



HeRAMS Sudan

Health services across states

Infographics

JANUARY 2026

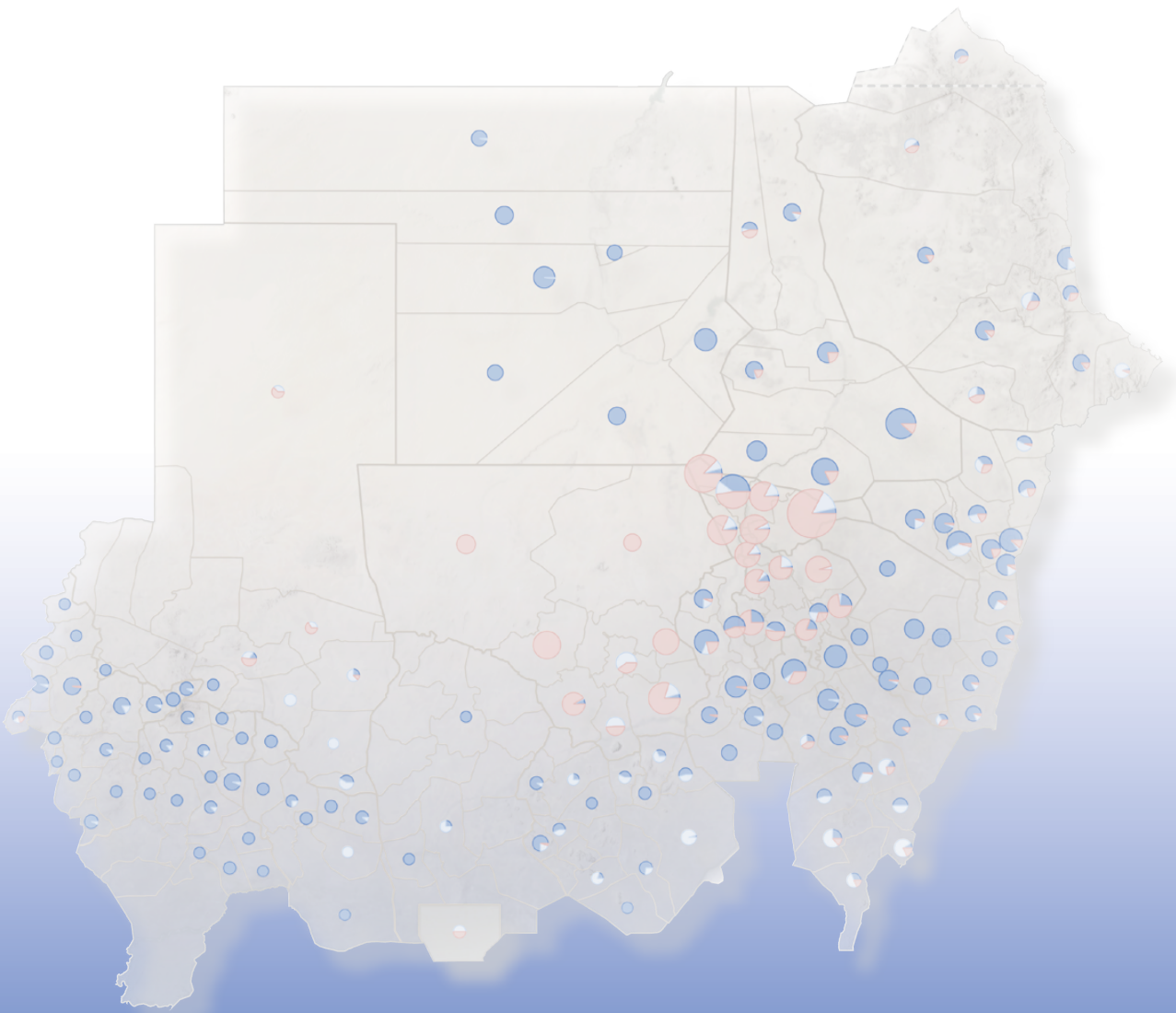


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HeRAMS Sudan

Infographic interpretation guide

Background

Disruptions to health systems can impede availability and access to essential health services. A lack of reliable information prevents sound decision-making, increasing a community's vulnerability to morbidity and mortality, especially in rapidly changing environments that require continued monitoring. The Health Resources and Services Availability Monitoring System (HeRAMS) aims to provide decision-makers and health stakeholders with vital and up-to-date information on the availability of essential health resources and services, helping them to identify gaps and determine priorities for intervention. This is accomplished by evaluating the availability of health services using standardized definitions adapted to the local context.

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.

This infographic series presents an overview of the status of health service delivery units (HSDUs) at the State level, including in depth information on service availability and main barriers to their provision.

Disclaimer

The HeRAMS project in Sudan is an ongoing process with continuous reporting, data validation and verification. As such, all data are subject to change and the analyses presented herein are not final but intended solely to inform operations. Caution must be taken when interpreting these results, as differences between information products published by WHO, national public health authorities, and other sources are to be expected due to varying inclusion criteria and data cut-off times.

Previously published reports on the status of the health system in Sudan are available here:

- HeRAMS Sudan baseline report 2025 <https://www.who.int/publications/m/item/herams-sudan-baseline-report-2025-operational-status-of-the-health-system>
- HeRAMS Sudan infographics December 2024 <https://www.who.int/publications/m/item/herams-sudan-infographics-2024-12>

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

The HeRAMS data model

HeRAMS provides a high-level, indicator-based snapshot of the health system status. Definitions are aligned with established standards to facilitate data integration and harmonization. Each indicator is assessed through two key questions:

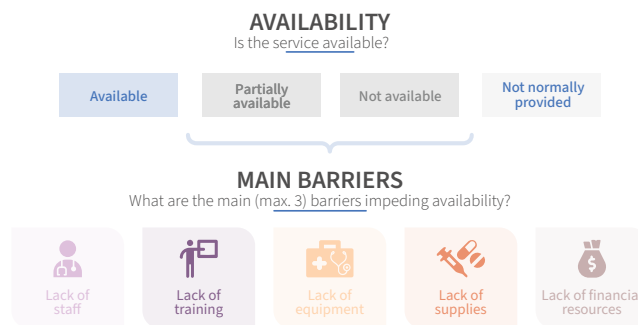
1. What is the availability level of the service?
2. If partially or not available, what barriers are impeding service delivery?



Availability: is defined as the service being present in sufficient quality and quantity to meet the daily demands of the HSDU¹, and in accordance with national standards.

Availability is categorized as follows:

- **Available:** The service is present in sufficient quality and quantity to fully meet the daily demands of the HSDU. Necessary staff and resources are in place to deliver it in accordance with national standards.
- **Partially available:** The HSDU is able to provide some parts of the service but due to current constraints, has insufficient capacity or resources to meet daily demand, or is unable to provide the full service in accordance with national standards.
- **Not available:** The HSDU is expected to provide the service but, due to current constraints (such as insufficient resources or staff), is unable to deliver it at all.
- **Not normally provided:** The service falls outside of the current package of services the HSDU aims to provide..



Expected versus not expected

Focal points specify for each service whether an HSDU anticipates providing it. “Expected” indicates that the HSDU plans to offer the service, regardless of its current availability status—whether available, partially available, or unavailable. Conversely, “not expected” means the HSDU does not plan to provide the service, even if all obstacles were removed, and the service is considered “not normally provided.” This categorization is based on the HSDU’s perspective and current circumstances and may differ from assumptions based on national service packages.

When a service is not available up to standard (partially or not available), **barriers** impeding service availability are systematically collected using the following categories:

- Lack of staff
- Lack of training
- Lack of equipment
- Lack of (medical) supplies
- Lack of financial resources

Reporting frequency and methodology

Information in HeRAMS is dynamically maintained through a collaborative network of trained focal points who are responsible for updating the status of health service delivery units (HSDUs) as new information emerges. The HeRAMS project in Sudan is an ongoing process, with continuous reporting, data validation and verification. As such, the analyses presented in these infographics are preliminary and intended solely to inform operations. Each infographic clearly states the cut-of date as of which data was included.

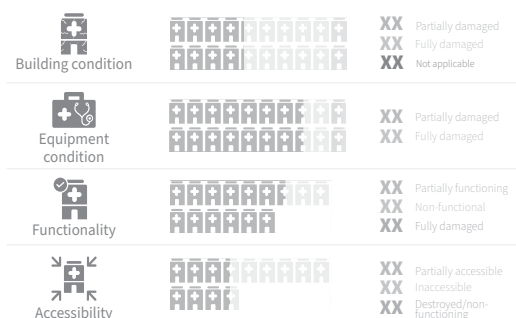
Infographic content

Coverage and completeness

The initial section provides context on reporting completeness and coverage of HeRAMS. A first indicator, displayed as a pie chart, shows the percentage of reporting HSDUs relative to the total number of HSDUs registered in HeRAMS. For additional context, a second indicator highlights HSDU density by comparing the number of operational HSDUs per population to the national average. It should be noted that both indicators may be influenced by a range of contextual and operational factors, which may affect the completeness and coverage of HeRAMS in some States.

Operational status

To determine whether the HSDU is currently capable of providing health services, the initial section of the infographic focuses on infrastructure status, overall functionality, and patient’s ability to access the HSDU. **HSDUs reported as destroyed, non-functioning or inaccessible are considered “not operational” meaning they are unable to provide any health service in their current state.**



1 Rather than health facility, HeRAMS uses the term health service delivery unit (HSDU) to include any modality through which healthcare services may be provided such as health centres, clinics, hospitals, mobile clinics, temporary or emergency structures, and in some cases individual providers such as community health workers.



XX% Cause #1

XX% Cause #2

XX% Cause #3

To understand why an HSDU is not fully operational, underlying causes are systematically collected, with each HSDU able to report up to three causes per indicator.

Functionality

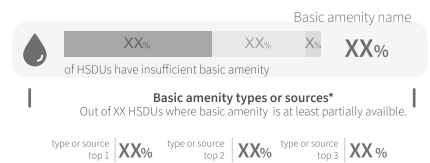
Functionality is defined by the absence of major or systemic issues impeding the ability to deliver the full range of expected services. Some services may be partially or temporarily unavailable while an HSDU remains functioning. Partial functionality occurs when the capacity to deliver services is significantly affected, potentially due to infrastructure damage, resource shortages, or a surge in service demand.

Partner support

Partner support refers to assistance from entities outside the owning organization, categorized as major, partial, or no support. Major support indicates that the HSDU would not function without it. Partial support indicates that the HSDU can continue to sustain its services independently of the support. For HSDUs receiving support, the type of assistance provided is recorded using standardized categories. Though information on support provided by individual partners is available in HeRAMS, it is excluded from these infographics.

Basic amenities

Basic amenities include cross-cutting amenities essential for an HSDU to operate effectively. The percentage of HSDUs where an amenity is at least partially available is indicated next to the bar chart. While information on barriers is available, it is excluded from the infographics.



For water, sanitation, waste management, power, cold chain, and communication, additional questions gather information about the sources or types of available amenities. These sub-questions apply only to HSDUs where the amenity is at least partially available and health facilities can report up to three sources or types for each amenity. The analysis follows the same logic as for barriers and is systematically limited to health facilities where the amenity is at least partially available with results limited to the top three amenities present across all HSDUs.

Health information management systems

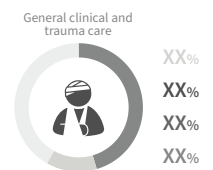
This section provides information on the availability of facility-based epidemiological reporting and health management information systems (HMIS). Availability is defined by completeness, timeliness, and accuracy of reports.

Health services

Health services are divided into five domains:

- General clinical services
- Child health and nutrition
- Communicable diseases
- Sexual and reproductive health
- Noncommunicable diseases and mental health

Service availability across a domain is summarized in a **donut chart** and includes all services within that domain. A detailed list of individual services and their definitions is available [here](#). In this figure, all responses to the respective service domain are aggregated to calculate the availability of services within that domain.



For a more detailed analysis of individual services, **bar charts** provide a breakdown of availability levels by service..

Additionally, the top three reported **barriers** are represented as icons next to the bar charts, with the percentage of health facilities reporting each barrier displayed below. Analyses of barriers are further restricted to health facilities where the service is not available up to standards. Alike previous sections, results are limited to the top three barriers reported.



Example: Out of 70 HSDUs evaluated, 49 (70%) were at least partially operational. Of these, only 16 (23%) reported the ability to provide the service. Nine were fully able to provide the service, while seven were either unable to provide it or only partially able to do so. Of those seven, five (71%) reported lack of medical supplies as the primary barrier.

Acceptance of referrals





HeRAMS Sudan | Overview

SNAPSHOT JANUARY 2026

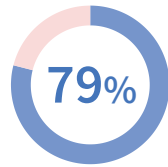
OPERATIONAL STATUS

HSDUs per population
State vs national

6.4

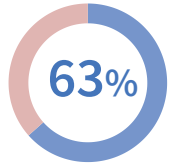
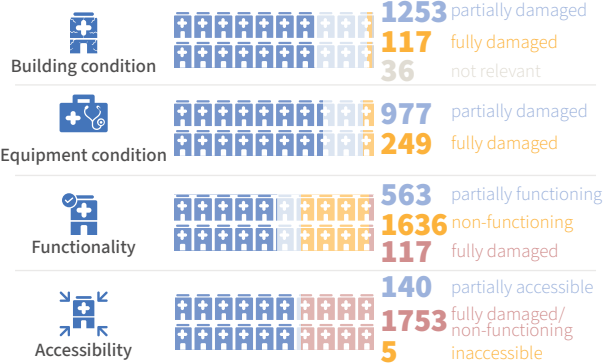
On average, Sudan has 6.4 operational HSDUs per 100,000 population.

Reporting completeness



Out of 6089 HSDUs, 4809 (79%) are reporting.

Out of 4809 HSDUs evaluated.



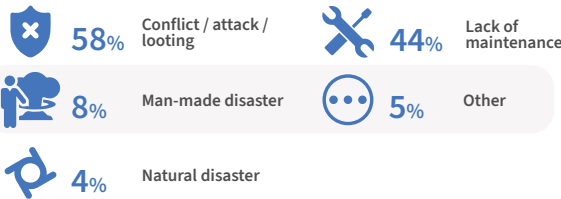
Out of 4809 HSDUs evaluated 3051 (63%) are at least partially operational.*

- At least partially operational
- Not operational

MAIN CAUSES OF...

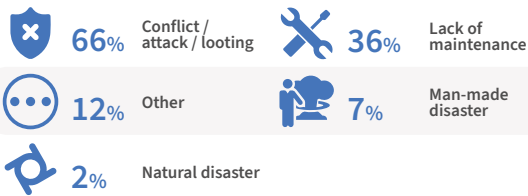
Building damage

The 5 causes of building damage as reported by 1253 partially damaged and 117 fully damaged HSDUs.



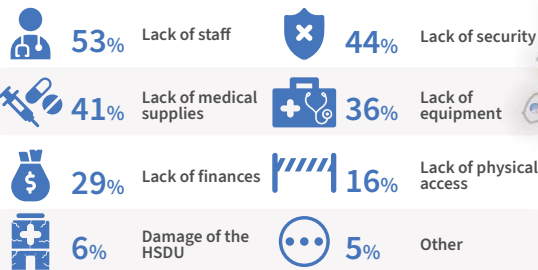
Equipment damage

The 5 causes of equipment damage as reported by 977 partially damaged and 249 fully damaged HSDUs.



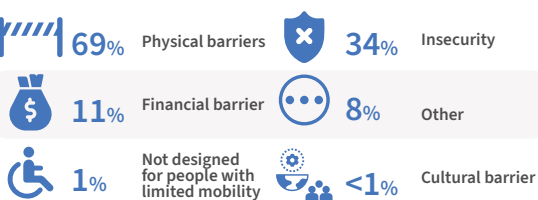
Functionality constraints

The 8 causes of functionality constraints as reported by 563 partially functioning and 1636 non-functioning HSDUs.

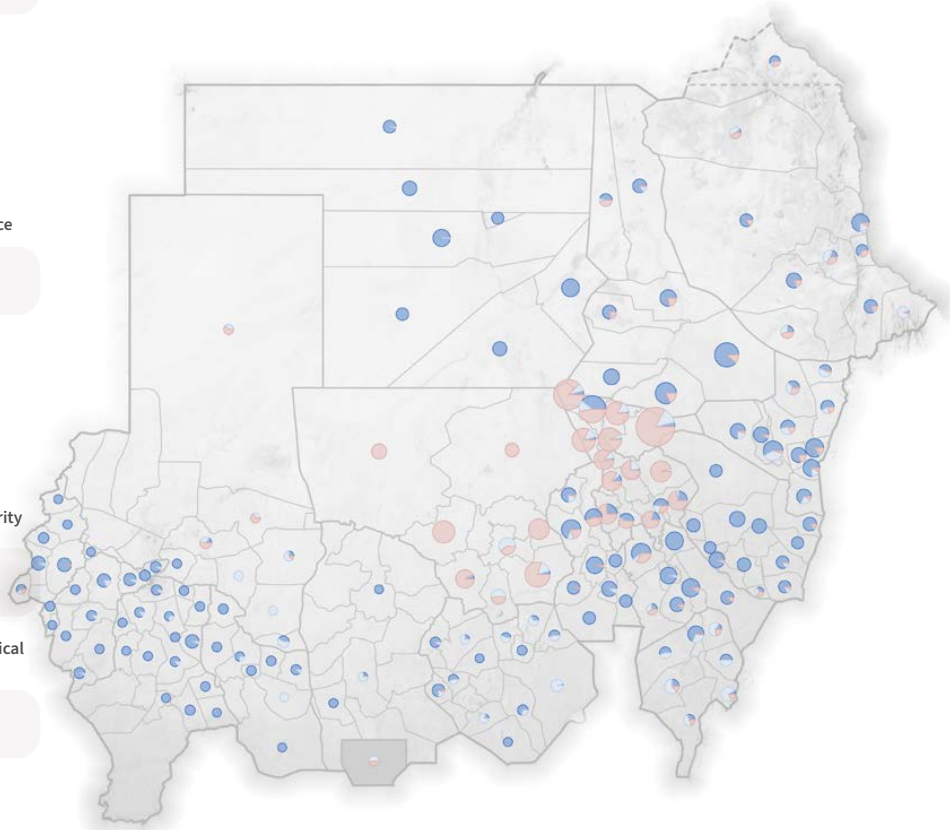
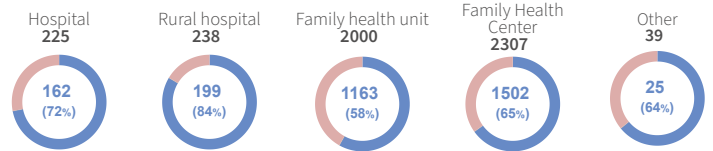


Accessibility constraints

The 6 causes of accessibility constraints as reported by 140 partially accessible and 5 inaccessible HSDUs.



HSDU by type



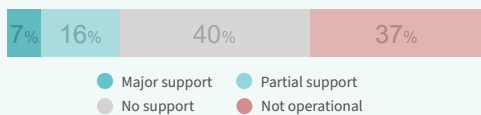
- Operational
- Partially operational
- Not operational

* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.



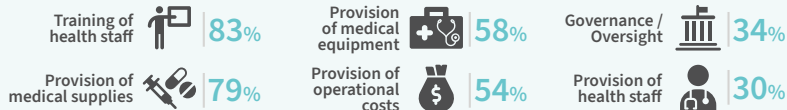


Partner support



Partner support types

Out of 1133 HSDUs supported by partners.



BASIC AMENITIES*

Available Partially available Not available Not normally provided Not operational

WASH

Water



Main water sources

Out of 2834 HSDUs where water is at least partially available.

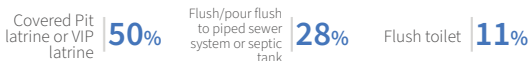


Sanitation facilities



Out of 2453 HSDUs where sanitation facilities is at least partially available.

Sanitation facilities types*



Sanitation facilities accessibility*



Hand hygiene

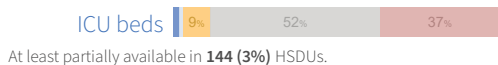


Environmental cleaning

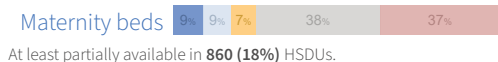


Inpatient bed capacity*

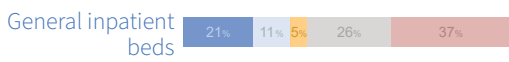
Number of available beds



905



15575

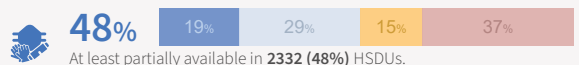


33304

Main barriers*

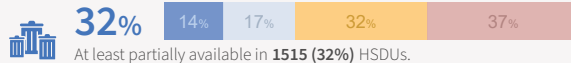


Personal protective equipment



Waste management

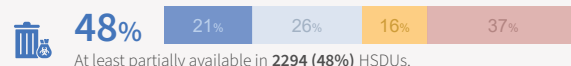
Waste segregation



Final disposal of sharps



Final disposal of infectious waste



Waste disposal methods

Out of 2382 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power

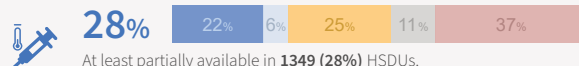


Power sources

Out of 1929 HSDUs where power is at least partially available.



Cold chain

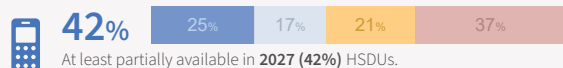


Cold chain sources

Out of 1349 HSDUs where cold chain is at least partially available.



Communication



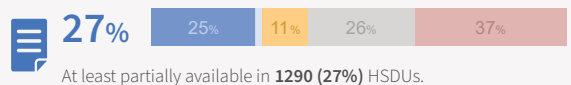
Communication equipment types

Out of 2027 HSDUs where communication is at least partially available.

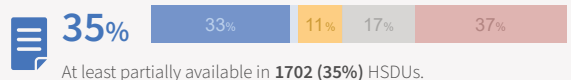


Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



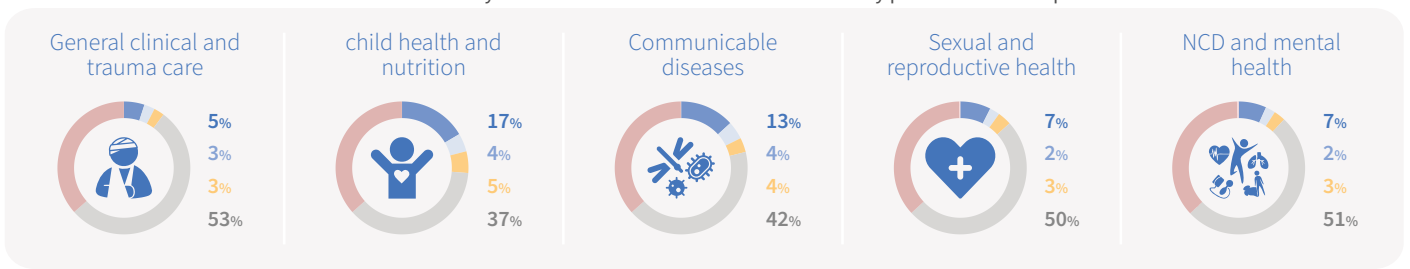
*Out of 3051 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational ● No information available



General clinical and emergency care

Availability status

● Available ● Partially available ● Not available ● Not operational ● Not normally provided

Barriers for partial availability or non-availability.

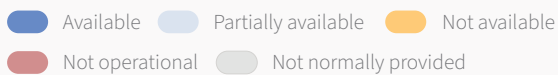
Lack of staff
 Lack of supplies
 Lack of financial resources
 Lack of training
 Lack of equipment



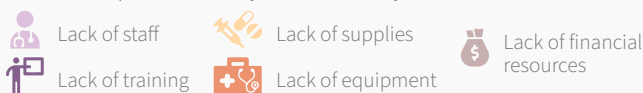
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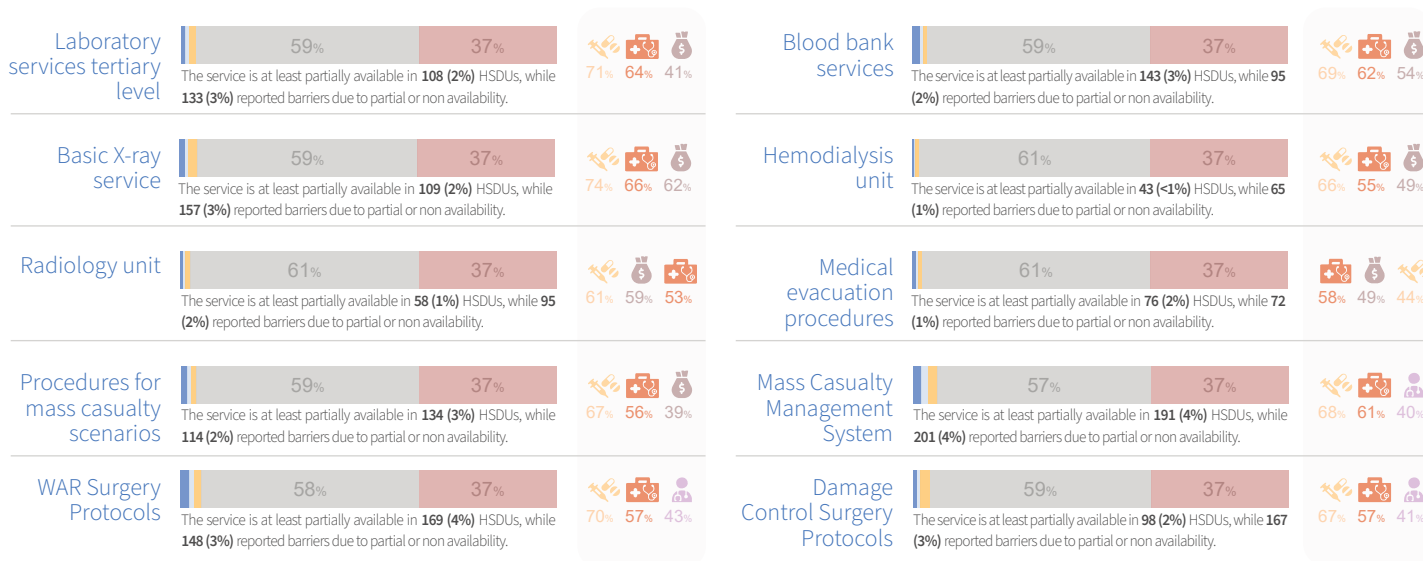
Availability status



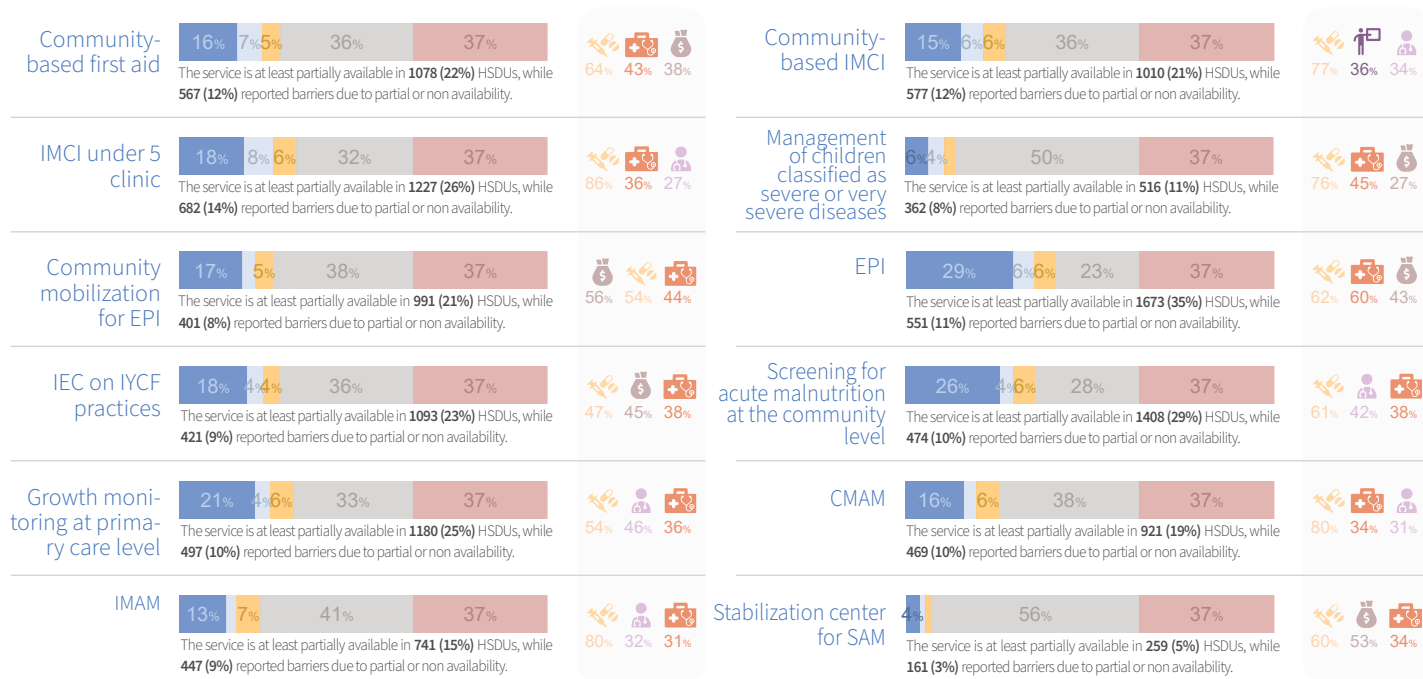
Barriers for partial availability or non-availability.



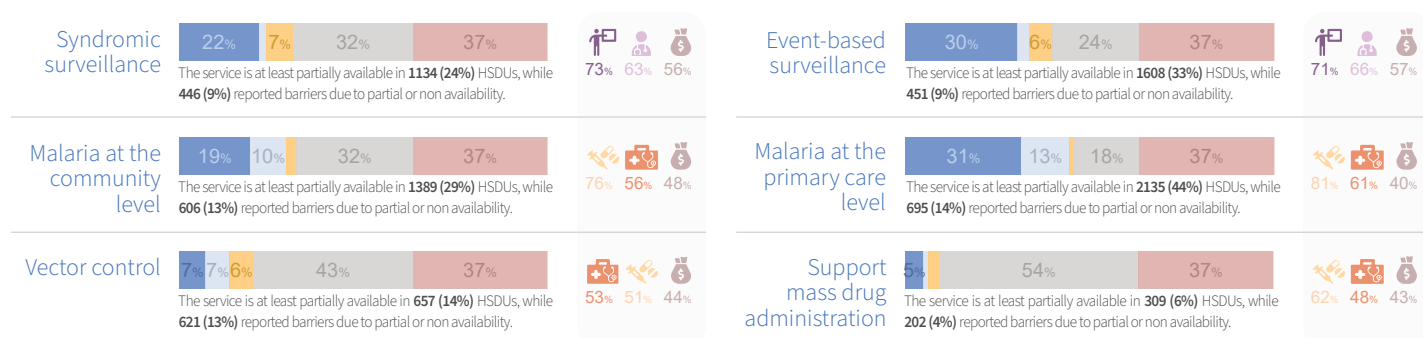
General clinical and emergency care (cont.)



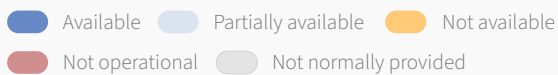
Child health and nutrition



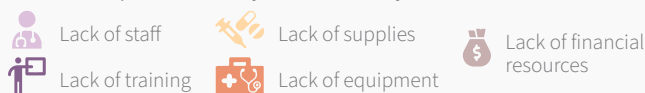
Communicable diseases



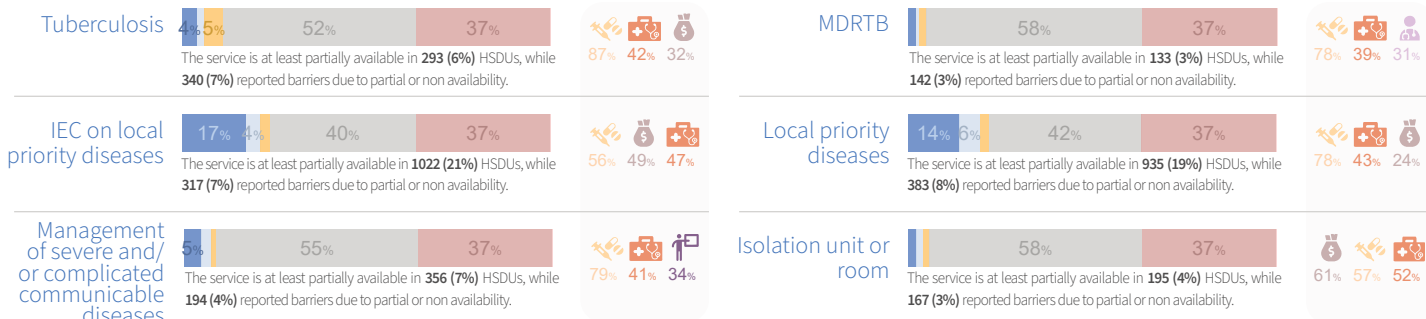
Availability status



Barriers for partial availability or non-availability.



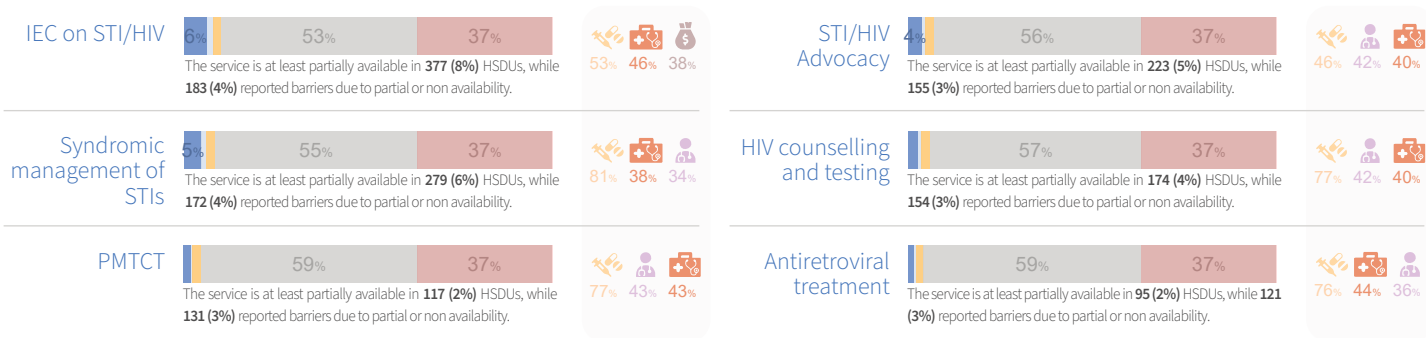
Communicable diseases (cont.)



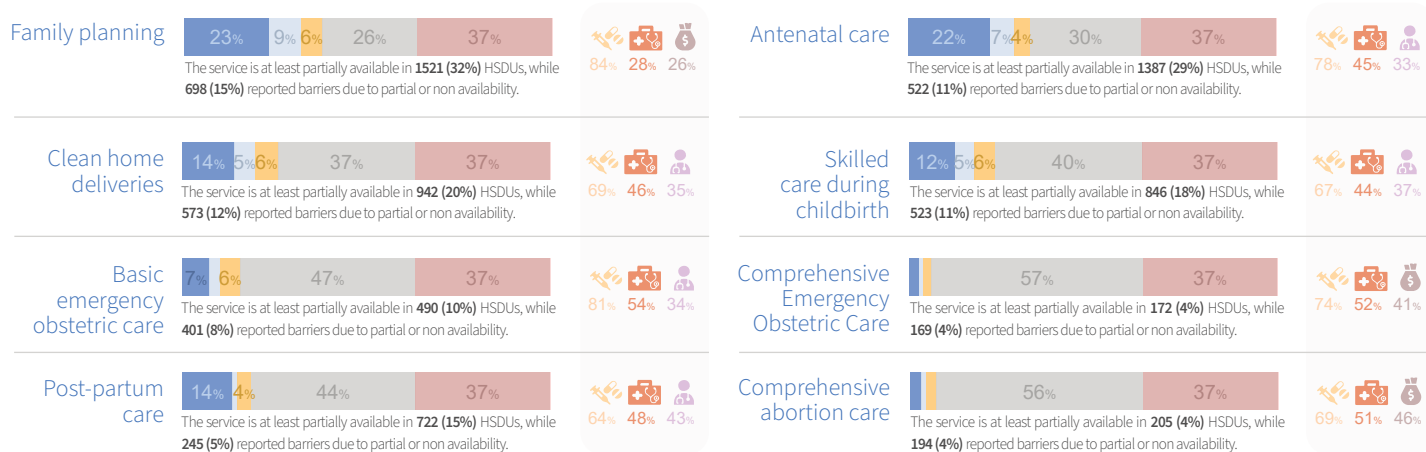
Sexual and reproductive health



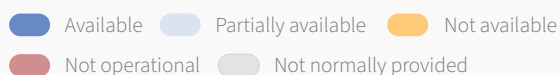
STI and HIV/AIDS



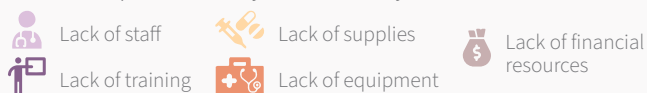
Maternal and newborn health



Availability status



Barriers for partial availability or non-availability.

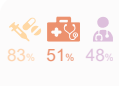
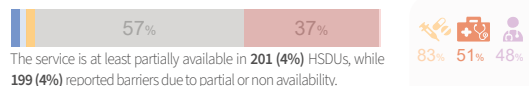


Sexual and reproductive health (cont.)

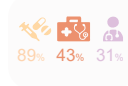
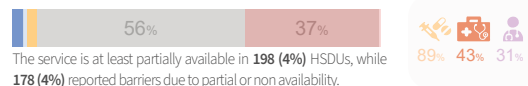


Sexual violence

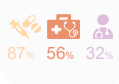
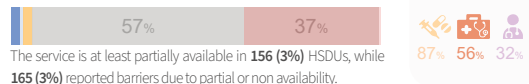
Clinical management of rape survivors



Emergency contraception

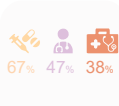
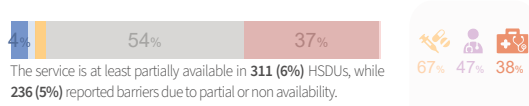


Post-exposure prophylaxis

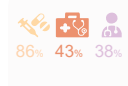
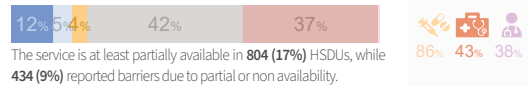


Noncommunicable diseases and mental health

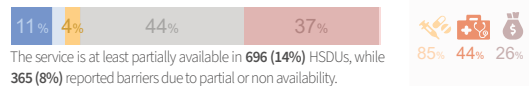
Promote self-care, provide basic health care and psycho-social support



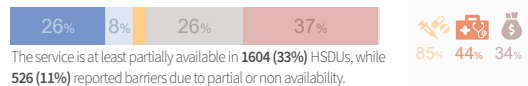
NCD clinic



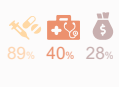
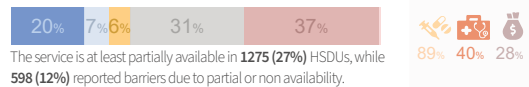
Asthma and COPD



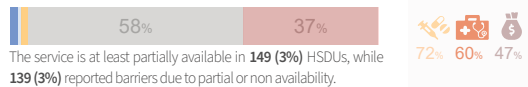
Hypertension



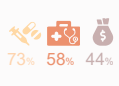
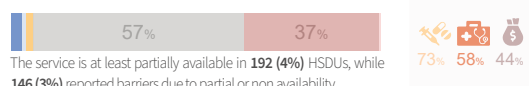
Diabetes



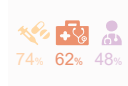
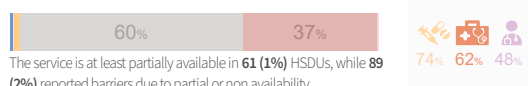
Inpatient acute rehabilitation



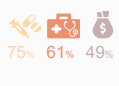
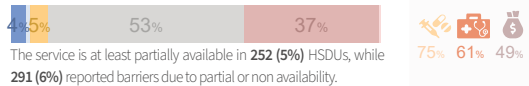
Outpatient or community level rehabilitation services



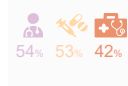
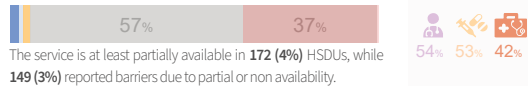
Prosthetics and Orthotics



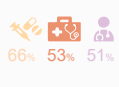
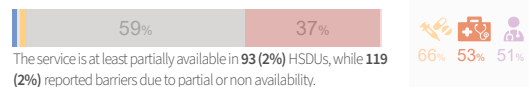
Oral health and dental care



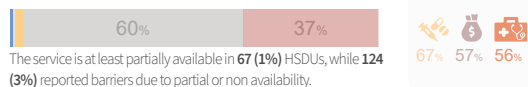
Psychological first aid



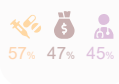
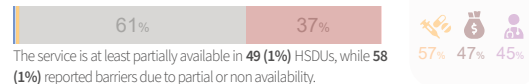
Management of mental disorders



Inpatient care for mental disorders



Inpatient care for mental disorders by specialists



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Data source: HeRAMS Sudan
<https://herams.org/project/82>
 Data accessed on: 31 January 2026
 Date report created: 02 June 2026
 Contact: herams@who.int



World Health Organization



HEALTH CLUSTER SUDAN



HeRAMS Sudan | Abyei PCA

SNAPSHOT JANUARY 2026

OPERATIONAL STATUS

HSDUs per population State vs national



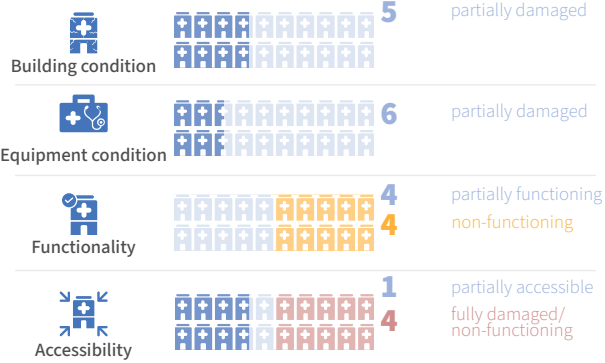
On average, **Abyei PCA** has **14.2** operational HSDUs per 100 000 population, above the national average of **6.4**.

Reporting completeness



All **8** HSDUs are reporting.

Out of **8** HSDUs evaluated.



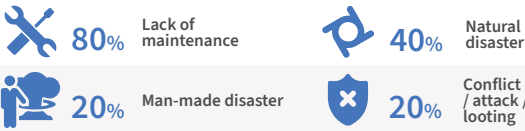
Out of **8** HSDUs evaluated **4 (50%)** are at least partially operational.*

- At least partially operational
- Not operational

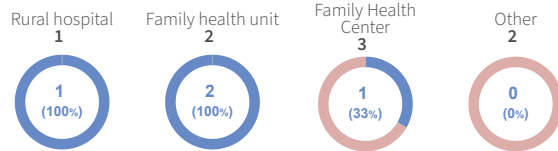
MAIN CAUSES OF...

Building damage

The 4 causes of building damage as reported by **5** partially damaged HSDUs.



HSDU by type



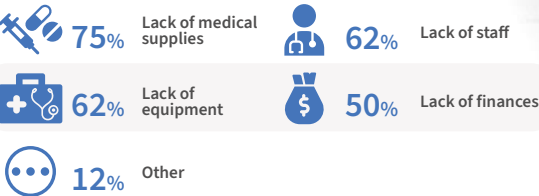
Equipment damage

The 4 causes of equipment damage as reported by **6** partially damaged HSDUs.



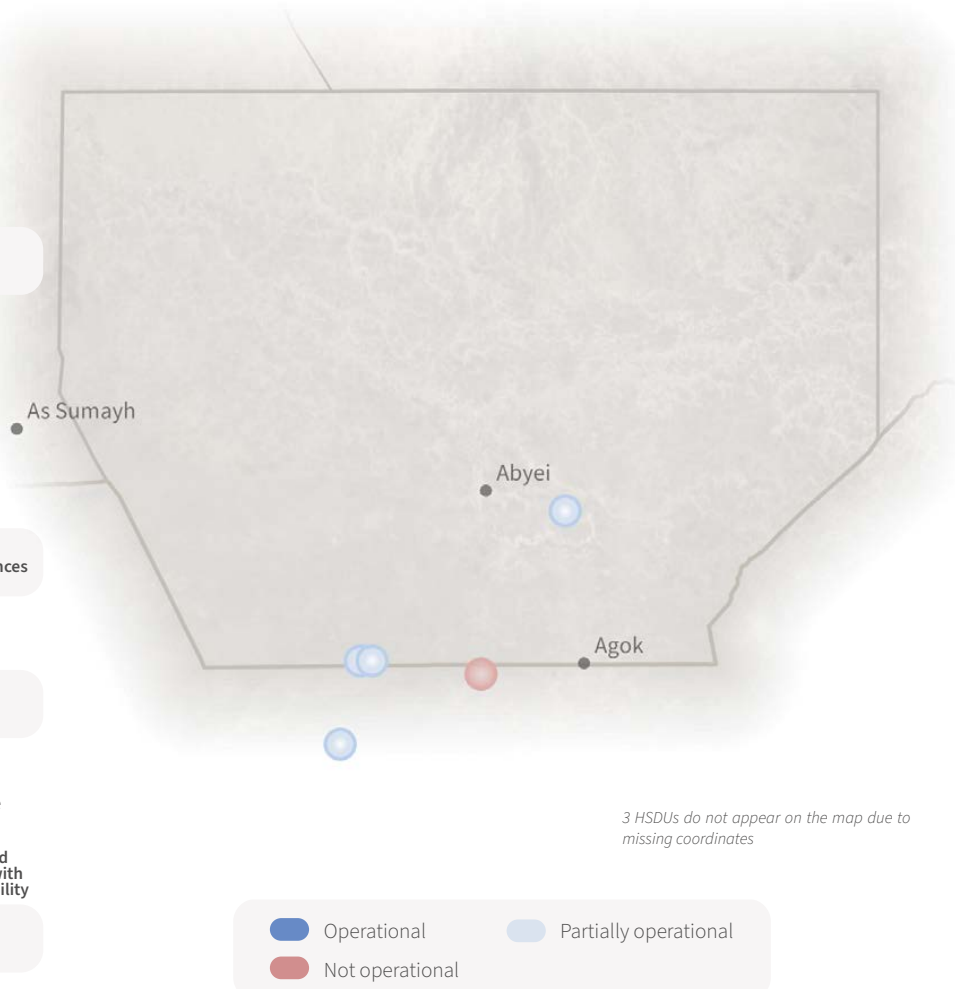
Functionality constraints

The 5 causes of functionality constraints as reported by **4** partially functioning and **4** non-functioning HSDUs.



Accessibility constraints

The 3 causes of accessibility constraints as reported by **1** partially accessible HSDU.



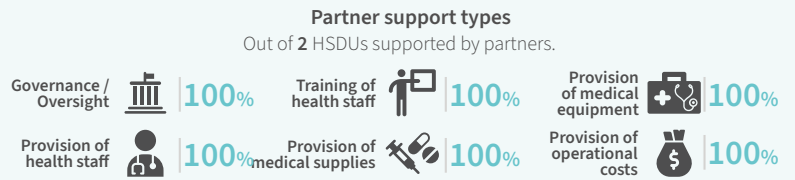
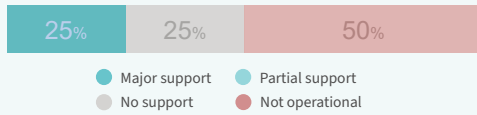
3 HSDUs do not appear on the map due to missing coordinates

* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.





Partner support

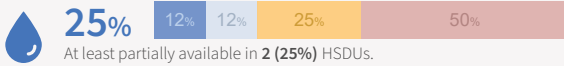


BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided ● Not operational

WASH

Water

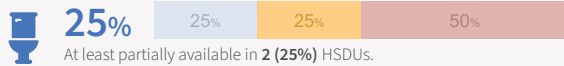


Main water sources

Out of 2 HSDUs where water is at least partially available.



Sanitation facilities



Out of 2 HSDUs where sanitation facilities is at least partially available.

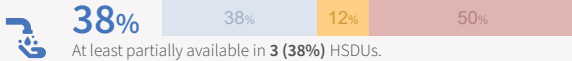
Sanitation facilities types*



Sanitation facilities accessibility*



Hand hygiene

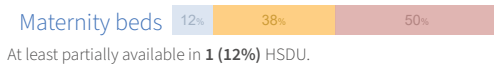


Environmental cleaning

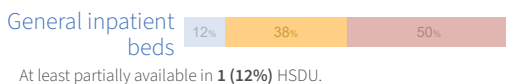


Inpatient bed capacity*

Number of available beds



3

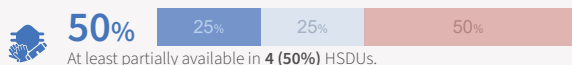


4

Main barriers*

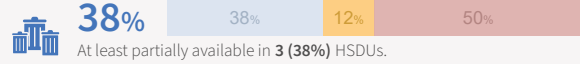


Personal protective equipment



Waste management

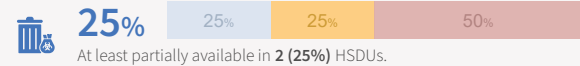
Waste segregation



Final disposal of sharps



Final disposal of infectious waste

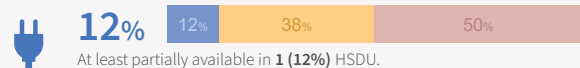


Waste disposal methods

Out of 3 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power

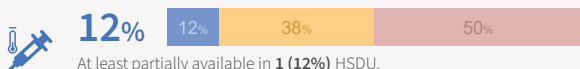


Power sources

Out of 1 HSDU where power is at least partially available.



Cold chain

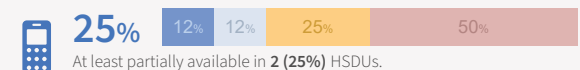


Cold chain sources

Out of 1 HSDU where cold chain is at least partially available.



Communication



Communication equipment types

Out of 2 HSDUs where communication is at least partially available.

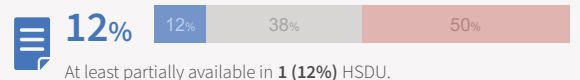


Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



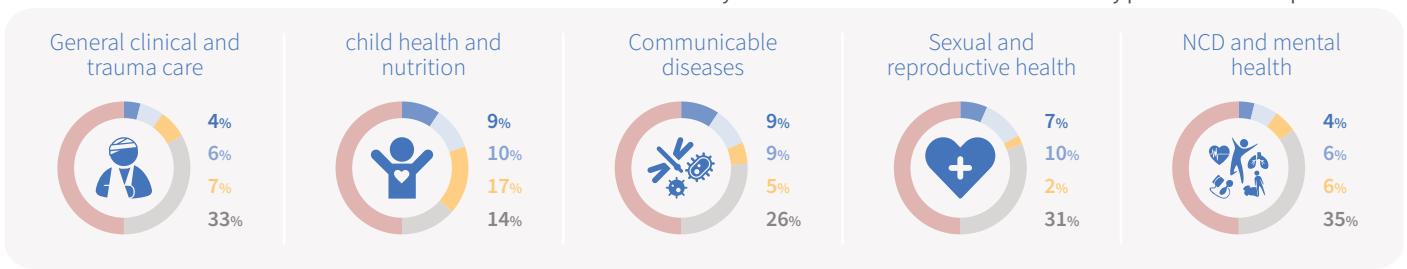
*Out of 4 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational



General clinical and emergency care

Availability status

● Available ● Partially available ● Not available
● Not operational ● Not normally provided

Barriers for partial availability or non-availability.

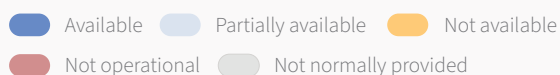
● Lack of staff ● Lack of supplies ● Lack of financial resources
● Lack of training ● Lack of equipment

Request for ambulance services by the patient	12% 12% 25% 50%	100% 100%	Recognition of danger signs	25% 12% 12% 50%	100% 100% 100%
Acuity-based formal triage	25% 25% 50%	100% 100%	WHO Basic emergency care by pre-hospital provider	25% 12% 12% 50%	67% 67% 67%
WHO Basic Emergency Care	38% 12% 50%	75% 75% 50%	Advanced Syndrome-based management	25% 12% 12% 50%	67% 67% 67%
Monitored referral	12% 38% 50%	100% 100% 100%	Referral capacity	12% 25% 12% 50%	100% 100% 33%
Acceptance of referrals	12% 38% 50%	100%	Acceptance of complex referrals	Not expected in any HSDU.	—
Outpatient services for primary care	38% 12% 50%	—	Outpatient department for secondary care	12% 12% 25% 50%	100% 100%
Home visits	12% 38% 50%	100% 100%	Minor trauma definitive management	12% 25% 12% 50%	100% 50% 50%
Emergency and elective surgery	Not expected in any HSDU.	—	Emergency and elective surgery with at least two operating theatres	Not expected in any HSDU.	—
Orthopedic/trauma ward	Not expected in any HSDU.	—	Short hospitalization capacity	12% 12% 25% 50%	100% 100% 100%
20 Inpatient bed capacity	12% 38% 50%	100% 100% 100%	50 inpatient bed capacity	12% 38% 50%	100% 100% 100%
Inpatient critical care management	Not expected in any HSDU.	—	Intensive care unit	Not expected in any HSDU.	—
Basic laboratory	12% 25% 12% 50%	100% 100% 100%	Laboratory services secondary level	Not expected in any HSDU.	—

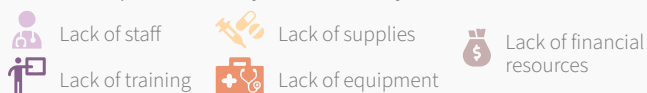
* Out of 4 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



Availability status



Barriers for partial availability or non-availability.



General clinical and emergency care (cont.)

Laboratory services tertiary level	Not expected in any HSDU.	—	
Basic X-ray service	Not expected in any HSDU.	—	
Radiology unit	Not expected in any HSDU.	—	
Procedures for mass casualty scenarios	The service is not available in any HSDU with 1 (12%) HSDU reporting barriers.	100% 100% 100%	100% 100% 100%
WAR Surgery Protocols	The service is not available in any HSDU with 1 (12%) HSDU reporting barriers.	100% 100% 100%	100% 100% 100%
Blood bank services	Not expected in any HSDU.	—	
Hemodialysis unit	Not expected in any HSDU.	—	
Medical evacuation procedures	Not expected in any HSDU.	—	
Mass Casualty Management System	The service is not available in any HSDU with 2 (25%) HSDUs reporting barriers.	100% 50% 50%	100% 50% 50%
Damage Control Surgery Protocols	The service is not available in any HSDU with 1 (12%) HSDU reporting barriers.	100% 100%	100% 100%

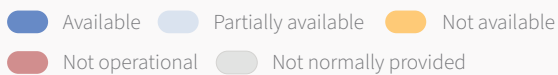
Child health and nutrition

Community-based first aid	The service is at least partially available in 3 (38%) HSDUs, while 3 (38%) reported barriers due to partial or non-availability.	67% 67% 33%	100% 100% 50%
IMCI under 5 clinic	The service is at least partially available in 3 (38%) HSDUs, while 2 (25%) reported barriers due to partial or non-availability.	100% 100% 50%	100% 100% 50%
Community mobilization for EPI	The service is not available in any HSDU with 3 (38%) HSDUs reporting barriers.	67% 33% 33%	100% 100%
IEC on IYCF practices	The service is at least partially available in 2 (25%) HSDUs, while 2 (25%) reported barriers due to partial or non-availability.	100% 50% 50%	100% 50%
Growth monitoring at primary care level	The service is available in 2 (25%) HSDUs, while 2 (25%) reported barriers due to non-availability.	100% 100%	100% 100% 100%
IMAM	The service is not available in any HSDU with 3 (38%) HSDUs reporting barriers.	100% 67% 33%	100% 100% 100%
Community-based IMCI	The service is at least partially available in 2 (25%) HSDUs, while 2 (25%) reported barriers due to partial or non-availability.	100% 100% 50%	100% 100% 50%
Management of children classified as severe or very severe diseases	The service is partially available in 2 (25%) HSDUs.	100% 100% 50%	100% 100% 50%
EPI	The service is partially available in 2 (25%) HSDUs.	100% 100%	100% 100%
Screening for acute malnutrition at the community level	The service is at least partially available in 3 (38%) HSDUs, while 2 (25%) reported barriers due to partial or non-availability.	100% 50%	100% 50%
CMAM	The service is not available in any HSDU with 2 (25%) HSDUs reporting barriers.	100% 100% 100%	100% 100% 100%
Stabilization center for SAM	The service is not available in any HSDU with 1 (12%) HSDU reporting barriers.	100% 100% 100%	100% 100% 100%

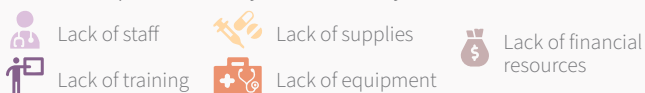
Communicable diseases

Syndromic surveillance	The service is partially available in 1 (12%) HSDU, with 2 (25%) HSDUs reported barriers due to partial or non-availability.	50% 50% 50%	50% 50% 50%
Malaria at the community level	The service is available in 2 (25%) HSDUs.	—	—
Vector control	The service is not available in any HSDU with 3 (38%) HSDUs reporting barriers.	67% 67% 33%	67% 67% 33%
Event-based surveillance	The service is available in 3 (38%) HSDUs.	—	—
Malaria at the primary care level	The service is at least partially available in 4 (50%) HSDUs, of which 1 (12%) reported barriers due to partial availability.	100% 100%	100% 100%
Support mass drug administration	The service is not available in any HSDU with 1 (12%) HSDU reporting barriers.	100% 100%	100% 100%

Availability status



Barriers for partial availability or non-availability.



Communicable diseases (cont.)

<p>Tuberculosis</p> <p>Not expected in any HSDU.</p>	—	<p>MDRTB</p> <p>Not expected in any HSDU.</p>	—
<p>IEC on local priority diseases</p> <p>The service is at least partially available in 3 (38%) HSDUs, of which 2 (25%) reported barriers due to partial availability.</p>	<p>12% 25% 12% 50%</p> <p>50% 50% 50%</p>	<p>Local priority diseases</p> <p>The service is partially available in 3 (38%) HSDUs.</p>	<p>38% 12% 50%</p> <p>67% 67% 33%</p>
<p>Management of severe and/or complicated communicable diseases</p> <p>The service is partially available in 2 (25%) HSDUs.</p>	<p>25% 25% 50%</p> <p>100% 100% 50%</p>	<p>Isolation unit or room</p> <p>Not expected in any HSDU.</p>	—

Sexual and reproductive health

STI and HIV/AIDS

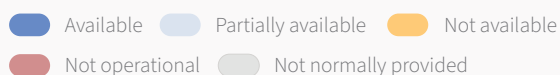
<p>IEC on STI/HIV</p> <p>The service is partially available in 2 (25%) HSDUs.</p>	<p>25% 25% 50%</p> <p>50% 50%</p>	<p>STI/HIV Advocacy</p> <p>The service is not available in any HSDU with 1 (12%) HSDU reporting barriers.</p>	<p>12% 38% 50%</p> <p>100% 100% 100%</p>
<p>Syndromic management of STIs</p> <p>The service is partially available in 1 (12%) HSDU.</p>	<p>12% 38% 50%</p> <p>100%</p>	<p>HIV counselling and testing</p> <p>Not expected in any HSDU.</p>	—
<p>PMTCT</p> <p>Not expected in any HSDU.</p>	—	<p>Antiretroviral treatment</p> <p>Not expected in any HSDU.</p>	—

Maternal and newborn health

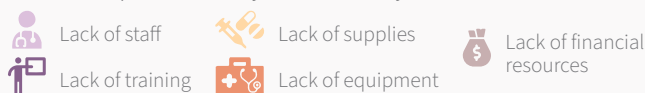
<p>Family planning</p> <p>The service is at least partially available in 4 (50%) HSDUs, of which 3 (38%) reported barriers due to partial availability.</p>	<p>12% 38% 50%</p> <p>100% 33% 33%</p>	<p>Antenatal care</p> <p>The service is at least partially available in 4 (50%) HSDUs, of which 1 (12%) reported barriers due to partial availability.</p>	<p>38% 12% 50%</p> <p>100% 100%</p>
<p>Clean home deliveries</p> <p>The service is partially available in 2 (25%) HSDUs, with 3 (38%) HSDUs reported barriers due to partial or non-availability.</p>	<p>25% 12% 12% 50%</p> <p>67% 33% 33%</p>	<p>Skilled care during childbirth</p> <p>The service is partially available in 4 (50%) HSDUs.</p>	<p>50% 50%</p> <p>75% 75% 75%</p>
<p>Basic emergency obstetric care</p> <p>The service is partially available in 1 (12%) HSDU.</p>	<p>12% 38% 50%</p> <p>100% 100% 100%</p>	<p>Comprehensive Emergency Obstetric Care</p> <p>Not expected in any HSDU.</p>	—
<p>Post-partum care</p> <p>The service is available in 4 (50%) HSDUs.</p>	<p>50% 50%</p>	<p>Comprehensive abortion care</p> <p>Not expected in any HSDU.</p>	—



Availability status



Barriers for partial availability or non-availability.

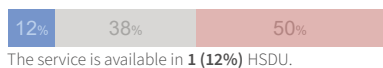


Sexual and reproductive health (cont.)



Sexual violence

Clinical management of rape survivors



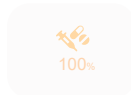
The service is available in **1 (12%)** HSDU.

—

Emergency contraception



The service is not available in any HSDU with **1 (12%)** HSDU reporting barriers.



Post-exposure prophylaxis

Not expected in any HSDU.

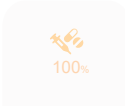
—

Noncommunicable diseases and mental health

Promote self-care, provide basic health care and psycho-social support



The service is partially available in **1 (12%)** HSDU.



NCD clinic



The service is at least partially available in **2 (25%)** HSDUs, of which **1 (12%)** reported barriers due to partial availability.



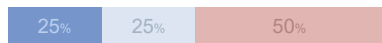
Asthma and COPD



The service is not available in any HSDU with **1 (12%)** HSDU reporting barriers.



Hypertension



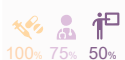
The service is at least partially available in **4 (50%)** HSDUs, of which **2 (25%)** reported barriers due to partial availability.



Diabetes



The service is partially available in **2 (25%)** HSDUs, with **4 (50%)** HSDUs reported barriers due to partial or non-availability.



Inpatient acute rehabilitation

Not expected in any HSDU.

—

Outpatient or community level rehabilitation services

Not expected in any HSDU.

—

Prosthetics and Orthotics

Not expected in any HSDU.

—

Oral health and dental care



The service is not available in any HSDU with **2 (25%)** HSDUs reporting barriers.



Psychological first aid



The service is available in **1 (12%)** HSDU.

—

Management of mental disorders



The service is not available in any HSDU with **1 (12%)** HSDU reporting barriers.



Inpatient care for mental disorders

Not expected in any HSDU.

—

Inpatient care for mental disorders by specialists

Not expected in any HSDU.

—

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Data source: HeRAMS Sudan
<https://herams.org/project/82>
 Data accessed on: 31 January 2026
 Date report created: 02 June 2026
 Contact: herams@who.int



World Health Organization



HEALTH CLUSTER SUDAN



HeRAMS Sudan | Aj Jazirah

SNAPSHOT JANUARY 2026

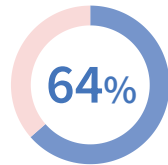
OPERATIONAL STATUS

HSDUs per population State vs national



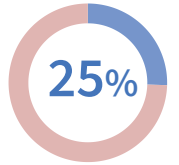
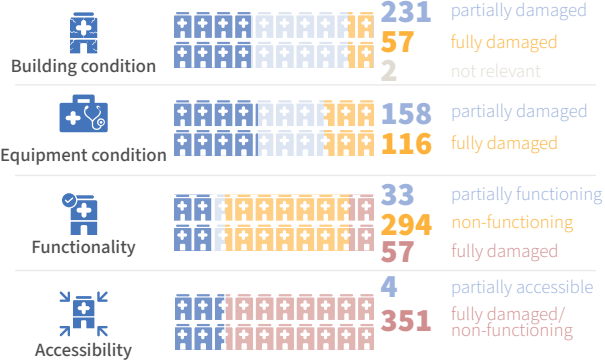
On average, Aj Jazirah has only **2.2** operational HSDUs per 100 000 population, below the national average of **6.4**.

Reporting completeness



Out of 741 HSDUs, 471 (64%) are reporting.

Out of 471 HSDUs evaluated.



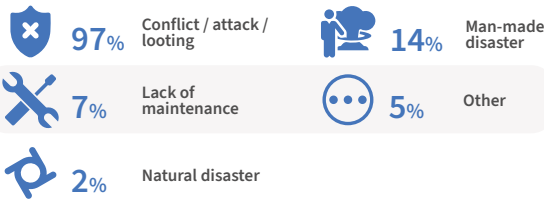
Only 120 (25%) out of 471 HSDUs evaluated are partially operational.*

- At least partially operational
- Not operational

MAIN CAUSES OF...

Building damage

The 5 causes of building damage as reported by 231 partially damaged and 57 fully damaged HSDUs.



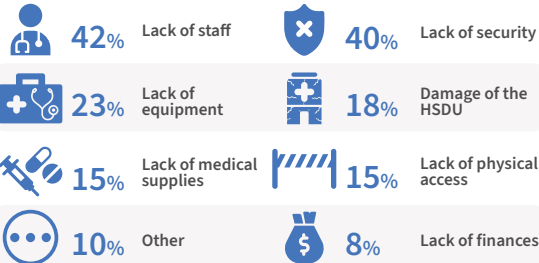
Equipment damage

The 4 causes of equipment damage as reported by 158 partially damaged and 116 fully damaged HSDUs.



Functionality constraints

The 8 causes of functionality constraints as reported by 33 partially functioning and 294 non-functioning HSDUs.

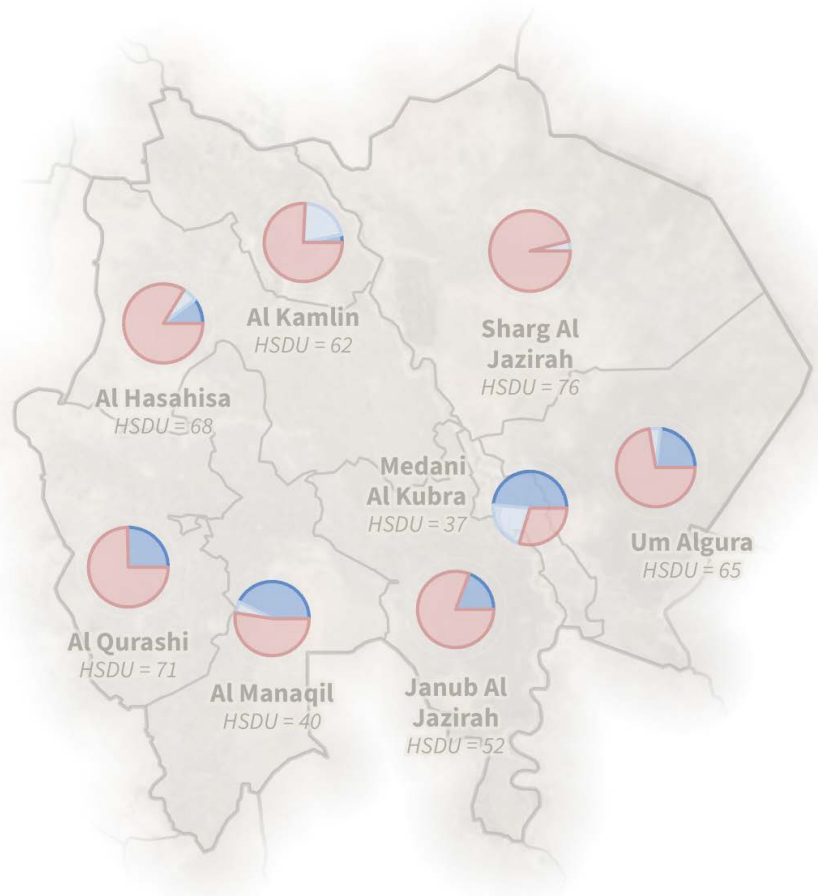
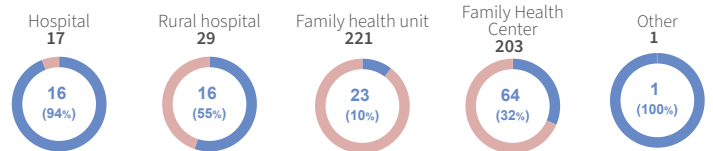


Accessibility constraints

The 2 causes of accessibility constraints as reported by 4 partially accessible HSDUs.



HSDU by type



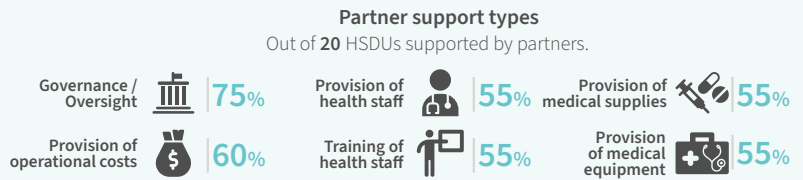
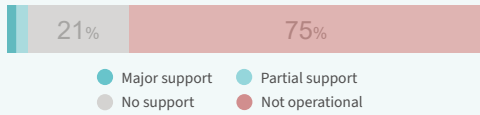
- Operational
- Partially operational
- Not operational

* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.





Partner support

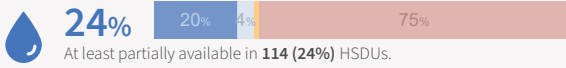


BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided ● Not operational

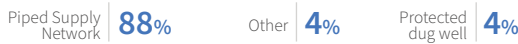
WASH

Water

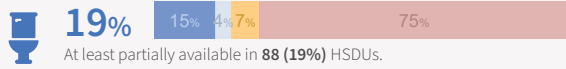


Main water sources

Out of 114 HSDUs where water is at least partially available.



Sanitation facilities



Out of 88 HSDUs where sanitation facilities is at least partially available.

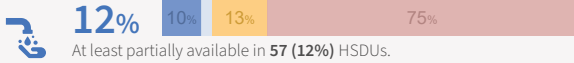
Sanitation facilities types*



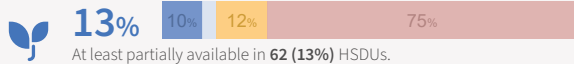
Sanitation facilities accessibility*



Hand hygiene

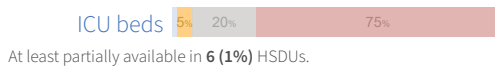


Environmental cleaning

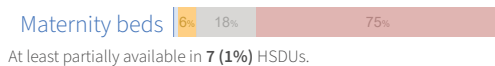


Inpatient bed capacity*

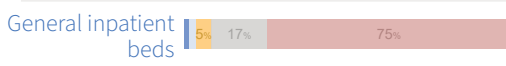
Number of available beds



9



63

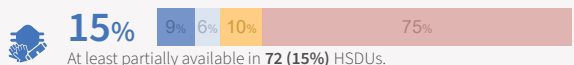


185

Main barriers*

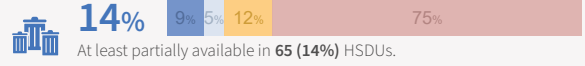


Personal protective equipment

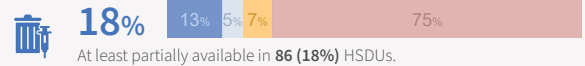


Waste management

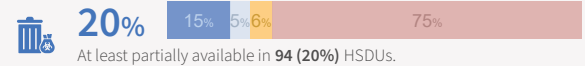
Waste segregation



Final disposal of sharps



Final disposal of infectious waste

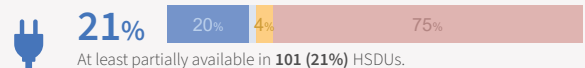


Waste disposal methods

Out of 98 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power

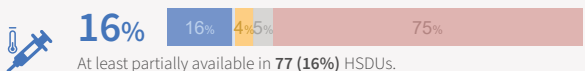


Power sources

Out of 101 HSDUs where power is at least partially available.



