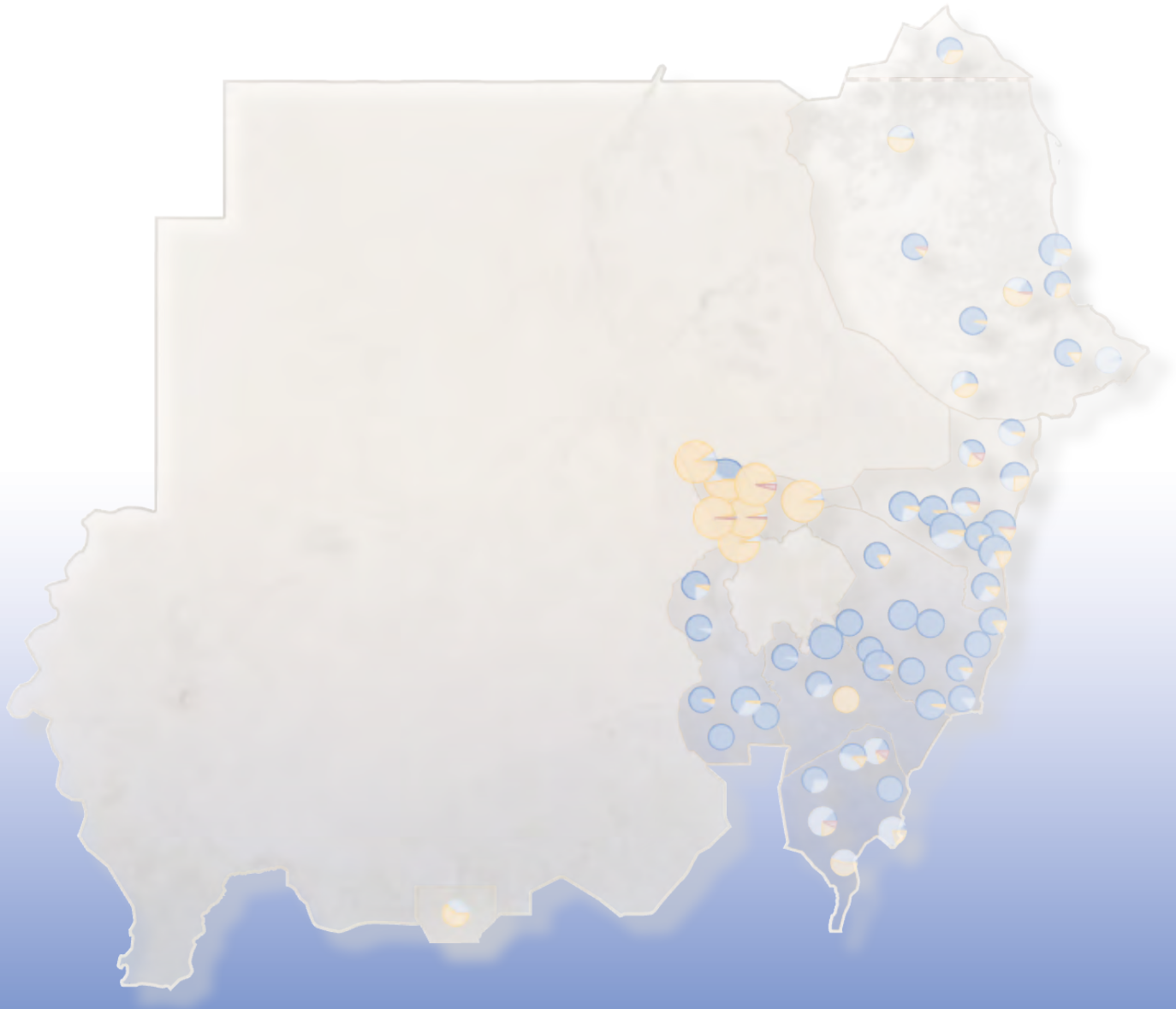
HeRAMS Sudan

Infographics

DECEMBER 2024



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HeRAMS Sudan

Infographic interpretation guide

Purpose

This guide provides practical guidance on HeRAMS infographic products produced for Sudan. Its purpose is to streamline understanding, and support readers in navigating the various components of these products.

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.

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 impeding service delivery?

Availability: is defined as the service being present in sufficient quality and quantity to meet the daily demands of the health service delivery unit (HSDU) [1]. A resource or service is considered "available" only if the HSDU has the necessary resources to deliver it 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, and the 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.

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.

When an indicator 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

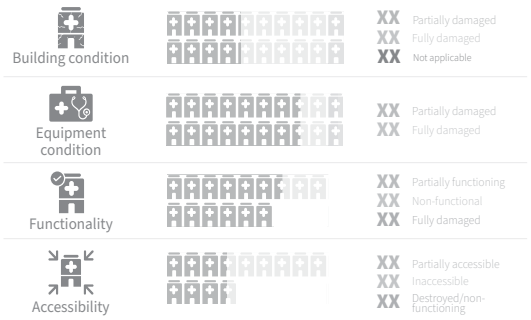
Overall considerations

The initial section of the infographic provides an overview of the overall status of HSDUs and includes all reporting HSDUs in HeRAMS, while subsequent analyses focus exclusively on HSDUs that are at least partially functioning. The analysis of individual services excludes HSDUs reporting a service as "not normally provided." As a result, the total number of HSDUs included in the analysis of each service may vary. Any changes are clearly indicated through supporting text labels accompanying the charts.

Information on barriers hindering service availability is collected only when a service is reported as "partially available" or "not available," with each HSDU able to report up to three barriers. The analyses are restricted to HSDUs reporting barriers, and results are limited to the top three barriers reported. The number of HSDUs included is clearly indicated through supporting text labels, and footnotes provide important details, such as non-reporting HSDUs, specific exclusions, or other relevant considerations.

Operational status

To determine whether the HSDU is currently capable of providing health services, the initial section of the HeRAMS questionnaire focuses on infrastructure status, overall functionality, and patient's ability to access the HSDU. HSDUs reported as destroyed or non-functioning are considered "not operational" meaning they are unable to provide any health service in their current state. Thus, these HSDUs are excluded from further analysis resulting in a difference in the total number of HSDUs included in subsequent sections of the infographic. To understand why an HSDU is not fully operational, underlying causes are systematically collected. The analysis is limited to HSDUs reporting causes, with each HSDU able to report up to three. Results presented in this infographic are limited to the top three causes reported.



Functionality

This section assesses the HSDU's overall functionality, defined by the absence of major or systemic issues impeding the ability to deliver the full range of expected services. An HSDU may still be considered fully functional if some services are partially or temporarily unavailable. An HSDU is considered partially functional when its capacity to deliver services is significantly affected, potentially due to infrastructure damage, resource shortages, or a surge in service demand.

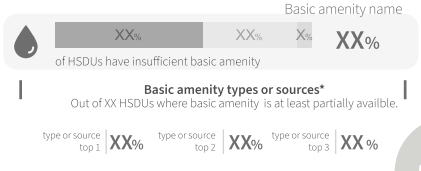
The subsequent analyses are limited to operational HSDUs, defined as those that are at least partially functioning.

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 not available up to standard 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 HSDUs 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 HSDUs where the amenity is at least partially available with results limited to the top three amenities present across all HSDUs.

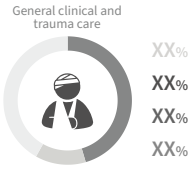
Health information management systems

This section provides information on the availability of facility-based disease reporting and electronic health information systems. Availability is defined by completeness, timeliness, and accuracy of reports.

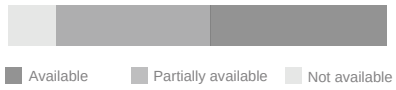
Health services

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. Unlike the service domain overviews, the analysis of individual services is limited to the HSDUs reported to provide the service, resulting in varying counts of HSDUs included for each service. The total number of HSDUs included is stated in the text label below the service.

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

Example: Out of 25 HSDUs reported to provide the services, only 5 (20%) are currently able to provide service up to standard. Among the 20 HSDUs (80%) where the service is partially or not available, 16 (80%) report lack of medical supplies as primary barrier.

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.

TITLE	SERVICE DEFINITIONS
Secondary laboratory services	Laboratory services secondary level
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.

Communicable diseases

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.

Sexual and reproductive health

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 availablity 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).
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

TITLE	SERVICE DEFINITIONS
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.

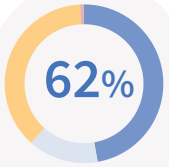
Noncommunicable diseases and mental health

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.

HeRAMS Sudan | Overview*

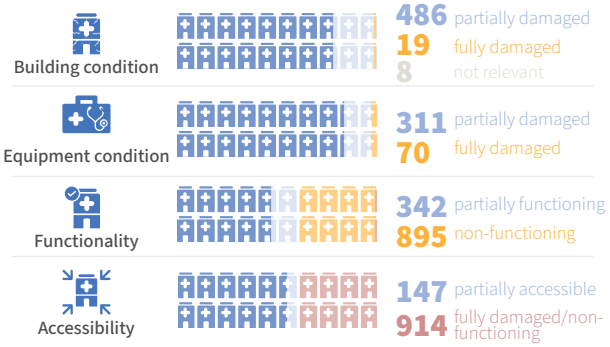
SNAPSHOT DECEMBER 2024

OPERATIONAL STATUS**

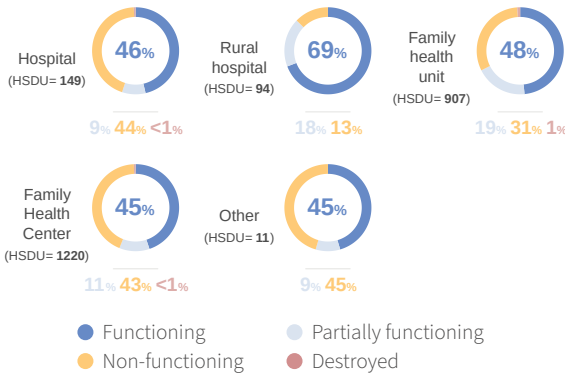


Only **1467 (62%)** out of **2381** HSDUs evaluated are at least partially functioning.***

Out of **2381** HSDUs** evaluated.



Functionality HSDU by type



MAIN CAUSES OF...

Building damage

The 3 primary causes of building damage reported by **486** partially damaged and **19** fully damaged HSDUs.

- 94% Lack of maintenance
- 9% Conflict / attack / looting
- 9% Other

Equipment damage

The 3 primary causes of equipment damage reported by **311** partially damaged and **70** fully damaged HSDUs.

- 85% Lack of maintenance
- 30% Other
- 11% Conflict / attack / looting

Functionality constraints

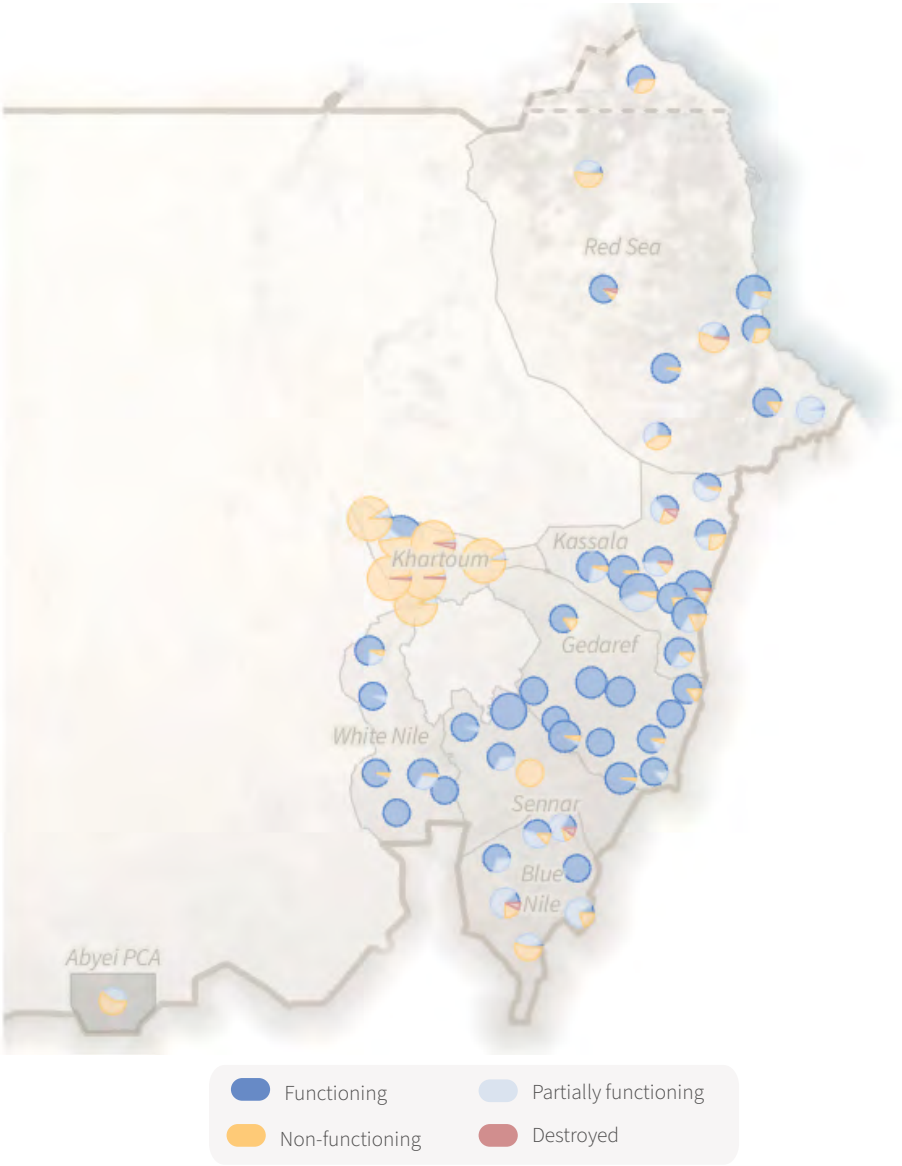
The 3 primary causes of functionality constraints reported by **342** partially functioning and **895** non-functioning HSDUs.

- 80% Lack of staff
- 61% Lack of security
- 48% Lack of physical access

Accessibility constraints

The 3 primary causes of accessibility constraints reported by **147** partially accessible HSDUs.

- 73% Physical barriers
- 32% Insecurity
- 17% Financial



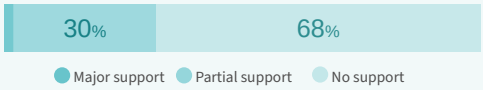
* This infographic provides an overview of all available data from Abyei PCA, Blue Nile, Gedaref, Kassala, Khartoum, Red Sea, Sennar, and White Nile states. For Sennar, data includes only the localities of Sennar, Sharq Sennar, and Senja, representing 25% of the HSDUs. White Nile data excludes the Guli, Rabak, and Al Gitaina localities due to unavailable data.

* The term health service delivery unit (HSDU) is an all-encompassing designation that includes all modalities of service delivery. Beyond traditional health facilities, this may include temporary structures or mobile clinics.

** HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.

Partner support

Out of **1467** HSDUs partially and fully operational HSDUs.



Partner support types

Out of **467** HSDUs receiving major or partial support from partners.

- Training of health staff: **89%**
- Provision of medical supplies: **87%**
- Provision of medical equipment: **42%**
- Governance / Oversight: **28%**
- Provision of operational costs: **15%**
- Provision of health staff: **10%**

BASIC AMENITIES*

Out of **1467** HSDUs partially and fully operational HSDUs.

WASH

Water

54% of HSDUs have insufficient water available.

Main water sources[1]

Out of **1329** HSDUs where water is at least partially available.

- Piped Supply Network: **34%**
- Tanker truck: **32%**
- Protected dug well: **14%**

Sanitation facilities

67% of HSDUs have insufficient improved sanitation facilities.

Sanitation facilities types[1]

Out of **1113** HSDUs where sanitation facilities are at least partially available.

- Covered Pit latrine or VIP latrine: **45%**
- Flush/pour flush to piped sewer system or septic tank: **33%**
- Uncovered pit latrine: **13%**

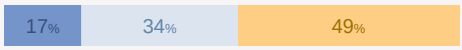
Sanitation facilities accessibility[1]

Out of **1113** HSDUs where sanitation facilities are at least partially available.

- Gender-separated toilets: **52%**
- Dedicated staff toilets: **16%**
- Toilets for people with limited accessibility: **10%**

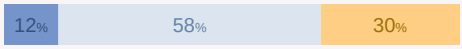
Hygiene facilities

83% of HSDUs have insufficient means to follow proper hand hygiene practices.



Environmental cleaning

88% of HSDUs have insufficient means to follow proper environmental cleaning practices.



Inpatient bed capacity*

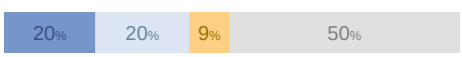
ICU beds

Out of **244** HSDUs expected to provide intensive care unit beds **218 (89.3%)** do not have sufficient capacity.

Maternity beds

Out of **512** HSDUs expected to provide maternity beds **410 (80.1%)** do not have sufficient capacity.

General inpatient beds



Out of **727** HSDUs expected to provide other beds **431 (59.3%)** do not have sufficient capacity.

Main barriers[1]

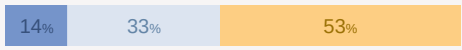
Out of **594** HSDUs where inpatient bed capacity is not available up to standards.

- Insufficient quantity: **78%**
- Lack of medical equipment: **51%**
- Lack of financial resources: **49%**

Waste management

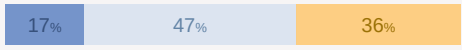
Waste segregation

86% of HSDUs have insufficient means to follow proper waste segregation practices.



Final disposal of sharps

83% of HSDUs have insufficient means for safe final disposalof sharps.



Final disposal of infectious waste

75% of HSDUs have insufficient means for safe final disposal of infectious waste.

Waste disposal methods[1]

Out of **1247** HSDUs where final disposal of sharps or infectious waste is at least partially available.

- Open burning: **37%**
- Burning in a protected pit: **34%**
- Not treated, but collected for medical waste disposal off-site: **12%**

Personal protective equipment

80% of HSDUs have insufficient personal protective equipment.

Power

58% of HSDUs have insufficient or unreliable power available.

Power sources[1]

Out of **841** HSDUs where power is at least partially available.

- National electricity network: **69%**
- Solar system: **21%**
- Generator: **20%**

Cold chain

61% of HSDUs have insufficient cold chain capacity.

Cold chain sources[1]

Out of **632** HSDUs where cold chain capacity is at least partially available.

- Public power network: **61%**
- Generator: **21%**
- Solar: **20%**

Communication equipment

53% of HSDUs have insufficient means of communication.

Communication equipment types[1]

Out of **1178** HSDUs where communication means are at least partially available.

- Mobile phone: **94%**
- Internet/mobile data: **12%**
- Computer: **11%**

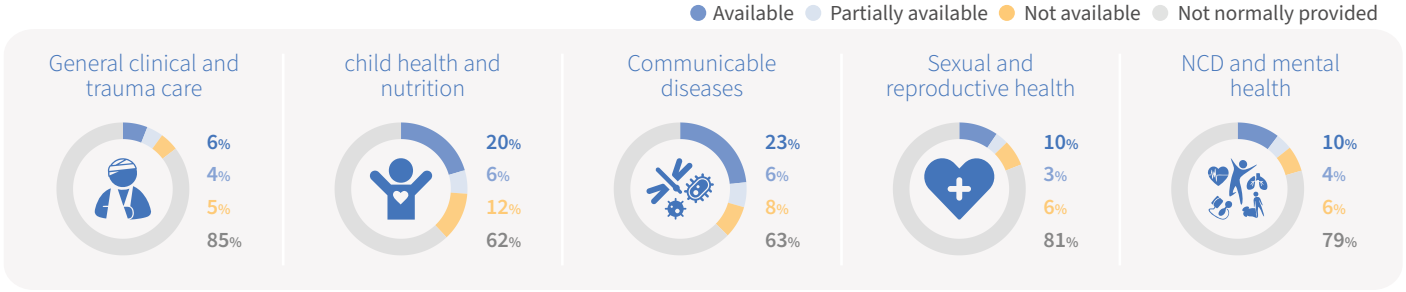
[1] Basic amenity types are limited to the top three most frequently reported.

*Out of **1467** 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



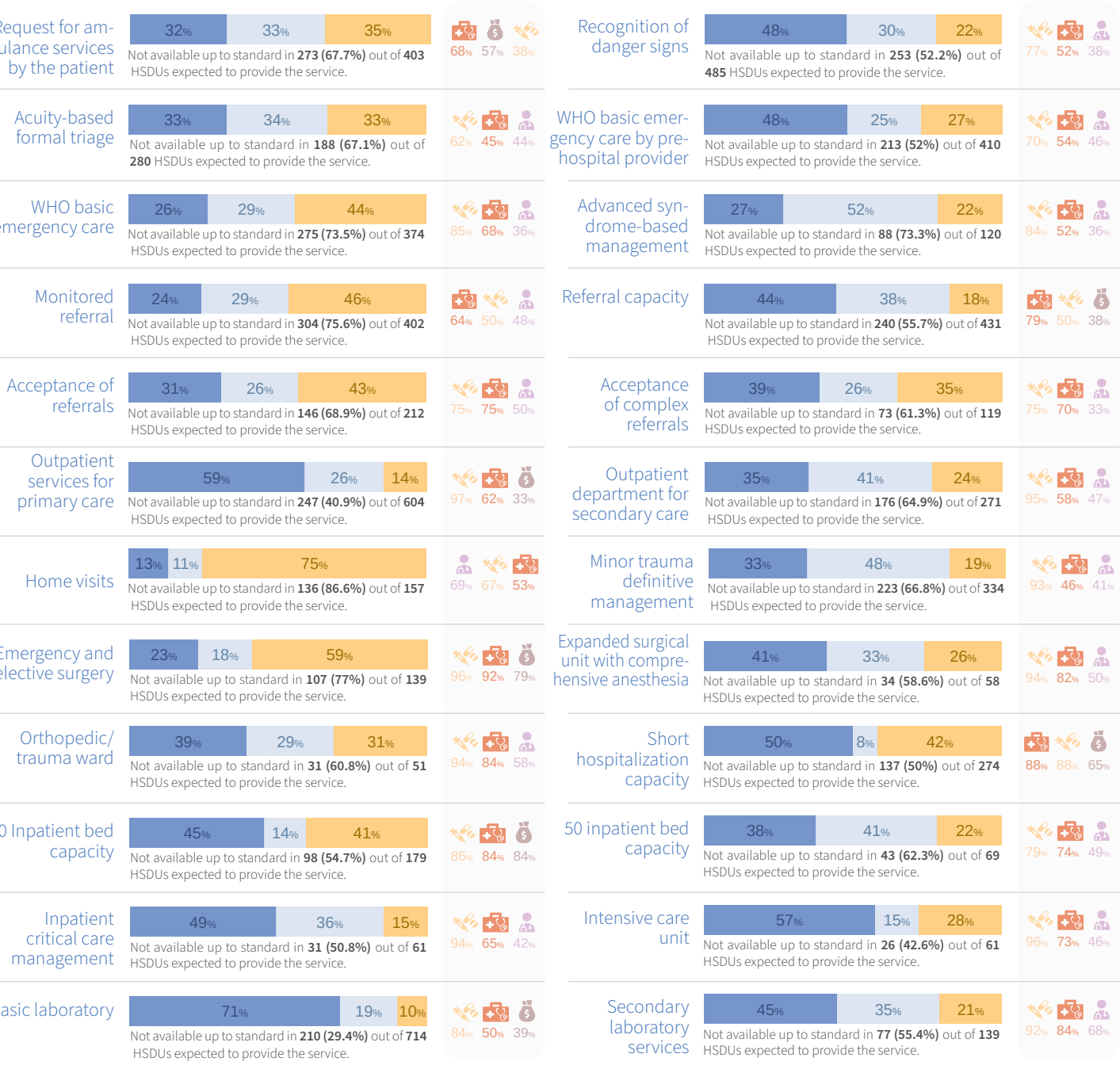
General clinical and emergency care

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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



* Out of **1467** 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

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

General clinical and emergency care (cont.)

Tertiary laboratory services
33% | 17% | 50%
Not available up to standard in **70 (67.3%)** out of **104** HSDUs expected to provide the service.
94% 87% 74%

Blood bank services
54% | 18% | 28%
Not available up to standard in **41 (45.6%)** out of **90** HSDUs expected to provide the service.
98% 78% 46%

Basic X-ray service
29% | 10% | 61%
Not available up to standard in **111 (71.2%)** out of **156** HSDUs expected to provide the service.
97% 95% 71%

Hemodialysis unit
31% | 12% | 56%
Not available up to standard in **33 (68.8%)** out of **48** HSDUs expected to provide the service.
91% 82% 82%

Radiology unit
28% | 26% | 46%
Not available up to standard in **50 (72.5%)** out of **69** HSDUs expected to provide the service.
88% 76% 70%

Medical evacuation procedures
47% | 20% | 33%
Not available up to standard in **24 (53.3%)** out of **45** HSDUs expected to provide the service.
79% 67% 54%

Procedures for mass casualty scenarios
37% | 29% | 34%
Not available up to standard in **48 (63.2%)** out of **76** HSDUs expected to provide the service.
77% 65% 46%

Mass casualty management system
21% | 29% | 50%
Not available up to standard in **109 (79%)** out of **138** HSDUs expected to provide the service.
85% 78% 71%

War surgery protocols
22% | 22% | 56%
Not available up to standard in **91 (78.4%)** out of **116** HSDUs expected to provide the service.
92% 74% 71%

Damage control surgery protocols
13% | 25% | 63%
Not available up to standard in **96 (87.3%)** out of **110** HSDUs expected to provide the service.
91% 78% 73%

Child health and nutrition

Community-based first aid
55% | 22% | 23%
Not available up to standard in **278 (45.3%)** out of **614** HSDUs expected to provide the service.
70% 44% 36%

Community-based IMCI
47% | 23% | 30%
Not available up to standard in **297 (52.6%)** out of **565** HSDUs expected to provide the service.
94% 49% 36%

IMCI under 5 clinic
42% | 28% | 30%
Not available up to standard in **369 (58.1%)** out of **635** HSDUs expected to provide the service.
95% 41% 33%

Management of severe paediatric diseases
37% | 39% | 25%
Not available up to standard in **118 (63.1%)** out of **187** HSDUs expected to provide the service.
94% 45% 25%

Community mobilization for EPI
52% | 10% | 38%
Not available up to standard in **266 (48%)** out of **554** HSDUs expected to provide the service.
56% 52% 47%

Expanded programme on immunization
63% | 12% | 24%
Not available up to standard in **317 (36.6%)** out of **866** HSDUs expected to provide the service.
73% 66% 39%

IEC on IYCF practices
58% | 15% | 27%
Not available up to standard in **275 (42.2%)** out of **651** HSDUs expected to provide the service.
56% 45% 37%

Screening for acute malnutrition at the community level
72% | 6% | 23%
Not available up to standard in **212 (28.2%)** out of **752** HSDUs expected to provide the service.
76% 54% 51%

Growth monitoring at primary care level
61% | 10% | 30%
Not available up to standard in **275 (39.5%)** out of **697** HSDUs expected to provide the service.
59% 58% 41%

Community management of acute malnutrition
43% | 9% | 47%
Not available up to standard in **309 (56.7%)** out of **545** HSDUs expected to provide the service.
87% 40% 31%

Integrated management of acute malnutrition
41% | 11% | 48%
Not available up to standard in **313 (59.1%)** out of **530** HSDUs expected to provide the service.
87% 40% 31%

Stabilization center for SAM
37% | 20% | 43%
Not available up to standard in **56 (62.9%)** out of **89** HSDUs expected to provide the service.
89% 50% 32%

Communicable diseases

Syndromic surveillance
72% | 4% | 24%
Not available up to standard in **250 (28%)** out of **893** HSDUs expected to provide the service.
68% 67% 65%

Event-based surveillance
83% | 14%
Not available up to standard in **204 (16.6%)** out of **1227** HSDUs expected to provide the service.
82% 77% 67%

Malaria at the community level
60% | 16% | 24%
Not available up to standard in **211 (40.2%)** out of **525** HSDUs expected to provide the service.
81% 48% 44%

Malaria at the primary care level
68% | 28% | 4%
Not available up to standard in **321 (32.3%)** out of **993** HSDUs expected to provide the service.
90% 58% 12%

Vector control
32% | 29% | 38%
Not available up to standard in **458 (67.8%)** out of **676** HSDUs expected to provide the service.
54% 50% 39%

Support mass drug administration
48% | 13% | 40%
Not available up to standard in **126 (52.5%)** out of **240** HSDUs expected to provide the service.
74% 63% 55%

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

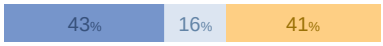
Communicable diseases (cont.)

