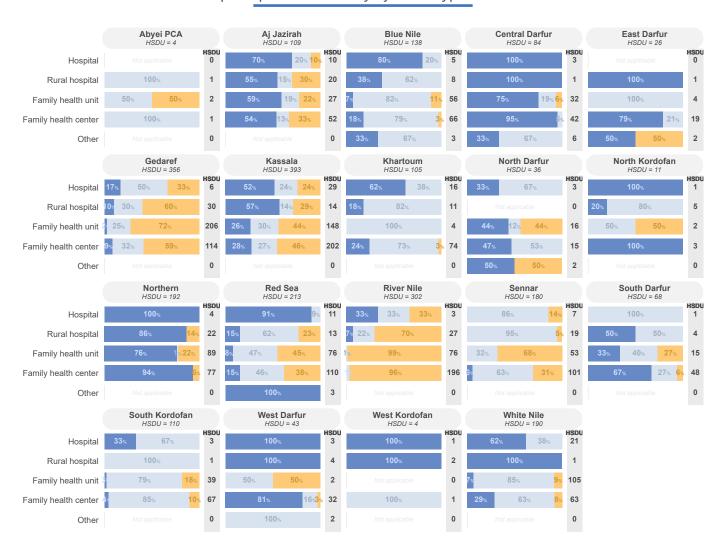


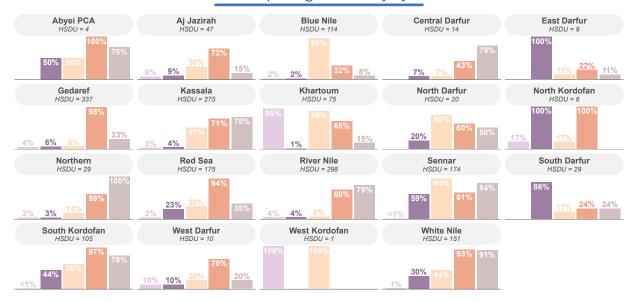
21 Availability of means to treat and safely dispose of all sharp waste following national standards. Sharps disposal is considered available if the HSDU is safely collecting sharps for safe off-site disposal. Relevant staff have undergone appropriate training.

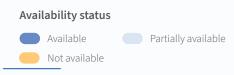




#### Sharps disposal availability by HSDU type and state\*



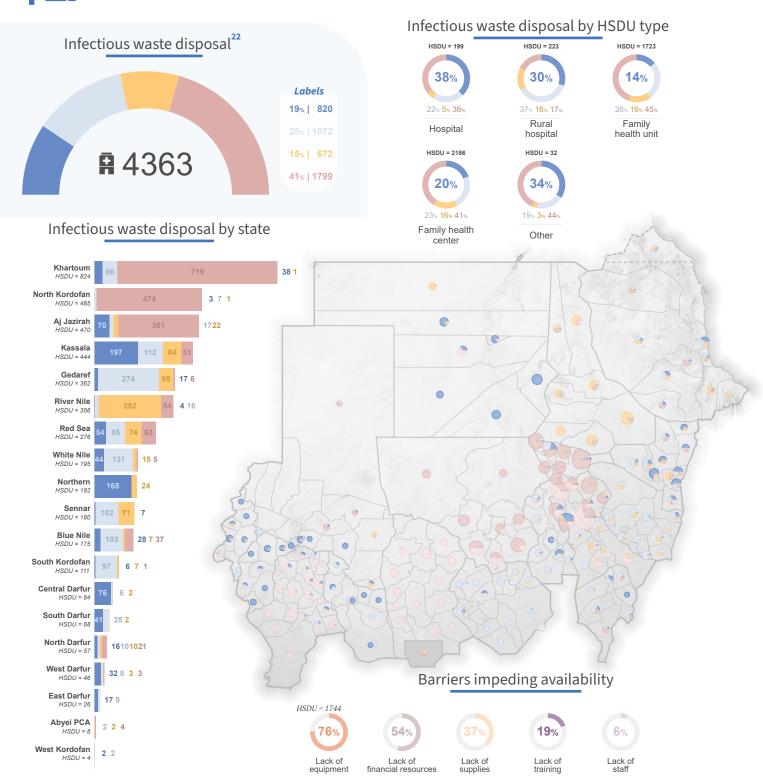




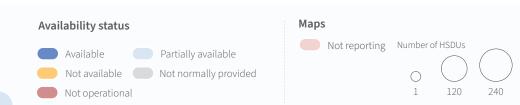




### Final disposal of infectious waste

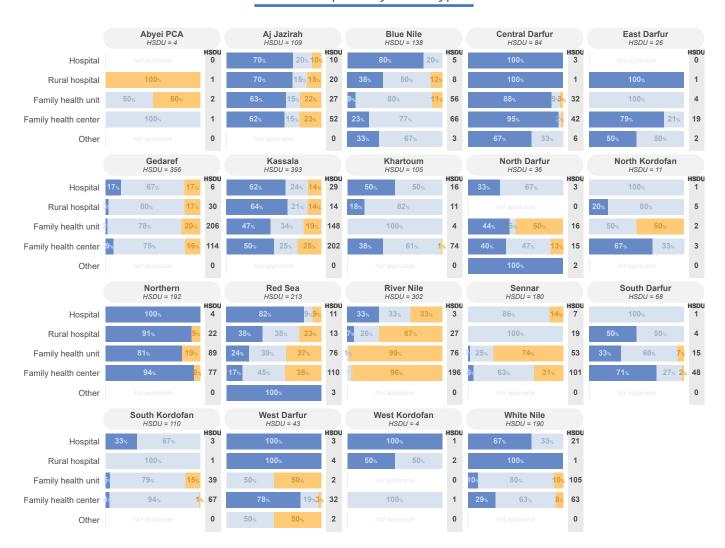


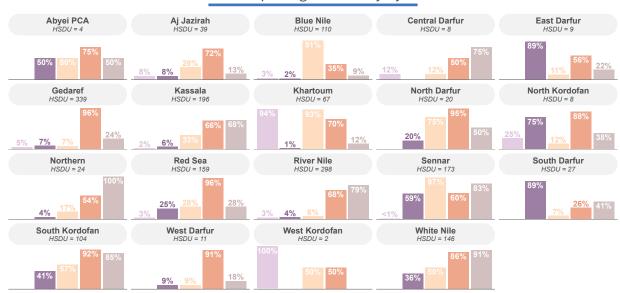
22 Availability of means to treat and safely dispose of all infectious waste following national standards. Infectious waste disposal is considered available if the HSDU is safely collecting hazardous waste for safe off-site disposal. Relevant staff have undergone appropriate training.





