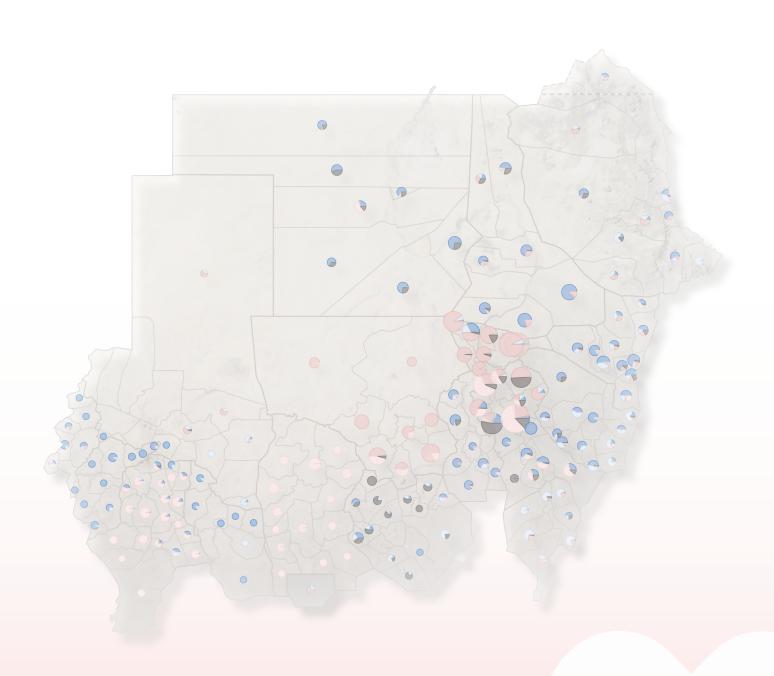


### **HeRAMS** Sudan

Baseline report **2025** 



### Sexual and reproductive health

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

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# HeRAMS Sudan Baseline report 2025

### Sexual and reproductive health

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

**IEC** Information, Education, and Communication

**STI/HIV** Sexually Transmitted Infections/Human Immunodeficiency Virus

**PMTCT** Prevention of Mother-to-Child HIV Transmission

**ART** Antiretroviral Treatment

**BEMOC** Basic Emergency Obstetric Care

**CEMOC** Comprehensive Emergency Obstetric Care

**MVA** Manual Vacuum Aspiration

**PEP** Post-Exposure Prophylaxis

**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 fifth report of the **HeRAMS Sudan baseline report 2025** series, focusing on the availability of sexual and reproductive health services. It is a continuation of the first report on the operational status of the health system<sup>1</sup> and should always be interpret in conjunction with results presented in the first report. Additional reports are available covering general clinical and trauma care service<sup>2</sup>, essential child health and nutrition services<sup>3</sup>, communicable diseases 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>

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-sudan-baseline-report-2025-operational-status-of-the-health-system

HeRAMS Sudan baseline report 2025 - General clinical and trauma care: 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-general-clinical-and-trauma-care.

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-nutritic

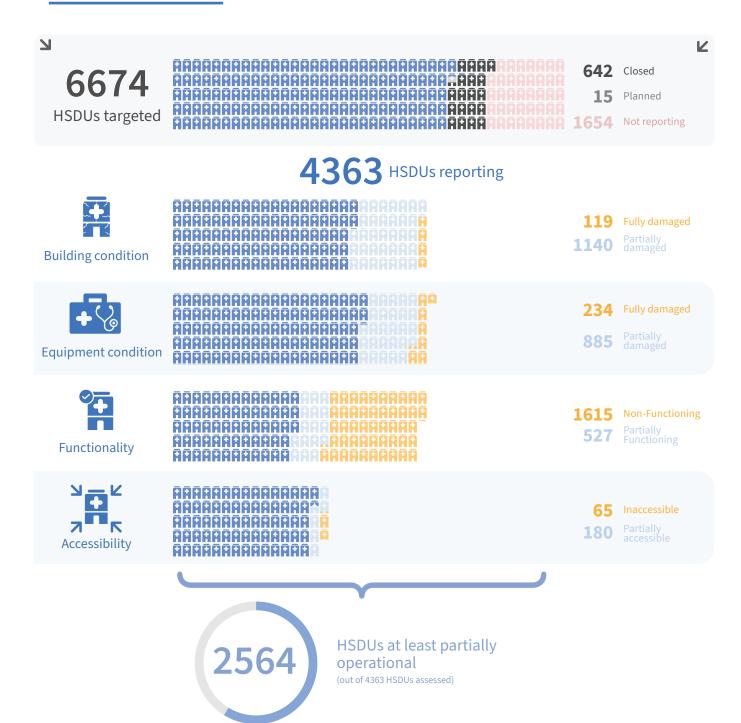
HeRAMS Sudan baseline report 2025 - Communicable diseases: A comprehensive mapping of availability of essential services and barriers to their provision, https://www.who.int/publications/m/item/herams-sudan-baseline-report-2025-communicable-diseases.

HeRAMS Sudan baseline report 2025 - Noncommunicable 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-sudan-baseline-report-2025-noncommunicable-diseases-and-mental-health.



### **OVERVIEW OF HSDUS EVALUATED**

Data collection summary 6



<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.

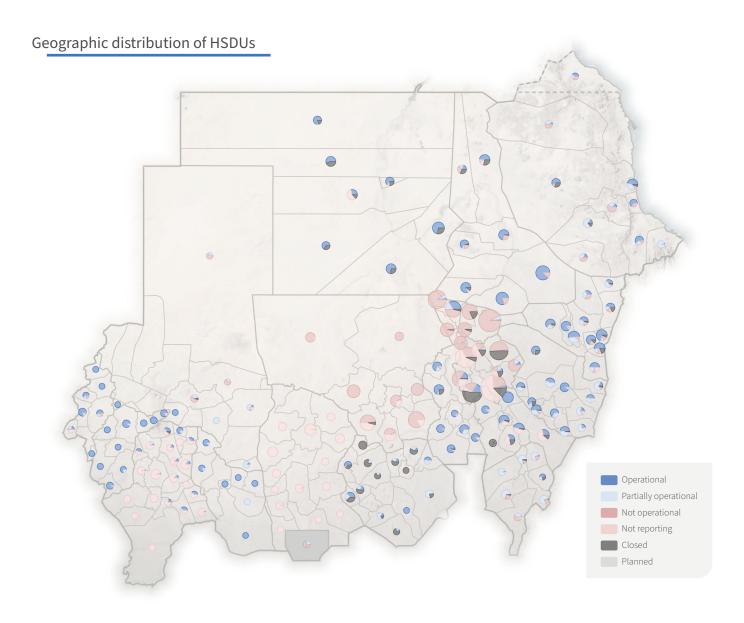


### Reporting frequency and operational status by state

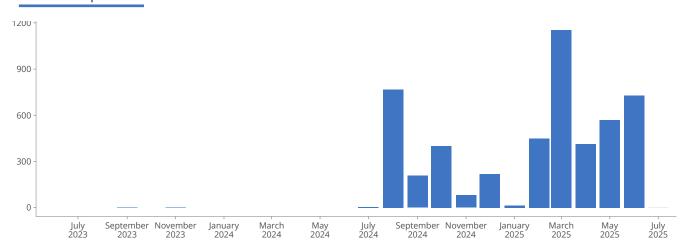
	Hospital			Rı	Rural hospital			Family health unit			Family health center			Other			Total							
	0	N/O	N/R	P/C	0	N/O	N/R	P/C	0	N/O	N/R	P/C	0	N/O	N/R	P/C	0	N/O	N/R	P/C	0	N/O	N/R	P/0
ABYEI PCA	-	-		-	1	-		-	2	-		1	1	2		2	-	2		3	4	4		6
AJ JAZIRAH	10	3	12	9	20	12	18	16	27	169	178	97	52	177	176	109	-	-		-	109	361		23
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

 $<sup>\</sup>mathbf{O}$  = 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 SERVICE AVAILABILITY**

Service availability and main barriers



STI and HIV/AIDS

		Availability (%)					
Service	Availabili						5
IEC on STI/HIV	<b>5</b> <mark>22</mark> 50	41	45	16	62	57	25
STI/HIV Advocacy	<mark>3 2</mark> 53	41	59	22	60	55	24
Syndromic management of STIs	4 <mark>12</mark> 51	41	47	9	93	53	12
HIV counselling and testing	2 <mark>2</mark> 54	41	66	14	90	61	9
PMTCT	2 <mark>2</mark> 55	41	62	7	94	63	10
Antiretroviral treatment	1 <mark>2</mark> 55	41	56	5	93	61	12



#### Maternal and newborn health

Service	Availabilit	61	<b>†</b> □	100	<b>+</b> ℃	5	
Family planning	23 6 <mark>6</mark> 24	41	24	21	83	35	25
Antenatal care	<b>22</b> 5 5 26	41	39	19	78	48	21
Clean home deliveries	12 5 7 34	41	40	14	70	45	17
Skilled care during childbirth	11 5 7 37	41	41	23	69	44	14
Basic emergency obstetric care	62 <mark>6</mark> 45	41	34	14	87	63	34
Comprehensive emergency obstetric care	2 <mark>2</mark> 54	41	24	18	86	65	26
Post-partum care	<b>11</b> 1 <mark>4</mark> 42	41	51	22	67	52	19
Comprehensive abortion care	2 <mark>2</mark> 54	41	47	10	88	73	24



#### Sexual violence

				Barriers (%)							
Service		Availability (%)					+%	5			
Clinical management of rape survivors	212	53	41	49	26	95	71	8			
Emergency contraception	22	54	41	52	8	97	61	10			
Post-exposure prophylaxis	22	54	41	47	6	98	62	5			





Not available



Barriers for partial availability or non-availability.



