

2011



WHO Sudan

Annual report 2011

[HeRAMS]

Health Resources Availability
Mapping System

Greater Darfur

HeRAMS (Health Resources Availability Mapping System) is a software-based information system developed by WHO to support the collection, collation and analysis of information on the availability of health resources in different areas and locations and by type of point of delivery and level of care. It aims to address the needs/gaps expressed by the health working groups on Coordination and Management, by providing timely, relevant and reliable information on the Availability of Health Resources in Crisis settings.

HeRAMS provides a tool for assessing, monitoring, and processing comprehensive set of available health resources data collected at health facility level. It covers; exact geographical location of the HF, type, functionality, building type, inpatient capacity, managing and supporting partners, health personnel, and health services provided at different levels of healthcare.

This annual report provides summary and analysis for the available health resources in Greater Darfur; considering key part of the parameters covered by the system.

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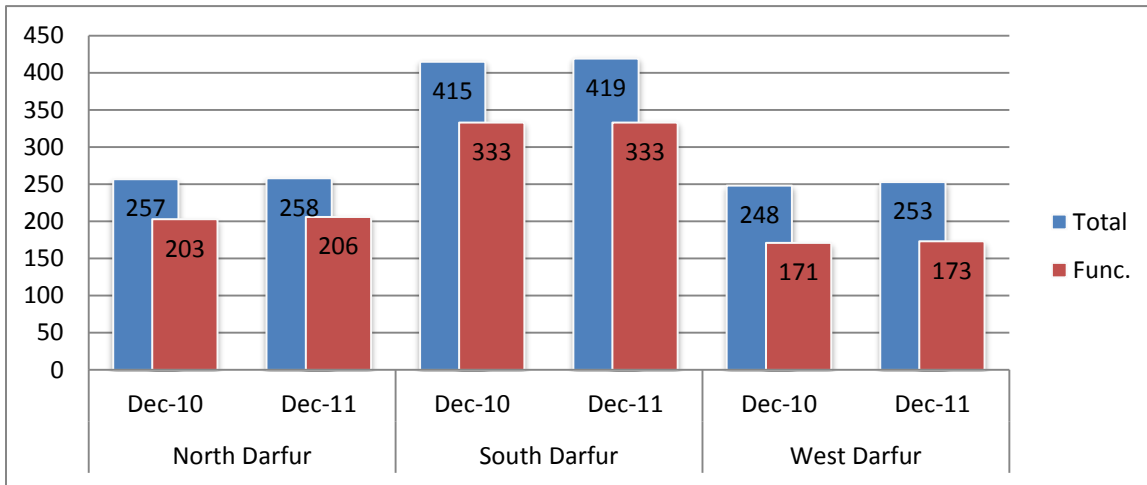
1. Distribution of Existing Health Facilities:

Table 1: Distribution of HFs in Greater Darfur 2010 vs. 2011

State	Report No	Rural Hospitals			PHCCs			BHUs			Mobile Clinics			Grand TOTAL		
		Total	Func.	% Func.	Total	Func.	% Func.	Total	Func.	% Func.	Total	Func.	% Func.	Total	Func.	% Func.
North Darfur	December-2010	10	10	100%	82	74	90%	154	113	73%	11	6	55%	257	203	79%
	December-2011	10	10	100%	80	74	93%	157	118	75%	11	4	36%	258	206	80%
South Darfur	December-2010	11	11	100%	53	51	96%	340	264	78%	11	7	64%	415	333	80%
	December-2011	14	14	100%	70	66	94%	324	245	76%	11	8	73%	419	333	79%
West Darfur	December-2010	10	7	100%	46	44	96%	167	100	60%	25	20	80%	248	171	69%
	December-2011	10	10	100%	84	78	93%	135	64	47%	24	21	88%	253	173	68%