#### Infectious waste disposal by HSDU type and state

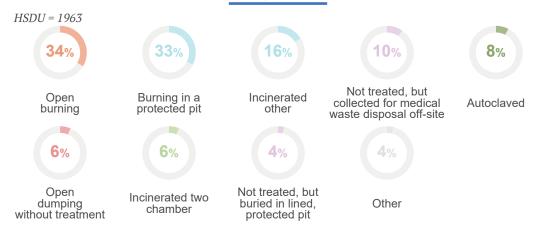




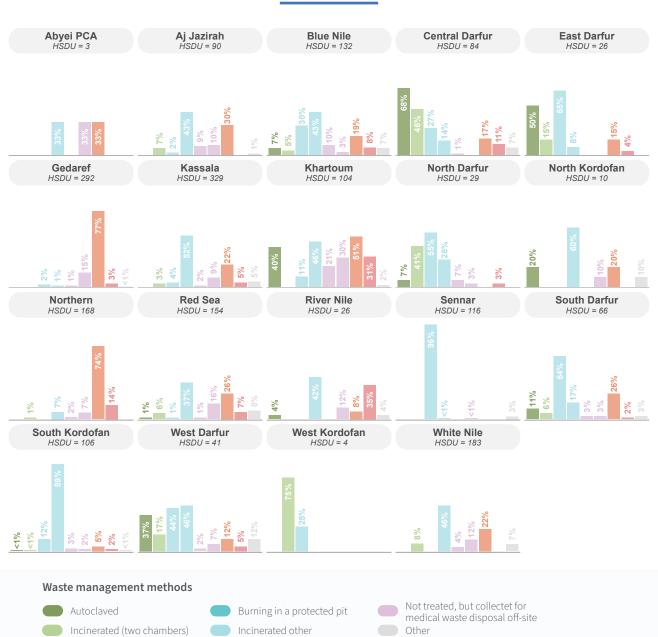




#### Waste management methods



#### Waste management methods by state

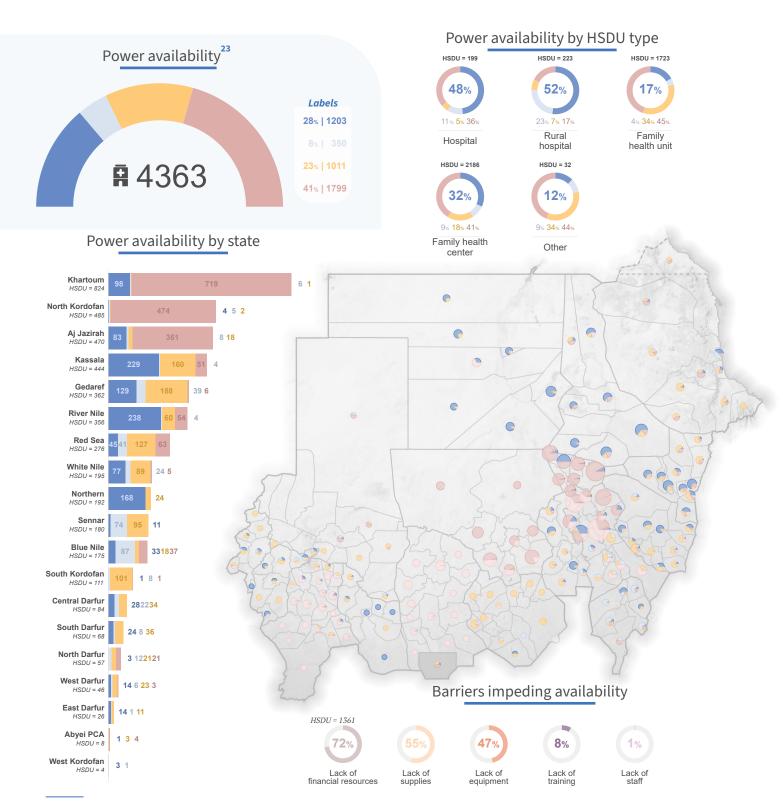




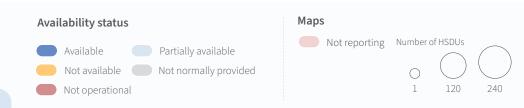








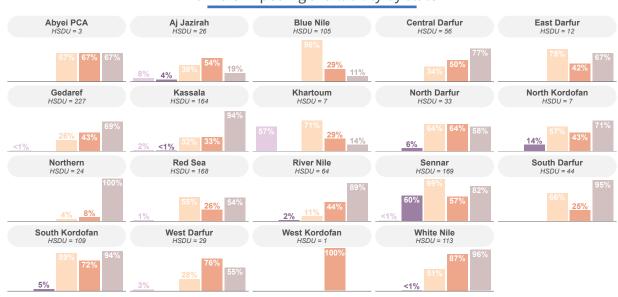


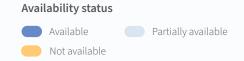




#### Power availability by HSDU type and state











#### Main power sources



#### Main power sources by state



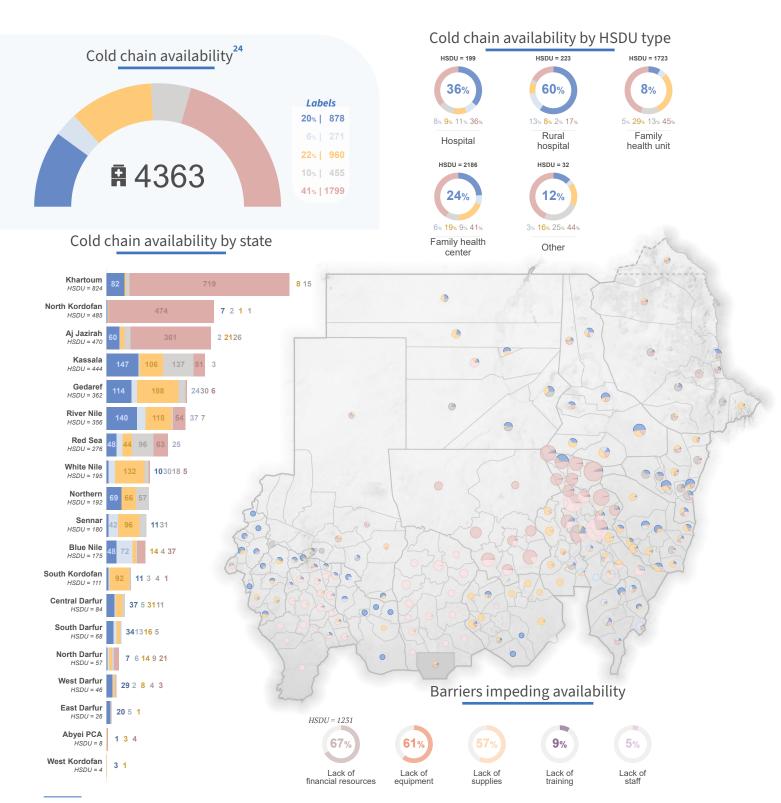




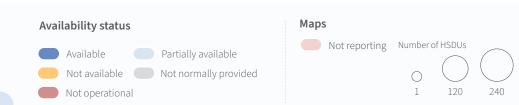




## COLD CHAIN

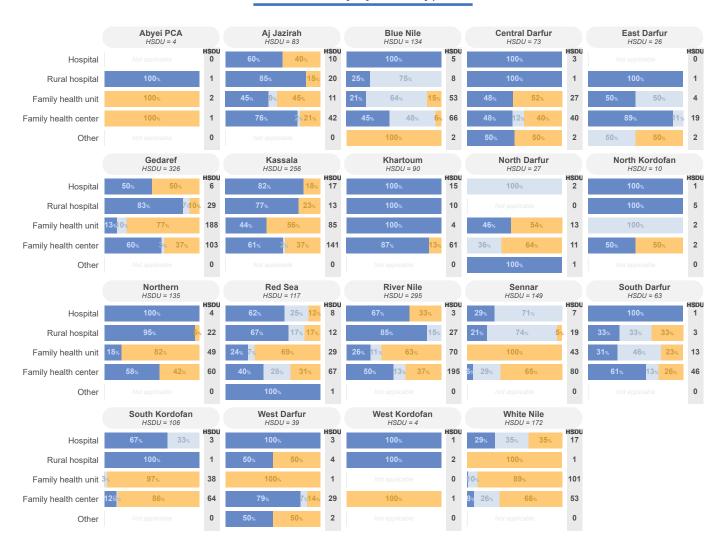


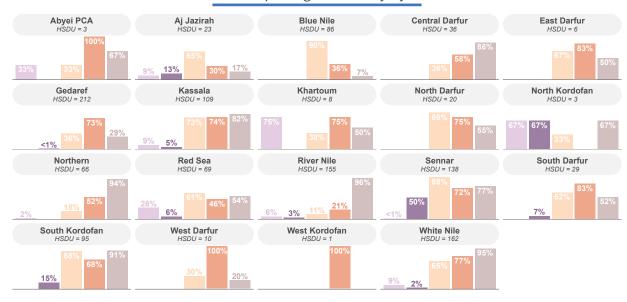
24 Availability of reliant and sufficient cold chain capacity.