Cold chain

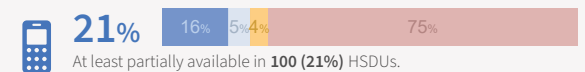


Cold chain sources

Out of 77 HSDUs where cold chain is at least partially available.



Communication



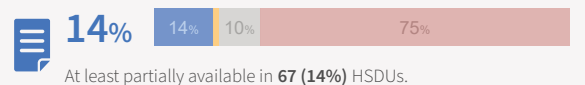
Communication equipment types

Out of 100 HSDUs where communication is at least partially available.

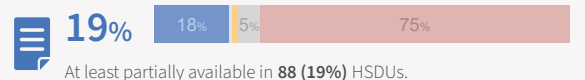


Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



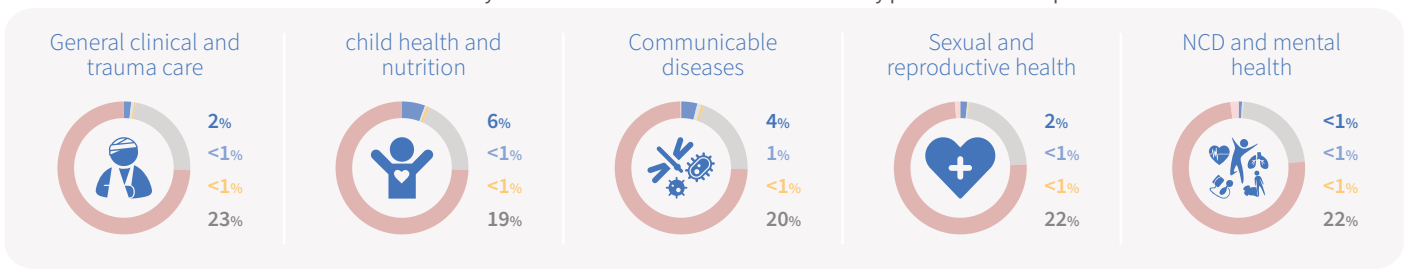
*Out of 120 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational ● No information available



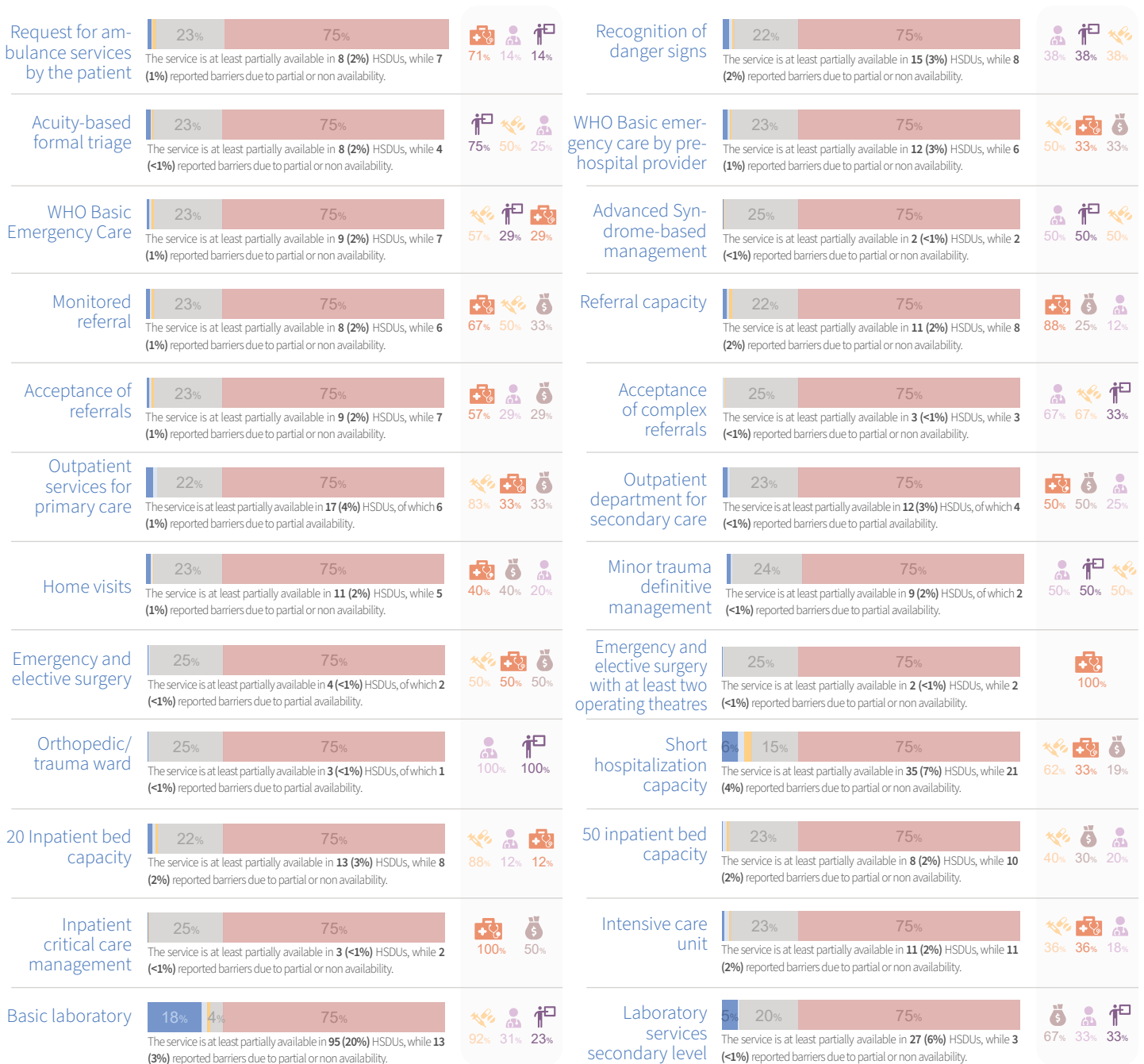
General clinical and emergency care

Availability status

● Available ● Partially available ● Not available
● Not operational ● Not normally provided

Barriers for partial availability or non-availability.

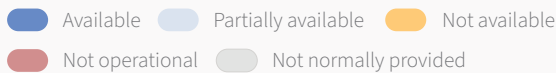
● Lack of staff ● Lack of supplies ● Lack of financial resources
● Lack of training ● Lack of equipment



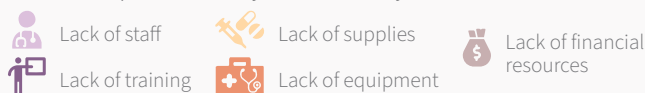
* Out of 120 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



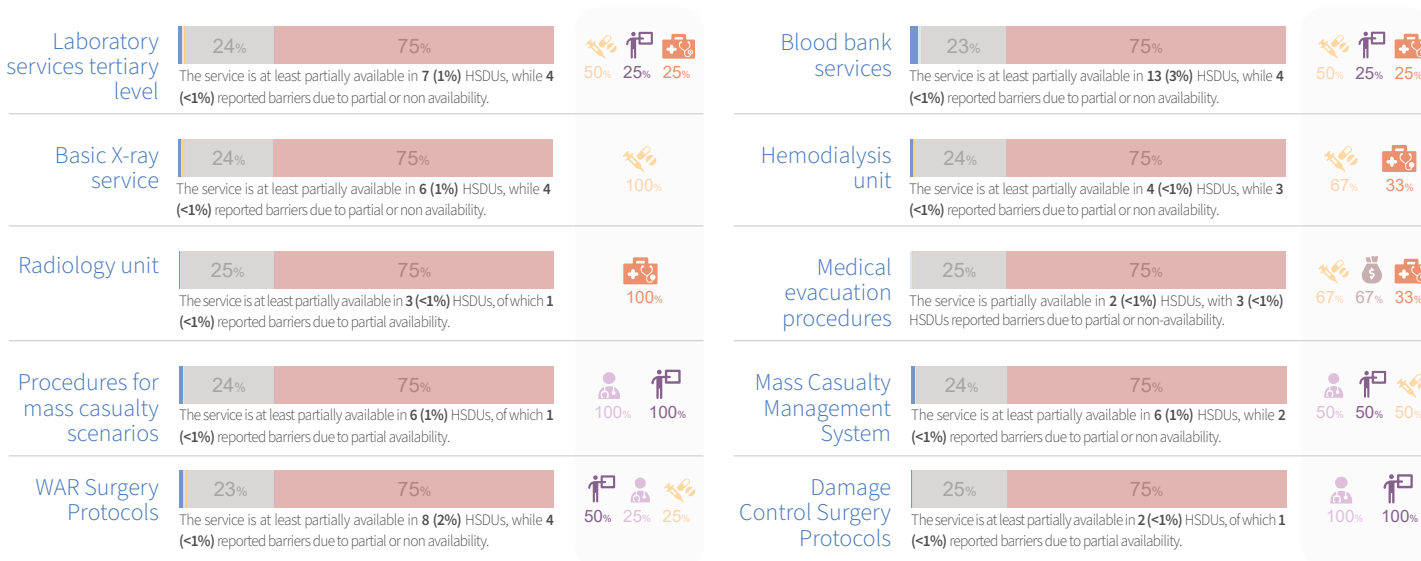
Availability status



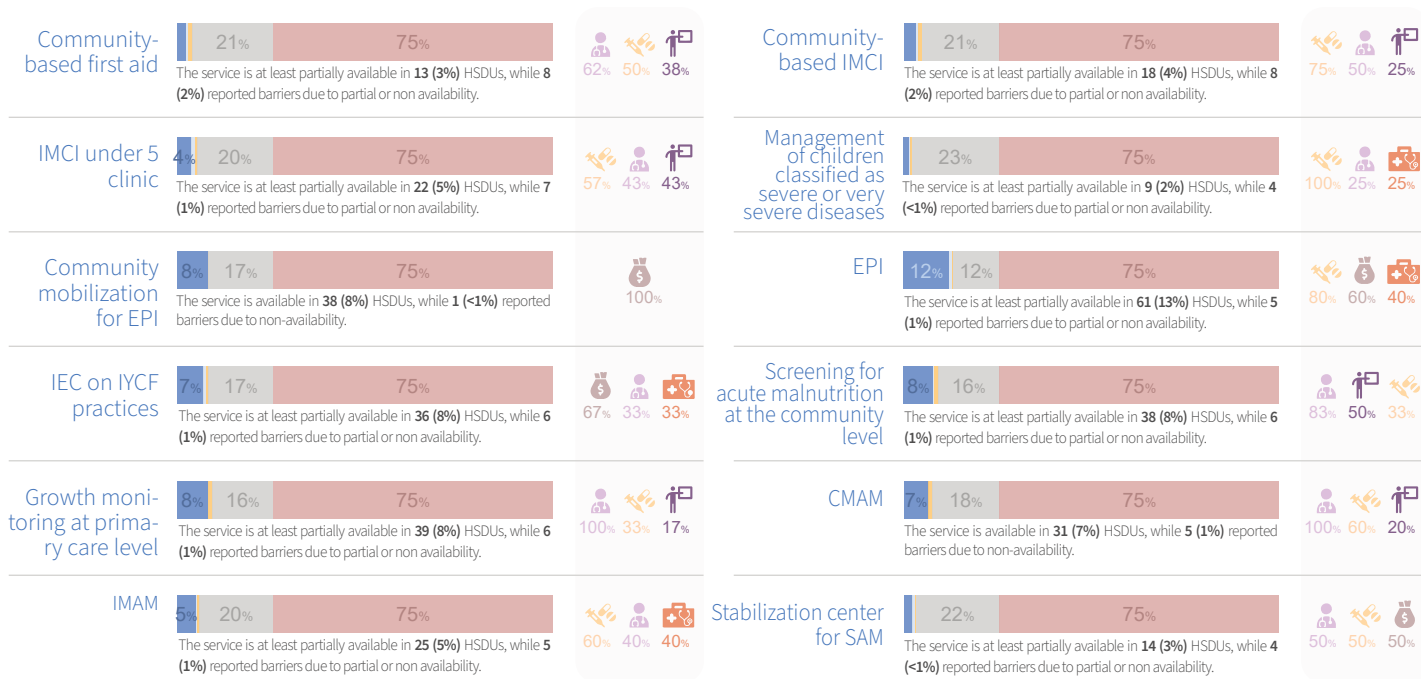
Barriers for partial availability or non-availability.



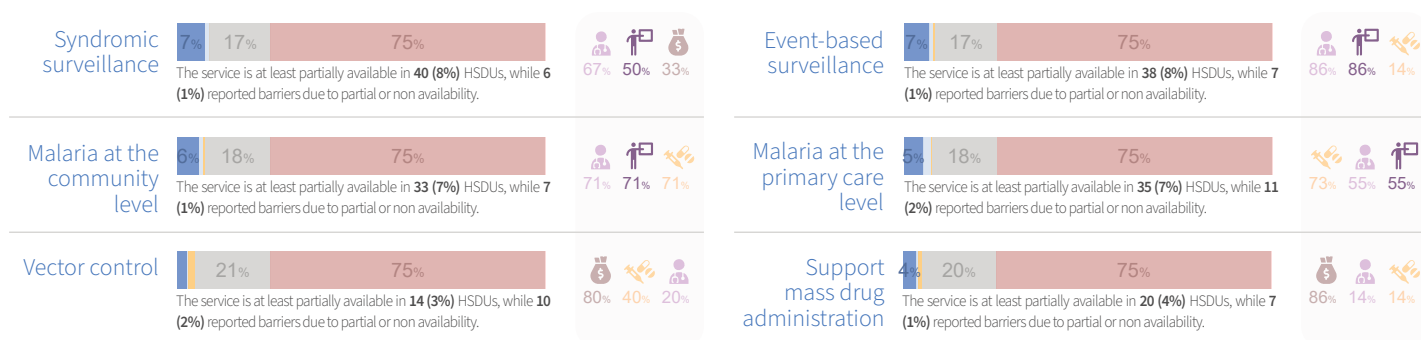
General clinical and emergency care (cont.)



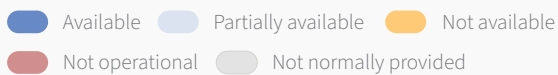
Child health and nutrition



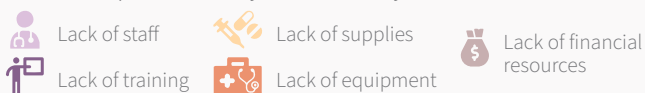
Communicable diseases



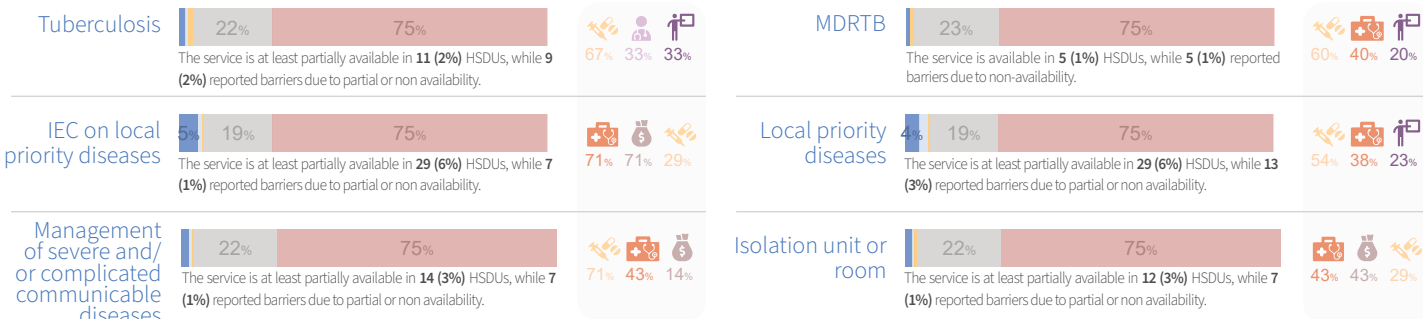
Availability status



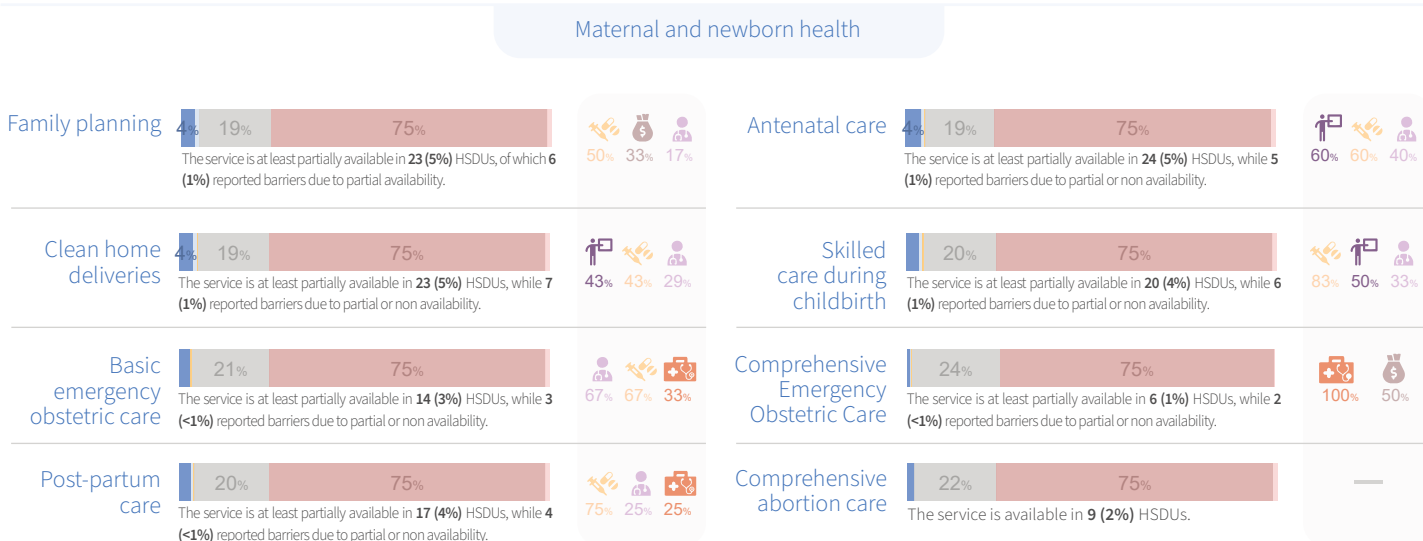
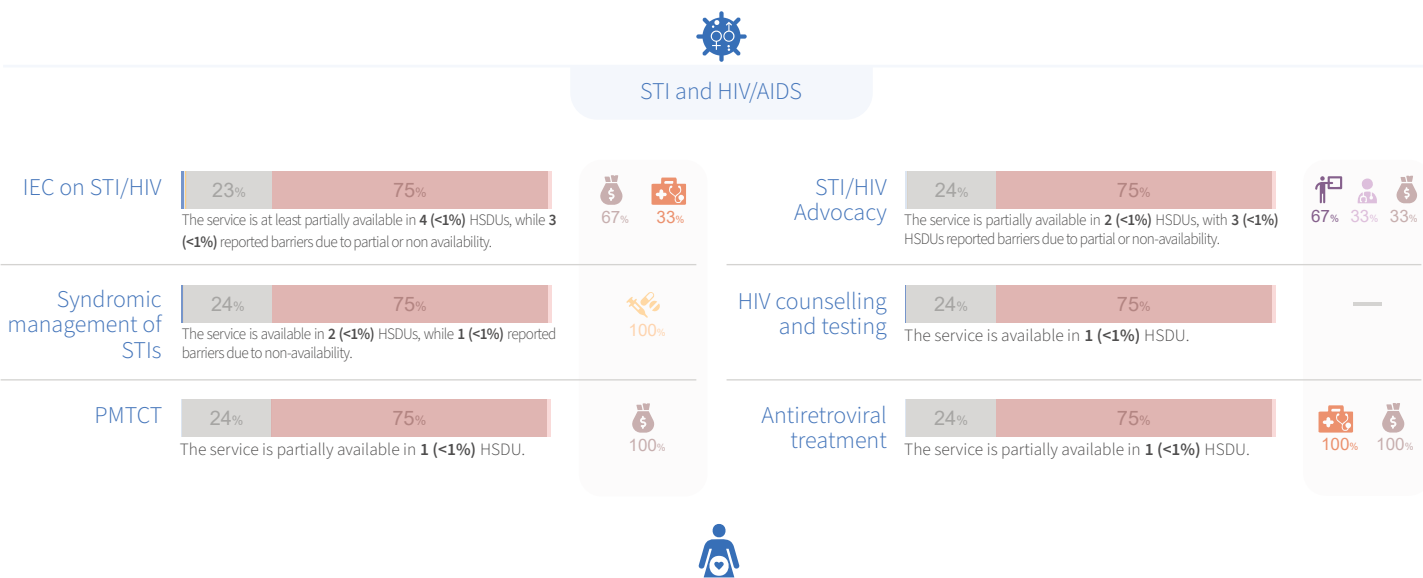
Barriers for partial availability or non-availability.



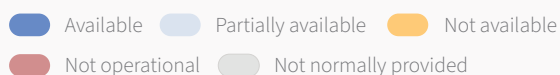
Communicable diseases (cont.)



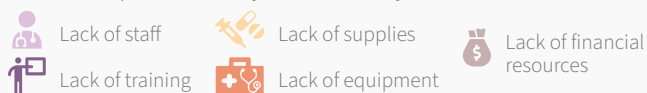
Sexual and reproductive health



Availability status



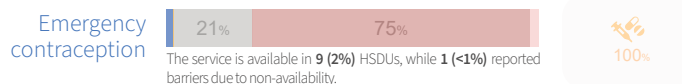
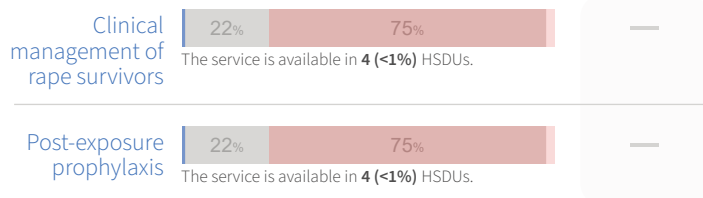
Barriers for partial availability or non-availability.



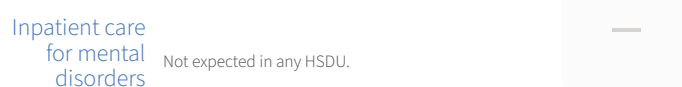
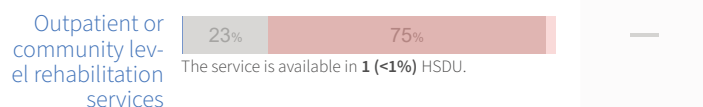
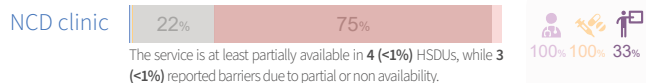
Sexual and reproductive health (cont.)



Sexual violence



Noncommunicable diseases and mental health



This analysis was produced based on the information reported into HeRAMS up to 31 January 2026 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.



Data source: HeRAMS Sudan
<https://herams.org/project/82>
 Data accessed on: 31 January 2026
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 Contact: herams@who.int



World Health Organization

HeRAMS
 Health Resources and Services
 Availability Monitoring System



HEALTH CLUSTER
 SUDAN



HeRAMS Sudan | Blue Nile

SNAPSHOT JANUARY 2026

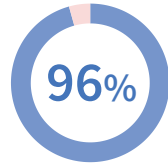
OPERATIONAL STATUS

HSDUs per population State vs national



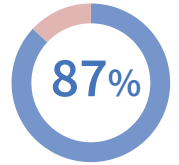
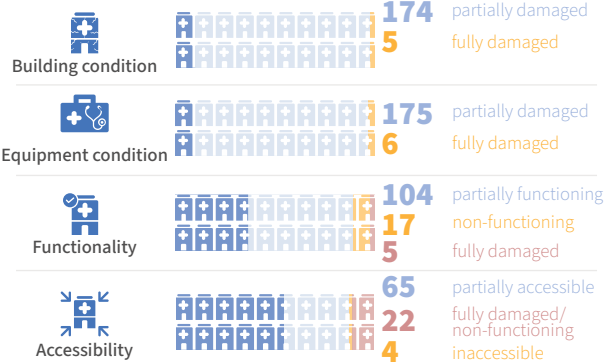
On average, **Blue Nile** has **18.7** operational HSDUs per 100 000 population, above the national average of **6.4**.

Reporting completeness



Out of 208 HSDUs, **199 (96%)** are reporting.

Out of **199** HSDUs evaluated.



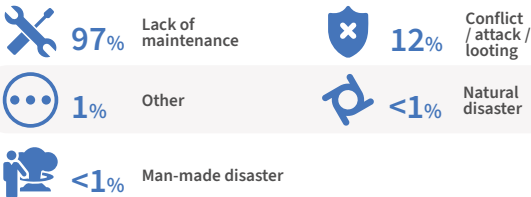
Out of **199** HSDUs evaluated **173 (87%)** are at least partially operational.*

- At least partially operational
- Not operational

MAIN CAUSES OF...

Building damage

The 5 causes of building damage as reported by **174** partially damaged and **5** fully damaged HSDUs.



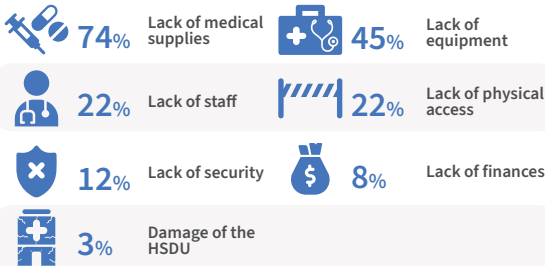
Equipment damage

The 4 causes of equipment damage as reported by **175** partially damaged and **6** fully damaged HSDUs.



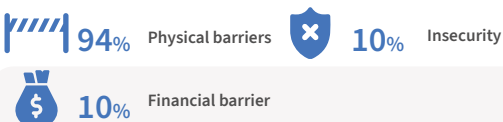
Functionality constraints

The 7 causes of functionality constraints as reported by **104** partially functioning and **17** non-functioning HSDUs.

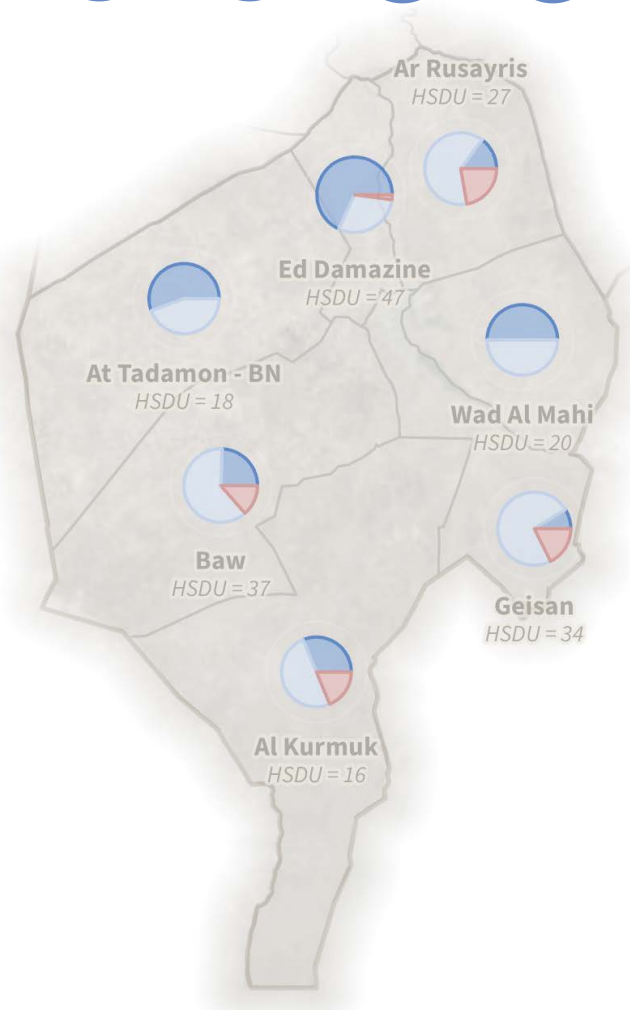
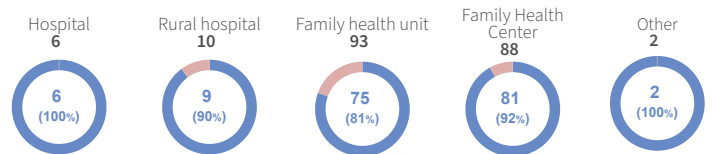


Accessibility constraints

The 3 causes of accessibility constraints as reported by **65** partially accessible and **4** inaccessible HSDUs.



HSDU by type



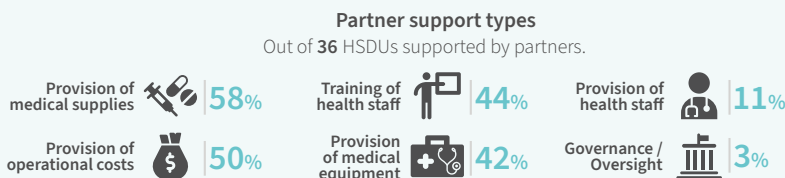
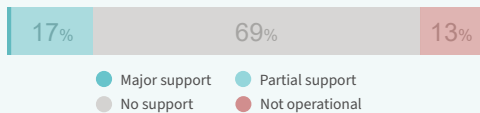
- Operational
- Partially operational
- Not operational

* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.





Partner support

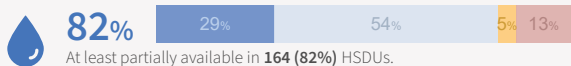


BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided ● Not operational

WASH

Water

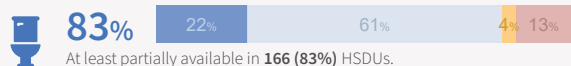


Main water sources

Out of 164 HSDUs where water is at least partially available.



Sanitation facilities



Out of 166 HSDUs where sanitation facilities is at least partially available.

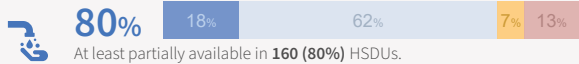
Sanitation facilities types*



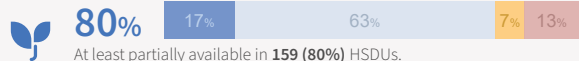
Sanitation facilities accessibility*



Hand hygiene

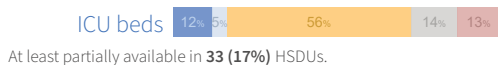


Environmental cleaning

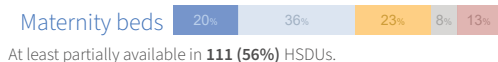


Inpatient bed capacity*

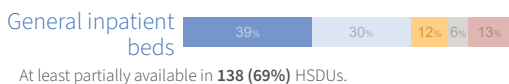
Number of available beds



91



224

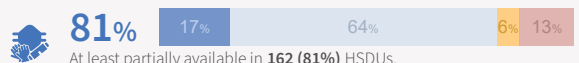


1096

Main barriers*



Personal protective equipment

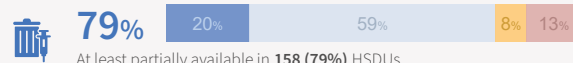


Waste management

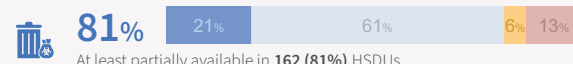
Waste segregation



Final disposal of sharps



Final disposal of infectious waste



Waste disposal methods

Out of 163 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power



Power sources

Out of 152 HSDUs where power is at least partially available.



Cold chain



Cold chain sources

Out of 140 HSDUs where cold chain is at least partially available.



Communication



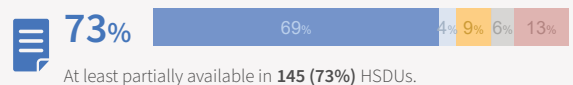
Communication equipment types

Out of 152 HSDUs where communication is at least partially available.

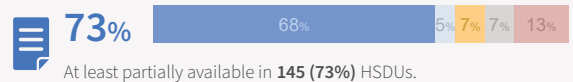


Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



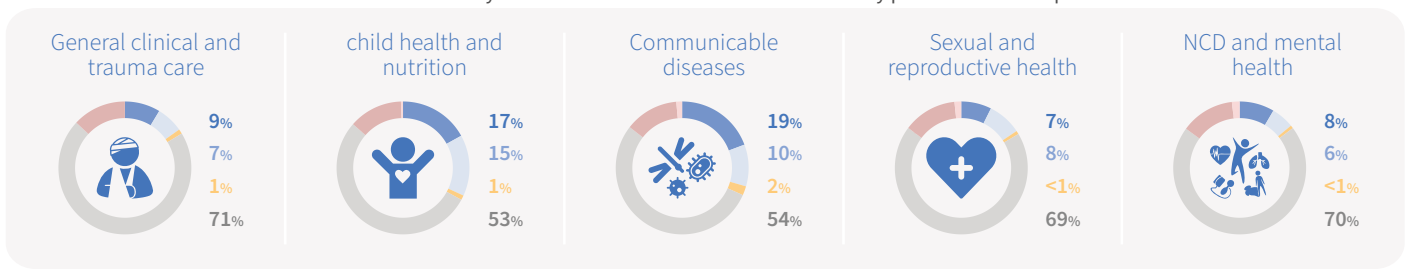
*Out of 173 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational ● No information available



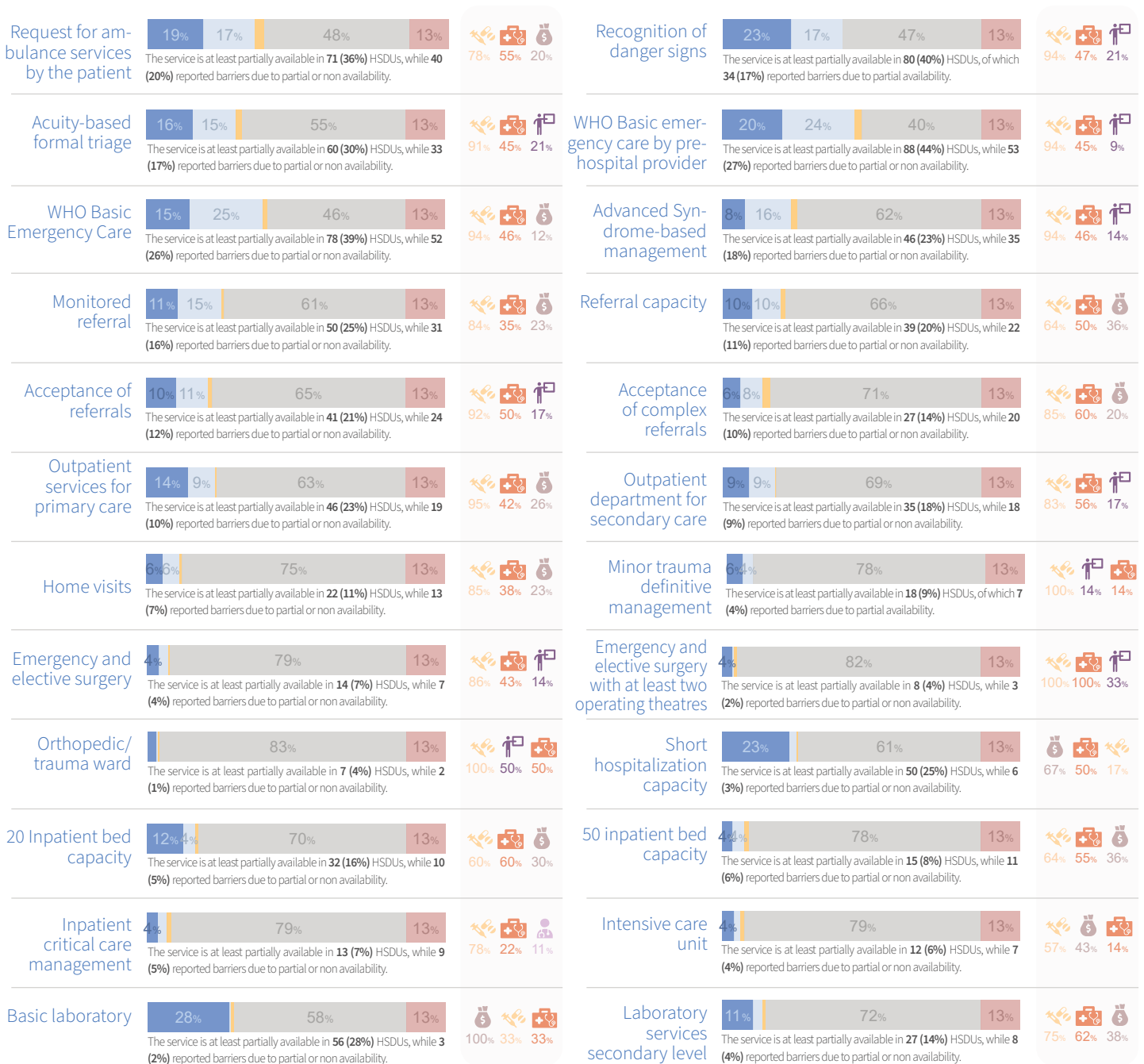
General clinical and emergency care

Availability status

● Available ● Partially available ● Not available
● Not operational ● Not normally provided

Barriers for partial availability or non-availability.

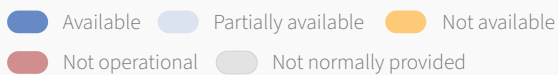
● Lack of staff ● Lack of supplies ● Lack of financial resources
● Lack of training ● Lack of equipment



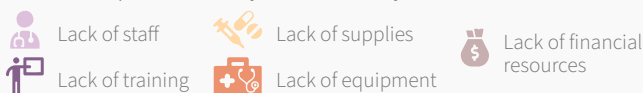
* Out of 173 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



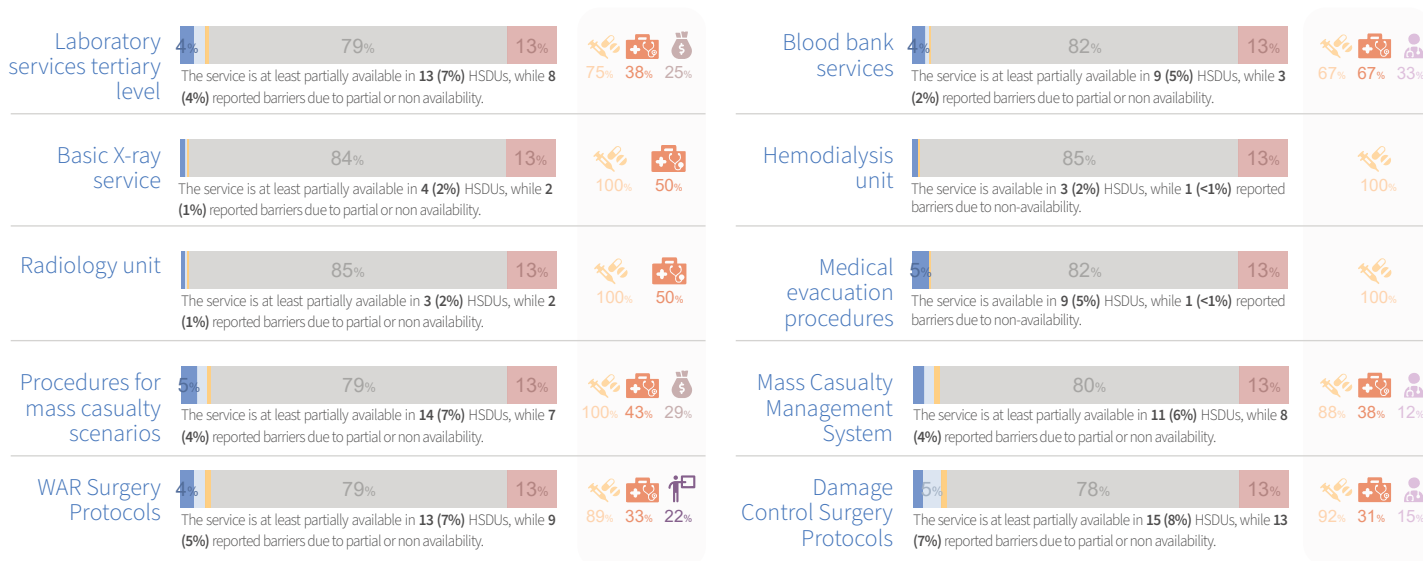
Availability status



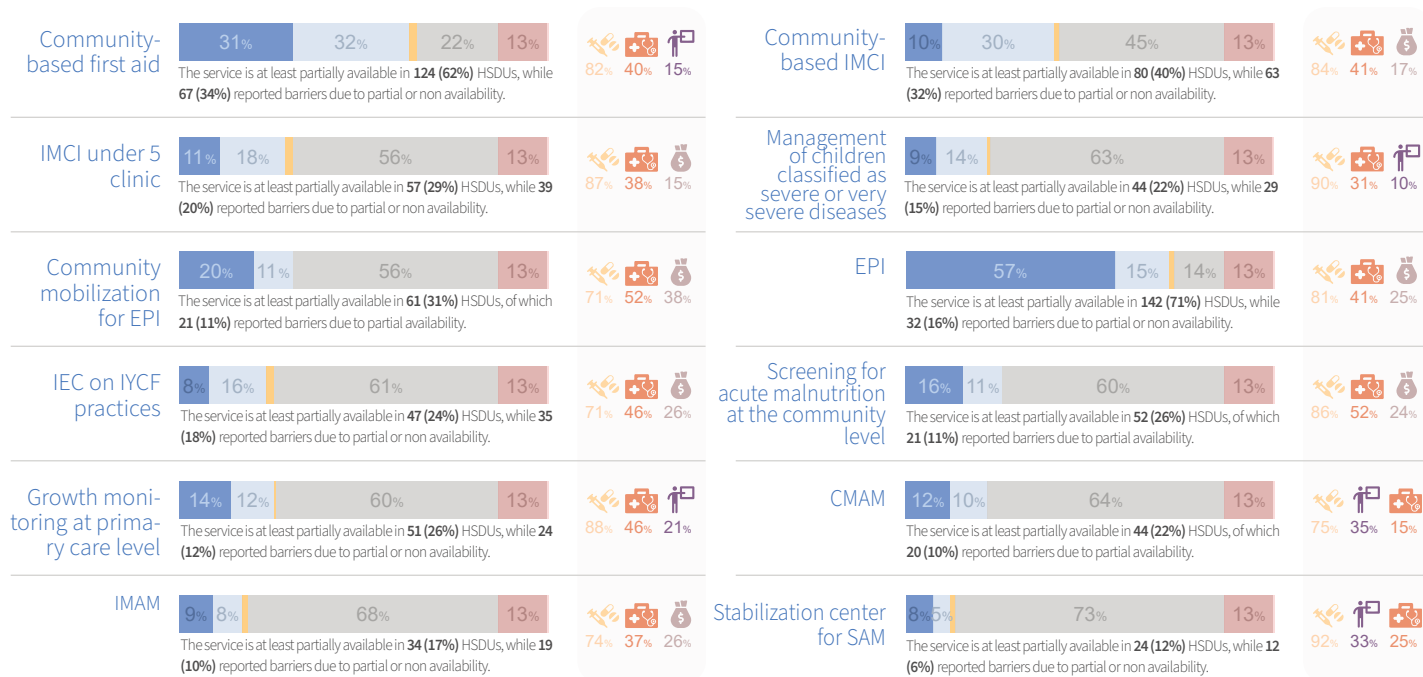
Barriers for partial availability or non-availability.



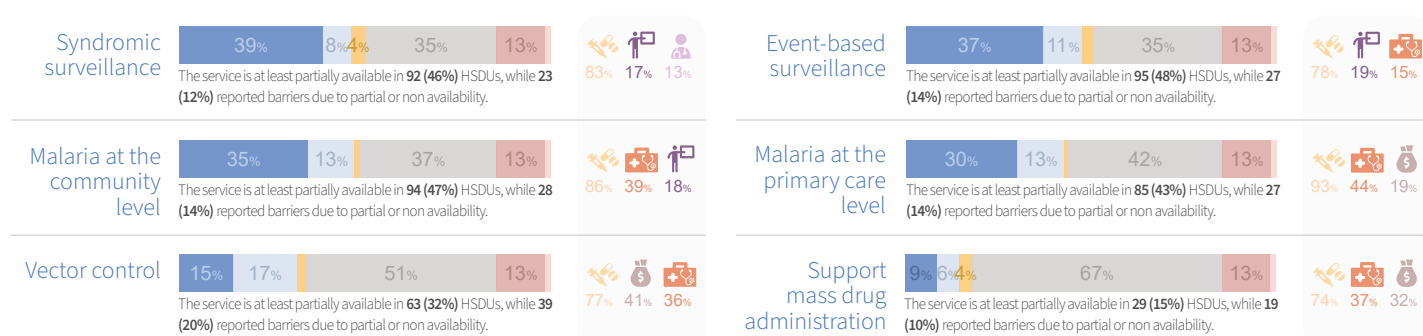
General clinical and emergency care (cont.)



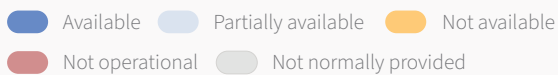
Child health and nutrition



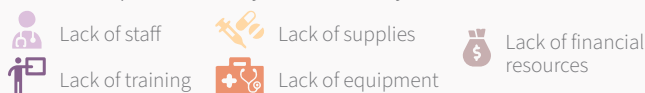
Communicable diseases



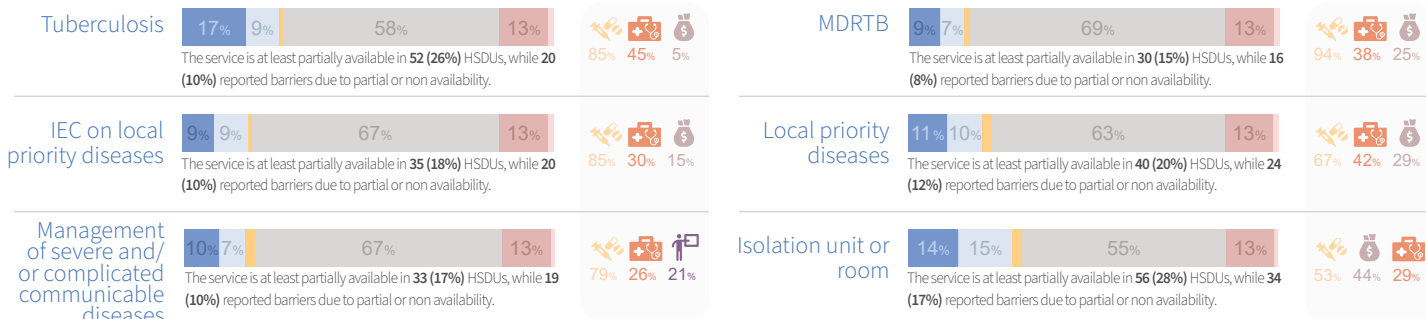
Availability status



Barriers for partial availability or non-availability.

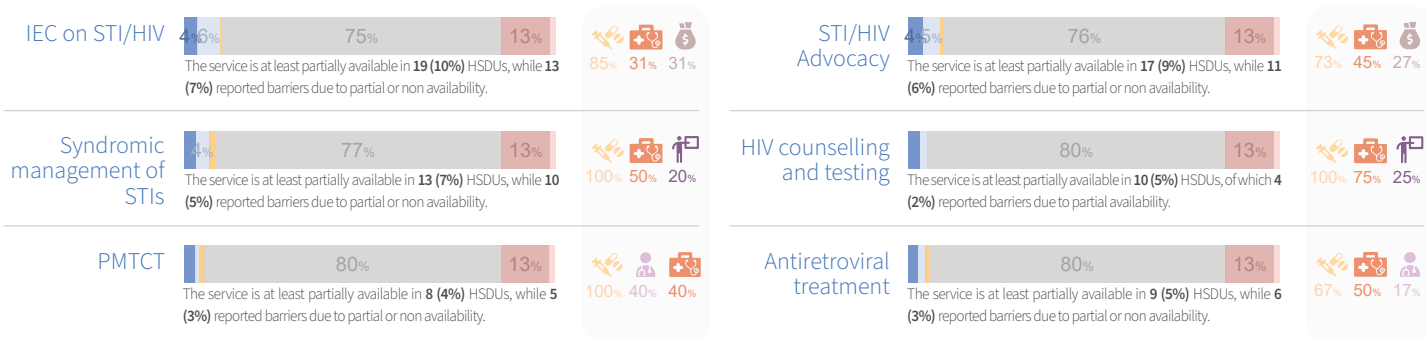


Communicable diseases (cont.)

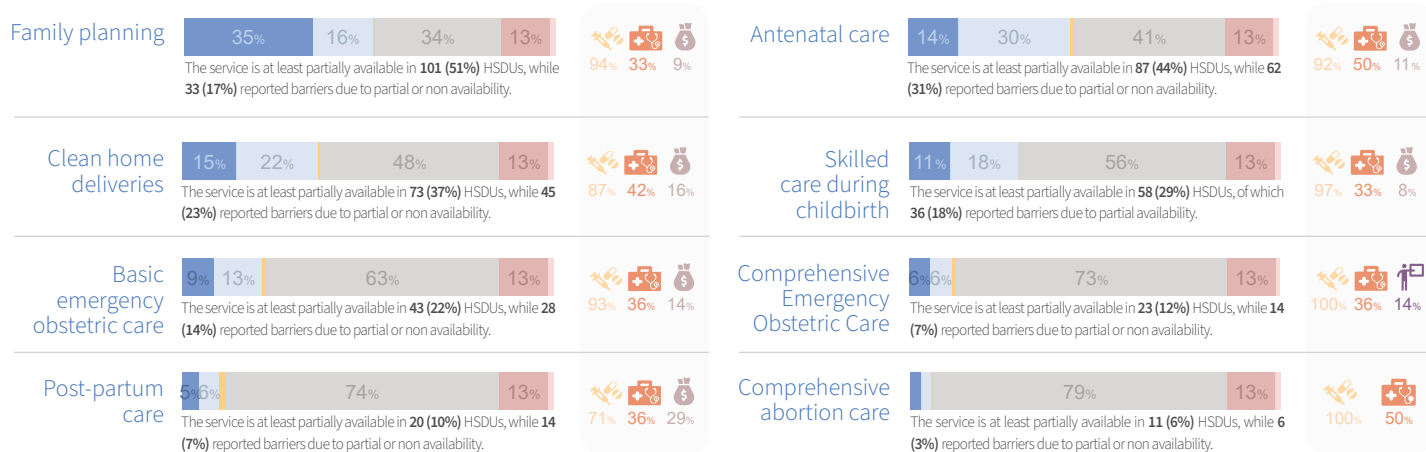


Sexual and reproductive health

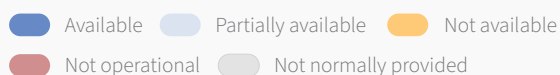
STI and HIV/AIDS



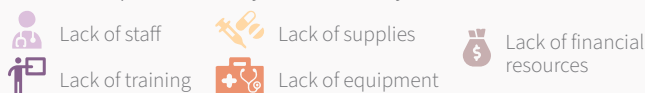
Maternal and newborn health



Availability status



Barriers for partial availability or non-availability.



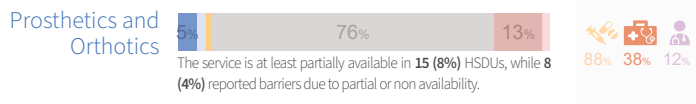
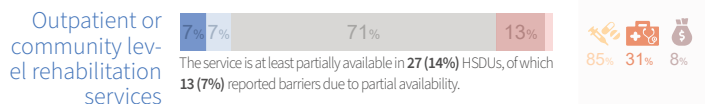
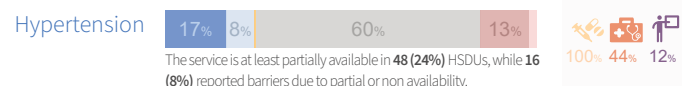
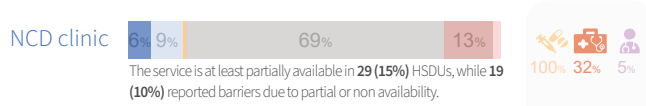
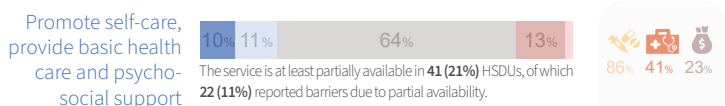
Sexual and reproductive health (cont.)



Sexual violence



Noncommunicable diseases and mental health



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Data source: HeRAMS Sudan
<https://herams.org/project/82>
 Data accessed on: 31 January 2026
 Date report created: 02 June 2026
 Contact: herams@who.int



World Health Organization

HeRAMS
 Health Resources and Services
 Availability Monitoring System



HEALTH CLUSTER
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HeRAMS Sudan | Central Darfur

SNAPSHOT JANUARY 2026

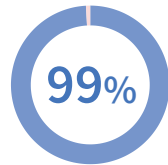
OPERATIONAL STATUS

HSDUs per population State vs national



On average, **Central Darfur** has **9.3** operational HSDUs per 100 000 population, above the national average of **6.4**.

Reporting completeness



Out of 115 HSDUs, **114 (99%)** are reporting.

Out of **114** HSDUs evaluated.



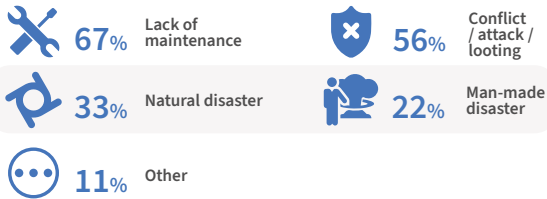
All **114** HSDUs evaluated are at least partially operational.*

- At least partially operational
- Not operational

MAIN CAUSES OF...

Building damage

The 5 causes of building damage as reported by 9 partially damaged HSDUs.



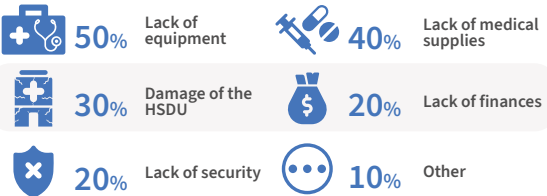
Equipment damage

The 4 causes of equipment damage as reported by 7 partially damaged and 7 fully damaged HSDUs.



Functionality constraints

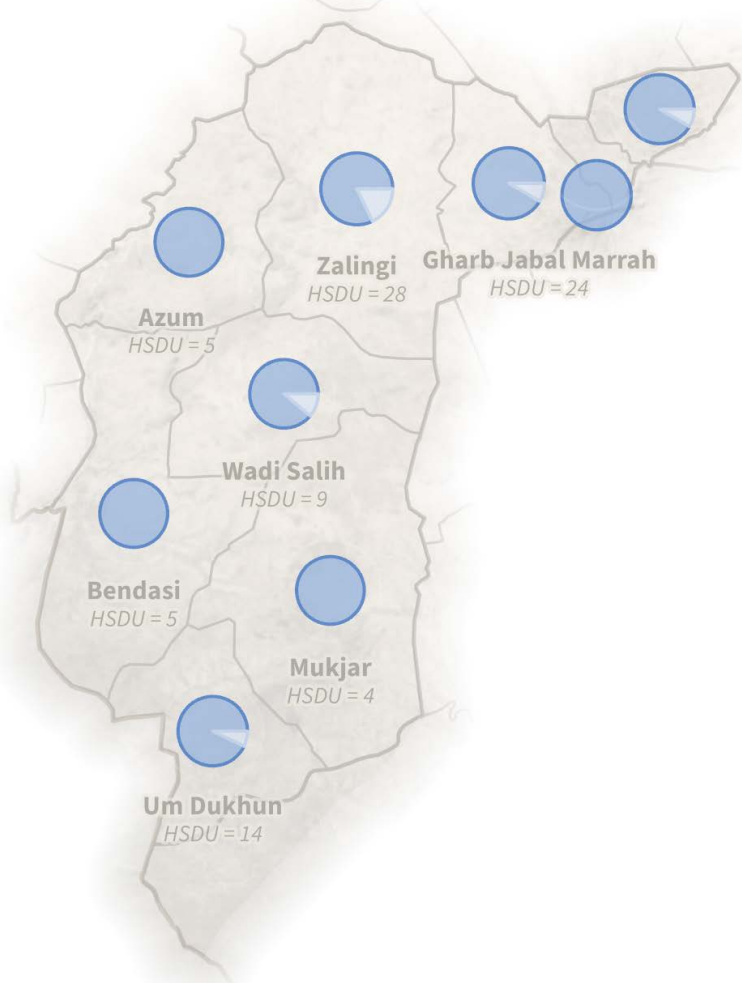
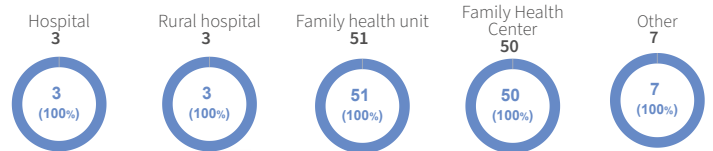
The 6 causes of functionality constraints as reported by 10 partially functioning HSDUs.



Accessibility constraints

No accessibility constraints reported.

HSDU by type



- Operational
- Partially operational
- Not operational

* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.

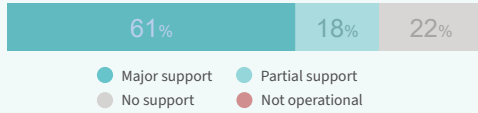




Partner support

Partner support types

Out of 89 HSDUs supported by partners.

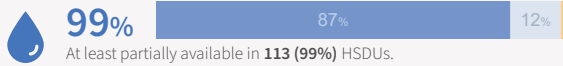


BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided ● Not operational

WASH

Water

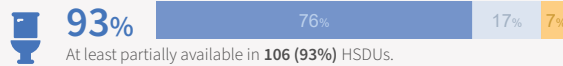


Main water sources

Out of 113 HSDUs where water is at least partially available.



Sanitation facilities



Out of 106 HSDUs where sanitation facilities is at least partially available.

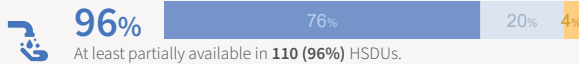
Sanitation facilities types*



Sanitation facilities accessibility*



Hand hygiene

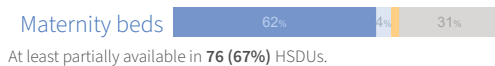


Environmental cleaning

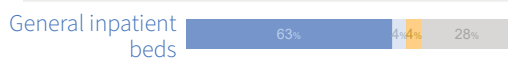


Inpatient bed capacity*

Number of available beds



143



436

Main barriers*

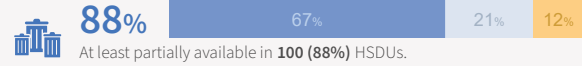


Personal protective equipment

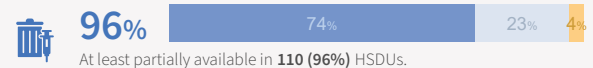


Waste management

Waste segregation



Final disposal of sharps



Final disposal of infectious waste

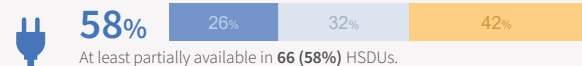


Waste disposal methods

Out of 113 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power

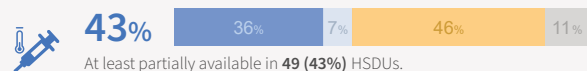


Power sources

Out of 66 HSDUs where power is at least partially available.



Cold chain

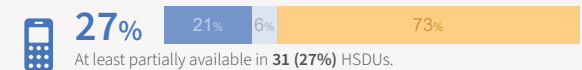


Cold chain sources

Out of 49 HSDUs where cold chain is at least partially available.



Communication



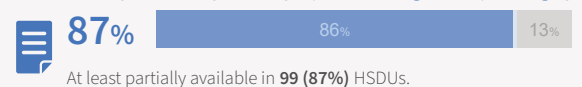
Communication equipment types

Out of 31 HSDUs where communication is at least partially available.

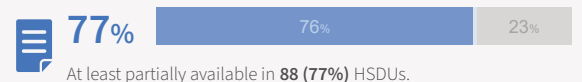


Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



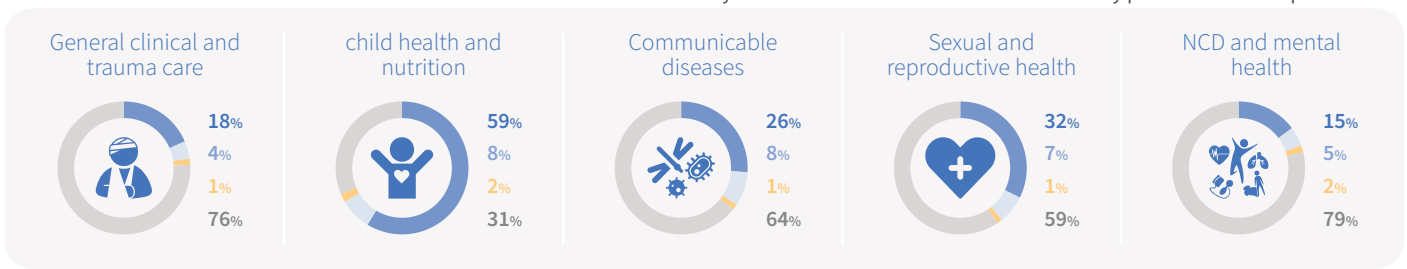
*Out of 114 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

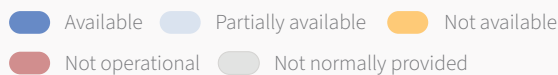
Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational

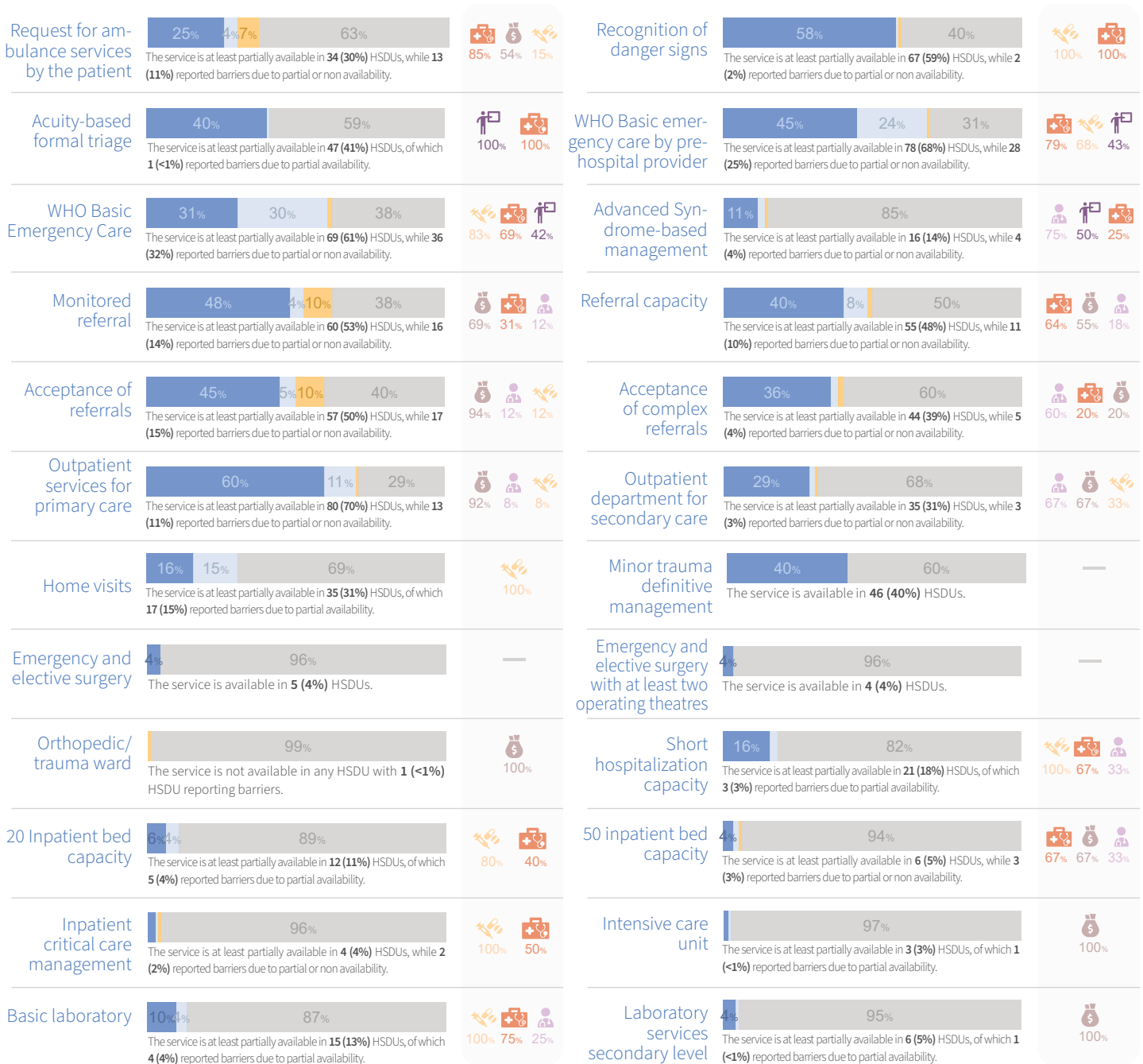
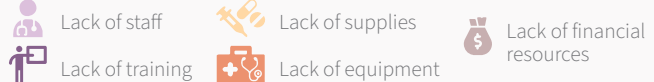


General clinical and emergency care

Availability status



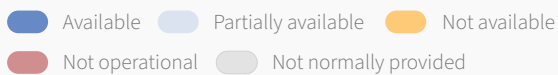
Barriers for partial availability or non-availability.



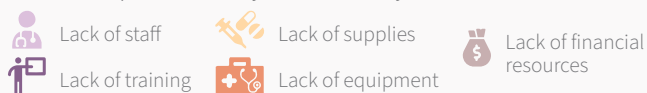
* Out of 114 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



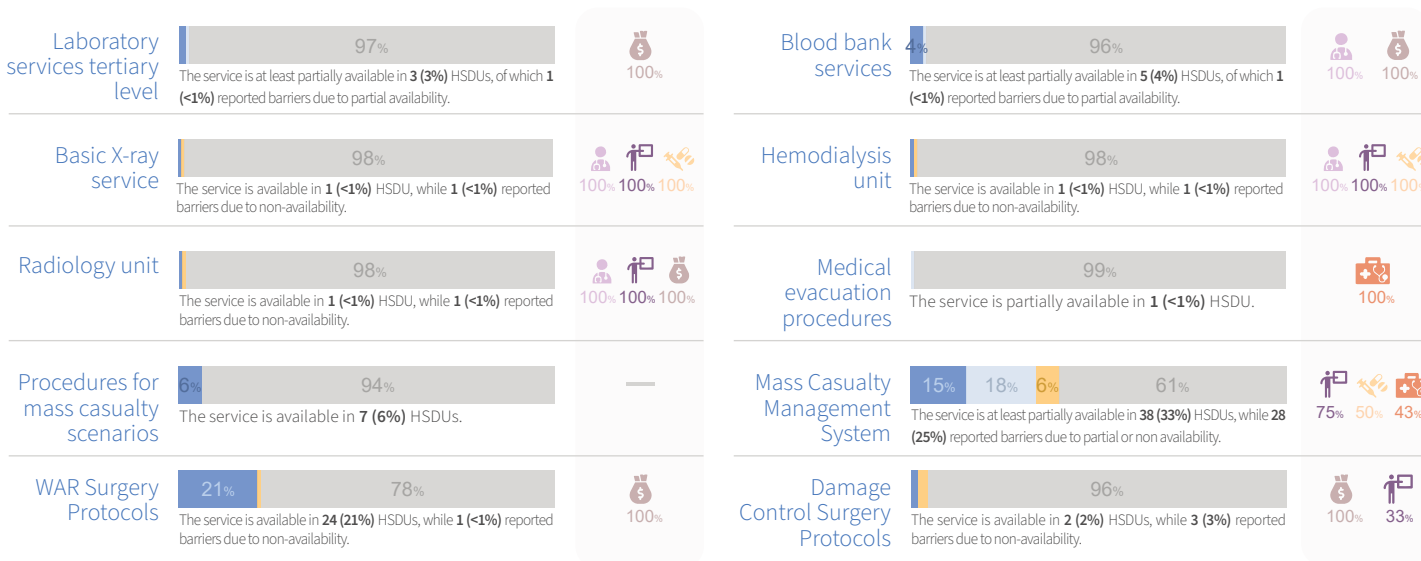
Availability status



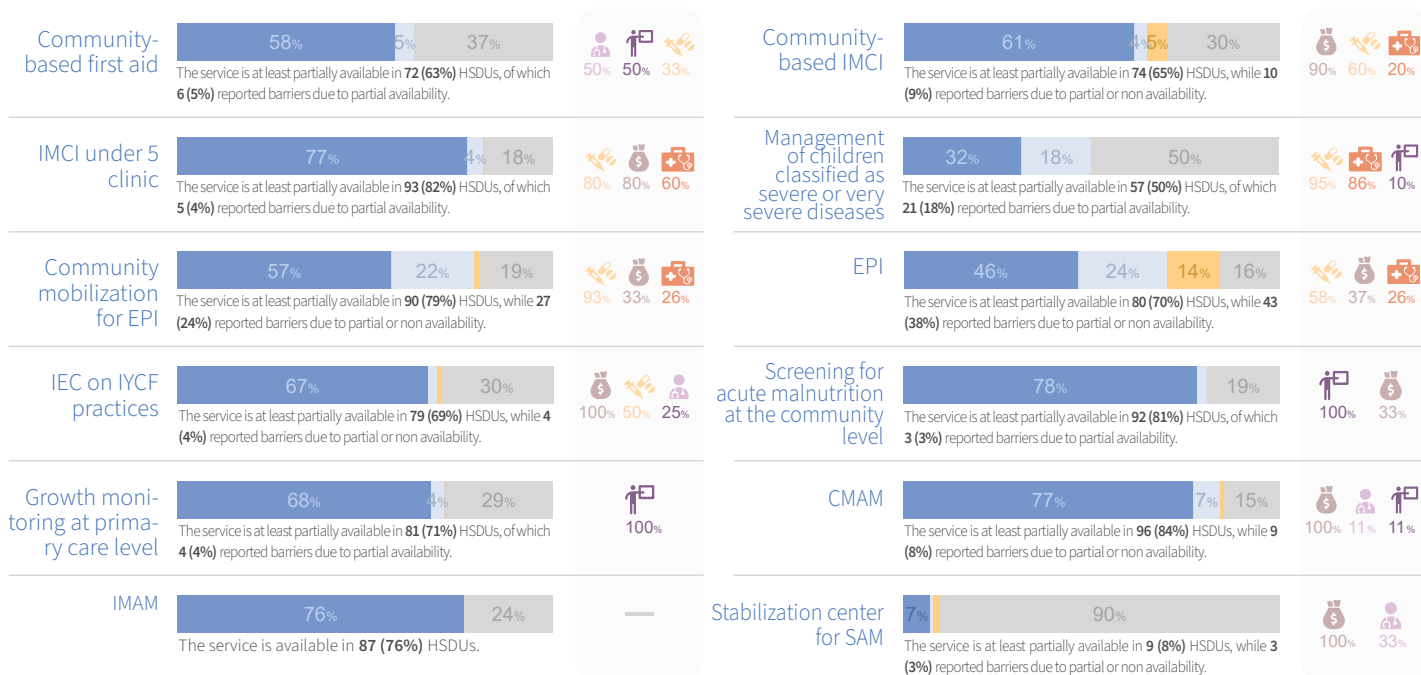
Barriers for partial availability or non-availability.