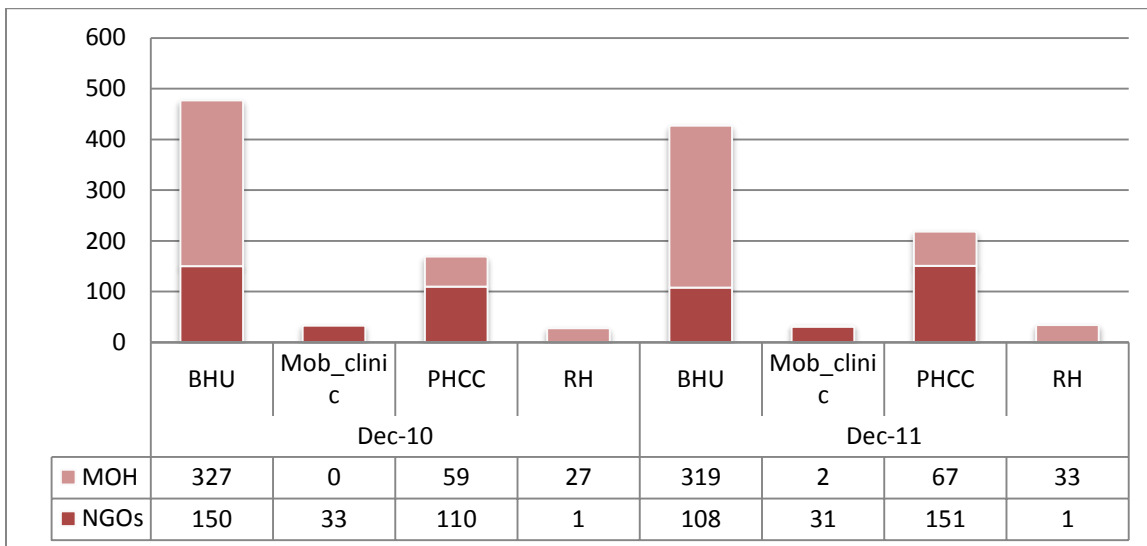
*Func. = Functioning

Figure 1: Functioning HF's out of the total Existing HF's per State



2. Health Partners in Darfur:

Figure 2: Distribution of HF's managed by the SMOH versus NGOs:

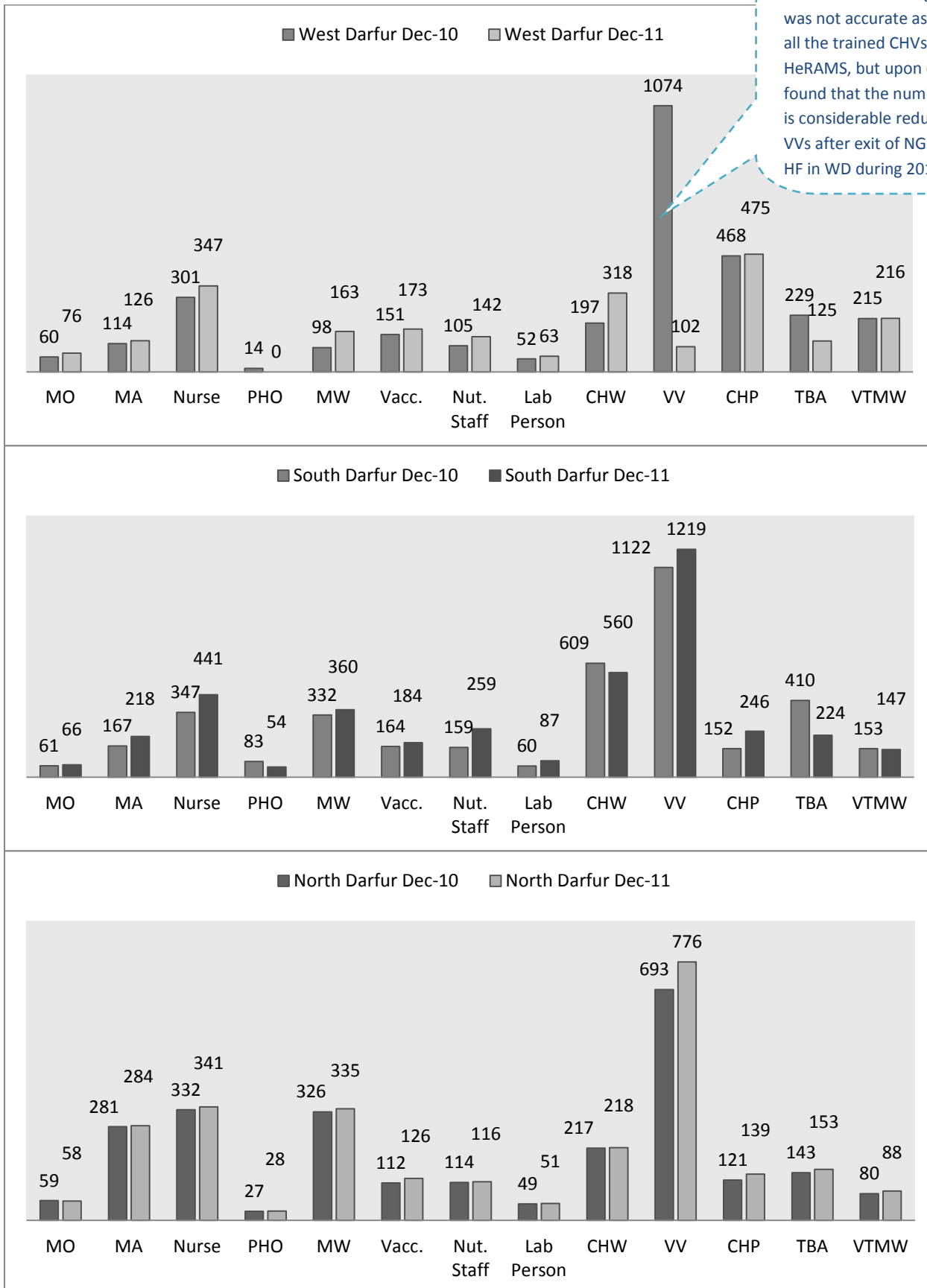


3.

3. Health Personnel:

Figure 3: Distribution of the health personnel per state and staff category

The number of village volunteers reported was not accurate as some partners report all the trained CHVs for campaigns in the HeRAMS, but upon close follow up, we found that the number is less. Also there is considerable reduction in number of VVs after exit of NGOs from more than 30 HF in WD during 2011.



4. Health Facilities Characteristics

Figure 4: percentage of Permanent vs. Temporary HF's in North Darfur:

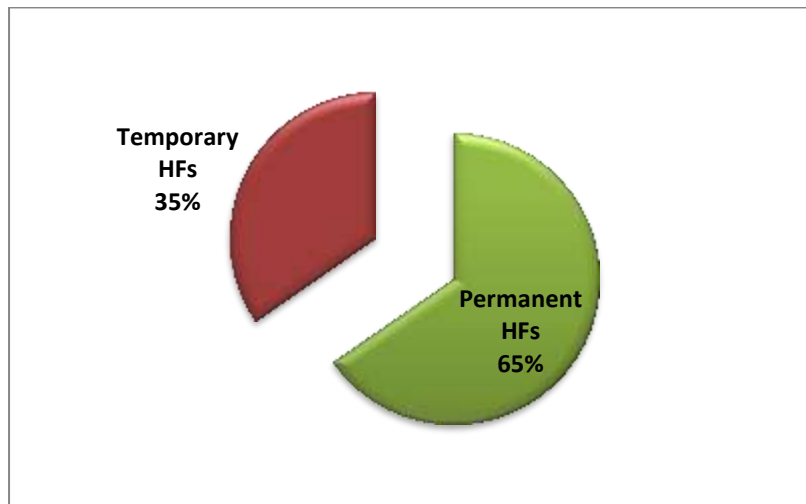


Figure 5: percentage of Permanent vs. Temporary HF's in South Darfur:

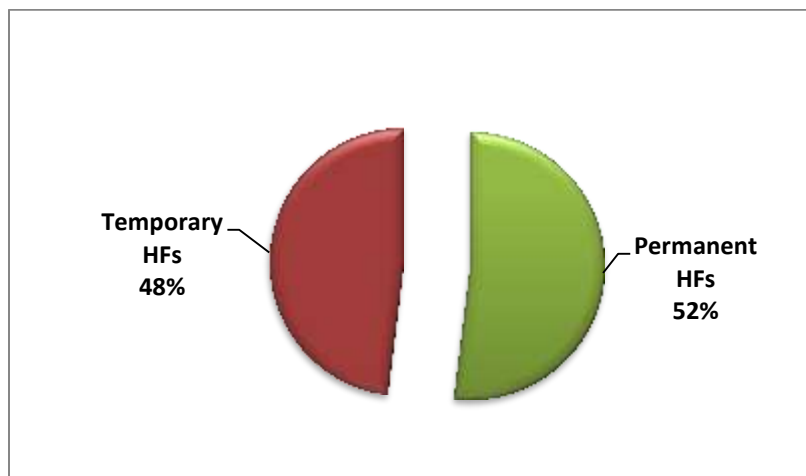
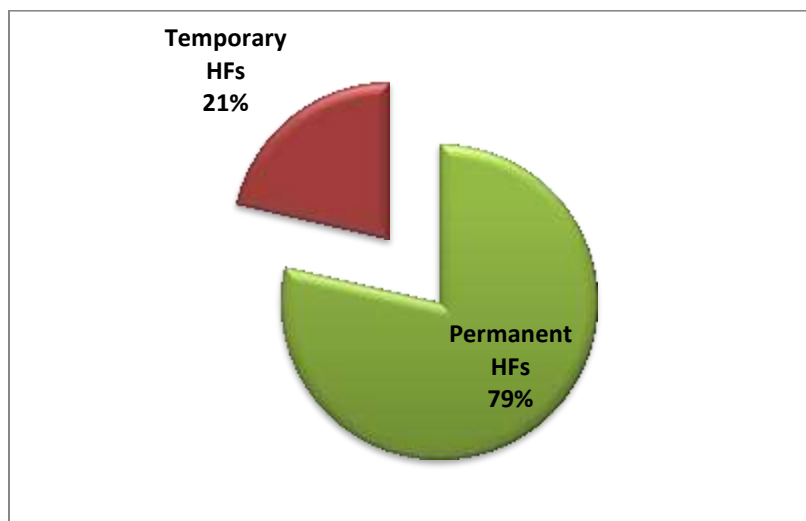