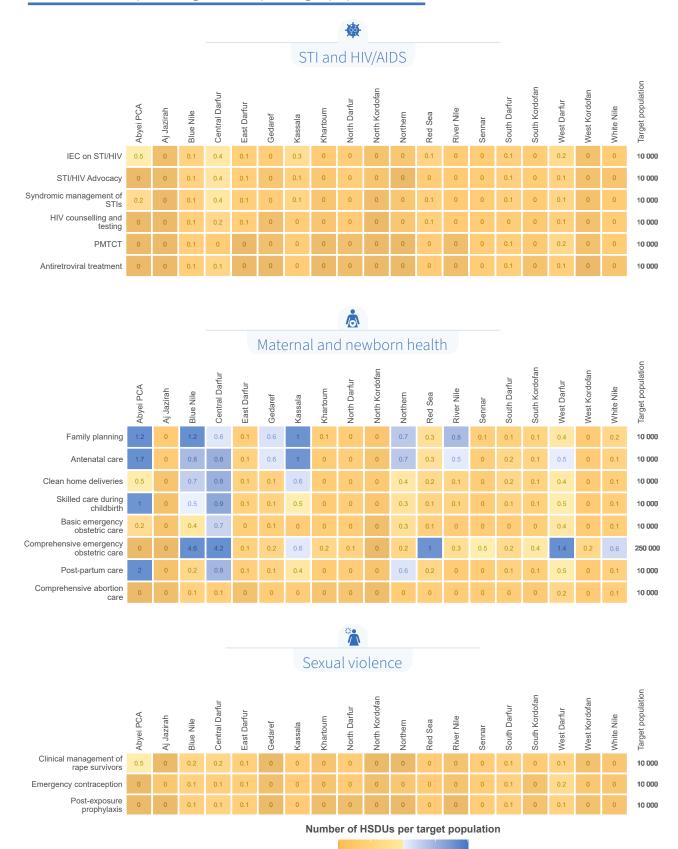


Lack of equipment





#### Number of HSDUs providing services per target population <sup>7</sup>



0.25

0.5

0.75

<sup>&</sup>lt;sup>7</sup> 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 <u>Annex I</u> 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.

State A

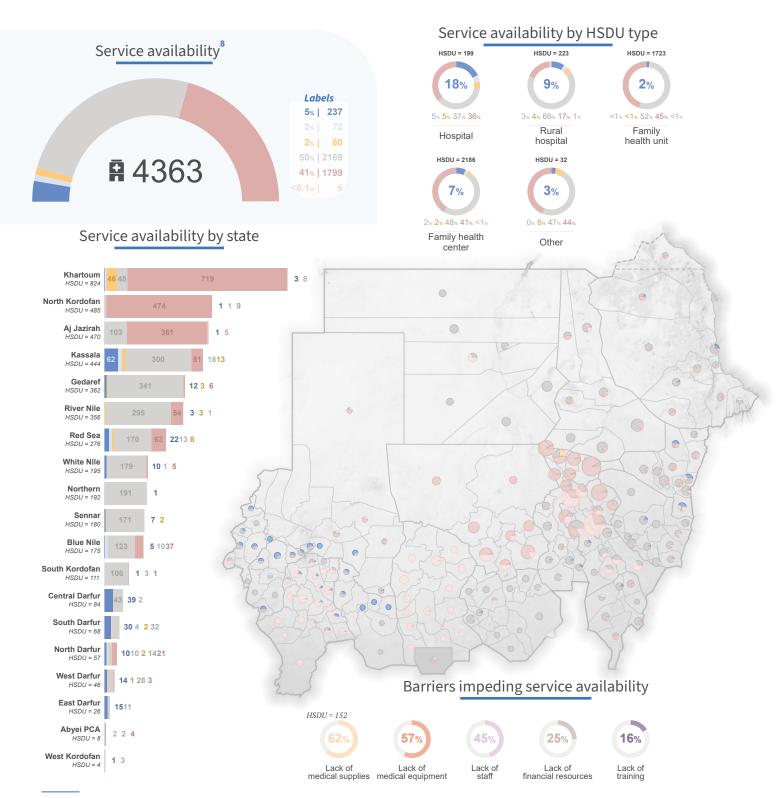
**Bar charts** further break down barriers by state. Each bar represents a specific barrier, with the percentage value indicating the proportion of HSDUs reporting that particular barrier. Additionally, the number of HSDUs reporting at least one barrier is displayed below the Locality's name.



**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%.



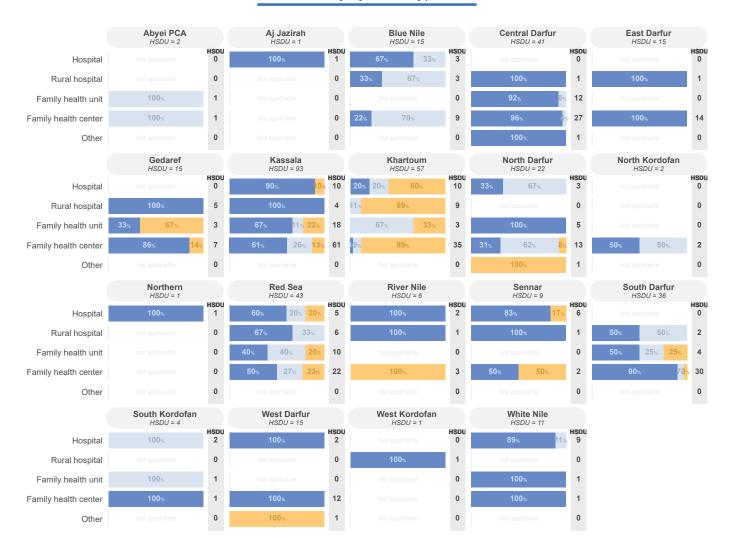
### IEC ON STI/HIV

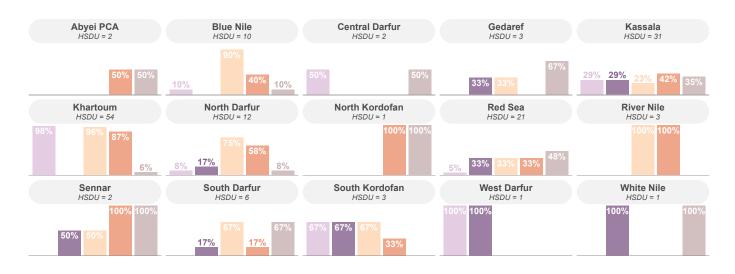


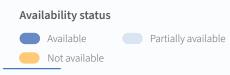
Information, education, and communication (IEC) on prevention of sexually transmitted infections (STI) and human immunodeficiency virus (HIV), and behavior change communications.