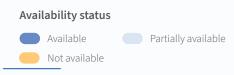




#### Cold chain availability by HSDU type and state\*



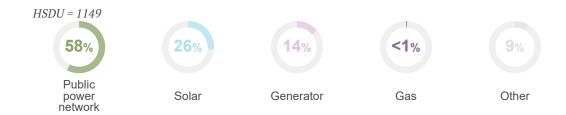






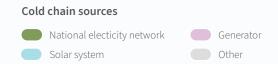


#### Cold chain power sources



#### Cold chain power sources by state





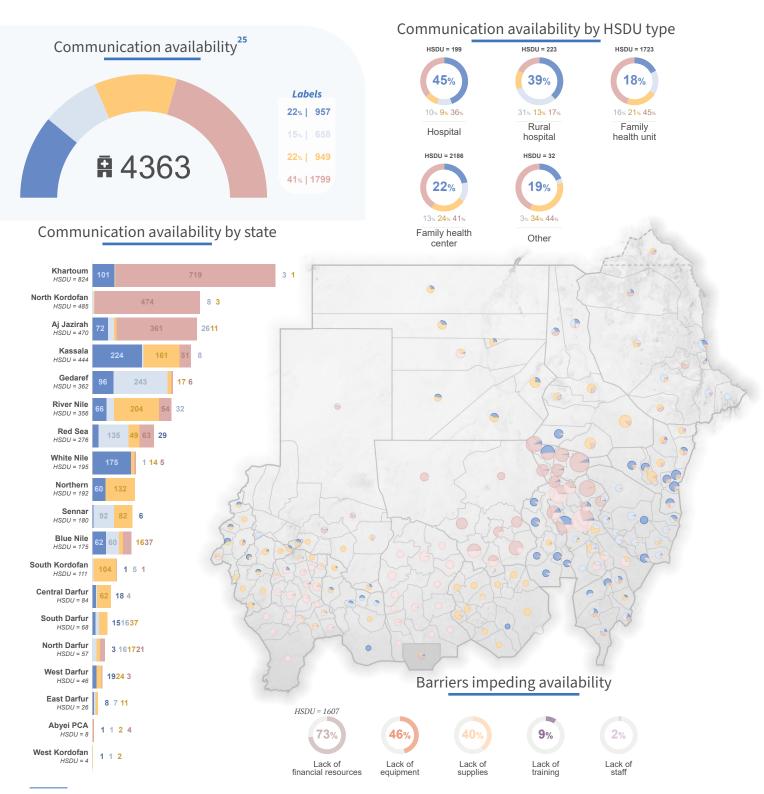




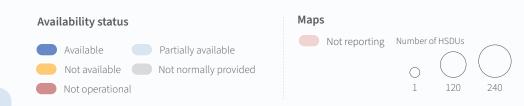




# COMMUNICATION EQUIPMENT



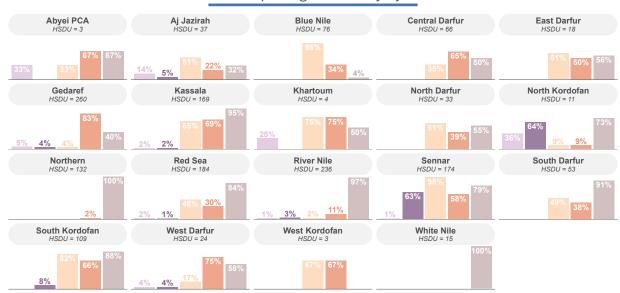
<sup>25</sup> Availability of means to communicate with other stakeholders. Includes availability and functionality of required equipment (phone, computer, etc.), required supplies (continuous network available) and funds (e.g., to purchase mobile data).