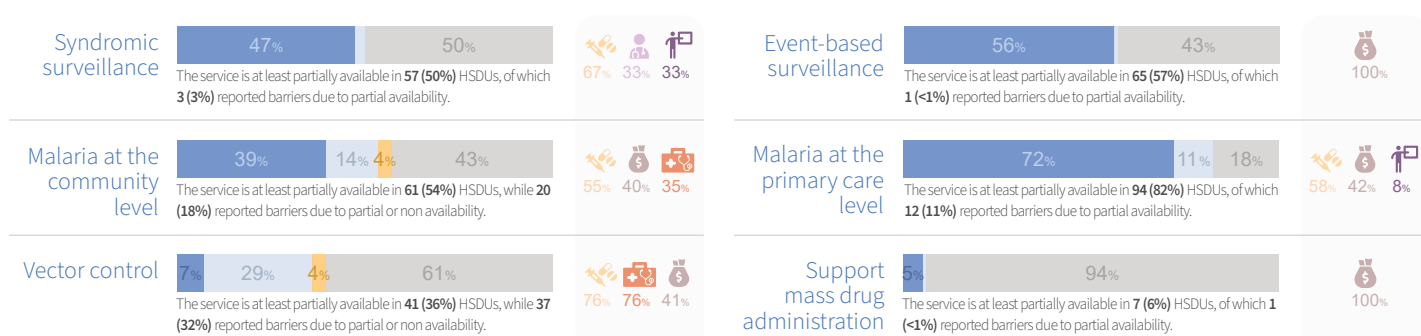
General clinical and emergency care (cont.)



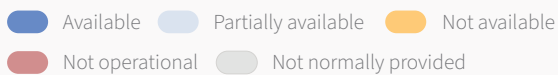
Child health and nutrition



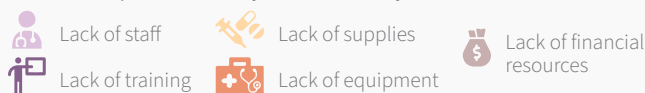
Communicable diseases



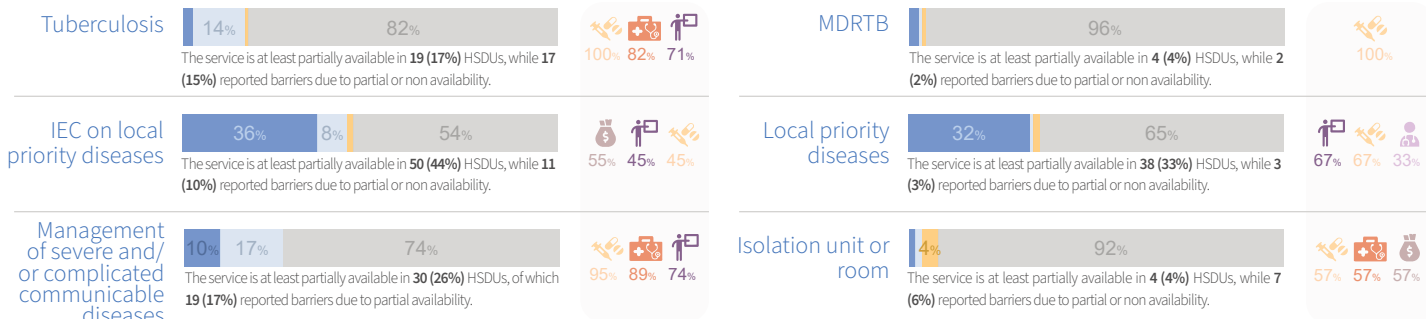
Availability status



Barriers for partial availability or non-availability.

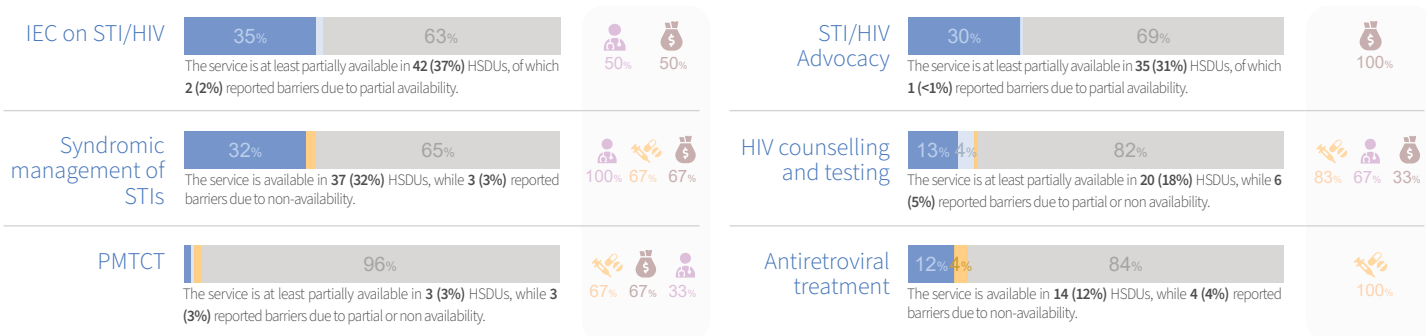


Communicable diseases (cont.)

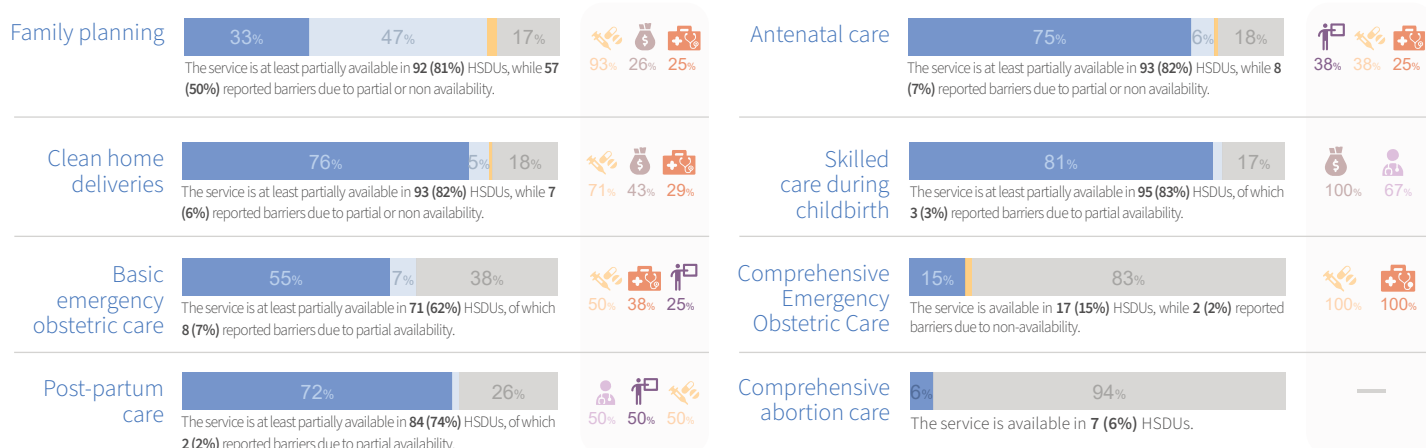


Sexual and reproductive health

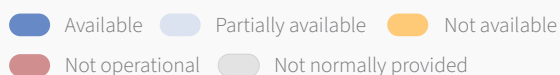
STI and HIV/AIDS



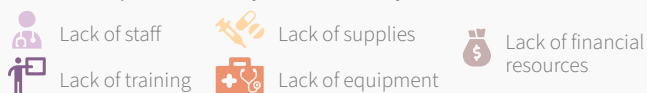
Maternal and newborn health



Availability status



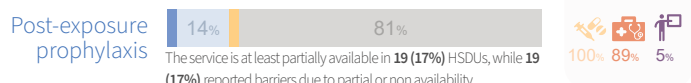
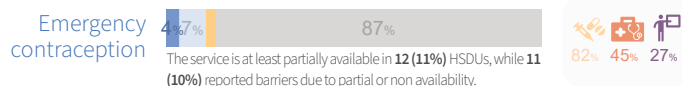
Barriers for partial availability or non-availability.



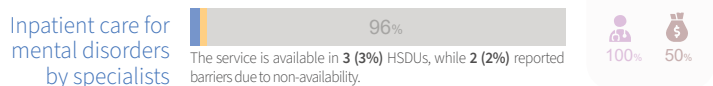
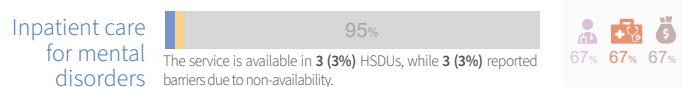
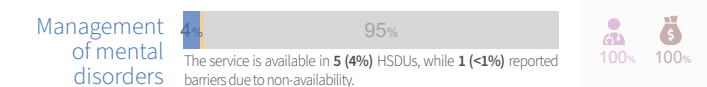
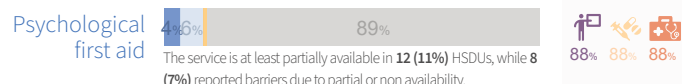
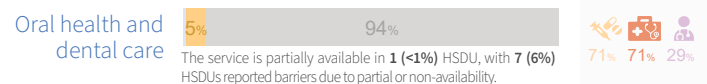
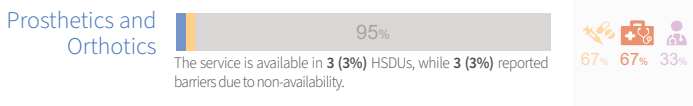
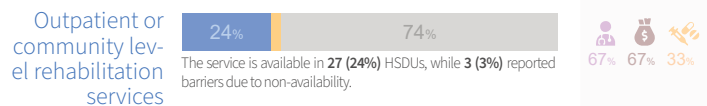
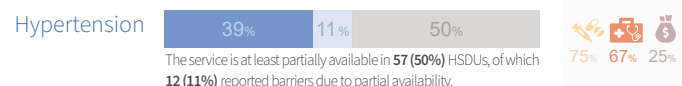
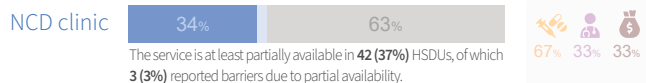
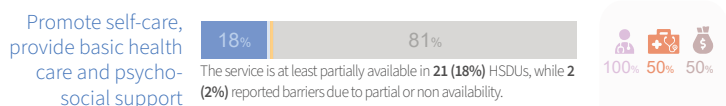
Sexual and reproductive health (cont.)



Sexual violence



Noncommunicable diseases and mental health



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World Health Organization

HeRAMS
 Health Resources and Services
 Availability Monitoring System



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HeRAMS Sudan | East Darfur

SNAPSHOT JANUARY 2026

OPERATIONAL STATUS

HSDUs per population State vs national



On average, **East Darfur** has only **1.7** operational HSDUs per 100 000 population, below the national average of **6.4**.

Reporting completeness



All **42** HSDUs are reporting.

Out of **42** HSDUs evaluated.



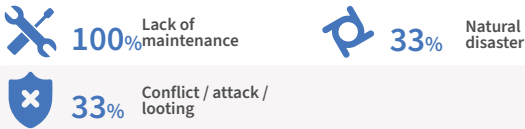
All **42** HSDUs evaluated are at least partially operational.*

- At least partially operational
- Not operational

MAIN CAUSES OF...

Building damage

The 3 causes of building damage as reported by **3** partially damaged HSDUs.



Equipment damage

The 3 causes of equipment damage as reported by **2** partially damaged HSDUs.



Functionality constraints

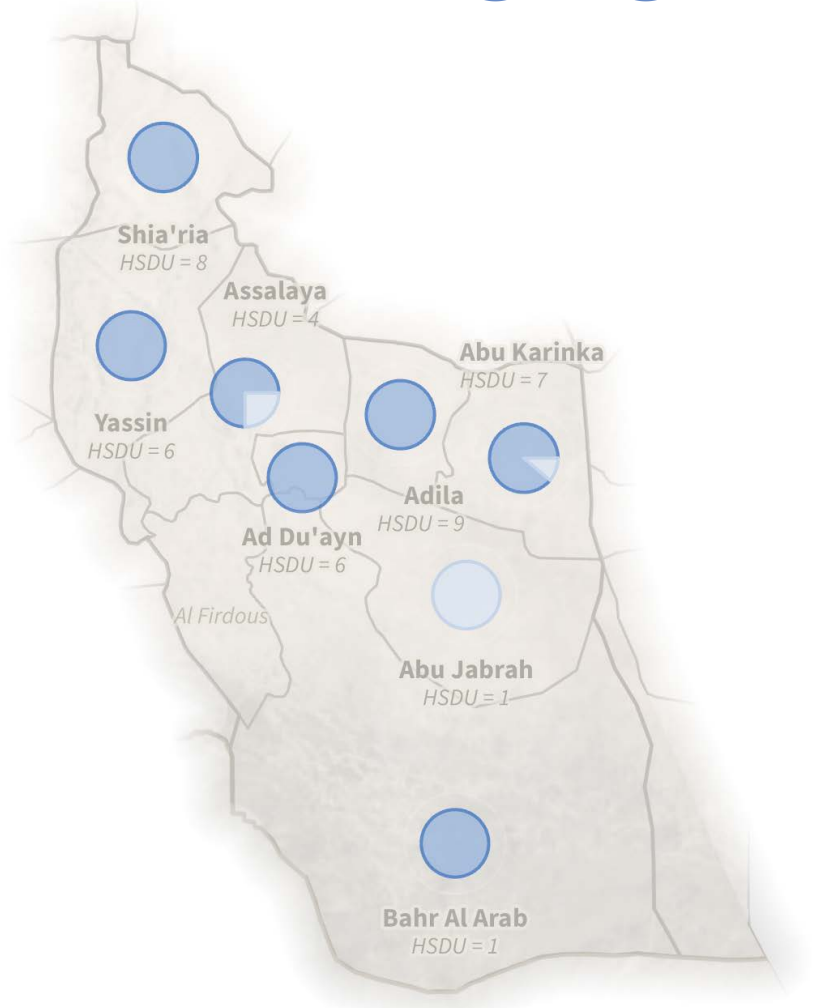
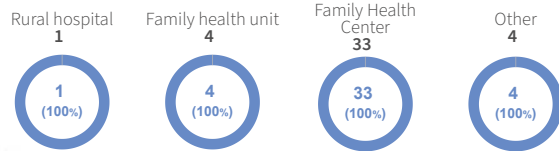
The 3 causes of functionality constraints as reported by **3** partially functioning HSDUs.



Accessibility constraints

No accessibility constraints reported.

HSDU by type



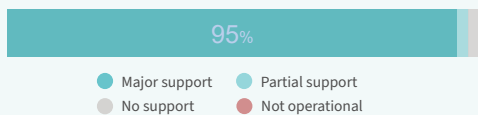
- Operational
- Partially operational
- Not operational

* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.





Partner support



Partner support types

Out of 41 HSDUs supported by partners.

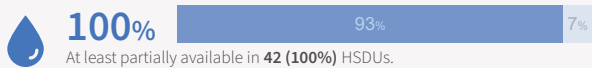


BASIC AMENITIES*

Available Partially available Not available Not normally provided Not operational

WASH

Water

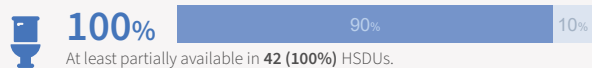


Main water sources

Out of 42 HSDUs where water is at least partially available.



Sanitation facilities



Out of 42 HSDUs where sanitation facilities is at least partially available.

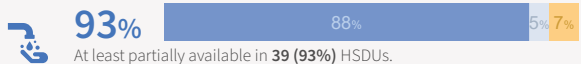
Sanitation facilities types*



Sanitation facilities accessibility*



Hand hygiene

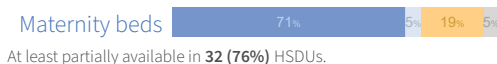
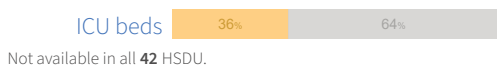


Environmental cleaning

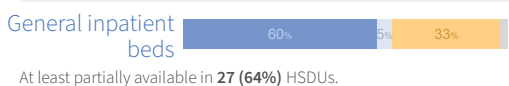


Inpatient bed capacity*

Number of available beds



85

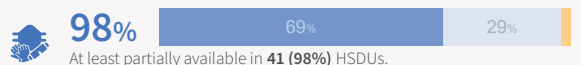


126

Main barriers*



Personal protective equipment

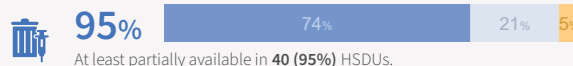


Waste management

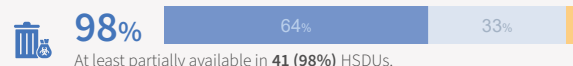
Waste segregation



Final disposal of sharps



Final disposal of infectious waste



Waste disposal methods

Out of 41 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power

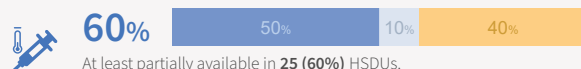


Power sources

Out of 16 HSDUs where power is at least partially available.



Cold chain

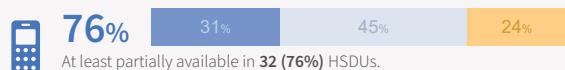


Cold chain sources

Out of 25 HSDUs where cold chain is at least partially available.

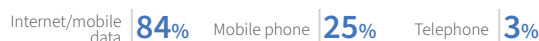


Communication



Communication equipment types

Out of 32 HSDUs where communication is at least partially available.

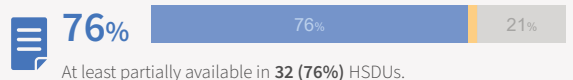


Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



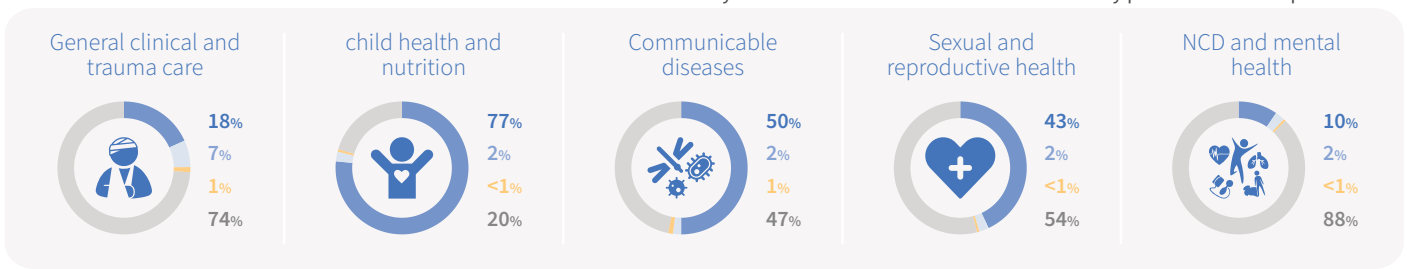
*Out of 42 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational



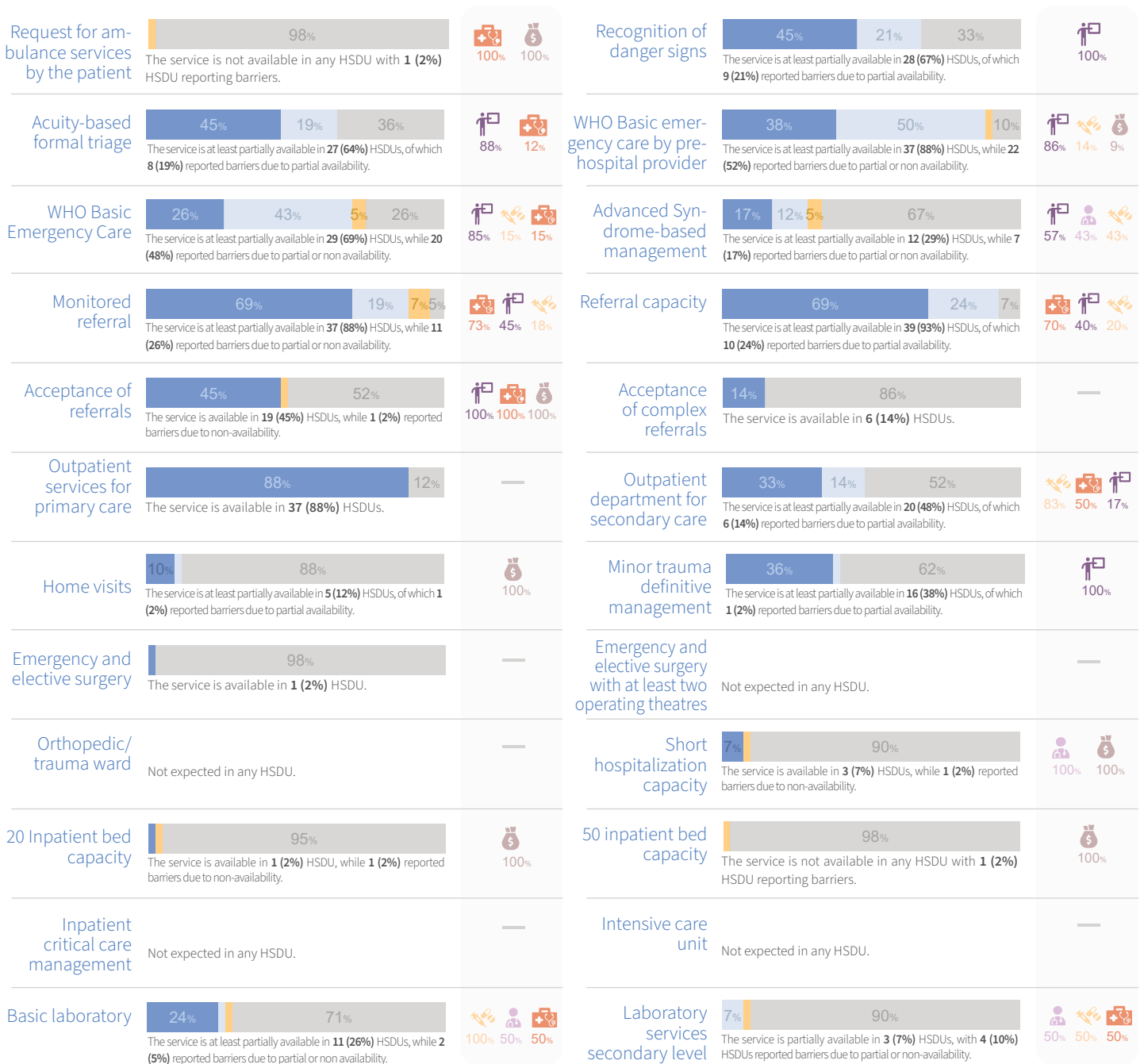
General clinical and emergency care

Availability status

● Available ● Partially available ● Not available
● Not operational ● Not normally provided

Barriers for partial availability or non-availability.

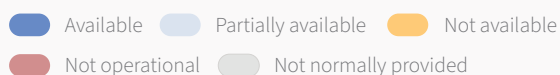
● Lack of staff ● Lack of supplies ● Lack of financial resources
● Lack of training ● Lack of equipment



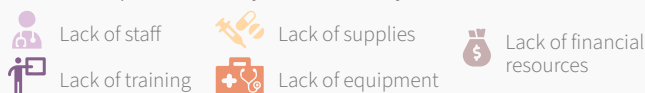
* Out of 42 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



Availability status



Barriers for partial availability or non-availability.



General clinical and emergency care (cont.)

Laboratory services tertiary level The service is not available in any HSDU with 1 (2%) HSDU reporting barriers.		Blood bank services The service is available in 1 (2%) HSDU.	—
Basic X-ray service Not expected in any HSDU.	—	Hemodialysis unit Not expected in any HSDU.	—
Radiology unit Not expected in any HSDU.	—	Medical evacuation procedures Not expected in any HSDU.	—
Procedures for mass casualty scenarios The service is available in 9 (21%) HSDUs, while 1 (2%) reported barriers due to non-availability.		Mass Casualty Management System The service is at least partially available in 9 (21%) HSDUs, while 3 (7%) reported barriers due to partial or non availability.	
WAR Surgery Protocols The service is available in 3 (7%) HSDUs.	—	Damage Control Surgery Protocols The service is available in 1 (2%) HSDU.	—

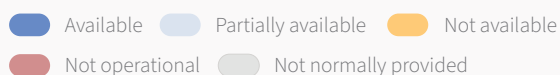
Child health and nutrition

Community-based first aid The service is at least partially available in 34 (81%) HSDUs, while 2 (5%) reported barriers due to partial or non availability.		Community-based IMCI The service is available in 40 (95%) HSDUs.	—
IMCI under 5 clinic The service is at least partially available in 40 (95%) HSDUs, of which 1 (2%) reported barriers due to partial availability.		Management of children classified as severe or very severe diseases The service is at least partially available in 26 (62%) HSDUs, of which 10 (24%) reported barriers due to partial availability.	
Community mobilization for EPI The service is available in 41 (98%) HSDUs.	—	EPI The service is available in 41 (98%) HSDUs, while 1 (2%) reported barriers due to non-availability.	
IEC on IYCF practices The service is available in 41 (98%) HSDUs.	—	Screening for acute malnutrition at the community level The service is available in 40 (95%) HSDUs.	—
Growth monitoring at primary care level The service is available in 31 (74%) HSDUs.	—	CMAM The service is available in 40 (95%) HSDUs.	—
IMAM The service is available in 21 (50%) HSDUs.	—	Stabilization center for SAM The service is available in 3 (7%) HSDUs, while 1 (2%) reported barriers due to non-availability.	

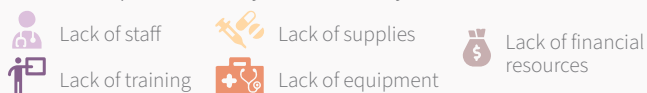
Communicable diseases

Syndromic surveillance The service is available in 37 (88%) HSDUs.	—	Event-based surveillance The service is available in 38 (90%) HSDUs.	—
Malaria at the community level The service is at least partially available in 32 (76%) HSDUs, of which 1 (2%) reported barriers due to partial availability.		Malaria at the primary care level The service is available in 40 (95%) HSDUs.	—
Vector control The service is available in 16 (38%) HSDUs, while 1 (2%) reported barriers due to non-availability.		Support mass drug administration The service is available in 6 (14%) HSDUs, while 1 (2%) reported barriers due to non-availability.	

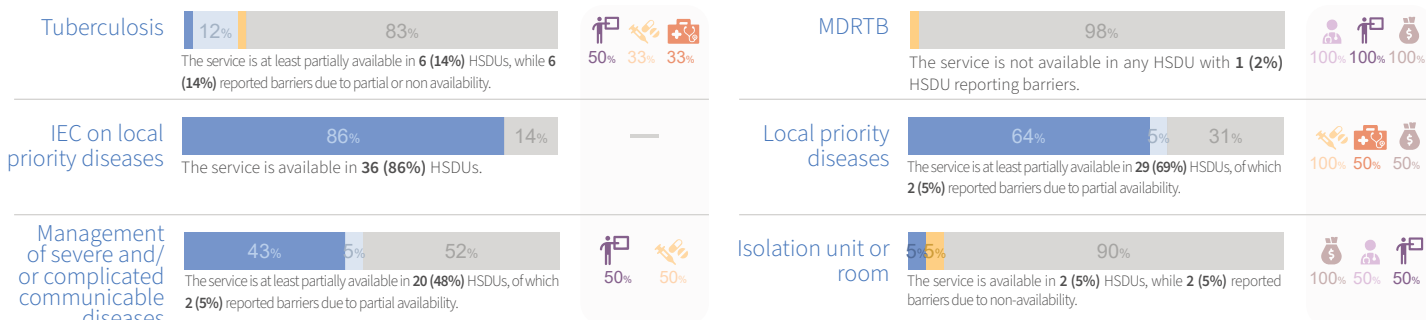
Availability status



Barriers for partial availability or non-availability.



Communicable diseases (cont.)

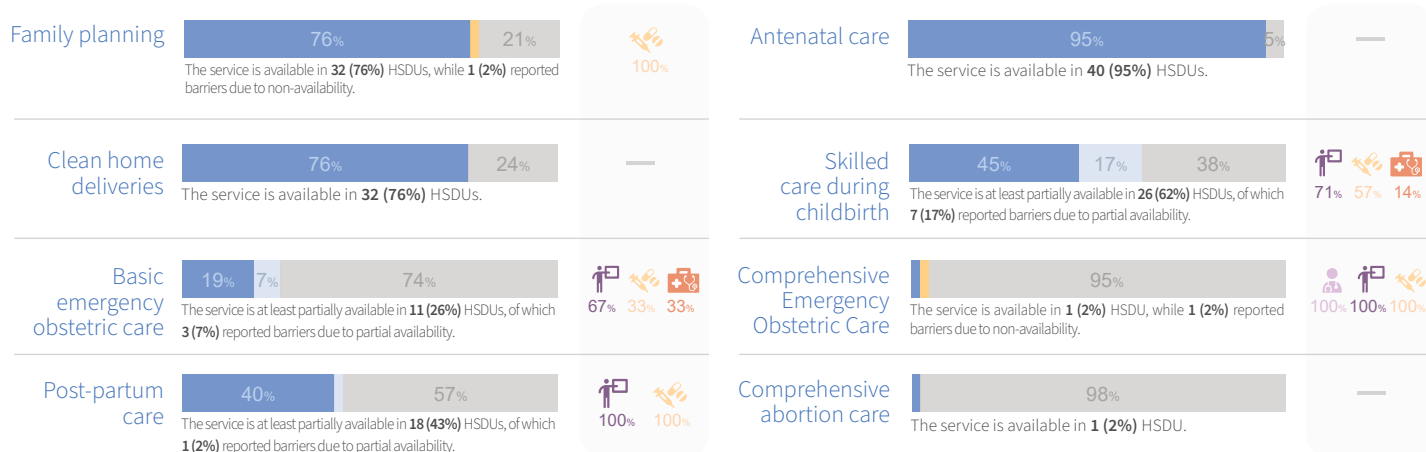


Sexual and reproductive health

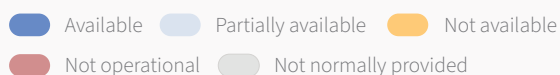
STI and HIV/AIDS



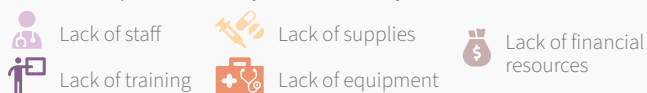
Maternal and newborn health



Availability status



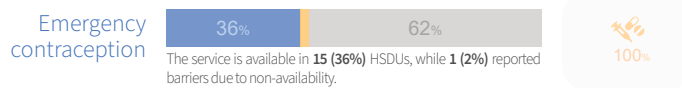
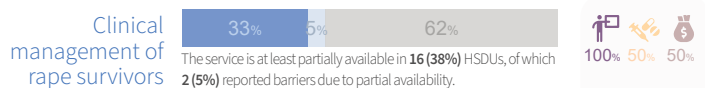
Barriers for partial availability or non-availability.



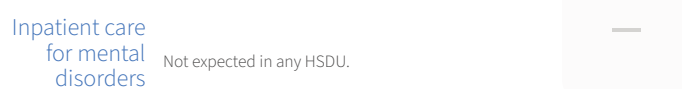
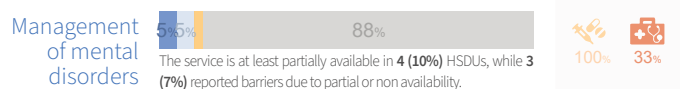
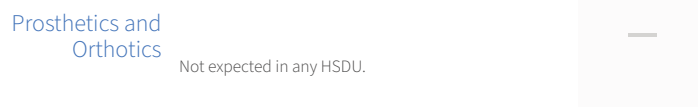
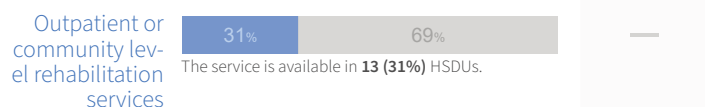
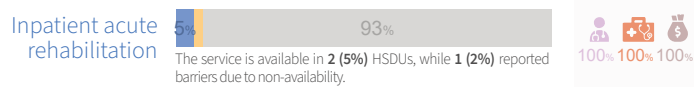
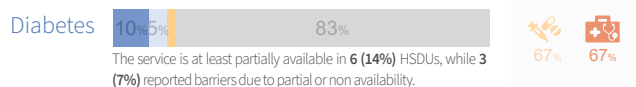
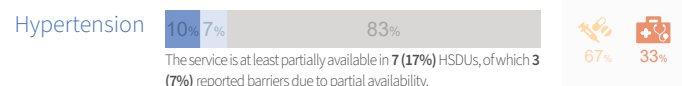
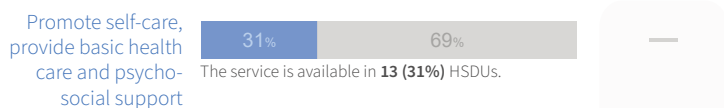
Sexual and reproductive health (cont.)



Sexual violence



Noncommunicable diseases and mental health



This analysis was produced based on the information reported into HeRAMS up to 31 January 2026 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.



Data source: HeRAMS Sudan
<https://herams.org/project/82>
 Data accessed on: 31 January 2026
 Date report created: 02 June 2026
 Contact: herams@who.int



World Health Organization

HeRAMS
 Health Resources and Services
 Availability Monitoring System



HEALTH CLUSTER
 SUDAN



HeRAMS Sudan | Gedaref

SNAPSHOT JANUARY 2026

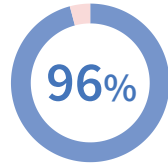
OPERATIONAL STATUS

HSDUs per population State vs national



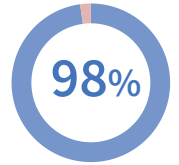
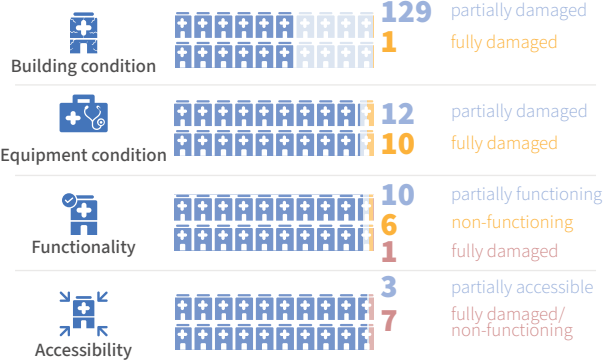
On average, Gedaref has **10.5** operational HSDUs per 100 000 population, above the national average of **6.4**.

Reporting completeness



Out of 337 HSDUs, **323 (96%)** are reporting.

Out of **323** HSDUs evaluated.



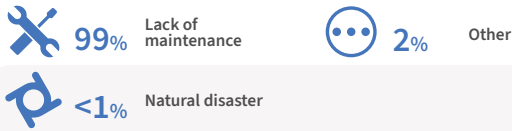
Out of **323** HSDUs evaluated **316 (98%)** are at least partially operational.*

- At least partially operational
- Not operational

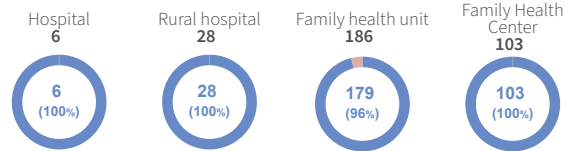
MAIN CAUSES OF...

Building damage

The 3 causes of building damage as reported by **129** partially damaged and **1** fully damaged HSDUs.



HSDU by type



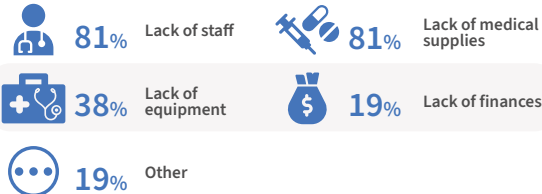
Equipment damage

The 2 causes of equipment damage as reported by **12** partially damaged and **10** fully damaged HSDUs.



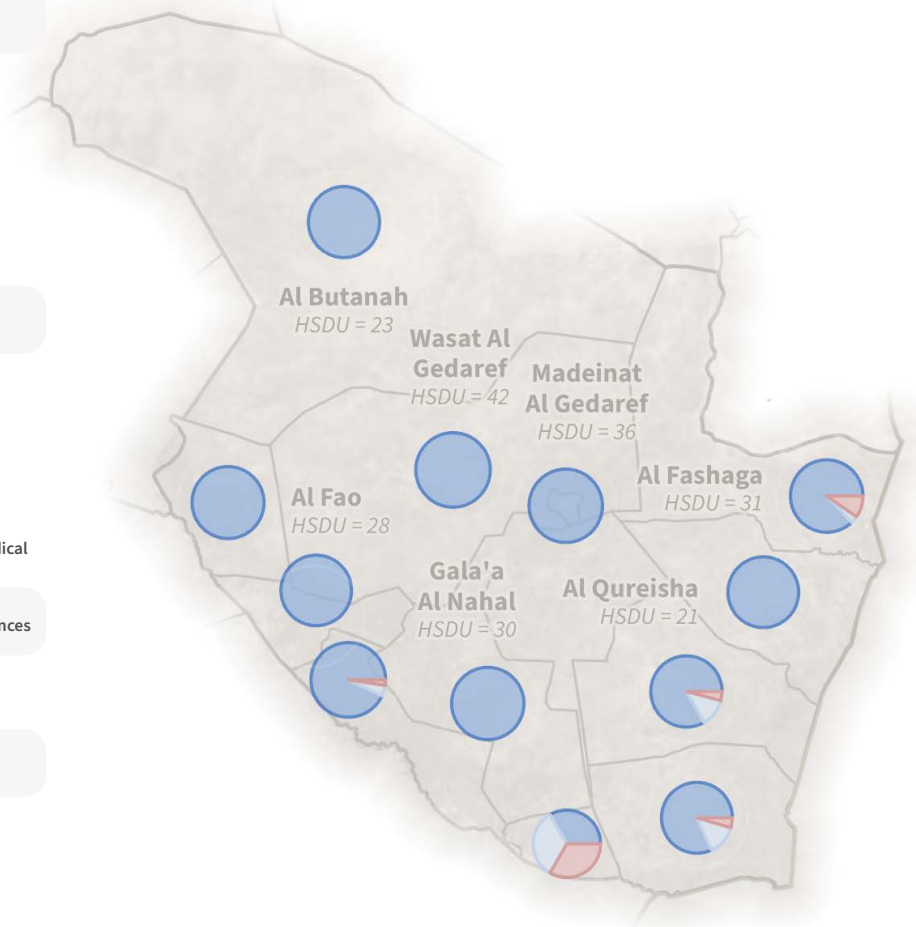
Functionality constraints

The 5 causes of functionality constraints as reported by **10** partially functioning and **6** non-functioning HSDUs.



Accessibility constraints

The primary cause of accessibility constraints as reported by **3** partially accessible HSDUs.



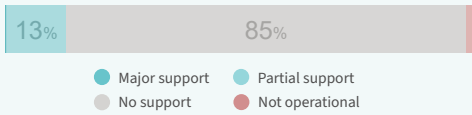
- Operational
- Partially operational
- Not operational

* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.





Partner support



Partner support types

Out of 42 HSDUs supported by partners.



BASIC AMENITIES*

Available Partially available Not available Not normally provided Not operational

WASH

Water

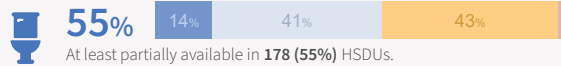


Main water sources

Out of 270 HSDUs where water is at least partially available.

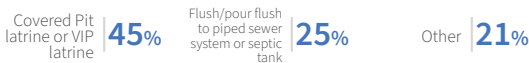


Sanitation facilities



Out of 178 HSDUs where sanitation facilities is at least partially available.

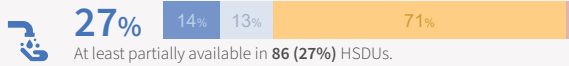
Sanitation facilities types*



Sanitation facilities accessibility*



Hand hygiene

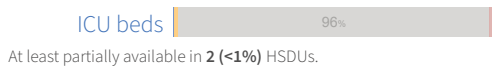


Environmental cleaning

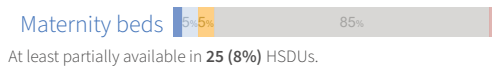


Inpatient bed capacity*

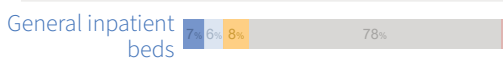
Number of available beds



40



2704

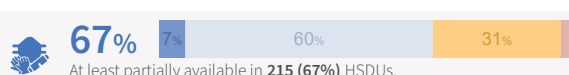


471

Main barriers*

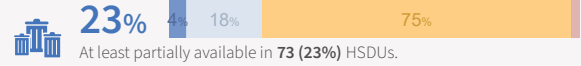


Personal protective equipment

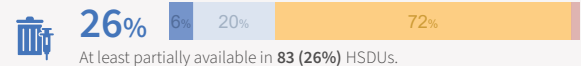


Waste management

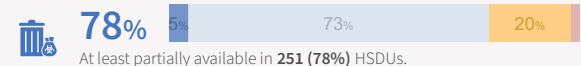
Waste segregation



Final disposal of sharps



Final disposal of infectious waste



Waste disposal methods

Out of 252 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power

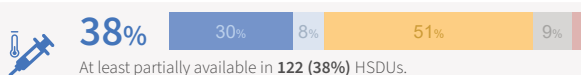


Power sources

Out of 147 HSDUs where power is at least partially available.



Cold chain

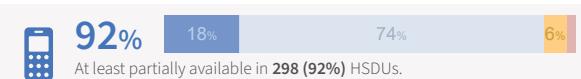


Cold chain sources

Out of 122 HSDUs where cold chain is at least partially available.



Communication



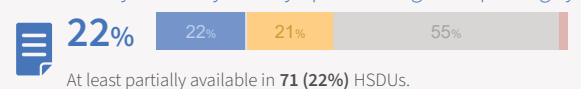
Communication equipment types

Out of 298 HSDUs where communication is at least partially available.

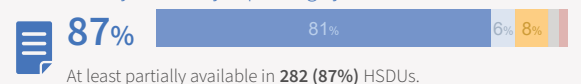


Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



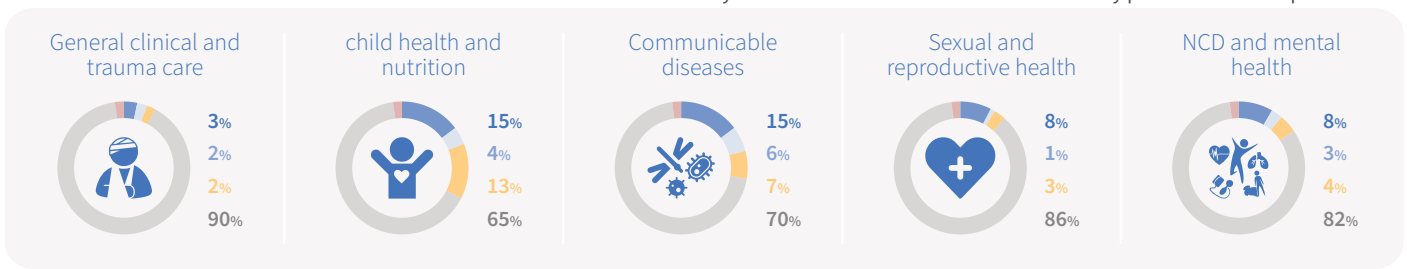
*Out of 316 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational



General clinical and emergency care

Availability status

● Available ● Partially available ● Not available
● Not operational ● Not normally provided

Barriers for partial availability or non-availability.

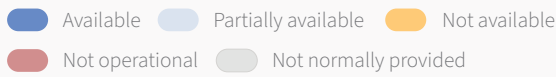
● Lack of staff ● Lack of supplies ● Lack of financial resources
● Lack of training ● Lack of equipment



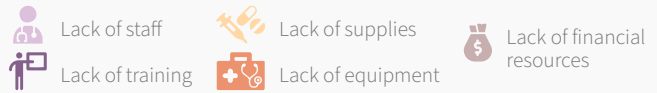
* Out of 316 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



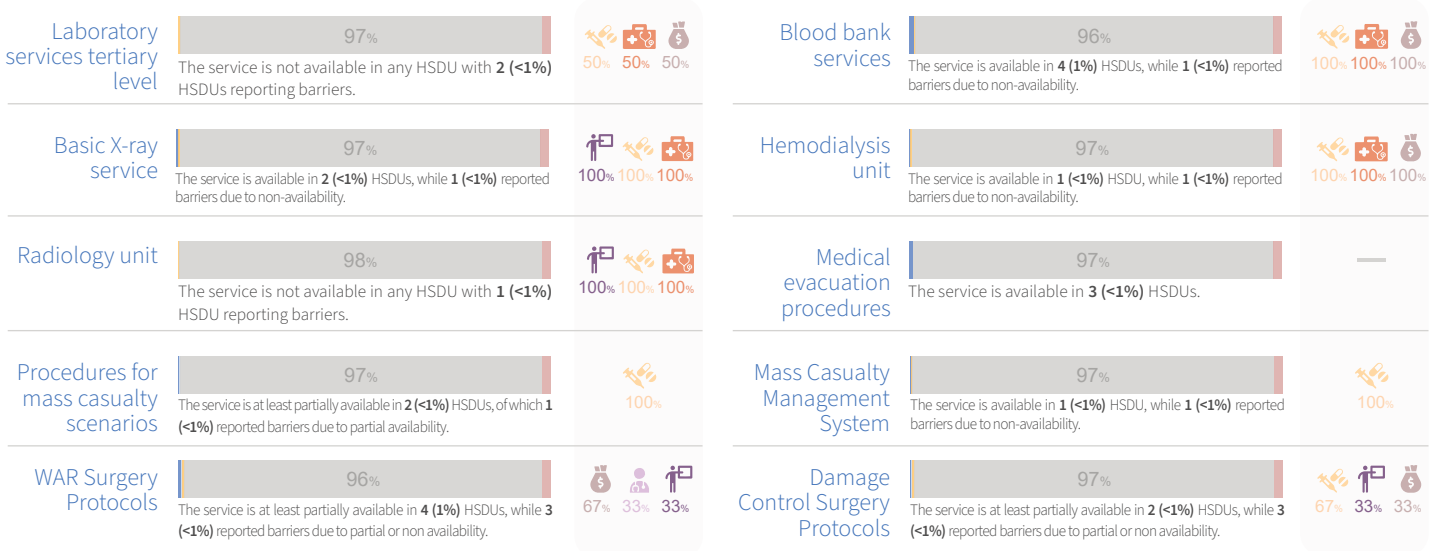
Availability status



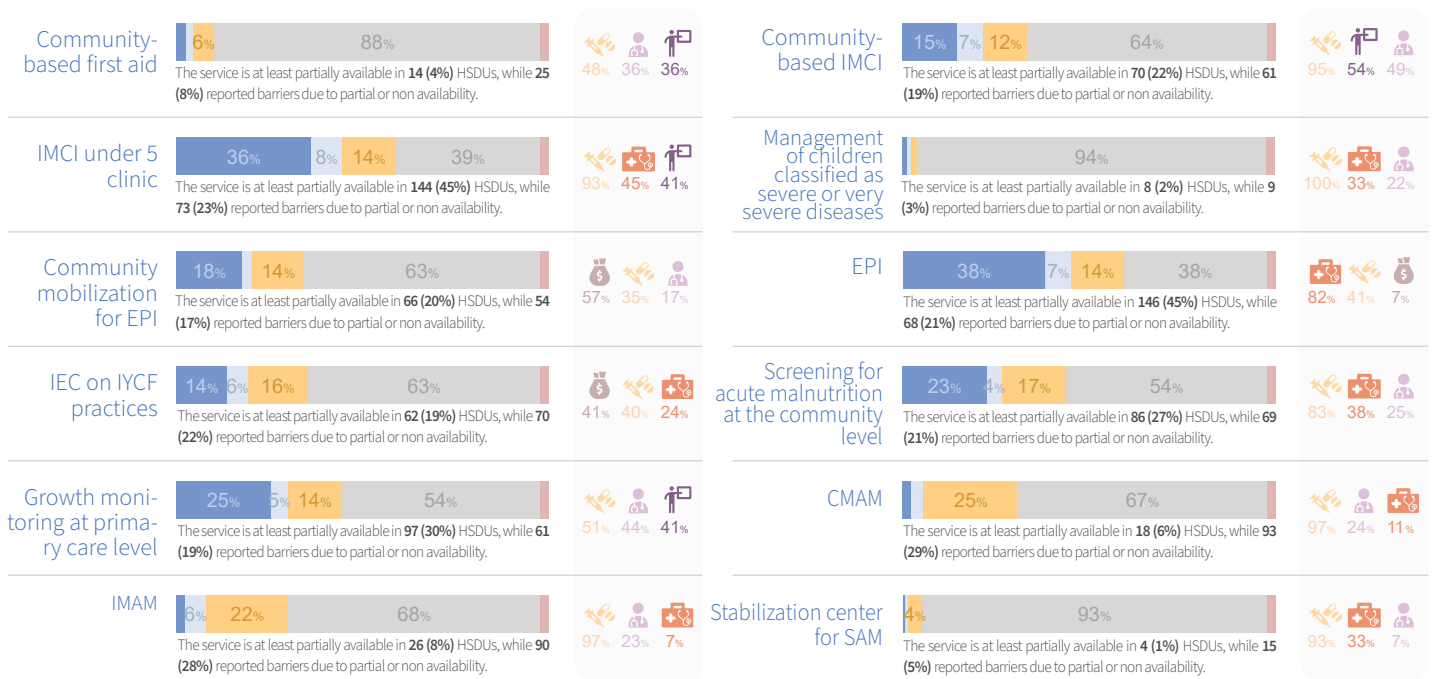
Barriers for partial availability or non-availability.



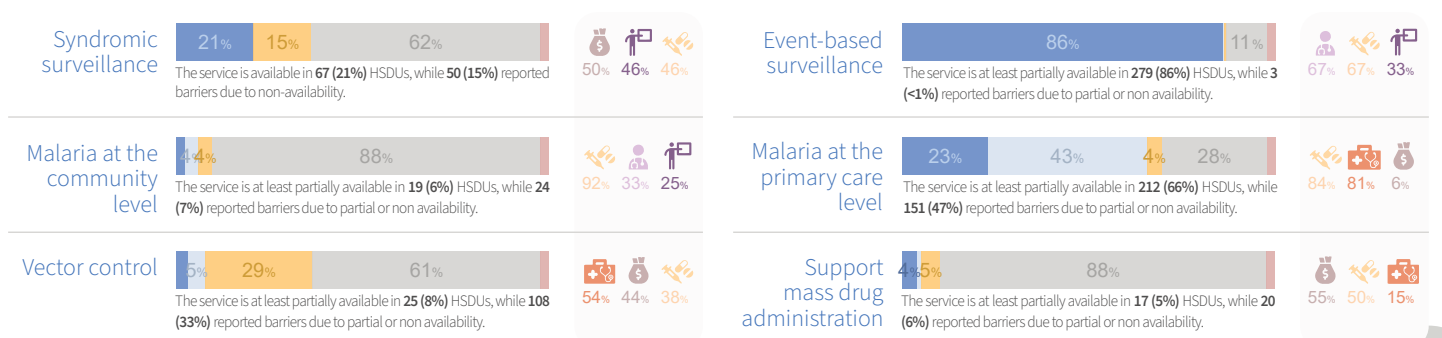
General clinical and emergency care (cont.)



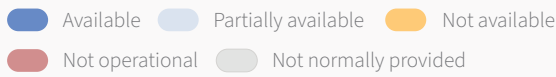
Child health and nutrition



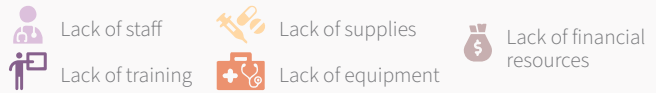
Communicable diseases



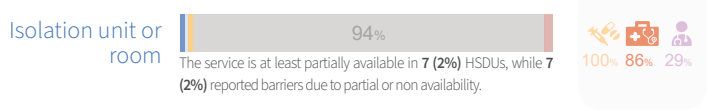
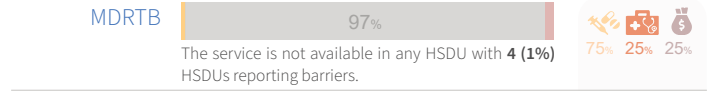
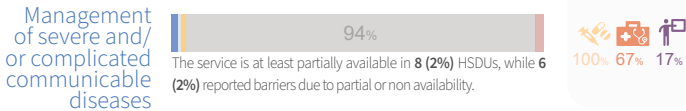
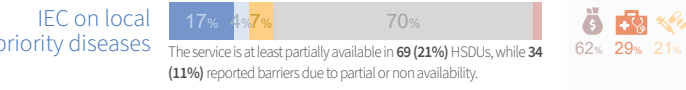
Availability status



Barriers for partial availability or non-availability.

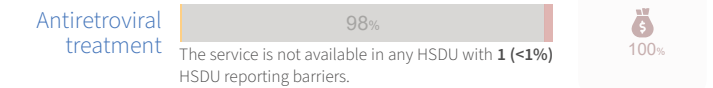
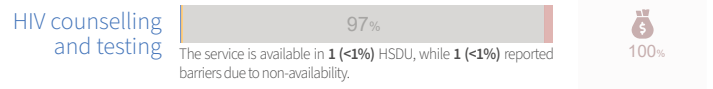
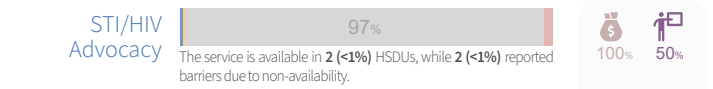
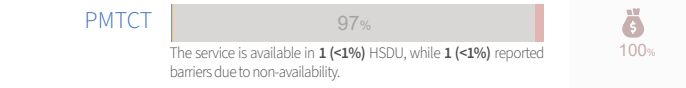
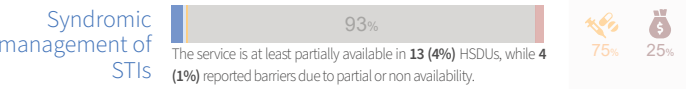
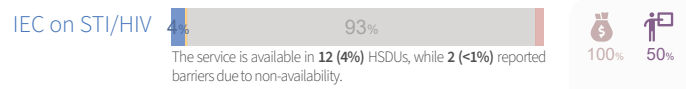


Communicable diseases (cont.)

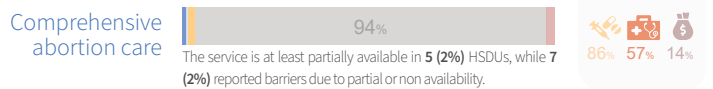
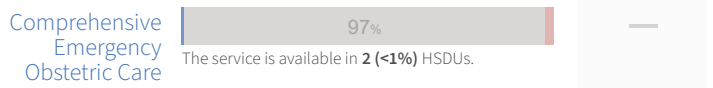
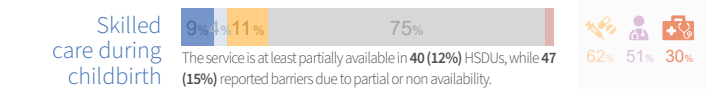
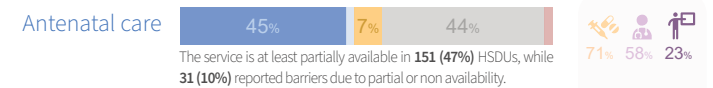
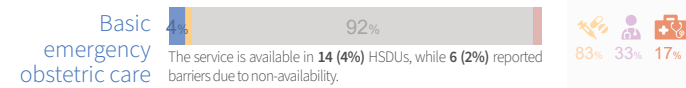
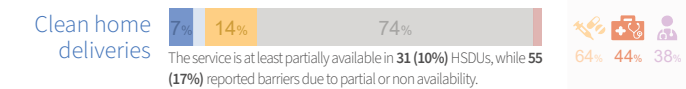


Sexual and reproductive health

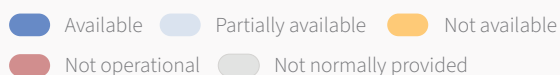
STI and HIV/AIDS



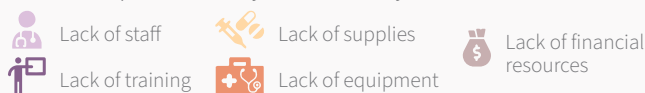
Maternal and newborn health



Availability status



Barriers for partial availability or non-availability.



Sexual and reproductive health (cont.)



Sexual violence

Clinical management of rape survivors
Not expected in any HSDU.

Emergency contraception
The service is available in **1 (<1%)** HSDU.

Post-exposure prophylaxis
Not expected in any HSDU.

Noncommunicable diseases and mental health

Promote self-care, provide basic health care and psycho-social support
The service is at least partially available in **5 (2%)** HSDUs, while **11 (3%)** reported barriers due to partial or non availability.

NCD clinic
The service is at least partially available in **137 (42%)** HSDUs, while **70 (22%)** reported barriers due to partial or non availability.

Asthma and COPD
The service is at least partially available in **10 (3%)** HSDUs, while **23 (7%)** reported barriers due to partial or non availability.

Hypertension
The service is at least partially available in **175 (54%)** HSDUs, while **62 (19%)** reported barriers due to partial or non availability.

Diabetes
The service is at least partially available in **114 (35%)** HSDUs, while **78 (24%)** reported barriers due to partial or non availability.

Inpatient acute rehabilitation
The service is available in **2 (<1%)** HSDUs.

Outpatient or community level rehabilitation services
The service is available in **2 (<1%)** HSDUs, while **2 (<1%)** reported barriers due to non-availability.

Prosthetics and Orthotics
Not expected in any HSDU.

Oral health and dental care
The service is available in **10 (3%)** HSDUs, while **34 (11%)** reported barriers due to non-availability.

Psychological first aid
The service is at least partially available in **8 (2%)** HSDUs, while **15 (5%)** reported barriers due to partial or non availability.

Management of mental disorders
The service is partially available in **1 (<1%)** HSDU, with **3 (<1%)** HSDUs reported barriers due to partial or non-availability.

Inpatient care for mental disorders
The service is at least partially available in **3 (<1%)** HSDUs, while **3 (<1%)** reported barriers due to partial or non availability.

Inpatient care for mental disorders by specialists
The service is partially available in **3 (<1%)** HSDUs, with **4 (1%)** HSDUs reported barriers due to partial or non-availability.

This analysis was produced based on the information reported into HeRAMS up to 31 January 2026 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

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Data source: HeRAMS Sudan
<https://herams.org/project/82>
Data accessed on: 31 January 2026
Date report created: 02 June 2026
Contact: herams@who.int



World Health Organization

HeRAMS
Health Resources and Services
Availability Monitoring System



HEALTH CLUSTER SUDAN



HeRAMS Sudan | Kassala

SNAPSHOT JANUARY 2026

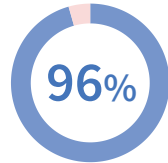
OPERATIONAL STATUS

HSDUs per population State vs national



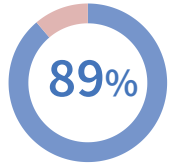
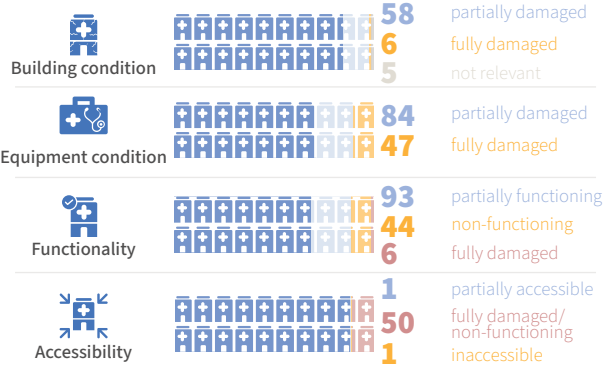
On average, **Kassala** has **14.9** operational HSDUs per 100 000 population, above the national average of **6.4**.

Reporting completeness



Out of **476** HSDUs, **455 (96%)** are reporting.

Out of **455** HSDUs evaluated.



Out of **455** HSDUs evaluated **404 (89%)** are at least partially operational.*

- At least partially operational
- Not operational

MAIN CAUSES OF...

Building damage

The 5 causes of building damage as reported by **58** partially damaged and **6** fully damaged HSDUs.



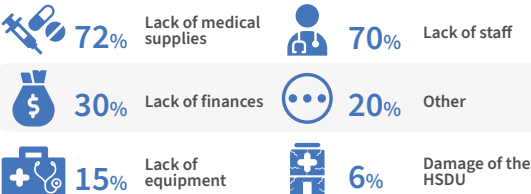
Equipment damage

The 5 causes of equipment damage as reported by **84** partially damaged and **47** fully damaged HSDUs.



Functionality constraints

The 6 causes of functionality constraints as reported by **93** partially functioning and **44** non-functioning HSDUs.

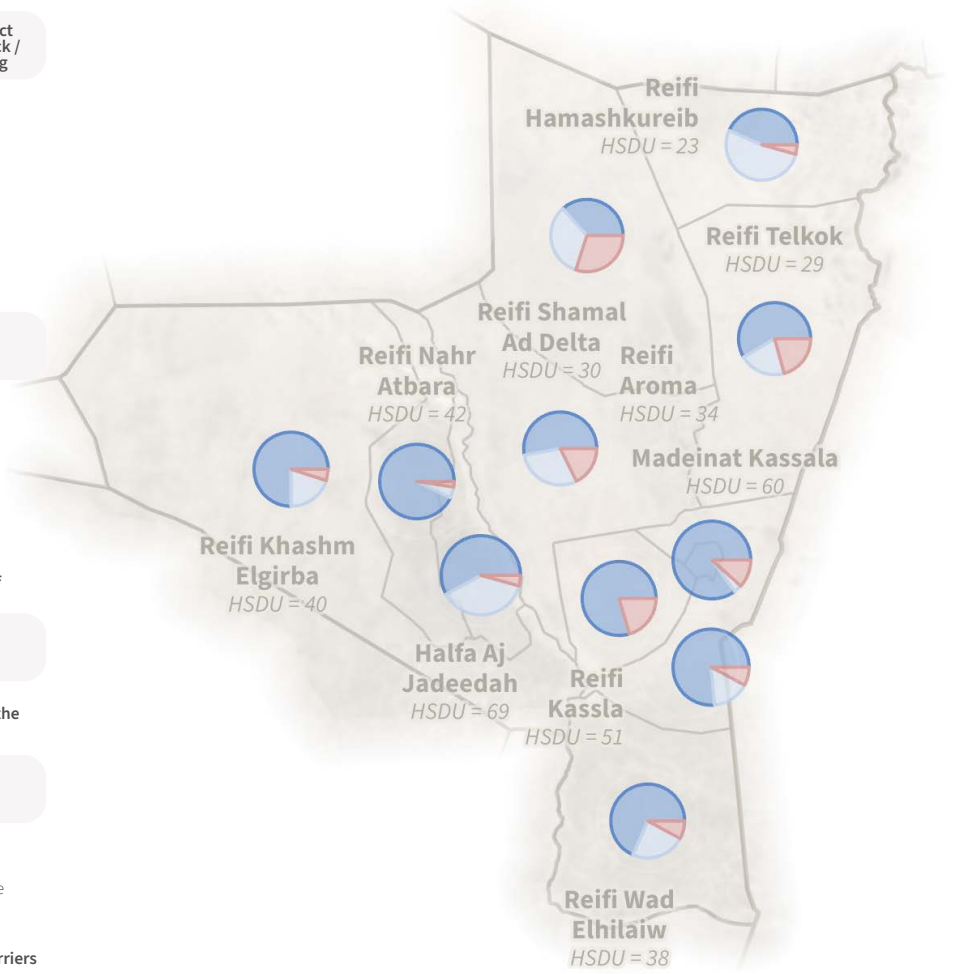
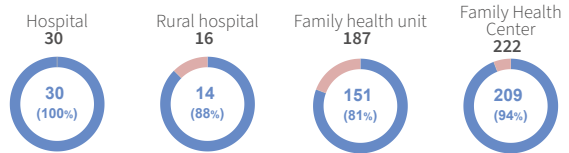


Accessibility constraints

The 4 causes of accessibility constraints as reported by **1** partially accessible and **1** inaccessible HSDUs.



HSDU by type



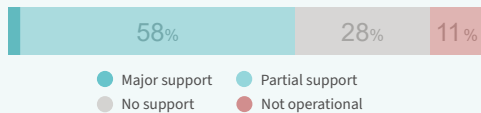
- Operational
- Partially operational
- Not operational

* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.





Partner support



Partner support types

Out of 275 HSDUs supported by partners.

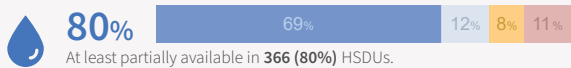


BASIC AMENITIES*

Available Partially available Not available Not normally provided Not operational

WASH

Water



Main water sources

Out of 366 HSDUs where water is at least partially available.

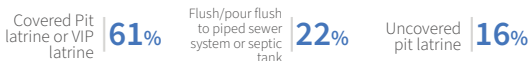


Sanitation facilities



Out of 330 HSDUs where sanitation facilities is at least partially available.

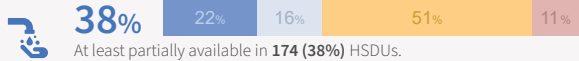
Sanitation facilities types*



Sanitation facilities accessibility*



Hand hygiene

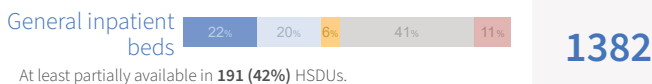
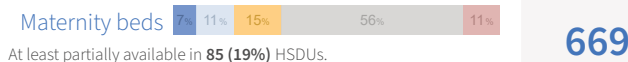
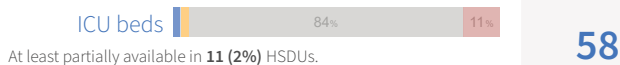


Environmental cleaning



Inpatient bed capacity*

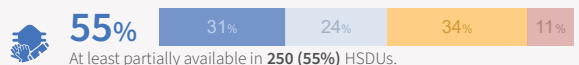
Number of available beds



Main barriers*

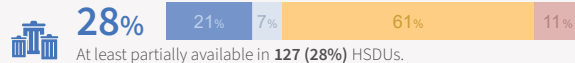


Personal protective equipment



Waste management

Waste segregation



Final disposal of sharps



Final disposal of infectious waste



Waste disposal methods

Out of 336 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power

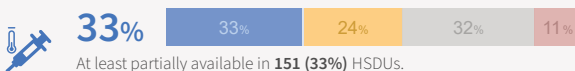


Power sources

Out of 242 HSDUs where power is at least partially available.



Cold chain

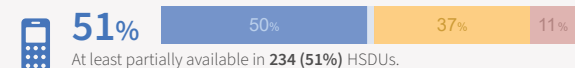


Cold chain sources

Out of 151 HSDUs where cold chain is at least partially available.



Communication



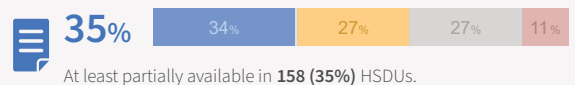
Communication equipment types

Out of 234 HSDUs where communication is at least partially available.

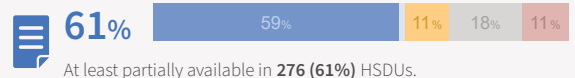


Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



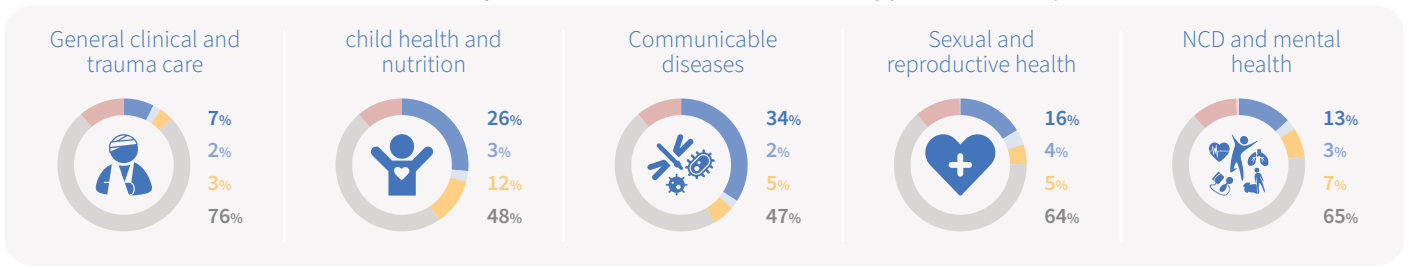
*Out of 404 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational ● No information available



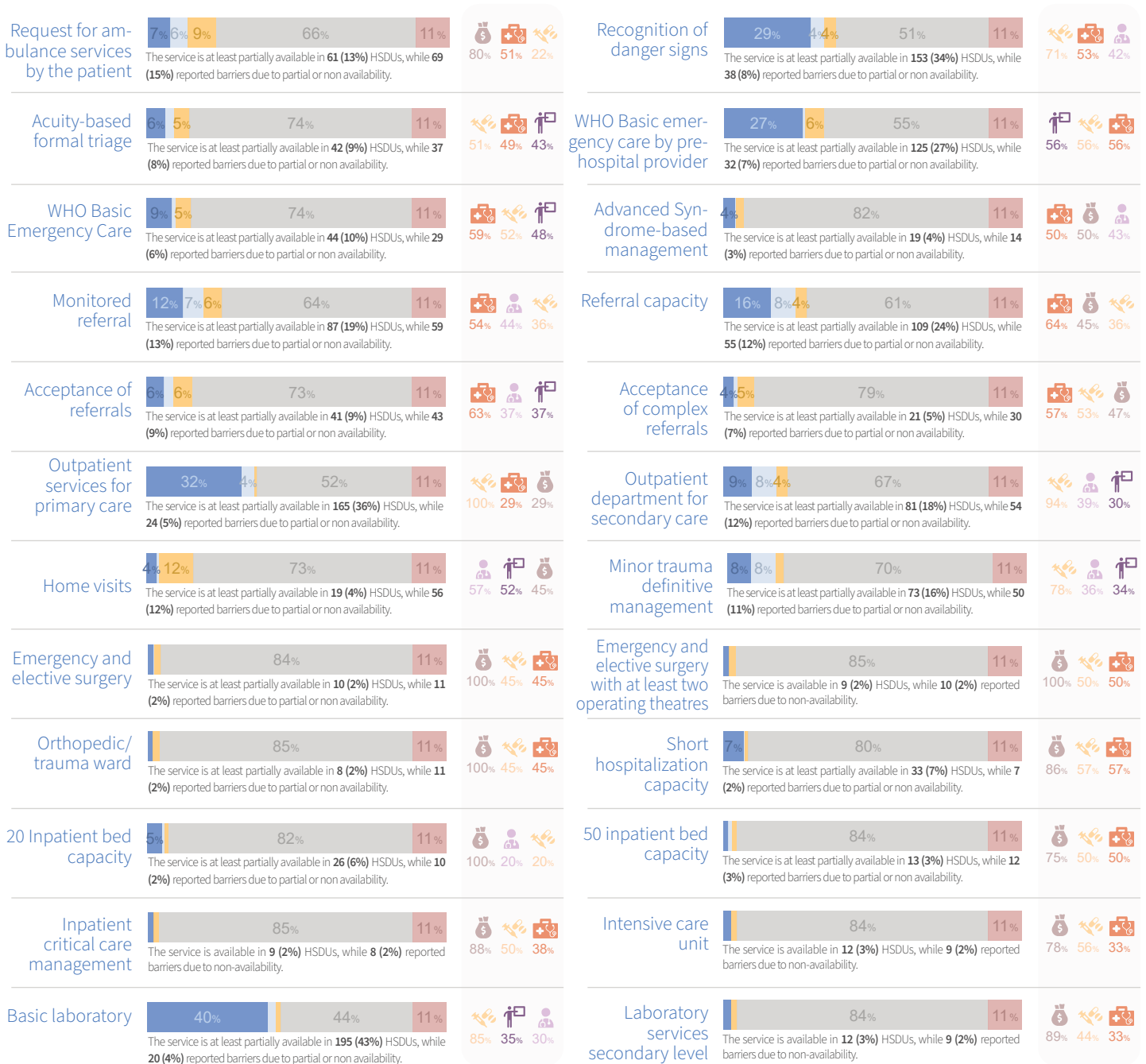
General clinical and emergency care

Availability status

● Available ● Partially available ● Not available
● Not operational ● Not normally provided

Barriers for partial availability or non-availability.