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





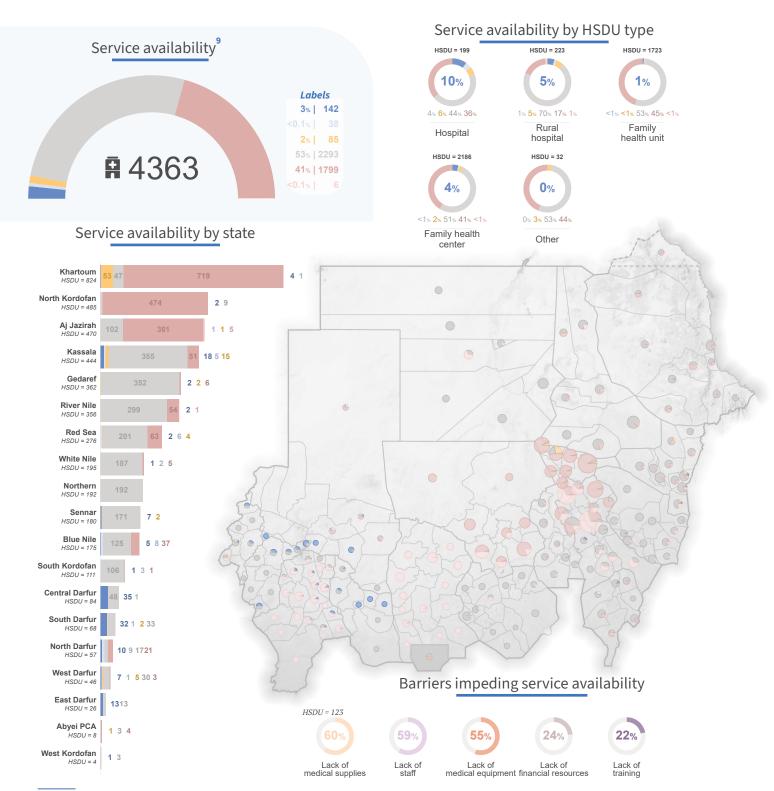








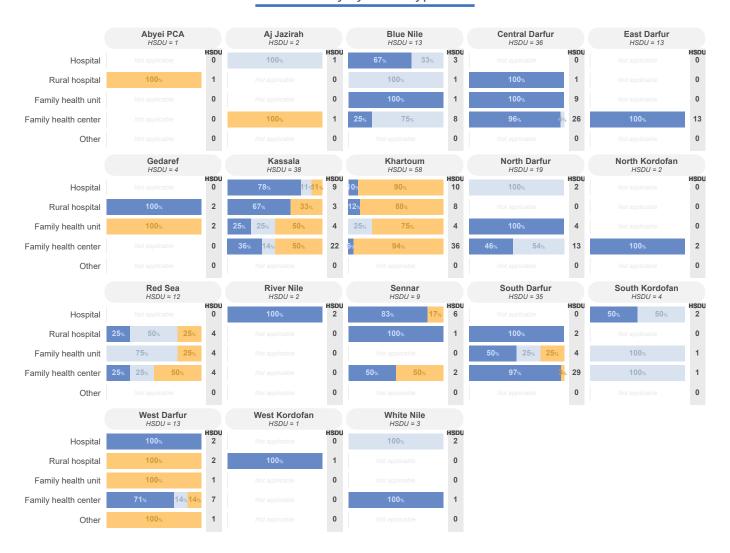
### STI/HIV ADVOCACY

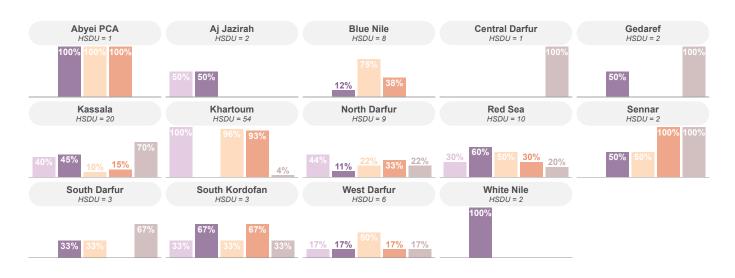


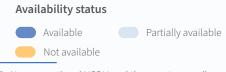
Advocacy for community leaders on STI/HIV risks.



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



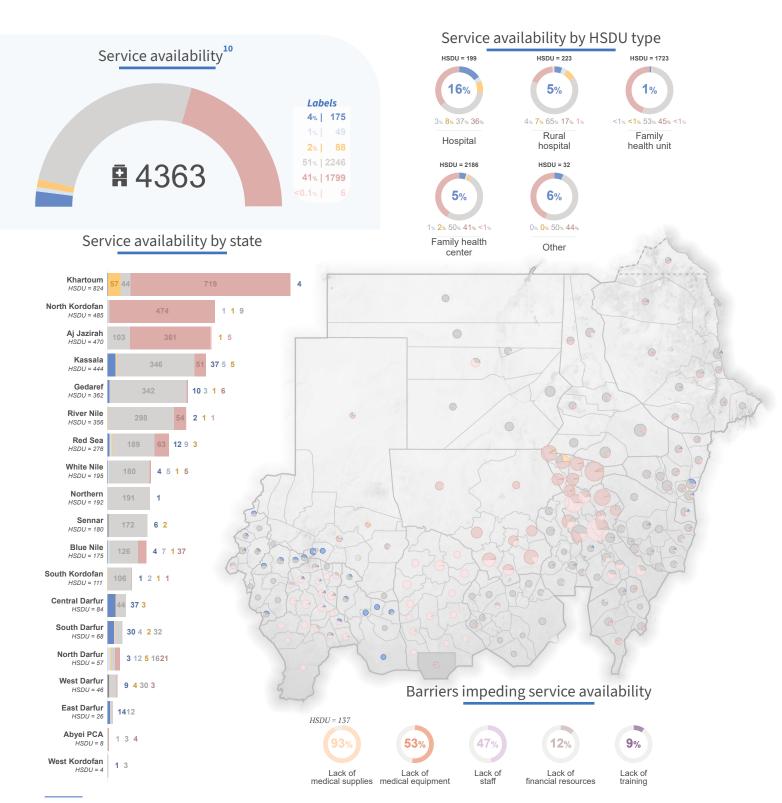








### **SYNDROMIC MANAGEMENT OF STIS**

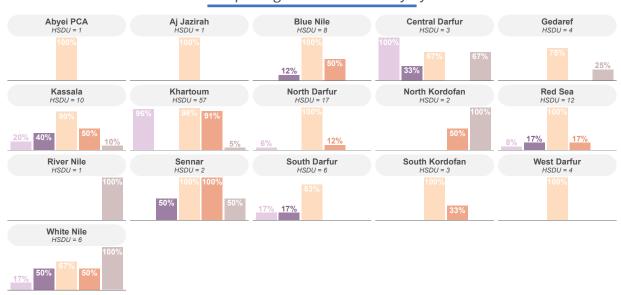


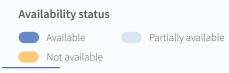
10 Syndromic management of STIs, national first-line antibiotics available.



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



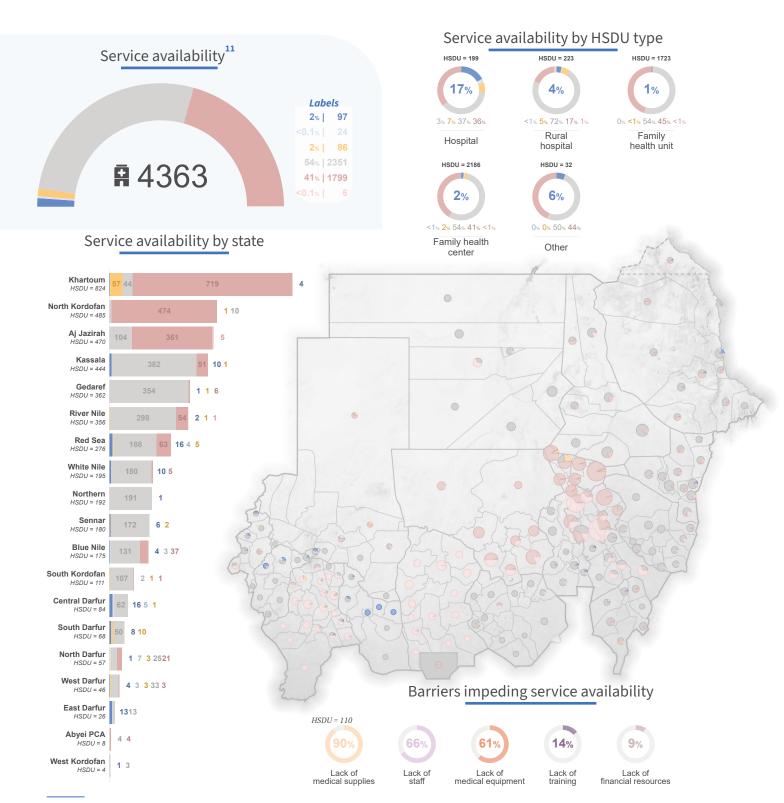








### **HIV COUNSELLING AND TESTING**

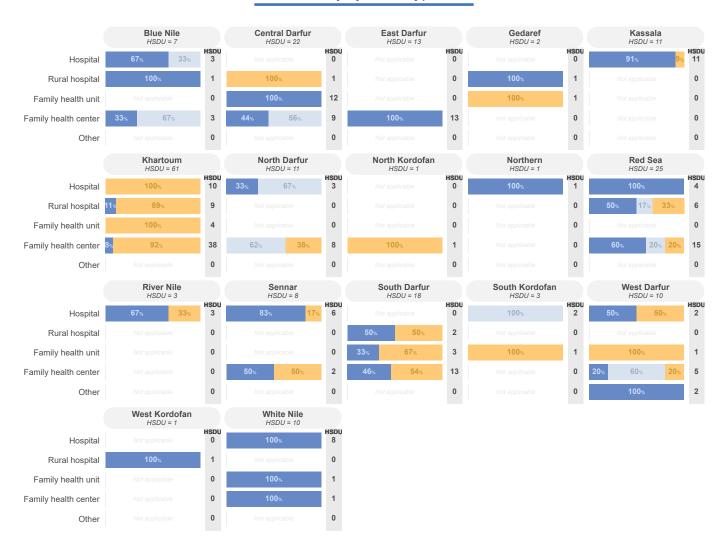


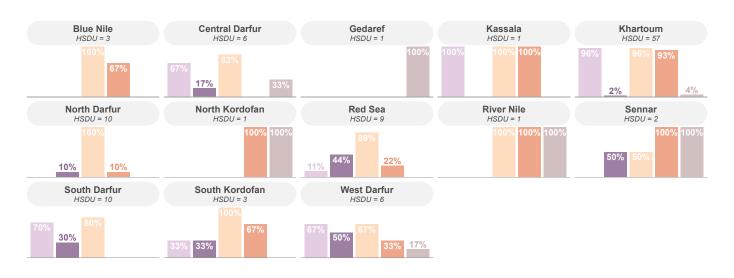
11 Availability of HIV counselling and testing.