Tuberculosis

Not available up to standard in **231 (67.3%)** out of **343** HSDUs expected to provide the service.

94% 61% 45%

Multi-drug-resistant tuberculosis



Not available up to standard in **74 (57.4%)** out of **129** HSDUs expected to provide the service.

95% 72% 66%

IEC on local priority diseases

Not available up to standard in **190 (29.3%)** out of **648** HSDUs expected to provide the service.

61% 46% 36%

Local priority diseases

Not available up to standard in **262 (40.2%)** out of **652** HSDUs expected to provide the service.

84% 50% 34%

Management of severe communicable diseases

Not available up to standard in **61 (46.9%)** out of **130** HSDUs expected to provide the service.

84% 56% 34%

Isolation unit or room

Not available up to standard in **63 (55.8%)** out of **113** HSDUs expected to provide the service.

70% 65% 38%

Sexual and reproductive health

STI and HIV/AIDS

IEC on STI/HIV

Not available up to standard in **123 (50.8%)** out of **242** HSDUs expected to provide the service.

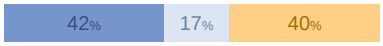
63% 62% 53%

STI/HIV Advocacy

Not available up to standard in **100 (74.6%)** out of **134** HSDUs expected to provide the service.

69% 67% 63%

Syndromic management of STIs



Not available up to standard in **99 (57.6%)** out of **172** HSDUs expected to provide the service.

96% 71% 60%

HIV counselling and testing

Not available up to standard in **73 (61.9%)** out of **118** HSDUs expected to provide the service.

95% 82% 82%

Opportunistic infections and PMTCT

Not available up to standard in **71 (74%)** out of **96** HSDUs expected to provide the service.

96% 86% 85%

Antiretroviral treatment

Not available up to standard in **70 (81.4%)** out of **86** HSDUs expected to provide the service.

94% 81% 81%

Maternal and newborn health

Family planning

Not available up to standard in **295 (31.7%)** out of **931** HSDUs expected to provide the service.

92% 42% 31%

Antenatal care

Not available up to standard in **273 (32.6%)** out of **838** HSDUs expected to provide the service.

83% 49% 48%

Clean home deliveries

Not available up to standard in **340 (59.4%)** out of **572** HSDUs expected to provide the service.

76% 49% 41%

Skilled care during childbirth

Not available up to standard in **290 (58.4%)** out of **497** HSDUs expected to provide the service.

76% 50% 48%

Basic emergency obstetric care

Not available up to standard in **181 (70.7%)** out of **256** HSDUs expected to provide the service.

96% 81% 48%

Comprehensive emergency obstetric care

Not available up to standard in **42 (54.5%)** out of **77** HSDUs expected to provide the service.

93% 60% 40%

Post-partum care

Not available up to standard in **131 (38%)** out of **345** HSDUs expected to provide the service.

72% 72% 59%

Comprehensive abortion care

Not available up to standard in **80 (69.6%)** out of **115** HSDUs expected to provide the service.

92% 82% 68%

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Sexual and reproductive health (cont.)

Sexual violence

Clinical management of rape survivors

24% | 10% | 66%

Not available up to standard in **68 (75.6%)** out of **90** HSDUs expected to provide the service.

99% 85% 84%

Emergency contraception

21% | 10% | 69%

Not available up to standard in **70 (78.7%)** out of **89** HSDUs expected to provide the service.

97% 90% 84%

Post-exposure prophylaxis

20% | 4% | 76%

Not available up to standard in **64 (80%)** out of **80** HSDUs expected to provide the service.

98% 92% 88%

Noncommunicable diseases and mental health

Comprehensive community health services

27% | 20% | 53%

Not available up to standard in **149 (72.7%)** out of **205** HSDUs expected to provide the service.

71% 69% 50%

NCD clinic

50% | 27% | 23%

Not available up to standard in **310 (50.1%)** out of **619** HSDUs expected to provide the service.

91% 53% 47%

Asthma and COPD

66% | 9% | 26%

Not available up to standard in **153 (34.2%)** out of **447** HSDUs expected to provide the service.

92% 40% 40%

Hypertension

63% | 25% | 12%

Not available up to standard in **322 (37.1%)** out of **869** HSDUs expected to provide the service.

93% 47% 30%

Diabetes

53% | 22% | 25%

Not available up to standard in **348 (47.2%)** out of **737** HSDUs expected to provide the service.

95% 49% 33%

Inpatient acute rehabilitation

56% | 30% | 14%

Not available up to standard in **38 (43.7%)** out of **87** HSDUs expected to provide the service.

84% 58% 42%

Outpatient or community level rehabilitation services

55% | 21% | 23%

Not available up to standard in **67 (45%)** out of **149** HSDUs expected to provide the service.

91% 69% 57%

Prosthetics and Orthotics

37% | 15% | 48%

Not available up to standard in **60 (63.2%)** out of **95** HSDUs expected to provide the service.

93% 85% 82%

Oral health and dental care

30% | 7% | 63%

Not available up to standard in **219 (70.4%)** out of **311** HSDUs expected to provide the service.

83% 74% 47%

Psychological first aid

35% | 12% | 52%

Not available up to standard in **95 (64.6%)** out of **147** HSDUs expected to provide the service.

82% 68% 56%

Management of mental disorders

24% | 12% | 64%

Not available up to standard in **71 (75.5%)** out of **94** HSDUs expected to provide the service.

97% 85% 75%

Inpatient care for mental disorders

16% | 11% | 73%

Not available up to standard in **97 (84.3%)** out of **115** HSDUs expected to provide the service.

97% 93% 79%

Inpatient care for mental disorders by specialists

43% | 17% | 40%

Not available up to standard in **24 (57.1%)** out of **42** HSDUs expected to provide the service.

88% 71% 62%

This analysis was produced based on the information reported into HeRAMS up to 31 December 2024 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.

Notes:

1. Causes of non-functionality, basic amenity types, and barriers impeding service availability, were limited to the top three most frequently reported responses.
2. The analysis of barriers impeding service availability was limited to HSDUs where the health service is not available up to standard.
3. The analysis of individual services was limited to HSDUs expected to provide the specific service.

Data source: HeRAMS Sudan
https://herams.org/project/82
Data accessed on: 31 December 2024
Date report created: 08 January 2025
Contact: herams@who.int

HeRAMS Health Resources and Services Availability Monitoring System
World Health Organization Sudan
USAID FROM THE AMERICAN PEOPLE

HeRAMS Sudan | Abyei PCA
SNAPSHOT DECEMBER 2024

OPERATIONAL STATUS

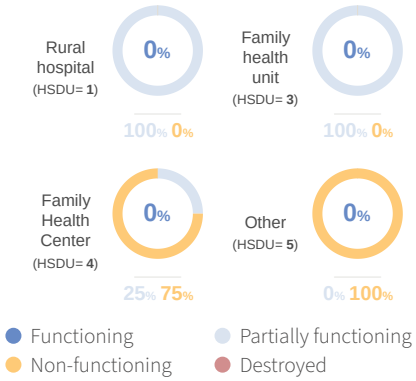
38%

Only **5 (38%)** out of **13** HSDUs evaluated are at least partially functioning.**

Out of **13** HSDUs* evaluated.

Building condition	7	partially damaged
	4	not relevant
Equipment condition	11	partially damaged
Functionality	5	partially functioning
	8	non-functioning
Accessibility	1	partially accessible
	8	fully damaged/non-functioning

Functionality HSDU by type



MAIN CAUSES OF...

Building damage

The 3 primary causes of building damage reported by **7** partially damaged HSDUs.

- 86% Lack of maintenance
- 43% Natural disaster
- 14% Man-made disaster

Equipment damage

The 3 primary causes of equipment damage reported by **11** partially damaged HSDUs.

- 91% Lack of maintenance
- 27% Man-made disaster
- 27% Conflict / attack / looting

Functionality constraints

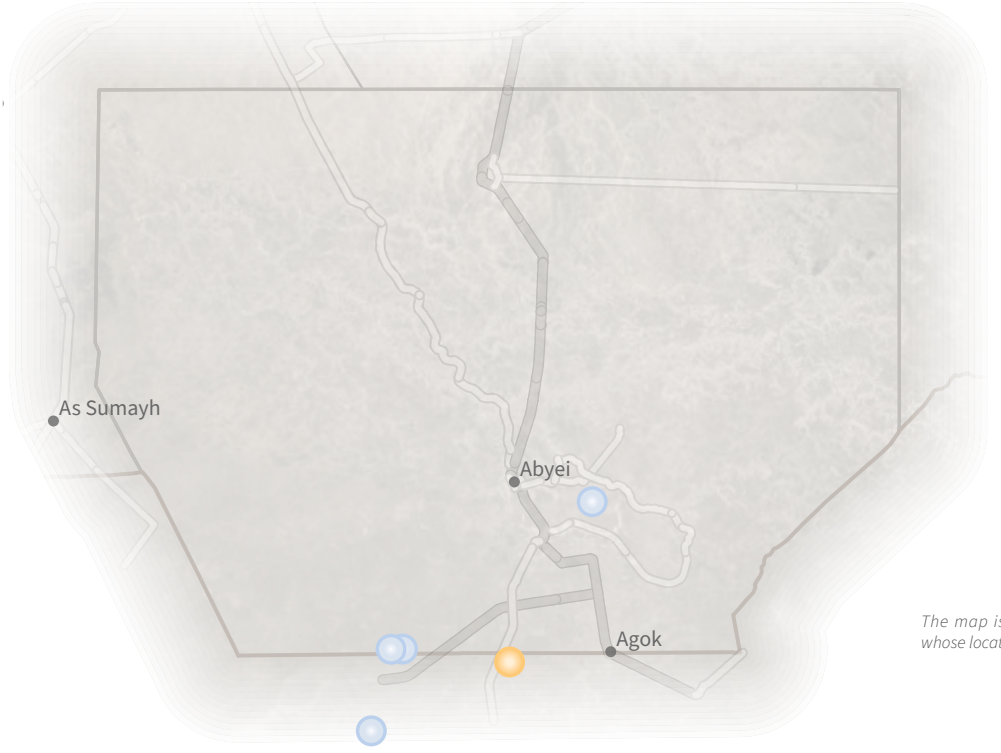
The 3 primary causes of functionality constraints reported by **5** partially functioning and **8** non-functioning HSDUs.

- 85% Lack of medical supplies
- 62% Lack of staff
- 46% Lack of equipment

Accessibility constraints

The primary cause of accessibility constraints reported by **1** partially accessible HSDU.

- 100% Cultural barrier



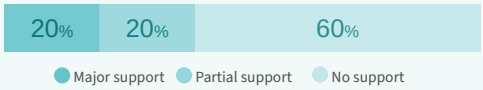
The map is based on 5 out of 13 HSDUs whose locations have been validated.

* The term health service delivery unit (HSDU) is an all-encompassing designation that includes all modalities of service delivery. Beyond traditional health facilities, this may include temporary structures or mobile clinics.

** HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.

Partner support

Out of **5** HSDUs partially and fully operational HSDUs.



Partner support types

Out of **2** HSDUs receiving major or partial support from partners.

Training of health staff	100%	Provision of medical supplies	100%	Provision of medical equipment	100%
Provision of operational costs	100%	Governance / Oversight	50%	Provision of health staff	50%

BASIC AMENITIES*

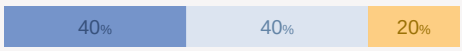
Out of **5** HSDUs partially and fully operational HSDUs.

Available | Partially available | Not available | Not normally provided

WASH

Water

60% of HSDUs have insufficient water available.



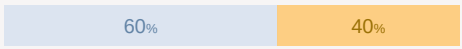
Main water sources[1]

Out of **4** HSDUs where water is at least partially available.

Tube well/ borehole	50%	Protected dug well	50%

Sanitation facilities

100% of HSDUs have insufficient improved sanitation facilities.



Sanitation facilities types[1]

Out of **3** HSDUs where sanitation facilities are at least partially available.

Flush toilet	33%	Uncovered pit latrine	33%	Other	33%

Sanitation facilities accessibility[1]

Out of **3** HSDUs where sanitation facilities are at least partially available.

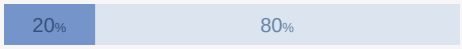
Dedicated staff toilets	33%

Hygiene facilities

80% of HSDUs have insufficient means to follow proper hand hygiene practices.

Environmental cleaning

80% of HSDUs have insufficient means to follow proper environmental cleaning practices.



Inpatient bed capacity*

ICU beds

Out of **1** HSDU expected to provide intensive care unit beds **1 (100%)** do not have sufficient capacity.

Maternity beds

Out of **4** HSDUs expected to provide maternity beds **4 (100%)** do not have sufficient capacity.

General inpatient beds

Out of **4** HSDUs expected to provide other beds **4 (100%)** do not have sufficient capacity.

Main barriers[1]

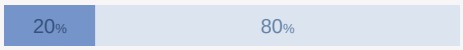
Out of **4** HSDUs where inpatient bed capacity is not available up to standards.

Insufficient quantity	100%	Lack of financial resources	75%	Lack of medical equipment	50%

Waste management

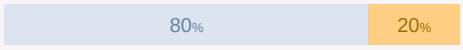
Waste segregation

80% of HSDUs have insufficient means to follow proper waste segregation practices.



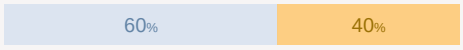
Final disposal of sharps

100% of HSDUs have insufficient means for safe final disposalof sharps.



Final disposal of infectious waste

100% of HSDUs have insufficient means for safe final disposal of infectious waste.



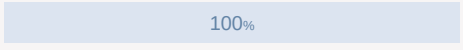
Waste disposal methods[1]

Out of **4** HSDUs where final disposal of sharps or infectious waste is at least partially available.

Open burning	75%	Burning in a protected pit	25%

Personal protective equipment

100% of HSDUs have insufficient personal protective equipment.



Power

100% of HSDUs have insufficient or unreliable power available.

Power sources[1]

Out of **2** HSDUs where power is at least partially available.

Generator	50%	Solar system	50%

Cold chain

100% of HSDUs have insufficient cold chain capacity.

Cold chain sources[1]

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

Solar	100%

Communication equipment

100% of HSDUs have insufficient means of communication.

Communication equipment types[1]

Out of **2** HSDUs where communication means are at least partially available.

Internet/mobile data	50%	Others	50%

[1] Basic amenity types are limited to the top three most frequently reported.

*Out of **5** 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

Service domain	Available	Partially available	Not available	Not normally provided
General clinical and trauma care	4%	15%	18%	64%
child health and nutrition	2%	23%	57%	18%
Communicable diseases	10%	30%	22%	38%
Sexual and reproductive health	12%	22%	12%	54%
NCD and mental health	0%	15%	15%	69%

General clinical and emergency care

Availability status: Available; Partially available; Not available

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

Service	Available	Partially available	Not available	Availability note	Barriers
Request for ambulance services by the patient		20%	80%	Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.	Lack of financial resources 100%, Lack of equipment 80%, Lack of supplies 20%
Acuity-based formal triage		33%	67%	Not available up to standard in **3 (100%)** out of **3** HSDUs expected to provide the service.	Lack of staff 67%, Lack of financial resources 67%, Lack of training 33%
WHO basic emergency care	20%	20%	60%	Not available up to standard in **4 (80%)** out of **5** HSDUs expected to provide the service.	Lack of staff 75%, Lack of training 50%, Lack of supplies 50%
Monitored referral		100%		Not available up to standard in **2 (100%)** out of **2** HSDUs expected to provide the service.	Lack of equipment 50%, Lack of financial resources 50%
Acceptance of referrals				Not expected in any operational HSDU.	—
Outpatient services for primary care	60%	40%		Not available up to standard in **2 (40%)** out of **5** HSDUs expected to provide the service.	Lack of supplies 100%
Home visits			100%	Not available up to standard in **2 (100%)** out of **2** HSDUs expected to provide the service.	Lack of staff 100%, Lack of training 50%, Lack of financial resources 50%
Emergency and elective surgery			100%	Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.	Lack of staff 100%, Lack of supplies 100%, Lack of financial resources 100%
Orthopedic/ trauma ward				Not expected in any operational HSDU.	—
20 Inpatient bed capacity		100%		Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.	Lack of staff 100%, Lack of financial resources 100%
Inpatient critical care management				Not expected in any operational HSDU.	—
Basic laboratory		100%		Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.	Lack of staff 100%, Lack of supplies 100%, Lack of training 60%
Recognition of danger signs	33%		67%	Not available up to standard in **2 (66.7%)** out of **3** HSDUs expected to provide the service.	Lack of supplies 100%, Lack of staff 50%, Lack of training 50%
WHO basic emergency care by pre-hospital provider		60%	40%	Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.	Lack of staff 60%, Lack of supplies 40%, Lack of equipment 40%
Advanced syndrome-based management		33%	67%	Not available up to standard in **3 (100%)** out of **3** HSDUs expected to provide the service.	Lack of staff 67%, Lack of supplies 67%, Lack of financial resources 67%
Referral capacity		60%	40%	Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.	Lack of equipment 100%, Lack of financial resources 100%, Lack of supplies 20%
Acceptance of complex referrals				Not expected in any operational HSDU.	—
Outpatient department for secondary care		50%	50%	Not available up to standard in **2 (100%)** out of **2** HSDUs expected to provide the service.	Lack of staff 100%, Lack of equipment 50%
Minor trauma definitive management	33%	67%		Not available up to standard in **2 (66.7%)** out of **3** HSDUs expected to provide the service.	Lack of training 100%, Lack of supplies 100%, Lack of staff 50%
Expanded surgical unit with comprehensive anesthesia				Not expected in any operational HSDU.	—
Short hospitalization capacity		50%	50%	Not available up to standard in **2 (100%)** out of **2** HSDUs expected to provide the service.	Lack of staff 100%, Lack of supplies 50%, Lack of equipment 50%
50 inpatient bed capacity				Not expected in any operational HSDU.	—
Intensive care unit				Not expected in any operational HSDU.	—
Secondary laboratory services				Not expected in any operational HSDU.	—

* Out of **5** 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

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

General clinical and emergency care (cont.)

Tertiary laboratory services
Not expected in any operational HSDU.

Blood bank services
Not expected in any operational HSDU.

Basic X-ray service
Not expected in any operational HSDU.

Hemodialysis unit
Not expected in any operational HSDU.

Radiology unit
Not expected in any operational HSDU.

Medical evacuation procedures
Not expected in any operational HSDU.

Procedures for mass casualty scenarios
100%
Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.
100% 100% 100%

Mass casualty management system
100%
Not available up to standard in **3 (100%)** out of **3** HSDUs expected to provide the service.
100% 33% 33%

War surgery protocols
100%
Not available up to standard in **3 (100%)** out of **3** HSDUs expected to provide the service.
100% 67% 33%

Damage control surgery protocols
100%
Not available up to standard in **2 (100%)** out of **2** HSDUs expected to provide the service.
50% 50% 50%

Child health and nutrition

Community-based first aid
50% | 50%
Not available up to standard in **4 (100%)** out of **4** HSDUs expected to provide the service.
50% 50% 50%

Community-based IMCI
50% | 50%
Not available up to standard in **4 (100%)** out of **4** HSDUs expected to provide the service.
100% 100% 25%

IMCI under 5 clinic
40% | 60%
Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.
100% 100% 60%

Management of severe paediatric diseases
100%
Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.
100% 100% 100%

Community mobilization for EPI
25% | 75%
Not available up to standard in **3 (75%)** out of **4** HSDUs expected to provide the service.
67% 67% 33%

Expanded programme on immunization
60% | 40%
Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.
100% 80% 40%

IEC on IYCF practices
40% | 60%
Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.
80% 40% 40%

Screening for acute malnutrition at the community level
40% | 60%
Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.
80% 60% 20%

Growth monitoring at primary care level
100%
Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.
80% 60% 40%

Community management of acute malnutrition
100%
Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.
100% 60% 60%

Integrated management of acute malnutrition
100%
Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.
80% 60% 60%

Stabilization center for SAM
100%
Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.
100% 100% 100%

Communicable diseases

Syndromic surveillance
50% | 50%
Not available up to standard in **4 (100%)** out of **4** HSDUs expected to provide the service.
75% 50% 25%

Event-based surveillance
50% | 50%
Not available up to standard in **2 (50%)** out of **4** HSDUs expected to provide the service.
100% 50%

Malaria at the community level
100%
Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.
100% 100% 100%

Malaria at the primary care level
80% | 20%
Not available up to standard in **1 (20%)** out of **5** HSDUs expected to provide the service.
100% 100%

Vector control
20% | 80%
Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.
80% 60% 40%

Support mass drug administration
100%
Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.
100% 100%

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Communicable diseases (cont.)

Tuberculosis

100%

Not available up to standard in **3 (100%)** out of **3** HSDUs expected to provide the service.

100% 67% 33%

Multi-drug-resistant tuberculosis

100%

Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.

100%

IEC on local priority diseases

100%

Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.

60% 40% 40%

Local priority diseases

100%

Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.

80% 60% 40%

Management of severe communicable diseases

50% | 50%

Not available up to standard in **2 (100%)** out of **2** HSDUs expected to provide the service.

100% 100% 50%

Isolation unit or room

100%

Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.

100% 100%

Sexual and reproductive health

STI and HIV/AIDS

IEC on STI/HIV

100%

Not available up to standard in **3 (100%)** out of **3** HSDUs expected to provide the service.

67% 33%

STI/HIV Advocacy

100%

Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.

100% 100% 100%

Syndromic management of STIs

50% | 50%

Not available up to standard in **2 (100%)** out of **2** HSDUs expected to provide the service.

100% 50% 50%

HIV counselling and testing

100%

Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.

100% 100% 100%

Opportunistic infections and PMTCT

100%

Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.

100% 100% 100%

Antiretroviral treatment

100%

Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.

100% 100% 100%

Maternal and newborn health

Family planning

40% | 60%

Not available up to standard in **3 (60%)** out of **5** HSDUs expected to provide the service.

100%

Antenatal care

80% | 20%

Not available up to standard in **1 (20%)** out of **5** HSDUs expected to provide the service.

100%

Clean home deliveries

80% | 20%

Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.

80% 80%

Skilled care during childbirth

100%

Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.

100% 40% 40%

Basic emergency obstetric care

100%

Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.

100% 100% 100%

Comprehensive emergency obstetric care

Not expected in any operational HSDU.

—

Post-partum care

80% | 20%

Not available up to standard in **1 (20%)** out of **5** HSDUs expected to provide the service.

100% 100%

Comprehensive abortion care

100%

Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.

100% 100%

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Sexual and reproductive health (cont.)

Sexual violence

Clinical management of rape survivors
100%
Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.
100% 100%

Emergency contraception
100%
Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.
100% 100%

Post-exposure prophylaxis
100%
Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.
100% 100%

Noncommunicable diseases and mental health

Comprehensive community health services
Not expected in any operational HSDU.
—

NCD clinic
100%
Not available up to standard in **3 (100%)** out of **3** HSDUs expected to provide the service.
67% 67% 67%

Asthma and COPD
100%
Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.
100%

Hypertension
100%
Not available up to standard in **4 (100%)** out of **4** HSDUs expected to provide the service.
100% 50% 25%

Diabetes
25% | 75%
Not available up to standard in **4 (100%)** out of **4** HSDUs expected to provide the service.
100% 75% 50%

Inpatient acute rehabilitation
Not expected in any operational HSDU.
—

Outpatient or community level rehabilitation services
Not expected in any operational HSDU.
—

Prosthetics and Orthotics
Not expected in any operational HSDU.
—

Oral health and dental care
20% | 80%
Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.
80% 40% 40%

Psychological first aid
100%
Not available up to standard in **2 (100%)** out of **2** HSDUs expected to provide the service.
100% 50% 50%

Management of mental disorders
100%
Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.
100% 100%

Inpatient care for mental disorders
Not expected in any operational HSDU.
—

Inpatient care for mental disorders by specialists
Not expected in any operational HSDU.
—

This analysis was produced based on the information reported into HeRAMS up to 31 December 2024 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.

Notes:

1. Causes of non-functionality, basic amenity types, and barriers impeding service availability, were limited to the top three most frequently reported responses.
2. The analysis of barriers impeding service availability was limited to HSDUs where the health service is not available up to standard.
3. The analysis of individual services was limited to HSDUs expected to provide the specific service.

Data source: HeRAMS Sudan
Data accessed on: 31 December 2024
Date report created: 08 January 2025
Contact:

HeRAMS Health Resources and Services Availability Monitoring System
World Health Organization Sudan
USAID FROM THE AMERICAN PEOPLE

HeRAMS Sudan | Blue Nile
SNAPSHOT DECEMBER 2024

OPERATIONAL STATUS*

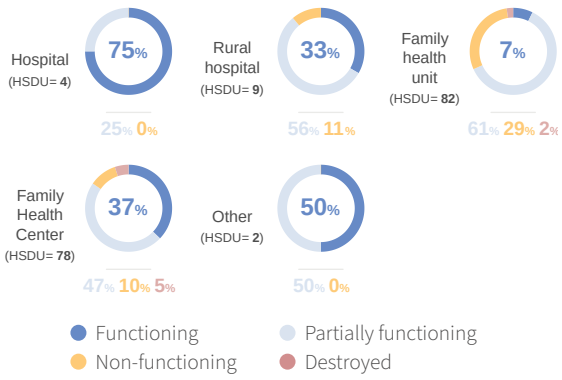
78%

Only **136 (78%)** out of **175** HSDUs evaluated are at least partially functioning.**

Out of **175** HSDUs* evaluated.

Building condition	**158**	partially damaged
	6	fully damaged
Equipment condition	**163**	partially damaged
	1	fully damaged
Functionality	**94**	partially functioning
	33	non-functioning
Accessibility	**87**	partially accessible
	39	fully damaged/non-functioning

Functionality HSDU by type



MAIN CAUSES OF...

Building damage

The 3 primary causes of building damage reported by **158** partially damaged and **6** fully damaged HSDUs.

- **98%** Lack of maintenance
- **10%** Conflict / attack / looting
- **1%** Natural disaster

Equipment damage

The 3 primary causes of equipment damage reported by **163** partially damaged and **1** fully damaged HSDUs.