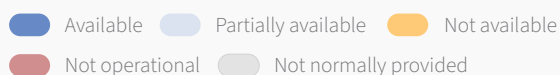
● Lack of staff ● Lack of supplies ● Lack of financial resources
● Lack of training ● Lack of equipment



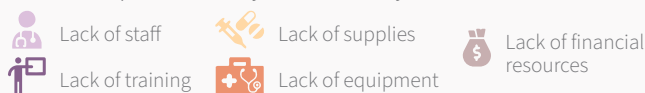
* Out of 404 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



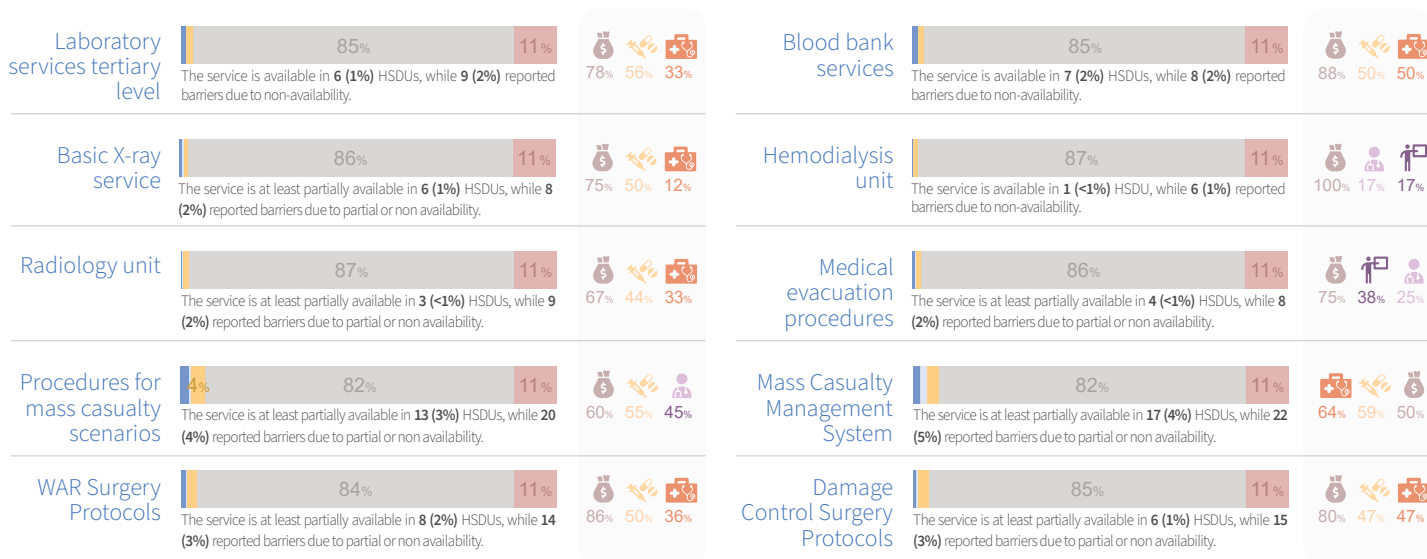
Availability status



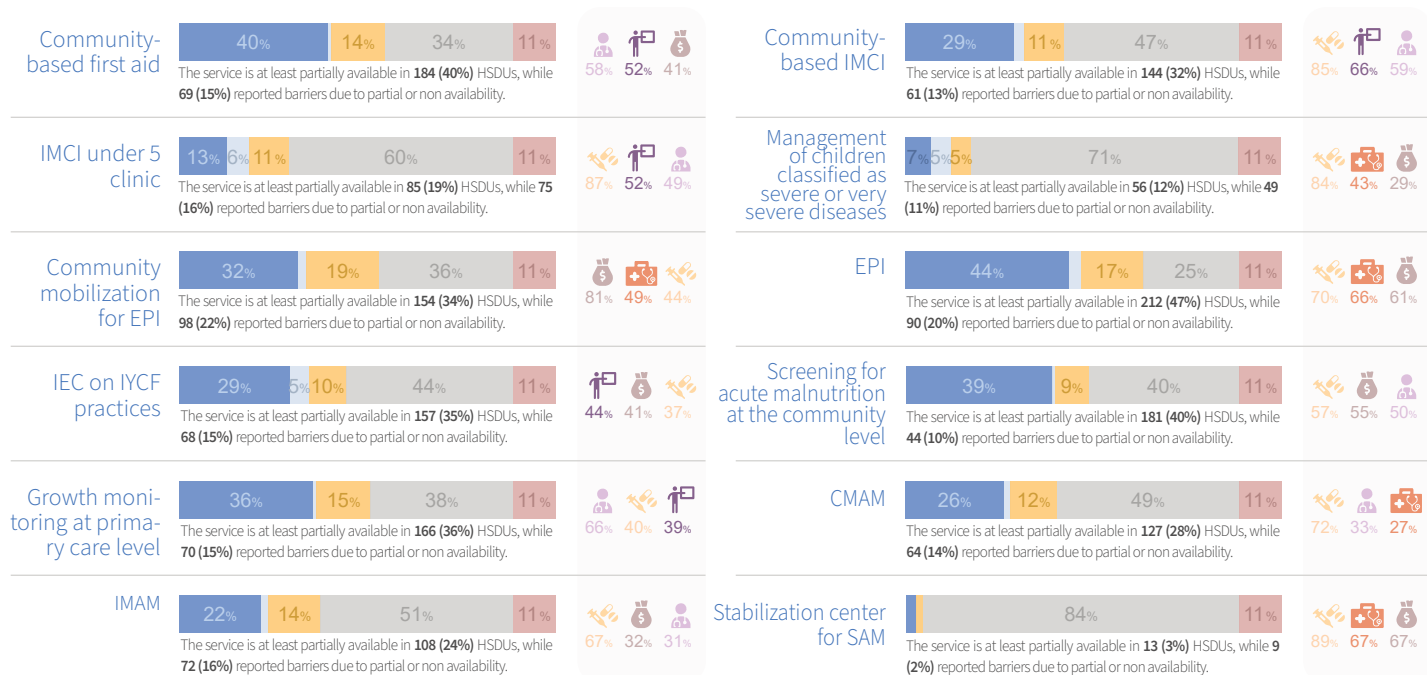
Barriers for partial availability or non-availability.



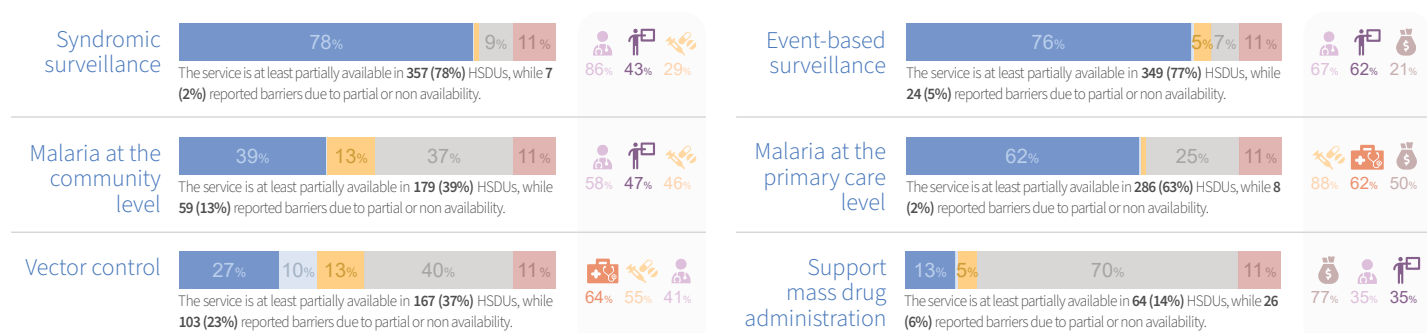
General clinical and emergency care (cont.)



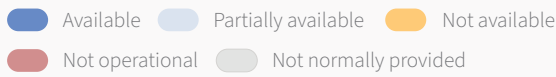
Child health and nutrition



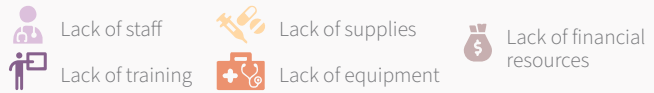
Communicable diseases



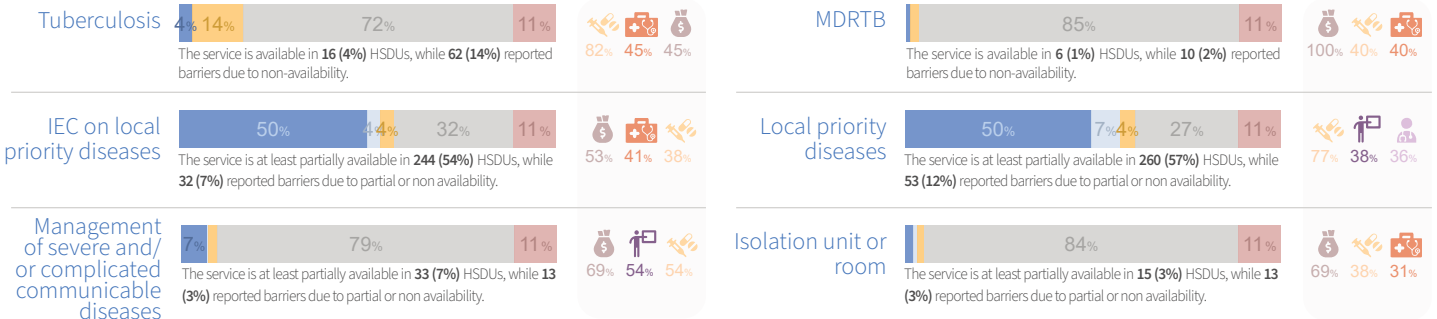
Availability status



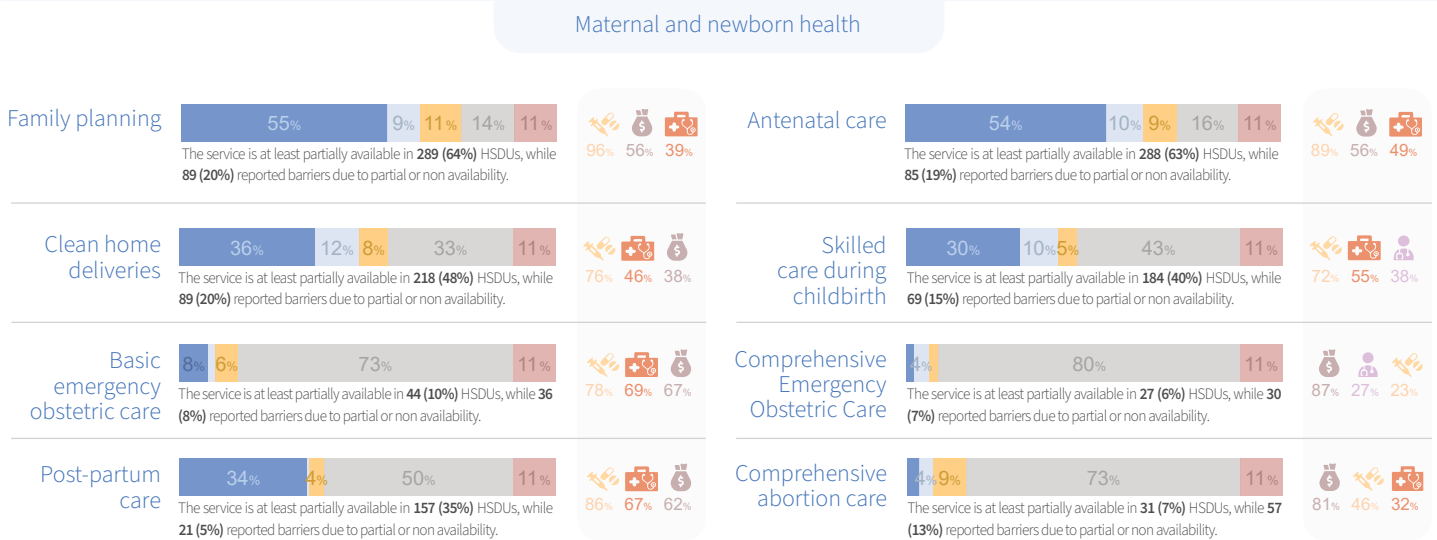
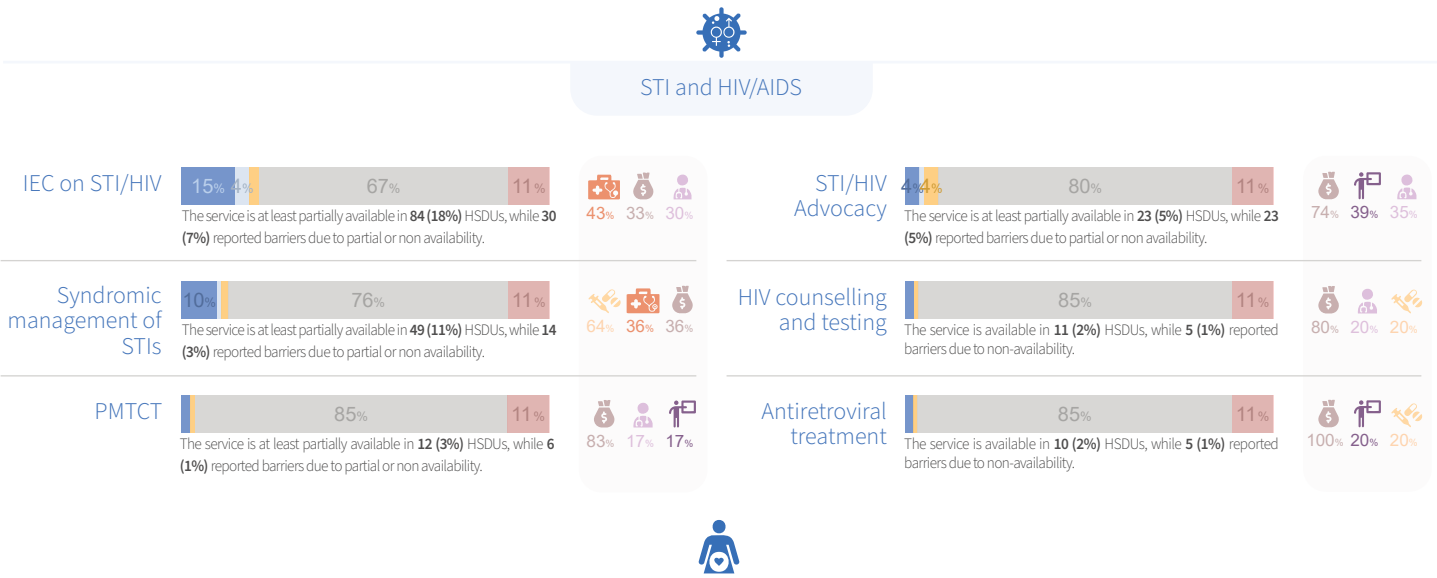
Barriers for partial availability or non-availability.



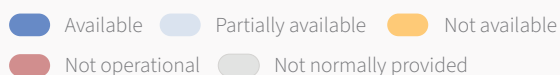
Communicable diseases (cont.)



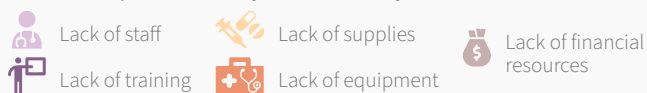
Sexual and reproductive health



Availability status



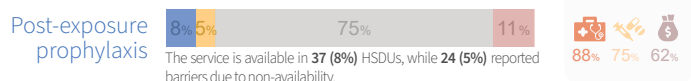
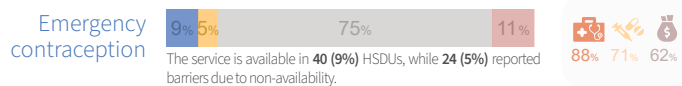
Barriers for partial availability or non-availability.



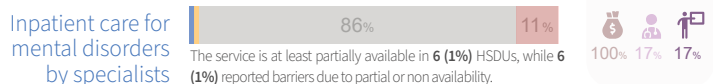
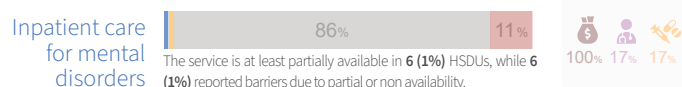
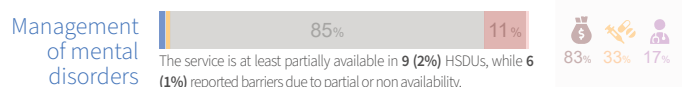
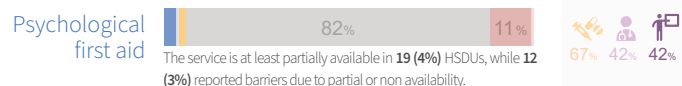
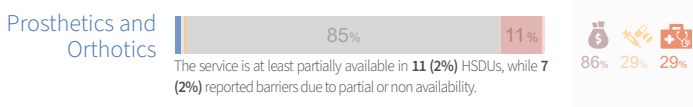
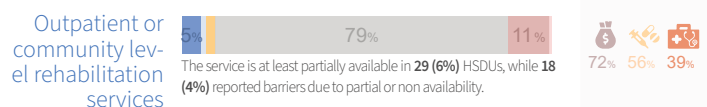
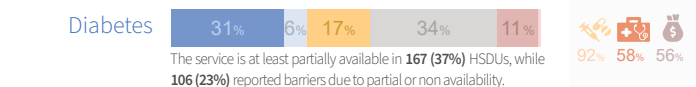
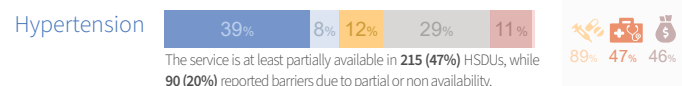
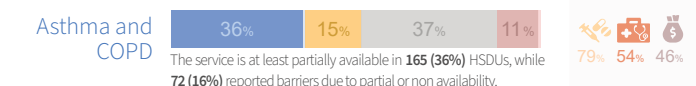
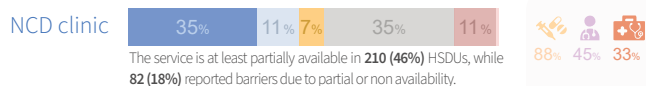
Sexual and reproductive health (cont.)



Sexual violence



Noncommunicable diseases and mental health



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 Contact: herams@who.int



World Health Organization

HeRAMS
 Health Resources and Services
 Availability Monitoring System



HEALTH CLUSTER
 SUDAN



HeRAMS Sudan | Khartoum

SNAPSHOT JANUARY 2026

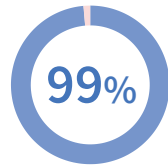
OPERATIONAL STATUS

HSDUs per population State vs national



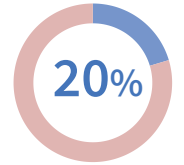
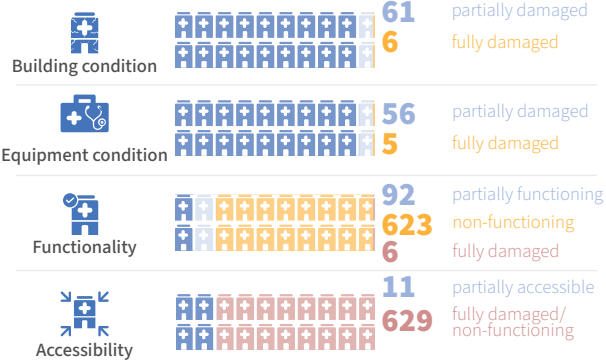
On average, **Khartoum** has only **3** operational HSDUs per 100 000 population, below the national average of **6.4**.

Reporting completeness



Out of **801** HSDUs, **790 (99%)** are reporting.

Out of **790** HSDUs evaluated.



Only **161 (20%)** out of **790** HSDUs evaluated are partially operational.*

- At least partially operational
- Not operational

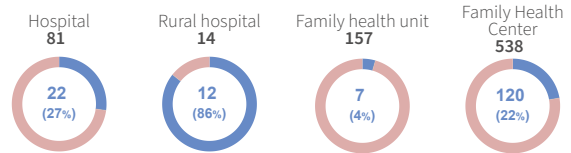
MAIN CAUSES OF...

Building damage

The 4 causes of building damage as reported by **61** partially damaged and **6** fully damaged HSDUs.



HSDU by type



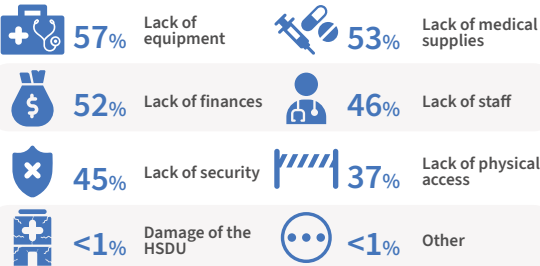
Equipment damage

The 2 causes of equipment damage as reported by **56** partially damaged and **5** fully damaged HSDUs.



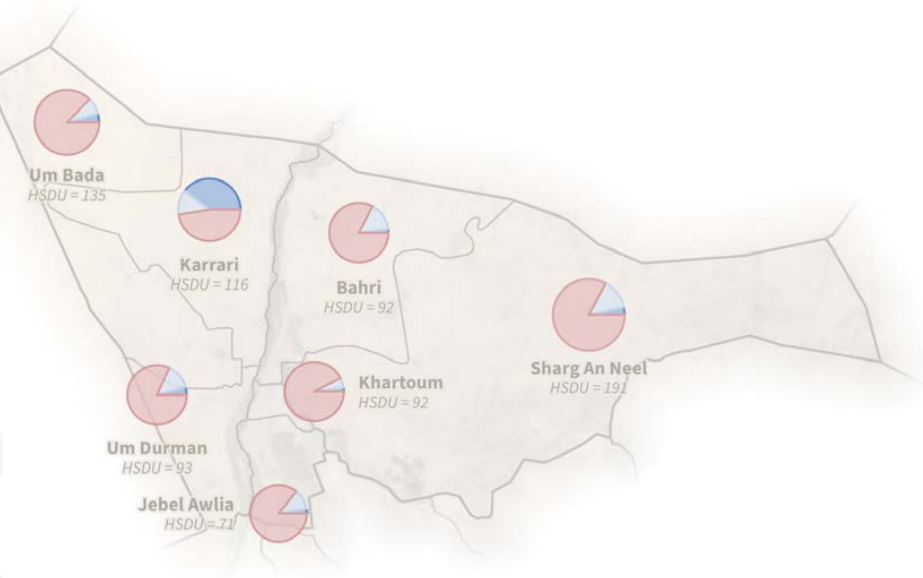
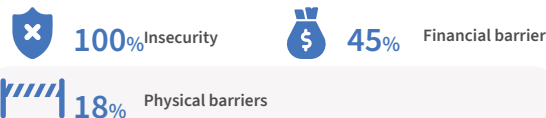
Functionality constraints

The 8 causes of functionality constraints as reported by **92** partially functioning and **623** non-functioning HSDUs.



Accessibility constraints

The 3 causes of accessibility constraints as reported by **11** partially accessible HSDUs.



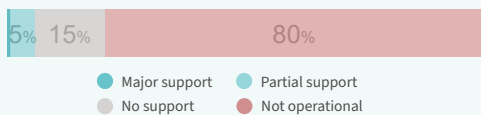
- Operational
- Partially operational
- Not operational

* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.





Partner support



Partner support types

Out of 45 HSDUs supported by partners.

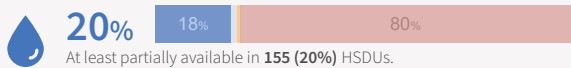


BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided ● Not operational

WASH

Water



Main water sources

Out of 155 HSDUs where water is at least partially available.



Sanitation facilities



Out of 156 HSDUs where sanitation facilities is at least partially available.

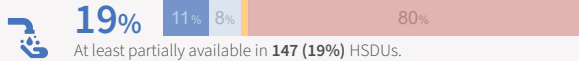
Sanitation facilities types*



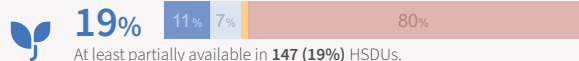
Sanitation facilities accessibility*



Hand hygiene

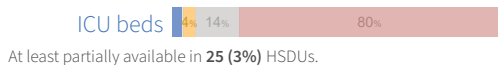


Environmental cleaning

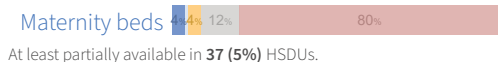


Inpatient bed capacity*

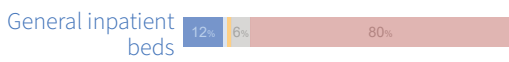
Number of available beds



123



415



2106

Main barriers*



Personal protective equipment



Waste management

Waste segregation



Final disposal of sharps



Final disposal of infectious waste



Waste disposal methods

Out of 159 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power

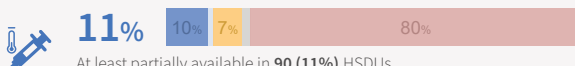


Power sources

Out of 156 HSDUs where power is at least partially available.



Cold chain



Cold chain sources

Out of 90 HSDUs where cold chain is at least partially available.



Communication



Communication equipment types

Out of 161 HSDUs where communication is at least partially available.

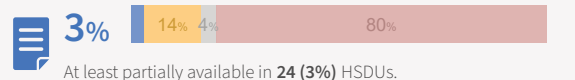


Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



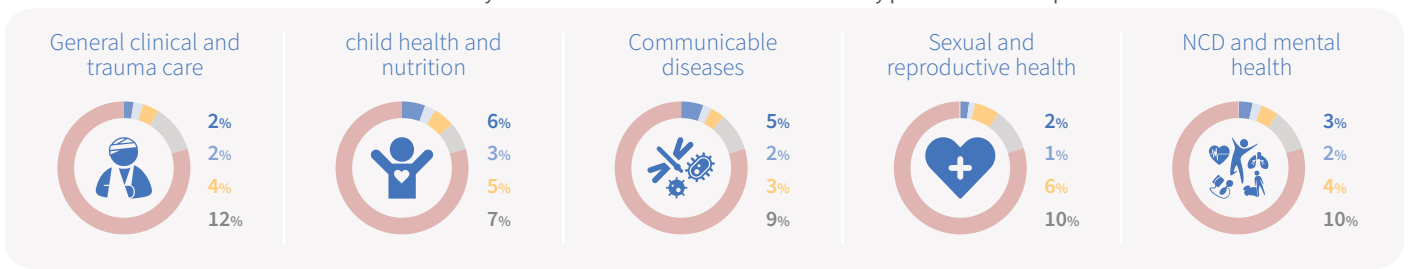
*Out of 161 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational ● No information available



General clinical and emergency care

Availability status

● Available ● Partially available ● Not available
● Not operational ● Not normally provided

Barriers for partial availability or non-availability.

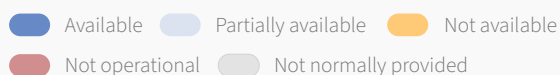
● Lack of staff ● Lack of supplies ● Lack of financial resources
● Lack of training ● Lack of equipment



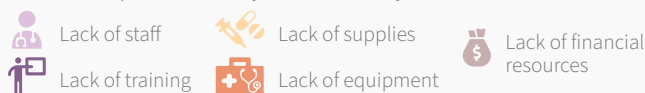
* Out of 161 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



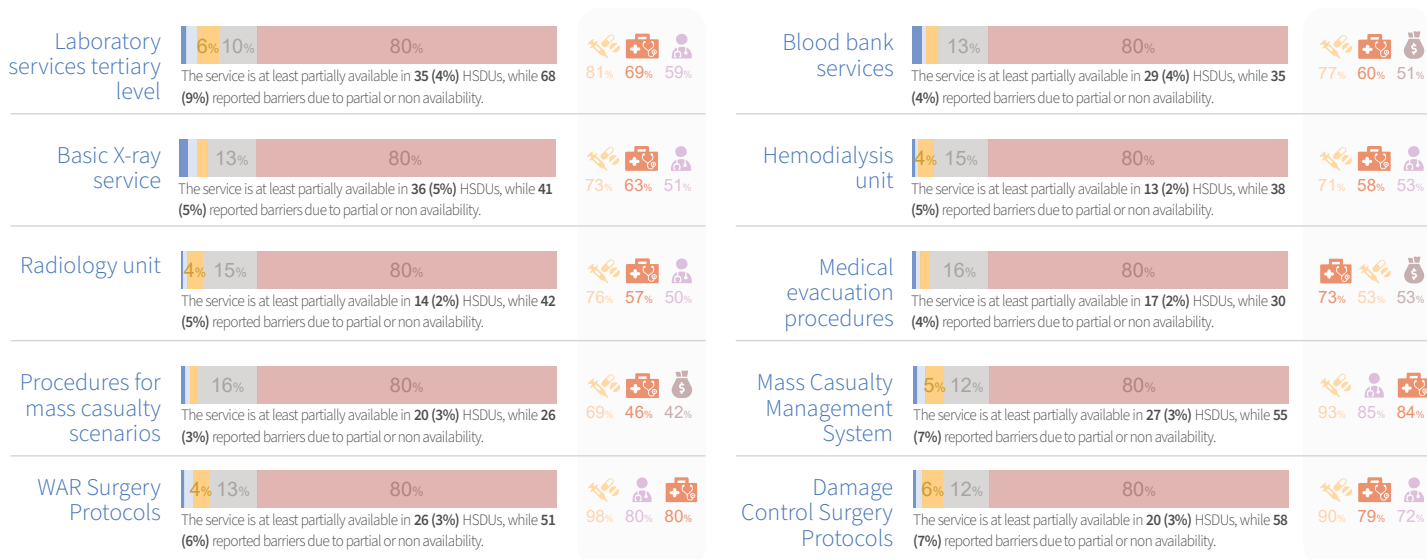
Availability status



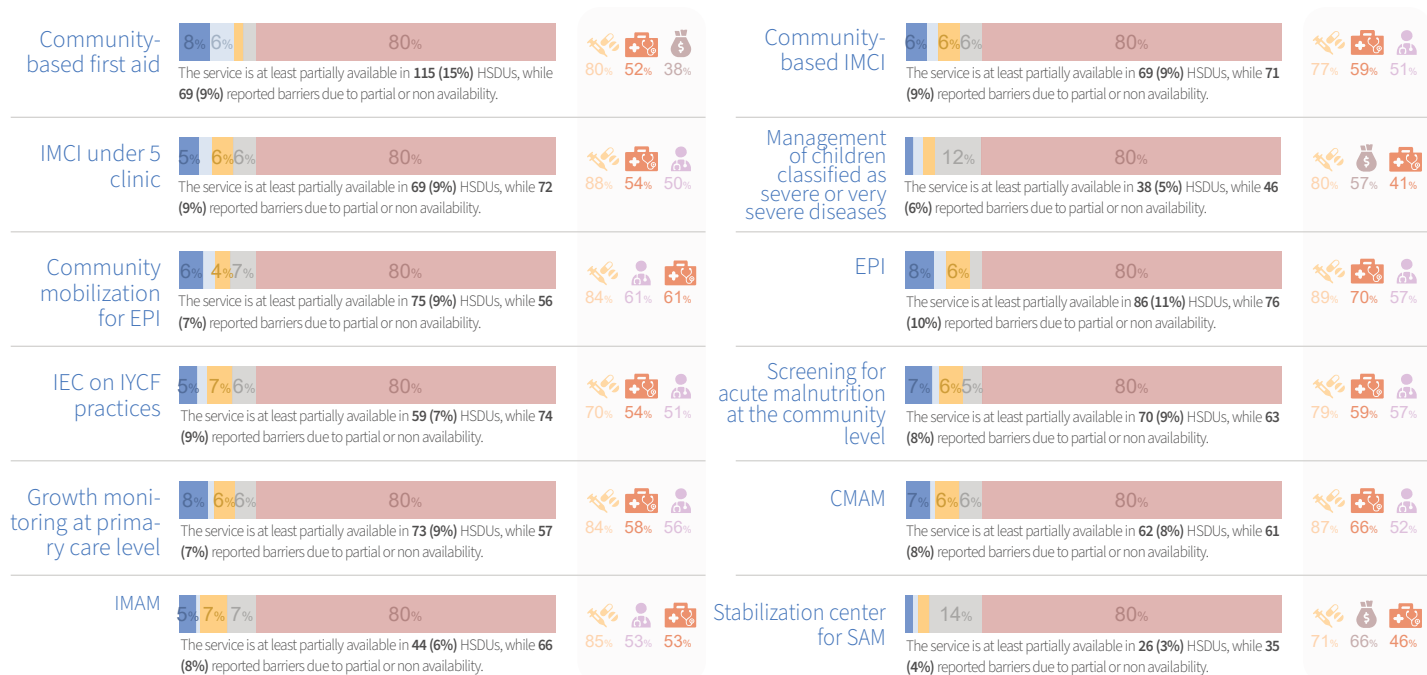
Barriers for partial availability or non-availability.



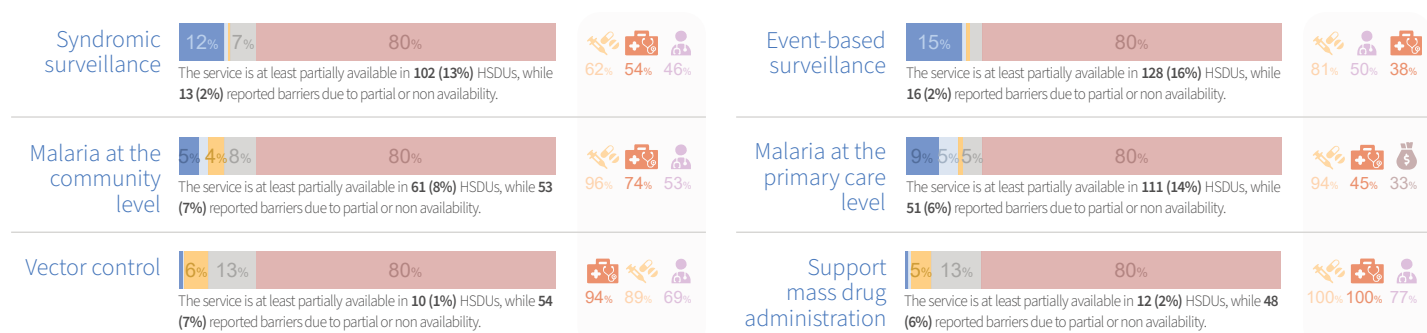
General clinical and emergency care (cont.)



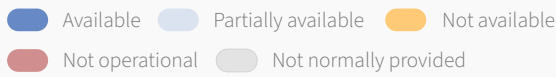
Child health and nutrition



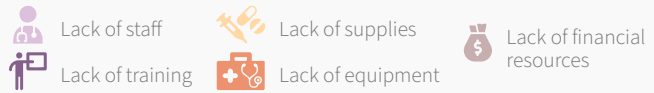
Communicable diseases



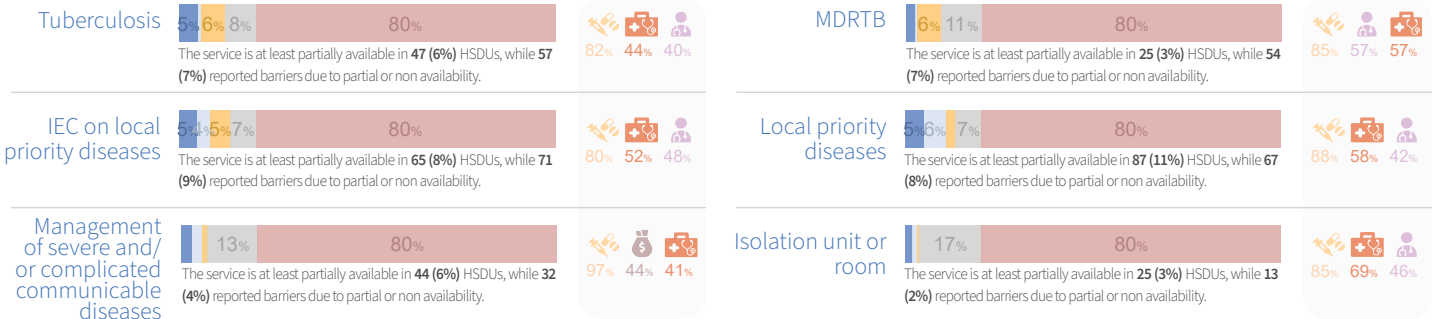
Availability status



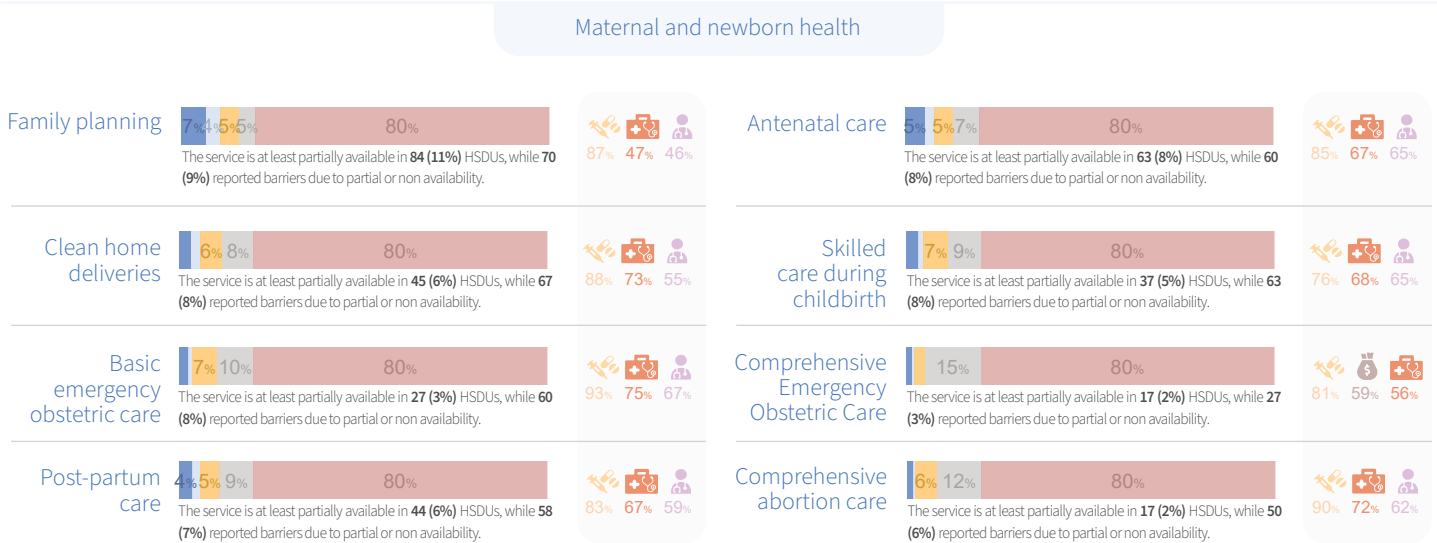
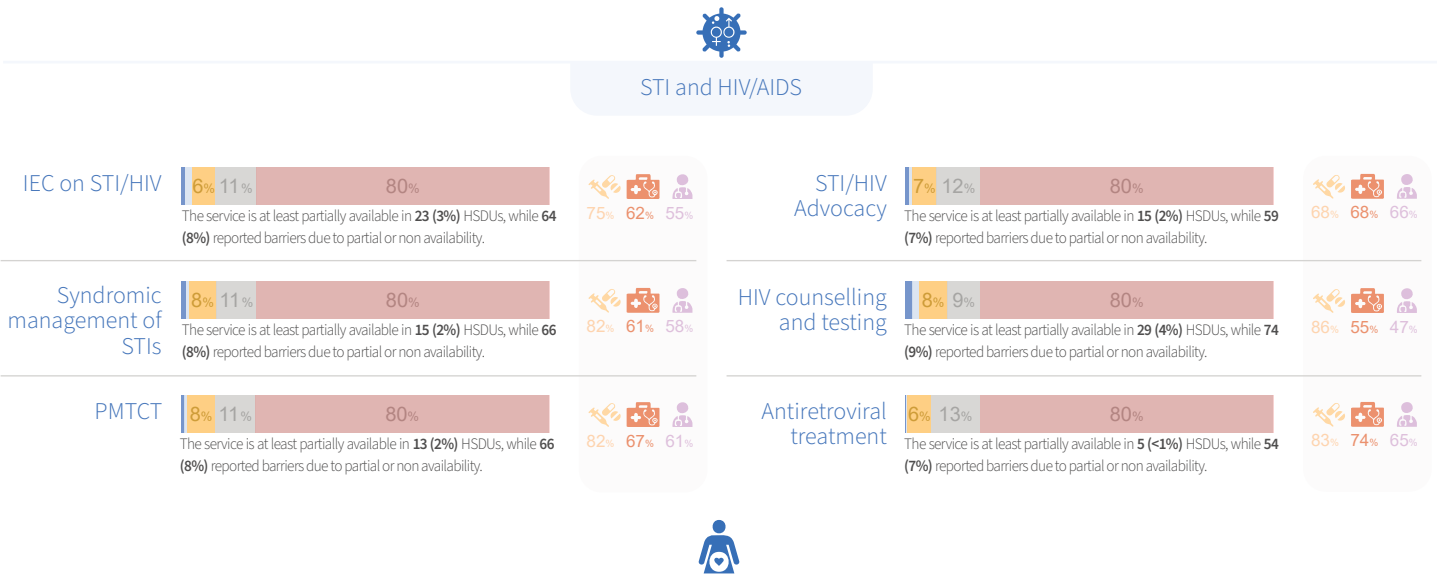
Barriers for partial availability or non-availability.



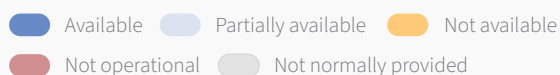
Communicable diseases (cont.)



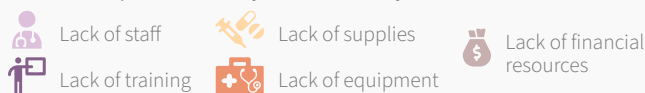
Sexual and reproductive health



Availability status



Barriers for partial availability or non-availability.



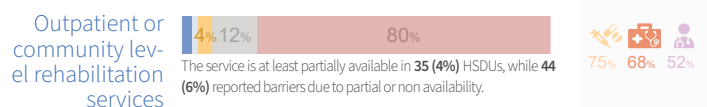
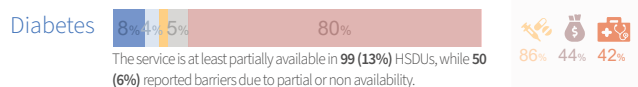
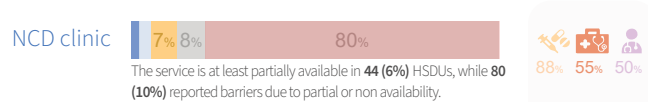
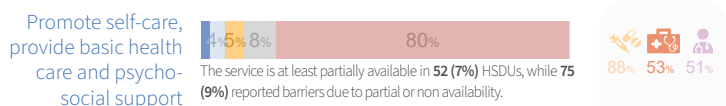
Sexual and reproductive health (cont.)



Sexual violence



Noncommunicable diseases and mental health



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Data source: HeRAMS Sudan
<https://herams.org/project/82>
Data accessed on: 31 January 2026
Date report created: 02 June 2026
Contact: herams@who.int



World Health Organization





HeRAMS Sudan | North Darfur

SNAPSHOT JANUARY 2026

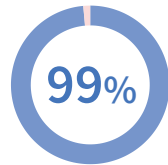
OPERATIONAL STATUS

HSDUs per population State vs national



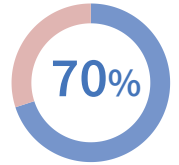
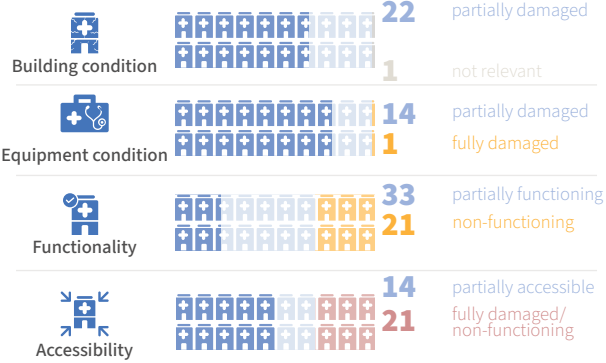
On average, North Darfur has only **1.5** operational HSDUs per 100 000 population, below the national average of **6.4**.

Reporting completeness



Out of 71 HSDUs, **70 (99%)** are reporting.

Out of **70** HSDUs evaluated.



Out of **70** HSDUs evaluated **49 (70%)** are at least partially operational.*

- At least partially operational
- Not operational

MAIN CAUSES OF...

Building damage

The 5 causes of building damage as reported by 22 partially damaged HSDUs.



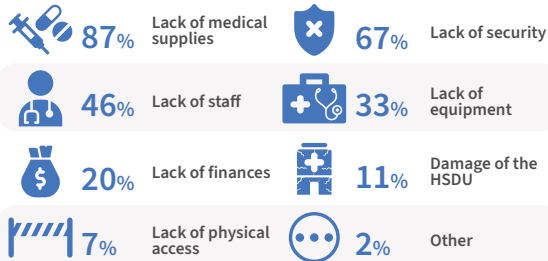
Equipment damage

The 3 causes of equipment damage as reported by 14 partially damaged and 1 fully damaged HSDUs.



Functionality constraints

The 8 causes of functionality constraints as reported by 33 partially functioning and 21 non-functioning HSDUs.

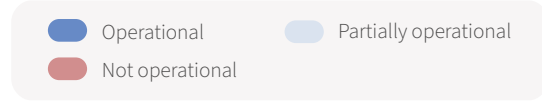
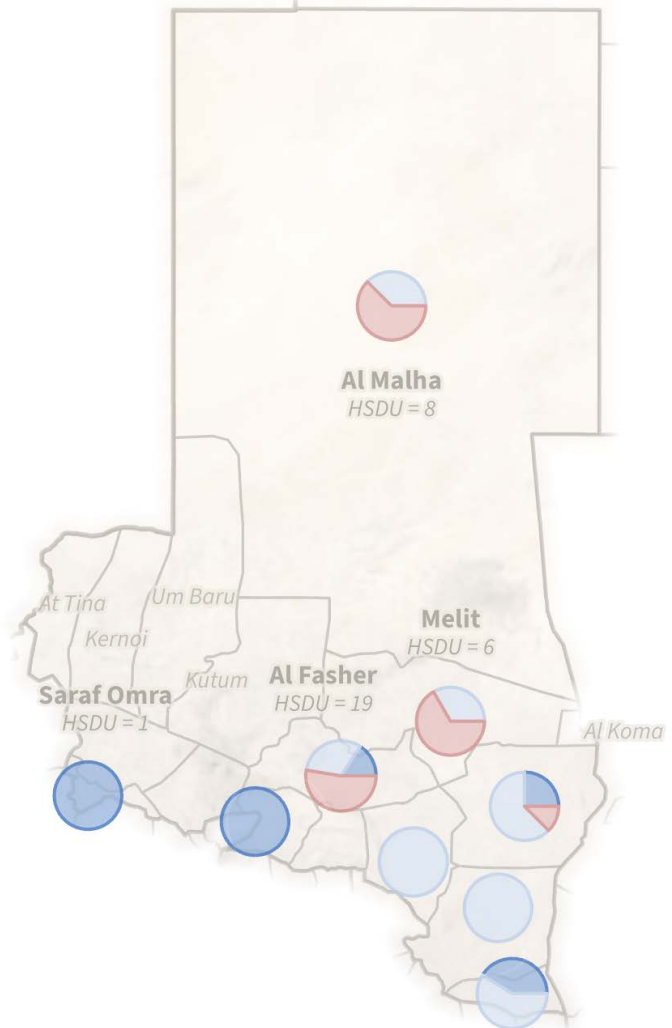
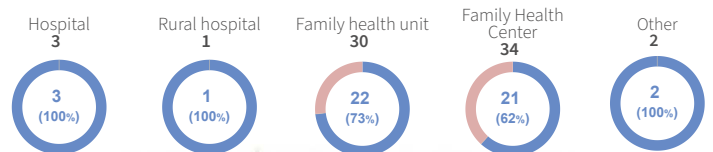


Accessibility constraints

The 3 causes of accessibility constraints as reported by 14 partially accessible HSDUs.



HSDU by type

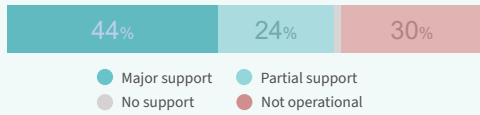


* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.





Partner support



Partner support types

Out of 48 HSDUs supported by partners.

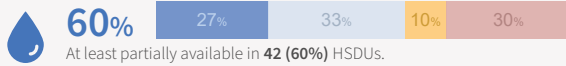


BASIC AMENITIES*

Available Partially available Not available Not normally provided Not operational

WASH

Water

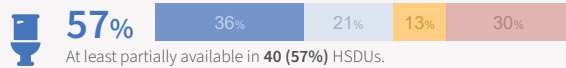


Main water sources

Out of 42 HSDUs where water is at least partially available.

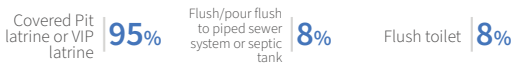


Sanitation facilities



Out of 40 HSDUs where sanitation facilities is at least partially available.

Sanitation facilities types*



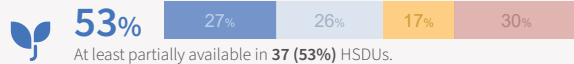
Sanitation facilities accessibility*



Hand hygiene

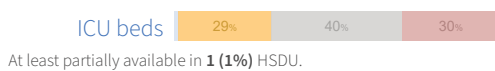


Environmental cleaning

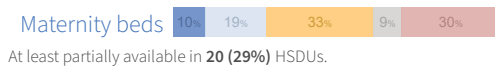


Inpatient bed capacity*

Number of available beds



6



71

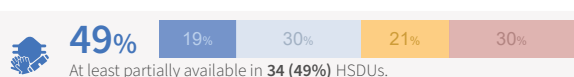


195

Main barriers*

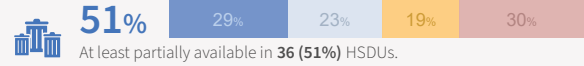


Personal protective equipment



Waste management

Waste segregation



Final disposal of sharps



Final disposal of infectious waste

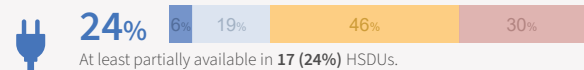


Waste disposal methods

Out of 40 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power

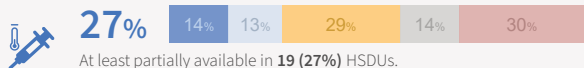


Power sources

Out of 17 HSDUs where power is at least partially available.



Cold chain



Cold chain sources

Out of 19 HSDUs where cold chain is at least partially available.



Communication



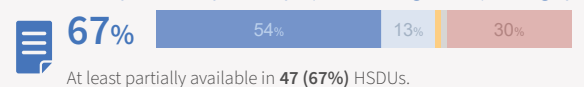
Communication equipment types

Out of 31 HSDUs where communication is at least partially available.

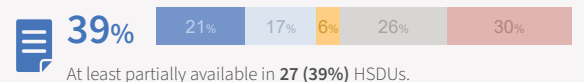


Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



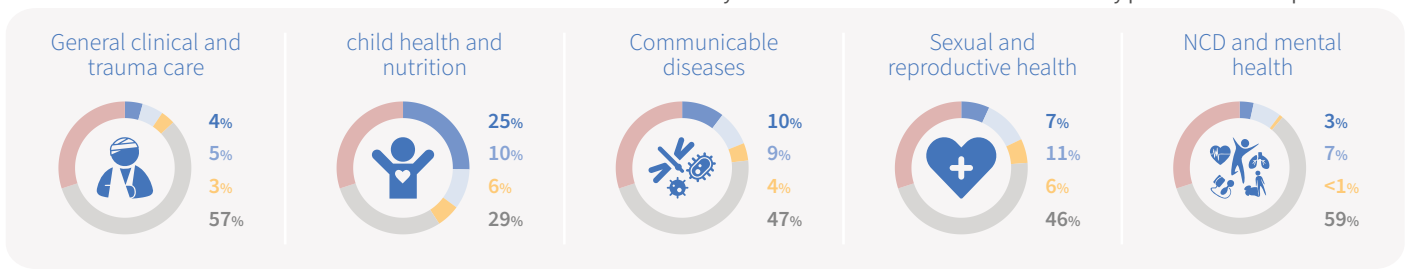
*Out of 49 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational



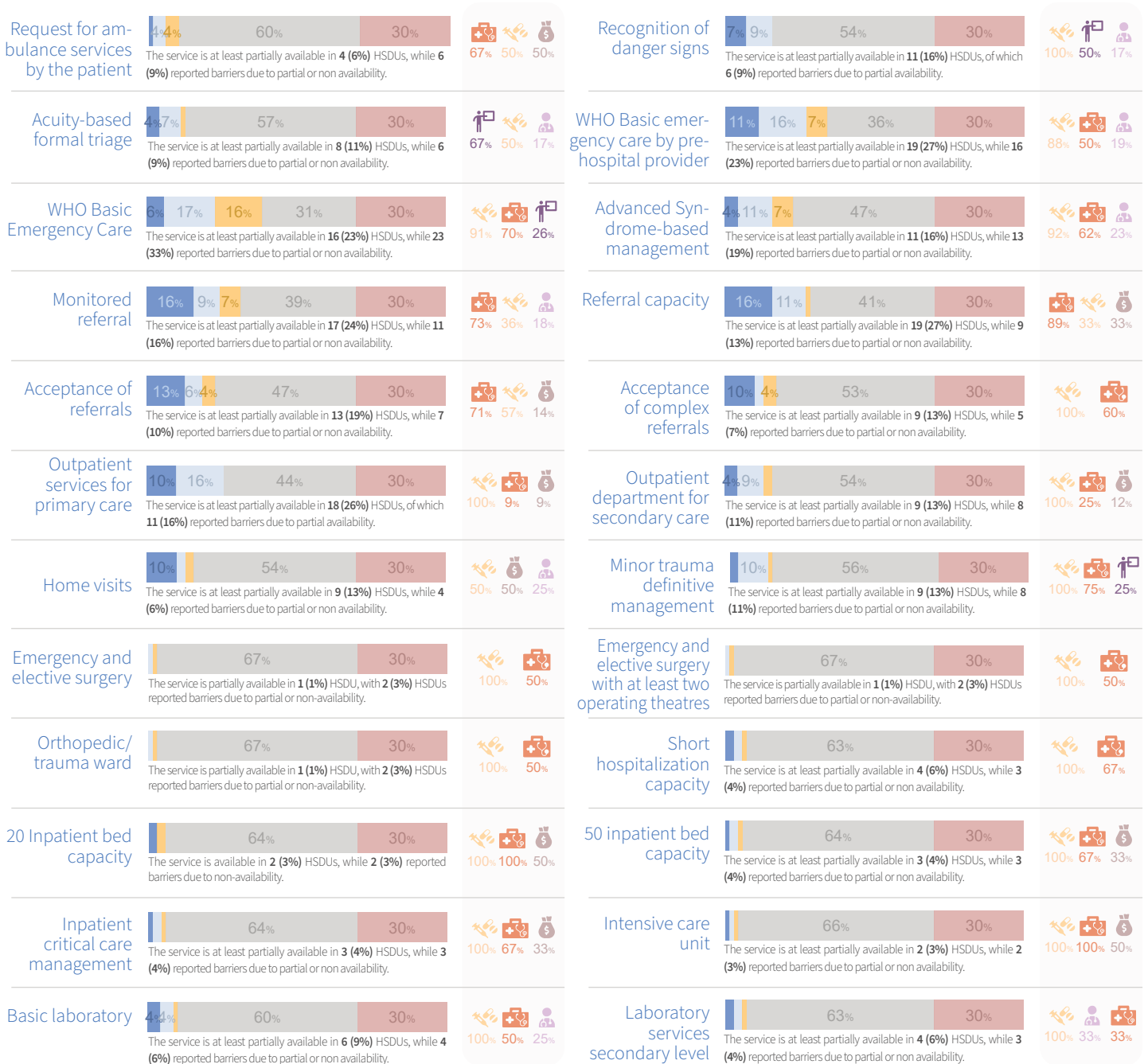
General clinical and emergency care

Availability status

● Available ● Partially available ● Not available
● Not operational ● Not normally provided

Barriers for partial availability or non-availability.

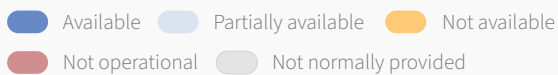
● Lack of staff ● Lack of supplies ● Lack of financial resources
● Lack of training ● Lack of equipment



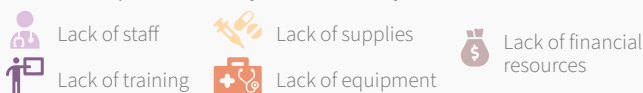
* Out of 49 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



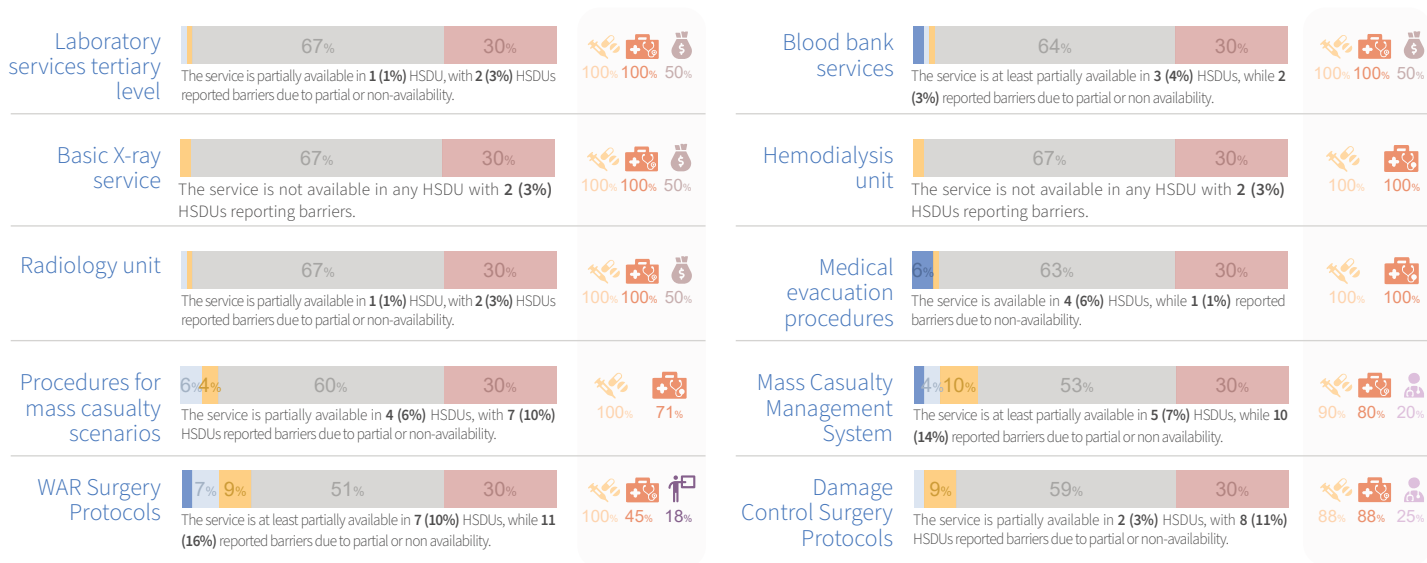
Availability status



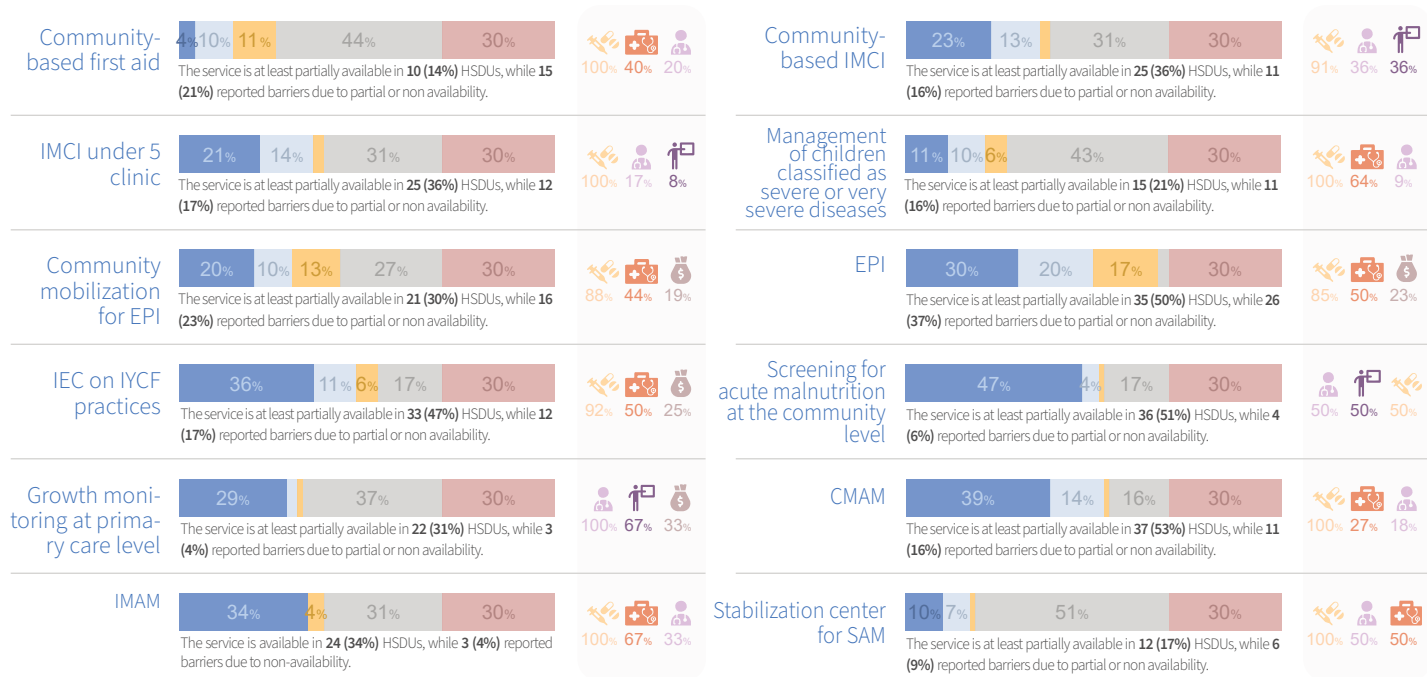
Barriers for partial availability or non-availability.



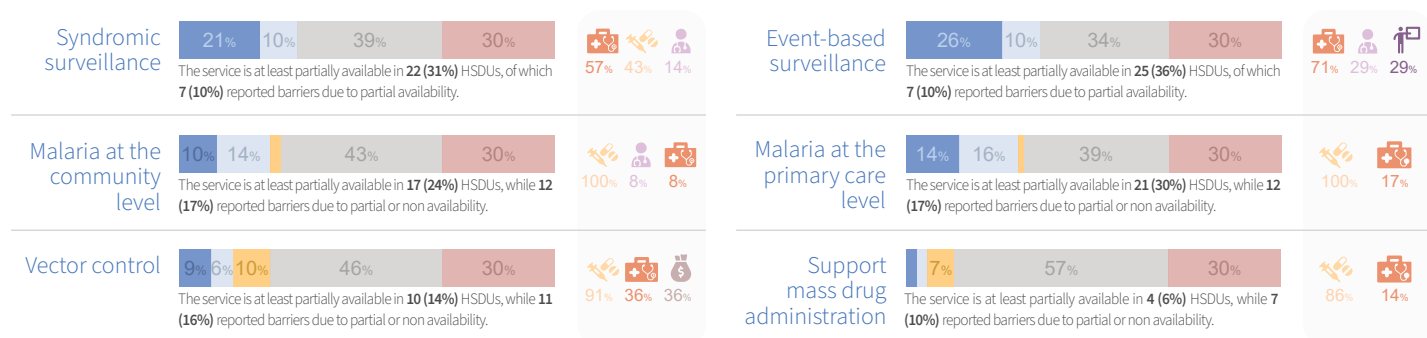
General clinical and emergency care (cont.)



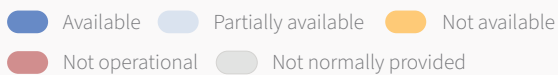
Child health and nutrition



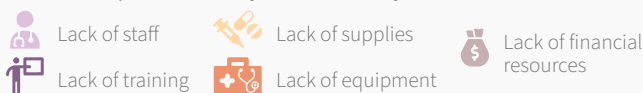
Communicable diseases



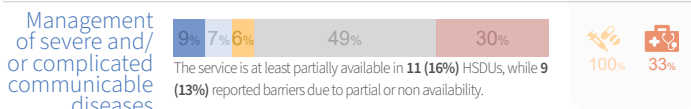
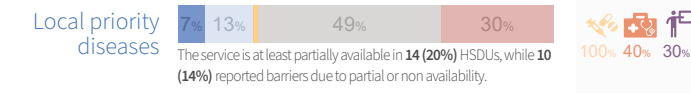
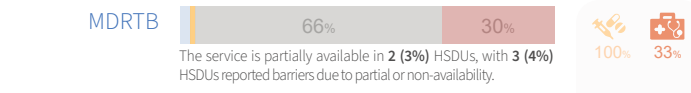
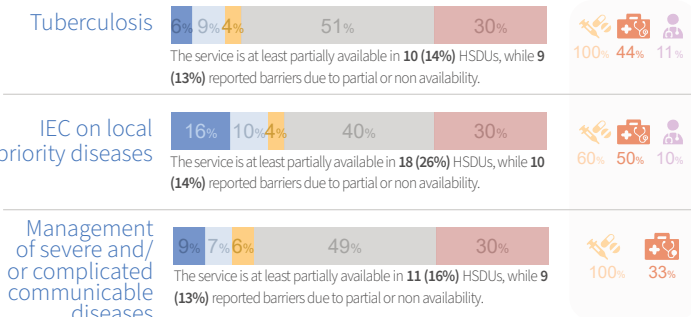
Availability status



Barriers for partial availability or non-availability.



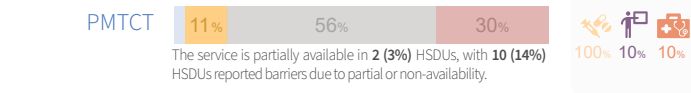
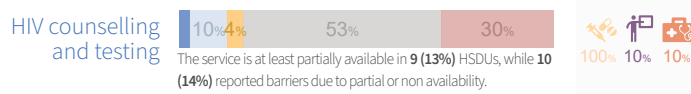
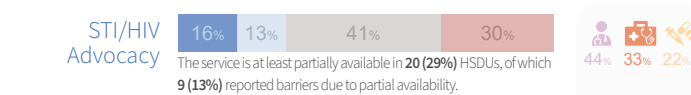
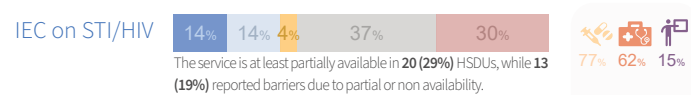
Communicable diseases (cont.)



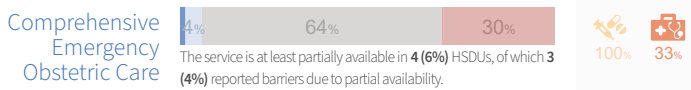
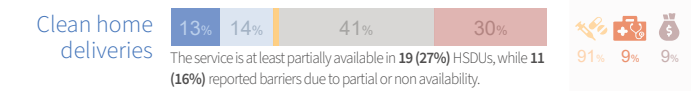
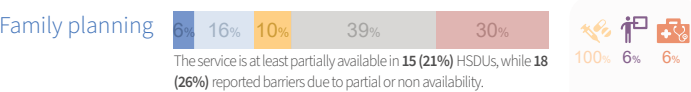
Sexual and reproductive health



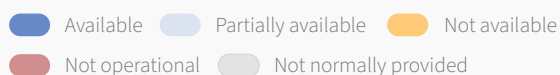
STI and HIV/AIDS



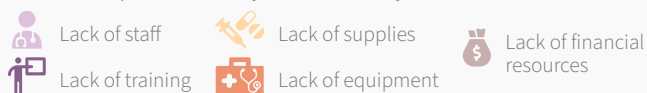
Maternal and newborn health



Availability status



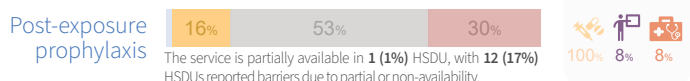
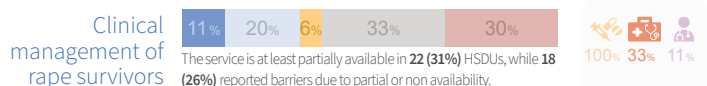
Barriers for partial availability or non-availability.



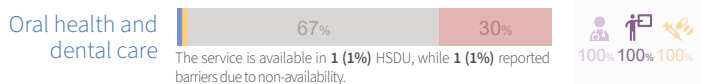
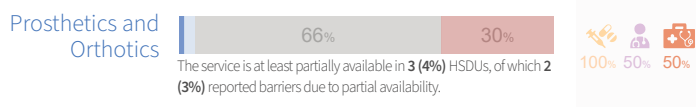
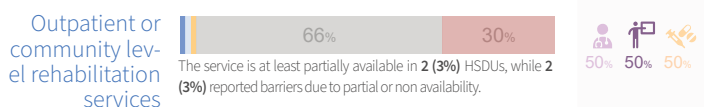
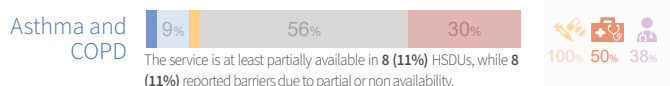
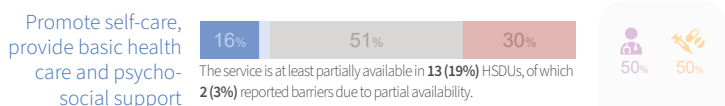
Sexual and reproductive health (cont.)