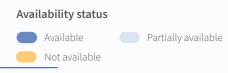




### Service availability by HSDU type and state\*





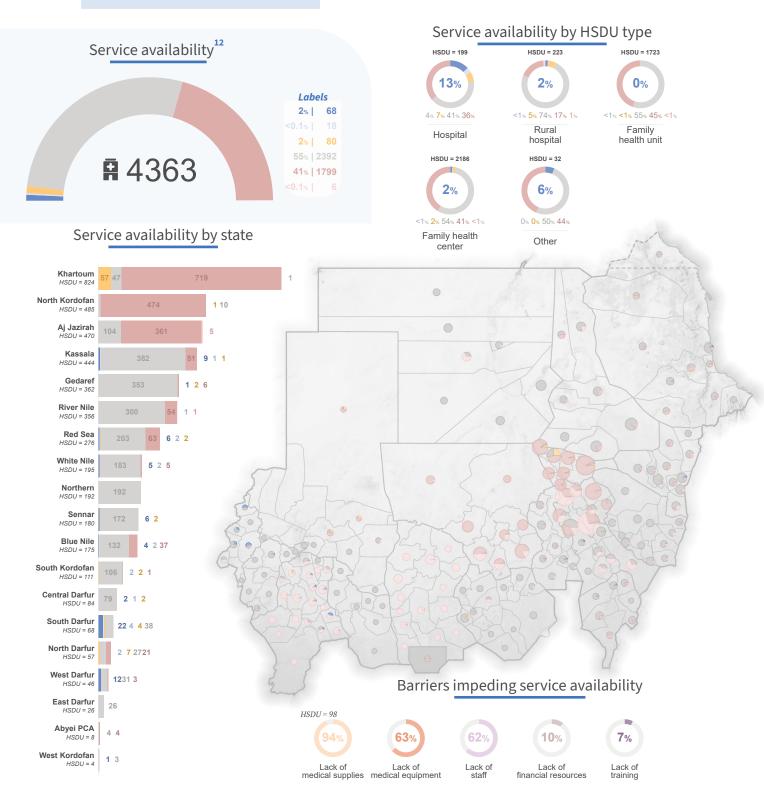




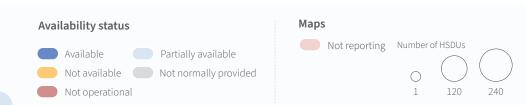




### PREVENTION OF MOTHER-TO-CHILD HIV **TRANSMISSION**



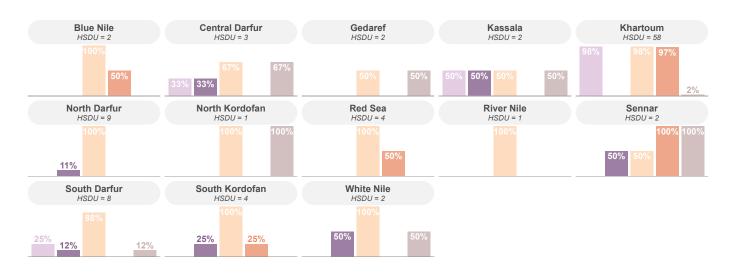
12 Prophylaxis and treatment of opportunistic infections, prevention of mother-to-child HIV transmission.

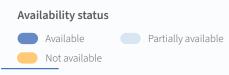




#### Service availability by HSDU type and state\*



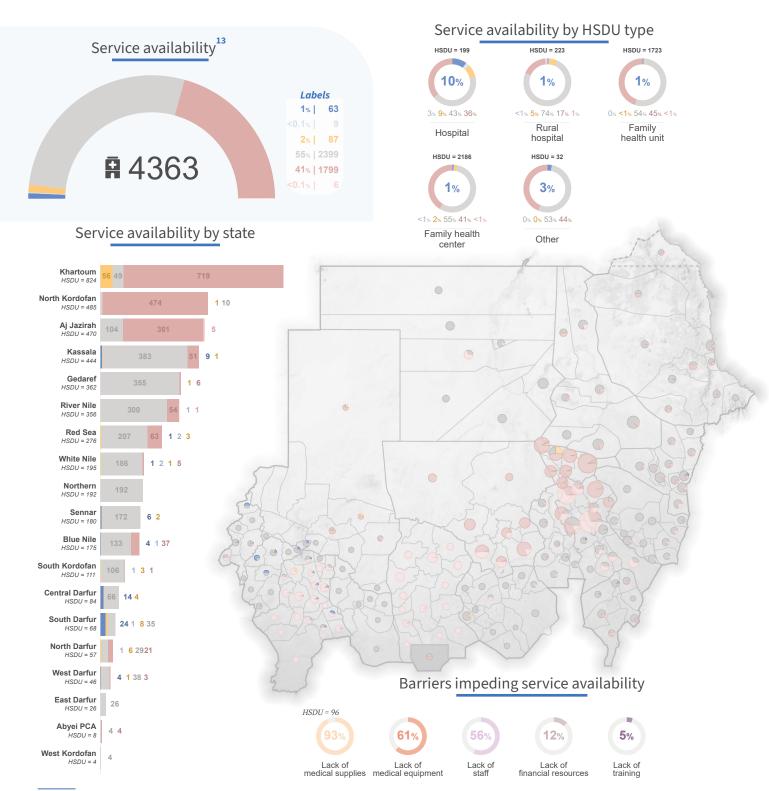








### ANTIRETROVIRAL TREATMENT

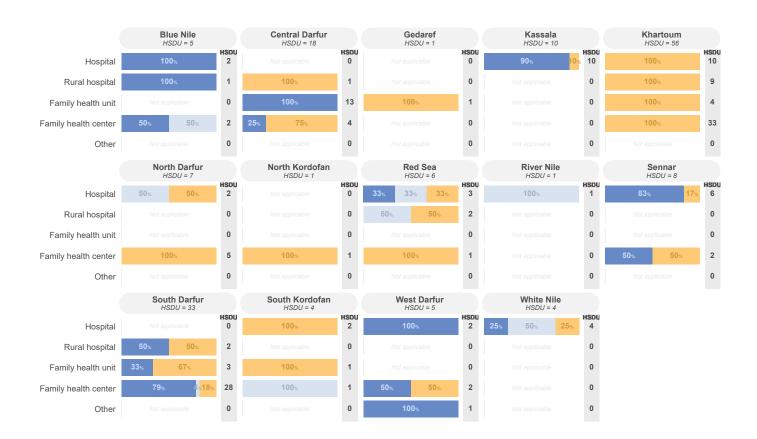


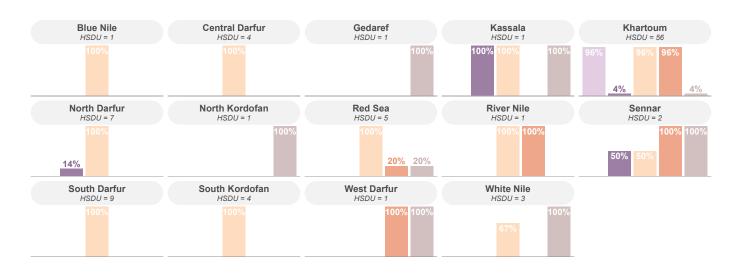
13 Availability of antiretroviral treatment.

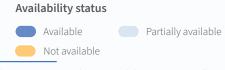




#### Service availability by HSDU type and state\*





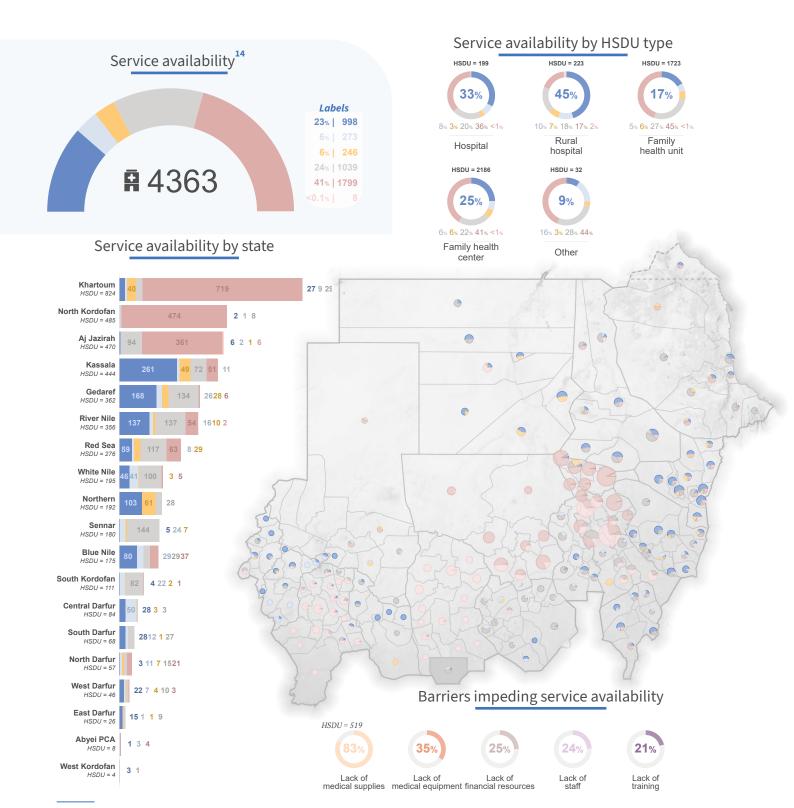








### **FAMILY PLANNING**

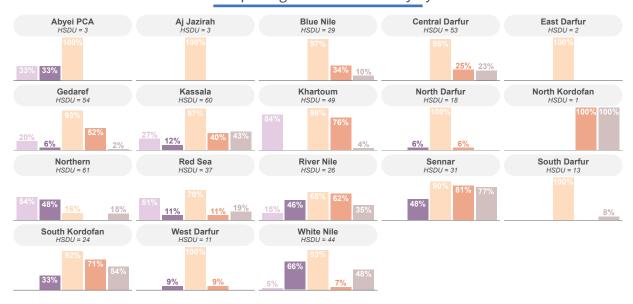


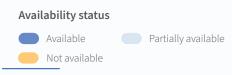
14 Availability of contraceptive methods as per national guidelines.