- **98%** Lack of maintenance
- **10%** Conflict / attack / looting
- **1%** Natural disaster

Functionality constraints

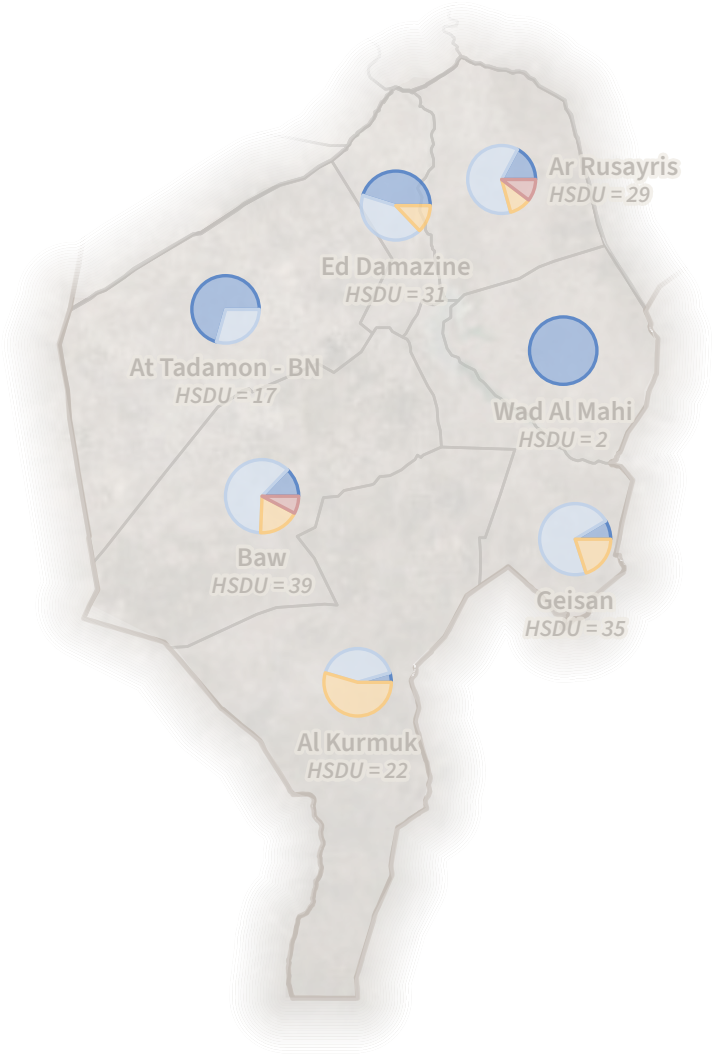
The 3 primary causes of functionality constraints reported by **94** partially functioning and **33** non-functioning HSDUs.

- **74%** Lack of medical supplies
- **49%** Lack of equipment
- **28%** Lack of staff

Accessibility constraints

The 3 primary causes of accessibility constraints reported by **87** partially accessible HSDUs.

- **92%** Physical barriers
- **14%** Insecurity
- **9%** Financial



* The term health service delivery unit (HSDU) is an all-encompassing designation that includes all modalities of service delivery. Beyond traditional health facilities, this may include temporary structures or mobile clinics.

** HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.

Partner support

Out of **136** HSDUs partially and fully operational HSDUs.

Partner support types

Out of **33** HSDUs receiving major or partial support from partners.

Provision of medical supplies	91%	Training of health staff	76%	Provision of medical equipment	64%
Provision of operational costs	58%	Provision of health staff	39%	Governance / Oversight	24%

BASIC AMENITIES*

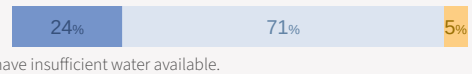
Out of **136** HSDUs partially and fully operational HSDUs.

Available · Partially available · Not available · Not normally provided

WASH

Water

76% of HSDUs have insufficient water available.



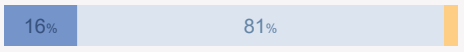
Main water sources[1]

Out of **129** HSDUs where water is at least partially available.

Protected dug well	29%	Piped Supply Network	26%	Surface water	22%

Sanitation facilities

84% of HSDUs have insufficient improved sanitation facilities.



Sanitation facilities types[1]

Out of **132** HSDUs where sanitation facilities are at least partially available.

Covered Pit latrine or VIP latrine	39%	Flush toilet	37%	Uncovered pit latrine	17%

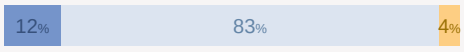
Sanitation facilities accessibility[1]

Out of **132** HSDUs where sanitation facilities are at least partially available.

Gender-separated toilets	67%	Dedicated staff toilets	64%	Menstrual hygiene facilities	1%

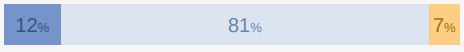
Hygiene facilities

88% of HSDUs have insufficient means to follow proper hand hygiene practices.



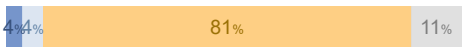
Environmental cleaning

88% of HSDUs have insufficient means to follow proper environmental cleaning practices.



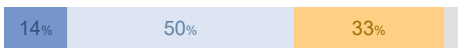
Inpatient bed capacity*

ICU beds



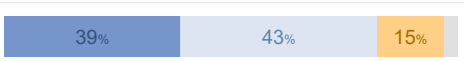
Out of **121** HSDUs expected to provide intensive care unit beds **116 (95.9%)** do not have sufficient capacity.

Maternity beds



Out of **132** HSDUs expected to provide maternity beds **113 (85.6%)** do not have sufficient capacity.

General inpatient beds



Out of **132** HSDUs expected to provide other beds **79 (59.8%)** do not have sufficient capacity.

Main barriers[1]

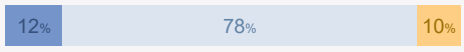
Out of **120** HSDUs where inpatient bed capacity is not available up to standards.

Lack of medical equipment	73%	Insufficient quantity	51%	Lack of financial resources	48%

Waste management

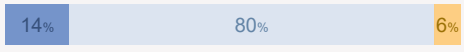
Waste segregation

88% of HSDUs have insufficient means to follow proper waste segregation practices.



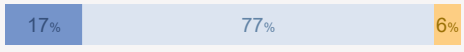
Final disposal of sharps

86% of HSDUs have insufficient means for safe final disposalof sharps.



Final disposal of infectious waste

83% of HSDUs have insufficient means for safe final disposal of infectious waste.



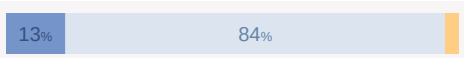
Waste disposal methods[1]

Out of **130** HSDUs where final disposal of sharps or infectious waste is at least partially available.

Burning in a protected pit	45%	Incinerated other	27%	Open burning	19%

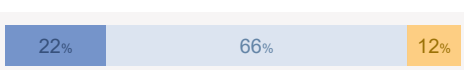
Personal protective equipment

87% of HSDUs have insufficient personal protective equipment.



Power

78% of HSDUs have insufficient or unreliable power available.



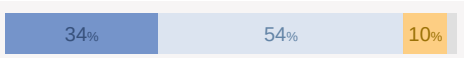
Power sources[1]

Out of **120** HSDUs where power is at least partially available.

Generator	56%	Solar system	36%	National electricity network	26%

Cold chain

65% of HSDUs have insufficient cold chain capacity.



Cold chain sources[1]

Out of **120** HSDUs where cold chain capacity is at least partially available.

Generator	63%	Solar	30%	Public power network	24%

Communication equipment

54% of HSDUs have insufficient means of communication.

Communication equipment types[1]

Out of **124** HSDUs where communication means are at least partially available.

Mobile phone	94%	Internet/mobile data	8%	Computer	1%

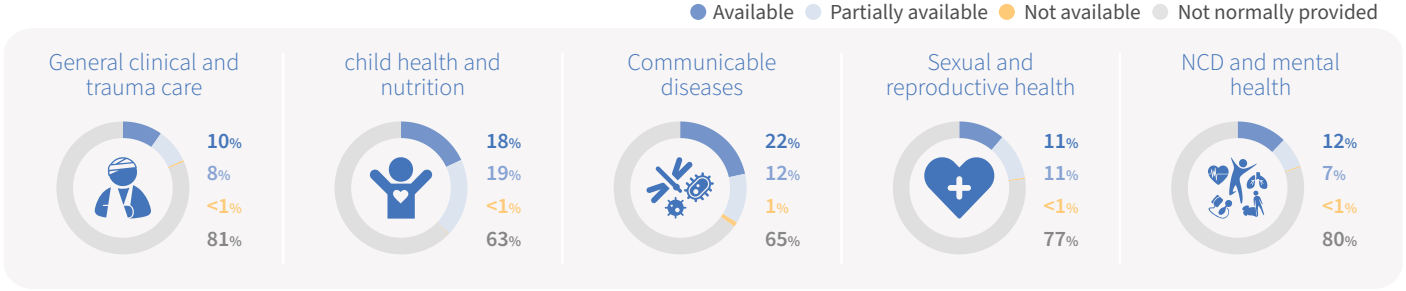
[1] Basic amenity types are limited to the top three most frequently reported.

*Out of **136** 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



General clinical and emergency care

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

	Available	Partially available	Not available	Not normally provided	Not available up to standard in … out of … HSDUs expected to provide the service.	Barriers
Request for ambulance services by the patient	54%	43%			31 (45.6%) out of 68	90% 48% 13%
Recognition of danger signs	55%	45%			30 (44.8%) out of 67	93% 50% 13%
Acuity-based formal triage	50%	50%			28 (50%) out of 56	100% 46% 11%
WHO basic emergency care by pre-hospital provider	45%	53%			49 (55.1%) out of 89	98% 43% 6%
WHO basic emergency care	39%	58%			47 (61%) out of 77	98% 47% 6%
Advanced syndrome-based management	22%	75%			31 (77.5%) out of 40	100% 45% 6%
Monitored referral	33%	67%			26 (66.7%) out of 39	96% 38% 12%
Referral capacity	50%	50%			14 (50%) out of 28	93% 57% 7%
Acceptance of referrals	36%	61%			21 (63.6%) out of 33	100% 52% 14%
Acceptance of complex referrals	30%	61%	9%		16 (69.6%) out of 23	94% 56% 19%
Outpatient services for primary care	69%	31%			11 (31.4%) out of 35	91% 55%
Outpatient department for secondary care	60%	37%			12 (40%) out of 30	83% 50% 8%
Home visits	42%	53%	5%		11 (57.9%) out of 19	100% 36%
Minor trauma definitive management	61%	39%			7 (38.9%) out of 18	100% 14%
Emergency and elective surgery	46%	54%			7 (53.8%) out of 13	86% 43%
Expanded surgical unit with comprehensive anesthesia	62%	25%	12%		3 (37.5%) out of 8	100% 33%
Orthopedic/ trauma ward	80%	20%			1 (20%) out of 5	100%
Short hospitalization capacity	97%				1 (3.2%) out of 31	100% 100% 100%
20 Inpatient bed capacity	87%	13%			3 (13%) out of 23	100%
50 inpatient bed capacity	54%	46%			6 (46.2%) out of 13	83% 50% 17%
Inpatient critical care management	40%	60%			6 (60%) out of 10	100%
Intensive care unit	57%	43%			3 (42.9%) out of 7	100%
Basic laboratory	100%				Available up to standard in all 31 HSDUs expected to provide the service.	—
Secondary laboratory services	65%	35%			7 (35%) out of 20	100% 71% 29%

* Out of **136** 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

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

General clinical and emergency care (cont.)

Tertiary laboratory services
46% | 38% | 15%
Not available up to standard in **7 (53.8%)** out of **13** HSDUs expected to provide the service.
100% 43% 29%

Basic X-ray service
50% | 50%
Not available up to standard in **1 (50%)** out of **2** HSDUs expected to provide the service.
100% 100%

Radiology unit
100%
Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.
100% 100%

Procedures for mass casualty scenarios
58% | 42%
Not available up to standard in **5 (41.7%)** out of **12** HSDUs expected to provide the service.
100% 40%

War surgery protocols
33% | 50% | 17%
Not available up to standard in **8 (66.7%)** out of **12** HSDUs expected to provide the service.
100% 25% 25%

Blood bank services
83% | 17%
Not available up to standard in **1 (16.7%)** out of **6** HSDUs expected to provide the service.
100% 100% 100%

Hemodialysis unit
100%
Available up to standard in the **one** HSDU expected to provide the service.
—

Medical evacuation procedures
100%
Available up to standard in all **4** HSDUs expected to provide the service.
—

Mass casualty management system
50% | 40% | 10%
Not available up to standard in **5 (50%)** out of **10** HSDUs expected to provide the service.
100% 40% 20%

Damage control surgery protocols
23% | 77%
Not available up to standard in **10 (76.9%)** out of **13** HSDUs expected to provide the service.
100% 30%

Child health and nutrition

Community-based first aid
51% | 49%
Not available up to standard in **57 (49.1%)** out of **116** HSDUs expected to provide the service.
93% 39% 11%

IMCI under 5 clinic
26% | 74%
Not available up to standard in **34 (73.9%)** out of **46** HSDUs expected to provide the service.
88% 41% 12%

Community mobilization for EPI
58% | 42%
Not available up to standard in **19 (42.2%)** out of **45** HSDUs expected to provide the service.
89% 58% 16%

IEC on IYCF practices
28% | 72%
Not available up to standard in **29 (72.5%)** out of **40** HSDUs expected to provide the service.
86% 55% 17%

Growth monitoring at primary care level
42% | 58%
Not available up to standard in **21 (58.3%)** out of **36** HSDUs expected to provide the service.
90% 52% 10%

Integrated management of acute malnutrition
50% | 50%
Not available up to standard in **11 (50%)** out of **22** HSDUs expected to provide the service.
91% 45% 9%

Community-based IMCI
22% | 78%
Not available up to standard in **53 (77.9%)** out of **68** HSDUs expected to provide the service.
96% 43% 8%

Management of severe paediatric diseases
40% | 60%
Not available up to standard in **21 (60%)** out of **35** HSDUs expected to provide the service.
95% 33% 10%

Expanded programme on immunization
78% | 21%
Not available up to standard in **26 (21.7%)** out of **120** HSDUs expected to provide the service.
88% 50% 27%

Screening for acute malnutrition at the community level
51% | 49%
Not available up to standard in **17 (48.6%)** out of **35** HSDUs expected to provide the service.
94% 59% 18%

Community management of acute malnutrition
45% | 55%
Not available up to standard in **16 (55.2%)** out of **29** HSDUs expected to provide the service.
75% 31% 19%

Stabilization center for SAM
44% | 50% | 6%
Not available up to standard in **9 (56.2%)** out of **16** HSDUs expected to provide the service.
100% 33% 11%

Communicable diseases

Syndromic surveillance
73% | 22% | 5%
Not available up to standard in **20 (27.4%)** out of **73** HSDUs expected to provide the service.
80% 20% 15%

Malaria at the community level
69% | 29%
Not available up to standard in **23 (30.7%)** out of **75** HSDUs expected to provide the service.
91% 35% 9%

Vector control
50% | 50%
Not available up to standard in **26 (50%)** out of **52** HSDUs expected to provide the service.
96% 54% 15%

Event-based surveillance
71% | 25% | 4%
Not available up to standard in **23 (28.7%)** out of **80** HSDUs expected to provide the service.
78% 17% 13%

Malaria at the primary care level
65% | 33%
Not available up to standard in **24 (34.8%)** out of **69** HSDUs expected to provide the service.
100% 38% 8%

Support mass drug administration
56% | 34% | 9%
Not available up to standard in **14 (43.8%)** out of **32** HSDUs expected to provide the service.
79% 36% 21%

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Communicable diseases (cont.)

Tuberculosis

Not available up to standard in **17 (45.9%)** out of **37** HSDUs expected to provide the service.

88% 47%

Multi-drug-resistant tuberculosis

Not available up to standard in **13 (46.4%)** out of **28** HSDUs expected to provide the service.

92% 38% 23%

IEC on local priority diseases

Not available up to standard in **15 (51.7%)** out of **29** HSDUs expected to provide the service.

93% 27% 13%

Local priority diseases

Not available up to standard in **11 (39.3%)** out of **28** HSDUs expected to provide the service.

91% 36% 9%

Management of severe communicable diseases

Not available up to standard in **9 (40.9%)** out of **22** HSDUs expected to provide the service.

100% 44% 11%

Isolation unit or room

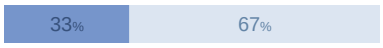
Not available up to standard in **22 (50%)** out of **44** HSDUs expected to provide the service.

77% 50% 18%

Sexual and reproductive health

STI and HIV/AIDS

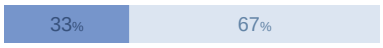
IEC on STI/HIV



Not available up to standard in **10 (66.7%)** out of **15** HSDUs expected to provide the service.

90% 40% 10%

STI/HIV Advocacy



Not available up to standard in **8 (66.7%)** out of **12** HSDUs expected to provide the service.

75% 38% 12%

Syndromic management of STIs

Not available up to standard in **8 (72.7%)** out of **11** HSDUs expected to provide the service.

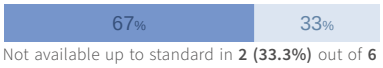
100% 50% 12%

HIV counselling and testing

Not available up to standard in **3 (42.9%)** out of **7** HSDUs expected to provide the service.

100% 67%

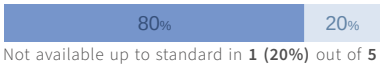
Opportunistic infections and PMTCT



Not available up to standard in **2 (33.3%)** out of **6** HSDUs expected to provide the service.

100% 50%

Antiretroviral treatment

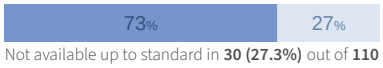


Not available up to standard in **1 (20%)** out of **5** HSDUs expected to provide the service.

100%

Maternal and newborn health

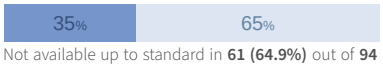
Family planning



Not available up to standard in **30 (27.3%)** out of **110** HSDUs expected to provide the service.

97% 33% 10%

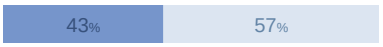
Antenatal care



Not available up to standard in **61 (64.9%)** out of **94** HSDUs expected to provide the service.

95% 48% 8%

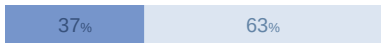
Clean home deliveries



Not available up to standard in **43 (57.3%)** out of **75** HSDUs expected to provide the service.

95% 37% 7%

Skilled care during childbirth



Not available up to standard in **39 (62.9%)** out of **62** HSDUs expected to provide the service.

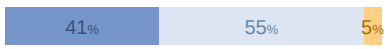
97% 28% 8%

Basic emergency obstetric care

Not available up to standard in **23 (52.3%)** out of **44** HSDUs expected to provide the service.

100% 30% 9%

Comprehensive emergency obstetric care



Not available up to standard in **13 (59.1%)** out of **22** HSDUs expected to provide the service.

92% 31%

Post-partum care

Not available up to standard in **10 (50%)** out of **20** HSDUs expected to provide the service.

90% 30%

Comprehensive abortion care

Not available up to standard in **5 (50%)** out of **10** HSDUs expected to provide the service.

100% 40%

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Sexual and reproductive health (cont.)

Sexual violence

Clinical management of rape survivors

56% | 44%

Not available up to standard in **7 (43.8%)** out of **16** HSDUs expected to provide the service.

100% 29% 29%

Emergency contraception

70% | 20% | 10%

Not available up to standard in **3 (30%)** out of **10** HSDUs expected to provide the service.

100% 33% 33%

Post-exposure prophylaxis

75% | 12% | 12%

Not available up to standard in **2 (25%)** out of **8** HSDUs expected to provide the service.

100% 50%

Noncommunicable diseases and mental health

Comprehensive community health services

50% | 50%

Not available up to standard in **18 (50%)** out of **36** HSDUs expected to provide the service.

100% 50% 11%

NCD clinic

46% | 51%

Not available up to standard in **19 (54.3%)** out of **35** HSDUs expected to provide the service.

100% 37% 5%

Asthma and COPD

70% | 30%

Not available up to standard in **14 (30.4%)** out of **46** HSDUs expected to provide the service.

100% 50% 14%

Hypertension

73% | 27%

Not available up to standard in **12 (26.7%)** out of **45** HSDUs expected to provide the service.

100% 50% 17%

Diabetes

63% | 34%

Not available up to standard in **14 (36.8%)** out of **38** HSDUs expected to provide the service.

93% 43% 7%

Inpatient acute rehabilitation

48% | 52%

Not available up to standard in **16 (51.6%)** out of **31** HSDUs expected to provide the service.

81% 38% 6%

Outpatient or community level rehabilitation services

58% | 42%

Not available up to standard in **13 (41.9%)** out of **31** HSDUs expected to provide the service.

92% 15%

Prosthetics and Orthotics

67% | 27% | 7%

Not available up to standard in **5 (33.3%)** out of **15** HSDUs expected to provide the service.

100% 20% 20%

Oral health and dental care

71% | 25% | 4%

Not available up to standard in **7 (29.2%)** out of **24** HSDUs expected to provide the service.

86% 43% 14%

Psychological first aid

67% | 33%

Not available up to standard in **6 (33.3%)** out of **18** HSDUs expected to provide the service.

83% 50% 17%

Management of mental disorders

54% | 38% | 8%

Not available up to standard in **6 (46.2%)** out of **13** HSDUs expected to provide the service.

67% 33% 33%

Inpatient care for mental disorders

64% | 36%

Not available up to standard in **4 (36.4%)** out of **11** HSDUs expected to provide the service.

100% 50%

Inpatient care for mental disorders by specialists

78% | 22%

Not available up to standard in **2 (22.2%)** out of **9** HSDUs expected to provide the service.

100% 50%

This analysis was produced based on the information reported into HeRAMS up to 31 December 2024 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.

Notes:

1. Causes of non-functionality, basic amenity types, and barriers impeding service availability, were limited to the top three most frequently reported responses.
2. The analysis of barriers impeding service availability was limited to HSDUs where the health service is not available up to standard.
3. The analysis of individual services was limited to HSDUs expected to provide the specific service.

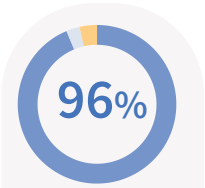
Data source: HeRAMS Sudan

Data accessed on: 31 December 2024
Date report created: 08 January 2025
Contact:

HeRAMS Health Resources and Services Availability Monitoring System
World Health Organization Sudan
USAID FROM THE AMERICAN PEOPLE

HeRAMS Sudan | Gedaref
SNAPSHOT DECEMBER 2024

OPERATIONAL STATUS*

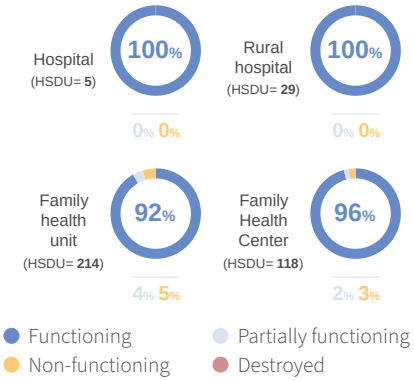


Only **353 (96%)** out of **366** HSDUs evaluated are at least partially functioning.**

Out of **366** HSDUs* evaluated.

Building condition	**151**	partially damaged
Equipment condition	**10**	partially damaged
	10	fully damaged
Functionality	**10**	partially functioning
	13	non-functioning
Accessibility	**3**	partially accessible
	13	fully damaged/non-functioning

Functionality HSDU by type



MAIN CAUSES OF...

Building damage

The 2 primary causes of building damage reported by **151** partially damaged HSDUs.

- **100%** Lack of maintenance
- **1%** Other

Equipment damage

The primary cause of equipment damage reported by **10** partially damaged and **10** fully damaged HSDUs.

- **100%** Lack of maintenance

Functionality constraints

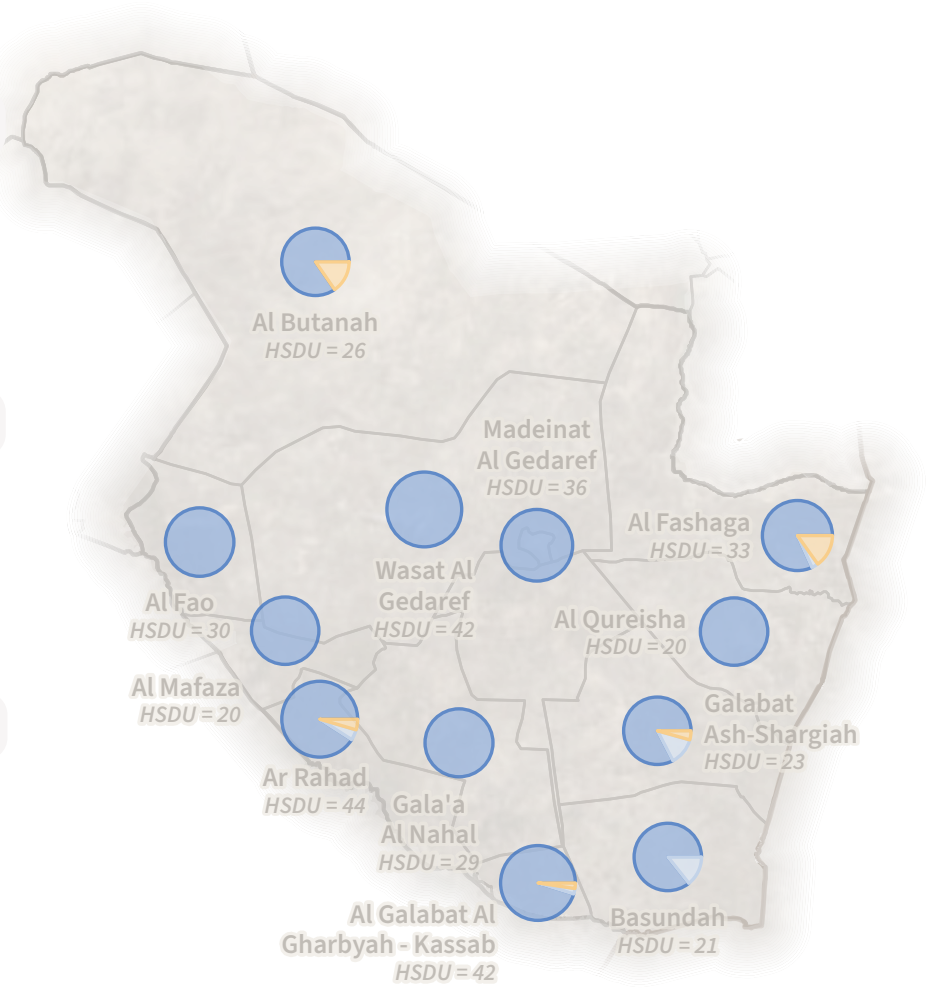
The 3 primary causes of functionality constraints reported by **10** partially functioning and **13** non-functioning HSDUs.

- **65%** Lack of medical supplies
- **61%** Lack of staff
- **30%** Lack of equipment

Accessibility constraints

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

- **100%** Physical barriers

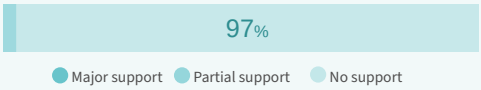


* The term health service delivery unit (HSDU) is an all-encompassing designation that includes all modalities of service delivery. Beyond traditional health facilities, this may include temporary structures or mobile clinics.

** HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.

Partner support

Out of **353** HSDUs partially and fully operational HSDUs.



Partner support types

Out of **10** HSDUs receiving major or partial support from partners.

- Provision of medical supplies: 60%
- Training of health staff: 40%
- Provision of medical equipment: 40%
- Governance / Oversight: 10%
- Provision of health staff: 10%

BASIC AMENITIES*

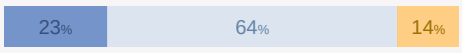
Out of **353** HSDUs partially and fully operational HSDUs.

Available | Partially available | Not available | Not normally provided

WASH

Water

77% of HSDUs have insufficient water available.



Main water sources[1]

Out of **305** HSDUs where water is at least partially available.