Sexual violence



Noncommunicable diseases and mental health



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World Health Organization

HeRAMS
 Health Resources and Services
 Availability Monitoring System



HEALTH CLUSTER
 SUDAN



HeRAMS Sudan | North Kordofan

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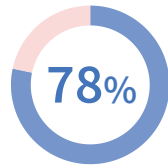
OPERATIONAL STATUS

HSDUs per population State vs national



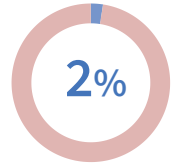
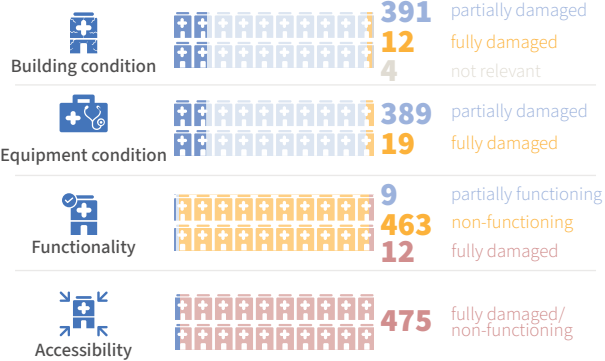
On average, **North Kordofan** has only **0.3** operational HSDUs per 100 000 population, below the national average of **6.4**.

Reporting completeness



Out of **622** HSDUs, **487 (78%)** are reporting.

Out of **487** HSDUs evaluated.



Only **12 (2%)** out of **487** HSDUs evaluated are partially operational.*

- At least partially operational
- Not operational

MAIN CAUSES OF...

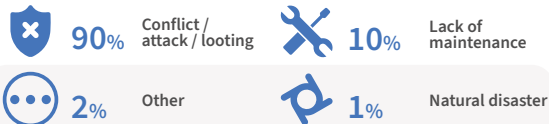
Building damage

The 5 causes of building damage as reported by **391** partially damaged and **12** fully damaged HSDUs.



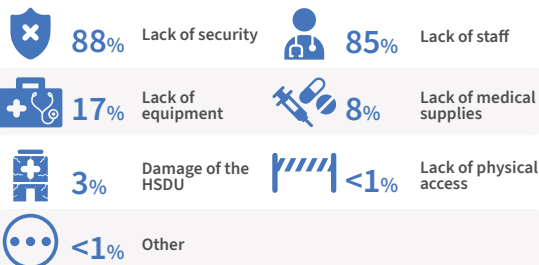
Equipment damage

The 4 causes of equipment damage as reported by **389** partially damaged and **19** fully damaged HSDUs.



Functionality constraints

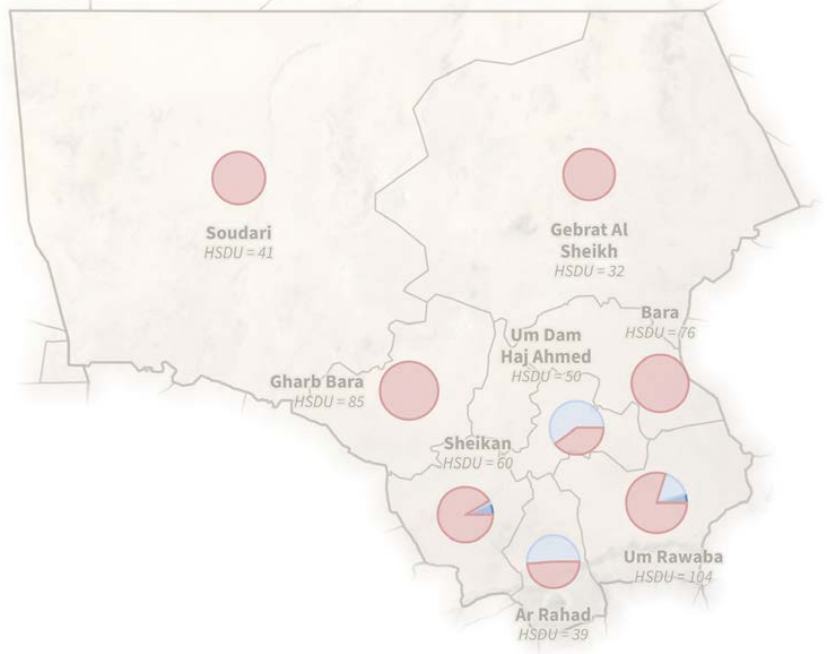
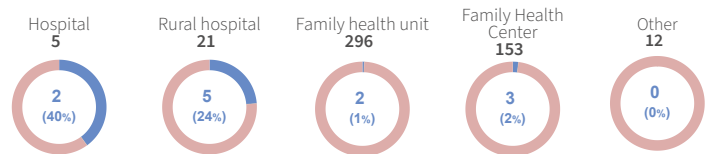
The 7 causes of functionality constraints as reported by **9** partially functioning and **463** non-functioning HSDUs.



Accessibility constraints

No accessibility constraints reported.

HSDU by type



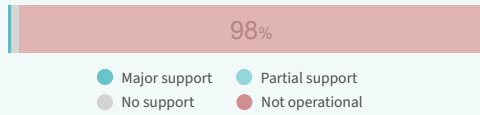
- Operational
- Partially operational
- Not operational

* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.



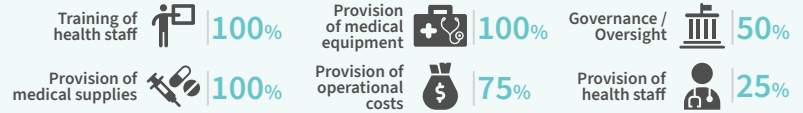


Partner support



Partner support types

Out of 4 HSDUs supported by partners.

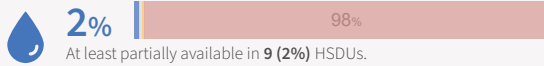


BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided ● Not operational

WASH

Water

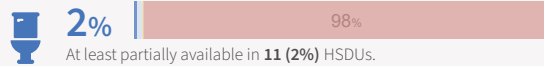


Main water sources

Out of 9 HSDUs where water is at least partially available.



Sanitation facilities



Out of 11 HSDUs where sanitation facilities is at least partially available.

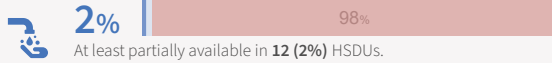
Sanitation facilities types*



Sanitation facilities accessibility*



Hand hygiene

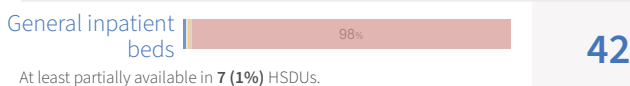
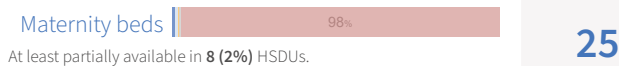
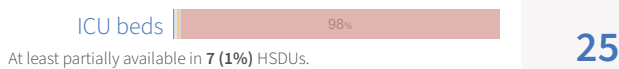


Environmental cleaning



Inpatient bed capacity*

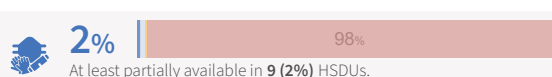
Number of available beds



Main barriers*

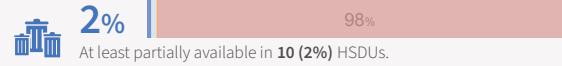


Personal protective equipment



Waste management

Waste segregation



Final disposal of sharps



Final disposal of infectious waste



Waste disposal methods

Out of 11 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power



Power sources

Out of 10 HSDUs where power is at least partially available.



Cold chain

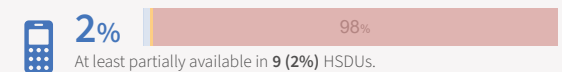


Cold chain sources

Out of 10 HSDUs where cold chain is at least partially available.



Communication



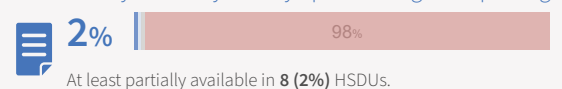
Communication equipment types

Out of 9 HSDUs where communication is at least partially available.



Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



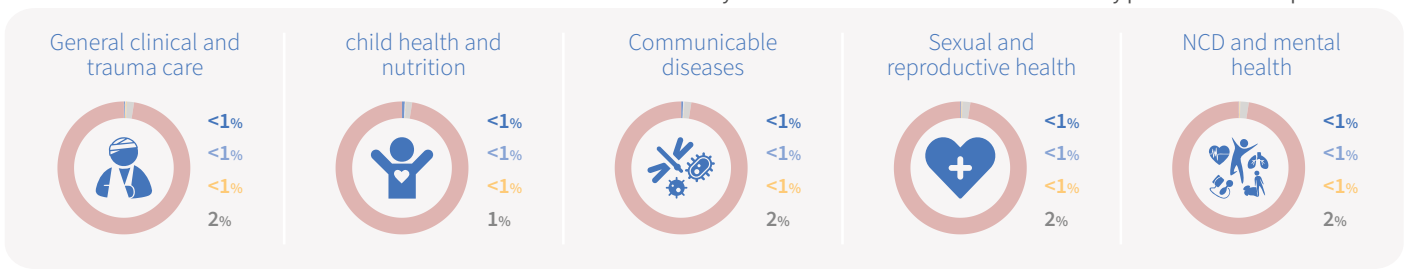
*Out of 12 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational



General clinical and emergency care

Availability status

● Available ● Partially available ● Not available
● Not operational ● Not normally provided

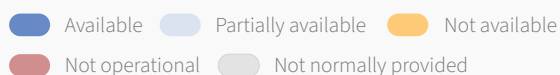
Barriers for partial availability or non-availability.

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

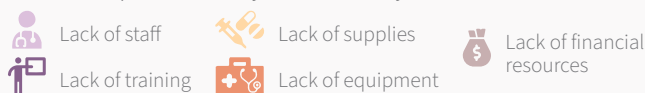


* Out of 12 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.

Availability status



Barriers for partial availability or non-availability.



General clinical and emergency care (cont.)

Laboratory services tertiary level The service is available in 1 (<1%) HSDU.	98%	—	Blood bank services The service is partially available in 1 (<1%) HSDU, with 2 (<1%) HSDUs reported barriers due to partial or non-availability.	98%	100% 50% 50%
Basic X-ray service The service is available in 1 (<1%) HSDU.	98%	—	Hemodialysis unit Not expected in any HSDU.	—	—
Radiology unit The service is available in 1 (<1%) HSDU.	98%	—	Medical evacuation procedures The service is partially available in 2 (<1%) HSDUs.	98%	100% 50% 50%
Procedures for mass casualty scenarios The service is at least partially available in 3 (<1%) HSDUs, while 2 (<1%) reported barriers due to partial or non availability.	98%	50% 50% 50%	Mass Casualty Management System The service is at least partially available in 2 (<1%) HSDUs, while 3 (<1%) reported barriers due to partial or non availability.	98%	33% 33% 33%
WAR Surgery Protocols The service is at least partially available in 2 (<1%) HSDUs, while 3 (<1%) reported barriers due to partial or non availability.	98%	67% 67% 33%	Damage Control Surgery Protocols The service is partially available in 1 (<1%) HSDU, with 4 (<1%) HSDUs reported barriers due to partial or non-availability.	98%	75% 50% 25%

Child health and nutrition

Community-based first aid The service is at least partially available in 4 (<1%) HSDUs, while 4 (<1%) reported barriers due to partial or non availability.	98%	50% 50% 50%	Community-based IMCI The service is available in 3 (<1%) HSDUs, while 1 (<1%) reported barriers due to non-availability.	98%	100% 100% 100%
IMCI under 5 clinic The service is at least partially available in 4 (<1%) HSDUs, of which 1 (<1%) reported barriers due to partial availability.	98%	100% 100%	Management of children classified as severe or very severe diseases The service is at least partially available in 5 (1%) HSDUs, of which 3 (<1%) reported barriers due to partial availability.	98%	67% 33% 33%
Community mobilization for EPI The service is available in 2 (<1%) HSDUs, while 1 (<1%) reported barriers due to non-availability.	98%	100%	EPI The service is at least partially available in 11 (2%) HSDUs, of which 2 (<1%) reported barriers due to partial availability.	98%	100% 100%
IEC on IYCF practices The service is available in 4 (<1%) HSDUs, while 1 (<1%) reported barriers due to non-availability.	98%	100% 100%	Screening for acute malnutrition at the community level The service is available in 4 (<1%) HSDUs.	98%	—
Growth monitoring at primary care level The service is at least partially available in 4 (<1%) HSDUs, of which 1 (<1%) reported barriers due to partial availability.	98%	100% 100%	CMAM The service is available in 3 (<1%) HSDUs.	98%	—
IMAM The service is available in 3 (<1%) HSDUs.	98%	—	Stabilization center for SAM The service is at least partially available in 5 (1%) HSDUs, of which 3 (<1%) reported barriers due to partial availability.	98%	67% 33% 33%

Communicable diseases

Syndromic surveillance The service is at least partially available in 3 (<1%) HSDUs, of which 1 (<1%) reported barriers due to partial availability.	98%	100% 100%	Event-based surveillance The service is available in 3 (<1%) HSDUs, while 1 (<1%) reported barriers due to non-availability.	98%	100% 100% 100%
Malaria at the community level The service is available in 3 (<1%) HSDUs.	98%	—	Malaria at the primary care level The service is available in 4 (<1%) HSDUs.	98%	—
Vector control The service is at least partially available in 3 (<1%) HSDUs, of which 2 (<1%) reported barriers due to partial availability.	98%	50% 50%	Support mass drug administration The service is at least partially available in 3 (<1%) HSDUs, of which 2 (<1%) reported barriers due to partial availability.	98%	50% 50% 50%

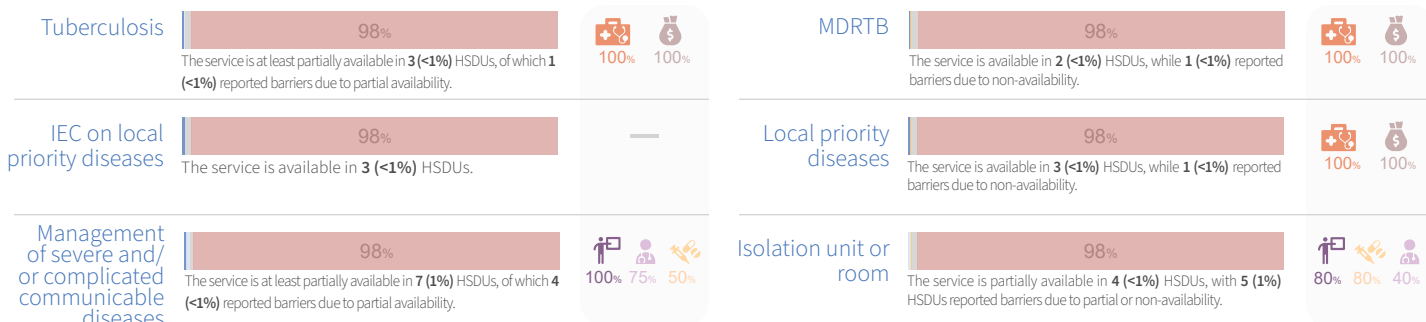
Availability status

- Available
- Partially available
- Not available
- Not operational
- Not normally provided

Barriers for partial availability or non-availability.

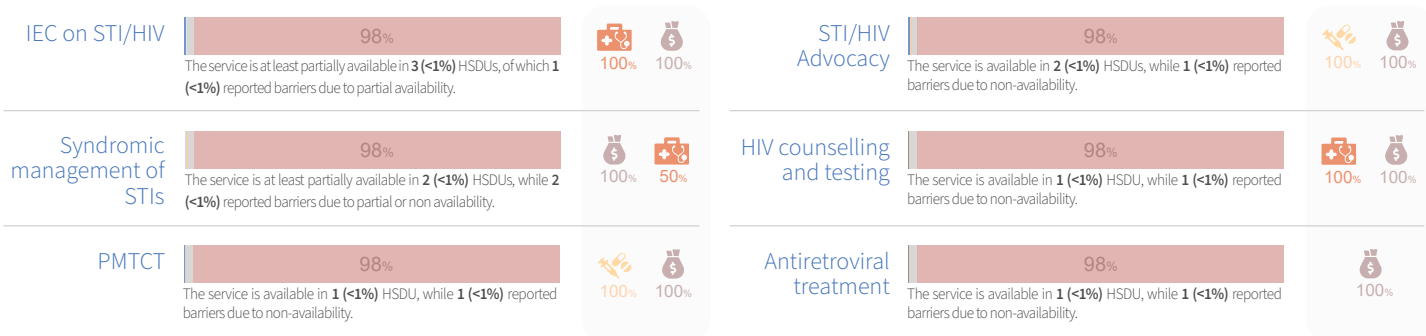
- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources

Communicable diseases (cont.)

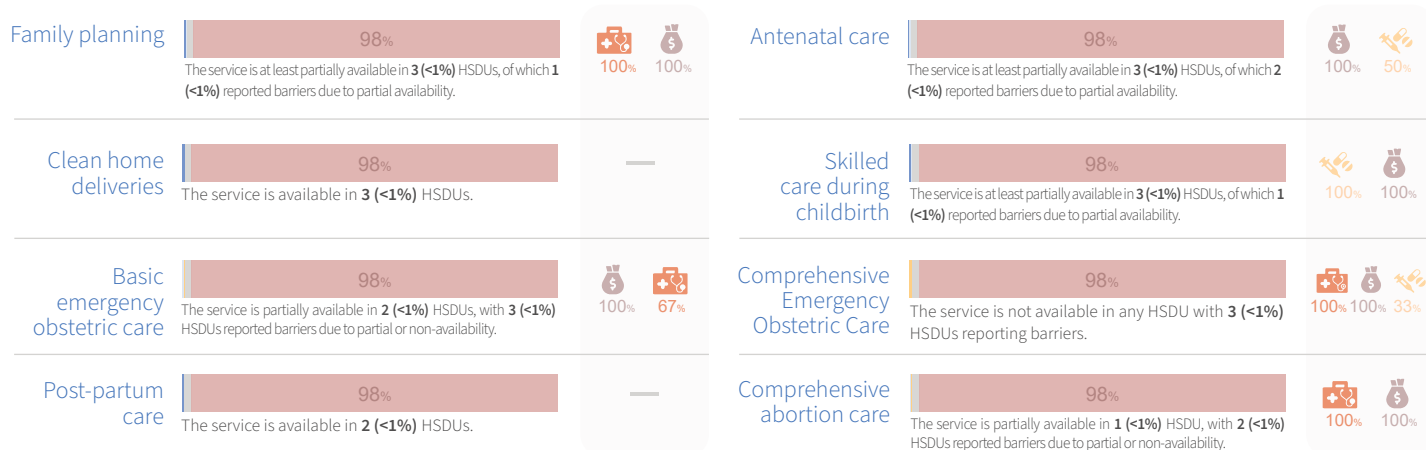


Sexual and reproductive health

STI and HIV/AIDS



Maternal and newborn health



Availability status

- Available
- Partially available
- Not available
- Not operational
- Not normally provided

Barriers for partial availability or non-availability.

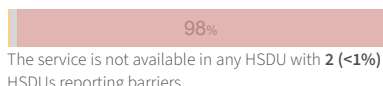
- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources

Sexual and reproductive health (cont.)

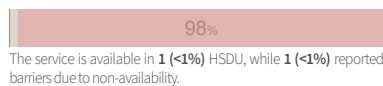


Sexual violence

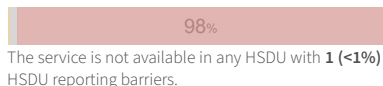
Clinical management of rape survivors



Emergency contraception

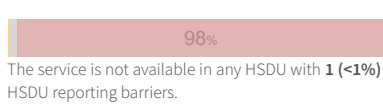


Post-exposure prophylaxis

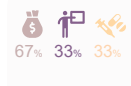
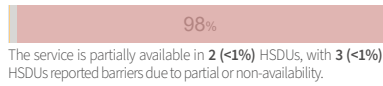


Noncommunicable diseases and mental health

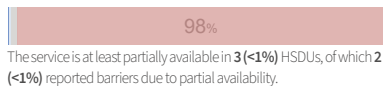
Promote self-care, provide basic health care and psycho-social support



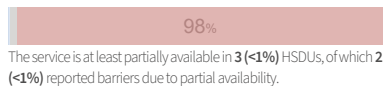
NCD clinic



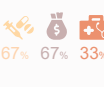
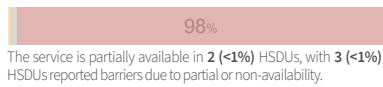
Asthma and COPD



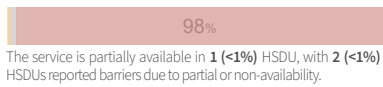
Hypertension



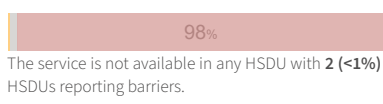
Diabetes



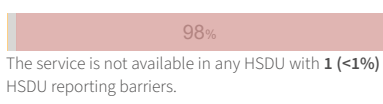
Inpatient acute rehabilitation



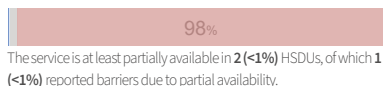
Outpatient or community level rehabilitation services



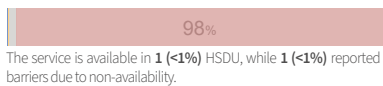
Prosthetics and Orthotics



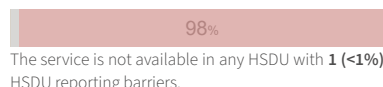
Oral health and dental care



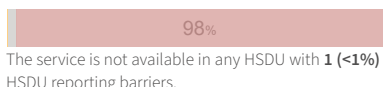
Psychological first aid



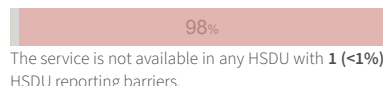
Management of mental disorders



Inpatient care for mental disorders



Inpatient care for mental disorders by specialists



This analysis was produced based on the information reported into HeRAMS up to 31 January 2026 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.



Data source: HeRAMS Sudan
<https://herams.org/project/82>
 Data accessed on: 31 January 2026
 Date report created: 02 June 2026
 Contact: herams@who.int



World Health Organization

HeRAMS
 Health Resources and Services
 Availability Monitoring System



HEALTH CLUSTER
 SUDAN



HeRAMS Sudan | Northern

SNAPSHOT JANUARY 2026

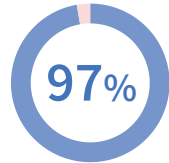
OPERATIONAL STATUS

HSDUs per population *State vs national*



On average, **Northern** has **16.3** operational HSDUs per 100 000 population, above the national average of **6.4**.

Reporting completeness



Out of 256 HSDUs, 249 (97%) are reporting.

Out of 249 HSDUs evaluated.



All 249 HSDUs evaluated are at least partially operational.*

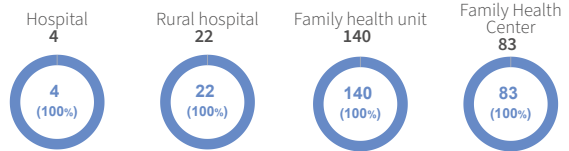
- At least partially operational
- Not operational

MAIN CAUSES OF...

Building damage

No building damage reported.

HSDU by type

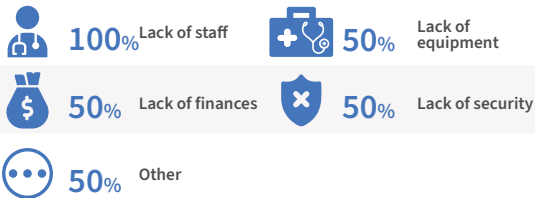


Equipment damage

No equipment damage reported.

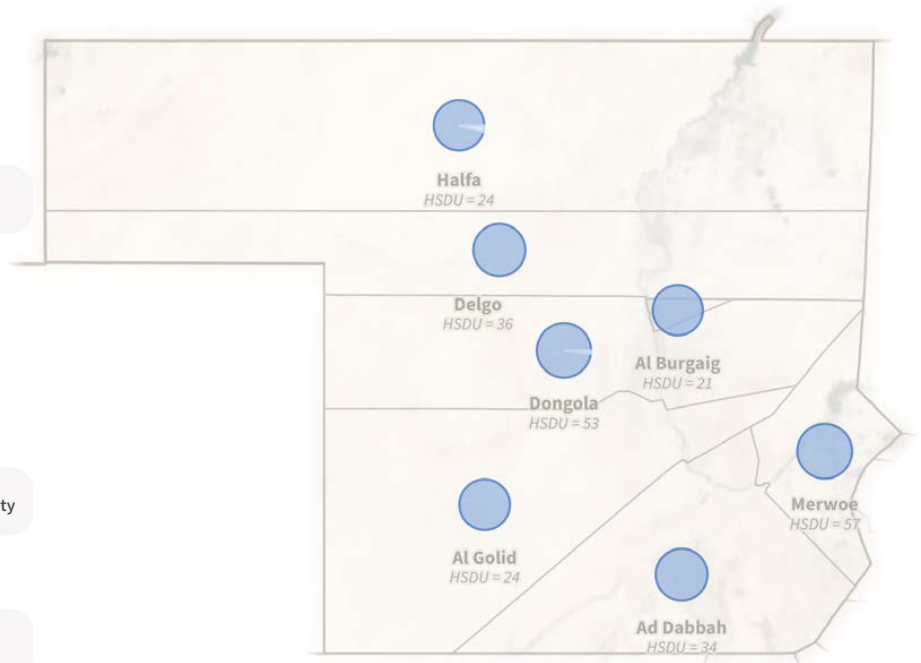
Functionality constraints

The 5 causes of functionality constraints as reported by 2 partially functioning HSDUs.



Accessibility constraints

No accessibility constraints reported.



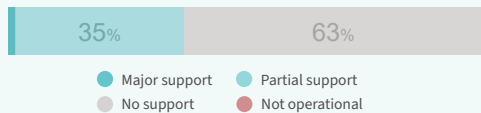
- Operational
- Partially operational
- Not operational

* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.





Partner support



BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided ● Not operational

WASH

Water



Main water sources

Out of 239 HSDUs where water is at least partially available.



Sanitation facilities



Out of 227 HSDUs where sanitation facilities is at least partially available.

Sanitation facilities types*



Sanitation facilities accessibility*



Hand hygiene

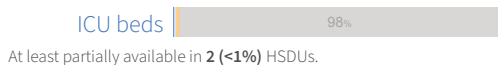


Environmental cleaning

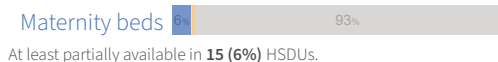


Inpatient bed capacity*

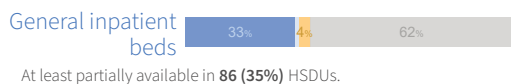
Number of available beds



6



151

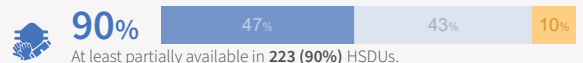


1010

Main barriers*



Personal protective equipment



Waste management

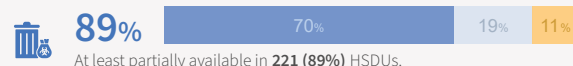
Waste segregation



Final disposal of sharps



Final disposal of infectious waste

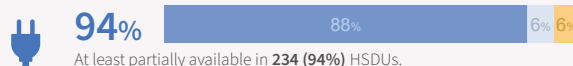


Waste disposal methods

Out of 222 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power

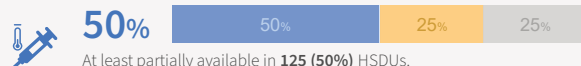


Power sources

Out of 234 HSDUs where power is at least partially available.



Cold chain



Cold chain sources

Out of 125 HSDUs where cold chain is at least partially available.



Communication



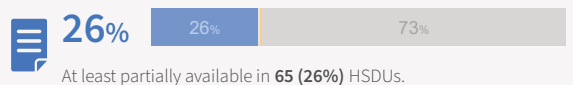
Communication equipment types

Out of 160 HSDUs where communication is at least partially available.

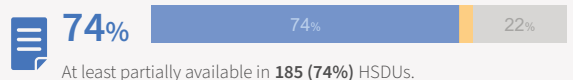


Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



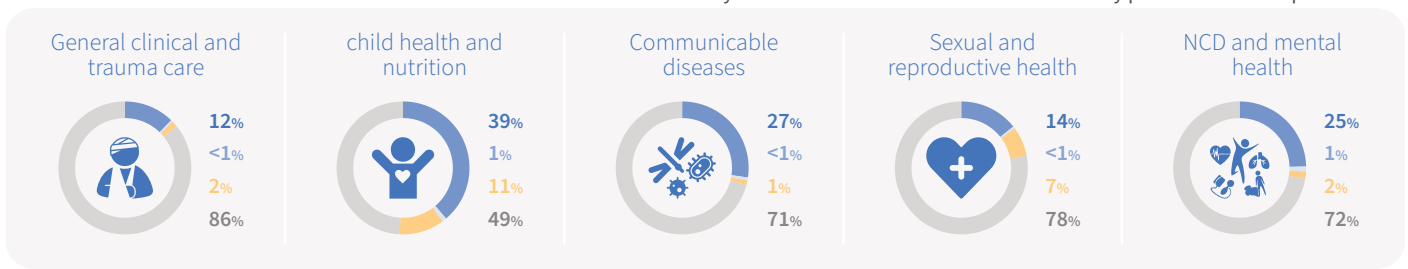
*Out of 249 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational



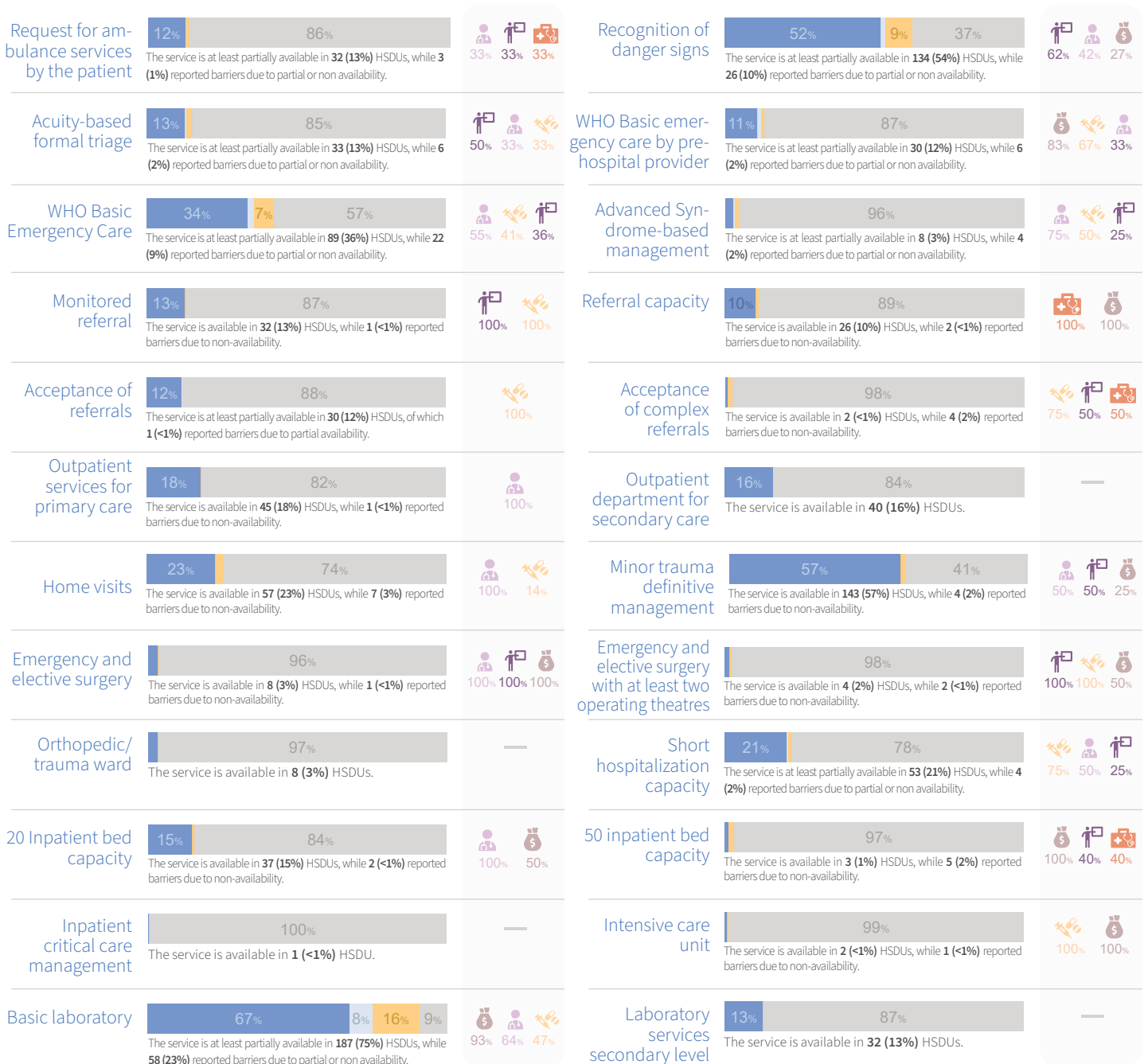
General clinical and emergency care

Availability status

● Available ● Partially available ● Not available
● Not operational ● Not normally provided

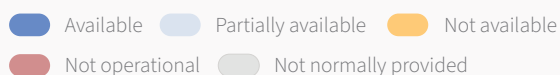
Barriers for partial availability or non-availability.

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

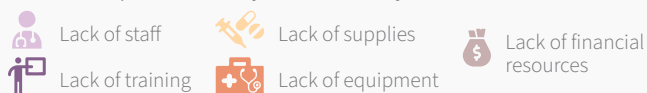


* Out of 249 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.

Availability status



Barriers for partial availability or non-availability.



General clinical and emergency care (cont.)

Laboratory services tertiary level	99%	—	
The service is available in 2 (<1%) HSDUs.			
Basic X-ray service	4%	95%	75% 50% 50%
The service is available in 9 (4%) HSDUs, while 4 (2%) reported barriers due to non-availability.			
Radiology unit		97%	100% 100%
The service is available in 6 (2%) HSDUs, while 1 (<1%) reported barriers due to non-availability.			
Procedures for mass casualty scenarios		100%	—
The service is available in 1 (<1%) HSDU.			
WAR Surgery Protocols		—	—
Not expected in any HSDU.			
Blood bank services	5%	94%	100% 100%
The service is available in 13 (5%) HSDUs, while 1 (<1%) reported barriers due to non-availability.			
Hemodialysis unit		99%	100% 100%
The service is available in 2 (<1%) HSDUs, while 1 (<1%) reported barriers due to non-availability.			
Medical evacuation procedures		—	—
Not expected in any HSDU.			
Mass Casualty Management System		98%	100% 100%
The service is at least partially available in 4 (2%) HSDUs, of which 1 (<1%) reported barriers due to partial availability.			
Damage Control Surgery Protocols		97%	75% 25% 25%
The service is at least partially available in 4 (2%) HSDUs, while 4 (2%) reported barriers due to partial or non availability.			

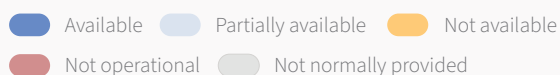
Child health and nutrition

Community-based first aid	40%	55%	67% 58% 58%	
The service is at least partially available in 108 (43%) HSDUs, while 12 (5%) reported barriers due to partial or non availability.				
IMCI under 5 clinic	68%	13%	16%	54% 51% 46%
The service is at least partially available in 177 (71%) HSDUs, while 39 (16%) reported barriers due to partial or non availability.				
Community mobilization for EPI	33%	66%	75% 25% 25%	
The service is at least partially available in 83 (33%) HSDUs, while 4 (2%) reported barriers due to partial or non availability.				
IEC on IYCF practices	48%	4%	45%	56% 44% 31%
The service is at least partially available in 125 (50%) HSDUs, while 16 (6%) reported barriers due to partial or non availability.				
Growth monitoring at primary care level	31%	29%	40%	81% 31% 29%
The service is available in 77 (31%) HSDUs, while 72 (29%) reported barriers due to non-availability.				
IMAM	18%	14%	67%	74% 66% 54%
The service is available in 46 (18%) HSDUs, while 35 (14%) reported barriers due to non-availability.				
Community-based IMCI	63%	14%	21%	57% 42% 40%
The service is at least partially available in 161 (65%) HSDUs, while 40 (16%) reported barriers due to partial or non availability.				
Management of children classified as severe or very severe diseases	23%	5%	71%	46% 46% 38%
The service is at least partially available in 59 (24%) HSDUs, while 13 (5%) reported barriers due to partial or non availability.				
EPI	83%	14%	57% 57% 29%	
The service is at least partially available in 210 (84%) HSDUs, while 7 (3%) reported barriers due to partial or non availability.				
Screening for acute malnutrition at the community level	31%	31%	38%	69% 29% 29%
The service is available in 76 (31%) HSDUs, while 78 (31%) reported barriers due to non-availability.				
CMAM	23%	16%	61%	72% 67% 56%
The service is available in 58 (23%) HSDUs, while 39 (16%) reported barriers due to non-availability.				
Stabilization center for SAM	4%	94%	75% 50% 50%	
The service is available in 10 (4%) HSDUs, while 4 (2%) reported barriers due to non-availability.				

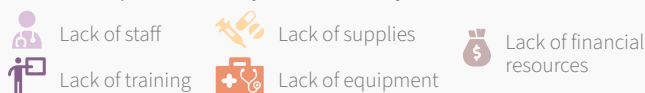
Communicable diseases

Syndromic surveillance	27%	73%	100% 100%	
The service is at least partially available in 67 (27%) HSDUs, of which 1 (<1%) reported barriers due to partial availability.				
Malaria at the community level	79%	20%	75% 50%	
The service is available in 196 (79%) HSDUs, while 4 (2%) reported barriers due to non-availability.				
Vector control		97%	—	
The service is available in 7 (3%) HSDUs.				
Event-based surveillance	13%	87%	—	
The service is available in 33 (13%) HSDUs.				
Malaria at the primary care level		90%	4% 5%	77% 62% 54%
The service is at least partially available in 232 (93%) HSDUs, while 13 (5%) reported barriers due to partial or non availability.				
Support mass drug administration	18%	82%	100%	
The service is available in 45 (18%) HSDUs, while 1 (<1%) reported barriers due to non-availability.				

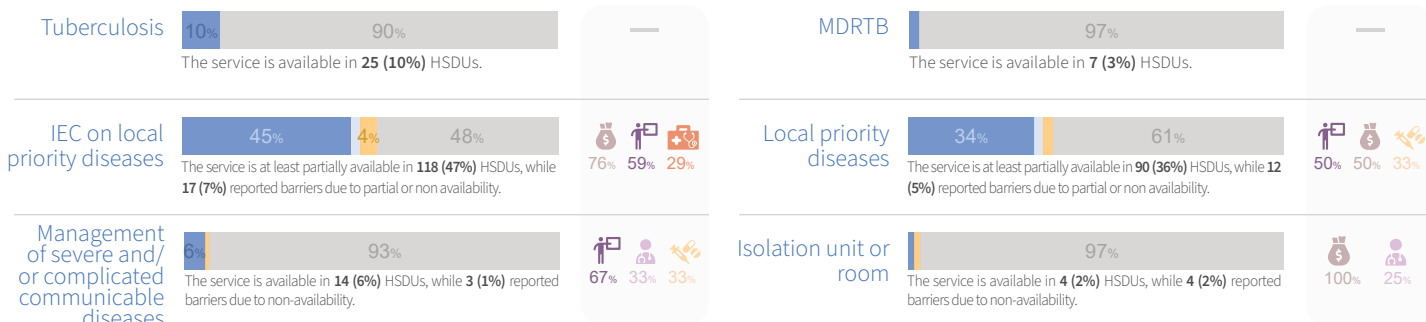
Availability status



Barriers for partial availability or non-availability.

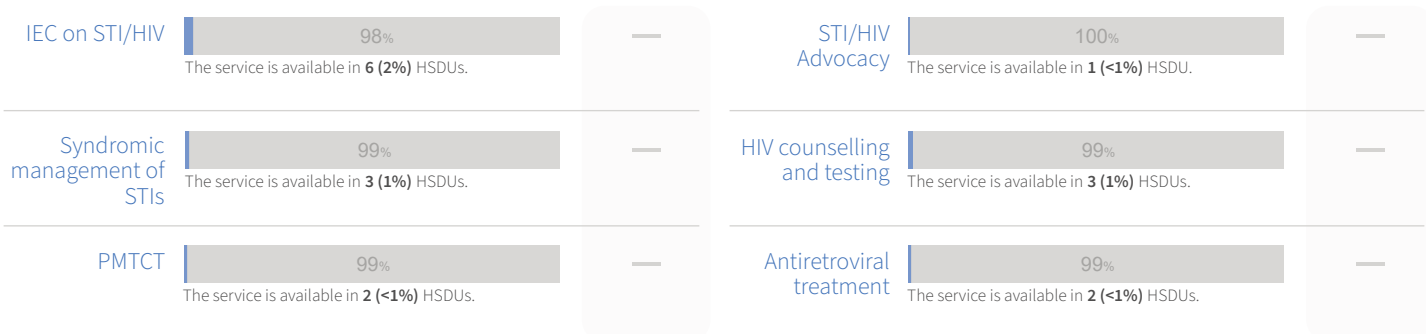


Communicable diseases (cont.)

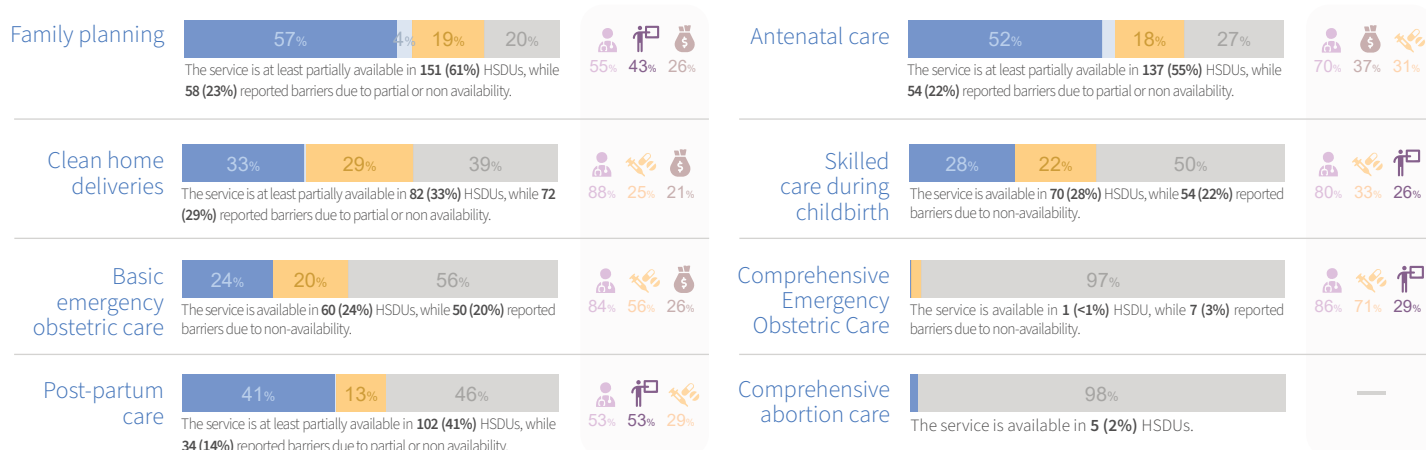


Sexual and reproductive health

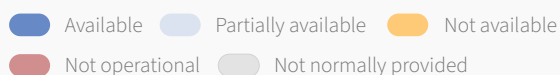
STI and HIV/AIDS



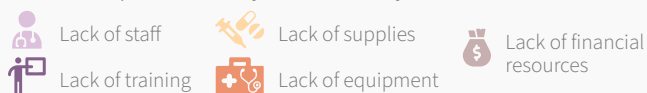
Maternal and newborn health



Availability status



Barriers for partial availability or non-availability.



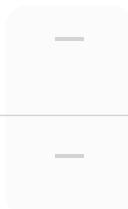
Sexual and reproductive health (cont.)



Sexual violence

Clinical management of rape survivors

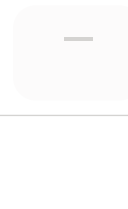
Not expected in any HSDU.



Emergency contraception



The service is available in 1 (<1%) HSDU.



Post-exposure prophylaxis

Not expected in any HSDU.



Noncommunicable diseases and mental health

Promote self-care, provide basic health care and psycho-social support



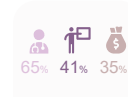
The service is at least partially available in 57 (23%) HSDUs, while 2 (<1%) reported barriers due to partial or non availability.



NCD clinic



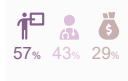
The service is at least partially available in 162 (65%) HSDUs, while 17 (7%) reported barriers due to partial or non availability.



Asthma and COPD



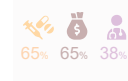
The service is available in 144 (58%) HSDUs, while 14 (6%) reported barriers due to non-availability.



Hypertension



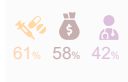
The service is at least partially available in 226 (91%) HSDUs, while 26 (10%) reported barriers due to partial or non availability.



Diabetes



The service is at least partially available in 216 (87%) HSDUs, while 33 (13%) reported barriers due to partial or non availability.



Inpatient acute rehabilitation



The service is available in 3 (1%) HSDUs.



Outpatient or community level rehabilitation services



The service is available in 6 (2%) HSDUs.



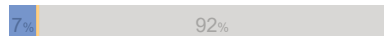
Prosthetics and Orthotics



The service is available in 1 (<1%) HSDU.



Oral health and dental care



The service is available in 18 (7%) HSDUs, while 2 (<1%) reported barriers due to non-availability.



Psychological first aid



The service is available in 1 (<1%) HSDU.



Management of mental disorders



The service is available in 1 (<1%) HSDU.



Inpatient care for mental disorders



The service is available in 2 (<1%) HSDUs.



Inpatient care for mental disorders by specialists



The service is not available in any HSDU with 2 (<1%) HSDUs reporting barriers.



This analysis was produced based on the information reported into HeRAMS up to 31 January 2026 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.



Data source: HeRAMS Sudan
<https://herams.org/project/82>
 Data accessed on: 31 January 2026
 Date report created: 02 June 2026
 Contact: herams@who.int



World Health Organization



HEALTH CLUSTER SUDAN



HeRAMS Sudan | Red Sea

SNAPSHOT JANUARY 2026

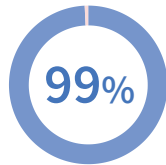
OPERATIONAL STATUS

HSDUs per population State vs national



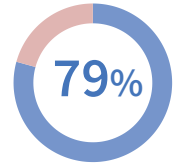
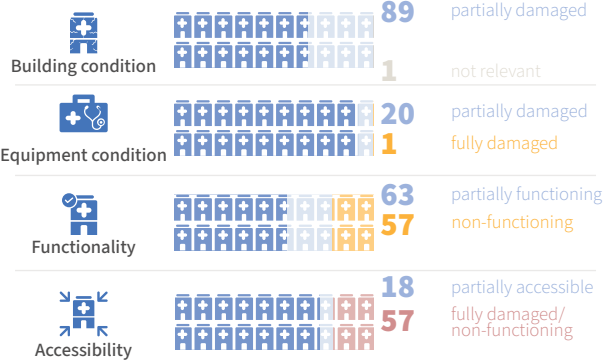
On average, Red Sea has **11.4** operational HSDUs per 100 000 population, above the national average of **6.4**.

Reporting completeness



Out of 277 HSDUs, 275 (99%) are reporting.

Out of 275 HSDUs evaluated.



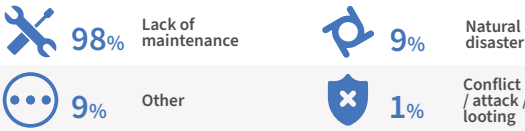
Out of 275 HSDUs evaluated **218 (79%)** are at least partially operational.*

- At least partially operational
- Not operational

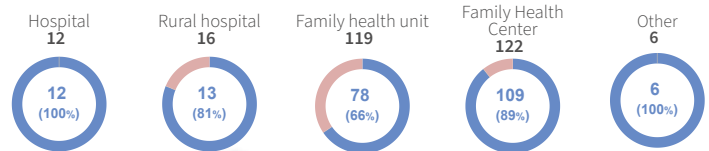
MAIN CAUSES OF...

Building damage

The 4 causes of building damage as reported by 89 partially damaged HSDUs.



HSDU by type



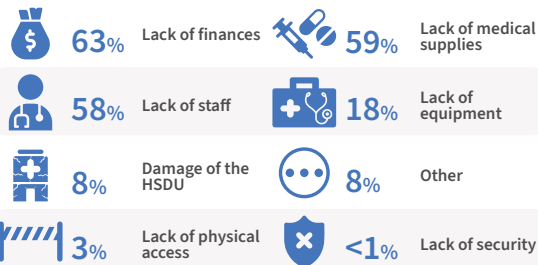
Equipment damage

The 4 causes of equipment damage as reported by 20 partially damaged and 1 fully damaged HSDUs.



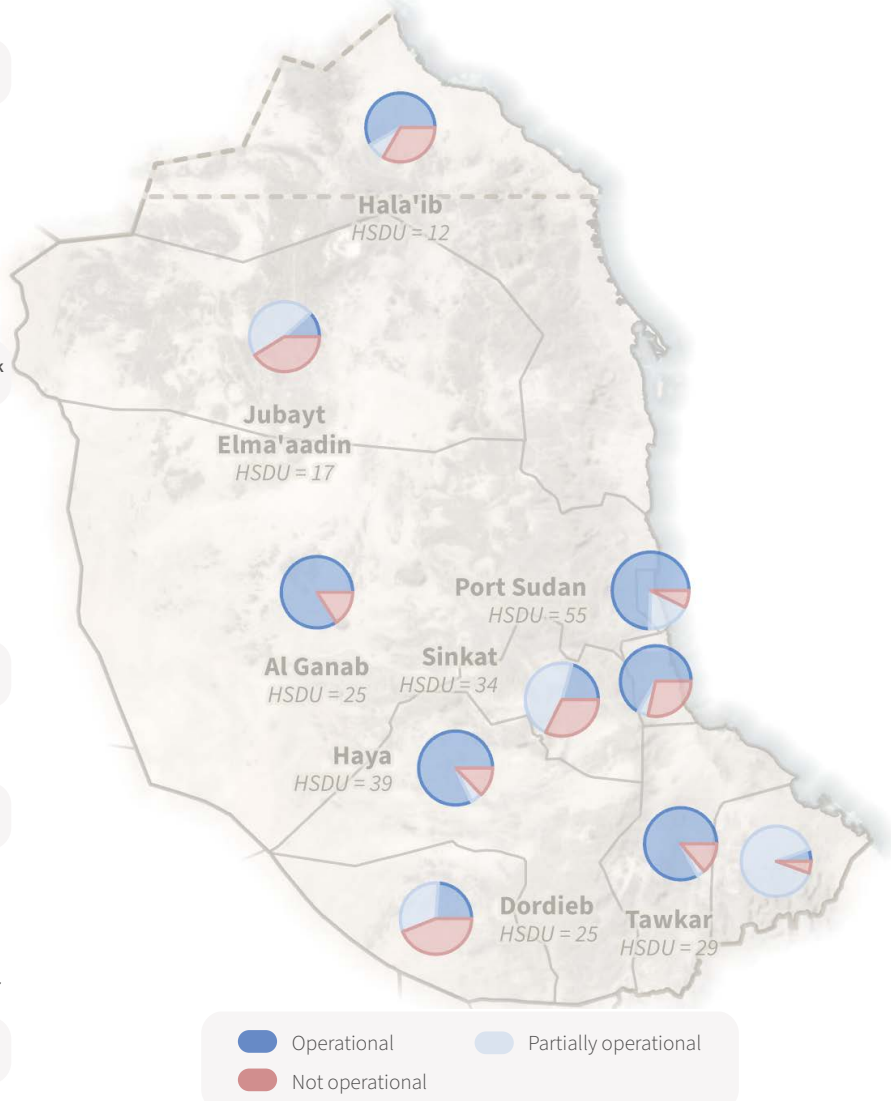
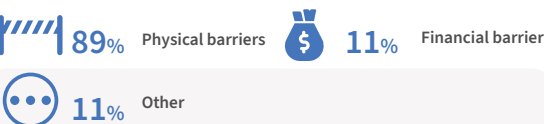
Functionality constraints

The 8 causes of functionality constraints as reported by 63 partially functioning and 57 non-functioning HSDUs.



Accessibility constraints

The 3 causes of accessibility constraints as reported by 18 partially accessible HSDUs.



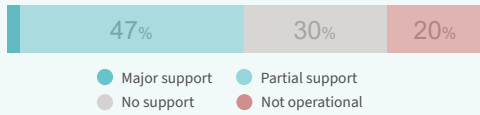
- Operational
- Partially operational
- Not operational

* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.



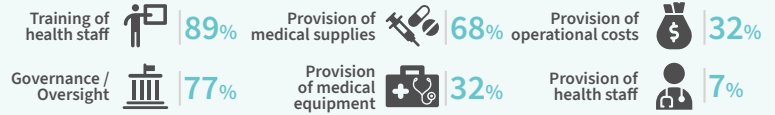


Partner support



Partner support types

Out of 136 HSDUs supported by partners.



BASIC AMENITIES*

Available Partially available Not available Not normally provided Not operational

WASH

Water

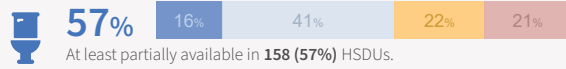


Main water sources

Out of 185 HSDUs where water is at least partially available.

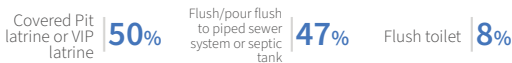


Sanitation facilities



Out of 158 HSDUs where sanitation facilities is at least partially available.

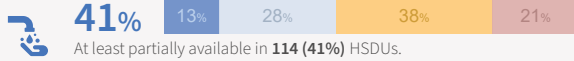
Sanitation facilities types*



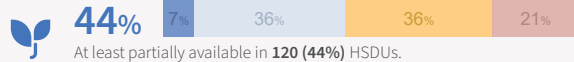
Sanitation facilities accessibility*



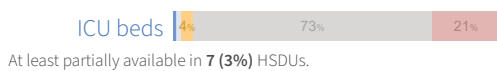
Hand hygiene



Environmental cleaning



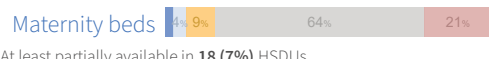
Inpatient bed capacity*



At least partially available in 7 (3%) HSDUs.

Number of available beds

69



At least partially available in 18 (7%) HSDUs.

115



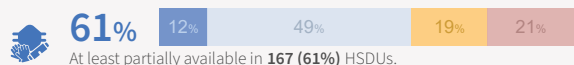
At least partially available in 133 (48%) HSDUs.

1618

Main barriers*



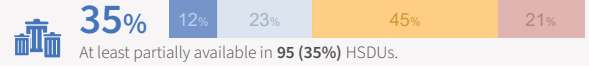
Personal protective equipment



At least partially available in 167 (61%) HSDUs.

Waste management

Waste segregation



Final disposal of sharps



Final disposal of infectious waste

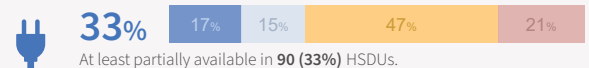


Waste disposal methods

Out of 155 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power

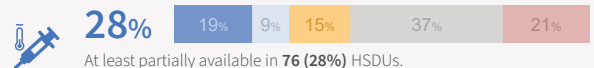


Power sources

Out of 90 HSDUs where power is at least partially available.



Cold chain

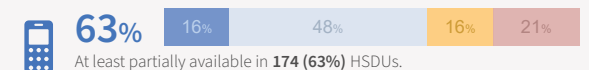


Cold chain sources

Out of 76 HSDUs where cold chain is at least partially available.



Communication



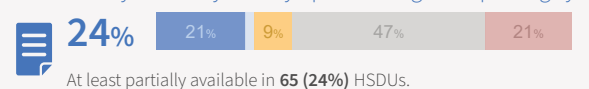
Communication equipment types

Out of 174 HSDUs where communication is at least partially available.

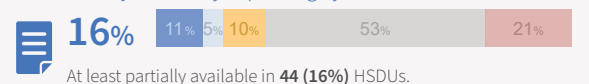


Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



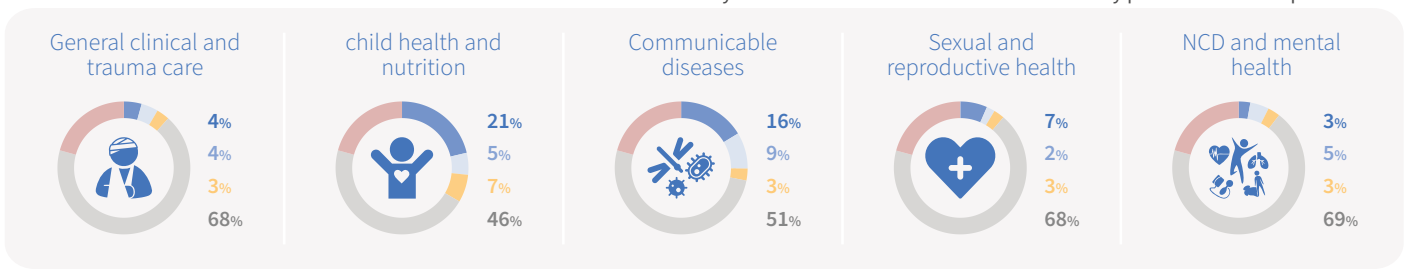
*Out of 218 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational



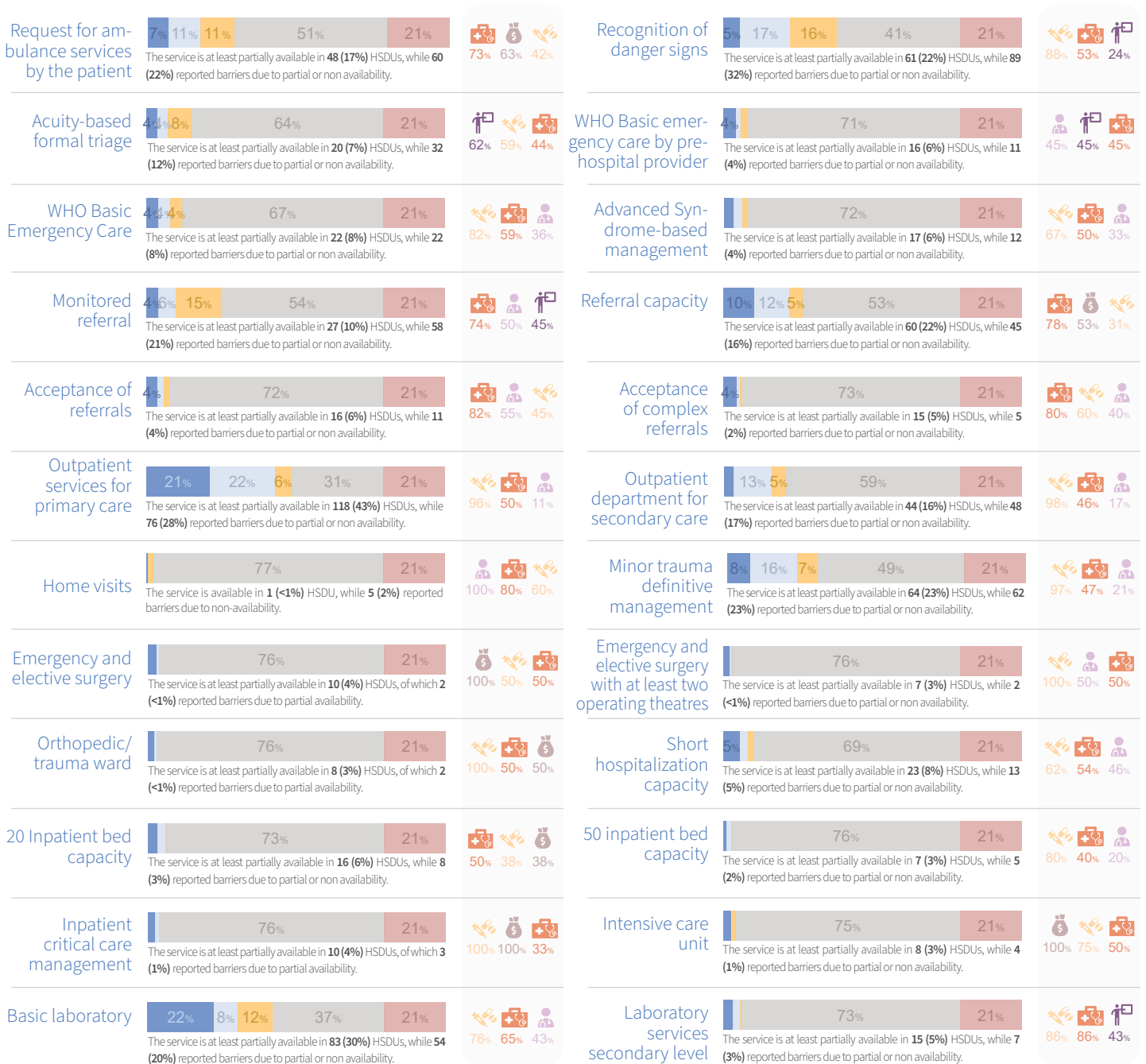
General clinical and emergency care

Availability status

● Available ● Partially available ● Not available
● Not operational ● Not normally provided

Barriers for partial availability or non-availability.

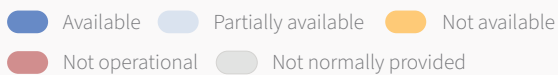
● Lack of staff ● Lack of supplies ● Lack of financial resources
● Lack of training ● Lack of equipment



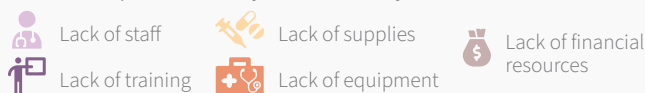
* Out of 218 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



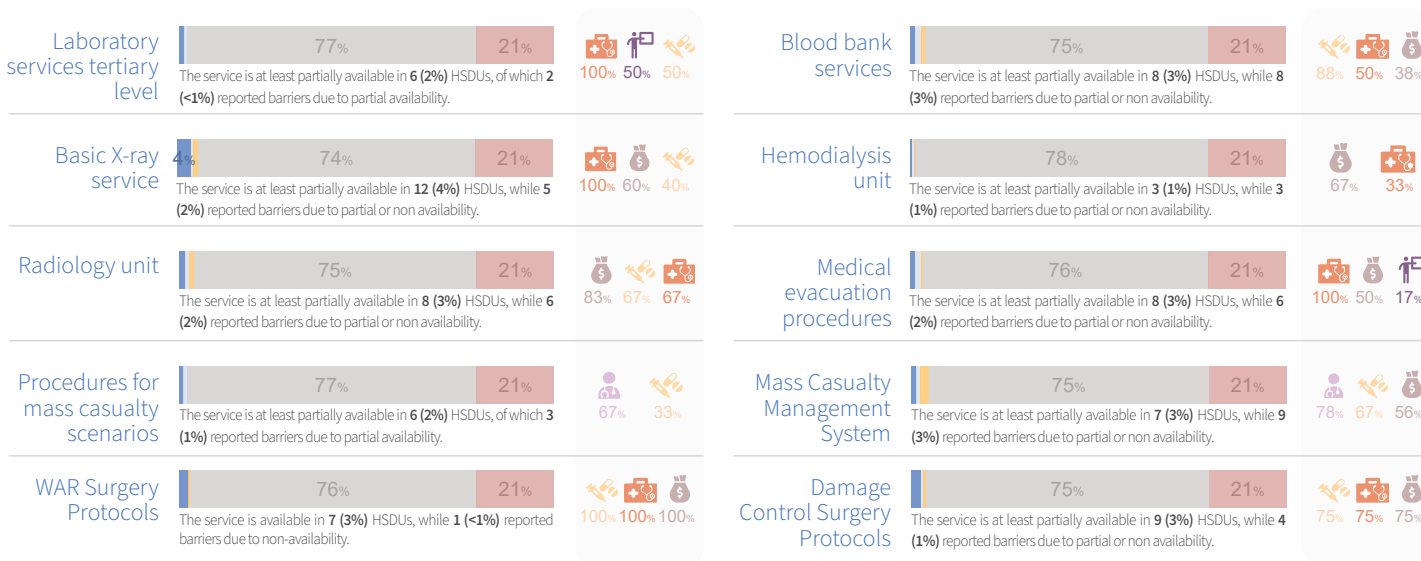
Availability status



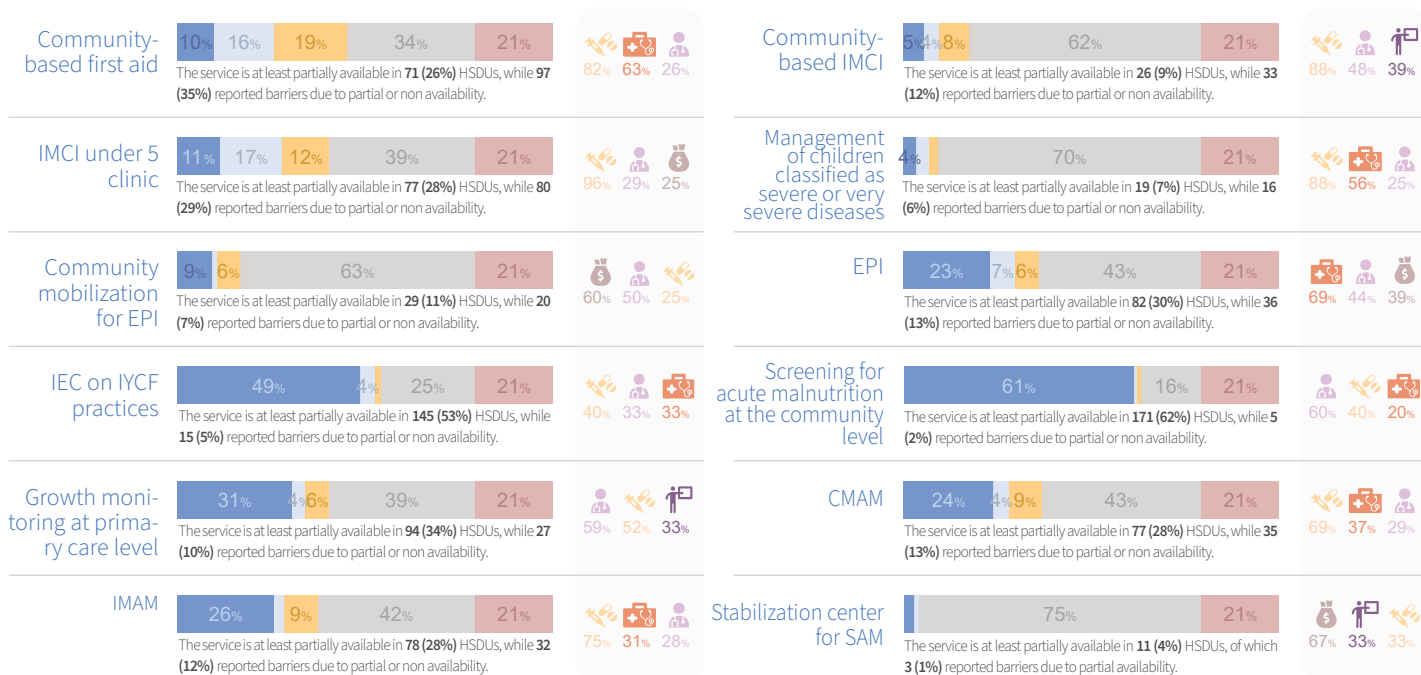
Barriers for partial availability or non-availability.



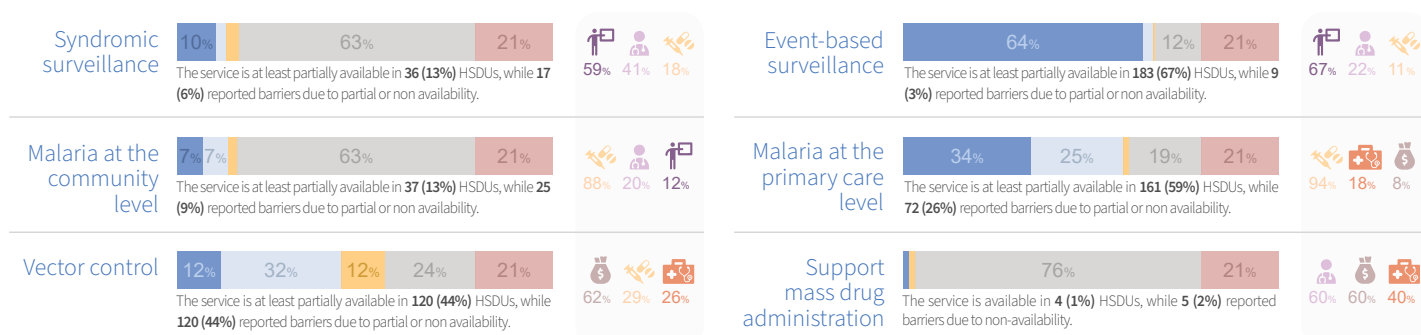
General clinical and emergency care (cont.)