#### Communication availability by HSDU type and state





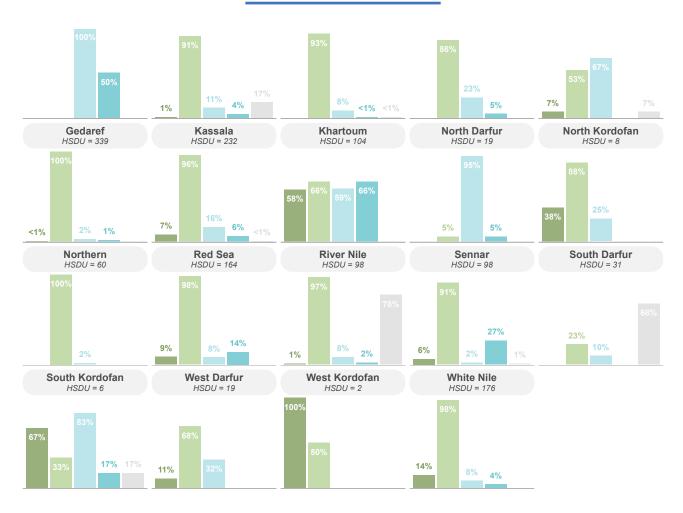




#### Type of communication equipment available



#### Type of communication equipment available by state







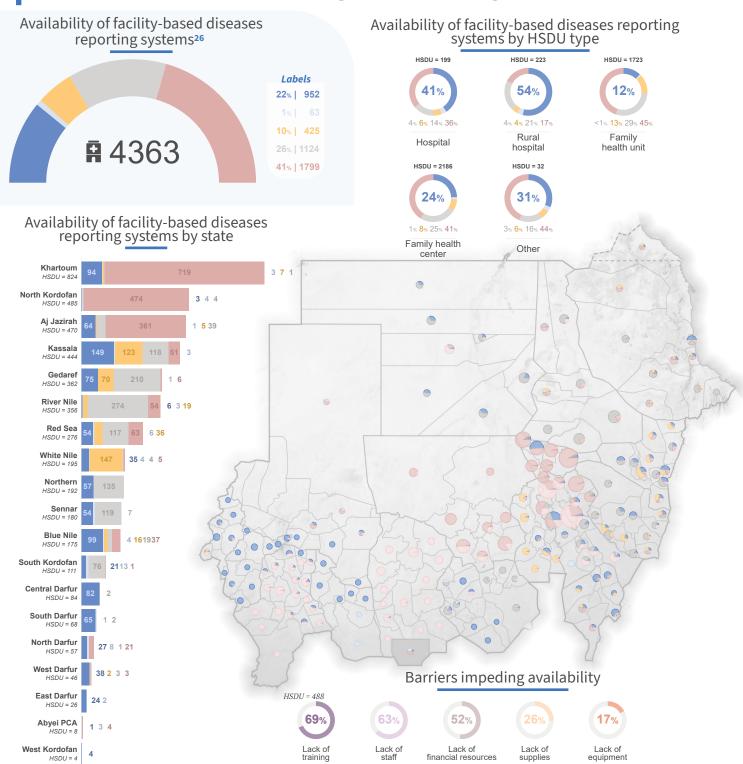






# HEALTH INFORMATION SYSTEM

### Facility weekly epidemiological reporting system



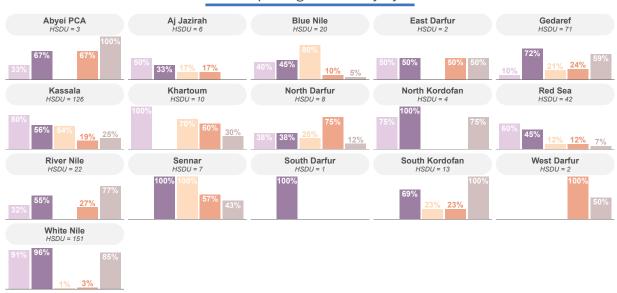
<sup>26</sup> Availability of facility-based, weekly epidemiological reporting system (e.g., EWARS). Availability of reporting systems includes, timeliness, completness an accuracy.

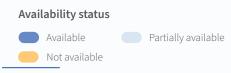


#### Availability of facility-based diseases reporting systems by HSDU type and state



#### Barriers impeding availability by state

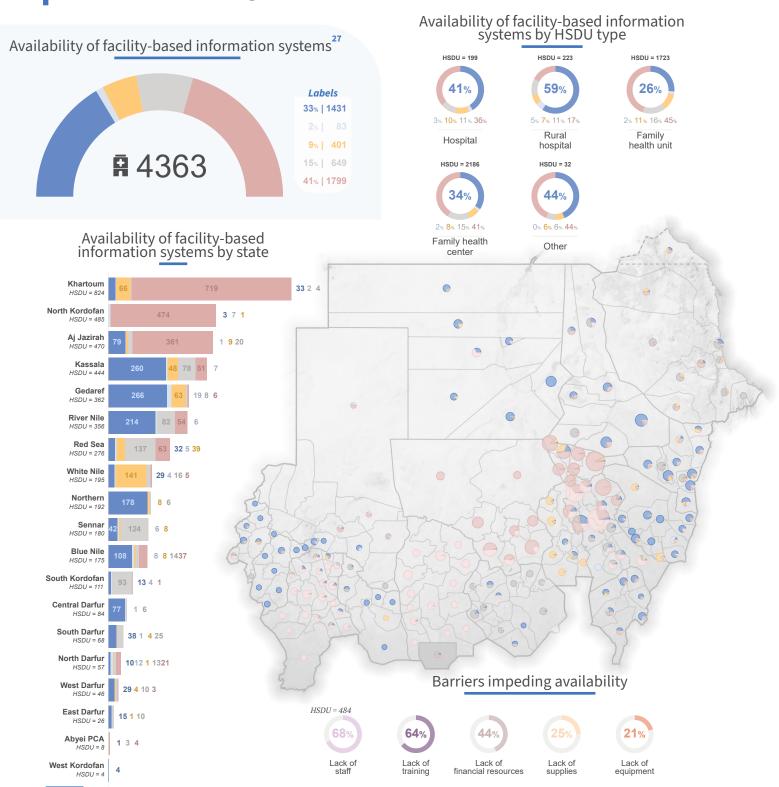




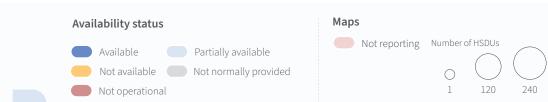
Barriers for partial availability or non-availability. Lack of financial Lack of supplies Lack of staff resources Lack of training Lack of equipment Lack of water



### **Facility Reporting System**

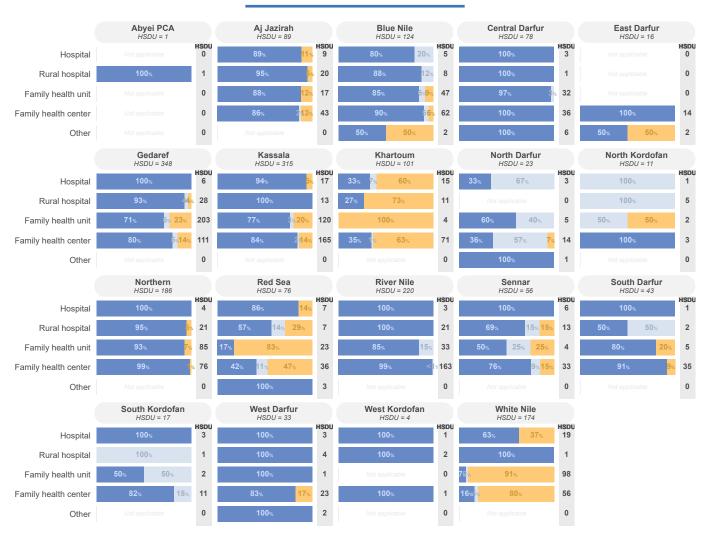


27 Availability of facility-based, infromation system (DHIS, Avicena, etc). Availability of reporting systems includes, timeliness, completness an accuracy.

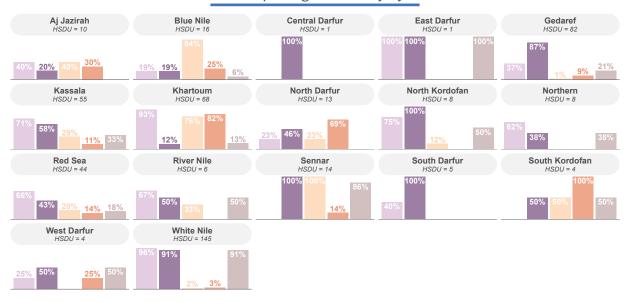


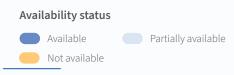


#### Availability of facility-based information systems by HSDU type and state'



#### Barriers impeding availability by state





Barriers for partial availability or non-availability. Lack of financial Lack of supplies Lack of staff resources Lack of training Lack of equipment Lack of water