- Tanker truck: 52%
- Piped Supply Network: 17%
- Protected dug well: 10%

Sanitation facilities

89% of HSDUs have insufficient improved sanitation facilities.

Sanitation facilities types[1]

Out of **195** HSDUs where sanitation facilities are at least partially available.

- Covered Pit latrine or VIP latrine: 41%
- Other: 25%
- Flush/pour flush to piped sewer system or septic tank: 24%

Sanitation facilities accessibility[1]

Out of **195** HSDUs where sanitation facilities are at least partially available.

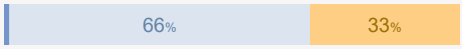
- Gender-separated toilets: 50%
- Dedicated staff toilets: 13%
- Menstrual hygiene facilities: 1%

Hygiene facilities

88% of HSDUs have insufficient means to follow proper hand hygiene practices.

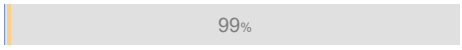
Environmental cleaning

99% of HSDUs have insufficient means to follow proper environmental cleaning practices.



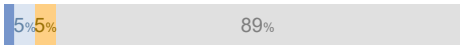
Inpatient bed capacity*

ICU beds



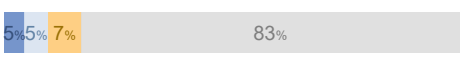
Out of **5** HSDUs expected to provide intensive care unit beds **4 (80%)** do not have sufficient capacity.

Maternity beds



Out of **40** HSDUs expected to provide maternity beds **32 (80%)** do not have sufficient capacity.

General inpatient beds



Out of **60** HSDUs expected to provide other beds **44 (73.3%)** do not have sufficient capacity.

Main barriers[1]

Out of **62** HSDUs where inpatient bed capacity is not available up to standards.

- Insufficient quantity: 73%
- Lack of financial resources: 35%
- Lack of medical equipment: 29%

Waste management

Waste segregation

96% of HSDUs have insufficient means to follow proper waste segregation practices.

Final disposal of sharps

96% of HSDUs have insufficient means for safe final disposalof sharps.

Final disposal of infectious waste

96% of HSDUs have insufficient means for safe final disposal of infectious waste.

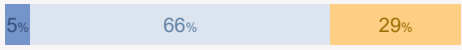
Waste disposal methods[1]

Out of **290** HSDUs where final disposal of sharps or infectious waste is at least partially available.

- Open burning: 79%
- Not treated, but collected for medical waste disposal off-site: 14%
- Open dumping without treatment: 3%

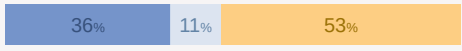
Personal protective equipment

95% of HSDUs have insufficient personal protective equipment.



Power

64% of HSDUs have insufficient or unreliable power available.



Power sources[1]

Out of **167** HSDUs where power is at least partially available.

- National electricity network: 75%
- Solar system: 17%
- Generator: 8%

Cold chain

65% of HSDUs have insufficient cold chain capacity.

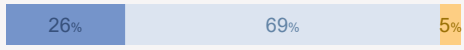
Cold chain sources[1]

Out of **137** HSDUs where cold chain capacity is at least partially available.

- Public power network: 65%
- Other: 15%
- Solar: 10%

Communication equipment

74% of HSDUs have insufficient means of communication.



Communication equipment types[1]

Out of **337** HSDUs where communication means are at least partially available.

- Mobile phone: 100%
- Computer: 1%
- Telephone: 0%

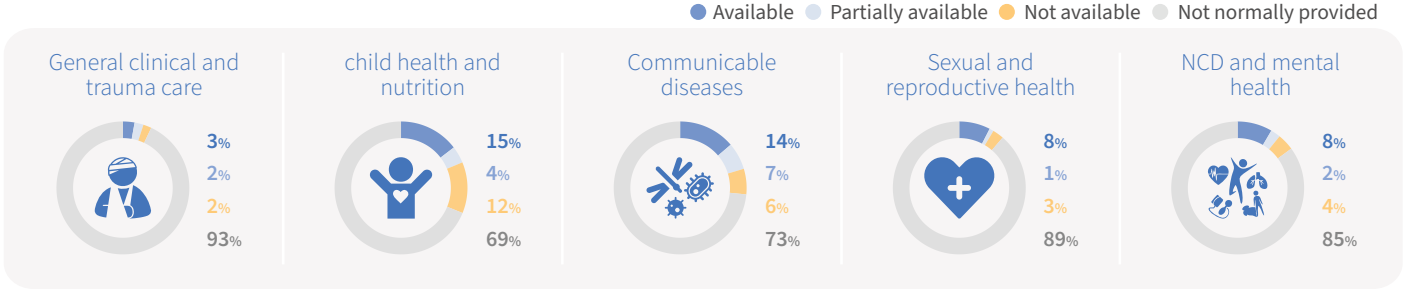
[1] Basic amenity types are limited to the top three most frequently reported.

*Out of **353** 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



General clinical and emergency care

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Request for ambulance services by the patient

26% | 41% | 33%

Not available up to standard in **56 (73.7%)** out of **76** HSDUs expected to provide the service.

79% 73% 9%

Acuity-based formal triage

43% | 55%

Not available up to standard in **48 (98%)** out of **49** HSDUs expected to provide the service.

69% 40% 21%

WHO basic emergency care

20% | 41% | 39%

Not available up to standard in **37 (80.4%)** out of **46** HSDUs expected to provide the service.

59% 54% 32%

Monitored referral

21% | 76%

Not available up to standard in **66 (97.1%)** out of **68** HSDUs expected to provide the service.

55% 47% 36%

Acceptance of referrals

15% | 38% | 46%

Not available up to standard in **11 (84.6%)** out of **13** HSDUs expected to provide the service.

91% 55% 18%

Outpatient services for primary care

71% | 26%

Not available up to standard in **22 (28.9%)** out of **76** HSDUs expected to provide the service.

95% 27% 27%

Home visits

50% | 50%

Not available up to standard in **2 (50%)** out of **4** HSDUs expected to provide the service.

50% 50%

Emergency and elective surgery

100%

Available up to standard in the **one** HSDU expected to provide the service.

Orthopedic/ trauma ward

100%

Available up to standard in the **one** HSDU expected to provide the service.

20 Inpatient bed capacity

55% | 9% | 36%

Not available up to standard in **5 (45.5%)** out of **11** HSDUs expected to provide the service.

80% 60% 40%

Inpatient critical care management

100%

Available up to standard in all **3** HSDUs expected to provide the service.

Basic laboratory

64% | 21% | 15%

Not available up to standard in **57 (35.8%)** out of **159** HSDUs expected to provide the service.

75% 61% 21%

Recognition of danger signs

38% | 39% | 23%

Not available up to standard in **43 (62.3%)** out of **69** HSDUs expected to provide the service.

51% 49% 47%

WHO basic emergency care by pre-hospital provider

19% | 21% | 60%

Not available up to standard in **39 (81.2%)** out of **48** HSDUs expected to provide the service.

62% 54% 28%

Advanced syndrome-based management

67% | 33%

Not available up to standard in **3 (100%)** out of **3** HSDUs expected to provide the service.

100% 33% 33%

Referral capacity

44% | 52% | 4%

Not available up to standard in **44 (55.7%)** out of **79** HSDUs expected to provide the service.

86% 43% 27%

Acceptance of complex referrals

33% | 67%

Not available up to standard in **4 (66.7%)** out of **6** HSDUs expected to provide the service.

75% 50% 25%

Outpatient department for secondary care

50% | 50%

Not available up to standard in **2 (50%)** out of **4** HSDUs expected to provide the service.

100% 50%

Minor trauma definitive management

42% | 50% | 8%

Not available up to standard in **30 (57.7%)** out of **52** HSDUs expected to provide the service.

90% 30% 17%

Expanded surgical unit with comprehensive anesthesia

100%

Available up to standard in the **one** HSDU expected to provide the service.

Short hospitalization capacity

54% | 17% | 29%

Not available up to standard in **16 (45.7%)** out of **35** HSDUs expected to provide the service.

62% 50% 50%

50 inpatient bed capacity

50% | 50%

Not available up to standard in **2 (50%)** out of **4** HSDUs expected to provide the service.

100% 50% 50%

Intensive care unit

100%

Available up to standard in all **2** HSDUs expected to provide the service.

Secondary laboratory services

33% | 67%

Not available up to standard in **3 (100%)** out of **3** HSDUs expected to provide the service.

67% 33% 33%

* Out of **353** 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

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

General clinical and emergency care (cont.)

Tertiary laboratory services
100%
Not available up to standard in **2 (100%)** out of **2** HSDUs expected to provide the service.
50% 50% 50%

Basic X-ray service
67% | 33%
Not available up to standard in **1 (33.3%)** out of **3** HSDUs expected to provide the service.
100% 100% 100%

Radiology unit
100%
Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.
100% 100% 100%

Procedures for mass casualty scenarios
67% | 33%
Not available up to standard in **1 (33.3%)** out of **3** HSDUs expected to provide the service.
100%

War surgery protocols
50% | 50%
Not available up to standard in **2 (50%)** out of **4** HSDUs expected to provide the service.
50% 50% 50%

Blood bank services
80% | 20%
Not available up to standard in **1 (20%)** out of **5** HSDUs expected to provide the service.
100% 100% 100%

Hemodialysis unit
50% | 50%
Not available up to standard in **1 (50%)** out of **2** HSDUs expected to provide the service.
100% 100% 100%

Medical evacuation procedures
100%
Available up to standard in all **3** HSDUs expected to provide the service.
—

Mass casualty management system
50% | 50%
Not available up to standard in **1 (50%)** out of **2** HSDUs expected to provide the service.
100%

Damage control surgery protocols
33% | 67%
Not available up to standard in **2 (66.7%)** out of **3** HSDUs expected to provide the service.
100% 50%

Child health and nutrition

Community-based first aid
21% | 21% | 58%
Not available up to standard in **26 (78.8%)** out of **33** HSDUs expected to provide the service.
50% 35% 35%

IMCI under 5 clinic
61% | 17% | 22%
Not available up to standard in **81 (38.8%)** out of **209** HSDUs expected to provide the service.
94% 43% 37%

Community mobilization for EPI
53% | 8% | 39%
Not available up to standard in **55 (46.6%)** out of **118** HSDUs expected to provide the service.
56% 38% 16%

IEC on IYCF practices
38% | 15% | 47%
Not available up to standard in **71 (61.7%)** out of **115** HSDUs expected to provide the service.
41% 41% 24%

Growth monitoring at primary care level
60% | 10% | 29%
Not available up to standard in **62 (39.7%)** out of **156** HSDUs expected to provide the service.
53% 45% 40%

Integrated management of acute malnutrition
4% | 20% | 76%
Not available up to standard in **92 (95.8%)** out of **96** HSDUs expected to provide the service.
97% 24% 7%

Community-based IMCI
53% | 17% | 30%
Not available up to standard in **58 (47.2%)** out of **123** HSDUs expected to provide the service.
97% 55% 52%

Management of severe paediatric diseases
31% | 38% | 31%
Not available up to standard in **9 (69.2%)** out of **13** HSDUs expected to provide the service.
100% 33% 22%

Expanded programme on immunization
67% | 10% | 23%
Not available up to standard in **67 (33%)** out of **203** HSDUs expected to provide the service.
82% 40% 7%

Screening for acute malnutrition at the community level
49% | 9% | 42%
Not available up to standard in **71 (51.1%)** out of **139** HSDUs expected to provide the service.
83% 37% 24%

Community management of acute malnutrition
4% | 11% | 85%
Not available up to standard in **95 (96%)** out of **99** HSDUs expected to provide the service.
97% 24% 11%

Stabilization center for SAM
6% | 6% | 88%
Not available up to standard in **15 (93.8%)** out of **16** HSDUs expected to provide the service.
93% 27% 7%

Communicable diseases

Syndromic surveillance
59% | 41%
Not available up to standard in **50 (40.7%)** out of **123** HSDUs expected to provide the service.
50% 46% 46%

Malaria at the community level
19% | 42% | 39%
Not available up to standard in **25 (80.6%)** out of **31** HSDUs expected to provide the service.
92% 32% 24%

Vector control
5% | 13% | 82%
Not available up to standard in **108 (94.7%)** out of **114** HSDUs expected to provide the service.
53% 44% 38%

Event-based surveillance
99%
Not available up to standard in **4 (1.3%)** out of **311** HSDUs expected to provide the service.
75% 50% 25%

Malaria at the primary care level
28% | 67% | 5%
Not available up to standard in **185 (72%)** out of **257** HSDUs expected to provide the service.
86% 72% 5%

Support mass drug administration
36% | 12% | 52%
Not available up to standard in **21 (63.6%)** out of **33** HSDUs expected to provide the service.
52% 52% 14%

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Communicable diseases (cont.)

Tuberculosis

Not available up to standard in **29 (85.3%)** out of **34** HSDUs expected to provide the service.

93% 45% 31%

Multi-drug-resistant tuberculosis

Not available up to standard in **4 (100%)** out of **4** HSDUs expected to provide the service.

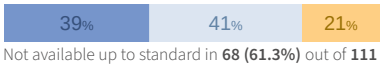
75% 25% 25%

IEC on local priority diseases

Not available up to standard in **37 (41.6%)** out of **89** HSDUs expected to provide the service.

57% 27% 27%

Local priority diseases



Not available up to standard in **68 (61.3%)** out of **111** HSDUs expected to provide the service.

81% 51% 10%

Management of severe communicable diseases

Not available up to standard in **6 (66.7%)** out of **9** HSDUs expected to provide the service.

100% 67% 17%

Isolation unit or room

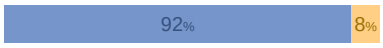
Not available up to standard in **6 (66.7%)** out of **9** HSDUs expected to provide the service.

100% 83% 33%

Sexual and reproductive health

STI and HIV/AIDS

IEC on STI/HIV



Not available up to standard in **1 (7.7%)** out of **13** HSDUs expected to provide the service.

100%

STI/HIV Advocacy

Not available up to standard in **1 (33.3%)** out of **3** HSDUs expected to provide the service.

100%

Syndromic management of STIs

Not available up to standard in **4 (30.8%)** out of **13** HSDUs expected to provide the service.

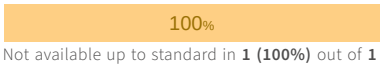
75% 25%

HIV counselling and testing

Not available up to standard in **1 (50%)** out of **2** HSDUs expected to provide the service.

100%

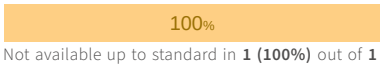
Opportunistic infections and PMTCT



Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.

100%

Antiretroviral treatment

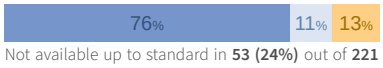


Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.

100%

Maternal and newborn health

Family planning



Not available up to standard in **53 (24%)** out of **221** HSDUs expected to provide the service.

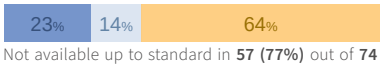
92% 53% 21%

Antenatal care

Not available up to standard in **33 (16.6%)** out of **199** HSDUs expected to provide the service.

76% 52% 21%

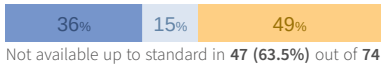
Clean home deliveries



Not available up to standard in **57 (77%)** out of **74** HSDUs expected to provide the service.

65% 42% 39%

Skilled care during childbirth



Not available up to standard in **47 (63.5%)** out of **74** HSDUs expected to provide the service.

62% 51% 30%

Basic emergency obstetric care

Not available up to standard in **7 (41.2%)** out of **17** HSDUs expected to provide the service.

86% 29% 14%

Comprehensive emergency obstetric care

Available up to standard in all **2** HSDUs expected to provide the service.

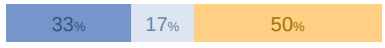
—

Post-partum care

Not available up to standard in **12 (25.5%)** out of **47** HSDUs expected to provide the service.

75% 42% 17%

Comprehensive abortion care



Not available up to standard in **8 (66.7%)** out of **12** HSDUs expected to provide the service.

88% 62% 12%

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Sexual and reproductive health (cont.)

Sexual violence

Clinical management of rape survivors
Not expected in any operational HSDU.

Emergency contraception
Not expected in any operational HSDU.

Post-exposure prophylaxis
Not expected in any operational HSDU.

Noncommunicable diseases and mental health

Comprehensive community health services
18% | 82%
Not available up to standard in **11 (100%)** out of **11** HSDUs expected to provide the service.
55% 36% 9%

Asthma and COPD
12% | 4% | 85%
Not available up to standard in **23 (88.5%)** out of **26** HSDUs expected to provide the service.
96% 39% 22%

Diabetes
57% | 16% | 28%
Not available up to standard in **75 (43.4%)** out of **173** HSDUs expected to provide the service.
97% 40% 31%

Outpatient or community level rehabilitation services
60% | 40%
Not available up to standard in **2 (40%)** out of **5** HSDUs expected to provide the service.
100%

Oral health and dental care
24% | 76%
Not available up to standard in **35 (76.1%)** out of **46** HSDUs expected to provide the service.
77% 49% 29%

Management of mental disorders
33% | 67%
Not available up to standard in **3 (100%)** out of **3** HSDUs expected to provide the service.
100%

Inpatient care for mental disorders by specialists
50% | 50%
Not available up to standard in **2 (100%)** out of **2** HSDUs expected to provide the service.
100%

NCD clinic
62% | 21% | 18%
Not available up to standard in **69 (38.3%)** out of **180** HSDUs expected to provide the service.
87% 46% 41%

Hypertension
72% | 17% | 11%
Not available up to standard in **60 (28%)** out of **214** HSDUs expected to provide the service.
95% 50% 18%

Inpatient acute rehabilitation
100%
Available up to standard in all **3** HSDUs expected to provide the service.

Prosthetics and Orthotics
100%
Available up to standard in the **one** HSDU expected to provide the service.

Psychological first aid
21% | 21% | 58%
Not available up to standard in **15 (78.9%)** out of **19** HSDUs expected to provide the service.
73% 20% 13%

Inpatient care for mental disorders
50% | 50%
Not available up to standard in **2 (100%)** out of **2** HSDUs expected to provide the service.
100%

This analysis was produced based on the information reported into HeRAMS up to 31 December 2024 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.

Notes:

1. Causes of non-functionality, basic amenity types, and barriers impeding service availability, were limited to the top three most frequently reported responses.
2. The analysis of barriers impeding service availability was limited to HSDUs where the health service is not available up to standard.
3. The analysis of individual services was limited to HSDUs expected to provide the specific service.

Data source: HeRAMS Sudan
Data accessed on: 31 December 2024
Date report created: 08 January 2025
Contact:

HeRAMS Health Resources and Services Availability Monitoring System
World Health Organization Sudan
USAID FROM THE AMERICAN PEOPLE

HeRAMS Sudan | Kassala
SNAPSHOT DECEMBER 2024

OPERATIONAL STATUS*

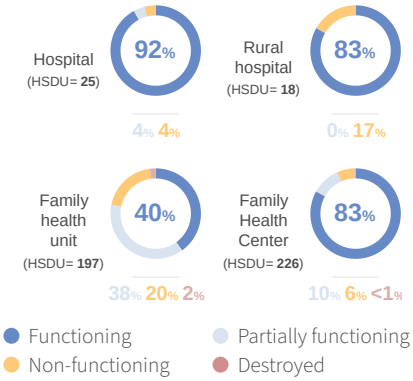
87%

Only **404 (87%)** out of **466** HSDUs evaluated are at least partially functioning.**

Out of **466** HSDUs* evaluated.

Building condition	62	partially damaged
	5	fully damaged
	4	not relevant
Equipment condition	86	partially damaged
	53	fully damaged
Functionality	99	partially functioning
	57	non-functioning
Accessibility	1	partially accessible
	62	fully damaged/non-functioning

Functionality HSDU by type



MAIN CAUSES OF...

Building damage

The 3 primary causes of building damage reported by **62** partially damaged and **5** fully damaged HSDUs.

- 96% Lack of maintenance
- 51% Other
- 18% Natural disaster

Equipment damage

The 3 primary causes of equipment damage reported by **86** partially damaged and **53** fully damaged HSDUs.

- 78% Other
- 76% Lack of maintenance
- 11% Natural disaster

Functionality constraints

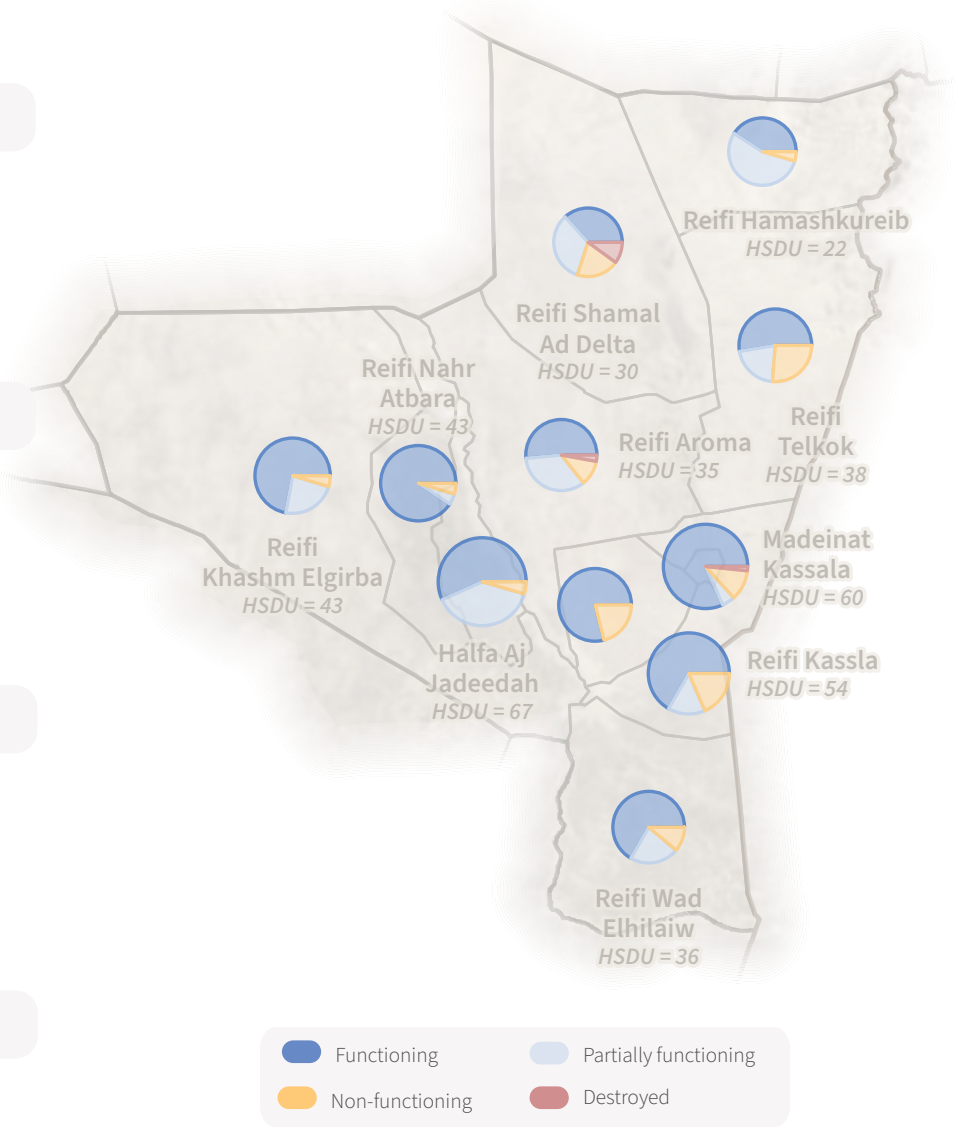
The 3 primary causes of functionality constraints reported by **99** partially functioning and **57** non-functioning HSDUs.

- 69% Lack of medical supplies
- 68% Lack of staff
- 27% Lack of finances

Accessibility constraints

The 2 primary causes of accessibility constraints reported by **1** partially accessible HSDU.

- 100% Physical barriers
- 100% Other

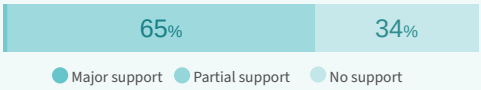


* The term health service delivery unit (HSDU) is an all-encompassing designation that includes all modalities of service delivery. Beyond traditional health facilities, this may include temporary structures or mobile clinics.

** HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.

Partner support

Out of **404** HSDUs partially and fully operational HSDUs.



Partner support types

Out of **265** HSDUs receiving major or partial support from partners.

Training of health staff	95%	Provision of medical supplies	95%	Provision of medical equipment	42%
Provision of health staff	5%	Governance / Oversight	2%	Provision of operational costs	2%

BASIC AMENITIES*

Out of **404** HSDUs partially and fully operational HSDUs.

Available · Partially available · Not available · Not normally provided

WASH

Water

23% of HSDUs have insufficient water available.

Main water sources[1]

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

Tanker truck	48%	Piped Supply Network	40%	Protected dug well	5%

Sanitation facilities

38% of HSDUs have insufficient improved sanitation facilities.

Sanitation facilities types[1]

Out of **332** HSDUs where sanitation facilities are at least partially available.

Covered Pit latrine or VIP latrine	62%	Flush/pour flush to piped sewer system or septic tank	20%	Uncovered pit latrine	17%

Sanitation facilities accessibility[1]

Out of **332** HSDUs where sanitation facilities are at least partially available.

Gender-separated toilets	44%	Toilets for people with limited accessibility	8%	Dedicated staff toilets	3%

Hygiene facilities

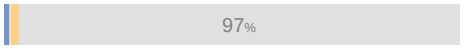
76% of HSDUs have insufficient means to follow proper hand hygiene practices.

Environmental cleaning

79% of HSDUs have insufficient means to follow proper environmental cleaning practices.

Inpatient bed capacity*

ICU beds

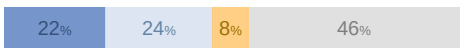


Out of **13** HSDUs expected to provide intensive care unit beds **8 (61.5%)** do not have sufficient capacity.

Maternity beds

Out of **155** HSDUs expected to provide maternity beds **126 (81.3%)** do not have sufficient capacity.

General inpatient beds



Out of **217** HSDUs expected to provide other beds **127 (58.5%)** do not have sufficient capacity.

Main barriers[1]

Out of **183** HSDUs where inpatient bed capacity is not available up to standards.

Insufficient quantity	86%	Lack of financial resources	60%	Lack of medical equipment	49%

Waste management

Waste segregation

78% of HSDUs have insufficient means to follow proper waste segregation practices.

Final disposal of sharps

69% of HSDUs have insufficient means for safe final disposalof sharps.

Final disposal of infectious waste

50% of HSDUs have insufficient means for safe final disposal of infectious waste.

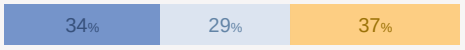
Waste disposal methods[1]

Out of **339** HSDUs where final disposal of sharps or infectious waste is at least partially available.

Burning in a protected pit	52%	Open burning	22%	Not treated, but collected for medical waste disposal off-site	9%

Personal protective equipment

66% of HSDUs have insufficient personal protective equipment.



Power

43% of HSDUs have insufficient or unreliable power available.

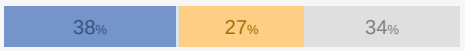
Power sources[1]

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

National electricity network	71%	Solar system	22%	Generator	11%

Cold chain

43% of HSDUs have insufficient cold chain capacity.



Cold chain sources[1]

Out of **155** HSDUs where cold chain capacity is at least partially available.

Public power network	64%	Solar	23%	Other	11%

Communication equipment

43% of HSDUs have insufficient means of communication.

Communication equipment types[1]

Out of **239** HSDUs where communication means are at least partially available.