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





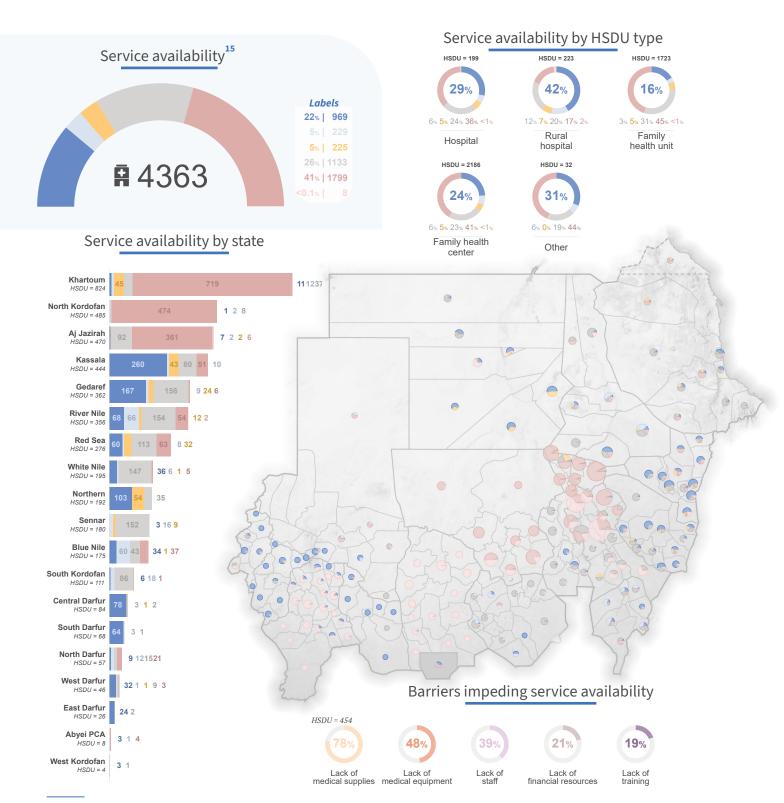








### **ANTENATAL CARE**

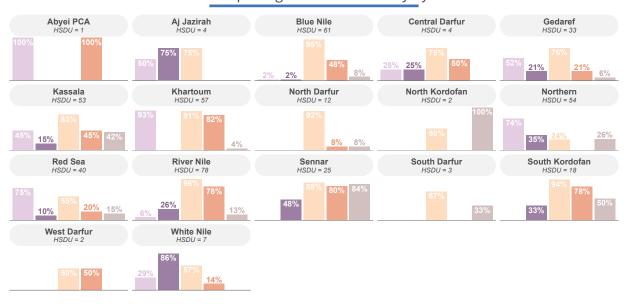


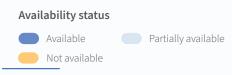




#### Service availability by HSDU type and state\*





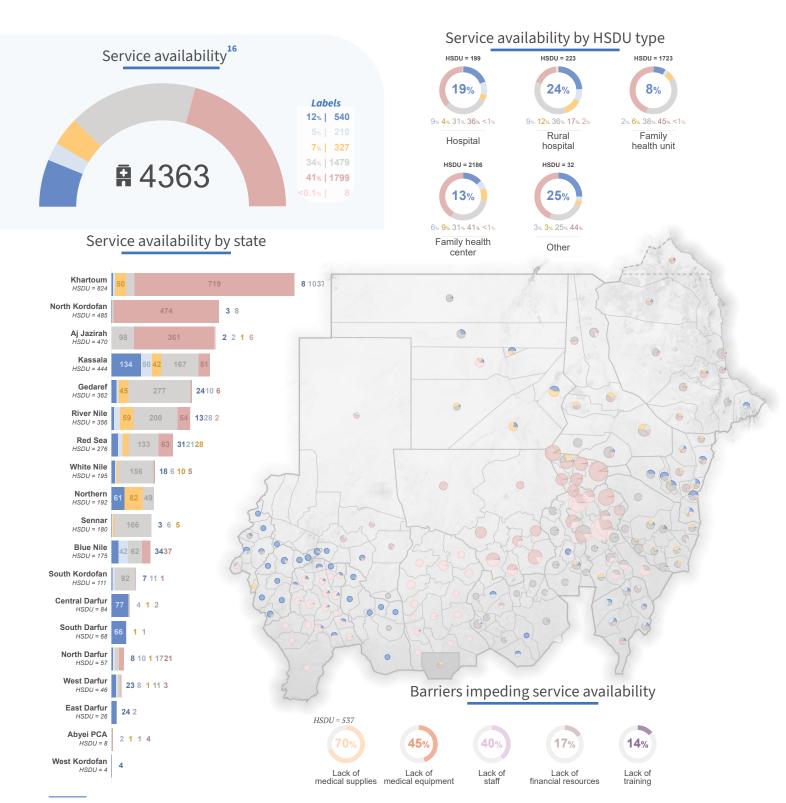




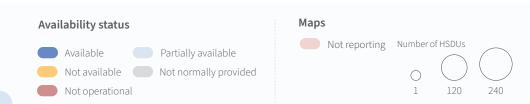




### **CLEAN HOME DELIVERIES**

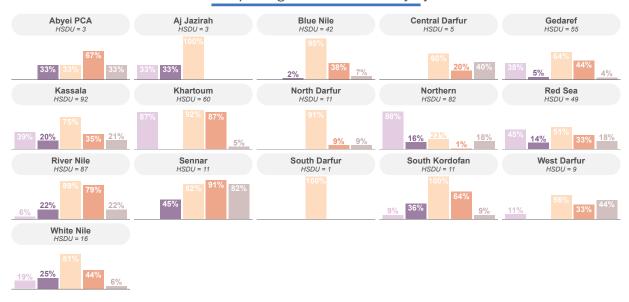


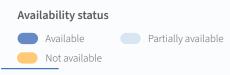
<sup>16</sup> Clean home delivery, including distribution of clean delivery kits to visibly pregnant women, IEC and behavioral change communications, knowledge of danger signs and where/when to go for help, promotion of exclusive breastfeeding and infant and young child feeding (IYCF) practices.



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



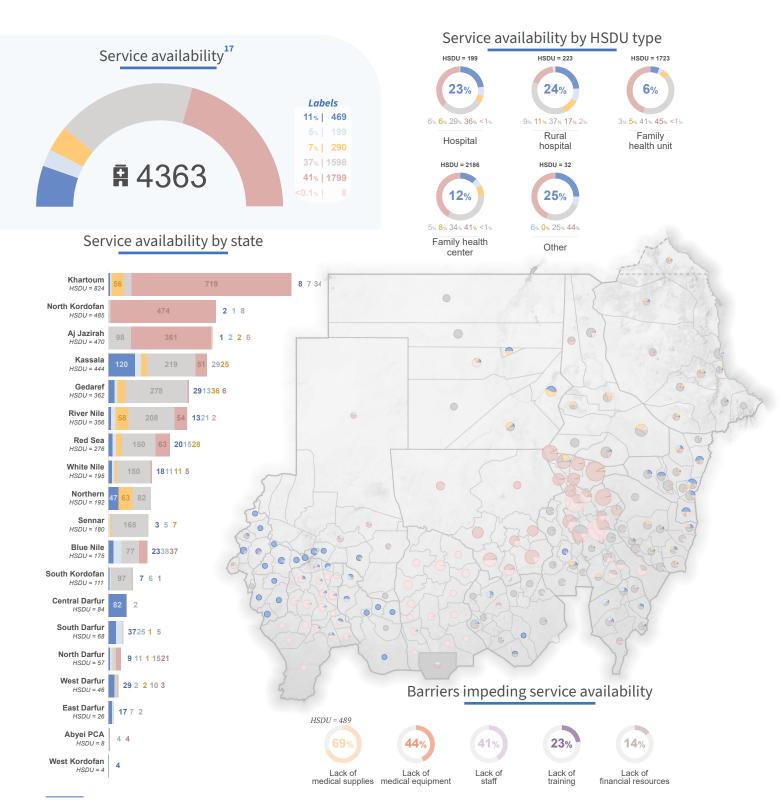




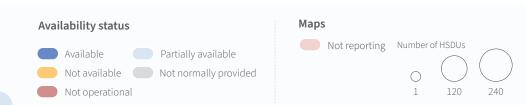




### SKILLED CARE DURING CHILDBIRTH

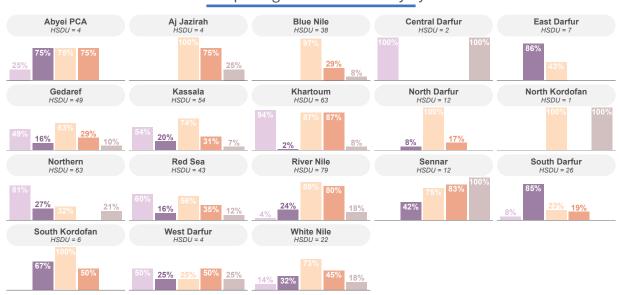


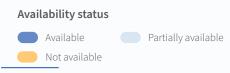
<sup>17</sup> Including early essential newborn care: preparing for birth, assessment of labor stage, WHO partograph monitoring, conditions management, drying baby, clean cord care, basic newborn resuscitation, skin-to-skin contact, oxytocin, early and exclusive breastfeeding, eye prophylaxis.