# 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 INDICATOR DEFINITIONS**

Indicator	Definition
BUILDING DAMAGE	Refers to the physical infrastructure of the HSDU building such as walls, foundations, roof, windows, etc. It further includes accessory infrastructure relevant to provide essential health services as for example sewerage, water tank. Minor maintenance issues not impacting (e.g., flaking paint) the HSDUs ability to provide services are not considered.
EQUIPMENT CONDITION	Refers to medical and otherwise critical equipment required by the HSDU to provide essential health services. Non-essential equipment not impacting the HSDUs ability to provide services as well as consumables and medicine are not considered here.
FUNCTIONALITY	Assesses the HSDU's overall ability to operate as expected. A fully functioning HSDU is characterized through the absence of systemic or major issues. The HSDU operates as expected and is able to provide the full range of expected services.
ACCESSIBILITY	Ability of patients to access essential health services and includes both physical as well as socio-economic and cultural constraints.
PARTNER SUPPORT	Level of support provided by external partners. Major support indicates that an HSDU is unable to operate without the contribution made by partner(s).
ICU BEDS	Availability of sufficient, functioning intensive care beds to meet the HSDUs demands, including availability of supplies and human resources to manage patient load. Optionally, information on inpatient bed capacity may be collected by bed type (e.g., ICU beds, maternity beds, general inpatient beds).
MATERNITY BEDS	Availability of sufficient, functioning maternity beds to meet the HSDUs demands, including availability of supplies and human resources to manage patient load. Optionally, information on inpatient bed capacity may be collected by bed type (e.g., ICU beds, maternity beds, general inpatient beds).
GENERAL INPATIENT BEDS	Availability of sufficient, functioning other inpatient beds to meet the HSDUs demands, including availability of supplies and human resources to manage patient load. Optionally, information on inpatient bed capacity may be collected by bed type (e.g., ICU beds, maternity beds, general inpatient beds).
WATER	Availability reliable and safe water, in line with national guidelines – and in sufficient quantity to meet the HSDU's daily demand. Water should come from an improved water sources or treated onsite following national guidelines. If average daily quantities are insufficient to meet daily demand or water is taken from unimproved sources and not treated, water is considered partially available. Improved water sources include e.g., running water, tube or boreholes, protected wells, protected springs, rainwater, and bottled or distributed water.



Indicator	Definition
SANITATION FACILITIES	Availability of sufficient improved and usable sanitation facilities with at least one toilet reserved for staff, at least one sex-separated toilet with facilities for menstrual hygiene, and at least one toilet accessible to users with reduced mobility. Improved sanitation facilities include flush/pour flush toilets to piped sewer system, septic tanks or pit latrines, ventilated improved pit latrines, composting toilets or pit latrines with slabs.
HAND-HYGIENE FACILITIES	Availability of functioning hand-hygiene facilities at all critical locations within the HSDU, including availablity of sufficient equipment, supplies and human resources, availablity of cleaning protocols, and staff having been adequately trained. A hand hygiene facility is any device that allows staff and patients to wash their hands effectively. Chlorinated water is not considered an adequate substitute for soap and water or for an alcohol-based hand rub. Hand hygiene facilities at toilets must have soap and water rather than ABHR.
PERSONAL PROTECTIVE EQUIPMENT	Availability of personal protective equipment (PPE) is accessible to individuals in a given setting and whether there is an established policy or requirement for its use. Includes availablity of protocols on PPE use and staff being trained in the correct use of PPE.
CLEANING EQUIPMENT	The availability of means to ensure proper environmental cleaning in accordance with national guidelines. This includes the availability of sufficient resources (including equipment, supplies, and human resources), availability of cleaning protocols, and that staff has been adequately trained. Cleaning protocols should include step-by-step techniques for specific tasks, such as cleaning a floor, cleaning a sink, cleaning a spillage of blood or body fluids.
WASTE SEGREGATION	Availability of means to follow proper waste segregation practices in line with national standards, including at least three labeled, leak-proof bins for waste separation. Hazardous waste containers should further have lids and sharps containers must be puncture-proof. Relevant staff has received training on practicing waste segregation.
FINAL DISPOSAL OF SHARPS	Availability of means to treat and safely dispose of all sharp waste following national standards. Sharps disposal is considered available if the HSDU is safely collecting sharps for safe off-site disposal. Relevant staff have undergone appropriate training.
FINAL DISPOSAL OF INFECTIOUS WASTE	Availability of means to treat and safely dispose of all infectious waste following national standards. Infectious waste disposal is considered available if the HSDU is safely collecting hazardous waste for safe off-site disposal. Relevant staff have undergone appropriate training.
POWER	Availability of reliant and sufficient electricity to cover the HSDUs daily operations. In cases where national power networks are unreliable, but the HSDU has a back-up power source, electricity may still be considered as available.
COLD CHAIN	Availability of reliant and sufficient cold chain capacity.



Indicator	Definition
COMMUNICATION EQUIPMENT	Availability of means to communicate with other stakeholders. Includes availability and functionality of required equipment (phone, computer, etc.), required supplies (continuous network available) and funds (e.g., to purchase mobile data).
WEEKLY EPIDEMIOLOGICAL REPORTING SYSTEM	Availability of facility-based, weekly epidemiological reporting system (e.g., EWARS). Availability of reporting systems includes, timeliness, completness an accuracy.
FACILITY REPORTING SYSTEM	Availability of facility-based, infromation system (DHIS, Avicena, etc). Availability of reporting systems includes, timeliness, completness an accuracy.



# ANNEX III: OPERATIONAL STATUS BY LOCALITY

			Hos	pital		Ru	ral h	ospi	ital	Fa	amily ur	hea nit	lth	Fa	mily cen		th		Ot	her			To	tal	
		0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С
	ABYEI PCA AREA	-	-		-	1	-		-	2	-		1	1	2		2	-	2		3	4	4		6
	TOTAL	-	-		-	1	-		-	2	-		1	1	2		2	-	2		3	4	4		6
	AL HASAHISA	2	1	1	2	-	4	6	2	2	20	51	1	1	29		7	-	-		-	5	54	113	12
	AL KAMLIN	1	-	1	-	4	1	1	-	1	9	25	7	1	15	24	9	-	-		-	7	25	51	16
	AL MANAQIL	3	-	3	1	8	1	4	4	12	7	5	45	10	22	1	36	-	-		-	33	30	13	86
	AL QURASHI	3	-		-	2	-	1	-	1	48	29	1	12	14	5	-	-	-		-	18	62		1
AJ JAZIRAH	JANUB AL JAZIRAH	-	-	2	-	1	-	4	2	-	12	65	2	8	41	77	27	-	-		-	9	53	148	31
AU JA	MEDANI AL KUBRA	-	1	4	-	1	-	2	1	1	5	2	2	13	7	13	9	-	-		-	15	13	21	12
	SHARG AL JAZIRAH	1	-		6	1	4		7	1	38		39	_	30	1	21	-	-		-	3	72	1	73
	UM ALGURA	-	1	1	-	3	2		-	9	30	1	-	7	19		-	-	-		-	19	52	2	-
	TOTAL	10	3		9	20	12		16	27	169		97	52	177		109	-	-		-	109	361	384	231
	AL KURMUK	-	-		-	1	1		-	7	8	2	-	2	2		-	-	-		-	10	11	2	-
	AR RUSAYRIS	1	-		-	1	-		-	10	4		-	11	2		-	-	-		-	23	6		-
щ	AT TADAMON - BN	-	-		-	2	-		-	4	-		-	10	-		-	1	-		-	17	-		-
BLUE NILE	BAW	-	-		-	3	-		-	12	5		1	14	5		1	-	-		-	29	10		2
BLUI	ED DAMAZINE	2	-		-	-	-		-	8	1		1	16	3		2	1	-		-	27	4		3
	GEISAN	2	-		-	1	-		-	15	6		-	11	-		-	-	_		-	29	6		-
	WAD AL MAHI	-	_		-	-	-		-	-	_		-	2	_		1	1	_		-	3	-		1
	TOTAL	5	-		-	8	1		-	56	24		2	66	12		4	3	-		-	138	37	2	6
	AZUM	-	-		-	-	-		-	3	-		-	-	-		-	1	_		-	4	-		-
	BENDASI	-	-		-	-	-		-	4	-		-	-	-		-	1	-		-	5	-		-
œ	GHARB JABAL MARRAH	-	-		-	- -	-		-	-	-		-	9	-		-	-	-		-	9	-		-
RFU	MUKJAR	-	-		-	-	_		-	3	-		-	-	-		-	1	_		-	4	-		-
CENTRAL DARFUR	SHAMAL JABAL MARRAH	-	-		-	-	_		-	6	-		-	6	-	1	-	-	-		-	12		1	
S	UM DUKHUN	1	_		-	1	_		-	-	-		-	12	_		-	_	_		-	14	_		-
	WADI SALIH	-	-		-	-	_		-	2	_		-	-	-		-	-	_		-	2	_		-
	WASAT JABAL MARRAH	1	-		-	_	-		-	7	-		-	4	-		-	1	-		-	13			-