Mobile phone	95%	Internet/mobile data	17%	Telephone	7%

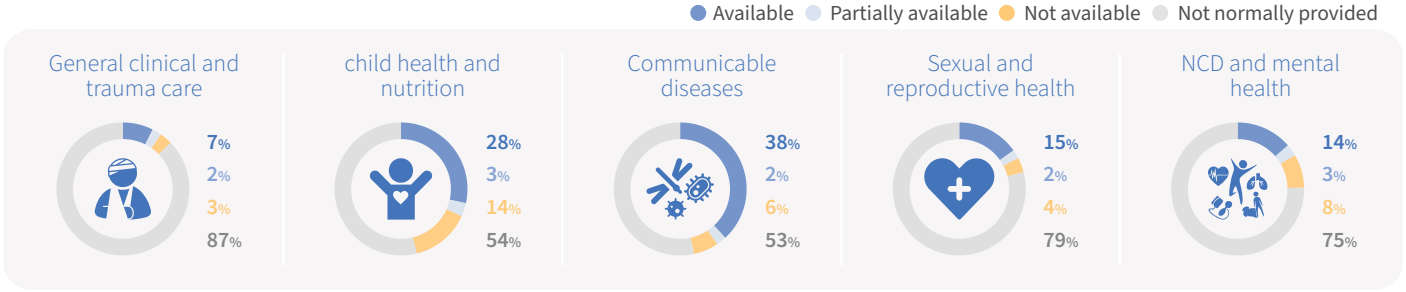
[1] Basic amenity types are limited to the top three most frequently reported.

*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



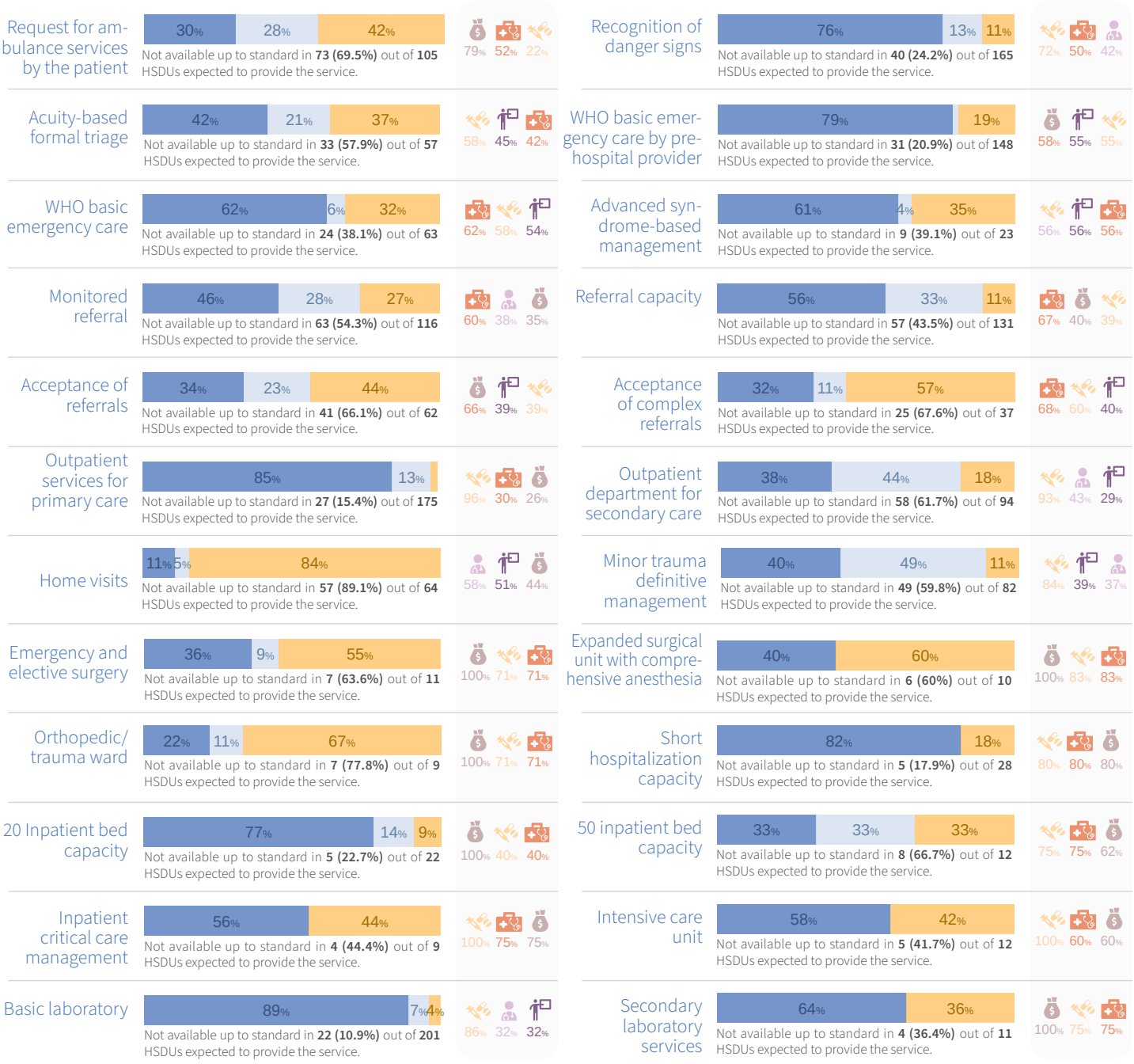
General clinical and emergency care

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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



* 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

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

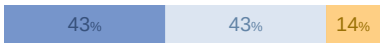
General clinical and emergency care (cont.)

Tertiary laboratory services

Not available up to standard in **4 (57.1%)** out of **7** HSDUs expected to provide the service.

100% 75% 75%

Basic X-ray service



Not available up to standard in **4 (57.1%)** out of **7** HSDUs expected to provide the service.

100% 50% 25%

Radiology unit

Not available up to standard in **5 (83.3%)** out of **6** HSDUs expected to provide the service.

80% 60% 40%

Procedures for mass casualty scenarios

Not available up to standard in **16 (69.6%)** out of **23** HSDUs expected to provide the service.

69% 56% 56%

War surgery protocols

Not available up to standard in **10 (83.3%)** out of **12** HSDUs expected to provide the service.

80% 70% 50%

Blood bank services

Not available up to standard in **3 (33.3%)** out of **9** HSDUs expected to provide the service.

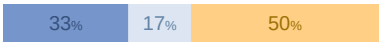
100% 100% 100%

Hemodialysis unit

Not available up to standard in **2 (66.7%)** out of **3** HSDUs expected to provide the service.

100% 50% 50%

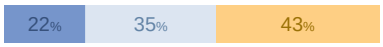
Medical evacuation procedures



Not available up to standard in **4 (66.7%)** out of **6** HSDUs expected to provide the service.

75% 50% 50%

Mass casualty management system



Not available up to standard in **18 (78.3%)** out of **23** HSDUs expected to provide the service.

78% 72% 56%

Damage control surgery protocols

Not available up to standard in **11 (100%)** out of **11** HSDUs expected to provide the service.

73% 64% 64%

Child health and nutrition

Community-based first aid

Not available up to standard in **74 (30.2%)** out of **245** HSDUs expected to provide the service.

59% 51% 39%

IMCI under 5 clinic

Not available up to standard in **83 (58.5%)** out of **142** HSDUs expected to provide the service.

92% 51% 46%

Community mobilization for EPI

Not available up to standard in **105 (44.7%)** out of **235** HSDUs expected to provide the service.

77% 47% 46%

IEC on IYCF practices

Not available up to standard in **77 (36.8%)** out of **209** HSDUs expected to provide the service.

43% 40% 36%

Growth monitoring at primary care level

Not available up to standard in **81 (34.2%)** out of **237** HSDUs expected to provide the service.

64% 40% 38%

Integrated management of acute malnutrition

Not available up to standard in **84 (47.2%)** out of **178** HSDUs expected to provide the service.

68% 32% 30%

Community-based IMCI

Not available up to standard in **71 (35.3%)** out of **201** HSDUs expected to provide the service.

87% 59% 58%

Management of severe paediatric diseases

Not available up to standard in **50 (66.7%)** out of **75** HSDUs expected to provide the service.

90% 44% 26%

Expanded programme on immunization

Not available up to standard in **100 (35%)** out of **286** HSDUs expected to provide the service.

67% 63% 60%

Screening for acute malnutrition at the community level

Not available up to standard in **51 (22.5%)** out of **227** HSDUs expected to provide the service.

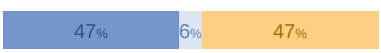
57% 57% 47%

Community management of acute malnutrition

Not available up to standard in **75 (40.1%)** out of **187** HSDUs expected to provide the service.

73% 35% 23%

Stabilization center for SAM

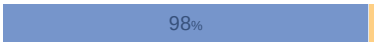


Not available up to standard in **9 (52.9%)** out of **17** HSDUs expected to provide the service.

89% 67% 67%

Communicable diseases

Syndromic surveillance



Not available up to standard in **6 (1.6%)** out of **373** HSDUs expected to provide the service.

83% 33% 33%

Malaria at the community level

Not available up to standard in **59 (26.1%)** out of **226** HSDUs expected to provide the service.

58% 47% 46%

Vector control

Not available up to standard in **110 (47.6%)** out of **231** HSDUs expected to provide the service.

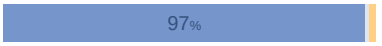
65% 55% 40%

Event-based surveillance

Not available up to standard in **22 (5.9%)** out of **375** HSDUs expected to provide the service.

77% 68% 18%

Malaria at the primary care level



Not available up to standard in **8 (2.7%)** out of **297** HSDUs expected to provide the service.

88% 62% 50%

Support mass drug administration

Not available up to standard in **22 (27.5%)** out of **80** HSDUs expected to provide the service.

73% 41% 41%

Availability status

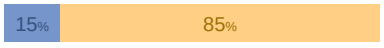
Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Communicable diseases (cont.)

Tuberculosis



Not available up to standard in **63 (85.1%)** out of **74** HSDUs expected to provide the service.

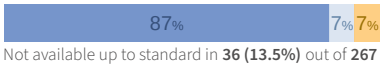
87% 46% 44%

Multi-drug-resistant tuberculosis

Not available up to standard in **6 (75%)** out of **8** HSDUs expected to provide the service.

100% 67% 67%

IEC on local priority diseases



Not available up to standard in **36 (13.5%)** out of **267** HSDUs expected to provide the service.

58% 36% 36%

Local priority diseases

Not available up to standard in **59 (20.9%)** out of **282** HSDUs expected to provide the service.

75% 37% 36%

Management of severe communicable diseases

Not available up to standard in **13 (37.1%)** out of **35** HSDUs expected to provide the service.

69% 54% 54%

Isolation unit or room

Not available up to standard in **9 (64.3%)** out of **14** HSDUs expected to provide the service.

56% 56% 44%

Sexual and reproductive health

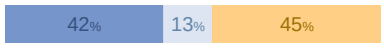
STI and HIV/AIDS

IEC on STI/HIV

Not available up to standard in **32 (34.4%)** out of **93** HSDUs expected to provide the service.

44% 38% 28%

STI/HIV Advocacy



Not available up to standard in **22 (57.9%)** out of **38** HSDUs expected to provide the service.

73% 45% 41%

Syndromic management of STIs

Not available up to standard in **9 (20%)** out of **45** HSDUs expected to provide the service.

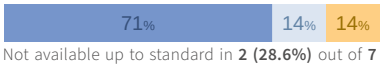
89% 56% 33%

HIV counselling and testing

Not available up to standard in **1 (14.3%)** out of **7** HSDUs expected to provide the service.

100% 100% 100%

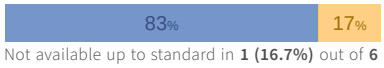
Opportunistic infections and PMTCT



Not available up to standard in **2 (28.6%)** out of **7** HSDUs expected to provide the service.

50% 50% 50%

Antiretroviral treatment



Not available up to standard in **1 (16.7%)** out of **6** HSDUs expected to provide the service.

100% 100% 100%

Maternal and newborn health

Family planning

Not available up to standard in **68 (20.5%)** out of **332** HSDUs expected to provide the service.

96% 41% 38%

Antenatal care

Not available up to standard in **59 (18.2%)** out of **325** HSDUs expected to provide the service.

83% 46% 46%

Clean home deliveries

Not available up to standard in **102 (42.9%)** out of **238** HSDUs expected to provide the service.

74% 39% 38%

Skilled care during childbirth

Not available up to standard in **64 (34.8%)** out of **184** HSDUs expected to provide the service.

73% 48% 36%

Basic emergency obstetric care

Not available up to standard in **4 (33.3%)** out of **12** HSDUs expected to provide the service.

100% 75% 75%

Comprehensive emergency obstetric care

Not available up to standard in **4 (57.1%)** out of **7** HSDUs expected to provide the service.

100% 100% 50%

Post-partum care

Not available up to standard in **22 (17.6%)** out of **125** HSDUs expected to provide the service.

77% 59% 59%

Comprehensive abortion care

Not available up to standard in **2 (25%)** out of **8** HSDUs expected to provide the service.

100% 100% 100%

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Sexual and reproductive health (cont.)

Sexual violence

Clinical management of rape survivors

Not available up to standard in **1 (33.3%)** out of **3** HSDUs expected to provide the service.

100% 100% 100%

Emergency contraception

Not available up to standard in **1 (33.3%)** out of **3** HSDUs expected to provide the service.

100% 100% 100%

Post-exposure prophylaxis

Not available up to standard in **1 (33.3%)** out of **3** HSDUs expected to provide the service.

100% 100% 100%

Noncommunicable diseases and mental health

Comprehensive community health services

Not available up to standard in **56 (72.7%)** out of **77** HSDUs expected to provide the service.

77% 43% 38%

NCD clinic

Not available up to standard in **93 (38.1%)** out of **244** HSDUs expected to provide the service.

88% 47% 31%

Asthma and COPD

Not available up to standard in **73 (30.9%)** out of **236** HSDUs expected to provide the service.

85% 49% 48%

Hypertension

Not available up to standard in **101 (37.1%)** out of **272** HSDUs expected to provide the service.

90% 43% 43%

Diabetes

Not available up to standard in **114 (47.7%)** out of **239** HSDUs expected to provide the service.

92% 55% 53%

Inpatient acute rehabilitation

Not available up to standard in **10 (41.7%)** out of **24** HSDUs expected to provide the service.

100% 80% 70%

Outpatient or community level rehabilitation services

Not available up to standard in **14 (42.4%)** out of **33** HSDUs expected to provide the service.

71% 64% 50%

Prosthetics and Orthotics

Not available up to standard in **3 (42.9%)** out of **7** HSDUs expected to provide the service.

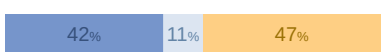
67% 67% 67%

Oral health and dental care

Not available up to standard in **97 (76.4%)** out of **127** HSDUs expected to provide the service.

89% 86% 84%

Psychological first aid



Not available up to standard in **11 (57.9%)** out of **19** HSDUs expected to provide the service.

64% 55% 45%

Management of mental disorders

Not available up to standard in **2 (28.6%)** out of **7** HSDUs expected to provide the service.

100% 50% 50%

Inpatient care for mental disorders

Not available up to standard in **2 (50%)** out of **4** HSDUs expected to provide the service.

100% 50% 50%

Inpatient care for mental disorders by specialists

Not available up to standard in **2 (50%)** out of **4** HSDUs expected to provide the service.

100% 50% 50%

This analysis was produced based on the information reported into HeRAMS up to 31 December 2024 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.

Notes:

1. Causes of non-functionality, basic amenity types, and barriers impeding service availability, were limited to the top three most frequently reported responses.
2. The analysis of barriers impeding service availability was limited to HSDUs where the health service is not available up to standard.
3. The analysis of individual services was limited to HSDUs expected to provide the specific service.

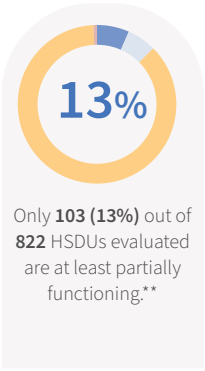
Data source: HeRAMS Sudan

Data accessed on: 31 December 2024
Date report created: 08 January 2025
Contact:

HeRAMS Health Resources and Services Availability Monitoring System
World Health Organization Sudan
USAID FROM THE AMERICAN PEOPLE

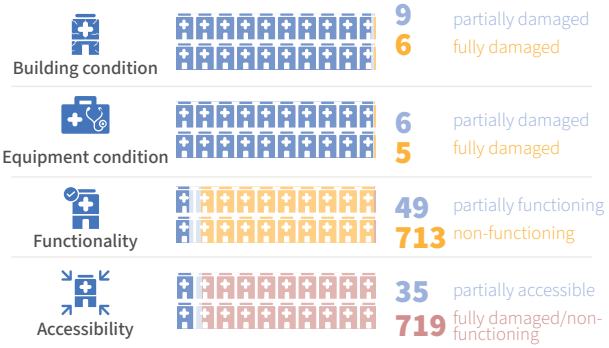
HeRAMS Sudan | Khartoum
SNAPSHOT DECEMBER 2024

OPERATIONAL STATUS

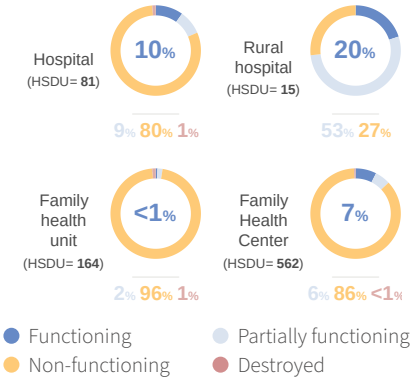


Only **103 (13%)** out of **822** HSDUs evaluated are at least partially functioning.**

Out of **822** HSDUs* evaluated.



Functionality HSDU by type



MAIN CAUSES OF...

Building damage

The primary cause of building damage reported by **9** partially damaged and **6** fully damaged HSDUs.

100% Conflict / attack / looting

Equipment damage

The primary cause of equipment damage reported by **6** partially damaged and **5** fully damaged HSDUs.

100% Conflict / attack / looting

Functionality constraints

The 3 primary causes of functionality constraints reported by **49** partially functioning and **713** non-functioning HSDUs.

97% Lack of staff

96% Lack of security

74% Lack of physical access

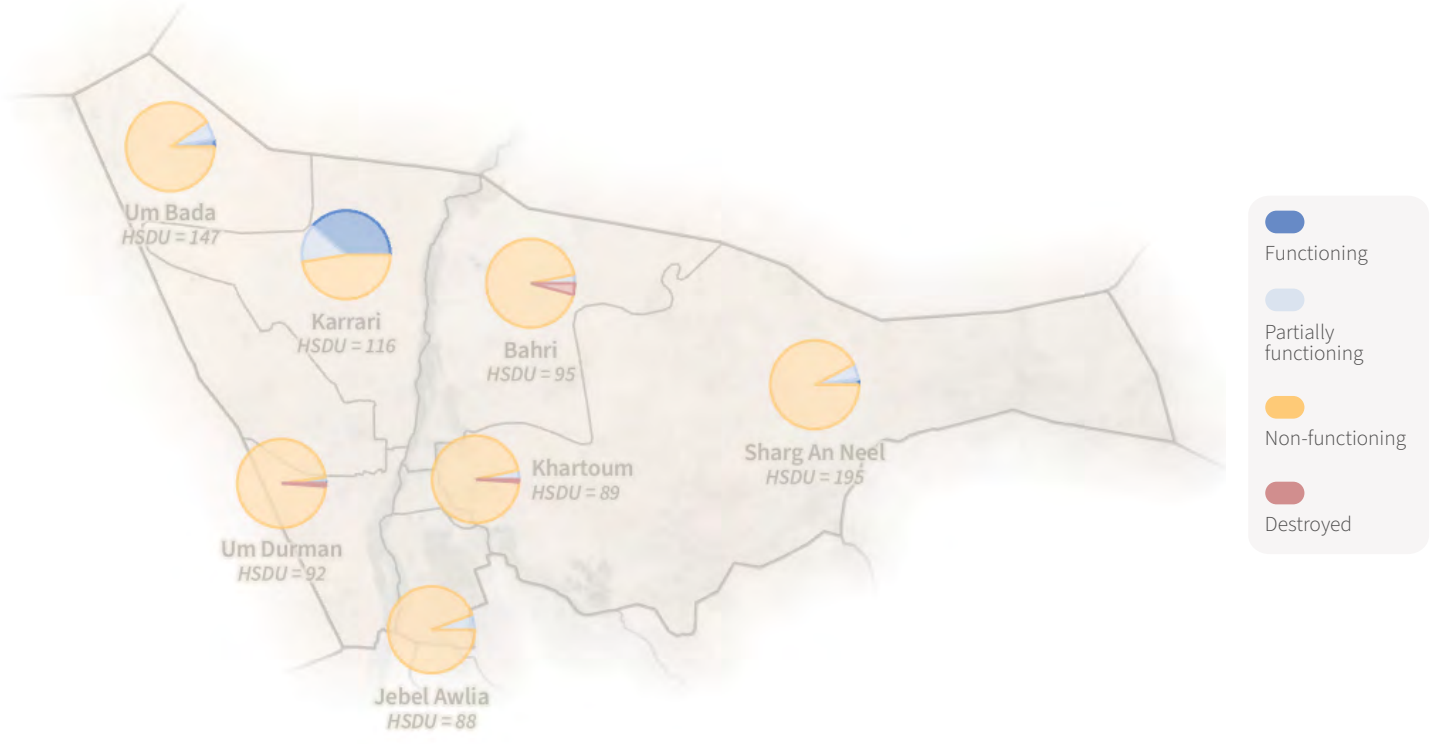
Accessibility constraints

The 3 primary causes of accessibility constraints reported by **35** partially accessible HSDUs.

97% Insecurity

43% Financial

17% Physical barriers

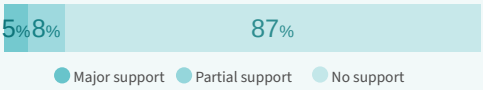


* The term health service delivery unit (HSDU) is an all-encompassing designation that includes all modalities of service delivery. Beyond traditional health facilities, this may include temporary structures or mobile clinics.

** HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.

Partner support

Out of **103** HSDUs partially and fully operational HSDUs.



Partner support types

Out of **13** HSDUs receiving major or partial support from partners.

Provision of medical supplies	100%	Provision of operational costs	85%	Provision of medical equipment	69%
Provision of health staff	54%	Training of health staff	54%	Governance / Oversight	38%

BASIC AMENITIES*

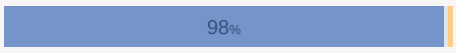
Out of **103** HSDUs partially and fully operational HSDUs.

Available · Partially available · Not available · Not normally provided

WASH

Water

2% of HSDUs have insufficient water available.



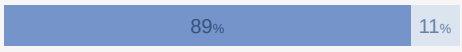
Main water sources[1]

Out of **102** HSDUs where water is at least partially available.

Piped Supply Network	100%	Tanker truck	3%	Unprotected dug well	1%

Sanitation facilities

11% of HSDUs have insufficient improved sanitation facilities.



Sanitation facilities types[1]

Out of **103** HSDUs where sanitation facilities are at least partially available.

Flush/pour flush to piped sewer system or septic tank	94%	Covered Pit latrine or VIP latrine	9%	Uncovered pit latrine	3%

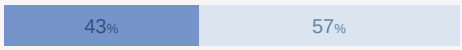
Sanitation facilities accessibility[1]

Out of **103** HSDUs where sanitation facilities are at least partially available.

Gender-separated toilets	100%	Dedicated staff toilets	1%	Toilets for people with limited accessibility	1%

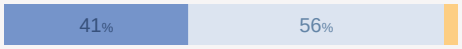
Hygiene facilities

57% of HSDUs have insufficient means to follow proper hand hygiene practices.



Environmental cleaning

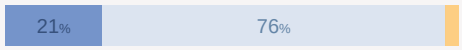
59% of HSDUs have insufficient means to follow proper environmental cleaning practices.



Waste management

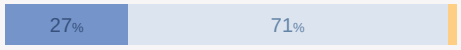
Waste segregation

79% of HSDUs have insufficient means to follow proper waste segregation practices.



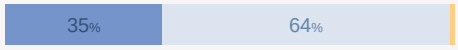
Final disposal of sharps

73% of HSDUs have insufficient means for safe final disposalof sharps.



Final disposal of infectious waste

65% of HSDUs have insufficient means for safe final disposal of infectious waste.



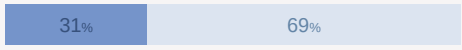
Waste disposal methods[1]

Out of **102** HSDUs where final disposal of sharps or infectious waste is at least partially available.

Open burning	52%	Burning in a protected pit	48%	Autoclaved	41%

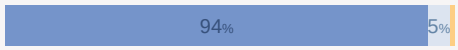
Personal protective equipment

69% of HSDUs have insufficient personal protective equipment.



Power

6% of HSDUs have insufficient or unreliable power available.



Power sources[1]

Out of **102** HSDUs where power is at least partially available.

National electricity network	100%	Generator	17%	Solar system	8%

Inpatient bed capacity*

Out of **15** HSDUs expected to provide intensive care unit beds **11 (73.3%)** do not have sufficient capacity.

Out of **27** HSDUs expected to provide maternity beds **11 (40.7%)** do not have sufficient capacity.

Out of **32** HSDUs expected to provide other beds **8 (25%)** do not have sufficient capacity.

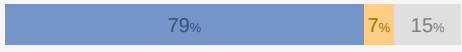
Main barriers[1]

Out of **23** HSDUs where inpatient bed capacity is not available up to standards.

Insufficient quantity	70%	Lack of staff	65%	Lack of medical equipment	43%

Cold chain

8% of HSDUs have insufficient cold chain capacity.



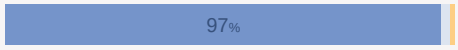
Cold chain sources[1]

Out of **81** HSDUs where cold chain capacity is at least partially available.

Public power network	100%	Generator	17%	Solar	5%

Communication equipment

3% of HSDUs have insufficient means of communication.



Communication equipment types[1]

Out of **102** HSDUs where communication means are at least partially available.

Computer	69%	Mobile phone	66%	Telephone	59%

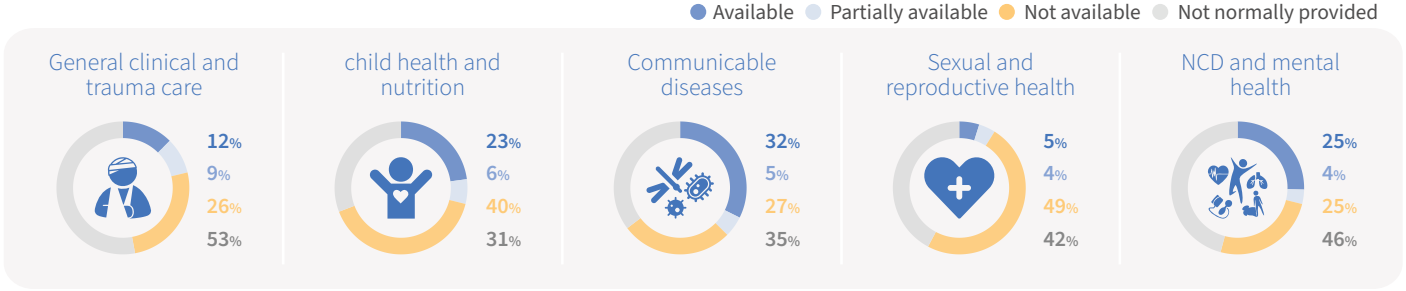
[1] Basic amenity types are limited to the top three most frequently reported.