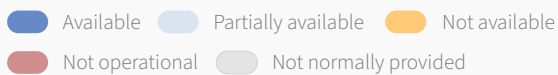
Child health and nutrition



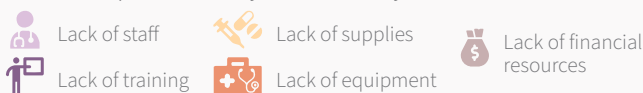
Communicable diseases



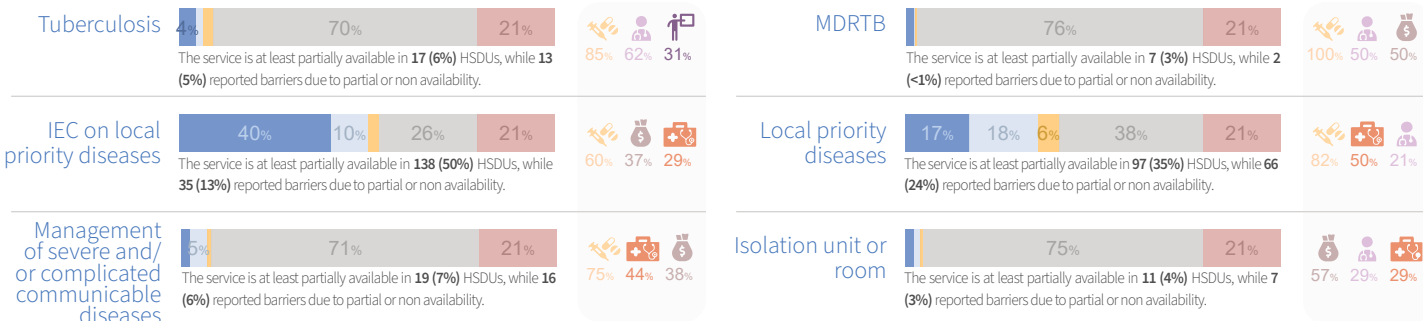
Availability status



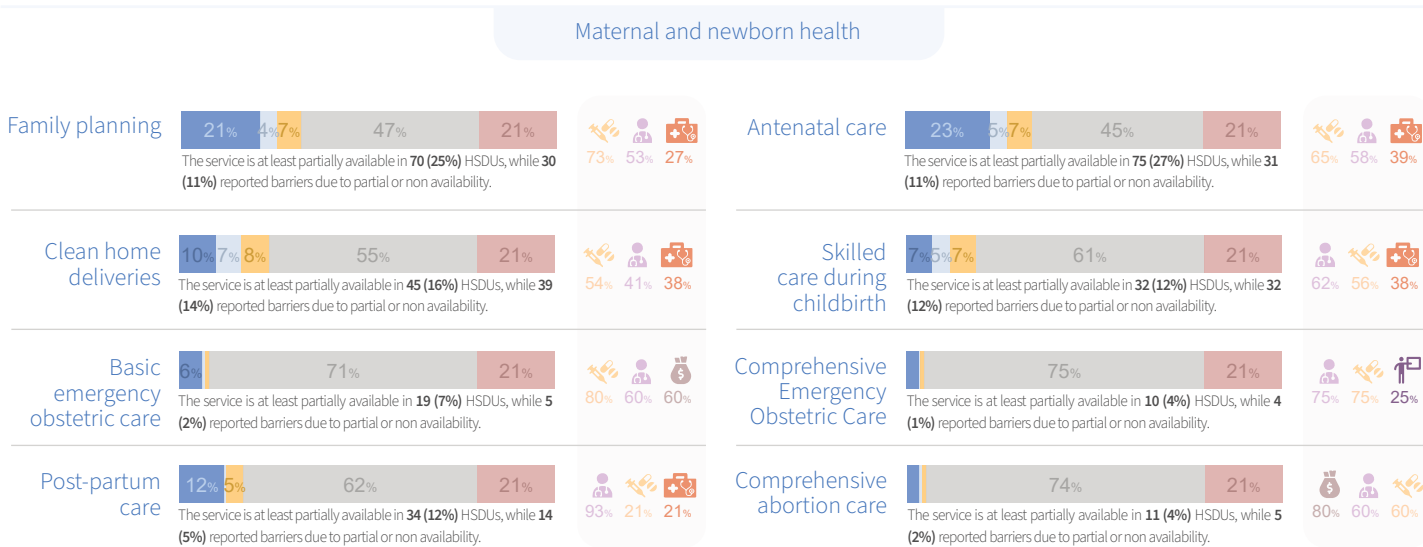
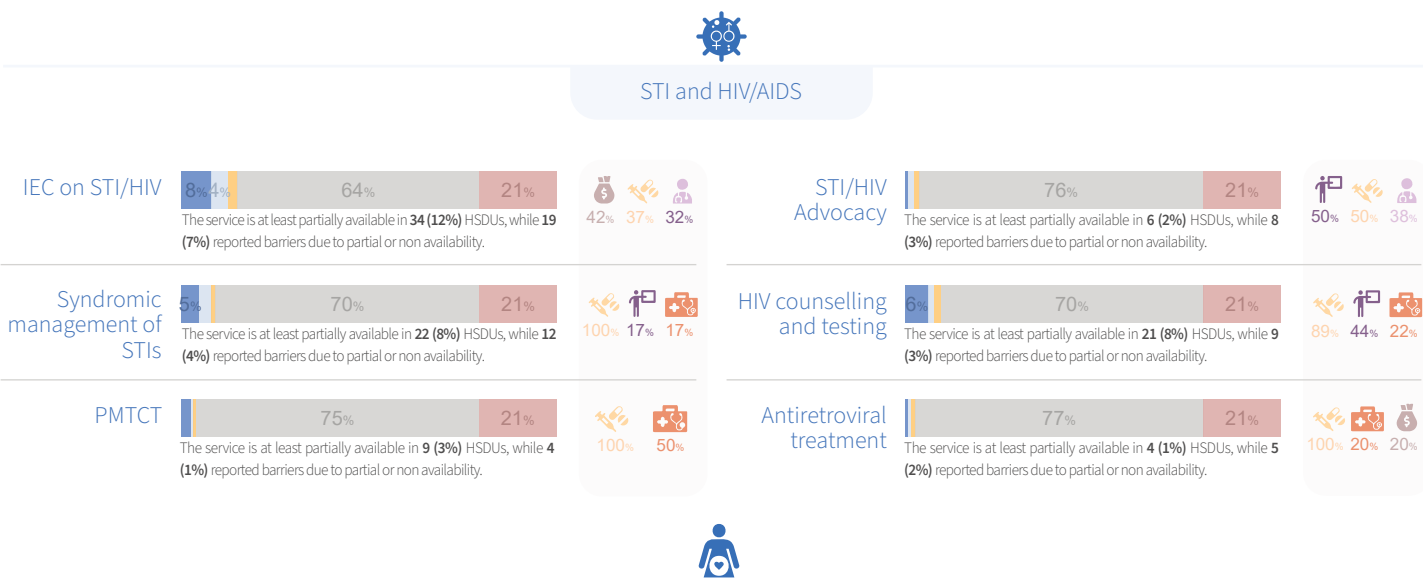
Barriers for partial availability or non-availability.



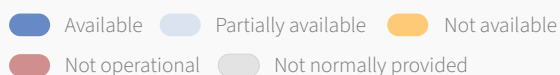
Communicable diseases (cont.)



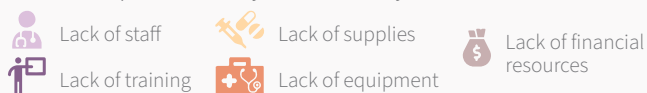
Sexual and reproductive health



Availability status



Barriers for partial availability or non-availability.



Sexual and reproductive health (cont.)



Sexual violence

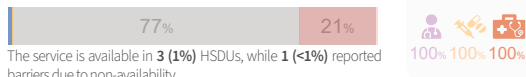
Clinical management of rape survivors



Emergency contraception

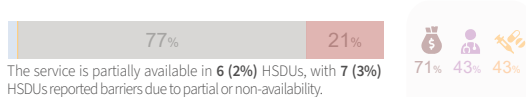


Post-exposure prophylaxis

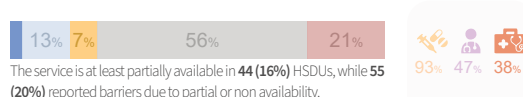


Noncommunicable diseases and mental health

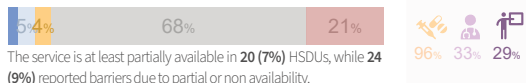
Promote self-care, provide basic health care and psycho-social support



NCD clinic



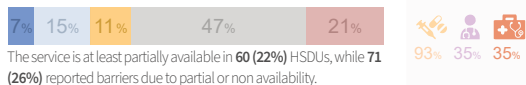
Asthma and COPD



Hypertension



Diabetes



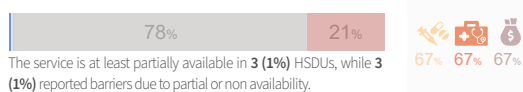
Inpatient acute rehabilitation



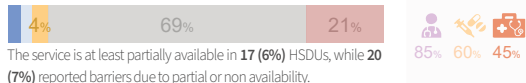
Outpatient or community level rehabilitation services



Prosthetics and Orthotics



Oral health and dental care



Psychological first aid



Management of mental disorders



Inpatient care for mental disorders



Inpatient care for mental disorders by specialists



This analysis was produced based on the information reported into HeRAMS up to 31 January 2026 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

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Data source: HeRAMS Sudan
<https://herams.org/project/82>
 Data accessed on: 31 January 2026
 Date report created: 02 June 2026
 Contact: herams@who.int



World Health Organization

HeRAMS
 Health Resources and Services
 Availability Monitoring System



HEALTH CLUSTER
 SUDAN



HeRAMS Sudan | River Nile

SNAPSHOT JANUARY 2026

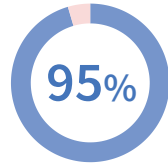
OPERATIONAL STATUS

HSDUs per population State vs national



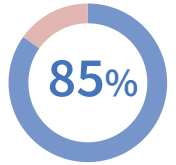
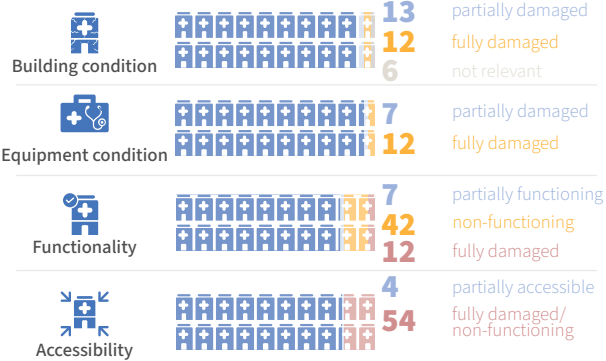
On average, **River Nile** has **11.7** operational HSDUs per 100 000 population, above the national average of **6.4**.

Reporting completeness



Out of 373 HSDUs, **356 (95%)** are reporting.

Out of 356 HSDUs evaluated.



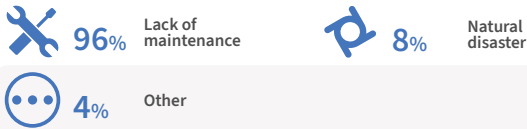
Out of 356 HSDUs evaluated **302 (85%)** are at least partially operational.*

- At least partially operational
- Not operational

MAIN CAUSES OF...

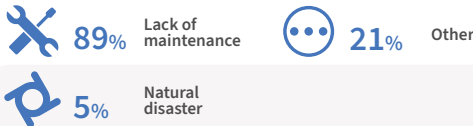
Building damage

The 3 causes of building damage as reported by 13 partially damaged and 12 fully damaged HSDUs.



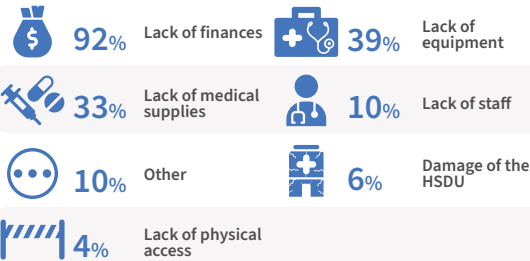
Equipment damage

The 3 causes of equipment damage as reported by 7 partially damaged and 12 fully damaged HSDUs.



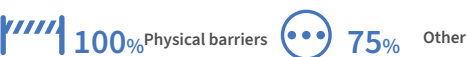
Functionality constraints

The 7 causes of functionality constraints as reported by 7 partially functioning and 42 non-functioning HSDUs.

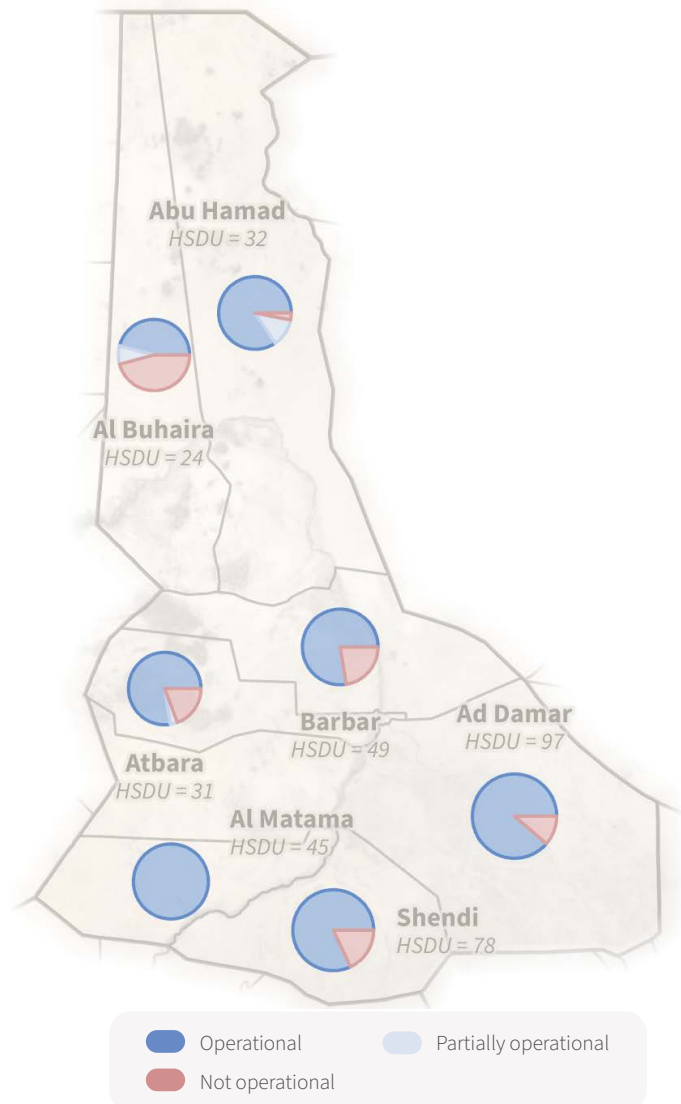
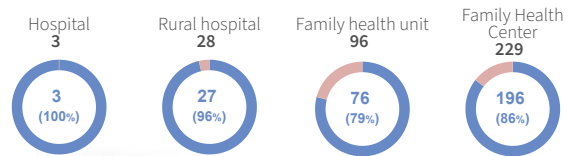


Accessibility constraints

The 2 causes of accessibility constraints as reported by 4 partially accessible HSDUs.



HSDU by type



- Operational
- Partially operational
- Not operational

* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.

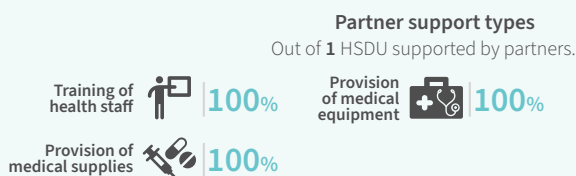




Partner support



● Major support ● Partial support
● No support ● Not operational

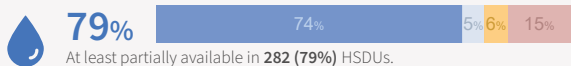


BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided ● Not operational

WASH

Water

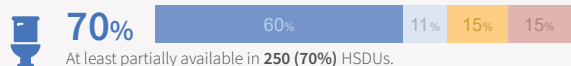


Main water sources

Out of 282 HSDUs where water is at least partially available.

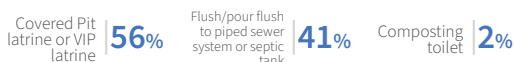


Sanitation facilities



Out of 250 HSDUs where sanitation facilities is at least partially available.

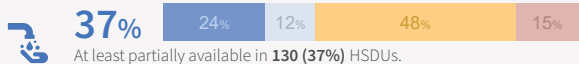
Sanitation facilities types*



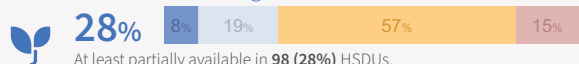
Sanitation facilities accessibility*



Hand hygiene

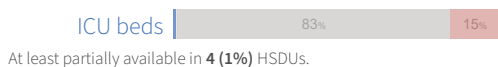


Environmental cleaning

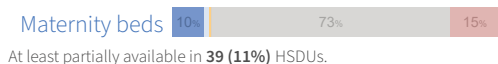


Inpatient bed capacity*

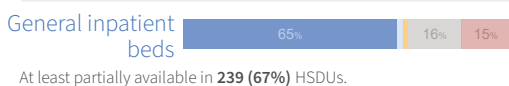
Number of available beds



21



290

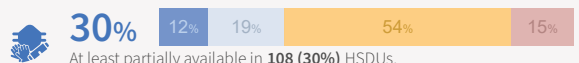


1806

Main barriers*

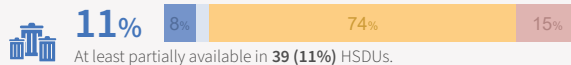


Personal protective equipment

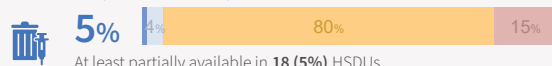


Waste management

Waste segregation



Final disposal of sharps



Final disposal of infectious waste

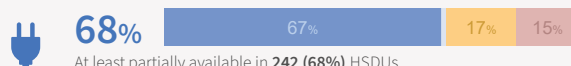


Waste disposal methods

Out of 26 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power

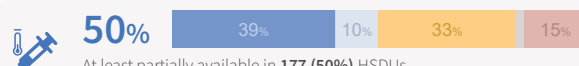


Power sources

Out of 242 HSDUs where power is at least partially available.



Cold chain

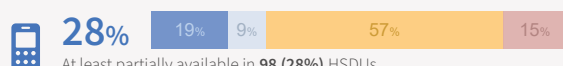


Cold chain sources

Out of 177 HSDUs where cold chain is at least partially available.

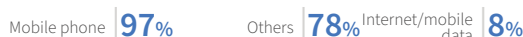


Communication



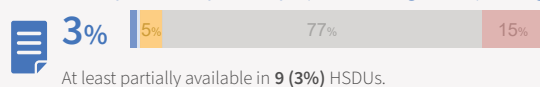
Communication equipment types

Out of 98 HSDUs where communication is at least partially available.

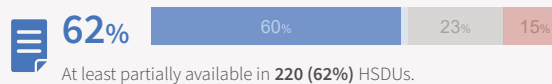


Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



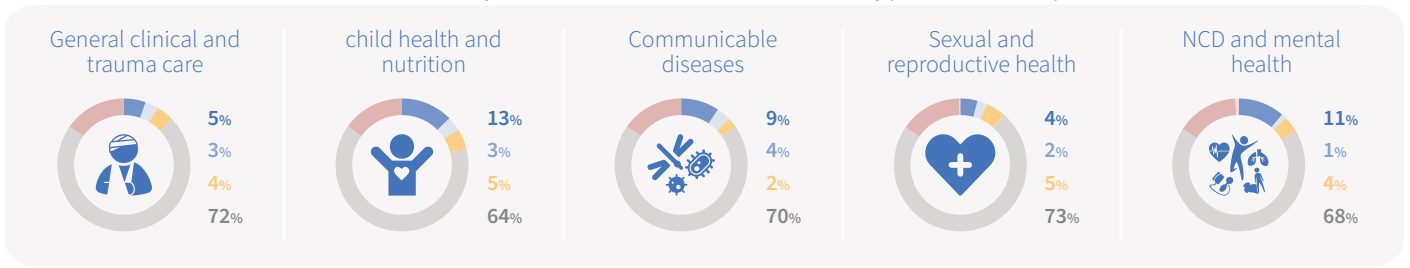
*Out of 302 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational ● No information available



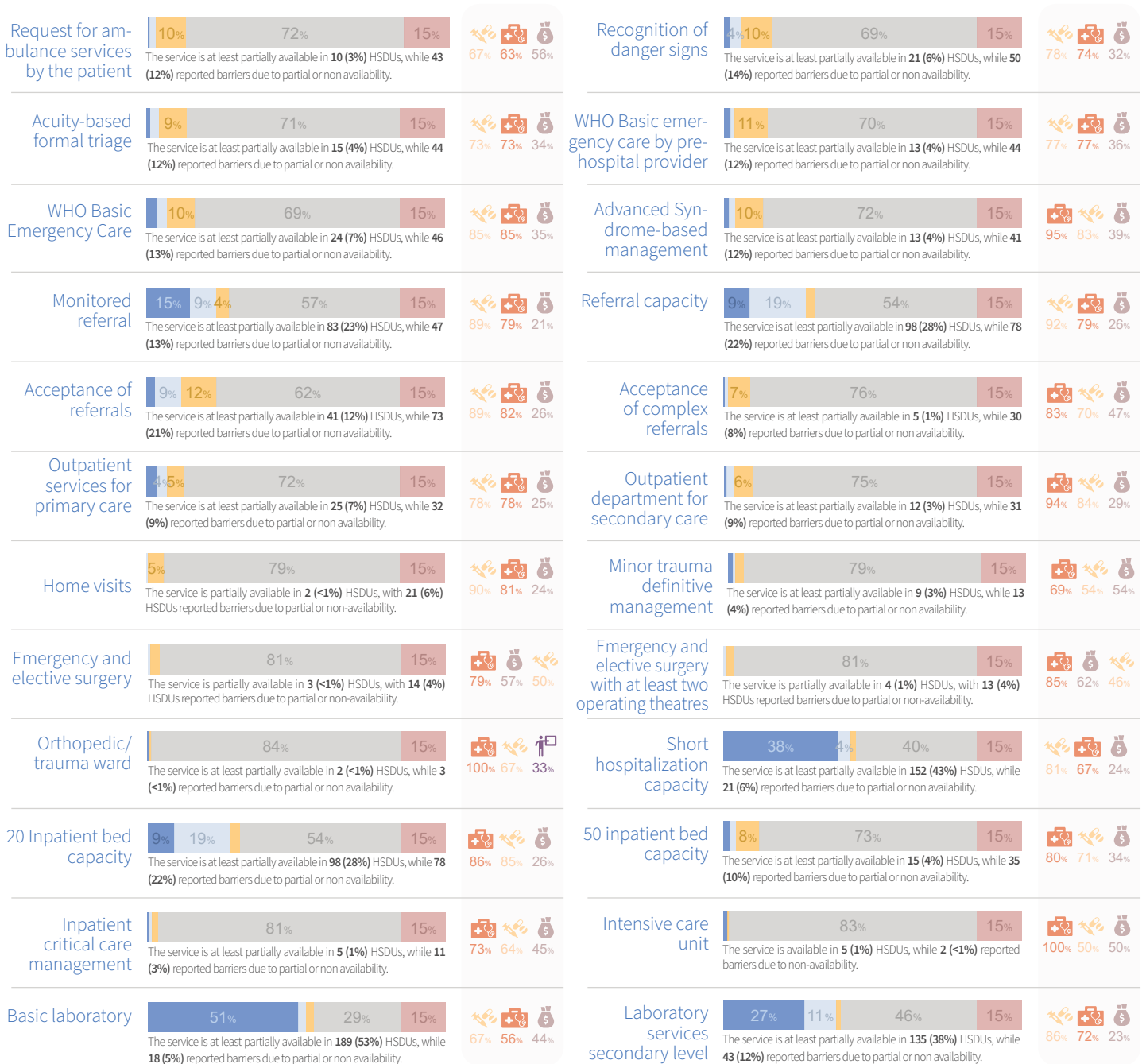
General clinical and emergency care

Availability status

● Available ● Partially available ● Not available
● Not operational ● Not normally provided

Barriers for partial availability or non-availability.

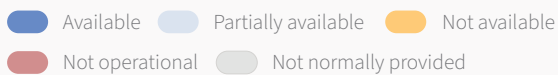
● Lack of staff ● Lack of supplies ● Lack of financial resources
● Lack of training ● Lack of equipment



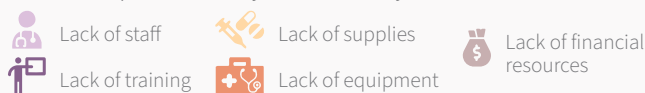
* Out of 302 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



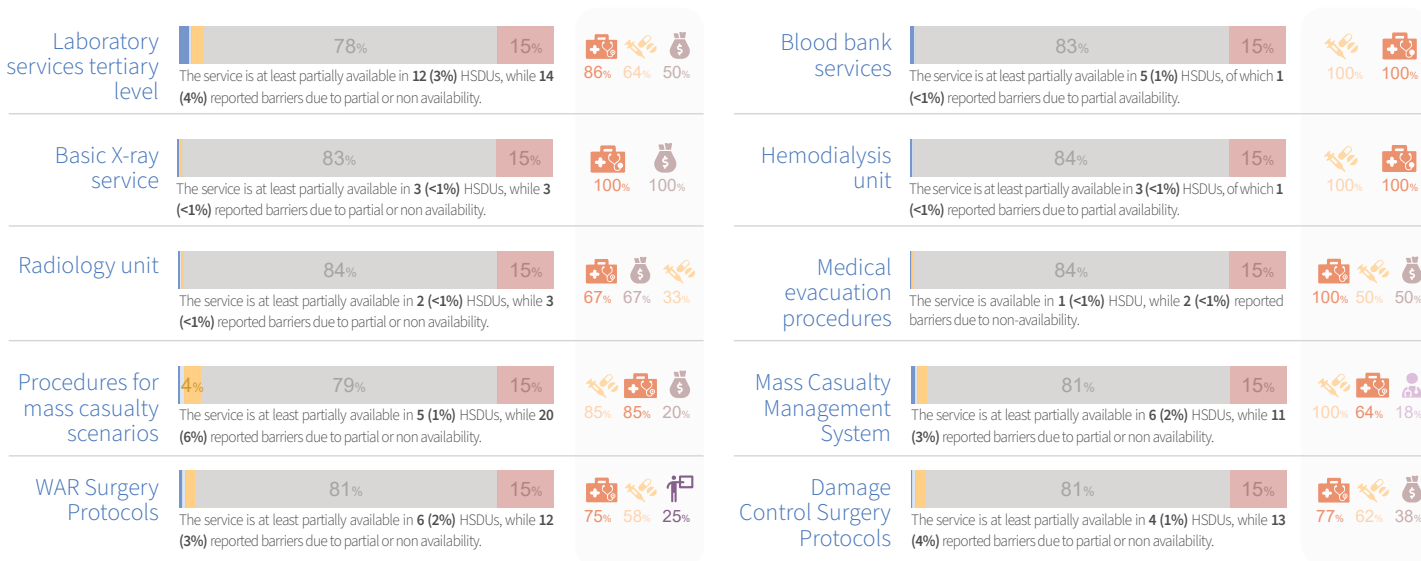
Availability status



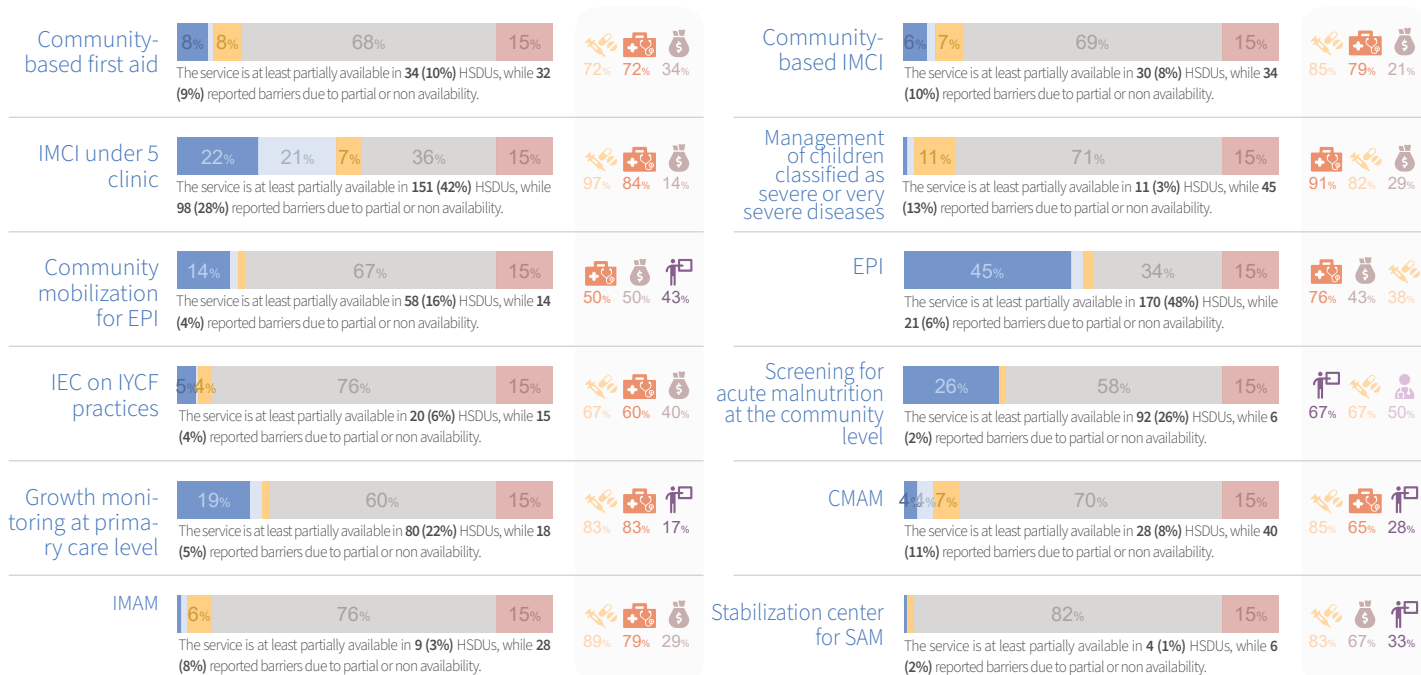
Barriers for partial availability or non-availability.



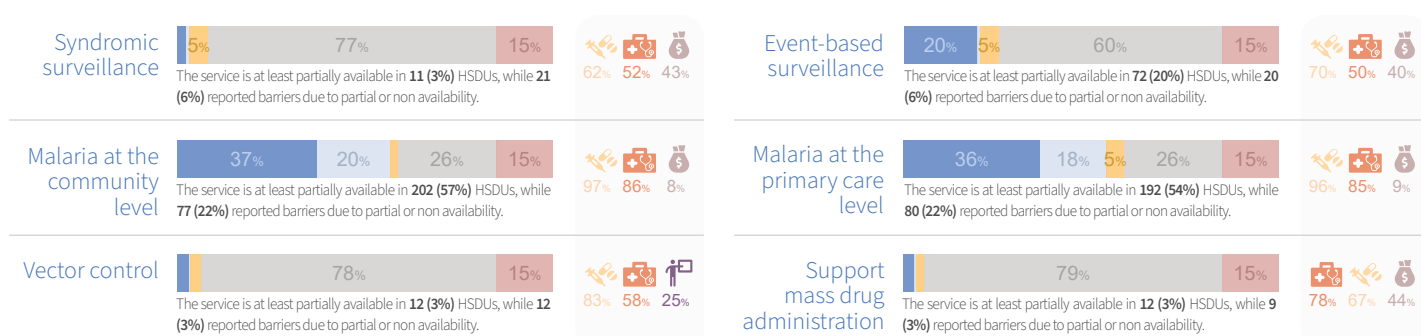
General clinical and emergency care (cont.)



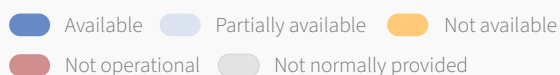
Child health and nutrition



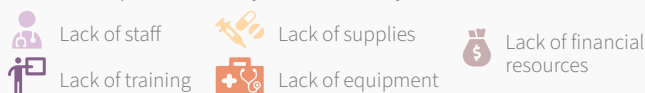
Communicable diseases



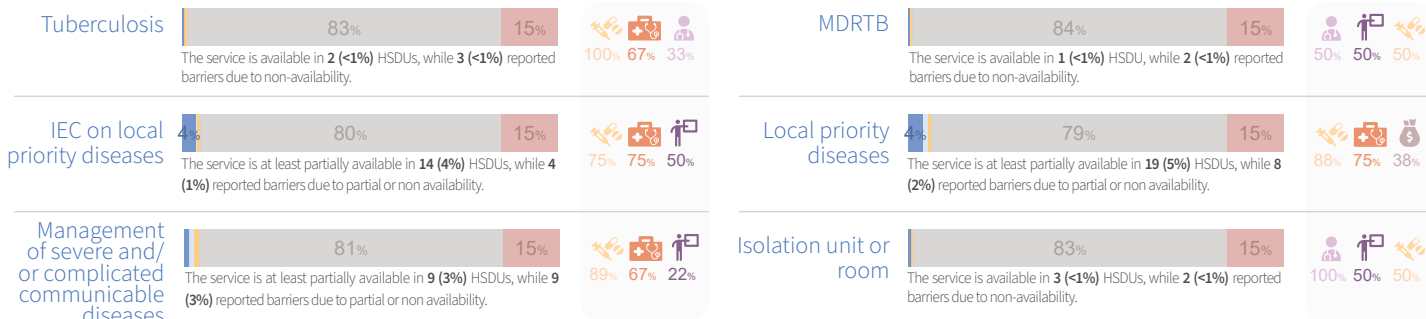
Availability status



Barriers for partial availability or non-availability.

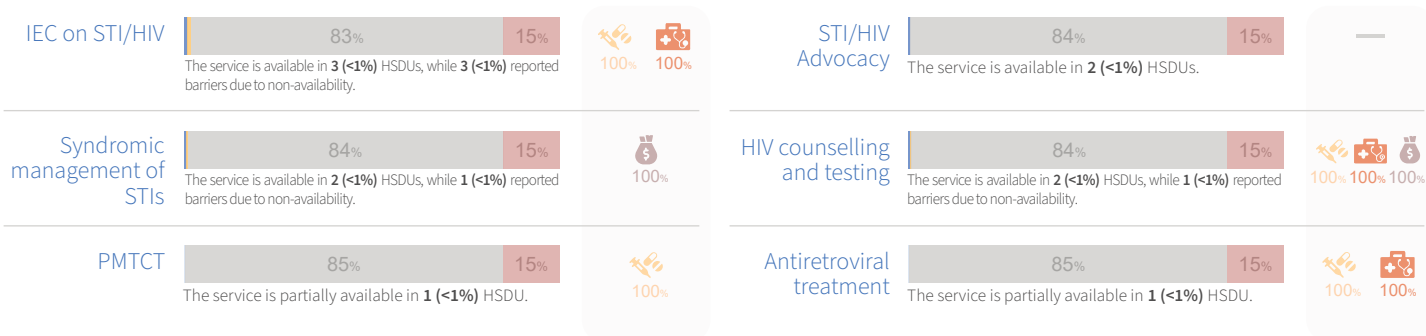


Communicable diseases (cont.)

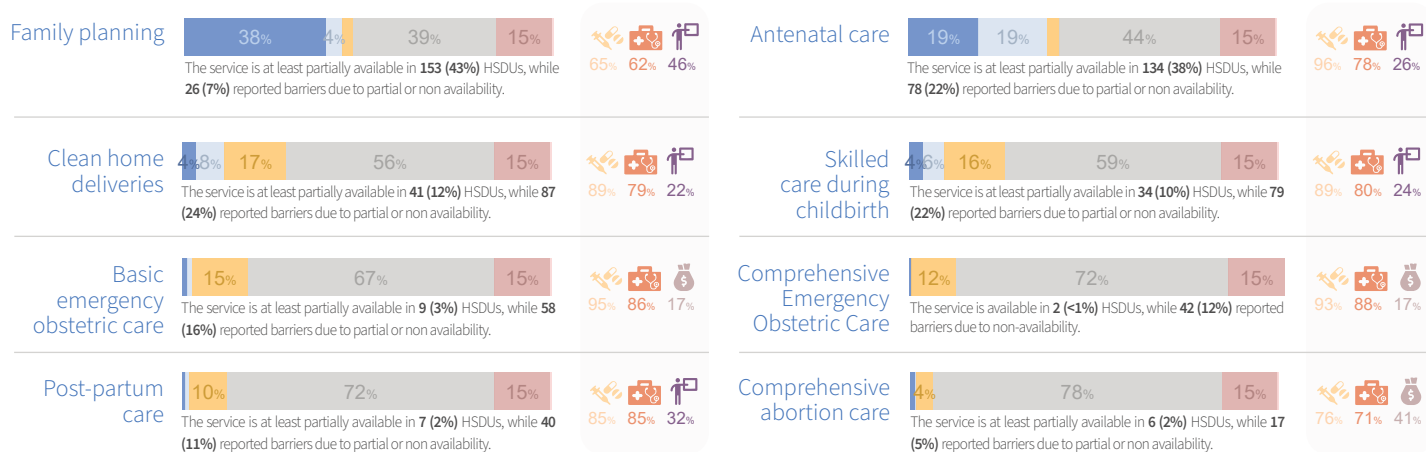


Sexual and reproductive health

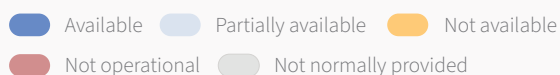
STI and HIV/AIDS



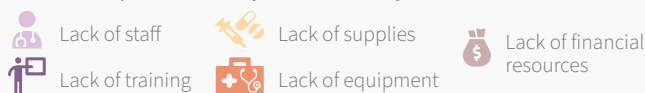
Maternal and newborn health



Availability status



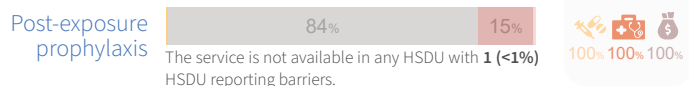
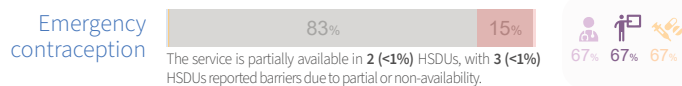
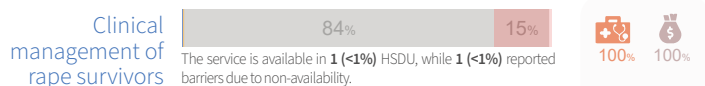
Barriers for partial availability or non-availability.



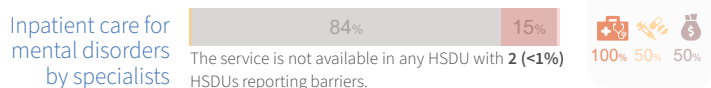
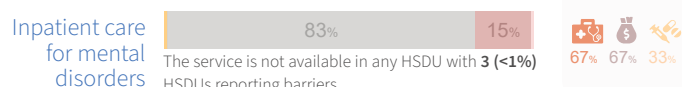
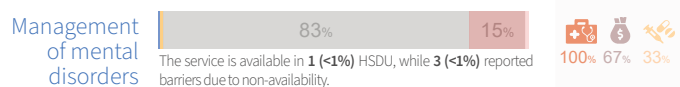
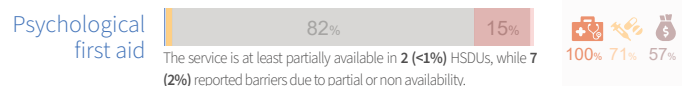
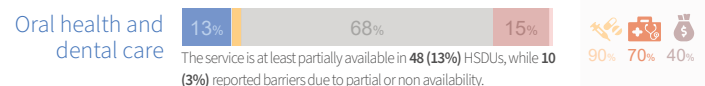
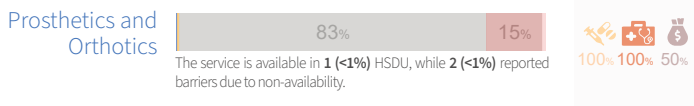
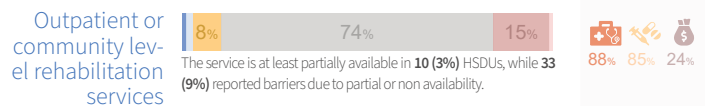
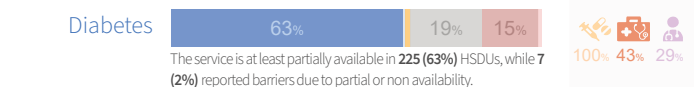
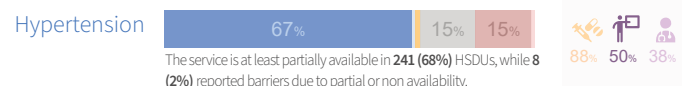
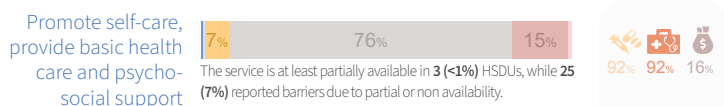
Sexual and reproductive health (cont.)



Sexual violence



Noncommunicable diseases and mental health



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 Contact: herams@who.int



World Health Organization



HEALTH CLUSTER SUDAN



HeRAMS Sudan | Sennar

SNAPSHOT JANUARY 2026

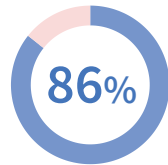
OPERATIONAL STATUS

HSDUs per population State vs national



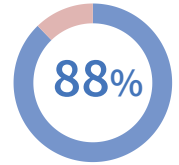
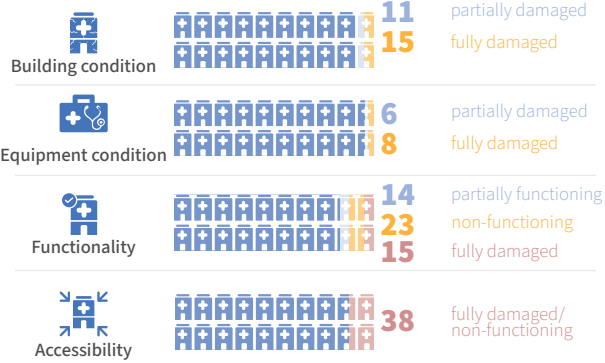
On average, Sennar has **14** operational HSDUs per 100 000 population, above the national average of **6.4**.

Reporting completeness



Out of **362** HSDUs, **310 (86%)** are reporting.

Out of **310** HSDUs evaluated.



Out of **310** HSDUs evaluated **272 (88%)** are at least partially operational.*

- At least partially operational
- Not operational

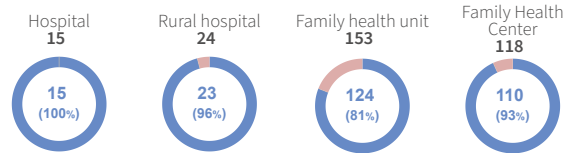
MAIN CAUSES OF...

Building damage

The 4 causes of building damage as reported by **11** partially damaged and **15** fully damaged HSDUs.



HSDU by type



Equipment damage

The 4 causes of equipment damage as reported by **6** partially damaged and **8** fully damaged HSDUs.



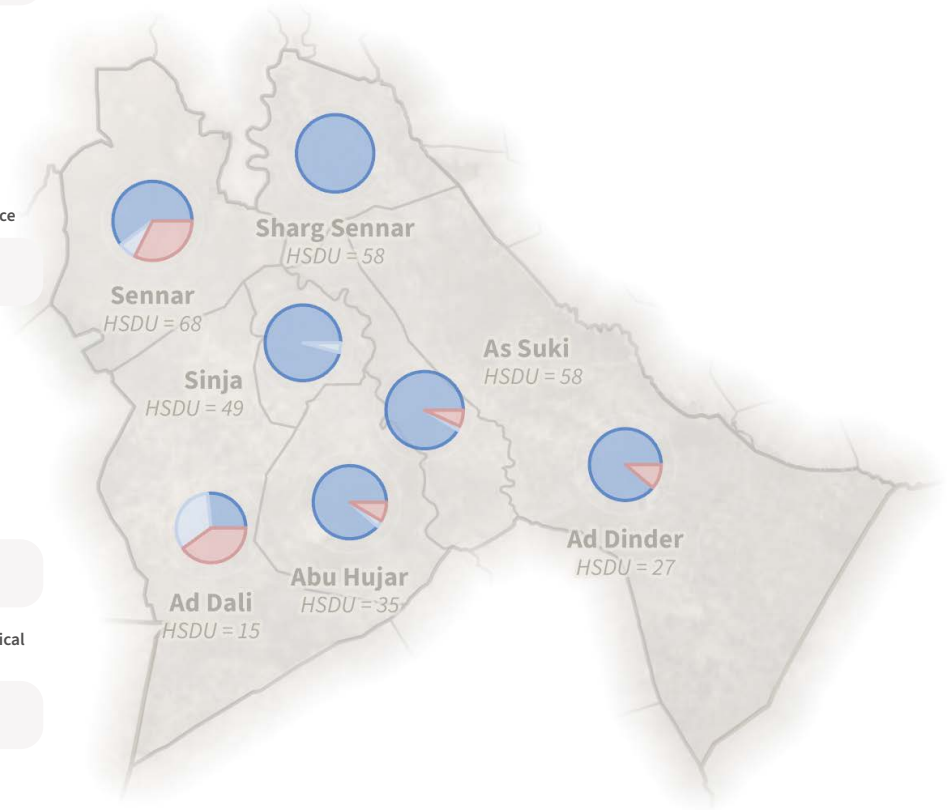
Functionality constraints

The 7 causes of functionality constraints as reported by **14** partially functioning and **23** non-functioning HSDUs.



Accessibility constraints

No accessibility constraints reported.



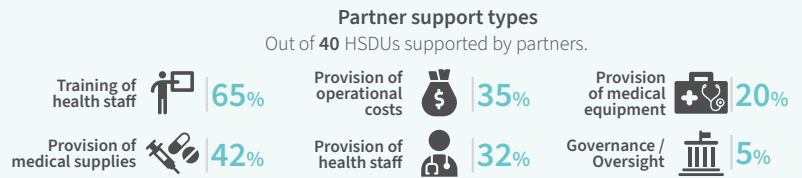
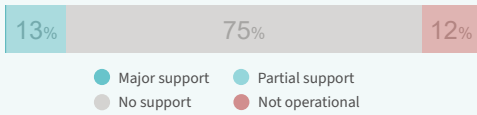
- Operational
- Partially operational
- Not operational

* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.





Partner support



BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided ● Not operational

WASH

Water

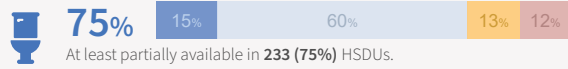


Main water sources

Out of 266 HSDUs where water is at least partially available.



Sanitation facilities



Out of 233 HSDUs where sanitation facilities is at least partially available.

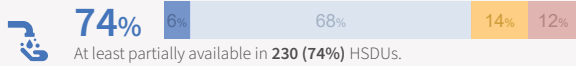
Sanitation facilities types*



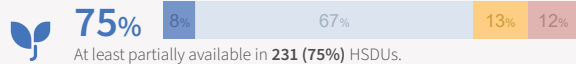
Sanitation facilities accessibility*



Hand hygiene

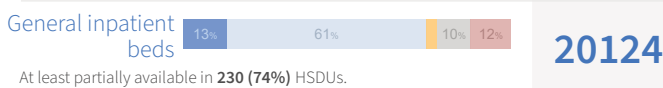
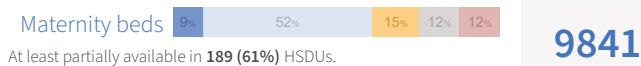
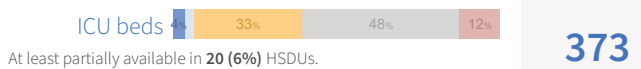


Environmental cleaning



Inpatient bed capacity*

Number of available beds



Main barriers*



Personal protective equipment



Waste management

Waste segregation



Final disposal of sharps



Final disposal of infectious waste



Waste disposal methods

Out of 163 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power

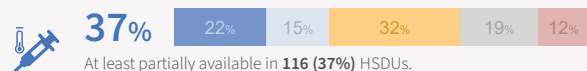


Power sources

Out of 204 HSDUs where power is at least partially available.

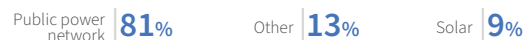


Cold chain



Cold chain sources

Out of 116 HSDUs where cold chain is at least partially available.



Communication



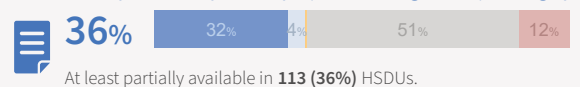
Communication equipment types

Out of 180 HSDUs where communication is at least partially available.

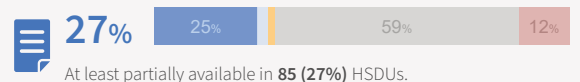


Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



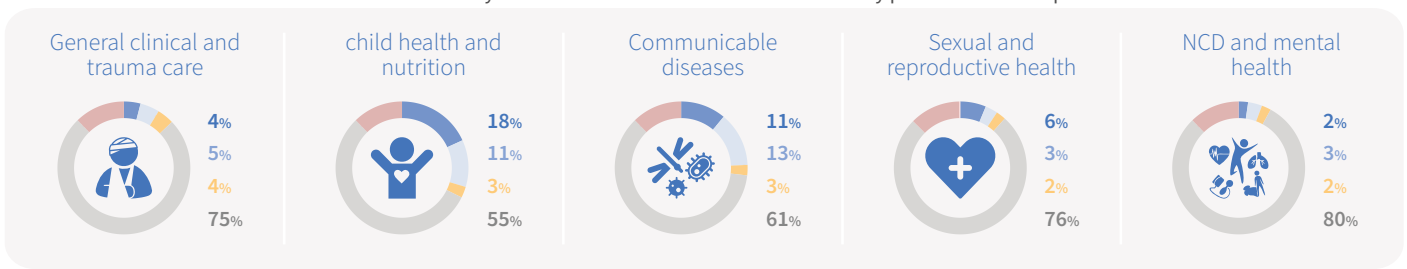
*Out of 272 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational ● No information available



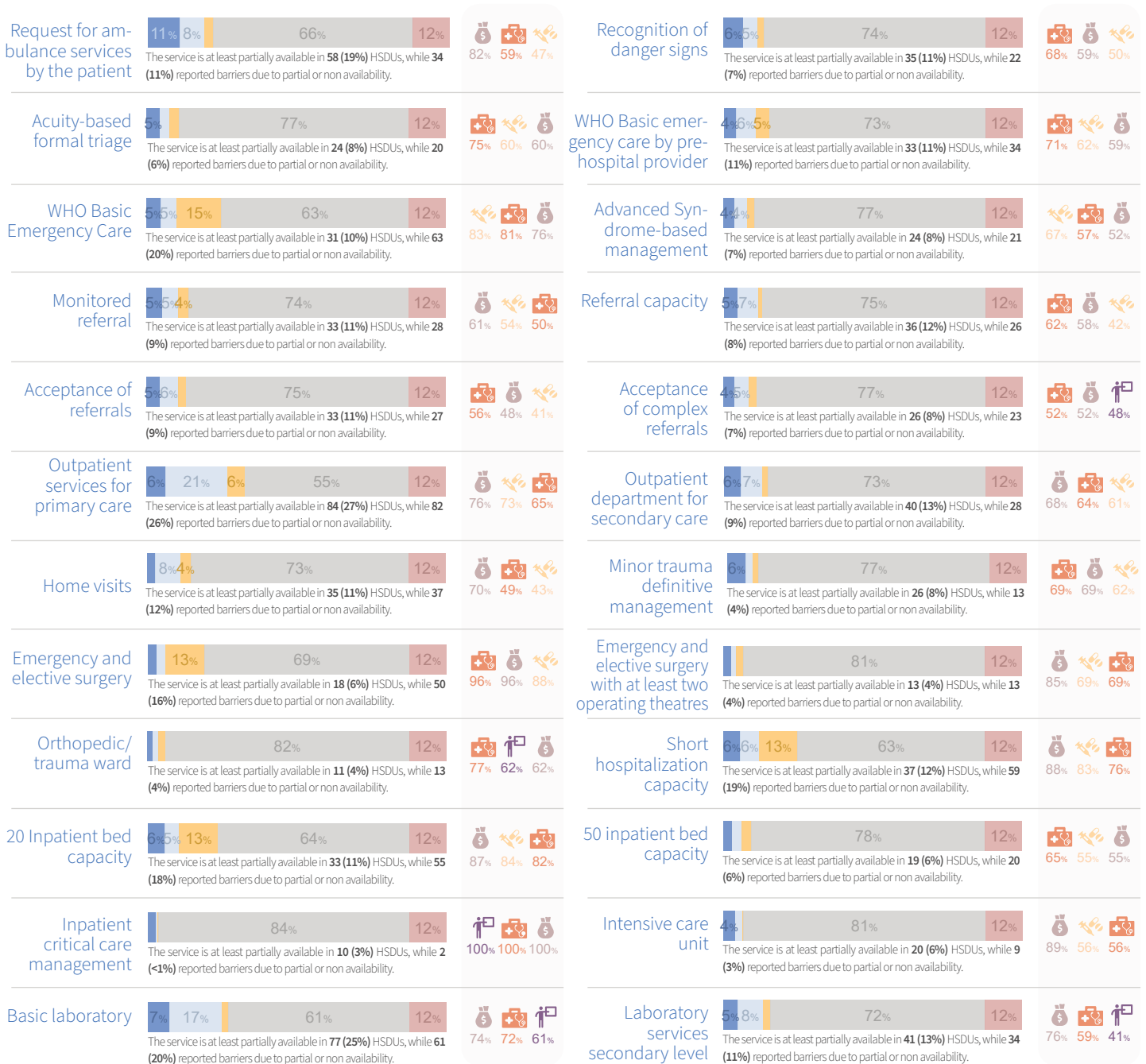
General clinical and emergency care

Availability status

● Available ● Partially available ● Not available
● Not operational ● Not normally provided

Barriers for partial availability or non-availability.

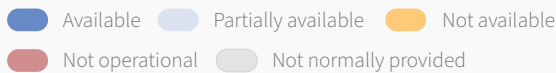
● Lack of staff ● Lack of supplies ● Lack of financial resources
● Lack of training ● Lack of equipment



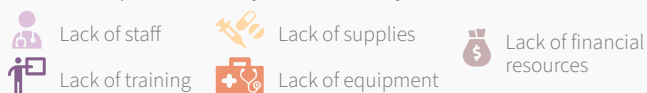
* Out of 272 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



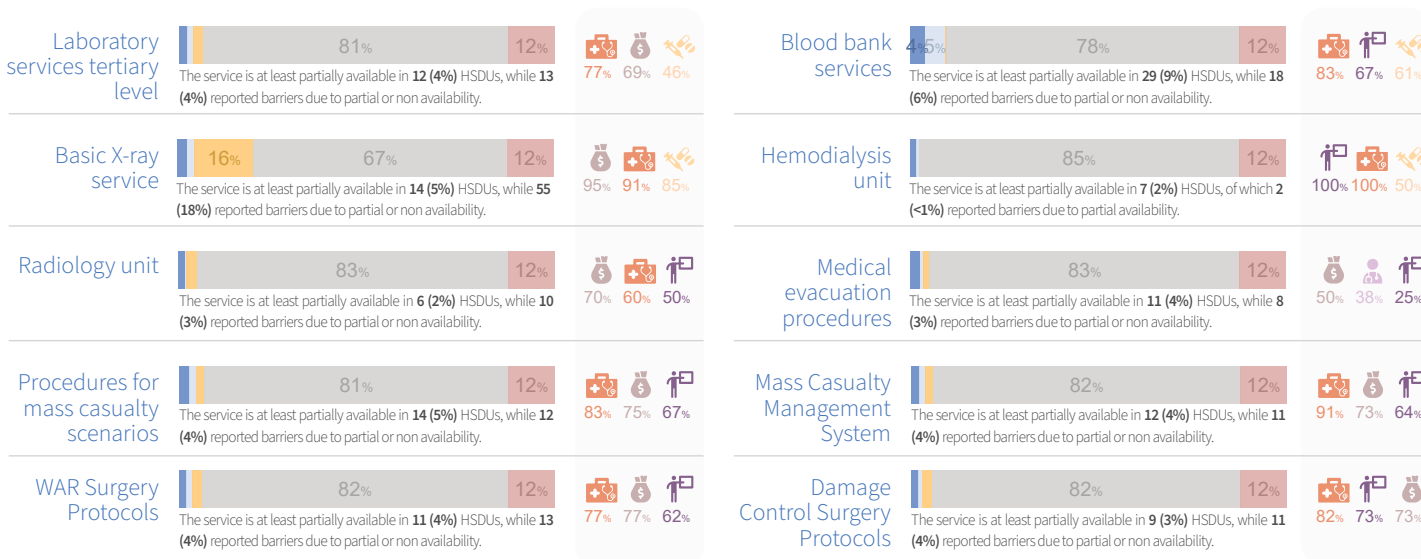
Availability status



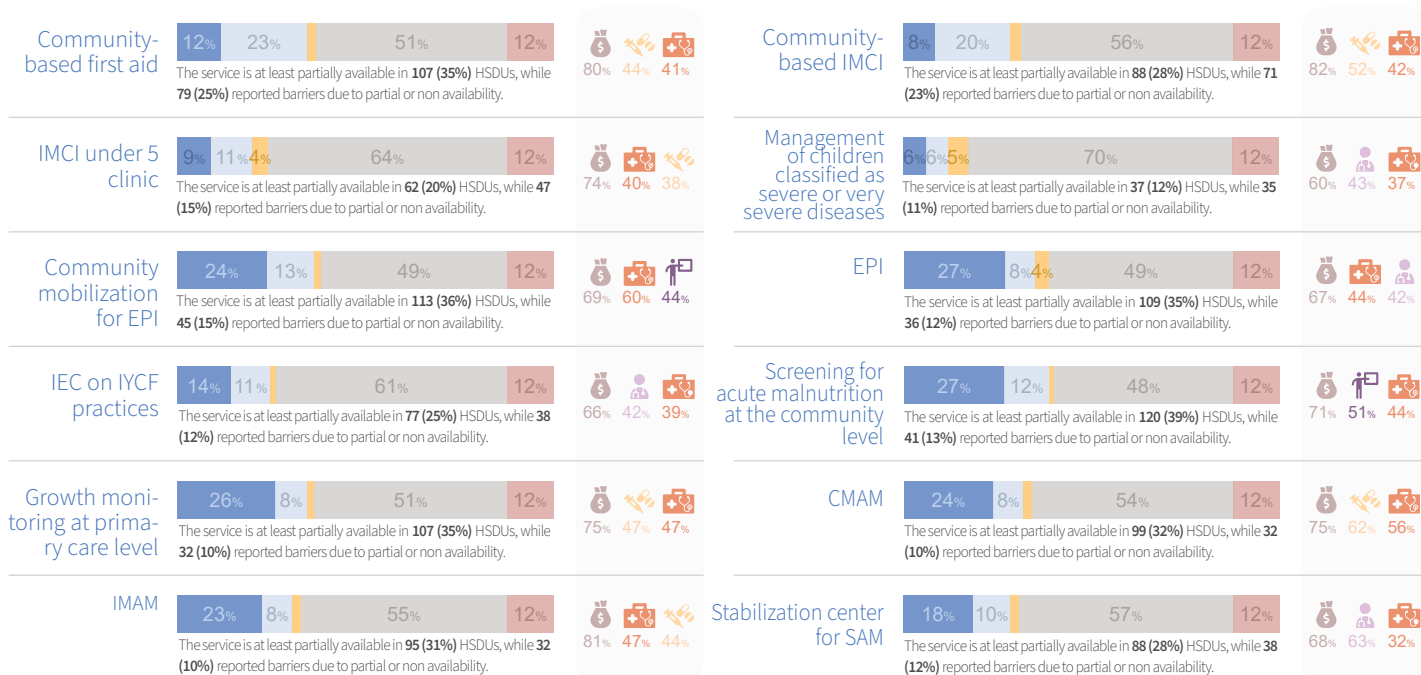
Barriers for partial availability or non-availability.



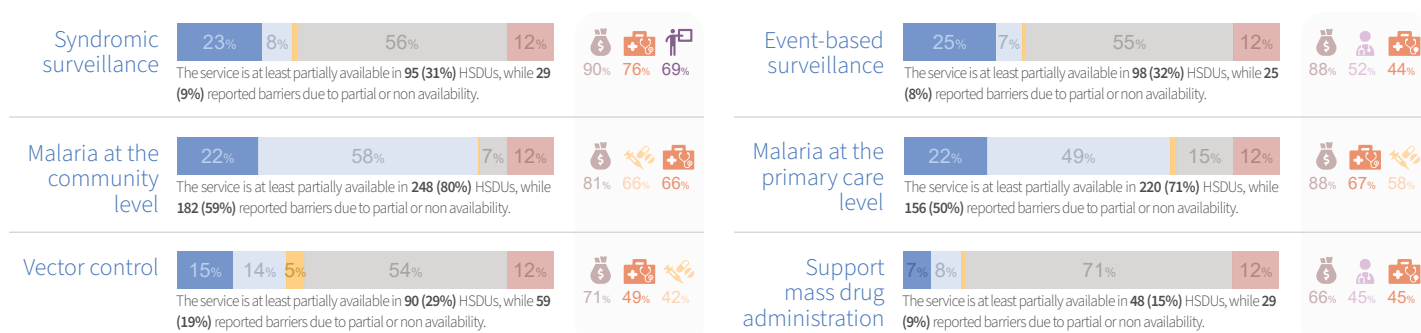
General clinical and emergency care (cont.)



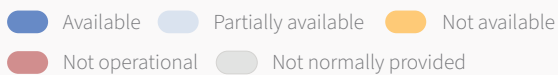
Child health and nutrition



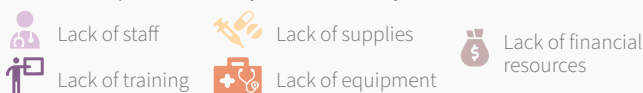
Communicable diseases



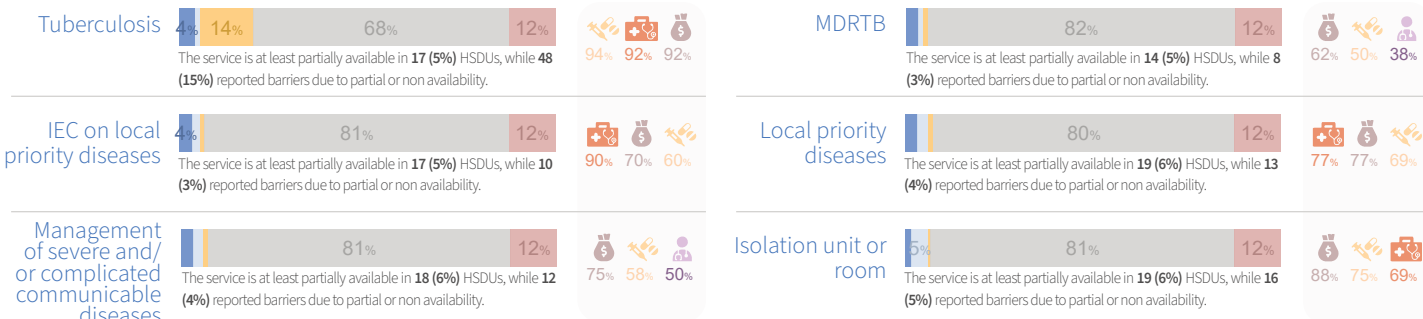
Availability status



Barriers for partial availability or non-availability.

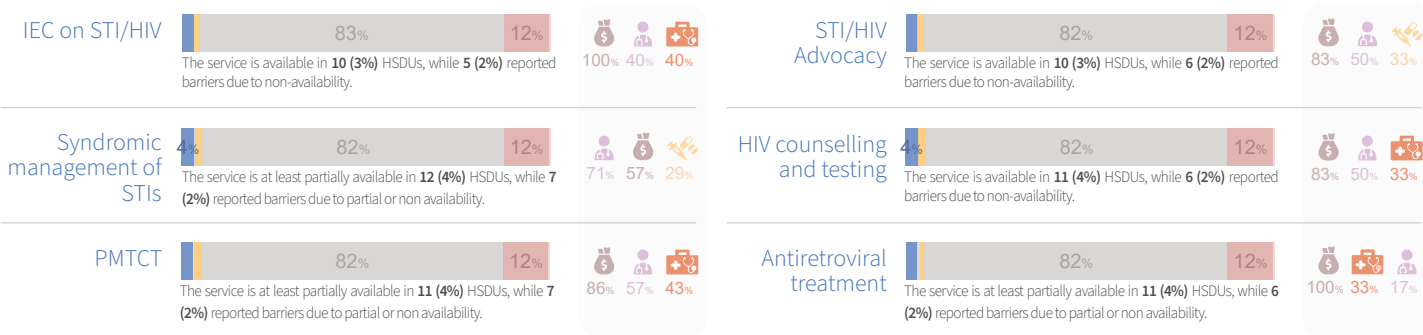


Communicable diseases (cont.)

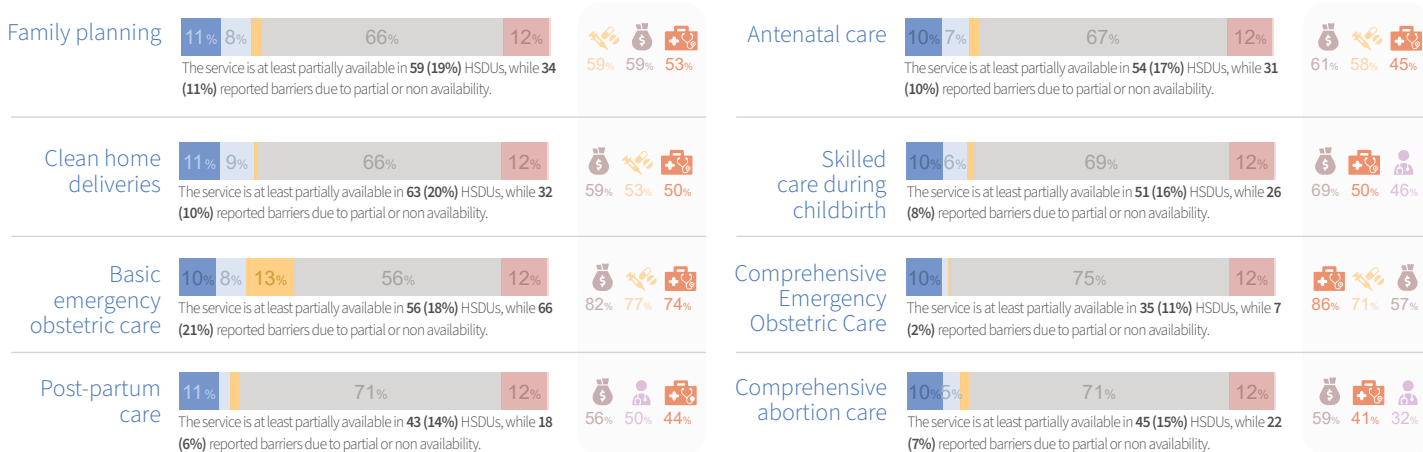


Sexual and reproductive health

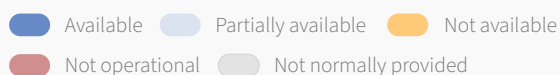
STI and HIV/AIDS



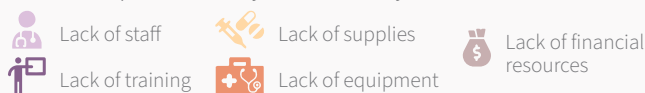
Maternal and newborn health



Availability status



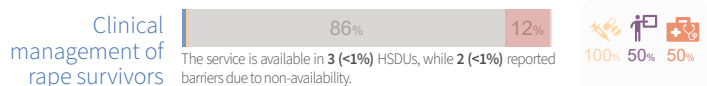
Barriers for partial availability or non-availability.



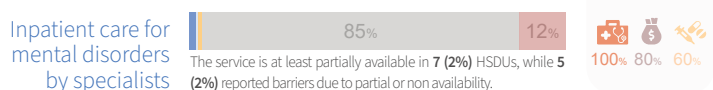
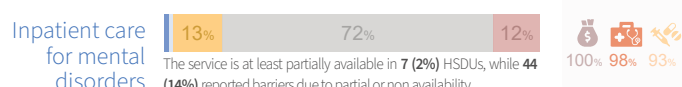
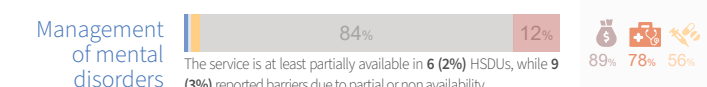
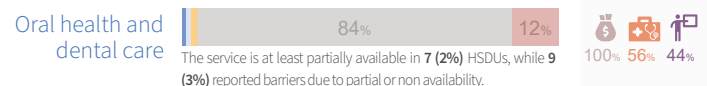
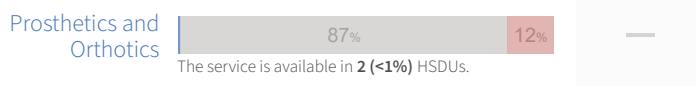
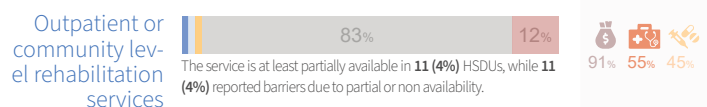
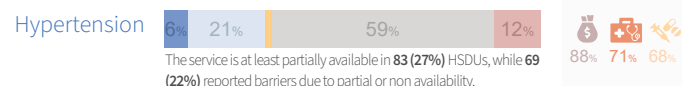
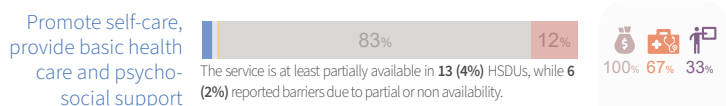
Sexual and reproductive health (cont.)



Sexual violence



Noncommunicable diseases and mental health



This analysis was produced based on the information reported into HeRAMS up to 31 January 2026 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.



Data source: HeRAMS Sudan
<https://herams.org/project/82>
 Data accessed on: 31 January 2026
 Date report created: 02 June 2026
 Contact: herams@who.int



World Health Organization

HeRAMS
 Health Resources and Services
 Availability Monitoring System



HEALTH CLUSTER
 SUDAN



HeRAMS Sudan | South Darfur

SNAPSHOT JANUARY 2026

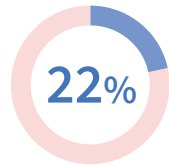
OPERATIONAL STATUS

HSDUs per population State vs national



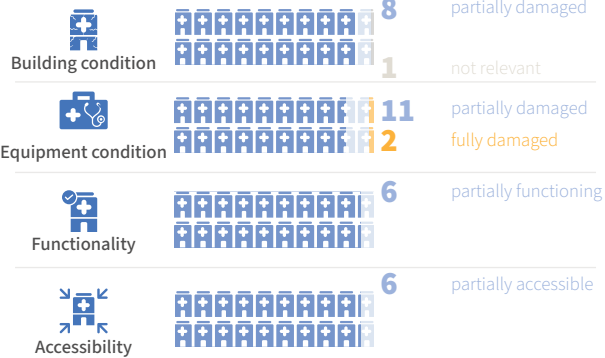
On average, **South Darfur** has only **2.4** operational HSDUs per 100 000 population, below the national average of **6.4**.

Reporting completeness



Only **94 (22%)**, out of **435** HSDUs are reporting.

Out of **94** HSDUs evaluated.



All **94** HSDUs evaluated are at least partially operational.*

- At least partially operational
- Not operational

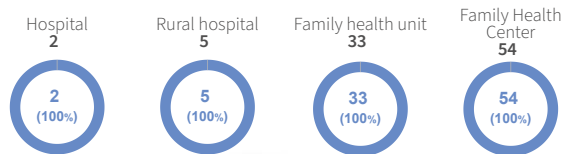
MAIN CAUSES OF...

Building damage

The 2 causes of building damage as reported by **8** partially damaged HSDUs.



HSDU by type



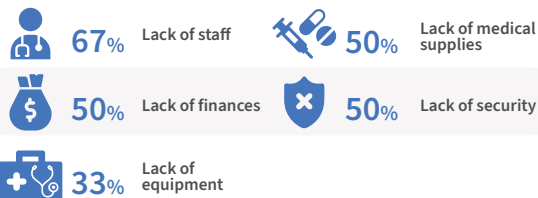
Equipment damage

The 2 causes of equipment damage as reported by **11** partially damaged and **2** fully damaged HSDUs.