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

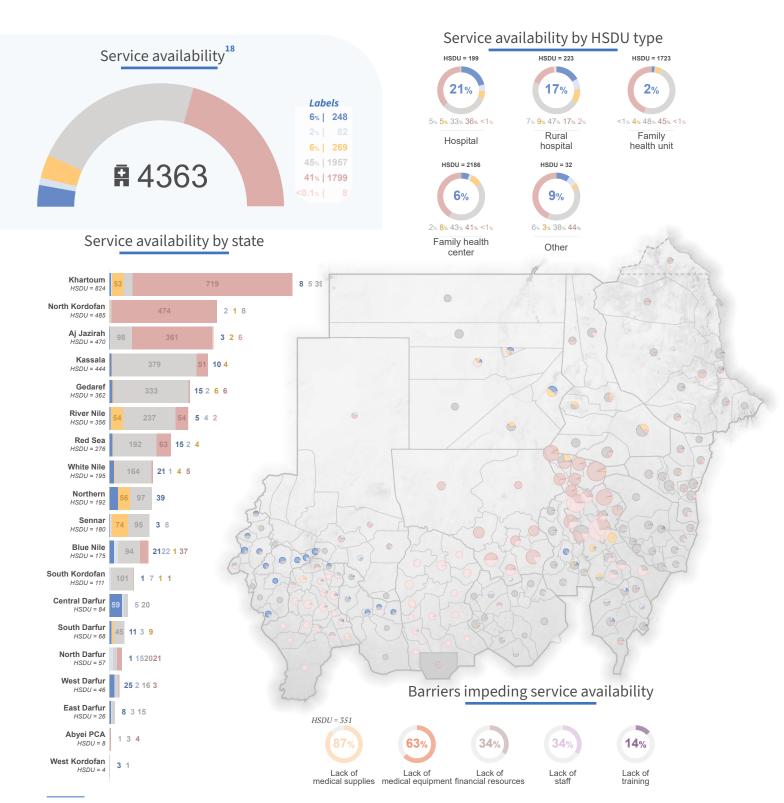








### **BASIC EMERGENCY OBSTETRIC CARE**

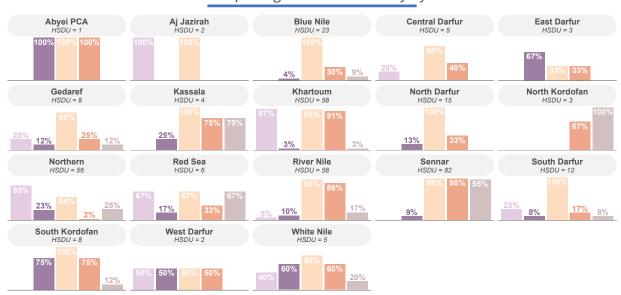


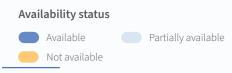




#### Service availability by HSDU type and state\*





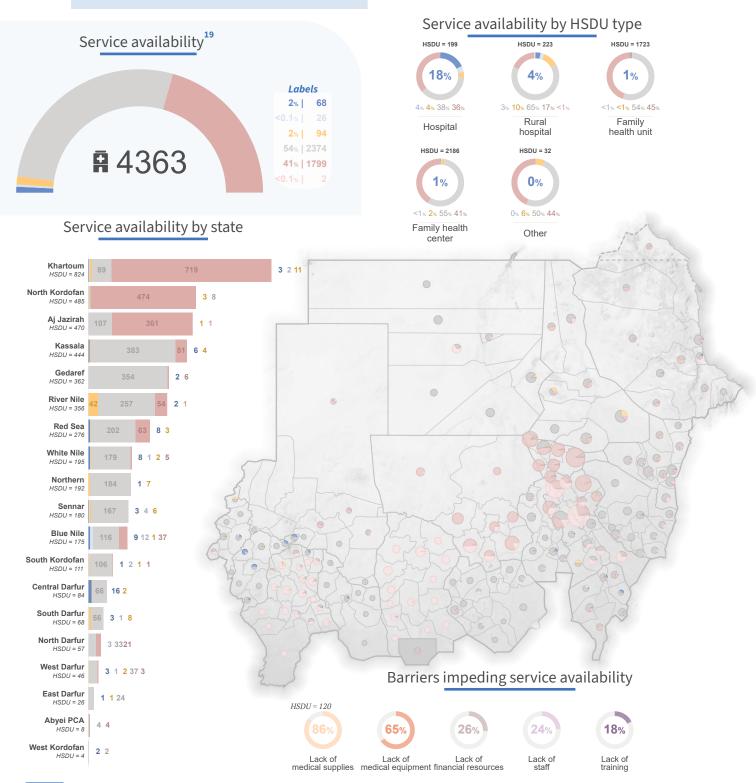




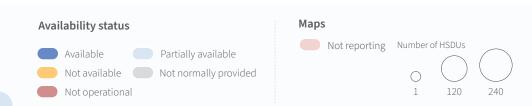




## COMPREHENSIVE EMERGENCY OBSTETRIC CARE



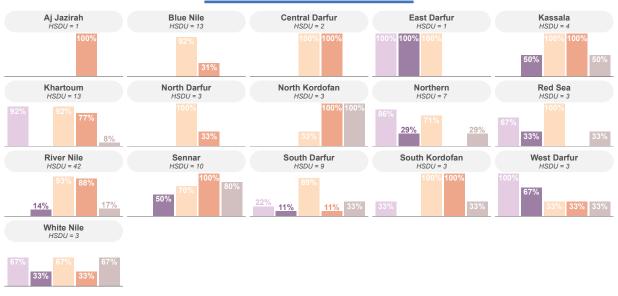
19 Basic emergency obstetric care, caesarean section, safe blood transfusion.