*Out of **103** 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



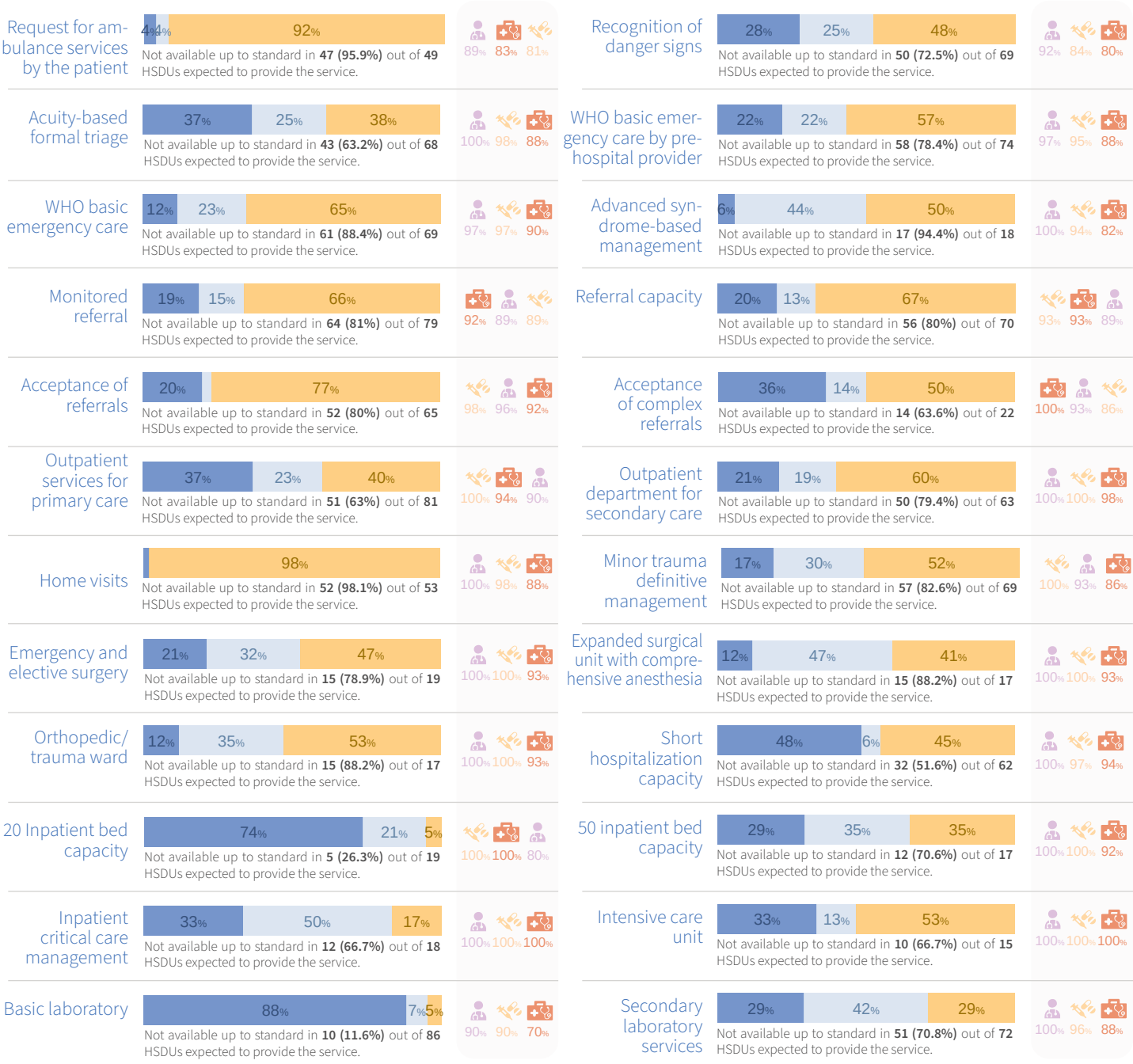
General clinical and emergency care

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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



* Out of **103** 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

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

General clinical and emergency care (cont.)

Tertiary laboratory services

Not available up to standard in **51 (76.1%)** out of **67** HSDUs expected to provide the service.

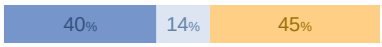
100% 96% 96%

Blood bank services

Not available up to standard in **19 (45.2%)** out of **42** HSDUs expected to provide the service.

100% 89% 84%

Basic X-ray service



Not available up to standard in **25 (59.5%)** out of **42** HSDUs expected to provide the service.

100% 100% 88%

Hemodialysis unit

Not available up to standard in **25 (75.8%)** out of **33** HSDUs expected to provide the service.

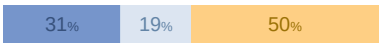
100% 100% 96%

Radiology unit

Not available up to standard in **30 (81.1%)** out of **37** HSDUs expected to provide the service.

100% 97% 90%

Medical evacuation procedures



Not available up to standard in **11 (68.8%)** out of **16** HSDUs expected to provide the service.

100% 91% 91%

Procedures for mass casualty scenarios

Not available up to standard in **14 (82.4%)** out of **17** HSDUs expected to provide the service.

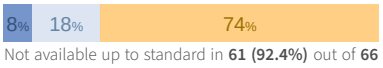
93% 86% 86%

Mass casualty management system

Not available up to standard in **65 (87.8%)** out of **74** HSDUs expected to provide the service.

97% 94% 92%

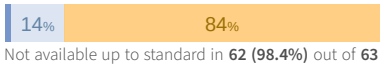
War surgery protocols



Not available up to standard in **61 (92.4%)** out of **66** HSDUs expected to provide the service.

100% 97% 82%

Damage control surgery protocols



Not available up to standard in **62 (98.4%)** out of **63** HSDUs expected to provide the service.

100% 98% 94%

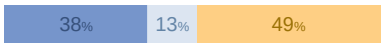
Child health and nutrition

Community-based first aid

Not available up to standard in **23 (24.5%)** out of **94** HSDUs expected to provide the service.

100% 100% 87%

Community-based IMCI



Not available up to standard in **52 (61.9%)** out of **84** HSDUs expected to provide the service.

100% 98% 87%

IMCI under 5 clinic

Not available up to standard in **54 (70.1%)** out of **77** HSDUs expected to provide the service.

98% 98% 76%

Management of severe paediatric diseases

Not available up to standard in **9 (50%)** out of **18** HSDUs expected to provide the service.

100% 89% 78%

Community mobilization for EPI

Not available up to standard in **57 (78.1%)** out of **73** HSDUs expected to provide the service.

100% 96% 86%

Expanded programme on immunization

Not available up to standard in **69 (77.5%)** out of **89** HSDUs expected to provide the service.

99% 94% 91%

IEC on IYCF practices

Not available up to standard in **64 (85.3%)** out of **75** HSDUs expected to provide the service.

94% 94% 86%

Screening for acute malnutrition at the community level

Not available up to standard in **57 (72.2%)** out of **79** HSDUs expected to provide the service.

96% 89% 88%

Growth monitoring at primary care level

Not available up to standard in **55 (67.9%)** out of **81** HSDUs expected to provide the service.

95% 91% 82%

Community management of acute malnutrition

Not available up to standard in **59 (67.8%)** out of **87** HSDUs expected to provide the service.

100% 88% 81%

Integrated management of acute malnutrition

Not available up to standard in **61 (73.5%)** out of **83** HSDUs expected to provide the service.

100% 90% 79%

Stabilization center for SAM

Not available up to standard in **12 (80%)** out of **15** HSDUs expected to provide the service.

100% 92% 83%

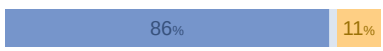
Communicable diseases

Syndromic surveillance

Not available up to standard in **12 (12.9%)** out of **93** HSDUs expected to provide the service.

83% 75% 67%

Event-based surveillance



Not available up to standard in **13 (13.5%)** out of **96** HSDUs expected to provide the service.

100% 85% 54%

Malaria at the community level

Not available up to standard in **47 (64.4%)** out of **73** HSDUs expected to provide the service.

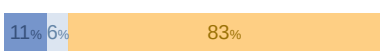
98% 96% 85%

Malaria at the primary care level

Not available up to standard in **18 (22.8%)** out of **79** HSDUs expected to provide the service.

100% 89% 89%

Vector control



Not available up to standard in **62 (88.6%)** out of **70** HSDUs expected to provide the service.

92% 92% 87%

Support mass drug administration

Not available up to standard in **54 (85.7%)** out of **63** HSDUs expected to provide the service.

100% 100% 100%

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Communicable diseases (cont.)

Tuberculosis

Not available up to standard in **30 (38%)** out of **79** HSDUs expected to provide the service.

100% 100% 97%

Multi-drug-resistant tuberculosis

Not available up to standard in **46 (64.8%)** out of **71** HSDUs expected to provide the service.

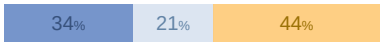
100% 100% 91%

IEC on local priority diseases

Not available up to standard in **54 (79.4%)** out of **68** HSDUs expected to provide the service.

96% 93% 87%

Local priority diseases



Not available up to standard in **46 (65.7%)** out of **70** HSDUs expected to provide the service.

100% 93% 91%

Management of severe communicable diseases

Not available up to standard in **9 (45%)** out of **20** HSDUs expected to provide the service.

100% 100% 89%

Isolation unit or room

Not available up to standard in **8 (47.1%)** out of **17** HSDUs expected to provide the service.

100% 100% 100%

Sexual and reproductive health

STI and HIV/AIDS

IEC on STI/HIV

Not available up to standard in **54 (94.7%)** out of **57** HSDUs expected to provide the service.

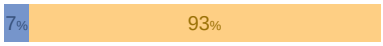
100% 100% 91%

STI/HIV Advocacy

Not available up to standard in **55 (94.8%)** out of **58** HSDUs expected to provide the service.

100% 98% 95%

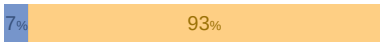
Syndromic management of STIs



Not available up to standard in **57 (93.4%)** out of **61** HSDUs expected to provide the service.

100% 98% 95%

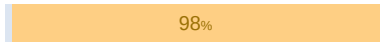
HIV counselling and testing



Not available up to standard in **57 (93.4%)** out of **61** HSDUs expected to provide the service.

100% 96% 95%

Opportunistic infections and PMTCT



Not available up to standard in **58 (100%)** out of **58** HSDUs expected to provide the service.

100% 98% 98%

Antiretroviral treatment

Not available up to standard in **57 (100%)** out of **57** HSDUs expected to provide the service.

98% 96% 96%

Maternal and newborn health

Family planning

Not available up to standard in **50 (66.7%)** out of **75** HSDUs expected to provide the service.

98% 84% 76%

Antenatal care

Not available up to standard in **59 (86.8%)** out of **68** HSDUs expected to provide the service.

93% 92% 83%

Clean home deliveries

Not available up to standard in **62 (91.2%)** out of **68** HSDUs expected to provide the service.

92% 87% 87%

Skilled care during childbirth

Not available up to standard in **64 (90.1%)** out of **71** HSDUs expected to provide the service.

95% 88% 88%

Basic emergency obstetric care

Not available up to standard in **59 (89.4%)** out of **66** HSDUs expected to provide the service.

97% 95% 93%

Comprehensive emergency obstetric care

Not available up to standard in **14 (82.4%)** out of **17** HSDUs expected to provide the service.

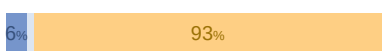
93% 93% 79%

Post-partum care

Not available up to standard in **55 (90.2%)** out of **61** HSDUs expected to provide the service.

96% 96% 91%

Comprehensive abortion care



Not available up to standard in **51 (94.4%)** out of **54** HSDUs expected to provide the service.

100% 96% 94%

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Sexual and reproductive health (cont.)

Sexual violence

Clinical management of rape survivors

5% | 95%

Not available up to standard in **56 (94.9%)** out of **59** HSDUs expected to provide the service.

100% 100% 93%

Emergency contraception

5% | 92%

Not available up to standard in **60 (96.8%)** out of **62** HSDUs expected to provide the service.

98% 98% 95%

Post-exposure prophylaxis

97%

Not available up to standard in **59 (100%)** out of **59** HSDUs expected to provide the service.

100% 98% 90%

Noncommunicable diseases and mental health

Comprehensive community health services

15% | 11% | 74%

Not available up to standard in **52 (85.2%)** out of **61** HSDUs expected to provide the service.

100% 100% 96%

NCD clinic

9% | 88%

Not available up to standard in **60 (90.9%)** out of **66** HSDUs expected to provide the service.

98% 98% 93%

Asthma and COPD

90% | 7%

Not available up to standard in **8 (9.9%)** out of **81** HSDUs expected to provide the service.

100% 100% 75%

Hypertension

90% | 5% | 5%

Not available up to standard in **8 (9.5%)** out of **84** HSDUs expected to provide the service.

88% 62% 38%

Diabetes

91% | 9%

Not available up to standard in **7 (8.9%)** out of **79** HSDUs expected to provide the service.

100% 71% 43%

Inpatient acute rehabilitation

81% | 12% | 6%

Not available up to standard in **3 (18.8%)** out of **16** HSDUs expected to provide the service.

100% 100% 100%

Outpatient or community level rehabilitation services

54% | 19% | 28%

Not available up to standard in **32 (46.4%)** out of **69** HSDUs expected to provide the service.

100% 100% 100%

Prosthetics and Orthotics

25% | 10% | 66%

Not available up to standard in **46 (75.4%)** out of **61** HSDUs expected to provide the service.

100% 100% 98%

Oral health and dental care

22% | 8% | 70%

Not available up to standard in **47 (78.3%)** out of **60** HSDUs expected to provide the service.

100% 100% 98%

Psychological first aid

23% | 76%

Not available up to standard in **48 (77.4%)** out of **62** HSDUs expected to provide the service.

100% 96% 90%

Management of mental disorders

9% | 4% | 87%

Not available up to standard in **50 (90.9%)** out of **55** HSDUs expected to provide the service.

100% 100% 98%

Inpatient care for mental disorders

25% | 12% | 62%

Not available up to standard in **12 (75%)** out of **16** HSDUs expected to provide the service.

100% 100% 100%

Inpatient care for mental disorders by specialists

20% | 7% | 73%

Not available up to standard in **12 (80%)** out of **15** HSDUs expected to provide the service.

100% 100% 92%

This analysis was produced based on the information reported into HeRAMS up to 31 December 2024 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.

Notes:

1. Causes of non-functionality, basic amenity types, and barriers impeding service availability, were limited to the top three most frequently reported responses.
2. The analysis of barriers impeding service availability was limited to HSDUs where the health service is not available up to standard.
3. The analysis of individual services was limited to HSDUs expected to provide the specific service.

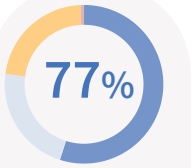
Data source: HeRAMS Sudan

Data accessed on: 31 December 2024
Date report created: 08 January 2025
Contact:

HeRAMS Health Resources and Services Availability Monitoring System
World Health Organization Sudan
USAID FROM THE AMERICAN PEOPLE

HeRAMS Sudan | Red Sea
SNAPSHOT DECEMBER 2024

OPERATIONAL STATUS*

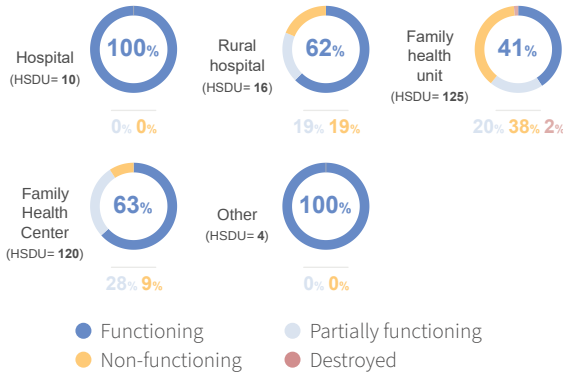


Only **212 (77%)** out of **275** HSDUs evaluated are at least partially functioning.**

Out of **275** HSDUs* evaluated.

Building condition	**80**	partially damaged
	2	fully damaged
Equipment condition	**20**	partially damaged
Functionality	**61**	partially functioning
	61	non-functioning
Accessibility	**19**	partially accessible
	63	fully damaged/non-functioning

Functionality HSDU by type



MAIN CAUSES OF...

Building damage

The 3 primary causes of building damage reported by **80** partially damaged and **2** fully damaged HSDUs.

- **98%** Lack of maintenance
- **12%** Natural disaster
- **12%** Other

Equipment damage

The 3 primary causes of equipment damage reported by **20** partially damaged HSDUs.

- **90%** Lack of maintenance
- **20%** Other
- **5%** Man-made disaster

Functionality constraints

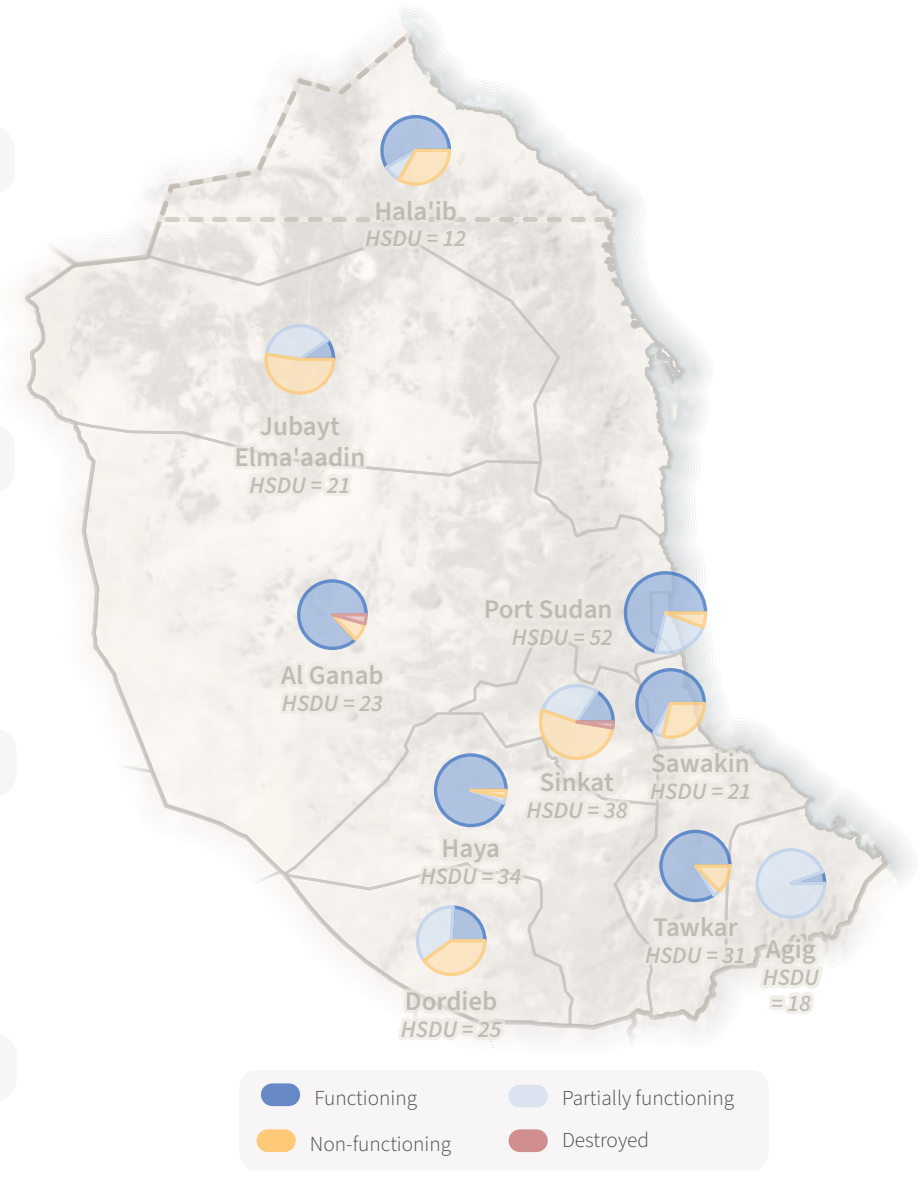
The 3 primary causes of functionality constraints reported by **61** partially functioning and **61** non-functioning HSDUs.

- **70%** Lack of finances
- **61%** Lack of medical supplies
- **58%** Lack of staff

Accessibility constraints

The 3 primary causes of accessibility constraints reported by **19** partially accessible HSDUs.

- **89%** Physical barriers
- **11%** Financial
- **11%** Other

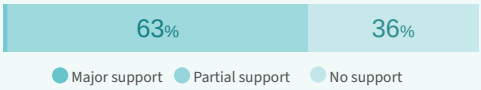


* The term health service delivery unit (HSDU) is an all-encompassing designation that includes all modalities of service delivery. Beyond traditional health facilities, this may include temporary structures or mobile clinics.

** HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.

Partner support

Out of **212** HSDUs partially and fully operational HSDUs.



Partner support types

Out of **136** HSDUs receiving major or partial support from partners.

- Training of health staff: **88%**
- Governance / Oversight: **78%**
- Provision of medical supplies: **70%**
- Provision of medical equipment: **31%**
- Provision of operational costs: **22%**
- Provision of health staff: **7%**

BASIC AMENITIES*

Out of **212** HSDUs partially and fully operational HSDUs.

Available | Partially available | Not available | Not normally provided

WASH

Water

69% of HSDUs have insufficient water available.

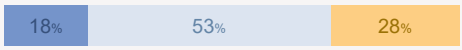
Main water sources[1]

Out of **177** HSDUs where water is at least partially available.

- Tanker truck: **37%**
- Protected dug well: **24%**
- Other: **20%**

Sanitation facilities

82% of HSDUs have insufficient improved sanitation facilities.



Sanitation facilities types[1]

Out of **152** HSDUs where sanitation facilities are at least partially available.

- Covered Pit latrine or VIP latrine: **50%**
- Flush/pour flush to piped sewer system or septic tank: **46%**
- Flush toilet: **8%**

Sanitation facilities accessibility[1]

Out of **152** HSDUs where sanitation facilities are at least partially available.

- Gender-separated toilets: **46%**
- Dedicated staff toilets: **28%**
- Menstrual hygiene facilities: **6%**

Hygiene facilities

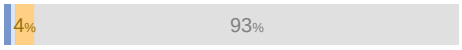
83% of HSDUs have insufficient means to follow proper hand hygiene practices.

Environmental cleaning

92% of HSDUs have insufficient means to follow proper environmental cleaning practices.

Inpatient bed capacity*

ICU beds

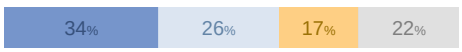


Out of **14** HSDUs expected to provide intensive care unit beds **11 (78.6%)** do not have sufficient capacity.

Maternity beds

Out of **45** HSDUs expected to provide maternity beds **40 (88.9%)** do not have sufficient capacity.

General inpatient beds



Out of **165** HSDUs expected to provide other beds **93 (56.4%)** do not have sufficient capacity.

Main barriers[1]

Out of **112** HSDUs where inpatient bed capacity is not available up to standards.

- Insufficient quantity: **88%**
- Lack of financial resources: **20%**
- Lack of medical equipment: **19%**

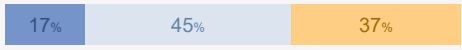
Waste management

Waste segregation

87% of HSDUs have insufficient means to follow proper waste segregation practices.

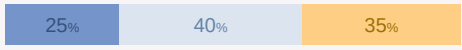
Final disposal of sharps

83% of HSDUs have insufficient means for safe final disposalof sharps.



Final disposal of infectious waste

75% of HSDUs have insufficient means for safe final disposal of infectious waste.



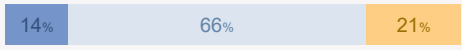
Waste disposal methods[1]

Out of **153** HSDUs where final disposal of sharps or infectious waste is at least partially available.

- Burning in a protected pit: **37%**
- Open burning: **26%**
- Not treated, but collected for medical waste disposal off-site: **16%**

Personal protective equipment

86% of HSDUs have insufficient personal protective equipment.



Power

79% of HSDUs have insufficient or unreliable power available.

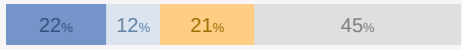
Power sources[1]

Out of **85** HSDUs where power is at least partially available.

- National electricity network: **69%**
- Generator: **42%**
- Solar system: **19%**

Cold chain

59% of HSDUs have insufficient cold chain capacity.



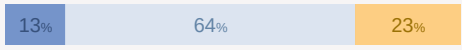
Cold chain sources[1]

Out of **72** HSDUs where cold chain capacity is at least partially available.

- Public power network: **54%**
- Solar: **31%**
- Generator: **24%**

Communication equipment

87% of HSDUs have insufficient means of communication.



Communication equipment types[1]

Out of **163** HSDUs where communication means are at least partially available.

- Mobile phone: **98%**
- Computer: **13%**
- Telephone: **9%**

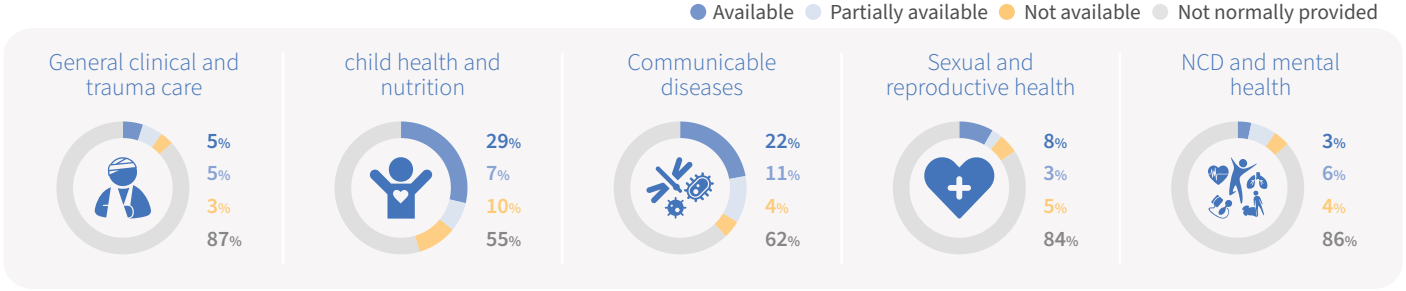
[1] Basic amenity types are limited to the top three most frequently reported.

*Out of **212** 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



General clinical and emergency care

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

	Available	Partially available	Not available	Not available up to standard	Lack of financial resources	Lack of staff	Lack of supplies
Request for ambulance services by the patient	21%	47%	32%	49 (79%) out of 62	73%	71%	22%
Recognition of danger signs	14%	45%	41%	73 (85.9%) out of 85	85%	45%	22%
Acuity-based formal triage	30%	22%	48%	19 (70.4%) out of 27	79%	53%	37%
WHO basic emergency care by pre-hospital provider	44%	19%	38%	9 (56.2%) out of 16	56%	56%	44%
WHO basic emergency care	28%	40%	32%	18 (72%) out of 25	78%	50%	39%
Advanced syndrome-based management	31%	54%	15%	9 (69.2%) out of 13	67%	44%	33%
Monitored referral	12%	25%	63%	57 (87.7%) out of 65	70%	47%	42%
Referral capacity	39%	49%	11%	48 (60.8%) out of 79	79%	58%	19%
Acceptance of referrals	47%	24%	29%	9 (52.9%) out of 17	78%	67%	44%
Acceptance of complex referrals	77%	8%	15%	3 (23.1%) out of 13	67%	67%	67%
Outpatient services for primary care	49%	39%	12%	64 (50.8%) out of 126	95%	39%	12%
Outpatient department for secondary care	19%	64%	17%	34 (81%) out of 42	97%	41%	12%
Home visits	100%			5 (100%) out of 5	100%	80%	60%
Minor trauma definitive management	22%	60%	17%	63 (77.8%) out of 81	95%	43%	17%
Emergency and elective surgery	75%	25%		2 (25%) out of 8	100%	50%	50%
Expanded surgical unit with comprehensive anesthesia	80%	20%		1 (20%) out of 5	100%	100%	
Orthopedic/ trauma ward	67%	33%		2 (33.3%) out of 6	100%	50%	50%
Short hospitalization capacity	52%	30%	19%	13 (48.1%) out of 27	54%	54%	46%
20 Inpatient bed capacity	60%	40%		6 (40%) out of 15	50%	50%	17%
50 inpatient bed capacity	43%	43%	14%	4 (57.1%) out of 7	75%	50%	25%
Inpatient critical care management	67%	33%		3 (33.3%) out of 9	100%	100%	33%
Intensive care unit	60%	10%	30%	4 (40%) out of 10	100%	75%	50%
Basic laboratory	54%	23%	23%	52 (46%) out of 113	71%	60%	40%
Secondary laboratory services	57%	36%	7%	6 (42.9%) out of 14	100%	83%	50%

HSDUs expected to provide the service.