Figure 6: percentage of Permanent vs. Temporary HF's in West Darfur:



5. Health Services in Darfur

5.1 Provision of Health Care at Community Level

Table 2: Provision of services at community care level (North Darfur)

Type of Service	Health Service	Provision of service per state	
		December-2010	December-2011
Collection of Vital Statistics	Deaths and births	57 (28%)	65 (32%)
Child Health	IMCI community component: IEC of child care taker + active case findings	18 (9%)	28 (14%)
	Home-based treatment of: fever/malaria, ARI/pneumonia, dehydration due to acute diarrhea	35 (17%)	38 (19%)
Nutrition	Screening of acute malnutrition (MUAC)	75 (37%)	74 (36%)
Communicable Diseases	Community mobilization for and support to mass vaccinations and/or drug administration/treatments	71 (35%)	69 (33%)
Maternal & Newborn Health	Clean home delivery, including distribution of clean delivery kits to visibly pregnant women, IEC and behavioral change communication, knowledge of danger signs and where/when to go for help, support breast feeding	54 (27%)	57 (28%)

**Figures in parenthesis represent the percentage*

Table 3: Provision of services at community care level (South Darfur)

Type of Service	Health Service	Provision of service per state	
		December-2010	December-2011
Collection of Vital Statistics	Deaths and births	62 (19%)	66 (20%)
Child Health	IMCI community component: IEC of child care taker + active case findings	49 (15%)	56 (17%)
	Home-based treatment of: fever/malaria, ARI/pneumonia, dehydration due to acute diarrhea	240 (72%)	246 (74%)
Nutrition	Screening of acute malnutrition (MUAC)	62 (19%)	75 (23%)
Communicable Diseases	Community mobilization for and support to mass vaccinations and/or drug administration/treatments	302 (91%)	304 (91%)
Maternal & Newborn Health	Clean home delivery, including distribution of clean delivery kits to visibly pregnant women, IEC and behavioral change communication, knowledge of danger signs and where/when to go for help, support breast feeding	73 (22%)	82 (25%)

**Figures in parenthesis represent the percentage*

Table 4: Provision of services at community care level (West Darfur)

Type of Service	Health Service	Provision of service per state	
		December-2010	December-2011
Collection of Vital Statistics	Deaths and births	128 (75%)	117 (68%)
Child Health	IMCI community component: IEC of child care taker + active case findings	35 (21%)	71 (41%)
	Home-based treatment of: fever/malaria, ARI/pneumonia, dehydration due to acute diarrhea	164 (96%)	155 (90%)
Nutrition	Screening of acute malnutrition (MUAC)	82 (48%)	98 (57%)
Communicable Diseases	Community mobilization for and support to mass vaccinations and/or drug administration/treatments	144 (84%)	143 (83%)
Maternal & Newborn Health	Clean home delivery, including distribution of clean delivery kits to visibly pregnant women, IEC and behavioral change communication, knowledge of danger signs and where/when to go for help, support breast feeding	139 (81%)	134 (77%)

**Figures in parenthesis represent the percentage*

5.2 Provision of Health Care at Primary health care level

Table 5: Distribution of HFs providing health services at Primary health care level (North Darfur)