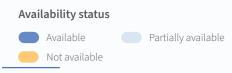




## Service availability by HSDU type and state\*



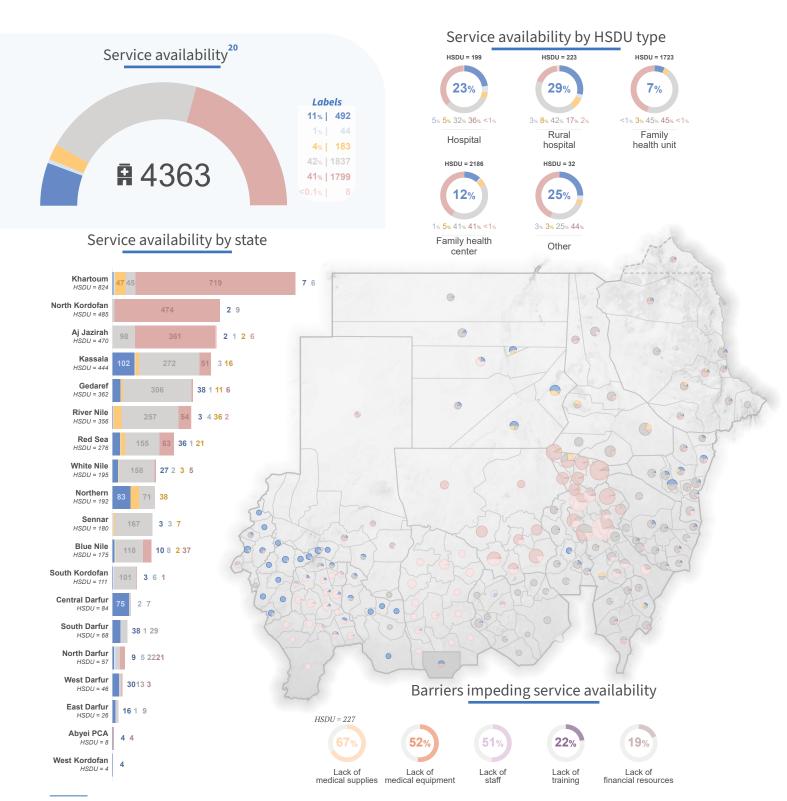








## **POST-PARTUM CARE**

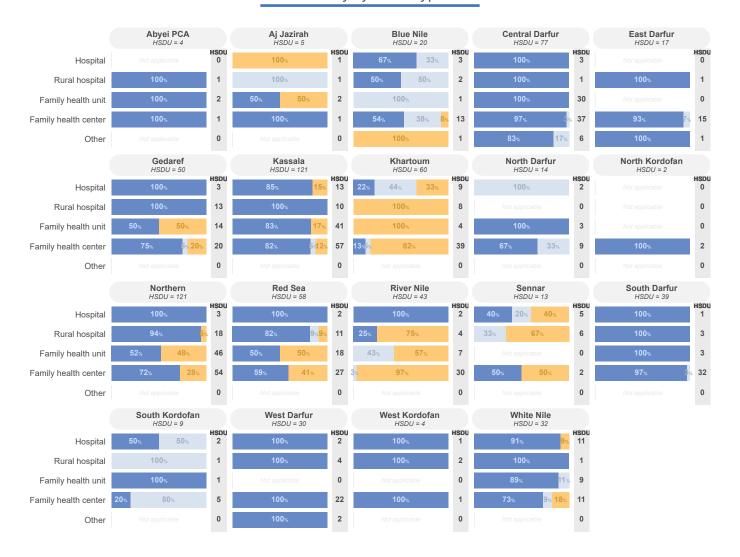


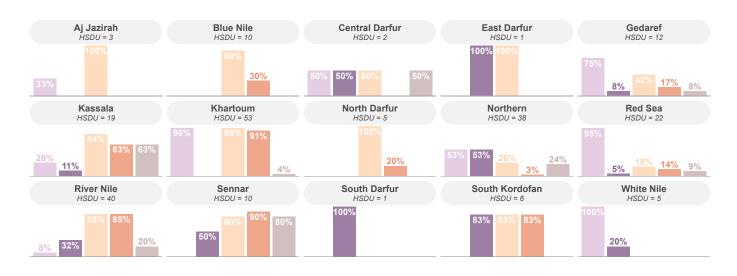
<sup>20</sup> Examination of mother and newborn (up to 6 weeks), respond to observed signs, support breastfeeding, counsel on complementary feeding, promote family planning

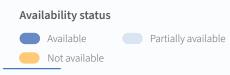


## 89

## Service availability by HSDU type and state\*





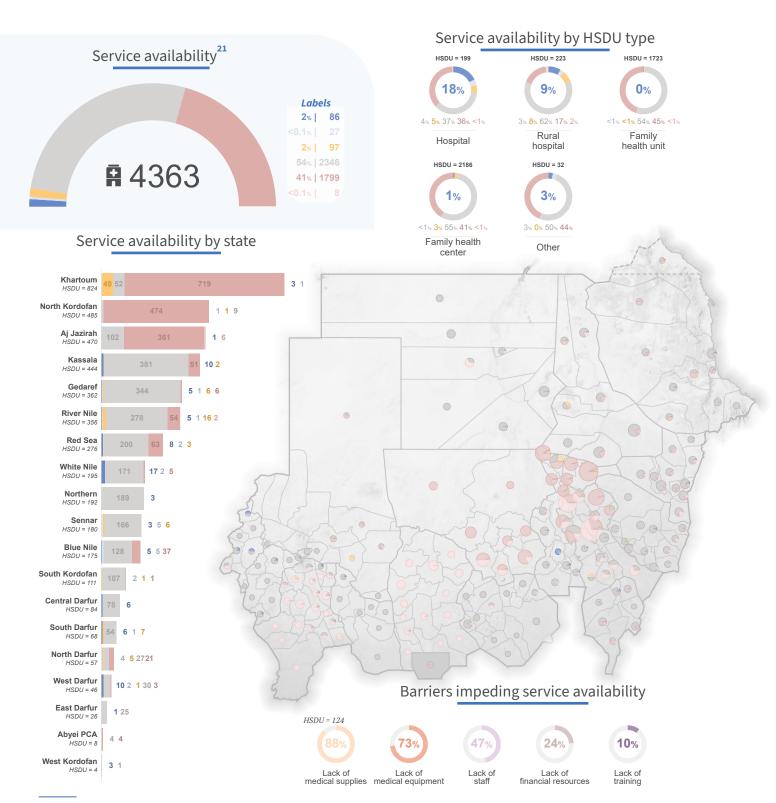








## **COMPREHENSIVE ABORTION CARE**



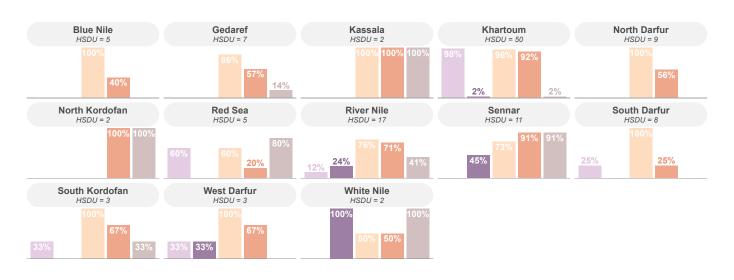
<sup>21</sup> Safe induced abortion for all legal indications, uterine evacuation using MVA or medical methods where applicable, antibiotic prophylaxis, treatment of abortion complications, counseling for abortion, and post-abortion contraception.



## 89

## Service availability by HSDU type and state\*





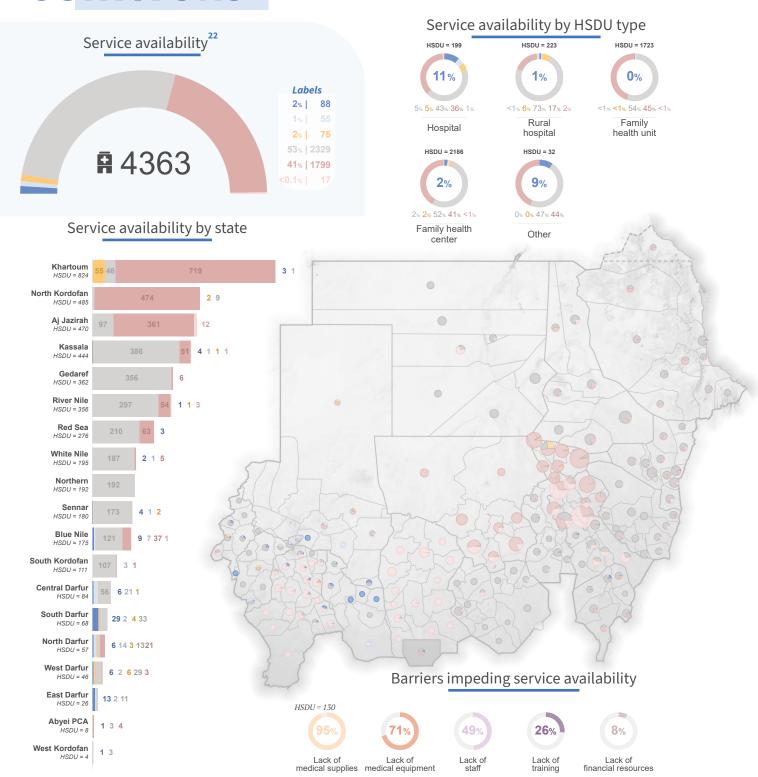








## **CLINICAL MANAGEMENT OF RAPE SURVIVORS**

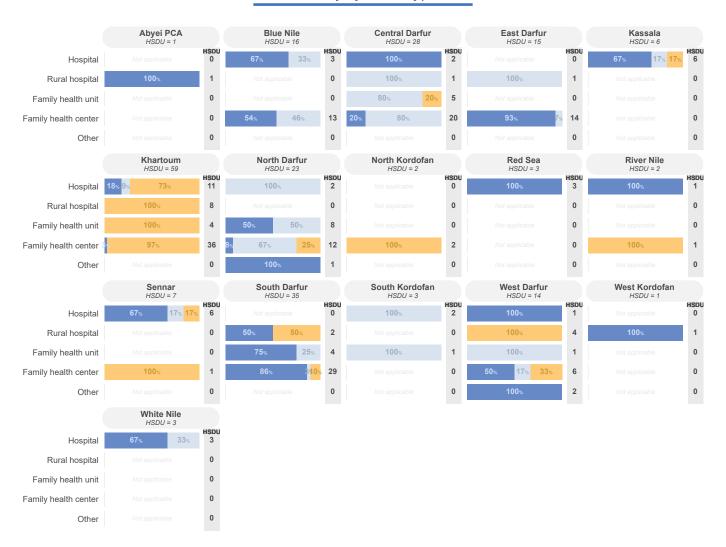


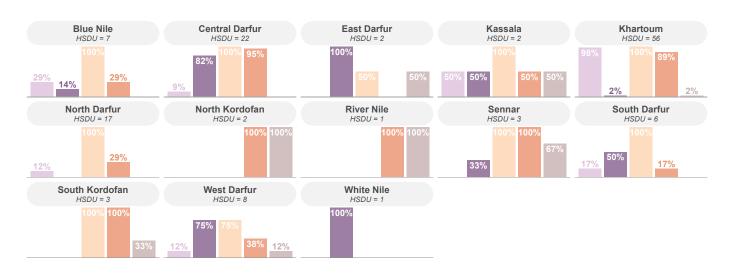
22 Clinical management of rape survivors including psychological support and provided in dedicate rooms to ensure privacy.