* Out of **212** 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

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

General clinical and emergency care (cont.)

Tertiary laboratory services

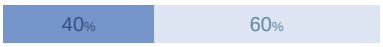

Not available up to standard in **1 (25%)** out of **4** HSDUs expected to provide the service.
100% 100% 100%

Basic X-ray service


Not available up to standard in **5 (38.5%)** out of **13** HSDUs expected to provide the service.
100% 60% 40%

Radiology unit


Not available up to standard in **5 (50%)** out of **10** HSDUs expected to provide the service.
100% 80% 60%

Procedures for mass casualty scenarios


Not available up to standard in **3 (60%)** out of **5** HSDUs expected to provide the service.
67% 33%

War surgery protocols

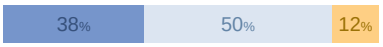

Not available up to standard in **1 (16.7%)** out of **6** HSDUs expected to provide the service.
100% 100% 100%

Blood bank services


Not available up to standard in **9 (90%)** out of **10** HSDUs expected to provide the service.
89% 44% 44%

Hemodialysis unit


Not available up to standard in **2 (66.7%)** out of **3** HSDUs expected to provide the service.
100%

Medical evacuation procedures


Not available up to standard in **5 (62.5%)** out of **8** HSDUs expected to provide the service.
80% 60% 20%

Mass casualty management system


Not available up to standard in **9 (75%)** out of **12** HSDUs expected to provide the service.
78% 67% 56%

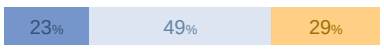
Damage control surgery protocols


Not available up to standard in **4 (44.4%)** out of **9** HSDUs expected to provide the service.
75% 75% 75%

Child health and nutrition

Community-based first aid


Not available up to standard in **87 (79.8%)** out of **109** HSDUs expected to provide the service.
79% 55% 25%

IMCI under 5 clinic


Not available up to standard in **86 (77.5%)** out of **111** HSDUs expected to provide the service.
97% 30% 27%

Community mobilization for EPI


Not available up to standard in **23 (46%)** out of **50** HSDUs expected to provide the service.
65% 43% 22%

IEC on IYCF practices


Not available up to standard in **17 (10.3%)** out of **165** HSDUs expected to provide the service.
35% 35% 29%

Growth monitoring at primary care level


Not available up to standard in **33 (28.2%)** out of **117** HSDUs expected to provide the service.
64% 48% 36%

Integrated management of acute malnutrition


Not available up to standard in **39 (33.9%)** out of **115** HSDUs expected to provide the service.
74% 36% 31%

Community-based IMCI


Not available up to standard in **37 (72.5%)** out of **51** HSDUs expected to provide the service.
86% 54% 46%

Management of severe paediatric diseases


Not available up to standard in **15 (65.2%)** out of **23** HSDUs expected to provide the service.
93% 47% 27%

Expanded programme on immunization


Not available up to standard in **41 (40.2%)** out of **102** HSDUs expected to provide the service.
61% 41% 41%

Screening for acute malnutrition at the community level


Not available up to standard in **5 (2.6%)** out of **195** HSDUs expected to provide the service.
60% 20% 20%

Community management of acute malnutrition


Not available up to standard in **41 (37.6%)** out of **109** HSDUs expected to provide the service.
73% 37% 32%

Stabilization center for SAM


Not available up to standard in **3 (30%)** out of **10** HSDUs expected to provide the service.
67% 33% 33%

Communicable diseases

Syndromic surveillance

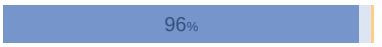

Not available up to standard in **23 (44.2%)** out of **52** HSDUs expected to provide the service.
61% 39% 13%

Malaria at the community level


Not available up to standard in **28 (58.3%)** out of **48** HSDUs expected to provide the service.
89% 18% 14%

Vector control


Not available up to standard in **133 (79.6%)** out of **167** HSDUs expected to provide the service.
61% 29% 27%

Event-based surveillance


Not available up to standard in **7 (3.8%)** out of **185** HSDUs expected to provide the service.
57% 29% 14%

Malaria at the primary care level


Not available up to standard in **68 (40.5%)** out of **168** HSDUs expected to provide the service.
93% 12% 10%

Support mass drug administration


Not available up to standard in **5 (62.5%)** out of **8** HSDUs expected to provide the service.
60% 60% 40%

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Communicable diseases (cont.)

Tuberculosis

Not available up to standard in **14 (58.3%)** out of **24** HSDUs expected to provide the service.

86% 57% 36%

Multi-drug-resistant tuberculosis

Not available up to standard in **2 (28.6%)** out of **7** HSDUs expected to provide the service.

100% 50% 50%

IEC on local priority diseases

Not available up to standard in **37 (23.6%)** out of **157** HSDUs expected to provide the service.

57% 41% 22%

Local priority diseases

Not available up to standard in **63 (53.4%)** out of **118** HSDUs expected to provide the service.

79% 46% 24%

Management of severe communicable diseases

Not available up to standard in **15 (75%)** out of **20** HSDUs expected to provide the service.

80% 40% 40%

Isolation unit or room

Not available up to standard in **7 (63.6%)** out of **11** HSDUs expected to provide the service.

57% 29% 29%

Sexual and reproductive health

STI and HIV/AIDS

IEC on STI/HIV

Not available up to standard in **21 (48.8%)** out of **43** HSDUs expected to provide the service.

48% 33% 33%

STI/HIV Advocacy

Not available up to standard in **10 (83.3%)** out of **12** HSDUs expected to provide the service.

60% 50% 30%

Syndromic management of STIs

Not available up to standard in **12 (50%)** out of **24** HSDUs expected to provide the service.

100% 17% 17%

HIV counselling and testing

Not available up to standard in **9 (37.5%)** out of **24** HSDUs expected to provide the service.

89% 44% 22%

Opportunistic infections and PMTCT

Not available up to standard in **4 (40%)** out of **10** HSDUs expected to provide the service.

100% 50%

Antiretroviral treatment

Not available up to standard in **5 (83.3%)** out of **6** HSDUs expected to provide the service.

100% 20% 20%

Maternal and newborn health

Family planning

Not available up to standard in **37 (38.9%)** out of **95** HSDUs expected to provide the service.

70% 51% 19%

Antenatal care

Not available up to standard in **40 (40.4%)** out of **99** HSDUs expected to provide the service.

75% 55% 20%

Clean home deliveries

Not available up to standard in **49 (61.3%)** out of **80** HSDUs expected to provide the service.

51% 45% 33%

Skilled care during childbirth

Not available up to standard in **43 (68.3%)** out of **63** HSDUs expected to provide the service.

60% 56% 35%

Basic emergency obstetric care

Not available up to standard in **6 (28.6%)** out of **21** HSDUs expected to provide the service.

67% 67% 67%

Comprehensive emergency obstetric care

Not available up to standard in **3 (27.3%)** out of **11** HSDUs expected to provide the service.

100% 67% 33%

Post-partum care

Not available up to standard in **22 (37.9%)** out of **58** HSDUs expected to provide the service.

95% 18% 14%

Comprehensive abortion care

Not available up to standard in **5 (38.5%)** out of **13** HSDUs expected to provide the service.

80% 60% 60%

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Sexual and reproductive health (cont.)

Sexual violence

Clinical management of rape survivors

100%

Available up to standard in all **3** HSDUs expected to provide the service.

Emergency contraception

100%

Available up to standard in all **3** HSDUs expected to provide the service.

Post-exposure prophylaxis

100%

Available up to standard in all **2** HSDUs expected to provide the service.

Noncommunicable diseases and mental health

Comprehensive community health services

83% | 17%

Not available up to standard in **6 (100%)** out of **6** HSDUs expected to provide the service.

83% 50% 33%

NCD clinic

13% | 58% | 28%

Not available up to standard in **58 (86.6%)** out of **67** HSDUs expected to provide the service.

93% 47% 33%

Asthma and COPD

16% | 42% | 42%

Not available up to standard in **26 (83.9%)** out of **31** HSDUs expected to provide the service.

96% 38% 31%

Hypertension

32% | 50% | 18%

Not available up to standard in **85 (68%)** out of **125** HSDUs expected to provide the service.

92% 32% 32%

Diabetes

18% | 43% | 38%

Not available up to standard in **75 (81.5%)** out of **92** HSDUs expected to provide the service.

93% 41% 28%

Inpatient acute rehabilitation

50% | 50%

Not available up to standard in **2 (100%)** out of **2** HSDUs expected to provide the service.

100% 50% 50%

Outpatient or community level rehabilitation services

Not expected in any operational HSDU.

Prosthetics and Orthotics

33% | 33% | 33%

Not available up to standard in **2 (66.7%)** out of **3** HSDUs expected to provide the service.

100% 100% 50%

Oral health and dental care

28% | 24% | 48%

Not available up to standard in **21 (72.4%)** out of **29** HSDUs expected to provide the service.

86% 62% 48%

Psychological first aid

42% | 17% | 42%

Not available up to standard in **7 (58.3%)** out of **12** HSDUs expected to provide the service.

86% 43% 29%

Management of mental disorders

100%

Available up to standard in all **2** HSDUs expected to provide the service.

Inpatient care for mental disorders

100%

Available up to standard in all **2** HSDUs expected to provide the service.

Inpatient care for mental disorders by specialists

100%

Available up to standard in all **2** HSDUs expected to provide the service.

This analysis was produced based on the information reported into HeRAMS up to 31 December 2024 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.

Notes:

1. Causes of non-functionality, basic amenity types, and barriers impeding service availability, were limited to the top three most frequently reported responses.
2. The analysis of barriers impeding service availability was limited to HSDUs where the health service is not available up to standard.
3. The analysis of individual services was limited to HSDUs expected to provide the specific service.

Data source: HeRAMS Sudan

Data accessed on: 31 December 2024
Date report created: 08 January 2025
Contact:

HeRAMS Health Resources and Services Availability Monitoring System
World Health Organization Sudan
USAID FROM THE AMERICAN PEOPLE

HeRAMS Sudan | Sennar*
SNAPSHOT DECEMBER 2024

OPERATIONAL STATUS**

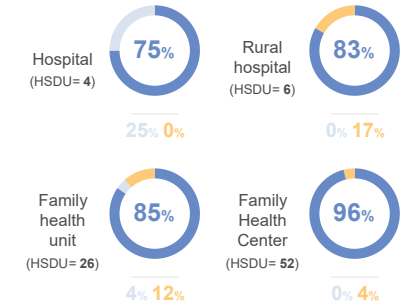
93%

Only **82 (93%)** out of **88** HSDUs evaluated are at least partially functioning.***

Out of **88** HSDUs** evaluated.

Building condition	7	partially damaged
Equipment condition	6	partially damaged
	1	fully damaged
Functionality	2	partially functioning
	6	non-functioning
Accessibility	6	fully damaged/non-functioning

Functionality HSDU by type



MAIN CAUSES OF...

Building damage

The 3 primary causes of building damage reported by **7** partially damaged HSDUs.

- 71% Man-made disaster
- 71% Conflict / attack / looting
- 29% Lack of maintenance

Equipment damage

The 3 primary causes of equipment damage reported by **6** partially damaged and **1** fully damaged HSDUs.

- 100% Conflict / attack / looting
- 86% Man-made disaster
- 14% Lack of maintenance

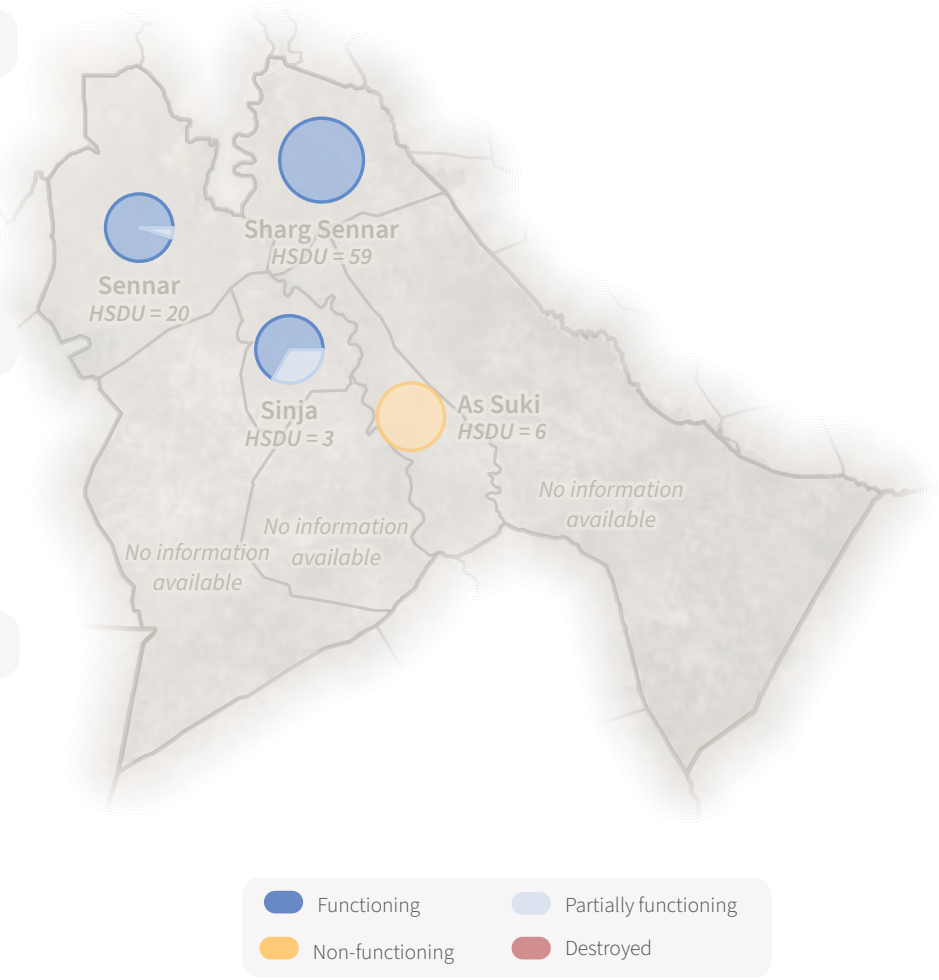
Functionality constraints

The 3 primary causes of functionality constraints reported by **2** partially functioning and **6** non-functioning HSDUs.

- 75% Lack of security
- 25% Lack of finances
- 25% Other

Accessibility constraints

No causes of inaccessibility reported



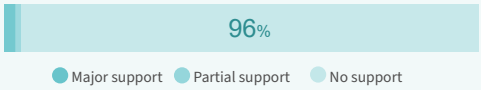
* The data included in this infographic focus on four localities (Sennar, Sharq Sennar, Senja, and As Suki in total 25% out of HSDUs in the State).

** The term health service delivery unit (HSDU) is an all-encompassing designation that includes all modalities of service delivery. Beyond traditional health facilities, this may include temporary structures or mobile clinics.

*** HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.

Partner support

Out of **82** HSDUs partially and fully operational HSDUs.



Partner support types

Out of **3** HSDUs receiving major or partial support from partners.

Training of health staff	100%	Provision of medical supplies	100%	Provision of medical equipment	100%
Governance / Oversight	67%	Provision of health staff	67%	Provision of operational costs	67%

BASIC AMENITIES*

Out of **82** HSDUs partially and fully operational HSDUs.

Available | Partially available | Not available | Not normally provided

WASH

Water

54% of HSDUs have insufficient water available.

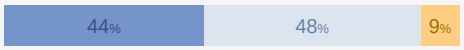
Main water sources[1]

Out of **82** HSDUs where water is at least partially available.

Piped Supply Network	50%	Protected dug well	29%	Protected spring	12%

Sanitation facilities

56% of HSDUs have insufficient improved sanitation facilities.



Sanitation facilities types[1]

Out of **75** HSDUs where sanitation facilities are at least partially available.

Flush/pour flush to piped sewer system or septic tank	41%	Covered Pit latrine or VIP latrine	29%	Flush toilet	13%

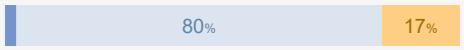
Sanitation facilities accessibility[1]

Out of **75** HSDUs where sanitation facilities are at least partially available.

Toilets for people with limited accessibility	92%	Gender-separated toilets	7%

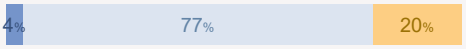
Hygiene facilities

98% of HSDUs have insufficient means to follow proper hand hygiene practices.



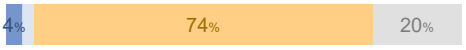
Environmental cleaning

96% of HSDUs have insufficient means to follow proper environmental cleaning practices.



Inpatient bed capacity*

ICU beds



Out of **66** HSDUs expected to provide intensive care unit beds **63 (95.5%)** do not have sufficient capacity.

Maternity beds

Out of **75** HSDUs expected to provide maternity beds **64 (85.3%)** do not have sufficient capacity.

General inpatient beds

Out of **76** HSDUs expected to provide other beds **61 (80.3%)** do not have sufficient capacity.

Main barriers[1]

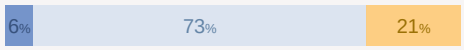
Out of **69** HSDUs where inpatient bed capacity is not available up to standards.

Lack of medical equipment	100%	Lack of financial resources	96%	Insufficient quantity	93%

Waste management

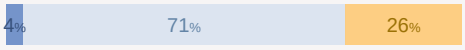
Waste segregation

94% of HSDUs have insufficient means to follow proper waste segregation practices.



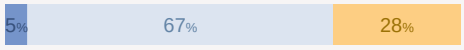
Final disposal of sharps

96% of HSDUs have insufficient means for safe final disposalof sharps.



Final disposal of infectious waste

95% of HSDUs have insufficient means for safe final disposal of infectious waste.



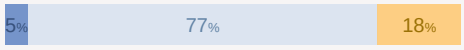
Waste disposal methods[1]

Out of **64** HSDUs where final disposal of sharps or infectious waste is at least partially available.

Incinerated other	92%	Others	5%	Burning in a protected pit	2%

Personal protective equipment

95% of HSDUs have insufficient personal protective equipment.



Power

89% of HSDUs have insufficient or unreliable power available.

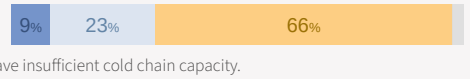
Power sources[1]

Out of **36** HSDUs where power is at least partially available.

National electricity network	100%

Cold chain

91% of HSDUs have insufficient cold chain capacity.



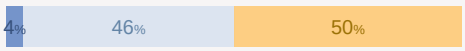
Cold chain sources[1]

Out of **26** HSDUs where cold chain capacity is at least partially available.

Public power network	96%	Generator	4%	Other	4%

Communication equipment

96% of HSDUs have insufficient means of communication.



Communication equipment types[1]

Out of **41** HSDUs where communication means are at least partially available.

Mobile phone	83%	Computer	46%	Telephone	7%

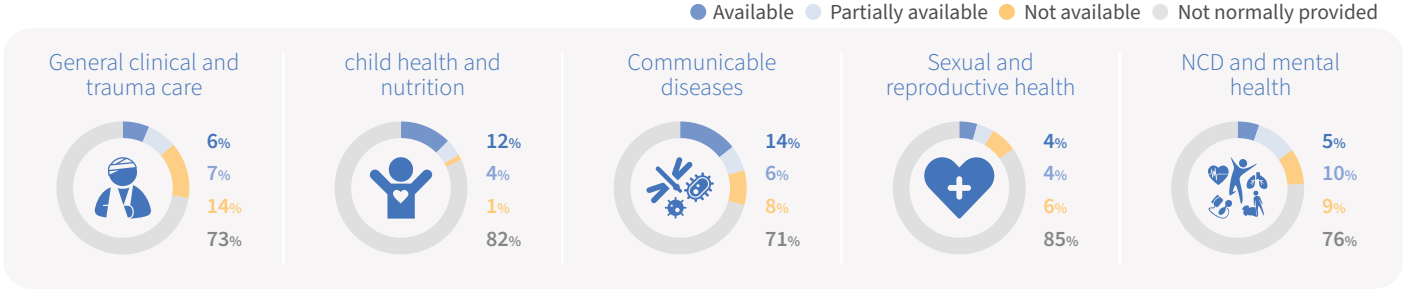
[1] Basic amenity types are limited to the top three most frequently reported.

*Out of **82** 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



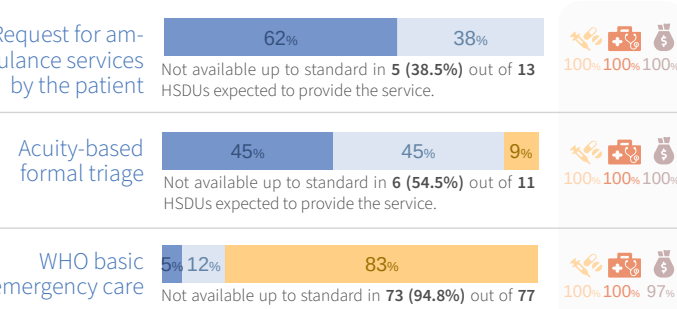
General clinical and emergency care

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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



* Out of **82** 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.

General clinical and emergency care (cont.)

Tertiary laboratory services
50% | 33% | 17%
Not available up to standard in **3 (50%)** out of **6** HSDUs expected to provide the service.
100% 100% 100%

Basic X-ray service
4% | 5% | 91%
Not available up to standard in **75 (96.2%)** out of **78** HSDUs expected to provide the service.
100% 100% 99%

Radiology unit
60% | 40%
Not available up to standard in **2 (40%)** out of **5** HSDUs expected to provide the service.
100% 100% 100%

Procedures for mass casualty scenarios
50% | 50%
Not available up to standard in **6 (50%)** out of **12** HSDUs expected to provide the service.
100% 100% 100%

War surgery protocols
44% | 56%
Not available up to standard in **5 (55.6%)** out of **9** HSDUs expected to provide the service.
100% 100% 100%

Blood bank services
36% | 55% | 9%
Not available up to standard in **7 (63.6%)** out of **11** HSDUs expected to provide the service.
100% 100% 100%

Hemodialysis unit
50% | 50%
Not available up to standard in **1 (50%)** out of **2** HSDUs expected to provide the service.
100% 100% 100%

Medical evacuation procedures
75% | 25%
Not available up to standard in **1 (25%)** out of **4** HSDUs expected to provide the service.
100% 100% 100%

Mass casualty management system
50% | 50%
Not available up to standard in **5 (50%)** out of **10** HSDUs expected to provide the service.
100% 100% 80%

Damage control surgery protocols
80% | 20%
Not available up to standard in **1 (20%)** out of **5** HSDUs expected to provide the service.
100% 100% 100%

Child health and nutrition

Community-based first aid
40% | 50% | 10%
Not available up to standard in **6 (60%)** out of **10** HSDUs expected to provide the service.
100% 100% 100%

IMCI under 5 clinic
53% | 41% | 6%
Not available up to standard in **8 (47.1%)** out of **17** HSDUs expected to provide the service.
100% 100% 100%

Community mobilization for EPI
86% | 10% | 5%
Not available up to standard in **3 (14.3%)** out of **21** HSDUs expected to provide the service.
100% 100% 100%

IEC on IYCF practices
72% | 17% | 11%
Not available up to standard in **5 (27.8%)** out of **18** HSDUs expected to provide the service.
80% 80% 80%

Growth monitoring at primary care level
67% | 27% | 7%
Not available up to standard in **5 (33.3%)** out of **15** HSDUs expected to provide the service.
100% 100% 100%

Integrated management of acute malnutrition
64% | 27% | 9%
Not available up to standard in **4 (36.4%)** out of **11** HSDUs expected to provide the service.
100% 100% 100%

Community-based IMCI
59% | 35% | 6%
Not available up to standard in **7 (41.2%)** out of **17** HSDUs expected to provide the service.
100% 100% 86%

Management of severe paediatric diseases
33% | 50% | 17%
Not available up to standard in **4 (66.7%)** out of **6** HSDUs expected to provide the service.
100% 100% 100%

Expanded programme on immunization
86% | 9% | 5%
Not available up to standard in **3 (13.6%)** out of **22** HSDUs expected to provide the service.
100% 100% 100%

Screening for acute malnutrition at the community level
80% | 15% | 5%
Not available up to standard in **4 (20%)** out of **20** HSDUs expected to provide the service.
100% 100% 100%

Community management of acute malnutrition
82% | 9% | 9%
Not available up to standard in **2 (18.2%)** out of **11** HSDUs expected to provide the service.
100% 100% 100%

Stabilization center for SAM
60% | 30% | 10%
Not available up to standard in **4 (40%)** out of **10** HSDUs expected to provide the service.
100% 100% 100%

Communicable diseases

Syndromic surveillance
95% | 5%
Not available up to standard in **1 (5.3%)** out of **19** HSDUs expected to provide the service.
100% 100% 100%

Malaria at the community level
56% | 43%
Not available up to standard in **27 (44.3%)** out of **61** HSDUs expected to provide the service.
100% 100% 85%

Vector control
79% | 14% | 7%
Not available up to standard in **3 (21.4%)** out of **14** HSDUs expected to provide the service.
100% 67% 67%

Event-based surveillance
95% | 5%
Not available up to standard in **1 (5%)** out of **20** HSDUs expected to provide the service.
100% 100% 100%

Malaria at the primary care level
65% | 32%
Not available up to standard in **13 (35.1%)** out of **37** HSDUs expected to provide the service.
100% 100% 92%

Support mass drug administration
61% | 33% | 6%
Not available up to standard in **7 (38.9%)** out of **18** HSDUs expected to provide the service.
100% 100% 86%

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Communicable diseases (cont.)

Tuberculosis

Not available up to standard in **72 (92.3%)** out of **78** HSDUs expected to provide the service.

100% 100% 100%

Multi-drug-resistant tuberculosis

Not available up to standard in **1 (20%)** out of **5** HSDUs expected to provide the service.

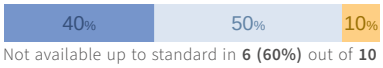
100% 100% 100%

IEC on local priority diseases

Not available up to standard in **4 (50%)** out of **8** HSDUs expected to provide the service.

100% 100% 100%

Local priority diseases



Not available up to standard in **6 (60%)** out of **10** HSDUs expected to provide the service.

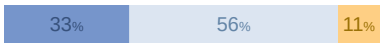
100% 100% 100%

Management of severe communicable diseases

Not available up to standard in **4 (50%)** out of **8** HSDUs expected to provide the service.

100% 100% 100%

Isolation unit or room



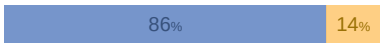
Not available up to standard in **6 (66.7%)** out of **9** HSDUs expected to provide the service.