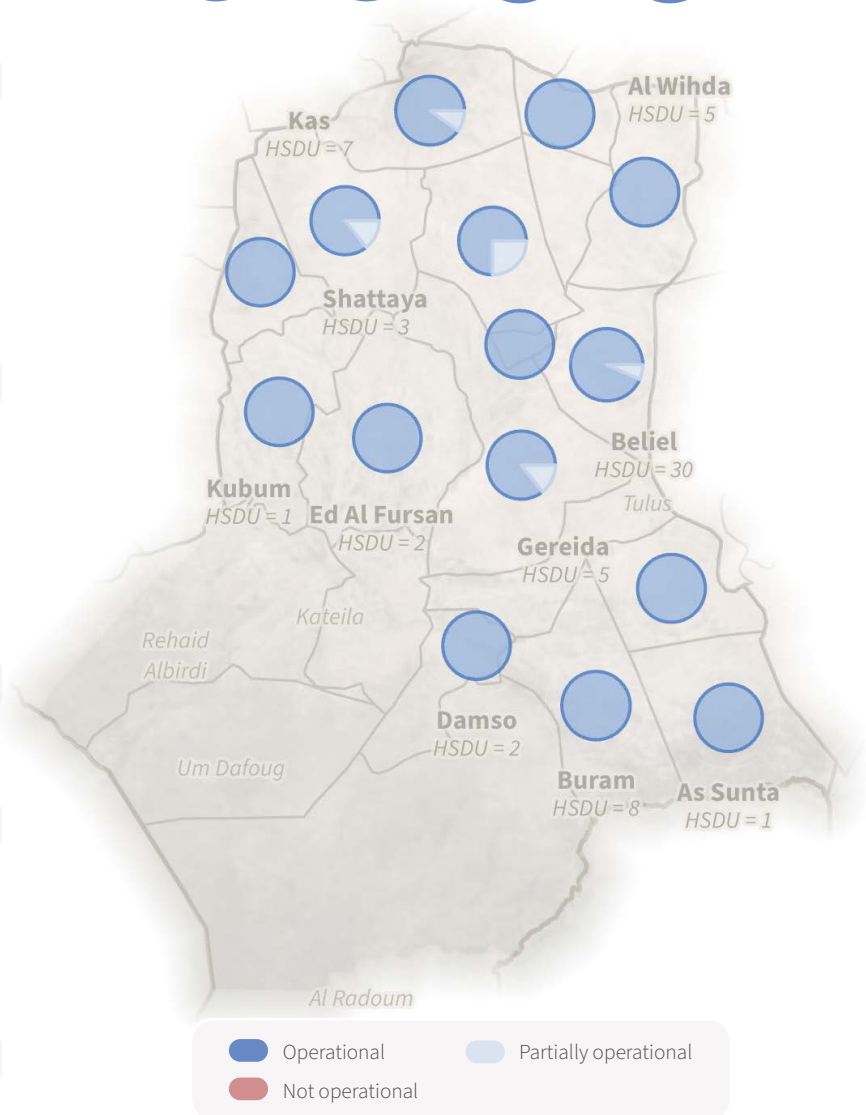
Functionality constraints

The 5 causes of functionality constraints as reported by **6** partially functioning HSDUs.



Accessibility constraints

The primary cause of accessibility constraints as reported by **6** partially accessible HSDUs.



* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.

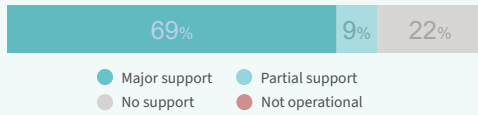




Partner support

Partner support types

Out of 73 HSDUs supported by partners.



BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided ● Not operational

WASH

Water

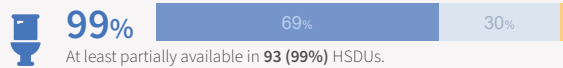


Main water sources

Out of 94 HSDUs where water is at least partially available.



Sanitation facilities



Out of 93 HSDUs where sanitation facilities is at least partially available.

Sanitation facilities types*



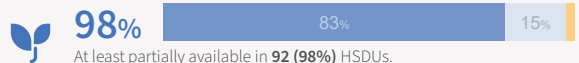
Sanitation facilities accessibility*



Hand hygiene

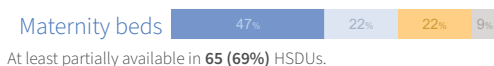


Environmental cleaning

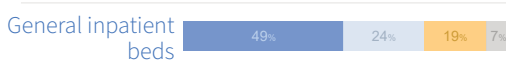


Inpatient bed capacity*

Number of available beds



235

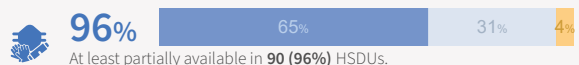


380

Main barriers*

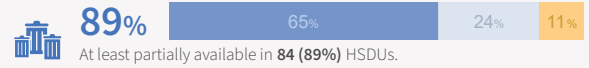


Personal protective equipment

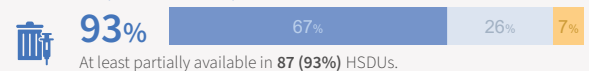


Waste management

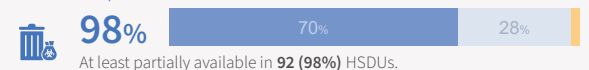
Waste segregation



Final disposal of sharps



Final disposal of infectious waste

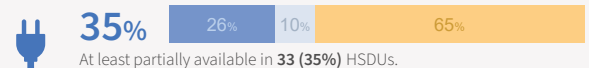


Waste disposal methods

Out of 92 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power

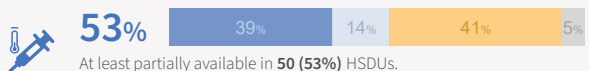


Power sources

Out of 33 HSDUs where power is at least partially available.



Cold chain

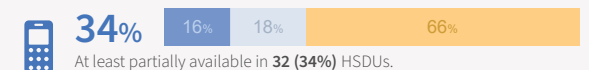


Cold chain sources

Out of 50 HSDUs where cold chain is at least partially available.



Communication



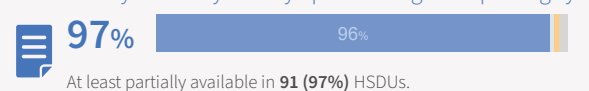
Communication equipment types

Out of 32 HSDUs where communication is at least partially available.

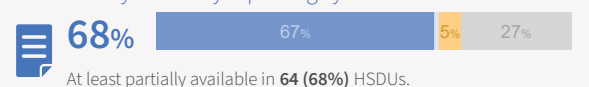


Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



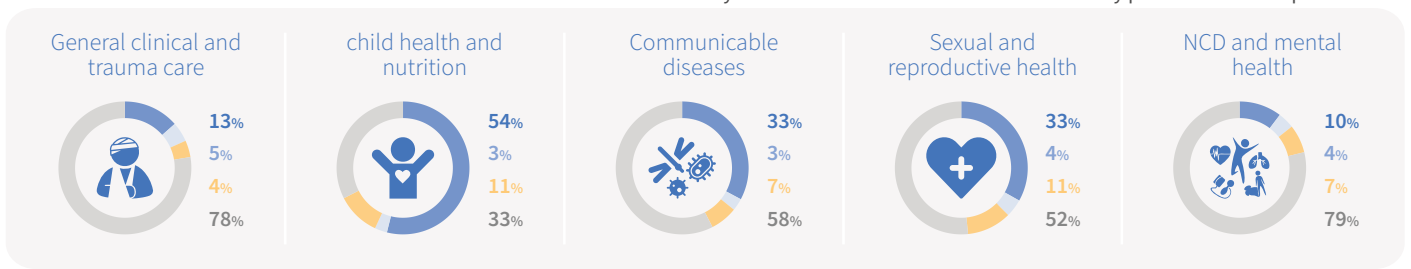
*Out of 94 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational



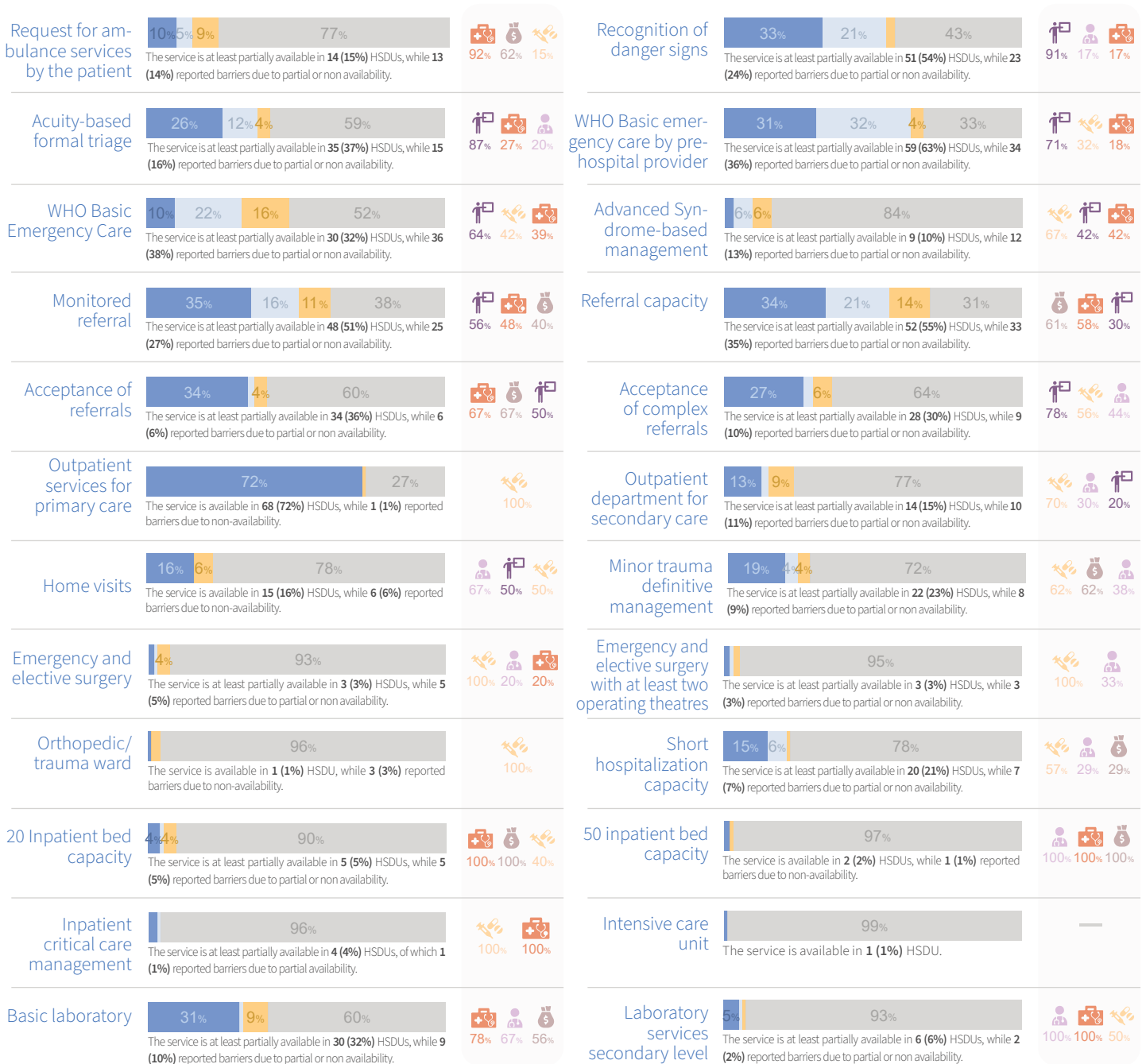
General clinical and emergency care

Availability status

● Available ● Partially available ● Not available ● Not operational ● Not normally provided

Barriers for partial availability or non-availability.

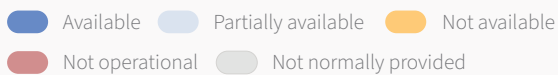
Lack of staff
 Lack of supplies
 Lack of financial resources
 Lack of training
 Lack of equipment



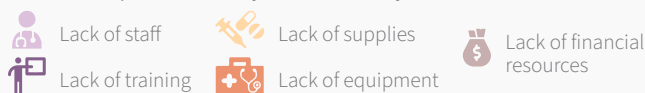
* Out of 94 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



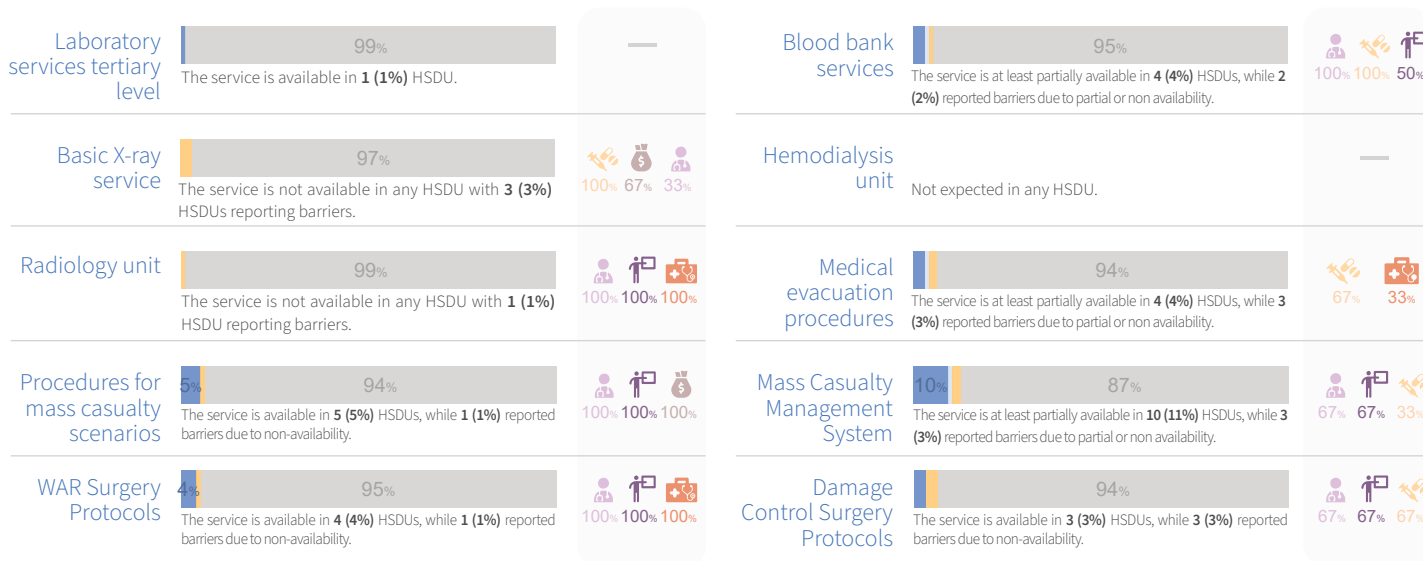
Availability status



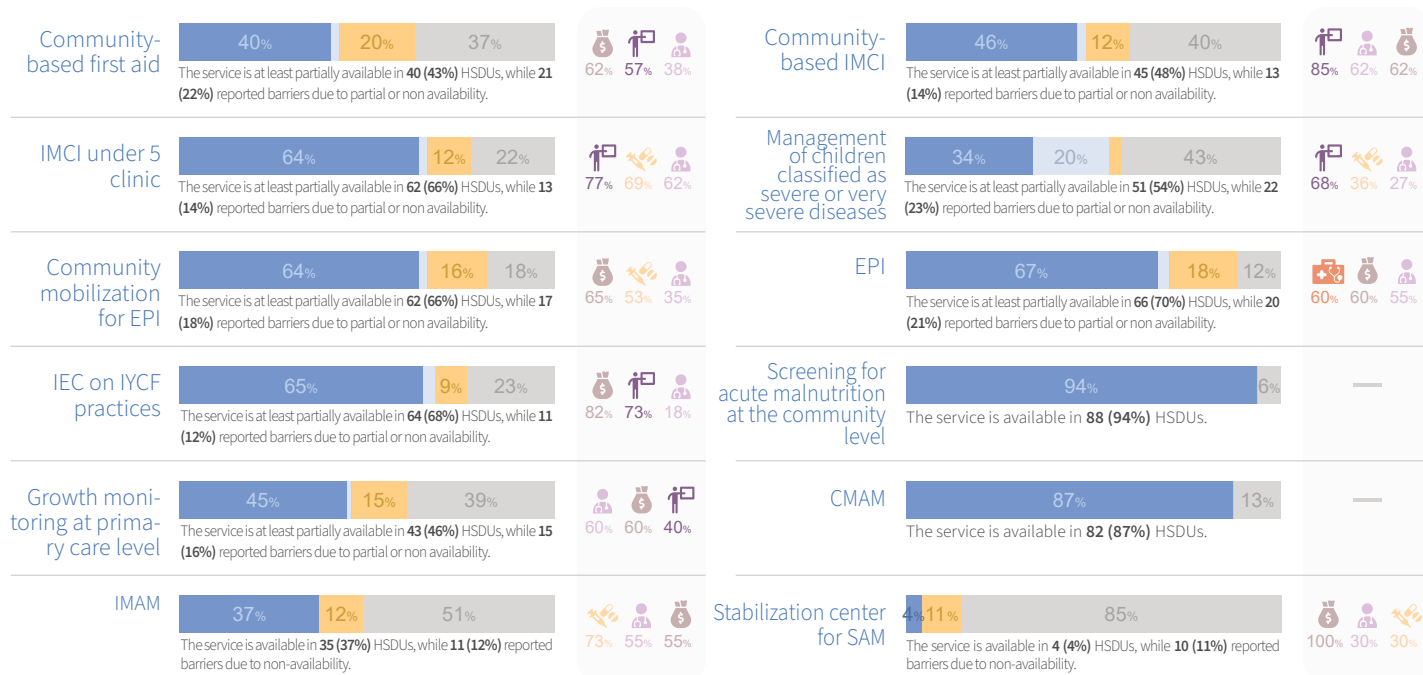
Barriers for partial availability or non-availability.



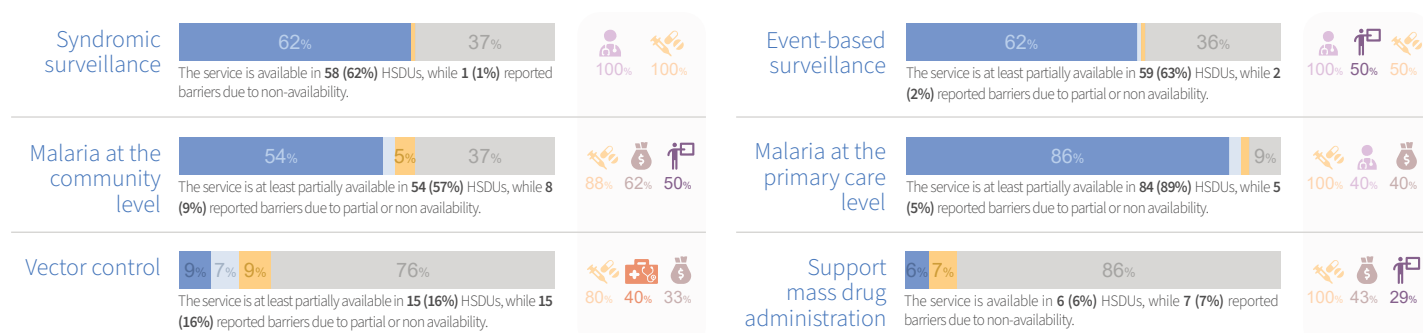
General clinical and emergency care (cont.)



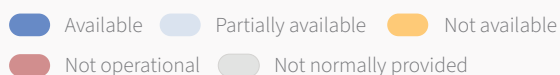
Child health and nutrition



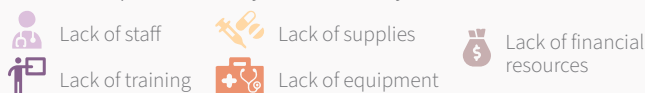
Communicable diseases



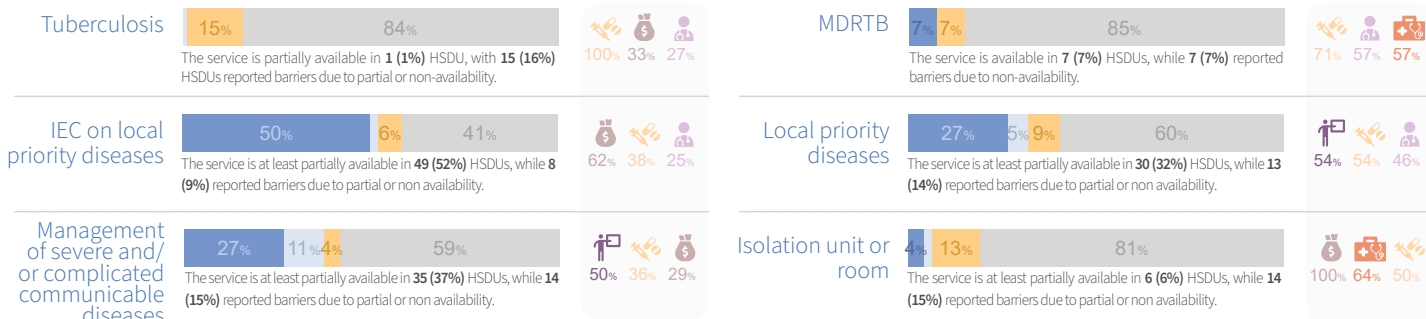
Availability status



Barriers for partial availability or non-availability.

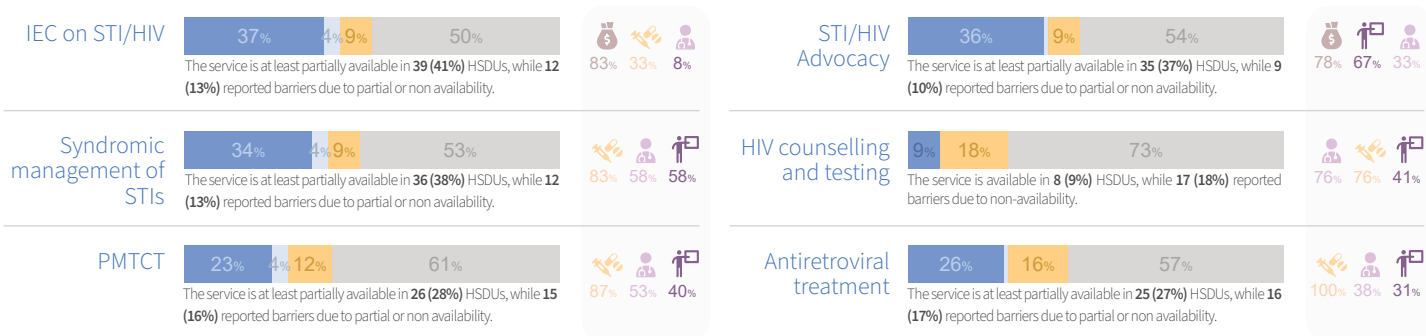


Communicable diseases (cont.)

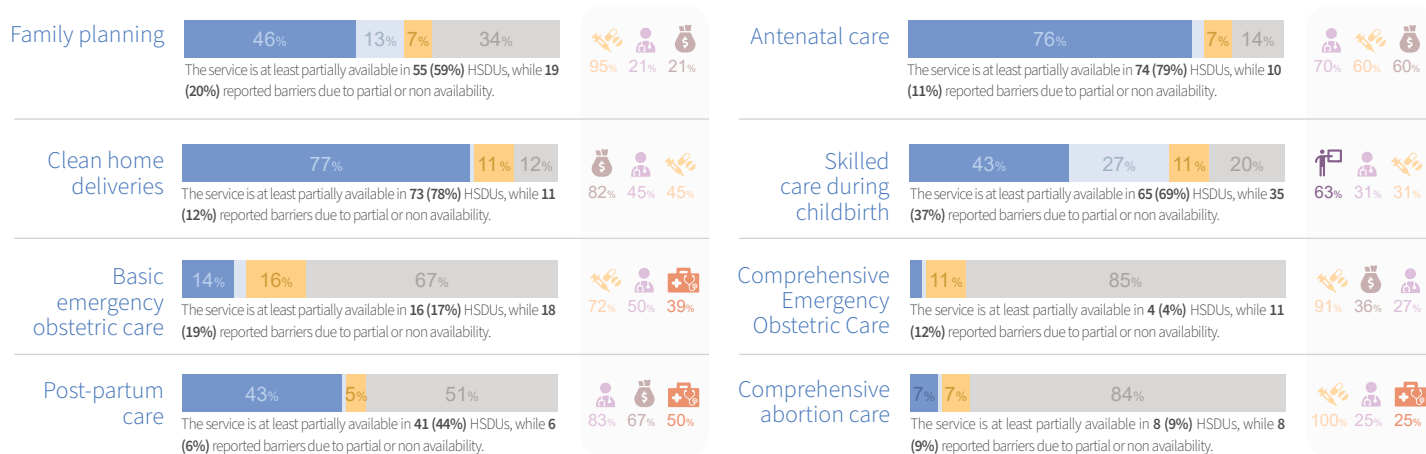


Sexual and reproductive health

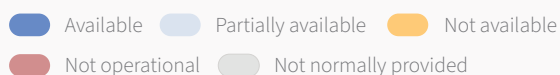
STI and HIV/AIDS



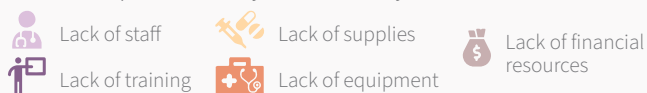
Maternal and newborn health



Availability status



Barriers for partial availability or non-availability.

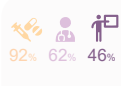
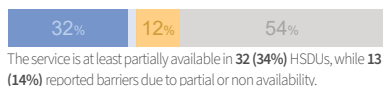


Sexual and reproductive health (cont.)

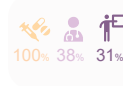


Sexual violence

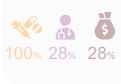
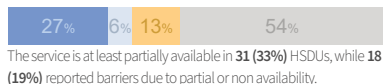
Clinical management of rape survivors



Emergency contraception

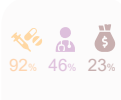
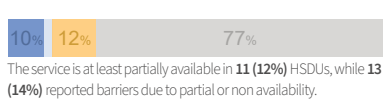


Post-exposure prophylaxis

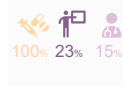
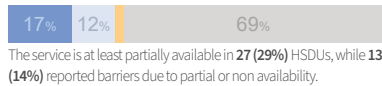


Noncommunicable diseases and mental health

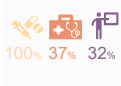
Promote self-care, provide basic health care and psycho-social support



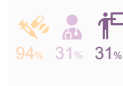
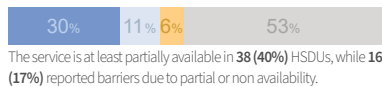
NCD clinic



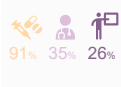
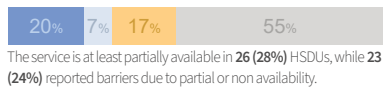
Asthma and COPD



Hypertension



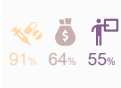
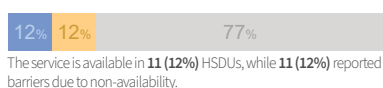
Diabetes



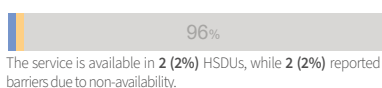
Inpatient acute rehabilitation



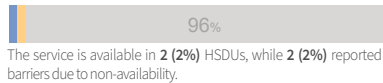
Outpatient or community level rehabilitation services



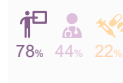
Prosthetics and Orthotics



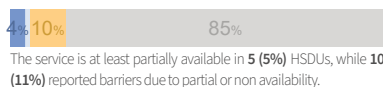
Oral health and dental care



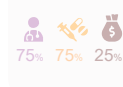
Psychological first aid



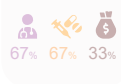
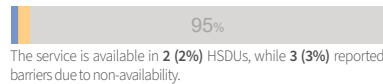
Management of mental disorders



Inpatient care for mental disorders



Inpatient care for mental disorders by specialists



This analysis was produced based on the information reported into HeRAMS up to 31 January 2026 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

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Data source: HeRAMS Sudan
<https://herams.org/project/82>
 Data accessed on: 31 January 2026
 Date report created: 02 June 2026
 Contact: herams@who.int



World Health Organization



HEALTH CLUSTER SUDAN



HeRAMS Sudan | South Kordofan

SNAPSHOT JANUARY 2026

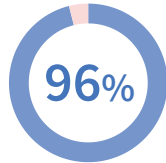
OPERATIONAL STATUS

HSDUs per population State vs national



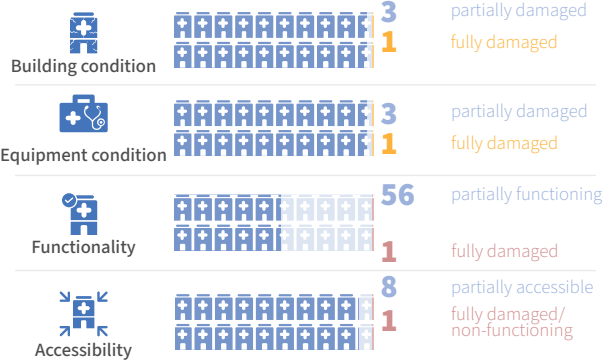
On average, **South Kordofan** has **10.5** operational HSDUs per 100 000 population, above the national average of **6.4**.

Reporting completeness



Out of 128 HSDUs, **123 (96%)** are reporting.

Out of **123** HSDUs evaluated.



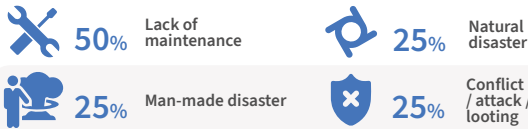
Out of **123** HSDUs evaluated **122 (99%)** are at least partially operational.*

- At least partially operational
- Not operational

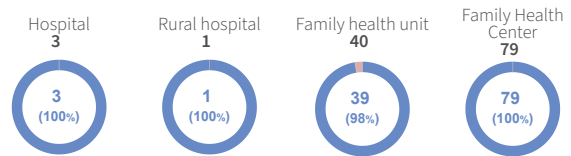
MAIN CAUSES OF...

Building damage

The 4 causes of building damage as reported by 3 partially damaged and 1 fully damaged HSDUs.



HSDU by type



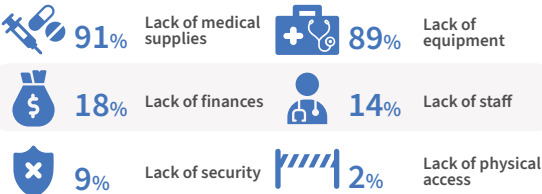
Equipment damage

The 4 causes of equipment damage as reported by 3 partially damaged and 1 fully damaged HSDUs.



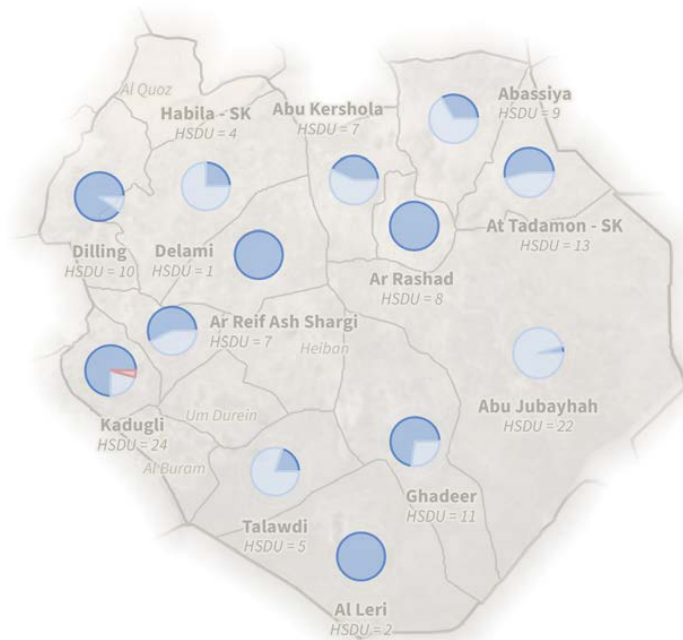
Functionality constraints

The 6 causes of functionality constraints as reported by 56 partially functioning HSDUs.



Accessibility constraints

The 2 causes of accessibility constraints as reported by 8 partially accessible HSDUs.



* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.





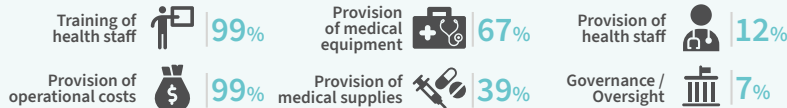
Partner support



● Major support ● Partial support
● No support ● Not operational

Partner support types

Out of 85 HSDUs supported by partners.

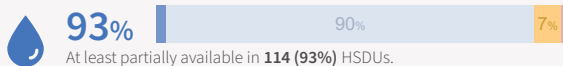


BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided ● Not operational

WASH

Water

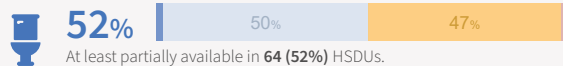


Main water sources

Out of 114 HSDUs where water is at least partially available.

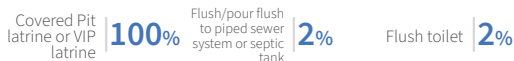


Sanitation facilities



Out of 64 HSDUs where sanitation facilities is at least partially available.

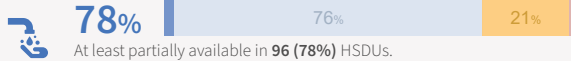
Sanitation facilities types*



Sanitation facilities accessibility*



Hand hygiene

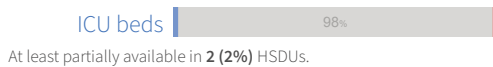


Environmental cleaning

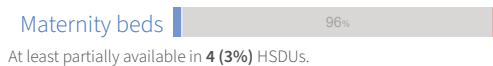


Inpatient bed capacity*

Number of available beds



8



89

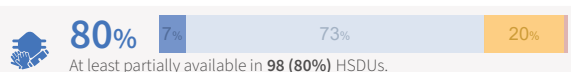


249

Main barriers*

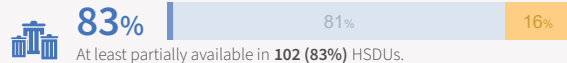


Personal protective equipment

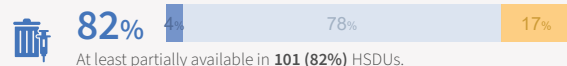


Waste management

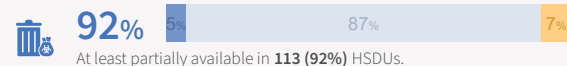
Waste segregation



Final disposal of sharps



Final disposal of infectious waste



Waste disposal methods

Out of 116 HSDUs where final disposal of sharps or infectious waste are at least partially available.

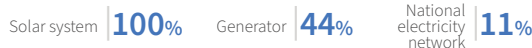


Power

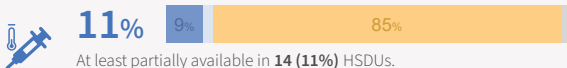


Power sources

Out of 9 HSDUs where power is at least partially available.



Cold chain

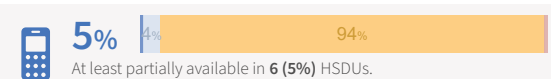


Cold chain sources

Out of 14 HSDUs where cold chain is at least partially available.



Communication



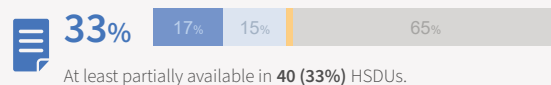
Communication equipment types

Out of 6 HSDUs where communication is at least partially available.



Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



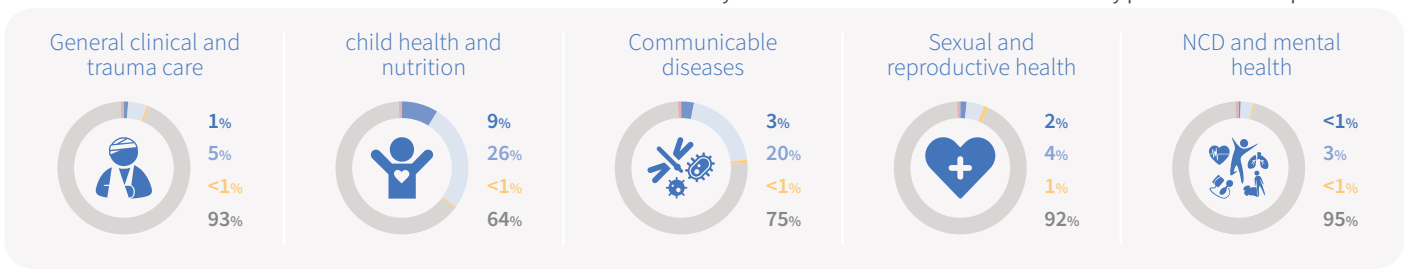
*Out of 122 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

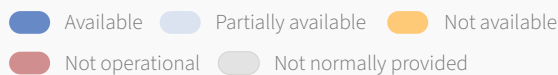
Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational

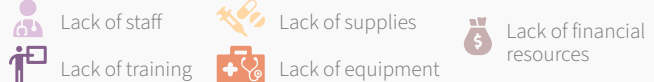


General clinical and emergency care

Availability status



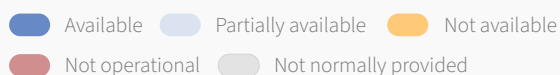
Barriers for partial availability or non-availability.



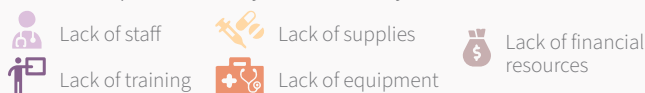
Request for ambulance services by the patient	98%	The service is available in 1 (<1%) HSDU, while 1 (<1%) reported barriers due to non-availability.	100% 100% 100%	Recognition of danger signs	6%	91%	The service is at least partially available in 10 (8%) HSDUs, of which 3 (2%) reported barriers due to partial availability.	100% 100% 67%	
Acuity-based formal triage	97%	The service is at least partially available in 2 (2%) HSDUs, while 2 (2%) reported barriers due to partial or non-availability.	100% 100% 50%	WHO Basic emergency care by pre-hospital provider	10%	87%	The service is at least partially available in 15 (12%) HSDUs, of which 12 (10%) reported barriers due to partial availability.	100% 75% 67%	
WHO Basic Emergency Care	8%	88%	91% 91% 82%	Advanced Syndrome-based management		95%	The service is partially available in 4 (3%) HSDUs, with 5 (4%) HSDUs reported barriers due to partial or non-availability.	100% 80% 80%	
Monitored referral		96%	100% 67% 33%	Referral capacity		96%	The service is partially available in 2 (2%) HSDUs, with 4 (3%) HSDUs reported barriers due to partial or non-availability.	100% 50% 25%	
Acceptance of referrals		94%	100% 100% 50%	Acceptance of complex referrals	4%	95%	The service is available in 5 (4%) HSDUs.	—	
Outpatient services for primary care	8%	89%	100% 75% 33%	Outpatient department for secondary care		94%	The service is partially available in 3 (2%) HSDUs, with 6 (5%) HSDUs reported barriers due to partial or non-availability.	83% 67% 33%	
Home visits		98%	100% 50% 50%	Minor trauma definitive management	9%	88%	The service is at least partially available in 14 (11%) HSDUs, of which 11 (9%) reported barriers due to partial availability.	100% 73% 36%	
Emergency and elective surgery		98%	100% 100% 100%	Emergency and elective surgery with at least two operating theatres		98%	The service is partially available in 1 (<1%) HSDU, with 2 (2%) HSDUs reported barriers due to partial or non-availability.	100% 100% 50%	
Orthopedic/trauma ward		98%	100% 100% 50%	Short hospitalization capacity		96%	The service is at least partially available in 4 (3%) HSDUs, of which 3 (2%) reported barriers due to partial availability.	100% 100% 33%	
20 Inpatient bed capacity		98%	100% 100% 100%	50 inpatient bed capacity		98%	The service is partially available in 1 (<1%) HSDU.	100% 100% 100%	
Inpatient critical care management		98%	100% 100% 50%	Intensive care unit		98%	The service is at least partially available in 2 (2%) HSDUs, of which 1 (<1%) reported barriers due to partial availability.	100% 100% 100%	
Basic laboratory	5%	80%	14%	91% 78% 77%	Laboratory services secondary level	8%	88%	The service is at least partially available in 11 (9%) HSDUs, while 13 (11%) reported barriers due to partial or non-availability.	85% 69% 62%

* Out of 122 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.

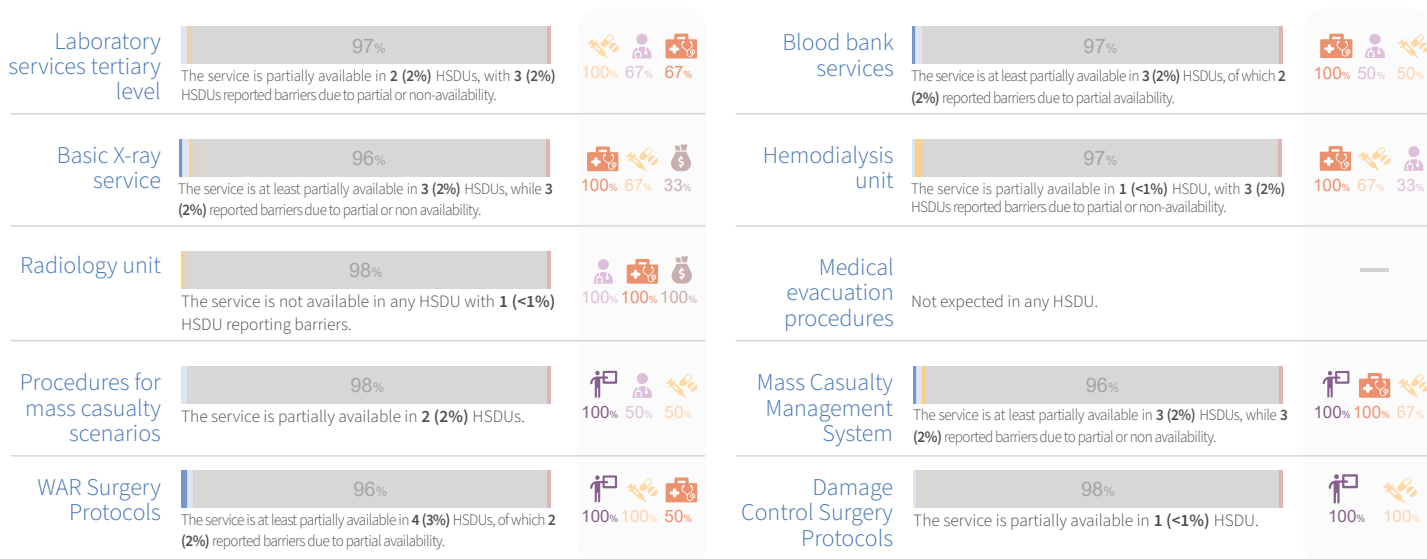
Availability status



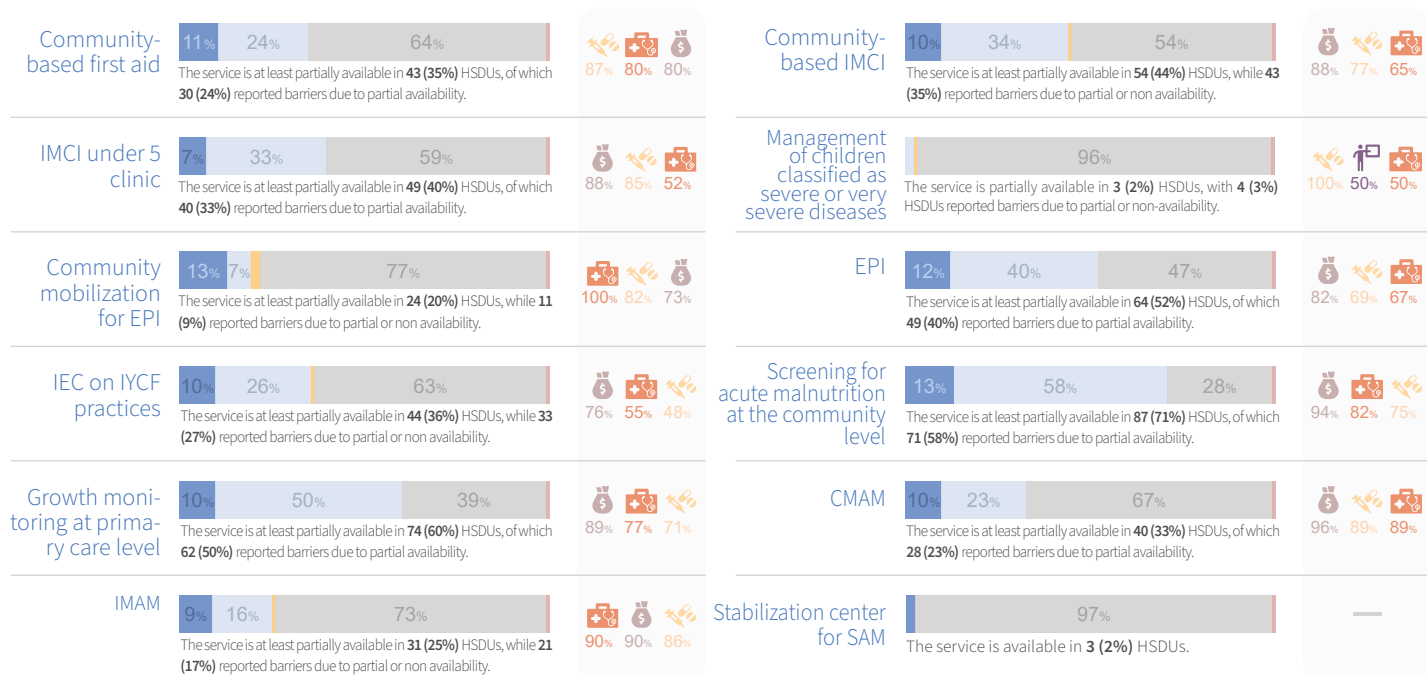
Barriers for partial availability or non-availability.



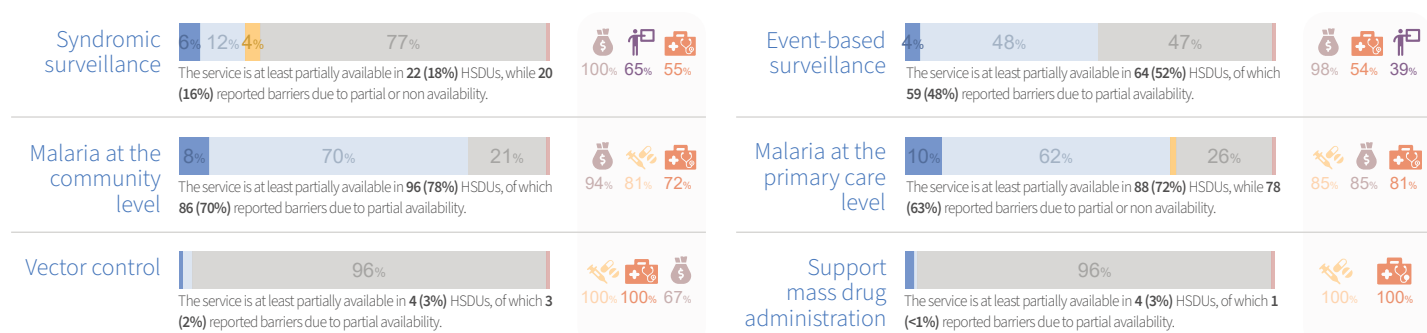
General clinical and emergency care (cont.)



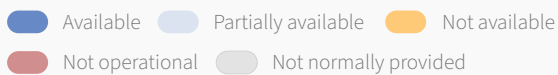
Child health and nutrition



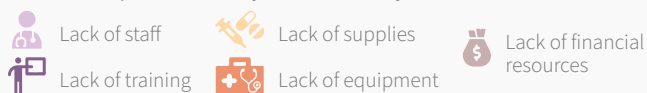
Communicable diseases



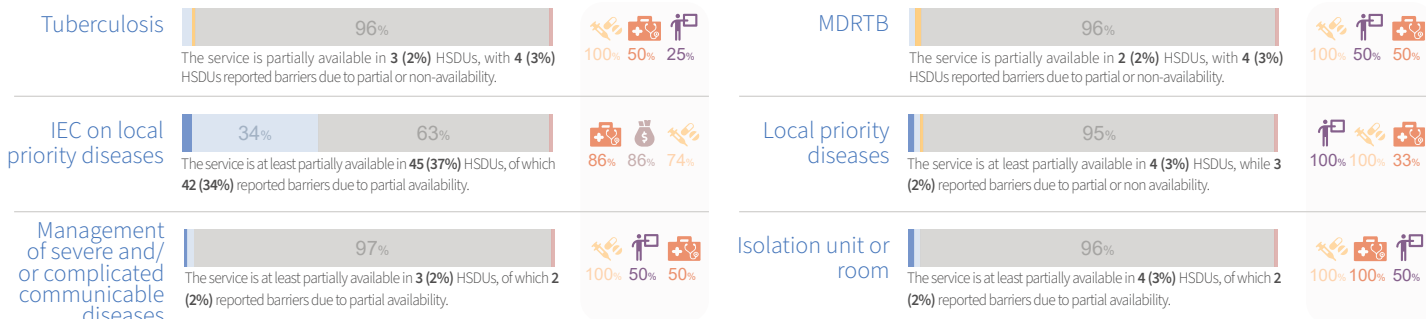
Availability status



Barriers for partial availability or non-availability.

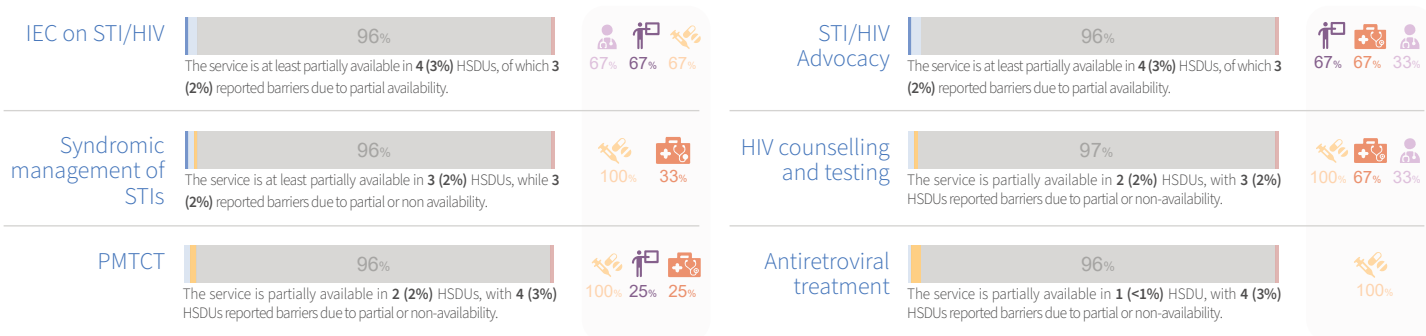


Communicable diseases (cont.)

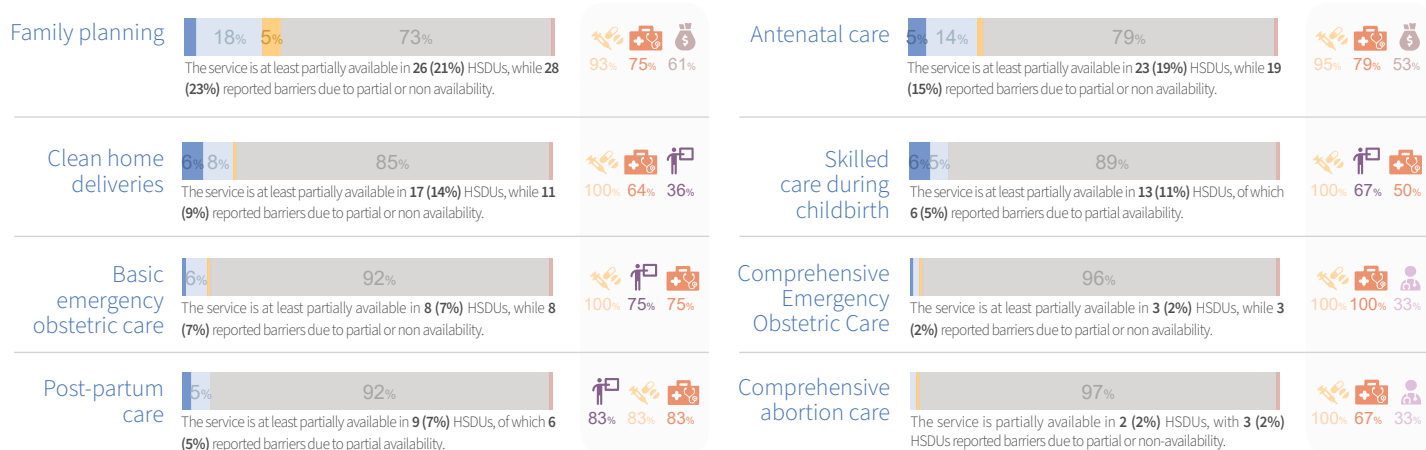


Sexual and reproductive health

STI and HIV/AIDS



Maternal and newborn health



Availability status

- Available
- Partially available
- Not available
- Not operational
- Not normally provided

Barriers for partial availability or non-availability.

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

Sexual and reproductive health (cont.)

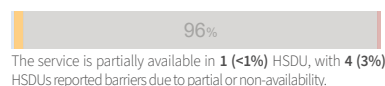


Sexual violence

Clinical management of rape survivors



Emergency contraception

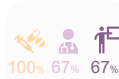


Post-exposure prophylaxis

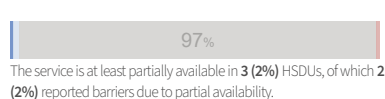


Noncommunicable diseases and mental health

Promote self-care, provide basic health care and psychosocial support



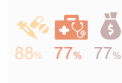
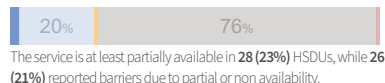
NCD clinic



Asthma and COPD



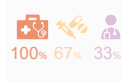
Hypertension



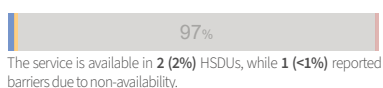
Diabetes



Inpatient acute rehabilitation



Outpatient or community level rehabilitation services



Prosthetics and Orthotics



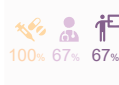
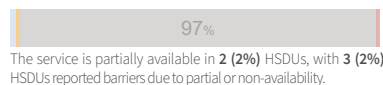
Oral health and dental care



Psychological first aid



Management of mental disorders



Inpatient care for mental disorders



Inpatient care for mental disorders by specialists



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<https://herams.org/project/82>
 Data accessed on: 31 January 2026
 Date report created: 02 June 2026
 Contact: herams@who.int



World Health Organization

HeRAMS
 Health Resources and Services
 Availability Monitoring System



HEALTH CLUSTER
 SUDAN



HeRAMS Sudan | West Darfur

SNAPSHOT JANUARY 2026

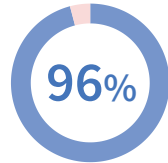
OPERATIONAL STATUS

HSDUs per population State vs national



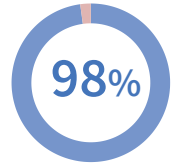
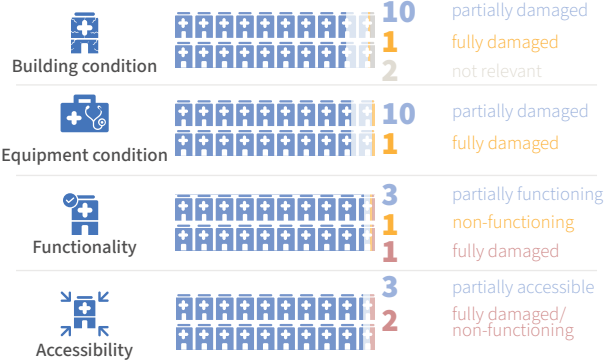
On average, **West Darfur** has **24.4** operational HSDUs per 100 000 population, above the national average of **6.4**.

Reporting completeness



Out of **97** HSDUs, **93 (96%)** are reporting.

Out of **93** HSDUs evaluated.



Out of **93** HSDUs evaluated **91 (98%)** are at least partially operational.*

- At least partially operational
- Not operational

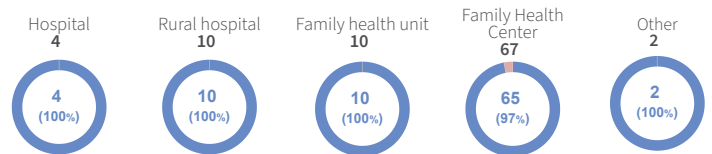
MAIN CAUSES OF...

Building damage

The 4 causes of building damage as reported by **10** partially damaged and **1** fully damaged HSDUs.



HSDU by type



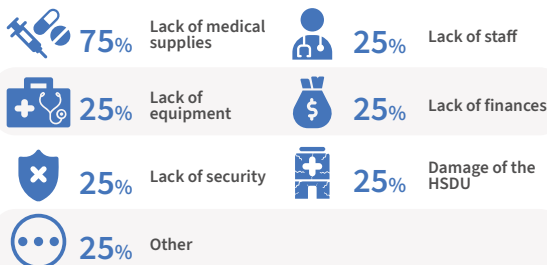
Equipment damage

The 4 causes of equipment damage as reported by **10** partially damaged and **1** fully damaged HSDUs.



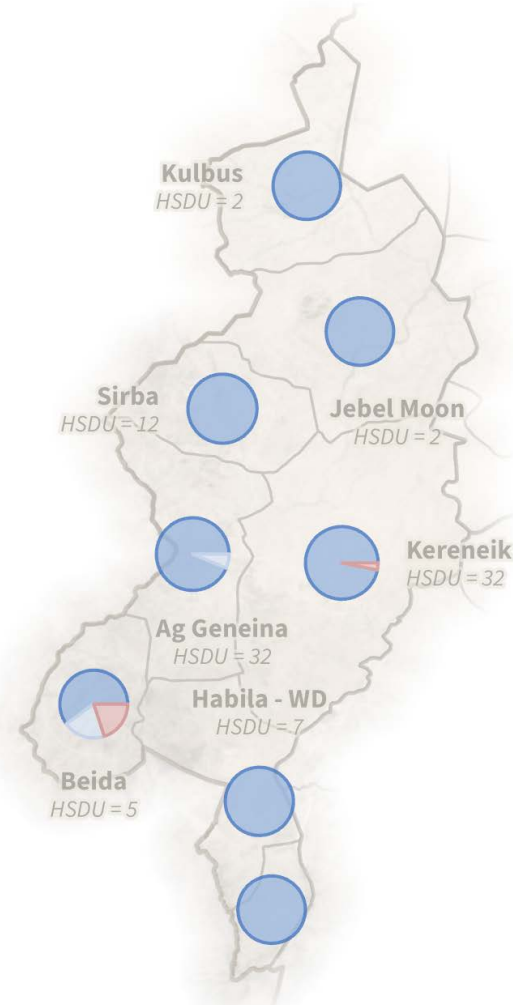
Functionality constraints

The 7 causes of functionality constraints as reported by **3** partially functioning and **1** non-functioning HSDUs.



Accessibility constraints

The 2 causes of accessibility constraints as reported by **3** partially accessible HSDUs.



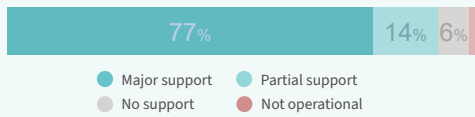
- Operational
- Partially operational
- Not operational

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Partner support



Partner support types

Out of 85 HSDUs supported by partners.

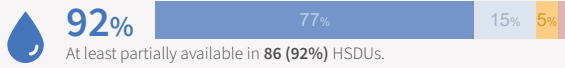


BASIC AMENITIES*

Available Partially available Not available Not normally provided Not operational

WASH

Water

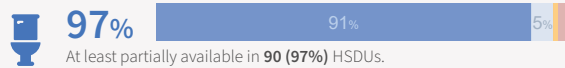


Main water sources

Out of 86 HSDUs where water is at least partially available.



Sanitation facilities



Out of 90 HSDUs where sanitation facilities is at least partially available.

Sanitation facilities types*



Sanitation facilities accessibility*



Hand hygiene

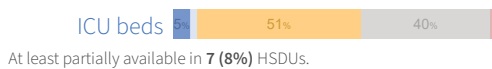


Environmental cleaning

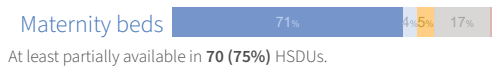


Inpatient bed capacity*

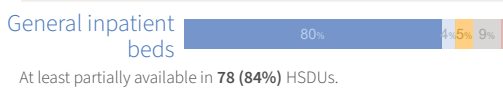
Number of available beds



12



114

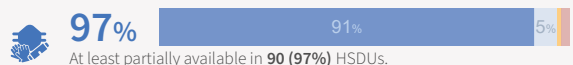


243

Main barriers*

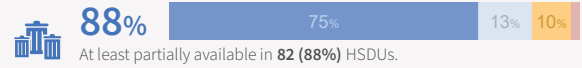


Personal protective equipment



Waste management

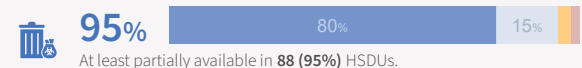
Waste segregation



Final disposal of sharps



Final disposal of infectious waste

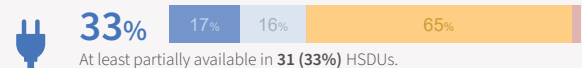


Waste disposal methods

Out of 89 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power



Power sources

Out of 31 HSDUs where power is at least partially available.



Cold chain

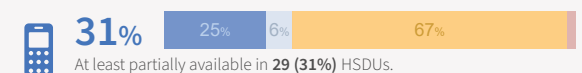


Cold chain sources

Out of 51 HSDUs where cold chain is at least partially available.



Communication



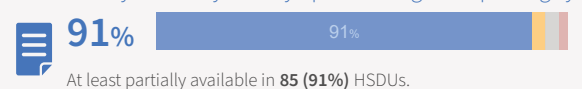
Communication equipment types

Out of 29 HSDUs where communication is at least partially available.

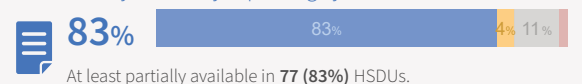


Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



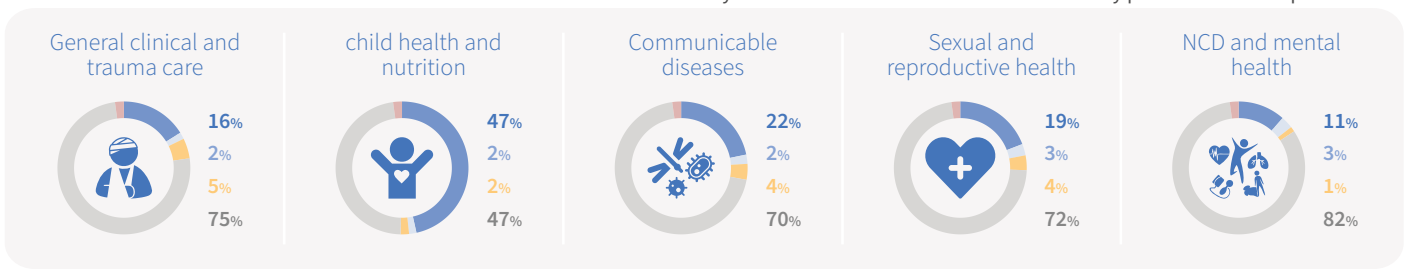
*Out of 91 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational



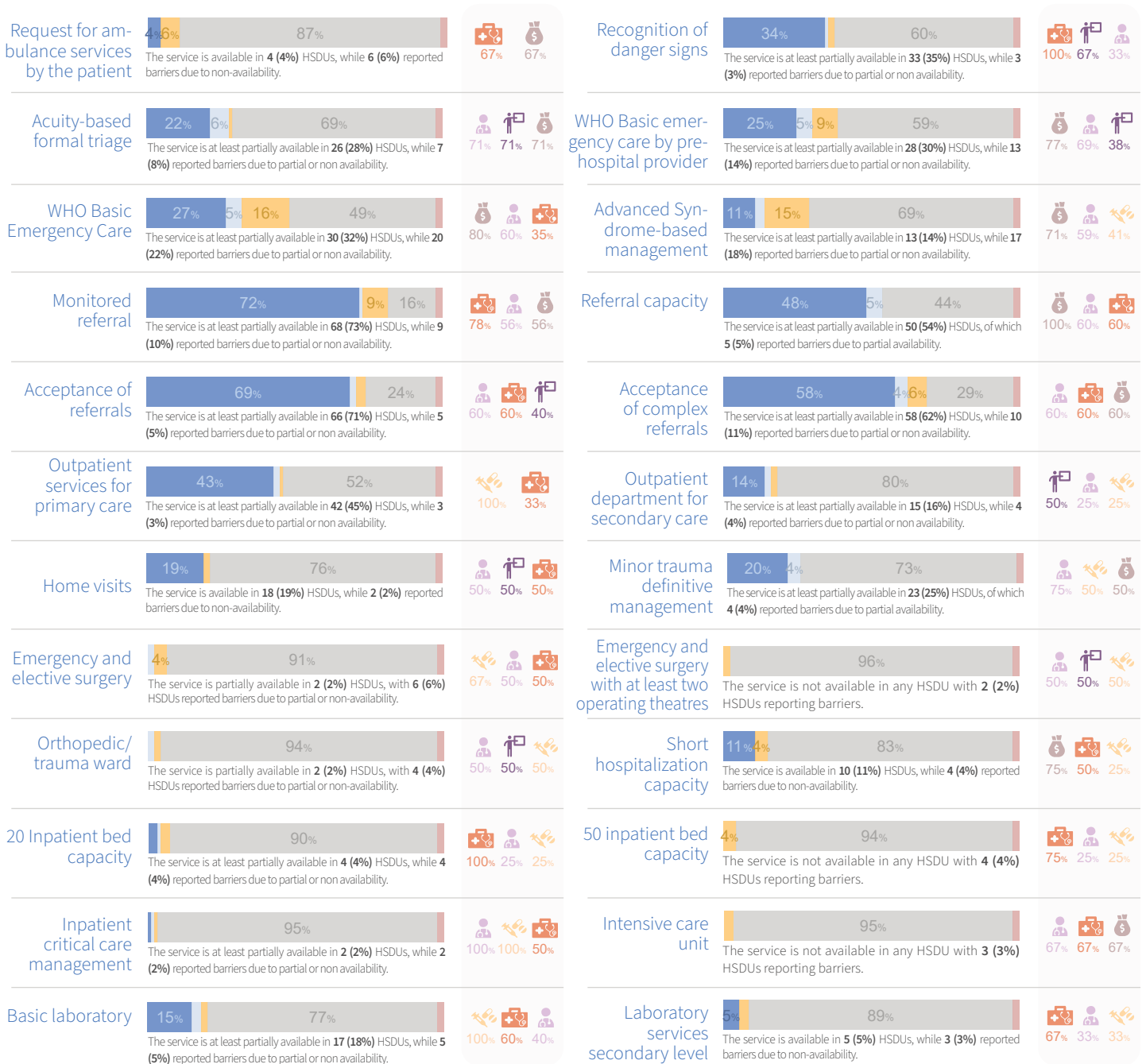
General clinical and emergency care

Availability status

● Available ● Partially available ● Not available
● Not operational ● Not normally provided

Barriers for partial availability or non-availability.

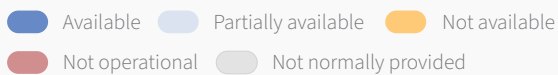
● Lack of staff ● Lack of supplies ● Lack of financial resources
● Lack of training ● Lack of equipment



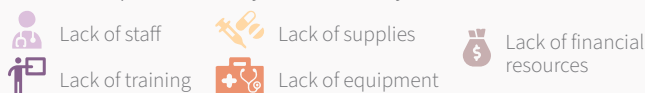
* Out of 91 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



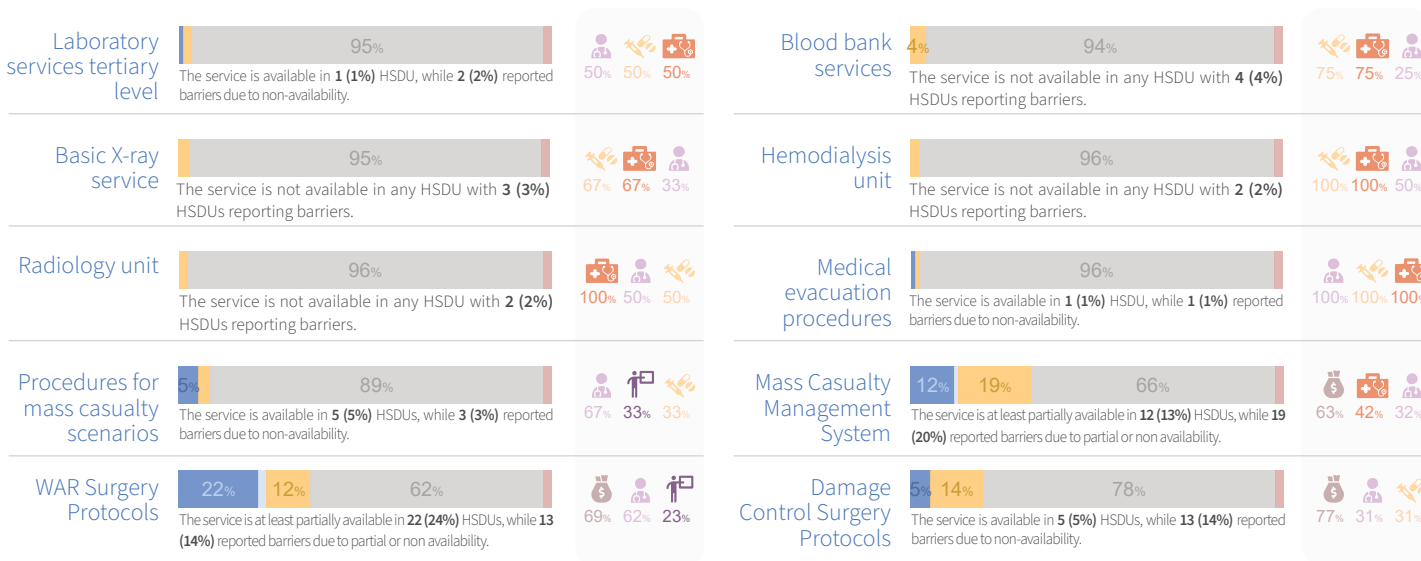
Availability status



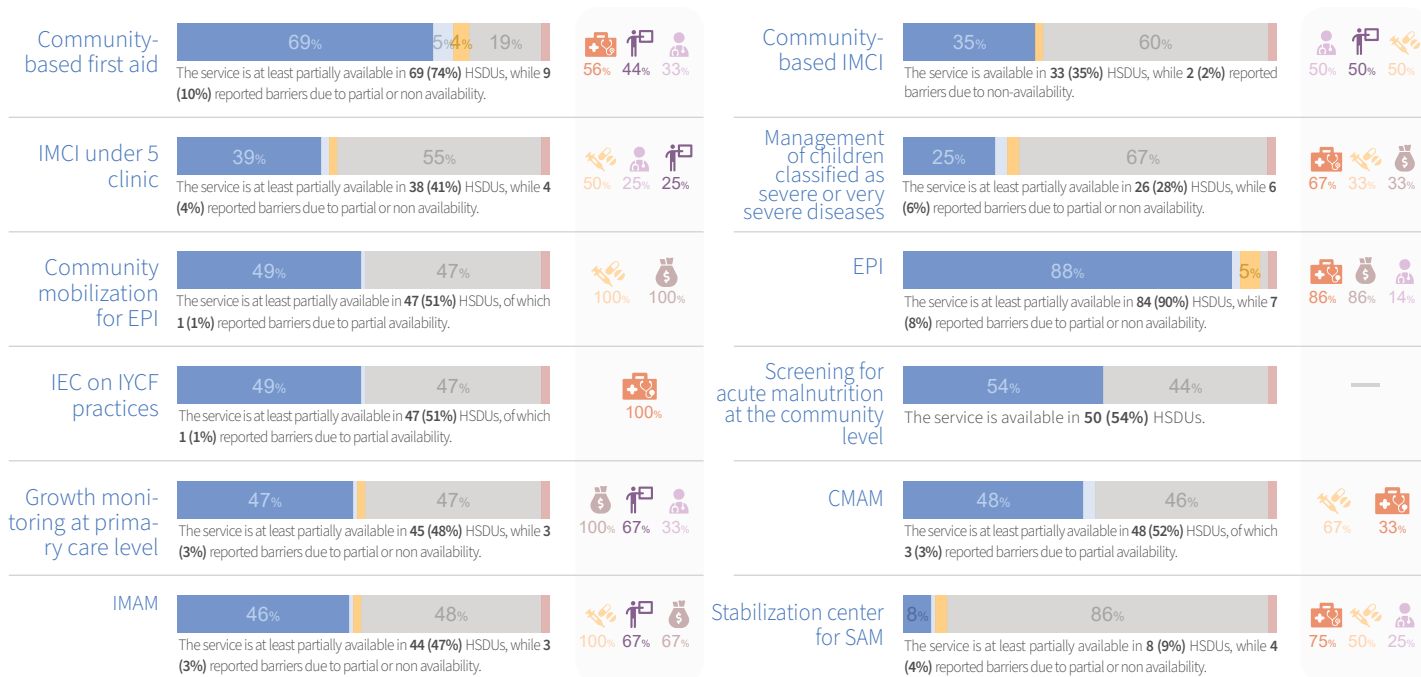
Barriers for partial availability or non-availability.