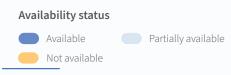




## Service availability by HSDU type and state\*



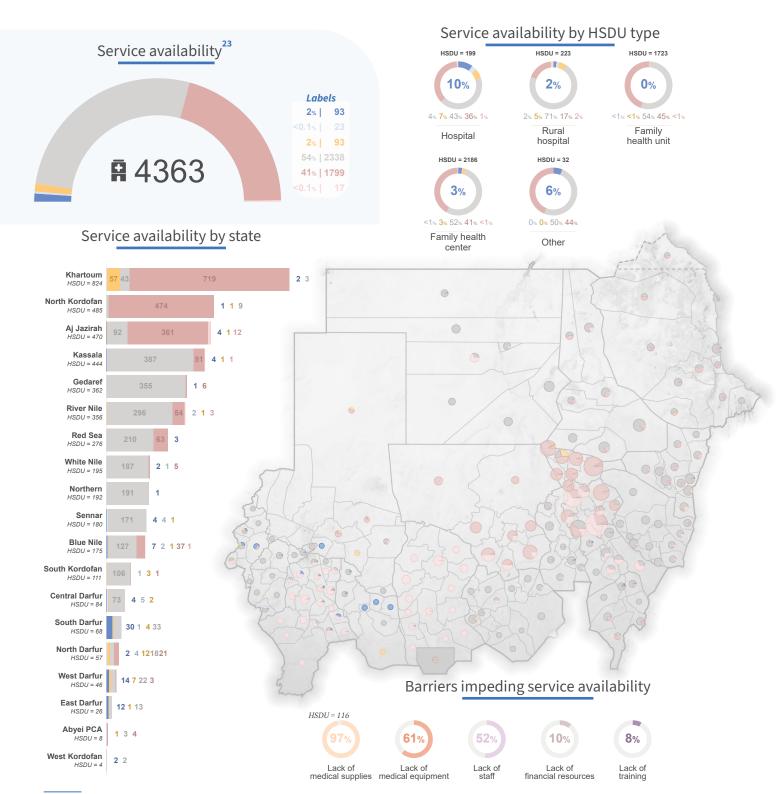








## **EMERGENCY CONTRACEPTION**

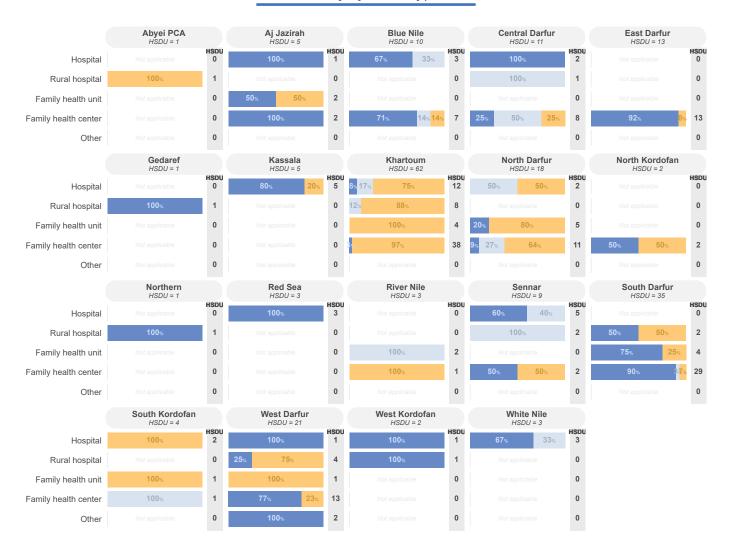


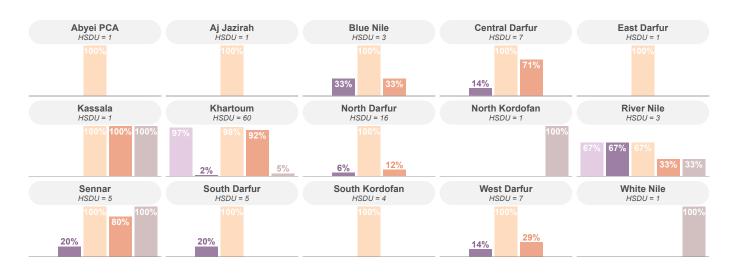
23 Emergency contraception provided as standard to survivors of rape if recommended.

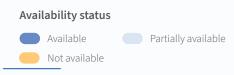


## 29

## Service availability by HSDU type and state\*



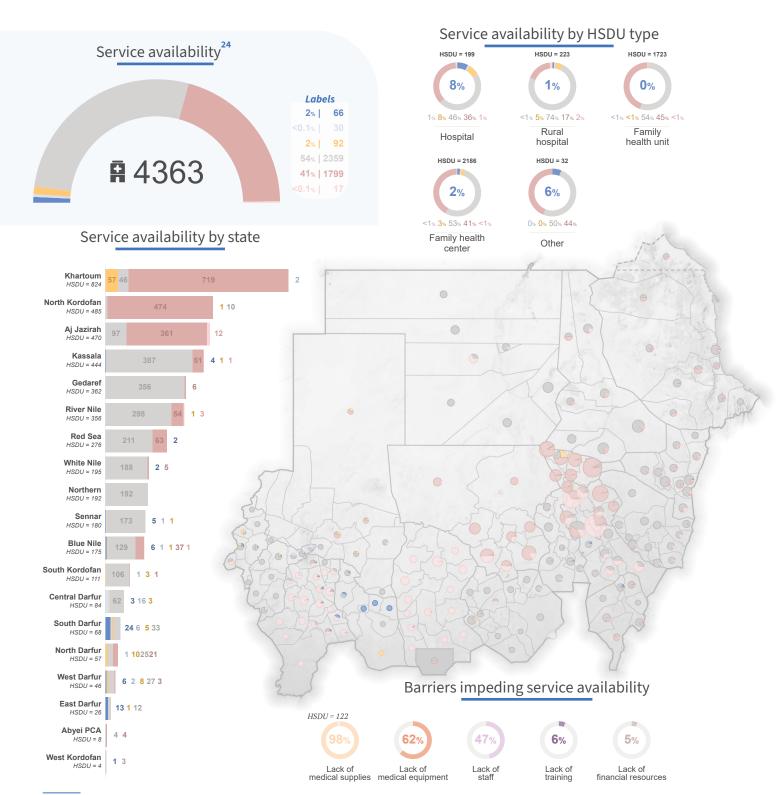








## **POST-EXPOSURE PROPHYLAXIS**



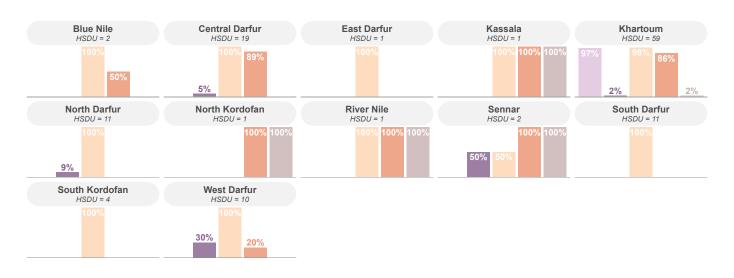
24 Post-exposure prophylaxis for STIs and HIV infections.

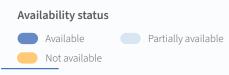




## Service availability by HSDU type and state\*













# 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
IEC ON STI/HIV	Information, education, and communication (IEC) on prevention of sexually transmitted infections (STI) and human immunodeficiency virus (HIV), and behavior change communications.
STI/HIV ADVOCACY	Advocacy for community leaders on STI/HIV risks.
SYNDROMIC MANAGEMENT OF STIS	Syndromic management of STIs, national first-line antibiotics available.
PMTCT	Prophylaxis and treatment of opportunistic infections, prevention of mother-to-child HIV transmission.
FAMILY PLANNING	Availability of contraceptive methods as per national guidelines.
ANTENATAL CARE	Assessment of pregnancy, birth and emergency plan, response to problems observed, advise/counsel on nutrition and breastfeeding, self-care and family planning, intermittent iron and folate supplementation in non-anemic pregnancy.
CLEAN HOME DELIVERIES	Clean home delivery, including distribution of clean delivery kits to visibly pregnant women, IEC and behavioral change communications, knowledge of danger signs and where/when to go for help, promotion of exclusive breast-feeding and infant and young child feeding (IYCF) practices.
SKILLED CARE DURING CHILDBIRTH	Including early essential newborn care: preparing for birth, assessment of labor stage, WHO partograph monitoring, conditions management, drying baby, clean cord care, basic newborn resuscitation, skin-to-skin contact, oxytocin, early and exclusive breastfeeding, eye prophylaxis.
BASIC EMERGENCY OBSTETRIC CARE	Parenteral antibiotics, oxytocic/anticonvulsant drugs, manual removal of placenta, removal of retained products with manual vacuum aspiration (MVA), assisted vaginal delivery, HSDU functioning 24/7.
COMPREHENSIVE EMERGENCY OBSTET- RIC CARE	Basic emergency obstetric care (BEmOC), caesarean section, safe blood transfusion.
POST-PARTUM CARE	Examination of mother and newborn (up to 6 weeks), respond to observed signs, support breastfeeding, counsel on complementary feeding, promote family planning
COMPREHENSIVE ABORTION CARE	Safe induced abortion for all legal indications, uterine evacuation using MVA or medical methods where applicable, antibiotic prophylaxis, treatment of abortion complications, counseling for abortion, and post-abortion contraception.
CLINICAL MANAGEMENT OF RAPE SUR- VIVORS	Clinical management of rape survivors including psychological support and provided in dedicate rooms to ensure privacy.
EMERGENCY CONTRACEPTION	Emergency contraception provided as standard to survivors of rape if recommended.
POST-EXPOSURE PROPHYLAXIS	Post-exposure prophylaxis for STIs and HIV infections.