100% 100% 83%

Sexual and reproductive health

STI and HIV/AIDS

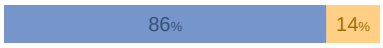
IEC on STI/HIV



Not available up to standard in **1 (14.3%)** out of **7** HSDUs expected to provide the service.

100% 100% 100%

STI/HIV Advocacy



Not available up to standard in **1 (14.3%)** out of **7** HSDUs expected to provide the service.

100% 100% 100%

Syndromic management of STIs

Not available up to standard in **1 (16.7%)** out of **6** HSDUs expected to provide the service.

100% 100% 100%

HIV counselling and testing

Not available up to standard in **1 (16.7%)** out of **6** HSDUs expected to provide the service.

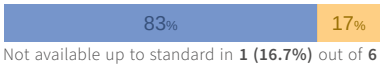
100% 100% 100%

Opportunistic infections and PMTCT

Not available up to standard in **1 (16.7%)** out of **6** HSDUs expected to provide the service.

100% 100% 100%

Antiretroviral treatment

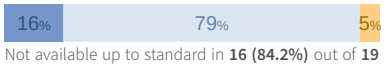


Not available up to standard in **1 (16.7%)** out of **6** HSDUs expected to provide the service.

100% 100% 100%

Maternal and newborn health

Family planning



Not available up to standard in **16 (84.2%)** out of **19** HSDUs expected to provide the service.

100% 100% 94%

Antenatal care

Not available up to standard in **14 (87.5%)** out of **16** HSDUs expected to provide the service.

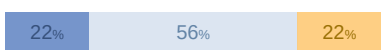
100% 100% 93%

Clean home deliveries

Not available up to standard in **6 (75%)** out of **8** HSDUs expected to provide the service.

100% 100% 100%

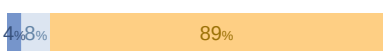
Skilled care during childbirth



Not available up to standard in **7 (77.8%)** out of **9** HSDUs expected to provide the service.

100% 100% 100%

Basic emergency obstetric care



Not available up to standard in **76 (96.2%)** out of **79** HSDUs expected to provide the service.

100% 100% 97%

Comprehensive emergency obstetric care

Not available up to standard in **5 (71.4%)** out of **7** HSDUs expected to provide the service.

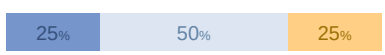
100% 100% 100%

Post-partum care

Not available up to standard in **5 (62.5%)** out of **8** HSDUs expected to provide the service.

100% 100% 100%

Comprehensive abortion care



Not available up to standard in **6 (75%)** out of **8** HSDUs expected to provide the service.

100% 100% 100%

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Sexual and reproductive health (cont.)

Sexual violence

Clinical management of rape survivors

60% | 20% | 20%

Not available up to standard in **2 (40%)** out of **5** HSDUs expected to provide the service.

100% 100% 100%

Emergency contraception

43% | 43% | 14%

Not available up to standard in **4 (57.1%)** out of **7** HSDUs expected to provide the service.

100% 100% 100%

Post-exposure prophylaxis

80% | 20%

Not available up to standard in **1 (20%)** out of **5** HSDUs expected to provide the service.

100% 100% 100%

Noncommunicable diseases and mental health

Comprehensive community health services

64% | 27% | 9%

Not available up to standard in **4 (36.4%)** out of **11** HSDUs expected to provide the service.

100% 100% 100%

NCD clinic

60% | 30% | 10%

Not available up to standard in **4 (40%)** out of **10** HSDUs expected to provide the service.

100% 100% 100%

Asthma and COPD

44% | 44% | 11%

Not available up to standard in **5 (55.6%)** out of **9** HSDUs expected to provide the service.

100% 100% 100%

Hypertension

9% | 89%

Not available up to standard in **43 (91.5%)** out of **47** HSDUs expected to provide the service.

100% 100% 100%

Diabetes

10% | 88%

Not available up to standard in **43 (89.6%)** out of **48** HSDUs expected to provide the service.

100% 100% 100%

Inpatient acute rehabilitation

57% | 29% | 14%

Not available up to standard in **3 (42.9%)** out of **7** HSDUs expected to provide the service.

100% 100% 100%

Outpatient or community level rehabilitation services

50% | 30% | 20%

Not available up to standard in **5 (50%)** out of **10** HSDUs expected to provide the service.

100% 100% 100%

Prosthetics and Orthotics

75% | 25%

Not available up to standard in **1 (25%)** out of **4** HSDUs expected to provide the service.

100% 100% 100%

Oral health and dental care

38% | 50% | 12%

Not available up to standard in **5 (62.5%)** out of **8** HSDUs expected to provide the service.

100% 100% 100%

Psychological first aid

80% | 20%

Not available up to standard in **1 (20%)** out of **5** HSDUs expected to provide the service.

100% 100% 100%

Management of mental disorders

36% | 64%

Not available up to standard in **7 (63.6%)** out of **11** HSDUs expected to provide the service.

100% 100% 100%

Inpatient care for mental disorders

4% | 92%

Not available up to standard in **75 (96.2%)** out of **78** HSDUs expected to provide the service.

100% 100% 100%

Inpatient care for mental disorders by specialists

50% | 25% | 25%

Not available up to standard in **4 (50%)** out of **8** HSDUs expected to provide the service.

100% 100% 100%

This analysis was produced based on the information reported into HeRAMS up to 31 December 2024 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.

Notes:

1. Causes of non-functionality, basic amenity types, and barriers impeding service availability, were limited to the top three most frequently reported responses.
2. The analysis of barriers impeding service availability was limited to HSDUs where the health service is not available up to standard.
3. The analysis of individual services was limited to HSDUs expected to provide the specific service.

Data source: HeRAMS Sudan

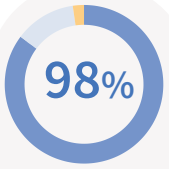
Data accessed on: 31 December 2024
Date report created: 08 January 2025
Contact:

HeRAMS Health Resources and Services Availability Monitoring System
World Health Organization Sudan
USAID FROM THE AMERICAN PEOPLE

HeRAMS Sudan | White Nile*

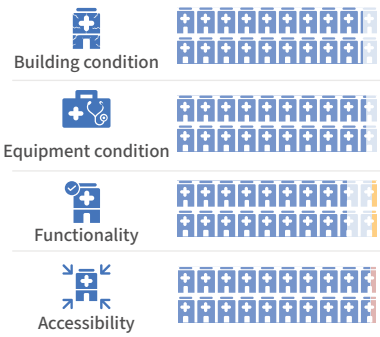
SNAPSHOT DECEMBER 2024

OPERATIONAL STATUS**

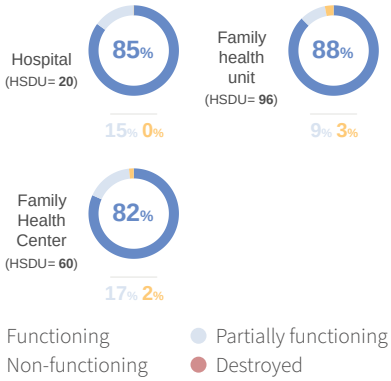


Only **172 (98%)** out of **176** HSDUs evaluated are at least partially functioning.***

Out of **176** HSDUs** evaluated.



Functionality HSDU by type



MAIN CAUSES OF...

Building damage

The 2 primary causes of building damage reported by **12** partially damaged HSDUs.

- **83%** Lack of maintenance
- **25%** Conflict / attack / looting

Equipment damage

The 2 primary causes of equipment damage reported by **9** partially damaged HSDUs.

- **78%** Lack of maintenance
- **33%** Conflict / attack / looting

Functionality constraints

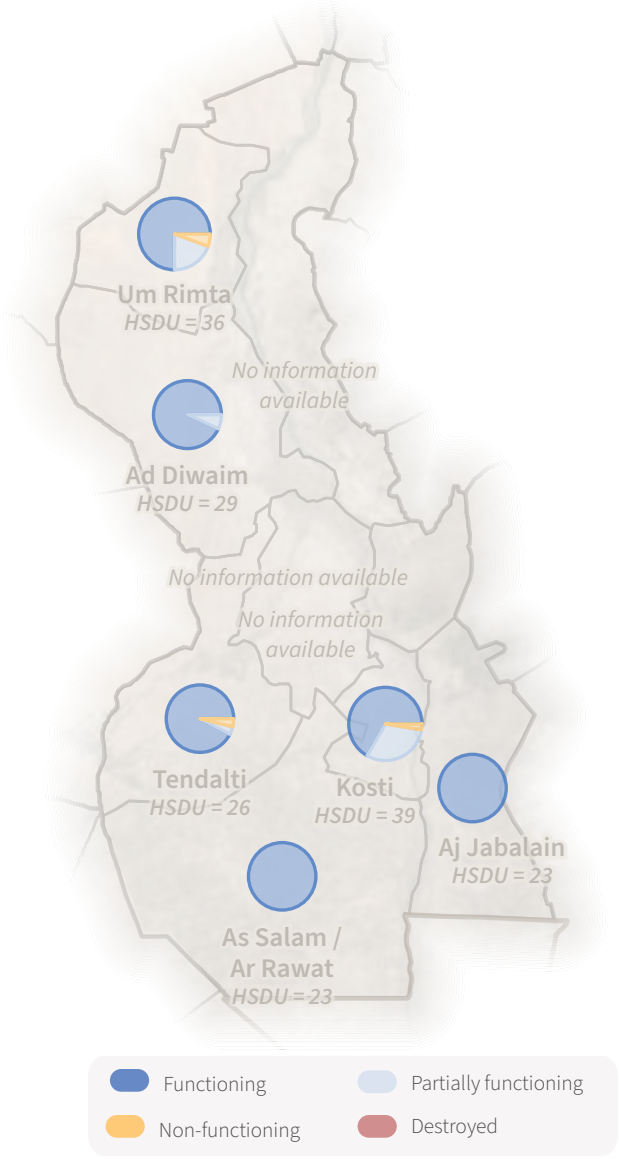
The 3 primary causes of functionality constraints reported by **22** partially functioning and **4** non-functioning HSDUs.

- **96%** Lack of medical supplies
- **58%** Lack of staff
- **12%** Lack of equipment

Accessibility constraints

The primary cause of accessibility constraints reported by **1** partially accessible HSDU.

- **100%** Insecurity



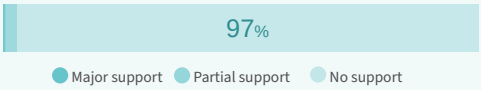
* The data included in this infographic includes all localities of White Nile except for (Guli, Rabak and Al Gitaina) where the data are missing.

** The term health service delivery unit (HSDU) is an all-encompassing designation that includes all modalities of service delivery. Beyond traditional health facilities, this may include temporary structures or mobile clinics.

** HSDUs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of a HSDU's non-operational status.

Partner support

Out of **172** HSDUs partially and fully operational HSDUs.



Partner support types

Out of **5** HSDUs receiving major or partial support from partners.

Provision of medical supplies	100%	Training of health staff	80%	Provision of medical equipment	60%
Provision of operational costs	40%	Governance / Oversight	20%	Provision of health staff	20%

BASIC AMENITIES*

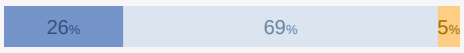
Out of **172** HSDUs partially and fully operational HSDUs.

Available · Partially available · Not available · Not normally provided

WASH

Water

74% of HSDUs have insufficient water available.



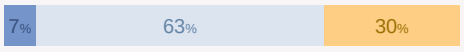
Main water sources[1]

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

Piped Supply Network	29%	Surface water	20%	Other	16%

Sanitation facilities

93% of HSDUs have insufficient improved sanitation facilities.



Sanitation facilities types[1]

Out of **121** HSDUs where sanitation facilities are at least partially available.

Covered Pit latrine or VIP latrine	44%	Flush/pour flush to piped sewer system or septic tank	26%	Uncovered pit latrine	25%

Sanitation facilities accessibility[1]

Out of **121** HSDUs where sanitation facilities are at least partially available.

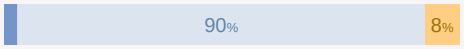
Gender-separated toilets	54%	Dedicated staff toilets	13%	Toilets for people with limited accessibility	2%

Hygiene facilities

93% of HSDUs have insufficient means to follow proper hand hygiene practices.

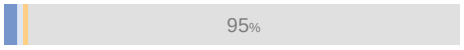
Environmental cleaning

97% of HSDUs have insufficient means to follow proper environmental cleaning practices.



Inpatient bed capacity*

ICU beds

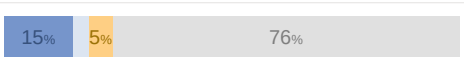


Out of **9** HSDUs expected to provide intensive care unit beds **4 (44.4%)** do not have sufficient capacity.

Maternity beds

Out of **34** HSDUs expected to provide maternity beds **20 (58.8%)** do not have sufficient capacity.

General inpatient beds



Out of **41** HSDUs expected to provide other beds **15 (36.6%)** do not have sufficient capacity.

Main barriers[1]

Out of **21** HSDUs where inpatient bed capacity is not available up to standards.

Insufficient quantity	86%	Lack of medical equipment	29%	Lack of financial resources	24%

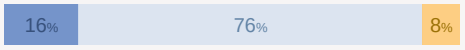
Waste management

Waste segregation

85% of HSDUs have insufficient means to follow proper waste segregation practices.

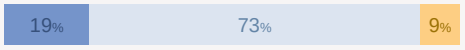
Final disposal of sharps

84% of HSDUs have insufficient means for safe final disposalof sharps.



Final disposal of infectious waste

81% of HSDUs have insufficient means for safe final disposal of infectious waste.



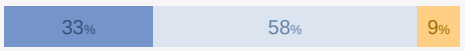
Waste disposal methods[1]

Out of **165** HSDUs where final disposal of sharps or infectious waste is at least partially available.

Burning in a protected pit	50%	Open burning	23%	Not treated, but collected for medical waste disposal off-site	13%

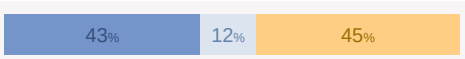
Personal protective equipment

67% of HSDUs have insufficient personal protective equipment.



Power

57% of HSDUs have insufficient or unreliable power available.



Power sources[1]

Out of **95** HSDUs where power is at least partially available.

National electricity network	65%	Solar system	33%	Generator	8%

Cold chain

94% of HSDUs have insufficient cold chain capacity.

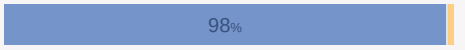
Cold chain sources[1]

Out of **40** HSDUs where cold chain capacity is at least partially available.

Public power network	65%	Solar	32%	Generator	8%

Communication equipment

2% of HSDUs have insufficient means of communication.



Communication equipment types[1]

Out of **170** HSDUs where communication means are at least partially available.

Mobile phone	98%	Telephone	15%	Internet/mobile data	8%

[1] Basic amenity types are limited to the top three most frequently reported.

*Out of **172** 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

General clinical and trauma care	child health and nutrition	Communicable diseases	Sexual and reproductive health	NCD and mental health
4%	8%	11%	5%	7%
3%	2%	2%	3%	2%
<1%	3%	13%	1%	<1%
93%	86%	75%	91%	90%

General clinical and emergency care

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

	Available	Partially available	Not available	Not available up to standard	Lack of staff	Lack of supplies	Lack of financial resources	Lack of training	Lack of equipment
Request for ambulance services by the patient	72%	20%	8%	7 (28%) out of 25	71%	57%	14%		
Recognition of danger signs	47%	33%	20%	8 (53.3%) out of 15	62%	62%	38%		
Acuity-based formal triage	11%	56%	33%	8 (88.9%) out of 9	75%	25%	25%		
WHO basic emergency care by pre-hospital provider	31%	46%	23%	9 (69.2%) out of 13	67%	33%	33%		
WHO basic emergency care	8%	50%	42%	11 (91.7%) out of 12	55%	45%	27%		
Advanced syndrome-based management		57%	43%	7 (100%) out of 7	57%	57%	43%		
Monitored referral	11%	33%	56%	16 (88.9%) out of 18	44%	31%	31%		
Referral capacity		69%	27% 4%	8 (30.8%) out of 26	62%	25%	25%		
Acceptance of referrals	38%	38%	25%	5 (62.5%) out of 8	80%	60%	40%		
Acceptance of complex referrals		29%	43% 29%	5 (71.4%) out of 7	60%	40%	40%		
Outpatient services for primary care		79%	21%	6 (20.7%) out of 29	83%	17%			
Outpatient department for secondary care		80%	20%	1 (20%) out of 5	100%	100%			
Home visits		100%		2 (100%) out of 2	100%	50%	50%		
Minor trauma definitive management		45%	55%	12 (54.5%) out of 22	92%	17%	8%		
Emergency and elective surgery		75%	25%	2 (25%) out of 8	100%	100%	100%		
Expanded surgical unit with comprehensive anesthesia		57%	43%	3 (42.9%) out of 7	67%	67%	33%		
Orthopedic/ trauma ward		67%	33%	2 (33.3%) out of 6	100%	100%	50%		
Short hospitalization capacity		91%	9%	1 (9.1%) out of 11	100%	100%	100%		
20 Inpatient bed capacity		45%	55%	6 (54.5%) out of 11	83%	50%	33%		
50 inpatient bed capacity		22%	56% 22%	7 (77.8%) out of 9	86%	71%	57%		
Inpatient critical care management		57%	43%	3 (42.9%) out of 7	67%	67%	67%		
Intensive care unit		86%	14%	1 (14.3%) out of 7	100%	100%	100%		
Basic laboratory		47%	44% 9%	51 (53.1%) out of 96	98%	88%	45%		
Secondary laboratory services		89%	11%	1 (11.1%) out of 9	100%	100%			

Not available up to standard in **X** (**Y%**) out of **Z** HSDUs expected to provide the service.

* Out of **172** 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

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

General clinical and emergency care (cont.)

Tertiary laboratory services


Not available up to standard in **2 (40%)** out of **5** HSDUs expected to provide the service.
50% 50% 50%

Basic X-ray service


Available up to standard in all **11** HSDUs expected to provide the service.
—

Radiology unit


Not available up to standard in **6 (66.7%)** out of **9** HSDUs expected to provide the service.
100% 83% 33%

Procedures for mass casualty scenarios


Not available up to standard in **2 (66.7%)** out of **3** HSDUs expected to provide the service.
100% 50% 50%

War surgery protocols


Not available up to standard in **1 (25%)** out of **4** HSDUs expected to provide the service.
100% 100%

Blood bank services

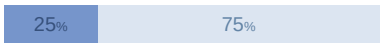

Not available up to standard in **1 (14.3%)** out of **7** HSDUs expected to provide the service.
100% 100%

Hemodialysis unit


Not available up to standard in **2 (50%)** out of **4** HSDUs expected to provide the service.
100% 100% 50%

Medical evacuation procedures


Not available up to standard in **3 (75%)** out of **4** HSDUs expected to provide the service.
67% 67% 33%

Mass casualty management system


Not available up to standard in **3 (75%)** out of **4** HSDUs expected to provide the service.
67% 67% 33%

Damage control surgery protocols


Not available up to standard in **4 (100%)** out of **4** HSDUs expected to provide the service.
75% 50% 50%

Child health and nutrition

Community-based first aid


Not available up to standard in **1 (33.3%)** out of **3** HSDUs expected to provide the service.
100% 100%

IMCI under 5 clinic


Not available up to standard in **18 (64.3%)** out of **28** HSDUs expected to provide the service.
100% 50% 11%

Community mobilization for EPI


Not available up to standard in **1 (12.5%)** out of **8** HSDUs expected to provide the service.
100%

IEC on IYCF practices


Not available up to standard in **7 (29.2%)** out of **24** HSDUs expected to provide the service.
43% 43% 29%

Growth monitoring at primary care level


Not available up to standard in **13 (26%)** out of **50** HSDUs expected to provide the service.
46% 38% 15%

Integrated management of acute malnutrition


Not available up to standard in **17 (85%)** out of **20** HSDUs expected to provide the service.
100% 12% 6%

Community-based IMCI

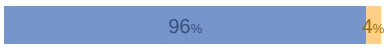

Not available up to standard in **15 (88.2%)** out of **17** HSDUs expected to provide the service.
93% 60% 13%

Management of severe paediatric diseases


Not available up to standard in **9 (56.2%)** out of **16** HSDUs expected to provide the service.
100% 33% 22%

Expanded programme on immunization


Not available up to standard in **6 (15.4%)** out of **39** HSDUs expected to provide the service.
67% 67% 17%

Screening for acute malnutrition at the community level


Not available up to standard in **2 (3.8%)** out of **52** HSDUs expected to provide the service.
50% 50%

Community management of acute malnutrition


Not available up to standard in **16 (88.9%)** out of **18** HSDUs expected to provide the service.
94% 12% 12%

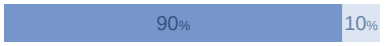
Stabilization center for SAM


Not available up to standard in **3 (75%)** out of **4** HSDUs expected to provide the service.
67% 67% 67%

Communicable diseases

Syndromic surveillance


Not available up to standard in **134 (85.9%)** out of **156** HSDUs expected to provide the service.
96% 96% 95%

Malaria at the community level


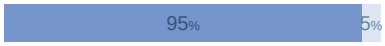
Not available up to standard in **1 (10%)** out of **10** HSDUs expected to provide the service.
100% 100%

Vector control


Not available up to standard in **11 (47.8%)** out of **23** HSDUs expected to provide the service.
73% 27% 9%

Event-based surveillance


Not available up to standard in **132 (84.6%)** out of **156** HSDUs expected to provide the service.
98% 98% 98%

Malaria at the primary care level


Not available up to standard in **4 (4.9%)** out of **81** HSDUs expected to provide the service.
100% 75% 50%

Support mass drug administration


Not available up to standard in **2 (40%)** out of **5** HSDUs expected to provide the service.
100% 50% 50%

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Communicable diseases (cont.)

Tuberculosis

Not available up to standard in **3 (21.4%)** out of **14** HSDUs expected to provide the service.

100% 67% 33%

Multi-drug-resistant tuberculosis

Not available up to standard in **1 (20%)** out of **5** HSDUs expected to provide the service.

100% 100%

IEC on local priority diseases

Not available up to standard in **2 (8%)** out of **25** HSDUs expected to provide the service.

100%

Local priority diseases

Not available up to standard in **4 (14.3%)** out of **28** HSDUs expected to provide the service.

100%

Management of severe communicable diseases

Not available up to standard in **3 (21.4%)** out of **14** HSDUs expected to provide the service.

67% 33% 33%

Isolation unit or room

Not available up to standard in **4 (50%)** out of **8** HSDUs expected to provide the service.

100% 100% 25%

Sexual and reproductive health

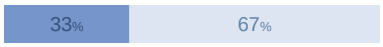
STI and HIV/AIDS

IEC on STI/HIV

Not available up to standard in **1 (9.1%)** out of **11** HSDUs expected to provide the service.

100% 100%

STI/HIV Advocacy



Not available up to standard in **2 (66.7%)** out of **3** HSDUs expected to provide the service.

100%

Syndromic management of STIs

Not available up to standard in **6 (60%)** out of **10** HSDUs expected to provide the service.

100% 67% 50%

HIV counselling and testing

Available up to standard in all **10** HSDUs expected to provide the service.

—

Opportunistic infections and PMTCT

Not available up to standard in **2 (28.6%)** out of **7** HSDUs expected to provide the service.

100% 50% 50%

Antiretroviral treatment

Not available up to standard in **3 (75%)** out of **4** HSDUs expected to provide the service.

100% 67%

Maternal and newborn health

Family planning

Not available up to standard in **38 (51.4%)** out of **74** HSDUs expected to provide the service.

92% 63% 50%

Antenatal care

Not available up to standard in **6 (18.8%)** out of **32** HSDUs expected to provide the service.

83% 50% 33%

Clean home deliveries

Not available up to standard in **16 (66.7%)** out of **24** HSDUs expected to provide the service.

81% 44% 25%

Skilled care during childbirth

Not available up to standard in **21 (72.4%)** out of **29** HSDUs expected to provide the service.

71% 48% 33%

Basic emergency obstetric care

Not available up to standard in **5 (31.2%)** out of **16** HSDUs expected to provide the service.

80% 60% 60%

Comprehensive emergency obstetric care

Not available up to standard in **3 (27.3%)** out of **11** HSDUs expected to provide the service.

67% 67% 67%

Post-partum care

Not available up to standard in **4 (19%)** out of **21** HSDUs expected to provide the service.

100%

Comprehensive abortion care

Not available up to standard in **2 (22.2%)** out of **9** HSDUs expected to provide the service.

100% 100% 50%

Availability status

Available | Partially available | Not available

Barriers *for partial availability or non-availability.*

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

Sexual and reproductive health (cont.)

Sexual violence

Clinical management of rape survivors

67% | 33%

Not available up to standard in **1 (33.3%)** out of **3** HSDUs expected to provide the service.

100%

Emergency contraception

67% | 33%

Not available up to standard in **1 (33.3%)** out of **3** HSDUs expected to provide the service.

100%

Post-exposure prophylaxis

100%

Available up to standard in all **2** HSDUs expected to provide the service.

—

Noncommunicable diseases and mental health

Comprehensive community health services

33% | 67%

Not available up to standard in **2 (66.7%)** out of **3** HSDUs expected to provide the service.

100% 50% 50%

NCD clinic

71% | 29%

Not available up to standard in **4 (28.6%)** out of **14** HSDUs expected to provide the service.

75% 25% 25%

Asthma and COPD

82% | 6% | 12%

Not available up to standard in **3 (17.6%)** out of **17** HSDUs expected to provide the service.

100% 67% 33%

Hypertension

88% | 12%

Not available up to standard in **9 (11.5%)** out of **78** HSDUs expected to provide the service.

100%

Diabetes

75% | 16% | 9%

Not available up to standard in **16 (25%)** out of **64** HSDUs expected to provide the service.

100% 25% 19%

Inpatient acute rehabilitation

75% | 25%

Not available up to standard in **4 (100%)** out of **4** HSDUs expected to provide the service.

100% 50% 25%

Outpatient or community level rehabilitation services

100%

Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.

100% 100%

Prosthetics and Orthotics

25% | 75%

Not available up to standard in **3 (75%)** out of **4** HSDUs expected to provide the service.

100% 33% 33%

Oral health and dental care

83% | 17%

Not available up to standard in **2 (16.7%)** out of **12** HSDUs expected to provide the service.

100%

Psychological first aid

50% | 30% | 20%

Not available up to standard in **5 (50%)** out of **10** HSDUs expected to provide the service.

100% 40% 20%

Management of mental disorders

100%

Not available up to standard in **2 (100%)** out of **2** HSDUs expected to provide the service.

100% 50% 50%

Inpatient care for mental disorders

100%

Not available up to standard in **2 (100%)** out of **2** HSDUs expected to provide the service.

100% 100%

Inpatient care for mental disorders by specialists

100%

Not available up to standard in **2 (100%)** out of **2** HSDUs expected to provide the service.

100% 50% 50%

This analysis was produced based on the information reported into HeRAMS up to 31 December 2024 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.

Notes:

1. Causes of non-functionality, basic amenity types, and barriers impeding service availability, were limited to the top three most frequently reported responses.
2. The analysis of barriers impeding service availability was limited to HSDUs where the health service is not available up to standard.
3. The analysis of individual services was limited to HSDUs expected to provide the specific service.

Data source: HeRAMS Sudan

Data accessed on: 31 December 2024
Date report created: 08 January 2025
Contact:

HeRAMS Health Resources and Services Availability Monitoring System
World Health Organization Sudan
USAID FROM THE AMERICAN PEOPLE