			Hos	pital		Ru	ral h	ospi	tal	Fa		heal nit	th	Fa	mily cen	healt ter	th		Ot	her			То	tal	
		0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С
	ZALINGI	1	-		-	-	-		-	7	-		-	11	-		-	2	-		-	21	-		-
	TOTAL	3	-		-	1	-		-	32	-		-	42	-	1	-	6	-		-	84	-	1	-
	ABU JABRAH	-	-		-	-	-		-	-	-		-	-	-		-	1	-		-	1	-		-
	ABU KARINKA	-	-		-	-	-		-	-	-		-	2	-		-	-	-		-	2	-		-
N.	AD DU'AYN	-	-		-	-	-		-	-	-		-	5	-		-	-	-		-	5	-		-
ARF	ADILA	-	-		-	-	-		-	-	-		-	3	-		-	-	-		-	3	-		-
EAST DARFUR	BAHR AL ARAB	-	-		-	-	-		-	-	-		-	1	-		-	-	-		-	1	-		-
E/	SHIA'RIA	-	-		-	1	-		-	3	-		-	4	-		-	-	-		-	8	-		-
	YASSIN	-	-		-	-	-		-	1	-		-	4	-		-	1	-		-	6	-		-
	TOTAL	-	-		-	1	-		-	4	-		-	19	-		-	2	-		-	26	-		-
	AL BUTANAH	-	-		-	2	-		-	17	-	1	9	3	-		-	-	-		-	22	-	1	9
	AL FAO	1	-		-	3	-		-	17	-	2	1	8	-		-	-	-		-	29	-	2	1
	AL FASHAGA	-	-		-	3	-		-	13	3		-	12	-		2	-	-		-	28	3		2
	AL GALABAT AL GHARBYAH - KASSAB	-	-		-	2	-		-	27	-	3	-	12	-		1	-	-		-	41	-	3	1
	AL MAFAZA	-	-		-	3	-		-	15	-		6	3	-		-	-	-		-	21	-		6
	AL QUREISHA	-	-		-	3	-		-	12	-	4	-	6	-	1	-	-	-		-	21	-	5	-
REF	AR RAHAD	1	-		-	2	-		-	17	2	3	2	22	-		-	-	-		-	42	2	3	2
GEDAREF	BASUNDAH	-	-		-	3	-		-	17	-	2	-	1	-		-	-	-		-	21	-	2	-
	GALA'A AL NAHAL	-	-		-	3	-		-	22	-		-	5	-		-	-	-		-	30	-		-
	GALABAT ASH- SHARGIAH	-	-		-	1	-		-	15	1	3	-	7	-		-	_	-		-	23	1	3	-
	MADEINAT AL GEDAREF	4	-		-	2	-		-	9	-		-	21	-		-	_	-		-	36	-		-
	WASAT AL GEDAREF	-	-		-	3	-		-	25	-		-	14	-		-	-	-		-	42	-		-
	TOTAL	6	-		-	30	-		-	206	6		18	114	-		3	-	-		-	356	6	19	21
	HALFA AJ JADEEDAH	5	-	2	-	4	-		-	23	2		-	32	1		-	_	-		-	64	3	2	-
	MADEINAT KASSALA	9	-		-	-	-		-	1	2		-	39	5	1	4	-	-		-	49	7	1	4
	REIFI AROMA	1	-		-	1	-		-	12	6	1	1	14	-		1	-	-		-	28	6	1	2
⋖	REIFI GHARB KASSALA	-	-		-	-	1		-	4	2		3	27	5		2	-	-		-	31	8		5
KASSALA	REIFI AMASHKUREIB	1	-		-	1	1		-	18	-	1	1	2	-		-	_	-		-	22	1	1	1
_	REIFI KASSLA	-	-		-	1	-		1	21	3	4	1	21	1		9	-	-		1	43	4	4	12
	REIFI KHASHM ELGIRBA	2	-		-	-	-		-	19	2	1	2	17	-	1	1	-	-		-	38	2	2	3
	REIFI NAHR ATBARA	11	-	2	-	1	-		-	20	1		-	9	-		-	_	-		-	41	1	2	-
	REIFI SHAMAL AD DELTA	-	-		-	1	-		-	13	9	1	-	7	-		-	-	-		-	21	9	1	-

			Hos	pital		Ru	ral h	ospi	tal	Fa	ımily ur	heal nit	th	Fa	mily cen		th		Otl	ner			To	tal	
		0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С
	REIFI TELKOK	-	-		-	2	-		1	10	5	2	5	11	1		1	-	-		-	23	6	2	7
	REIFI WAD ELHILAIW	-	-		-	3	-		-	7	4	3	-	23	-	7	-	-	-		-	33	4	10	-
	TOTAL	29	-		-	14	2		2	148	36		13	202	13		18	-	-		1	393	51	26	34
	BAHRI	-	11		1	2	1		-		26		9	1	54		11	-	-		-	3	92		21
	JEBEL AWLIA	2	2		-	1	1		-	-	6		-	2	74		-	-	-		-	5	83		-
	KARRARI	6	2		-	4	-		-	2	18		1	50	35		4	-	-		-	62	55		5
MO	KHARTOUM	1	37		2	-	-		-	1	2		-	2	47		3	-	-		-	4	86		5
KHARTOUM	SHARG AN NEEL	1	6		-	3	1		-	· -	72		-	11	101		-	-	-		-	15	180		-
	UM BADA	4	3		-	1	-		-	1	21		-	8	109		-	-	-		-	14	133		-
	UM DURMAN	2	5		1	-	1		-	-	15		-	-	69		-	-	-		-	2	90		1
	TOTAL	16	66		4	11	4		-	4	160		10	74	489		18	-	-		-	105	719		32
	AL FASHER	2	-		-	-	-		-	-	3		-	5	8		-	1	-		1	8	11		1
	AL LAIT	-	-		-	-	-		-	6	-		-	1	-		-	1	-		-	8	-		-
~	AL MALHA	1	-		-	-	-		-	-	2		-	2	3		-	-	-		-	3	5		-
RFU	KELEMANDO	-	-		-	-	-		-	4	-		-	3	-		-	-	-		-	7	-		-
н ра	MELIT	-	-		-	-	-		-	· ·	2		-	2	2		-	-	-		-	2	4		-
NORTH DARFUR	SARAF OMRA	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-
Z	TAWILA	-	_		-	-	-		-	1	-		-	1	-		-	-	-		-	2	-		-
	UM KADADAH	-	_		-	-	_		-	5	1	1	-	-	-		-	-	_		-	5	1	1	-
	TOTAL	3	-		-	-	-		-	16	8		-	15	13		-	2	-		1	36	21	1	1
	AR RAHAD	1	_		-	2	-		-	2	12	33	-	-	22	8	-	-	_		-	5	34	41	-
	BARA	-	-		-	-	5		-	-	45		-	-	26		-	-	_		-	-	76		-
N	GEBRAT AL SHEIKH	-	1		-	_	2		-	· -	21		-	-	8	1	-	-	-		-	-	32	1	-
DOF/	GHARB BARA	-	1		-	-	2		-	-	51		-	-	31		-	-	-		-	-	85		-
NORTH KORDOFAN	SHEIKAN	-	_		-	-	2	5	-	· -	33	14	1	3	9	35	-	-	11		4	3	55	54	5
RTH	SOUDARI	-	_	1	-	-	2		-	-	25		-	-	14	2	-	-	-		-	-	41	3	-
N	UM DAM HAJ AHMED	-	-		-	3	-	1	-	-	33	7	-	_	14	9	-	-	-		-	3	47	17	-
	UM RAWABA	-	1		-	-	3		-	· -	74	18	-	-	25	3	-	-	1		-	-	104	21	-
	TOTAL	1	3		-	5	16		-	2	294		1	3	149		-	-	12		4	11	474	137	5