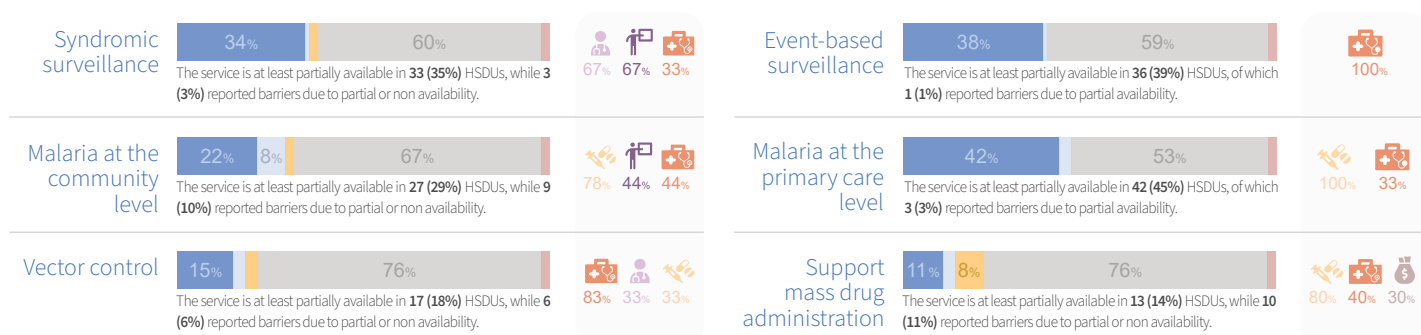
General clinical and emergency care (cont.)



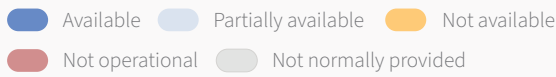
Child health and nutrition



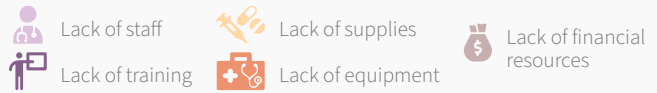
Communicable diseases



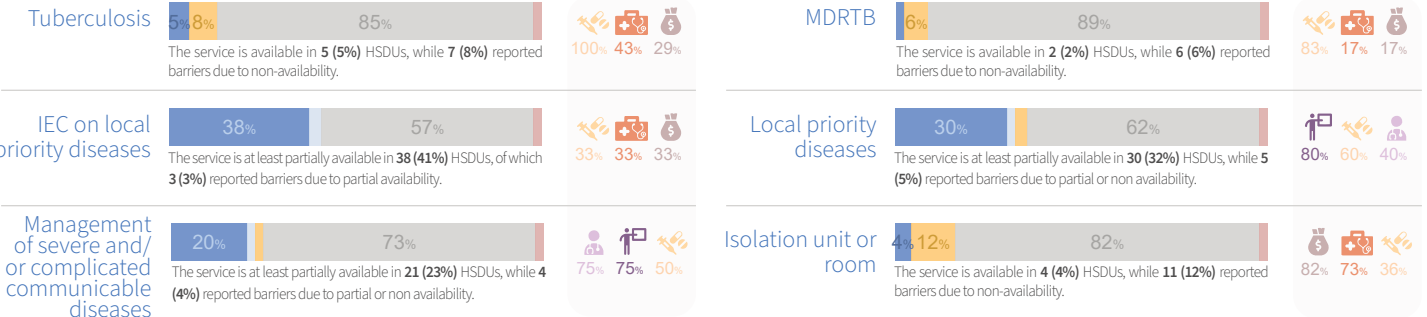
Availability status



Barriers for partial availability or non-availability.



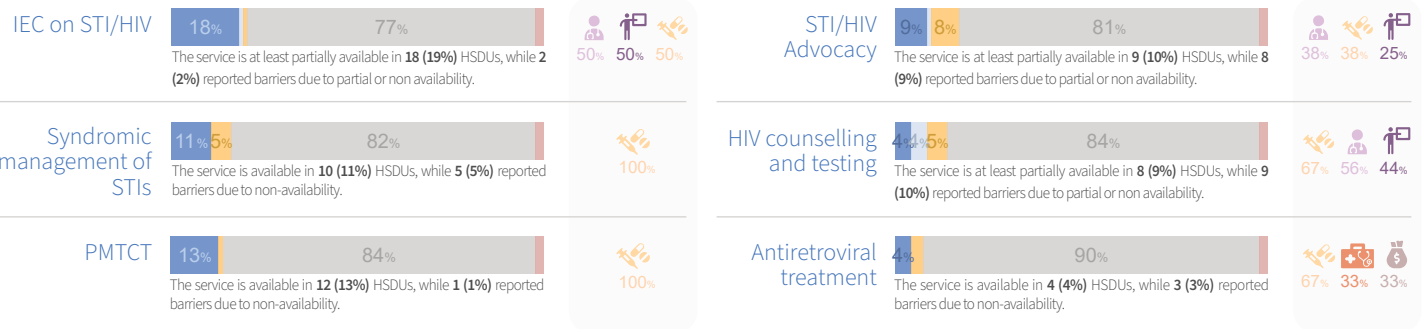
Communicable diseases (cont.)



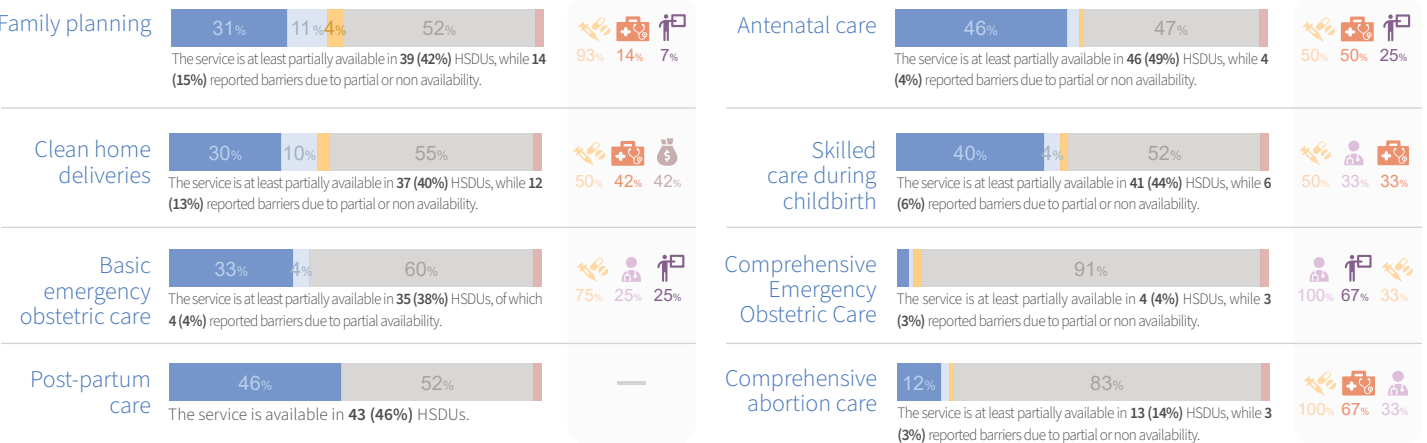
Sexual and reproductive health



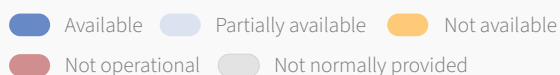
STI and HIV/AIDS



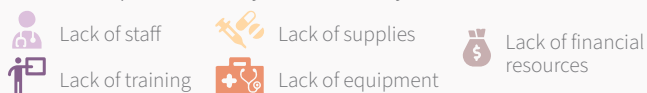
Maternal and newborn health



Availability status



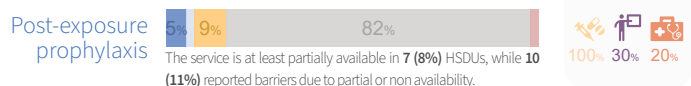
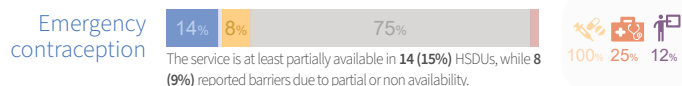
Barriers for partial availability or non-availability.



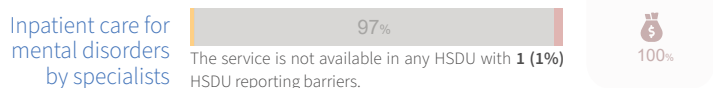
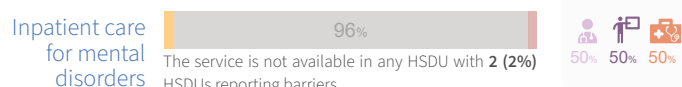
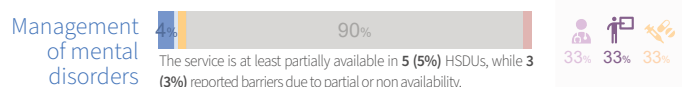
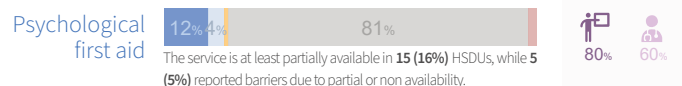
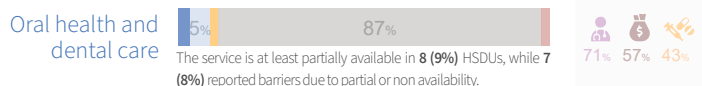
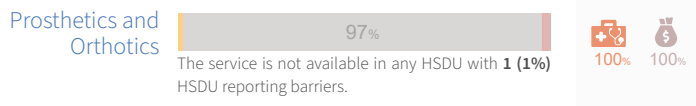
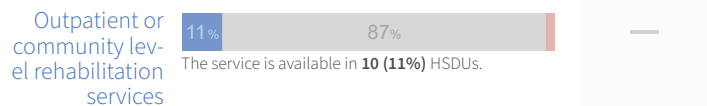
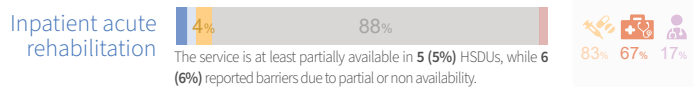
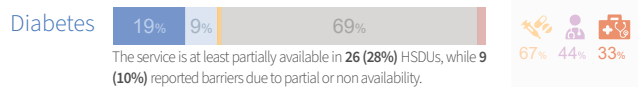
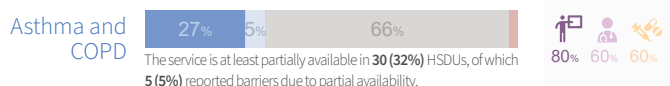
Sexual and reproductive health (cont.)



Sexual violence



Noncommunicable diseases and mental health



This analysis was produced based on the information reported into HeRAMS up to 31 January 2026 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.



Data source: HeRAMS Sudan
<https://herams.org/project/82>
 Data accessed on: 31 January 2026
 Date report created: 02 June 2026
 Contact: herams@who.int



World Health Organization

HeRAMS
 Health Resources and Services
 Availability Monitoring System



HEALTH CLUSTER
 SUDAN



HeRAMS Sudan | West Kordofan

SNAPSHOT JANUARY 2026

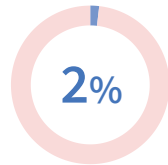
OPERATIONAL STATUS

HSDUs per population State vs national



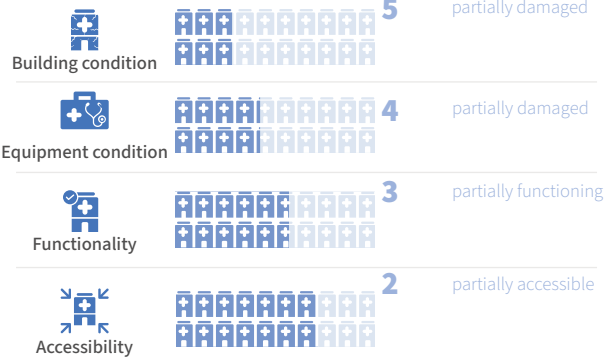
On average, **West Kordofan** has only **0.3** operational HSDUs per 100 000 population, below the national average of **6.4**.

Reporting completeness



Only **7 (2%)**, out of **388** HSDUs are reporting.

Out of **7** HSDUs evaluated.



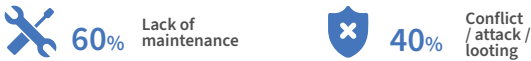
All **7** HSDUs evaluated are at least partially operational.*

- At least partially operational
- Not operational

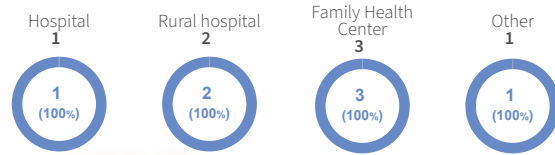
MAIN CAUSES OF...

Building damage

The 2 causes of building damage as reported by **5** partially damaged HSDUs.



HSDU by type



Equipment damage

The 2 causes of equipment damage as reported by **4** partially damaged HSDUs.



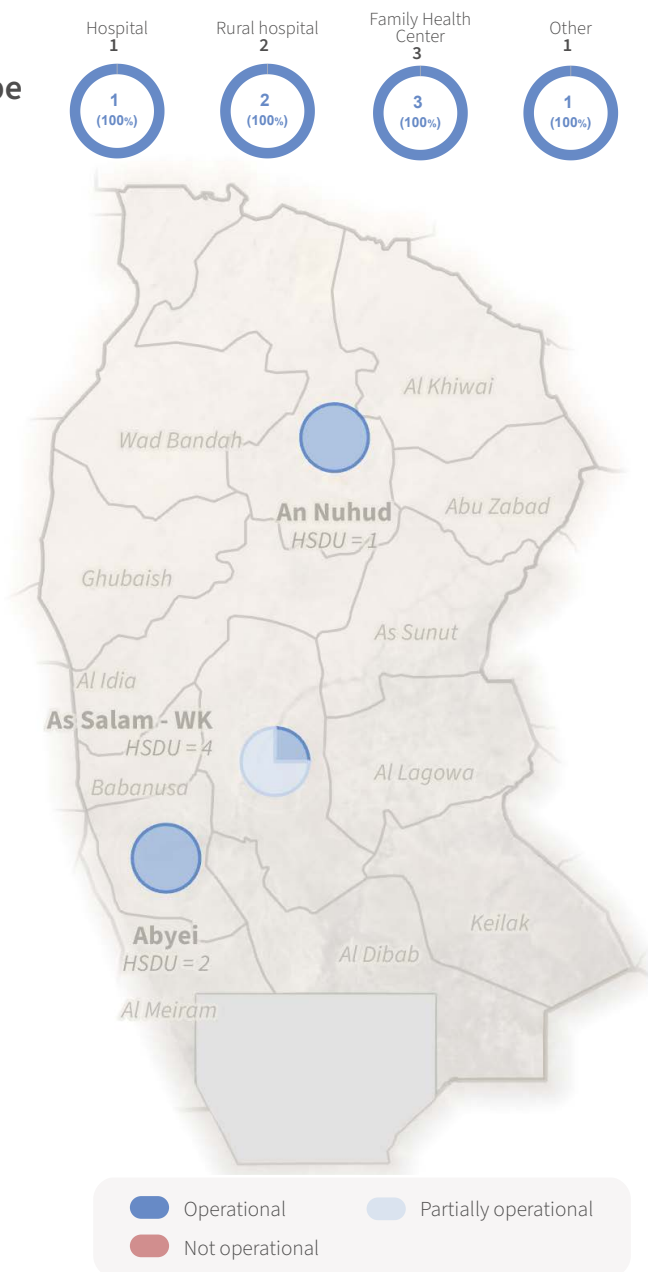
Functionality constraints

The 3 causes of functionality constraints as reported by **3** partially functioning HSDUs.



Accessibility constraints

The 2 causes of accessibility constraints as reported by **2** partially accessible HSDUs.



* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.





Partner support



● Major support ● Partial support
● No support ● Not operational

Partner support types

Out of 7 HSDUs supported by partners.

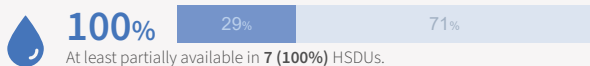


BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided ● Not operational

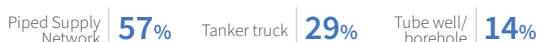
WASH

Water

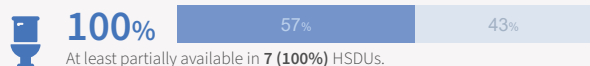


Main water sources

Out of 7 HSDUs where water is at least partially available.

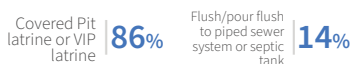


Sanitation facilities



Out of 7 HSDUs where sanitation facilities is at least partially available.

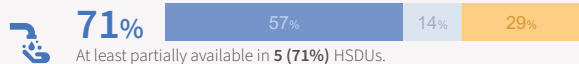
Sanitation facilities types*



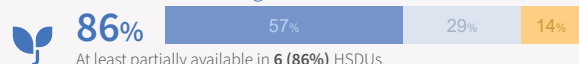
Sanitation facilities accessibility*



Hand hygiene

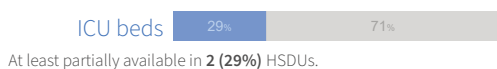


Environmental cleaning

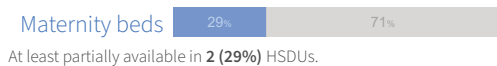


Inpatient bed capacity*

Number of available beds



9



23

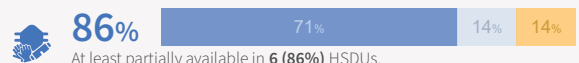


20

Main barriers*

No barriers reported

Personal protective equipment

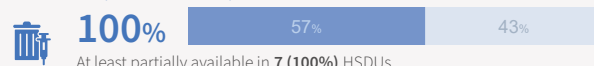


Waste management

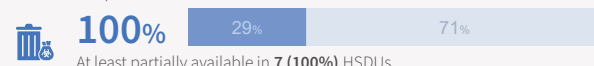
Waste segregation



Final disposal of sharps



Final disposal of infectious waste

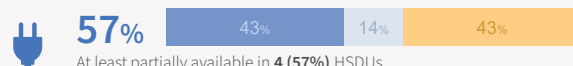


Waste disposal methods

Out of 7 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power



Power sources

Out of 4 HSDUs where power is at least partially available.



Cold chain

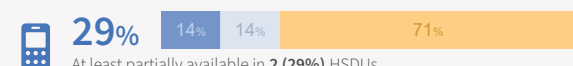


Cold chain sources

Out of 3 HSDUs where cold chain is at least partially available.



Communication



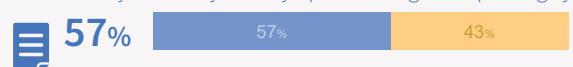
Communication equipment types

Out of 2 HSDUs where communication is at least partially available.

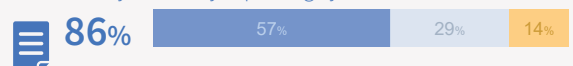


Health information systems

Availability of facility weekly epidemiological reporting system



Availability of facility reporting system



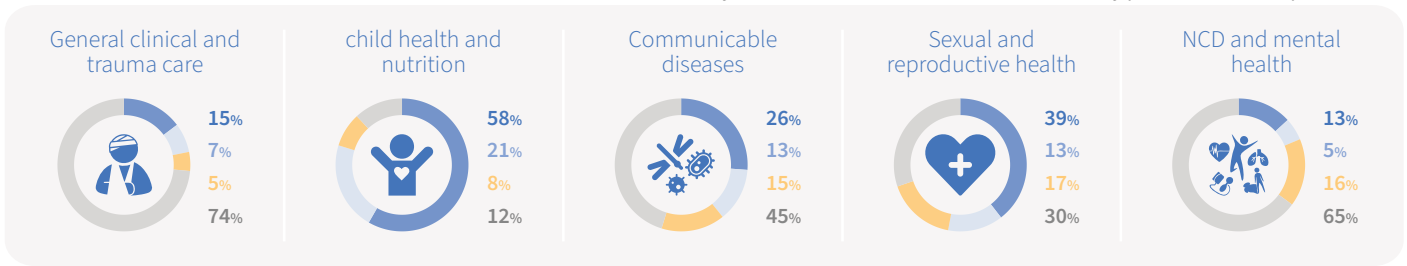
*Out of 7 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational



General clinical and emergency care

Availability status

● Available ● Partially available ● Not available
● Not operational ● Not normally provided

Barriers for partial availability or non-availability.

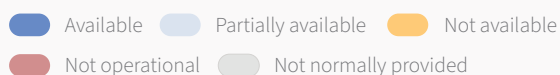
Lack of staff
 Lack of supplies
 Lack of financial resources
 Lack of training
 Lack of equipment

Request for ambulance services by the patient	29%	71%	50%	50%	Recognition of danger signs	29%	14%	14%	43%	50%	50%
Acuity-based formal triage	—	Not expected in any HSDU.	—	—	WHO Basic emergency care by pre-hospital provider	43%	43%	14%	67%	33%	—
WHO Basic Emergency Care	43%	43%	14%	100%	Advanced Syndrome-based management	—	—	—	—	—	—
Monitored referral	43%	57%	—	—	Referral capacity	14%	43%	43%	67%	33%	—
Acceptance of referrals	71%	29%	—	—	Acceptance of complex referrals	14%	86%	100%	—	—	—
Outpatient services for primary care	43%	57%	—	—	Outpatient department for secondary care	43%	57%	—	—	—	—
Home visits	14%	86%	—	—	Minor trauma definitive management	14%	14%	71%	100%	—	—
Emergency and elective surgery	14%	86%	—	—	Emergency and elective surgery with at least two operating theatres	14%	86%	—	—	—	—
Orthopedic/trauma ward	—	Not expected in any HSDU.	—	—	Short hospitalization capacity	29%	71%	—	—	—	—
20 Inpatient bed capacity	14%	86%	—	—	50 inpatient bed capacity	—	Not expected in any HSDU.	—	—	—	—
Inpatient critical care management	14%	86%	—	—	Intensive care unit	14%	86%	—	—	—	—
Basic laboratory	43%	14%	43%	100%	Laboratory services secondary level	14%	14%	14%	57%	50%	50%

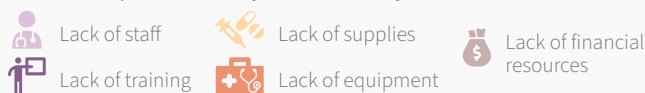
* Out of 7 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



Availability status



Barriers for partial availability or non-availability.



General clinical and emergency care (cont.)

Laboratory services tertiary level		100%	Blood bank services	—
Basic X-ray service	Not expected in any HSDU.	—	Hemodialysis unit	Not expected in any HSDU.
Radiology unit	Not expected in any HSDU.	—	Medical evacuation procedures	Not expected in any HSDU.
Procedures for mass casualty scenarios	Not expected in any HSDU.	—	Mass Casualty Management System	 50% 50%
WAR Surgery Protocols		100%	Damage Control Surgery Protocols	

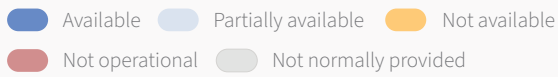
Child health and nutrition

Community-based first aid		100%	Community-based IMCI	
IMCI under 5 clinic		100%	Management of children classified as severe or very severe diseases	
Community mobilization for EPI		50% 50%	EPI	
IEC on IYCF practices		100%	Screening for acute malnutrition at the community level	
Growth monitoring at primary care level		100%	CMAM	
IMAM		33% 33% 33%	Stabilization center for SAM	

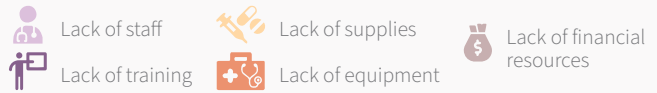
Communicable diseases

Syndromic surveillance		100%	Event-based surveillance	
Malaria at the community level		33% 33% 33%	Malaria at the primary care level	
Vector control		100%	Support mass drug administration	

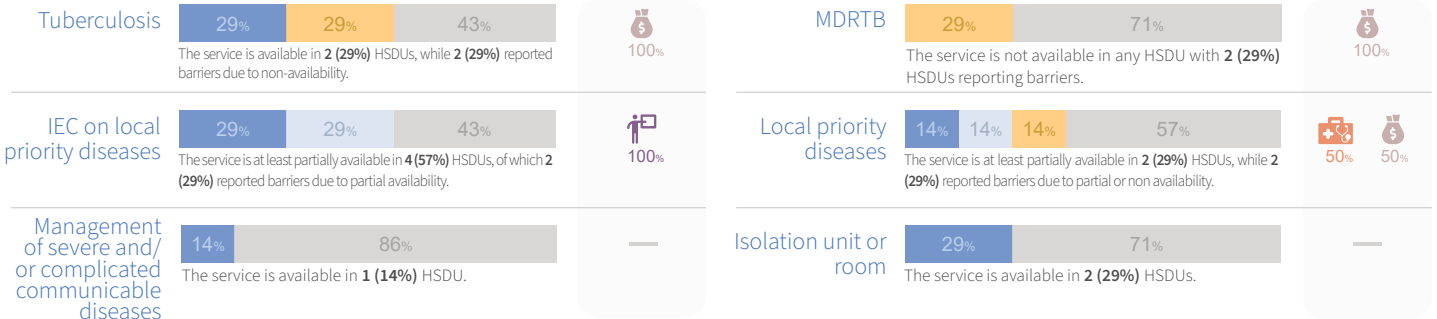
Availability status



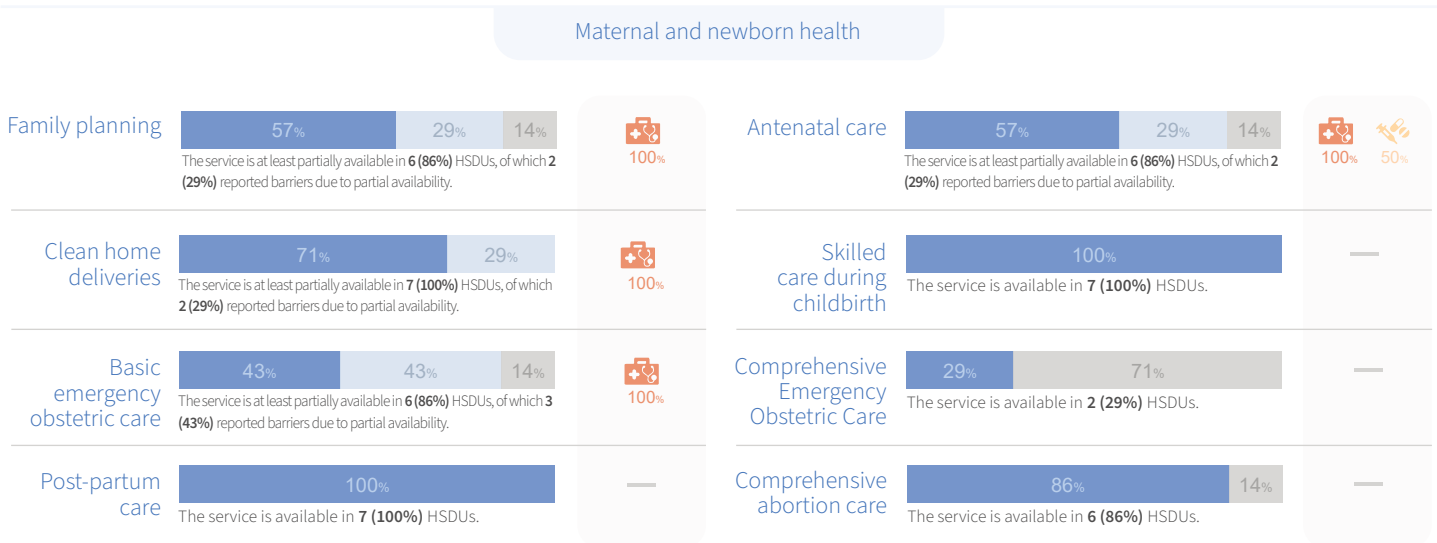
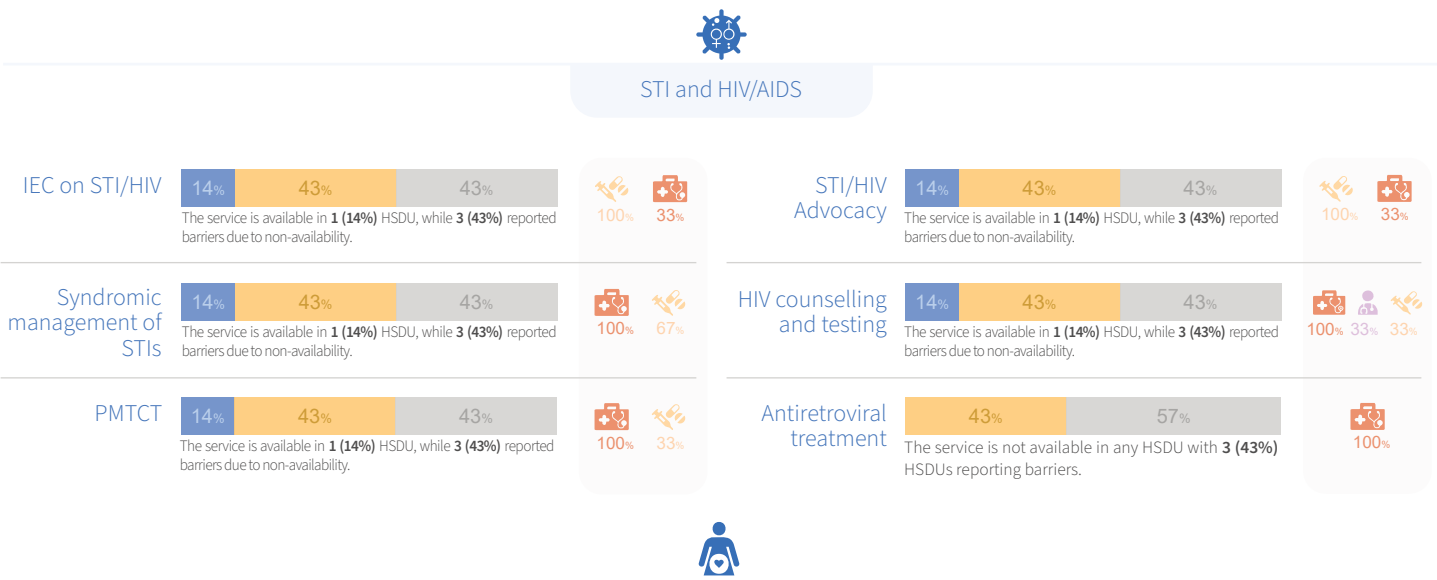
Barriers for partial availability or non-availability.



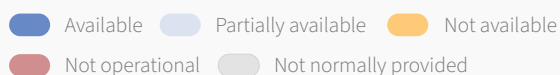
Communicable diseases (cont.)



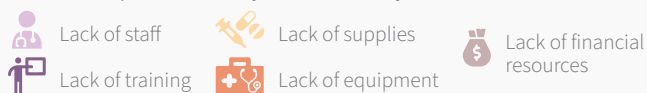
Sexual and reproductive health



Availability status



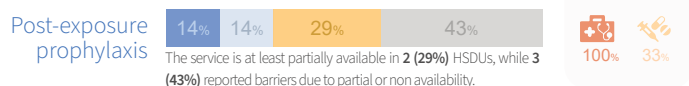
Barriers for partial availability or non-availability.



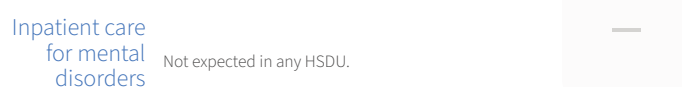
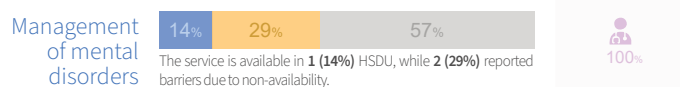
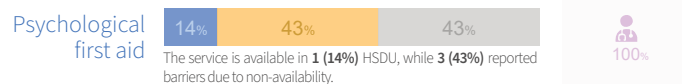
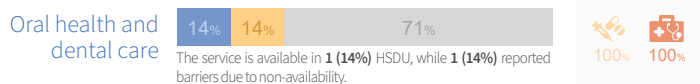
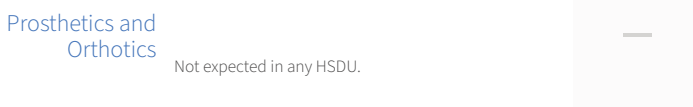
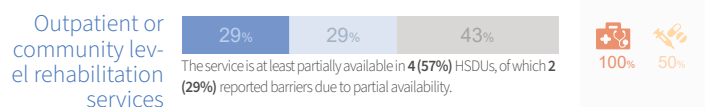
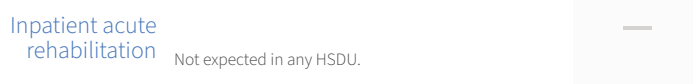
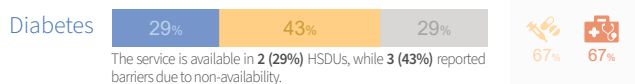
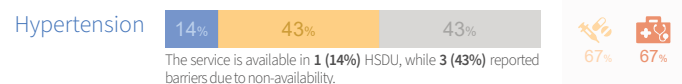
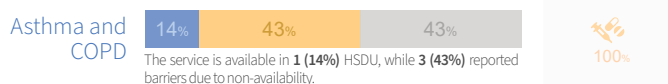
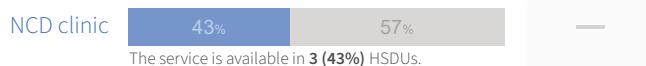
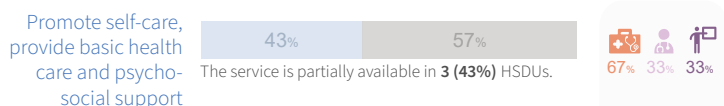
Sexual and reproductive health (cont.)



Sexual violence



Noncommunicable diseases and mental health



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<https://herams.org/project/82>
 Data accessed on: 31 January 2026
 Date report created: 02 June 2026
 Contact: herams@who.int



World Health Organization

HeRAMS
 Health Resources and Services
 Availability Monitoring System



HEALTH CLUSTER
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HeRAMS Sudan | White Nile

SNAPSHOT JANUARY 2026

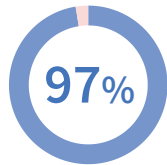
OPERATIONAL STATUS

HSDUs per population State vs national



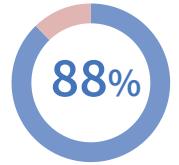
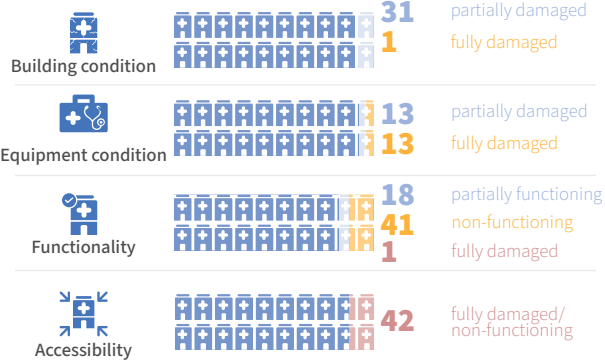
On average, **White Nile** has **8.7** operational HSDUs per 100 000 population, above the national average of **6.4**.

Reporting completeness



Out of **352** HSDUs, **343 (97%)** are reporting.

Out of **343** HSDUs evaluated.



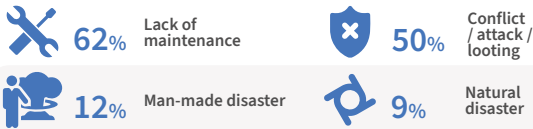
Out of **343** HSDUs evaluated **301 (88%)** are at least partially operational.*

- At least partially operational
- Not operational

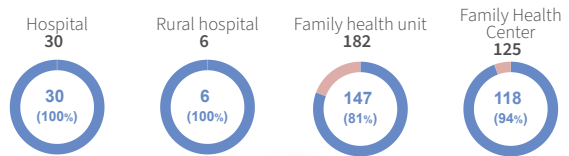
MAIN CAUSES OF...

Building damage

The 4 causes of building damage as reported by **31** partially damaged and **1** fully damaged HSDUs.



HSDU by type



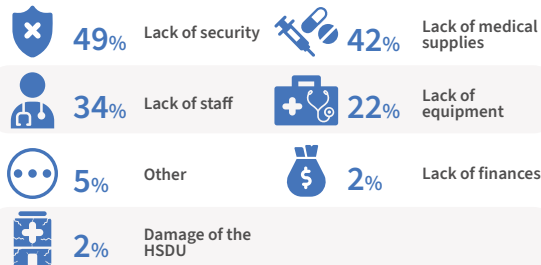
Equipment damage

The 4 causes of equipment damage as reported by **13** partially damaged and **13** fully damaged HSDUs.



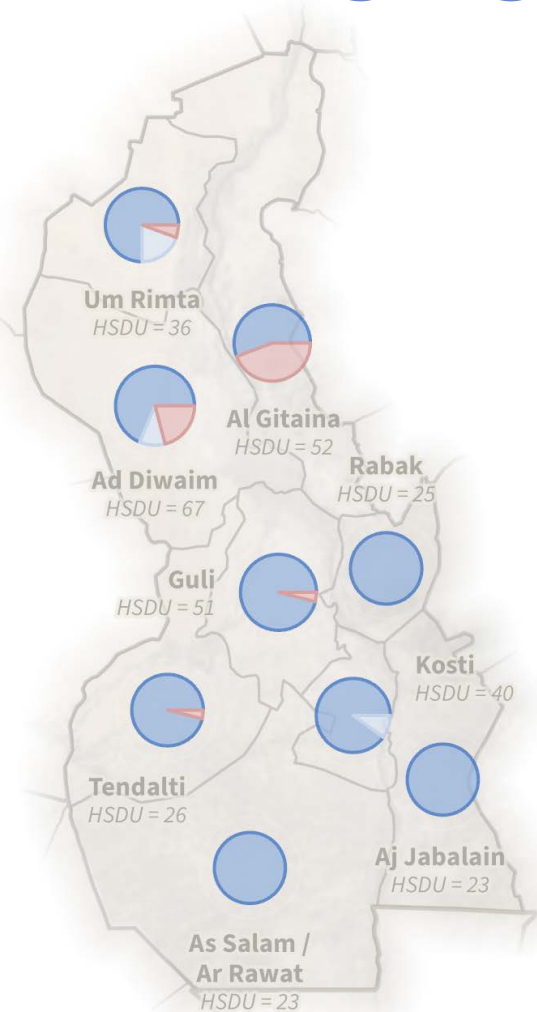
Functionality constraints

The 7 causes of functionality constraints as reported by **18** partially functioning and **41** non-functioning HSDUs.



Accessibility constraints

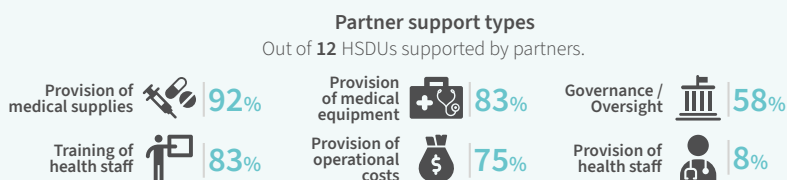
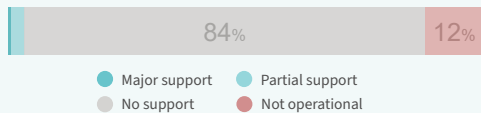
No accessibility constraints reported.



- Operational
- Partially operational
- Not operational

* HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as not operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.



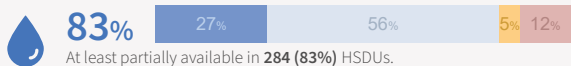


BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided ● Not operational

WASH

Water



Main water sources

Out of 284 HSDUs where water is at least partially available.

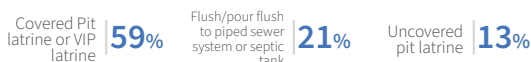


Sanitation facilities



Out of 212 HSDUs where sanitation facilities is at least partially available.

Sanitation facilities types*



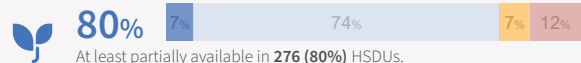
Sanitation facilities accessibility*



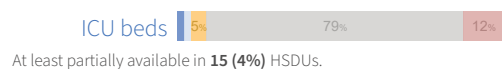
Hand hygiene



Environmental cleaning



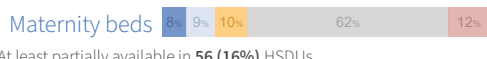
Inpatient bed capacity*



At least partially available in 15 (4%) HSDUs.

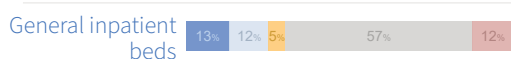
Number of available beds

55



At least partially available in 56 (16%) HSDUs.

315



At least partially available in 87 (25%) HSDUs.

1811

Main barriers*



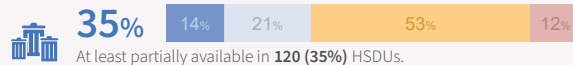
Personal protective equipment



At least partially available in 274 (80%) HSDUs.

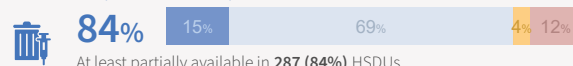
Waste management

Waste segregation



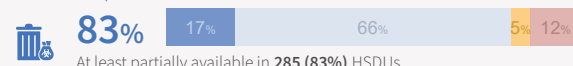
At least partially available in 120 (35%) HSDUs.

Final disposal of sharps



At least partially available in 287 (84%) HSDUs.

Final disposal of infectious waste



At least partially available in 285 (83%) HSDUs.

Waste disposal methods

Out of 296 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power



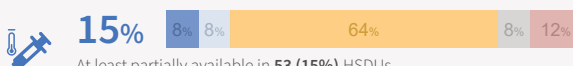
At least partially available in 174 (51%) HSDUs.

Power sources

Out of 174 HSDUs where power is at least partially available.



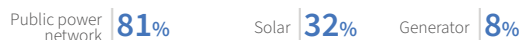
Cold chain



At least partially available in 53 (15%) HSDUs.

Cold chain sources

Out of 53 HSDUs where cold chain is at least partially available.



Communication



At least partially available in 296 (86%) HSDUs.

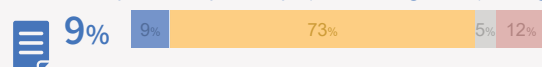
Communication equipment types

Out of 296 HSDUs where communication is at least partially available.



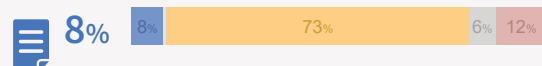
Health information systems

Availability of facility weekly epidemiological reporting system



At least partially available in 32 (9%) HSDUs.

Availability of facility reporting system



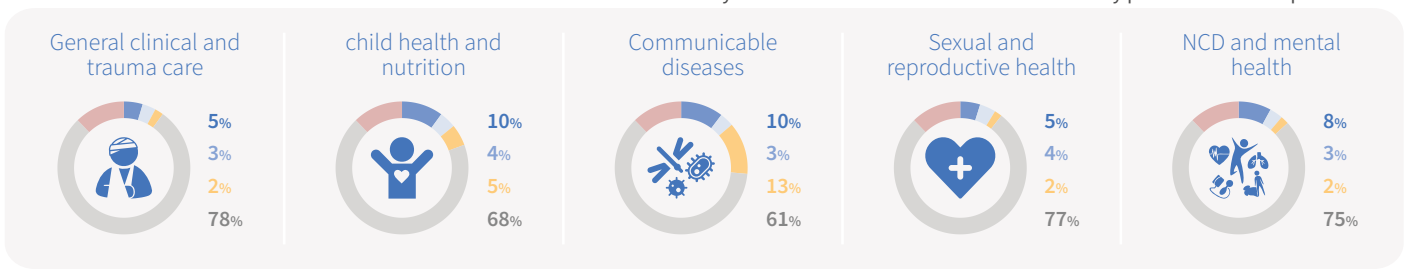
At least partially available in 29 (8%) HSDUs.

*Out of 301 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.

ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided ● Not operational



General clinical and emergency care

Availability status

● Available ● Partially available ● Not available
● Not operational ● Not normally provided

Barriers for partial availability or non-availability.

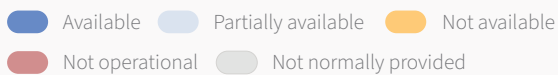
● Lack of staff ● Lack of supplies ● Lack of financial resources
● Lack of training ● Lack of equipment



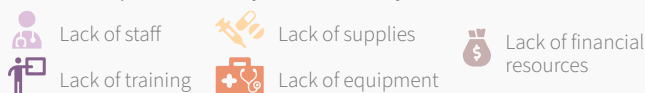
* Out of 301 HSDUs. HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.



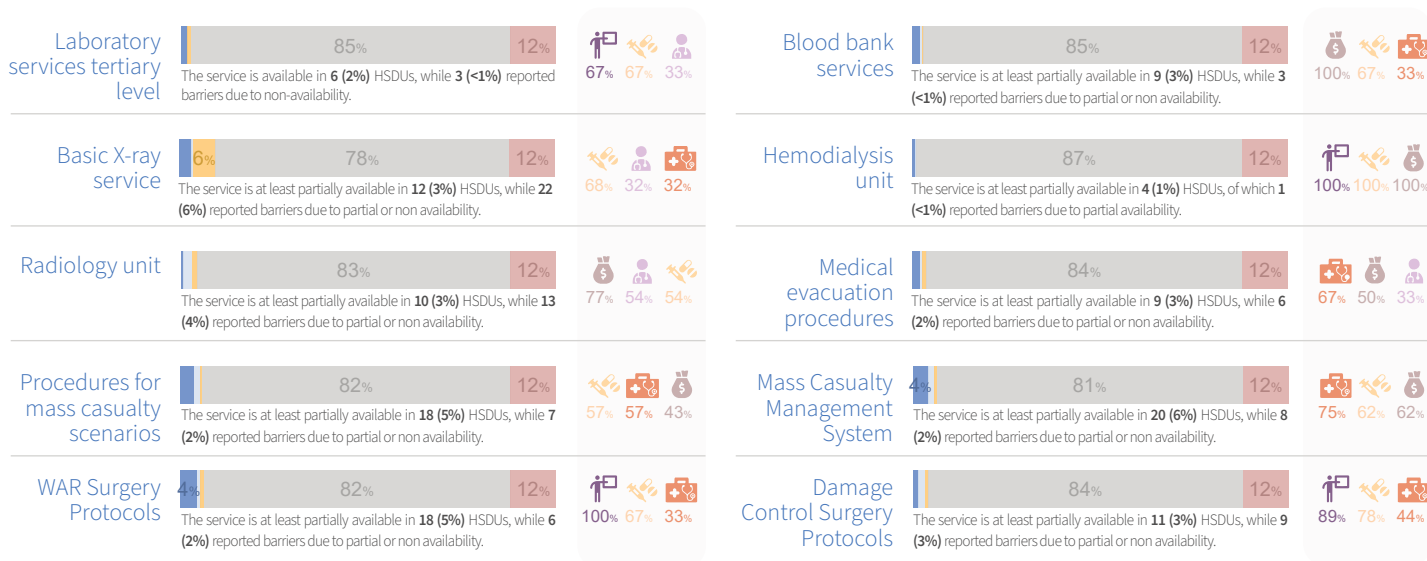
Availability status



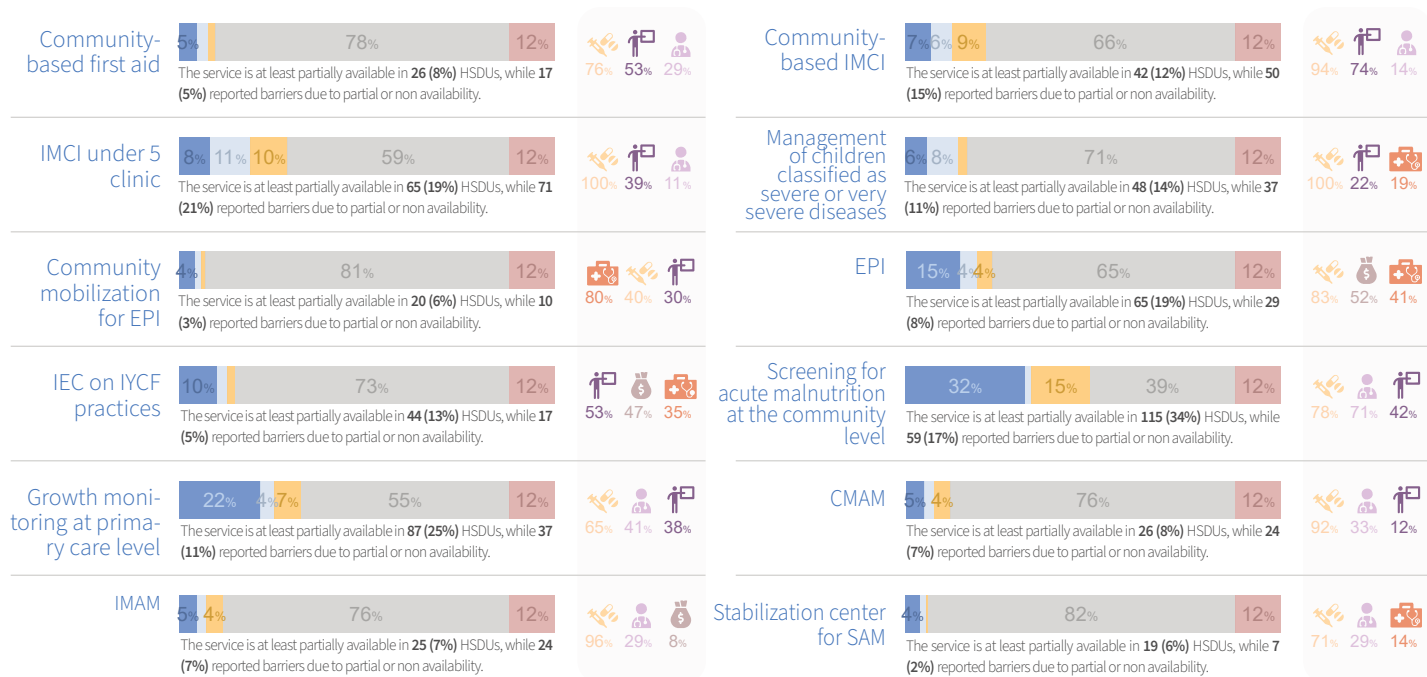
Barriers for partial availability or non-availability.



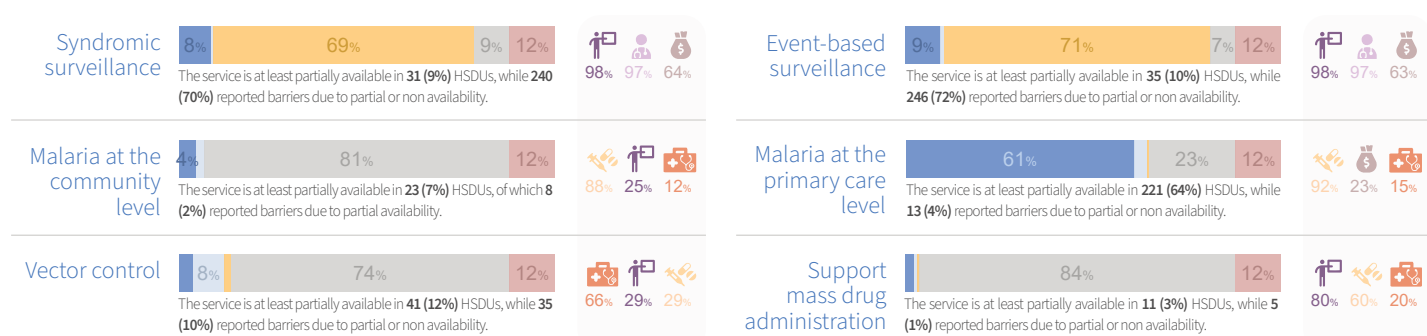
General clinical and emergency care (cont.)



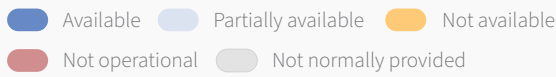
Child health and nutrition



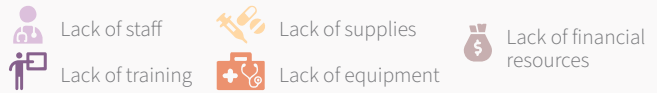
Communicable diseases



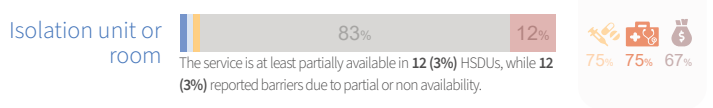
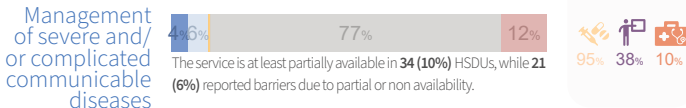
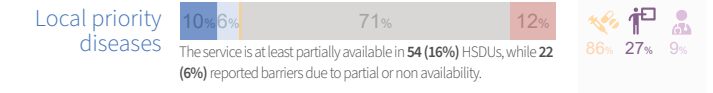
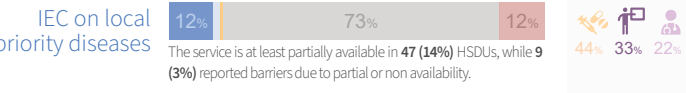
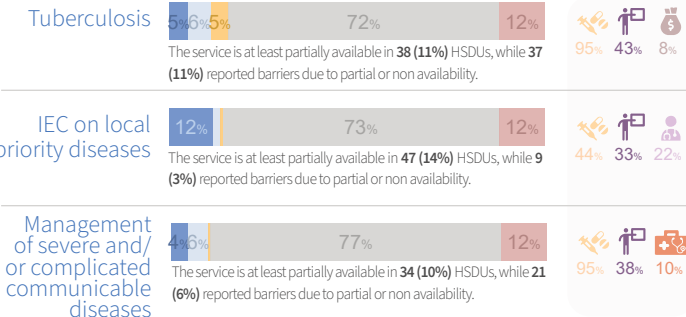
Availability status



Barriers for partial availability or non-availability.

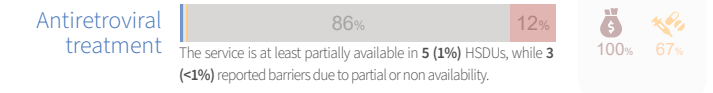
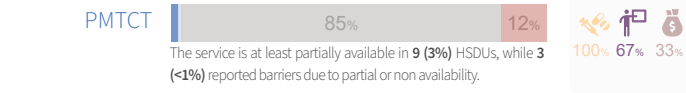
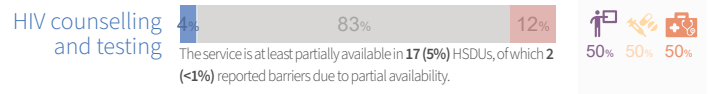
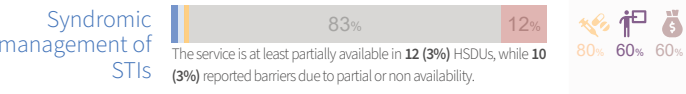
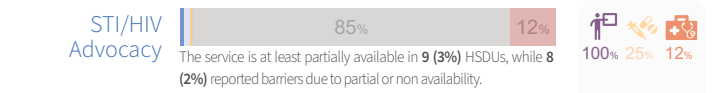
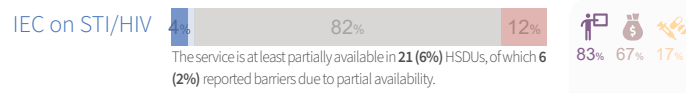


Communicable diseases (cont.)

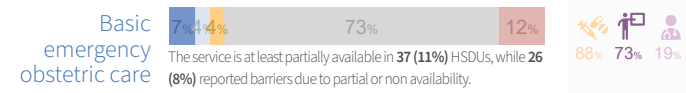


Sexual and reproductive health

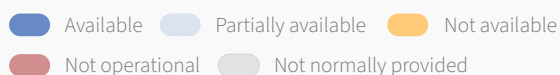
STI and HIV/AIDS



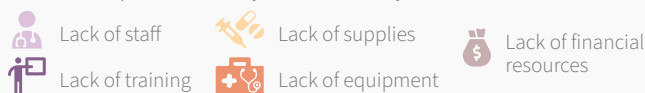
Maternal and newborn health



Availability status



Barriers for partial availability or non-availability.



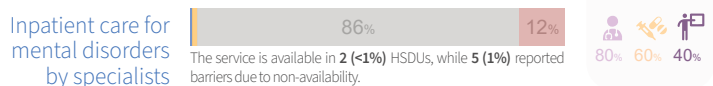
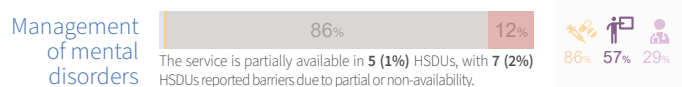
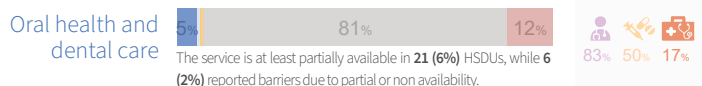
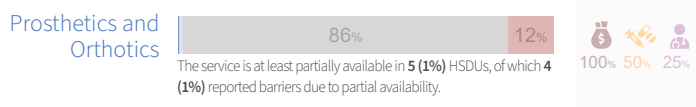
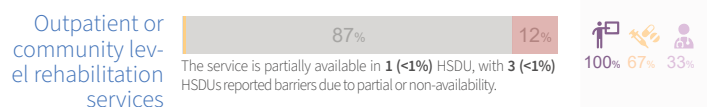
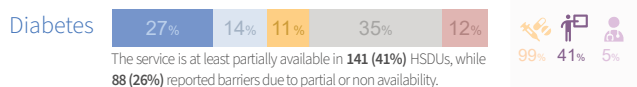
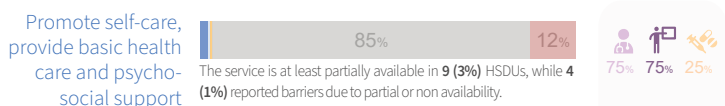
Sexual and reproductive health (cont.)



Sexual violence



Noncommunicable diseases and mental health



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Contact: herams@who.int



World Health Organization

HeRAMS
 Health Resources and Services
 Availability Monitoring System



HEALTH CLUSTER SUDAN

HeRAMS service definitions



General clinical and trauma care service

TITLE	SERVICE DEFINITIONS
Request for ambulance services by the patient	User-activated dispatch of basic ambulance services from a district-level staging center (e.g., ambulance pool).
Recognition of danger signs	Recognition of danger signs in neonates, children and adults, including early recognition of signs of serious infection, with timely referral to higher-level care.
Acuity-based formal triage	Acuity-based formal triage of children and adults at first entry to the facility with a validated instrument such WHO/ICRC Interagency Triage Tool.
WHO basic emergency care by prehospital provider	Initial syndrome-based management of critical conditions (difficulty breathing, shock, altered mental status, polytrauma) by prehospital providers at the scene.
WHO basic emergency care	Basic syndrome-based management of difficulty breathing, shock, altered mental status, and polytrauma for neonates, children and adults. Interventions include manual airway maneuvers, oral/nasal airway placement, oxygen administration, bag-valve mask ventilation, temperature management, administration of essential emergency medications, including empiric antibiotics for serious infection.
Advanced syndrome-based management	Advanced Syndrome-based management of difficulty breathing, shock, altered mental status, and polytrauma in dedicated emergency unit, including for neonates, children and adults. Interventions include intubation, mechanical ventilation, surgical airway, and placement of chest drain, hemorrhage control, defibrillation, administration of intravenous (IV) fluids via peripheral and central venous line with adjustment for age and conditions such as malnutrition, and administration of essential emergency medications.
Monitored referral	Direct provider monitoring during transport to appropriate healthcare facility and structured handover to facility personnel.
Referral capacity	Procedures, communication tools, and transportation access for patient referrals.
Acceptance of referrals	Acceptance of referral with remote decision support for prehospital providers and primary-level facilities, and condition-specific protocol-based referral to higher levels.
Acceptance of complex referrals	Acceptance of complex referrals with remote decision support for prehospital providers and lower-level facilities.
Outpatient services for primary care	Outpatient services for primary care with availability of all essential drugs for primary care as per national guidelines.
Outpatient department for secondary care	Outpatient department with availability of all essential drugs for secondary care as per national guidelines, including NCD and pain management, and at least one general practitioner.
Home visits	Home-based support for monitoring of noncommunicable diseases (NCD) medication compliance, palliative care and promotion of self-care practices.
Minor trauma definitive management	Management of minor injuries, including pain management, availability of tetanus toxoid and human antitoxin, minor surgery kits, suture absorbable/silk with needles, disinfectant solutions, bandages, gauzes, cotton wool.
Emergency and elective surgery	Emergency and elective surgery providing full surgical wound care, advanced fracture management through at least one operating theatre with basic general anesthesia with or without gas.
Expanded surgical unit with comprehensive anesthesia	Emergency and elective surgery with at least two operating theatres and with pediatric and adult gaseous anesthetic.
Orthopedic/trauma ward	Orthopedic/trauma ward for advanced orthopedic and surgical care, including burn patient management.
Short hospitalization capacity	Short hospitalization capacity for observation purposes.
20 Inpatient bed capacity	At least 20 inpatient bed capacity with 24/7 availability of medical doctors, nurses and midwives, and 4–5 beds for short observation before admission, or 24/48-hour hospitalization.
50 inpatient bed capacity	50 inpatient bed capacity with pediatric and ob-gyn wards with 24/7 availability of doctors and/or specialists (general surgeon, ob-gyn, pediatrician, others).
Inpatient critical care management	Inpatient critical care management with availability of mechanical ventilation, infusion pumps, and third-line emergency drugs.
Intensive care unit	Intensive care unit with at least 4 beds.
Basic laboratory	Basic laboratory with general microscopy.
Secondary laboratory services	Laboratory services secondary level



TITLE	SERVICE DEFINITIONS
Tertiary laboratory services	Laboratory services tertiary level: including electrolyte and blood gas concentrations, public health laboratory capacities
Blood bank services	Blood bank services
Hemodialysis unit	Hemodialysis unit
Basic X-ray service	X-ray service (basic radiological unit) and ultrasound.
Radiology unit	Radiology unit with X-ray with stratigraphy, intraoperation X-ray intensifier, ultrasound, MRI and/or CT scan.
Medical evacuation procedures	Medical evacuation procedures with means of transport and referral network for patients requiring highly specialized care.
Procedures for mass casualty scenarios	Procedures in place for early discharge of post-surgery patients through referral to secondary hospitals, in mass casualty scenario.
Mass casualty management system	Mass casualty management system, including 2 step triage, green zone, red zone, incident command team, pre-prepared kits.
War Surgery Protocols	2 step surgery for contaminated wounds with debridement and delayed primary closure after 3-5 days.
Damage Control Surgery Protocols	2 step abbreviated surgery (chest, abdomen and limbs) with vascular shunting, limitation of contamination, hemorrhage control, external fixation and physiological recovery in the ICU before returning to operating theatre.



Child health and nutrition

TITLE	SERVICE DEFINITIONS
Community-based first aid	Interventions include airway positioning, choking interventions, and basic external hemorrhage control.
Community-based IMCI	Community-based Integrated Management of Childhood Illness (IMCI) for acute respiratory infection, diarrhoea, and malaria by trained and supervised village volunteers or community health workers.
IMCI under 5 clinic	Under-5 clinic conducted by IMCI-trained health staff with available paracetamol, first-line antibiotics, Oral rehydration salts and zinc dispersible tablets, national IMCI guidelines, and flowcharts.
Management of severe paediatric diseases	Management of children classified as severe or very severe diseases including administration of parenteral fluids, drugs and oxygen.
Community mobilization for EPI	Community mobilization and support of outreach sites of routine Expanded Programme for Immunization (EPI), and/or mass vaccination campaigns.
Expanded programme on immunization	Regular outreach site for routine immunization against all national target diseases or permanent site with functioning cold chain in place.
IEC on IYCF practices	Information, education, and communications (IEC) of child caretaker, promotion of exclusive breastfeeding and Infant, Young, and Child Feeding (IYCF) practices, active case finding, and referral of sick children.
Screening for acute malnutrition at the community level	Screening for acute malnutrition at the community level using mid-upper arm circumference (MUAC).
Growth monitoring at primary care level	Growth monitoring and/or screening of acute malnutrition using MUAC or weight-for-height (W/H).
Community Management of Acute Malnutrition	Support community site for CMAM programme and/or follow-up of children enrolled in supplementary/therapeutic feeding.
Integrated management of acute malnutrition	Integrated management of acute malnutrition with outpatient programme for severe acute malnutrition without medical complications with ready-to-use therapeutic foods available
Stabilization center for SAM	Stabilization center for Severe Acute Malnutrition (SAM) with medical complications, availability of F75, F100, ready-to-use therapeutic foods, and dedicated trained team of doctors, nurses, and nurse aids, 24/7.





TITLE	SERVICE DEFINITIONS
Syndromic surveillance	Regular reporting sentinel site for syndromic surveillance of local relevant diseases/conditions.
Event-based surveillance	Immediate reporting of unexpected or unusual health events through an event-based surveillance system.
Malaria at the community level	Diagnosis of malaria suspected cases with rapid diagnostic test (RDT) and treatment of positive cases, or detection and referral of suspected cases, and follow-up at community level.
Malaria at the primary care level	Diagnosis of suspected malaria cases with rapid diagnostic test (RDT) and treatment of positive cases, or detection and referral of suspected cases, and follow-up at primary care level.
Vector control	Support vector control interventions through distribution of impregnated bed nets, in/outdoor insecticide spraying, distribution of related IEC materials, etc.
Support mass drug administration	Mobilize communities and support mass drug administration/treatment campaigns.
Tuberculosis	Diagnosis and treatment of tuberculosis cases, or detection and referral of suspected cases, and follow-up.
Multi-drug-resistant tuberculosis	Diagnosis, management, and follow-up of multi-drug-resistant tuberculosis patients.
IEC on local priority diseases	IEC on the prevention and self-care of local priority diseases, such as dengue, acute diarrhea, others.
Local priority diseases	Diagnosis and management of other locally relevant diseases such as dengue, with protocols available for identification, classification, stabilization and referral of severe cases.
Management of severe communicable diseases	Management of severe and/or complicated communicable diseases such as severe dengue, measles with pneumonia, cerebral malaria, and others.
Isolation unit or room	Isolation unit or room for patients with highly infectious diseases.



TITLE	SERVICE DEFINITIONS
Availability of free condoms	Availability of free condoms.
IEC on STI/HIV	IEC on prevention of Sexually Transmitted Diseases (STI)/Human Immunodeficiency Virus (HIV) infections and behavioral change communications.
STI/HIV Advocacy	Advocacy for community leaders on STI/HIV risks.
Syndromic management of STIs	Syndromic management of STIs, including availability of first-line antibiotics.
HIV counselling and testing	HIV counselling and testing
PMTCT	Prophylaxis and treatment of opportunistic infections, Prevention of Mother-To-Child HIV Transmission (PMTCT).
Antiretroviral treatment	Antiretroviral treatment
Family planning	Availability of pregnancy test and contraceptive methods as per national guidelines
Antenatal care	Assess pregnancy, birth and emergency plan, respond to problems observed (urine protein test strips, Syphilis rapid diagnostic test) and/or reported STI, advise/counsel on nutrition and breastfeeding, self-care and family planning, intermittent iron and folate supplementation in non-anaemic pregnancy
Clean home deliveries	Clean home deliveries, 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 IYCF practices.
Skilled care during childbirth	Skilled care during childbirth, including early essential newborn care: preparing for birth, assess the presence of labor, stage, fill WHO partograph and monitor, manage conditions accordingly, dry baby, clean cord care, basic newborn resuscitation, skin-to-skin contact, oxytocin, early and exclusive breastfeeding, eye prophylaxis (available magnesium sulphate and antenatal steroid).



TITLE	SERVICE DEFINITIONS
Basic emergency obstetric care	Parenteral antibiotics, oxytocic/anticonvulsant drugs, antenatal steroid, manual removal of placenta, removal of retained products with manual vacuum aspiration (MVA), assisted vaginal delivery, health facility functioning 24/7
Comprehensive emergency obstetric 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 manual vacuum aspiration or medical methods where applicable, antibiotic prophylaxis, treatment of abortion complications, counselling for abortion and post-abortion contraception.
Clinical management of rape survivors	Clinical management of rape survivors, including psychological support.
Emergency contraception	Emergency contraception
Post-exposure prophylaxis	Post-exposure prophylaxis for STIs and HIV infections.



Noncommunicable diseases and mental health

TITLE	SERVICE DEFINITIONS
NCD clinic	Brief advice on tobacco, alcohol and substance abuse, healthy diet, screening and management of risks of cardiovascular disease (CVD), individual counselling on adherence to chronic therapies, availability of blood pressure apparatus, blood glucose and urine ketones test strips, and essential NCD drugs as per national list .
Asthma and COPD	Classification, treatment and follow-up of asthma and Chronic Obstructive Pulmonary Disease (COPD).
Hypertension	Early detection, management, counseling (including dietary advice), and follow-up of hypertension.
Diabetes	Early detection, management (oral anti-diabetic and insulin available), and counselling (including dietary advice), foot care, follow-up of diabetes.
Inpatient acute rehabilitation	Inpatient rehabilitation for people with acute injury or illness, delivered by rehabilitation professionals as part of multi-disciplinary acute care, including the provision of assistive devices such as crutches or wheelchairs.
Outpatient or community level rehabilitation services	Outpatient or community level rehabilitation services provided by a rehabilitation professional via an outpatient, mobile, or post-acute inpatient rehabilitation service, often as part of follow up care, including assistive device provision or maintenance.
Prosthetics and Orthotics	Manufacture, fitting and training to use prosthetic and orthotic devices.
Oral health and dental care	Oral health and dental care
Psychological first aid	Psychological first aid for distressed people, survivors of assault, abuse, neglect, domestic violence, and linking vulnerable individuals/families with resources, such as health services, livelihood assistance etc.
Management of mental disorders	Management of mental disorders by a specialized and/or trained and supervised non-specialized health-care providers. Availability of fluoxetine, carbamezpine, haloperidol, biperiden, and diazepam.
Inpatient care for mental disorders	Inpatient management of mental disorders by specialized and/or trained and supervised non-specialized healthcare providers.
Inpatient care for mental disorders by specialists	Inpatient management of mental disorders by specialized health-care providers.