			Hos	pital		Ru	ral h	ospi	tal	Fa	amily ur	heal nit	th	Fa	mily cen	heal ter	th		Ot	her			To	tal	
		0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	
	AD DABBAH	-	-		-	4	-		-	10	-		7	22	-		6	-	-		-	36	-		
Z	AL BURGAIG	-	-		-	3	-	1	-	11	-	2	8	7	-		-	-	-		-	21	-	3	
HER	AL GOLID	-	-		-	3	-		-	11	-		9	4	-		-	-	-		-	18	-		
NORTHERN	DELGO	-	-		-	3	-		-	15	-		22	9	-		-	-	-		-	27	-		
Z	DONGOLA	1	-		-	2	-	1	-	8	-	21	6	5	-	10	1	-	-		-	16	-	32	
	HALFA	-	-		-	2	-		-	16	-		8	3	-		-	-	-		-	21	-		
	MERWOE	3	-		-	5	-		-	18	-		16	27	-		4	-	-		-	53	-		
	TOTAL	4	-		-	22	-	2	-	89	-	23	76	77	-	10	11	-	-		-	192	-		
	AGIG	-	-		-	1	-		-	10	-		-	7	-		-	-	-		-	18	-		
	AL GANAB	-	-		-	-	-		1	8	3		8	12	-		1	-	-		-	20	3		
	DORDIEB	-	-		-	2	1		-	10	9		-	3	-		-	-	-		-	15	10		
	HALA'IB	-	-		-	1	-		-	3	4		-	4	-		-	-	-		-	8	4		
_	HAYA	-	-		-	1	-		1	20	1		3	12	-		1	-	-		-	33	1		
RED SEA	JUBAYT ELMA'AADIN	-	-		-	1	-		-	4	11		-	5	-		-	-	-		-	10	11		
Œ	PORT SUDAN	11	_	2	-	3	-		-	2	1		1	31	2	1	3	3	-		-	50	3	3	
	SAWAKIN	-	_		-	1	-		-	3	4		-	11	2		-	-	_		-	15	6		
	SINKAT	-	-		-	2	1		-	3	14		-	12	6	2	-	-	-		-	17	21	2	
	TAWKAR	-	_		-	1	1		-	13	2		-	13	1		-	-	_		-	27	4		
	TOTAL	11	-		-	13	3		2	76	49		12	110	11		5	3	-		-	213	63	5	
	ABU HAMAD	1	_		-	3	-	1	-	20	1	7	12	7	-		4	-	_		-	31	1		
	AD DAMAR	-	_		-	6	-		-	13	4		-	67	7	1	1	-	_		-	86	11	1	
	AL BUHAIRA	-	_		1	3	-		-	6	10		3	4	1		7	-	_		-	13	11		
Ĭ	AL MATAMA	-	-		-	5	-		-	22	-		5	18	-	1	-	-	_		-	45	-	1	
RIVER NILE	ATBARA	1	_		-	1	_		-	7	_		-	16	6	1	1	-	_		-	25	6	1	
~	BARBAR	: -	_		-	3	_		-	7	5	2	1	28	6	1	-	-	_		-	38	11	3	
	SHENDI	1	_		-	6	1		-	1	_		-	56	13	2	-	-	_		-	64	14	2	
	TOTAL	3	-		1	27	1		-	76	20		21	196	33		13	-	-		-	302	54	16	
	ABU HUJAR	-	_		-	4	-		-	1	_	23	7	11	_	1	4	-	_		-	16	-	24	
	AD DALI	: :	_		-	2	_		-	· -	_		14	- -	_		4	-	_		-	2	_		
	AD DINDER	1	_		-	3	_		-	1	_	42	4	15	_	1	4	-	-		-	20	-	43	
AR.	AS SUKI	: -	_		1	3	-		1	12	_	22	-	14	-		-	-	-		-	29	-		
SENNAR	SENNAR	3	_		-	1	_		_	1	_	1	-	15	_		-	_	_		-	20	_	1	
S	SHARG SENNAR	1	-		-	4	-		-	21	-		-	33	-		-	_	-		-	59	-		
	SINJA	2	_		1	2	_		-	17	-	15	-	13	_	1	2	-	-		-	34	-	16	
	TOTAL	7	_		2	19	_		1	53	_		25	101	_		14	_	_		_	180	_	114	

			Hos	pital		Rui	ral h	ospi	ital	Fá		/ heal nit	th	Fa		heal nter	th		Ot	her			To	otal	
		0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С
	AL RADOUM	-	-		-	-	-		-	-	-	7	-	-	-	3	-	-	-		-	-	-	10	-
R	AL WIHDA	1	-		-	-	-		-	2	-		-	2	-		-	-	-		-	5	-		-
SOUTH DARFUR	AS SALAM - SD	-	-		-	1	-	1	-	-	-	13	-	4	-	18	-	-	-		-	5	-	32	-
Ę	AS SUNTA	-	-		-	-	-		-	-	-	15	-	1	-	4	-	-	-		-	1	-	19	-
SOI	BELIEL	-	-		-	-	-		-	-	-	25	-	7	-	13	-	-	-		-	7	-		-
	BURAM	-	-		-	-	-	1	-	1	-	4	-	7	-	2	-	-	-		-	8	-	7	-
	DAMSO	-	-		-	-	-		-	2	-	5	-	-	-	2	-	-	-		-	2	-	7	-
	ED AL FURSAN	-	-		-	-	-		-	1	-	27	-	1	-	19	-	-	-		-	2	-		-
	GEREIDA	-	-		-	1	-		-	-	-	6	-	4	-	2	-	-	-		-	5	-		-
	KAS	-	-		-	-	-	1	-	2	-	15	-	5	-	6	-	-	-		-	7	-	22	-
	KATEILA	-	-	1	-	-	-		-	-	-	17	-	-	-	9	-	-	-		-	-	-	27	-
	KUBUM	-	-		-	-	-	3	-	-	-	15	-	1	-	6	-	-	-		-	1	-	24	-
NT.)	MERSHING	-	-		-	-	-		-	-	-	11	-	-	-	10	-	-	-		-	-	-	21	-
R (CC	NITEGA	-	-		-	1	-		-	3	-	7	-	1	-	3	-	-	-		-	5	-	10	-
SOUTH DARFUR (CONT.)	NYALA JANOUB	-	-		-	-	-	1	-	-	-	11	-	4	-	15	-	-	-		-	4	-	27	-
Ħ	NYALA SHIMAL	-	-		-	-	-		-	-	-		-	3	-	14	-	-	-		-	3	-	14	-
SOL	REHAID ALBIRDI	-	-		-	· _	-	1	-	-	-	8	-	-	-	8	-	-	-		-	-	-	17	-
	SHARG AJ JABAL	-	-		-	1	-	1	-	4	-	7	-	5	-		2	-	-		-	10	-		2
	SHATTAYA	-	-		-	-	-		-	-	-	1	-	3	-	3	-	-	_		-	3	-	4	-
	TULUS	-	-		-	-	-		-	-	-	6	-	-	-	4	-	-	-		-	-	-	10	-
	UM DAFOUG	-	-		-	-	_	1	-	-	_		-	-	_	3	-	-	-		-	-	-	4	-
	TOTAL	1	-		-	4	-		-	15	-		-	48	-		2	-	-		-	68	-		2
	ABASSIYA	-	-		-	-	-		-	5	-		11	4	-		2	-	-		-	9	-		13
	ABU JUBAYHAH	-	-		-	-	-		-	8	-		6	14	-		-	-	-		-	22	-		6
	ABU KERSHOLA	-	-	-	-	_	-	-	-	-	-	-	4	7	-	-	5	-	-	-	-	7	-	-	9
AN	AL LERI	-	-	-	-	-	-	-	-	-	-	-	3	2	-	-	2	-	-	-	-	2	-	-	5
DOF	AL QUOZ	-	-	-	-	-	-	-	1	-	-	-	19	-	-	-	10	-	-	-	-	-	-	-	30
KOR	AR RASHAD	-	-	-	-	-	-	-	-	-	-	-	2	_	-	-	1	-	-	-	-	-	-	-	3
SOUTH KORDOFAN	AR REIF ASH SHARGI	-	-	-	-	_	-	-	-	3	-	-	5	6	-	-	6	-	-	-	-	9	-	-	11
	AT TADAMON - SK	-	-	-	-	-	-	-	-	5	-	2	-	8	_	-	-	-	_	-	-	13	-	2	-
	DELAMI	-	-		-	-	-		-	1	-	1	4	-	-		-	-	_		-	1	-	1	4
	DILLING	-	-		-	-	-		-	2	-		1	8	-		5	-	_		-	10	-		6
	GHADEER	-	_		-	-	_		_	-	_		-	1	_		_	-	_		_	1	_		-

			Hos	pital		Rur	ral h	ospi	tal	Fa		heal	th	Fa		heal iter	th		Ot	her			То	tal	
		0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С	0	N/O	N/R	С
	HABILA - SK	-	-		-	-	-		1	-	-		10	4	-		4	-	-		-	4	-		15
	KADUGLI	3	-		-	-	-		-	14	1	1	11	10	-		7	-	-		-	27	1	1	18
	TALAWDI	-	-		-	1	-		-	1	-		1	3	-		-	-	-		-	5	-		1
	TOTAL	3	-		-	1	-		2	39	1		77	67	-		42	-	-		-	110	1	4	121
	AG GENEINA	-	-		-	4	-		-	-	-		-	17	-		1	2	-		1	23	-		2
	BEIDA	-	-		-	-	-		-	2	-	2	-	2	1	2	-	-	-		-	4	1	4	-
FUR	FORO BARANGA	-	-		-	-	-		-	-	-		-	1	-		-	-	-		-	1	-		-
WEST DARFUR	JEBEL MOON	-	-		-	-	-		-	-	-		-	2	-		-	-	-		-	2	-		-
EST	KERENEIK	2	-		-	-	-		-	-	-		-	5	2		-	-	-		-	7	2		-
8	KULBUS	1	-		-	-	-		-	-	-		-	1	-		-	-	-		-	2	-		-
	SIRBA	-	-		-	-	-		-	-	-		-	4	-		-	-	-		1	4	-		1
	TOTAL	3	-		-	4	-		-	2	-		-	32	3		1	2	-		2	43	3	4	3
	ABU ZABAD	-	-		-	-	-	3	-	-	-	17	-	-	-	21	-	-	-		-	-	-	41	-
	ABYEI	-	-	3	-	1	-		-	-	-	5	-	1	-	13	-	-	-		-	2	-	21	-
	AL DIBAB	-	-		-	-	-	1	-	-	-	2	-	-	-	9	-	-	-		-	-	-	12	-
	AL IDIA	-	-		-	-	-	1	-	-	-	22	-	-	-		-	-	-		-	-	-	31	-
	AL KHIWAI	-	-		-	-	-	2	-	-	-	10	-	-	-	14	-	-	-		-	-	-	26	-
FAN	AL LAGOWA	-	-		-	-	-	1	-	-	-	10	-	-	-	10	-	-	-		-	-	-	21	-
WEST KORDOFAN	AL MEIRAM	-	-		-	-	-	1	-	-	-	3	-	-	-	3	-	-	-		-	-	-	7	-
1 K0	AN NUHUD	1	-	1	-	-	-		-	-	-	12	-	-	-	52	-	-	-		-	1	-		-
WES	AS SALAM - WK	-	-	1	-	1	-		-	-	-	10	-	-	-	17	-	-	-		-	1	-	28	-
	AS SUNUT	-	-		-	-	-	2	-	-	-	14	-	-	-	4	-	-	-		-	-	-	20	-
	BABANUSA	-	-		-	-	-	3	-	-	-	2	-	-	-	9	-	-	-		-	-	-	14	-
	GHUBAISH	-	-		-	-	-	1	-	-	-	22	-	-	-	27	-	-	-		-	-	-	50	-
	KEILAK	-	-		-	-	-	2	-	-	-	2	-	-	-	9	-	-	-		-	-	-	13	-
	WAD BANDAH	-	-		-	-	-	2	-	-	-	20	-	-	-	10	-	-	-		-	-	-	32	-
	TOTAL	1	-		-	2	-		-	-	-		-	1	-		-	-	-		-	4	-	381	-
	AD DIWAIM	2	-	1	-	-	-		-	32	-		11	2	-		-	-	-		-	36	-	1	11
	AJ JABALAIN	3	-		-	-	-		-	9	-	2	-	11	-	1	-	-	-		-	23	-	3	-
=	AS SALAM	3	-		-	-	-		-	16	-	1	1	4	-	1	-	-	-		-	23	-	2	1
WHITE NILE	GULI	-	-		-	1	-		-	6	1		-	3	-		-	-	-		-	10	1		-
M	KOSTI	8	-		-	-	-		-	7	-		-	24	1		-	-	-		-	39	1		-
	TENDALTI	1	-		-	-	-		-	21	1		-	3	-		-	-	-		-	25	1		-
	UM RIMTA	4	-		-	-	-		-	14	2	2	-	16	-		-	-	-		-	34	2	2	-
	TOTAL	21	-	1	-	1	-	-	-	105	4	5	12	63	1	2	-	-	-	-	-	190	5	8	12
GR	AND TOTAL	127	72	39	16	184	39	56	23	952	771	858	365	1283	903	701	242	18	14	-	11	2564	1799	1654	657