Type of Service	Health Service	Provision of service per state	
		December-2010	December-2011
General Clinical Services	Outpatient services	184 (91%)	204 (99%)
	Referral capacity: referral procedures, means of communication, transportation	88 (43%)	86 (42%)
Child Health	EPI : routine immunization against all national target diseases and adequate cold chain in place	62(31%)	61(30%)
	Under 5 clinic conducted by IMCI-trained health staff	43 (21%)	66 (32%)
Nutrition	Management of severe acute malnutrition	31 (15%)	30 (15%)
Communicable Diseases	Diagnosis and treatment of malaria	94 (46%)	96 (47%)
	Diagnosis and treatment of TB	24 (12%)	25 (12%)
STI & HIV/AIDS	Syndromic management of sexually transmitted infections	70 (34%)	70 (34%)
Maternal & Newborn Health	Antenatal care: assess pregnancy, birth and emergency plan, respond to problems (observed and/or reported), advise/counsel on nutrition & breastfeeding, self care and family planning, preventive treatment(s) as appropriate	150(74%)	150 (73%)
	Skilled care during childbirth for clean and safe normal delivery	66 (33%)	80 (39%)
	Basic essential obstetric care (BEOC): parenteral antibiotics + oxytocic/anticonvulsivant drugs + manual removal of placenta + removal of retained products with manual vacuum aspiration (MVA) + assisted vaginal delivery 24/24 & 7/7	12 (6%)	18 (9%)
	Post partum care: examination of mother and newborn (up to 6 weeks), respond to observed signs, support breast feeding, promote family planning	138 (68%)	136 (66%)
Sexual Violence	Clinical management of rape survivors (including psychological support)	27 (13%)	28 (14%)
Non Communicable Diseases and Mental Health	Mental health care: support of acute distress and anxiety, front line management of severe and common mental disorders	7 (3%)	7 (3%)
Environmental Health	Health facility safe waste disposal and management	74 (36%)	82 (40%)

*Figures in parenthesis represent the percentage

Table 6: Distribution of HF providing health services at Primary health care level (South Darfur)

Type of Service	Health Service	Provision of service per state	
		December-2010	December-2011
General Clinical Services	Outpatient services	324 (97%)	326 (98%)
	Referral capacity: referral procedures, means of communication, transportation	77 (23%)	87 (26%)
Child Health	EPI : routine immunization against all national target diseases and adequate cold chain in place	98 (29%)	115 (35%)
	Under 5 clinic conducted by IMCI-trained health staff	69 (21%)	94 (28%)
Nutrition	Management of severe acute malnutrition	47 (14%)	51(15%)
Communicable Diseases	Diagnosis and treatment of malaria	280 (84%)	294 (88%)
	Diagnosis and treatment of TB	10 (3%)	21 (6%)
STI & HIV/AIDS	Syndromic management of sexually transmitted infections	319 (96%)	323 (97%)
Maternal & Newborn Health	Antenatal care: assess pregnancy, birth and emergency plan, respond to problems (observed and/or reported), advise/counsel on nutrition & breastfeeding, self care and family planning, preventive treatment(s) as appropriate	137 (41%)	134 (40%)
	Skilled care during childbirth for clean and safe normal delivery	137 (41%)	134 (40%)
	Basic essential obstetric care (BEOC): parenteral antibiotics + oxytocic/anticonvulsant drugs + manual removal of placenta + removal of retained products with manual vacuum aspiration (MVA) + assisted vaginal delivery 24/24 & 7/7	120 (36%)	73 (22%)
	Post partum care: examination of mother and newborn (up to 6 weeks), respond to observed signs, support breast feeding, promote family planning	133 (40%)	129 (39%)
Sexual Violence	Clinical management of rape survivors (including psychological support)	53 (16%)	43(13%)
Non Communicable Diseases and Mental Health	Mental health care: support of acute distress and anxiety, front line management of severe and common mental disorders	9 (3%)	5 (2%)
Environmental Health	Health facility safe waste disposal and management	145 (44%)	143 (43%)

**Figures in parenthesis represent the percentage*

Table 7: Distribution of HF providing health services at Primary health care level (West Darfur)

Type of Service	Health Service	Provision of service per state	
		December-2010	December-2011
General Clinical Services	Outpatient services	159 (93%)	154 (89%)
	Referral capacity: referral procedures, means of communication, transportation	133 (78%)	143 (83%)
Child Health	EPI : routine immunization against all national target diseases and adequate cold chain in place	130 (76%)	138 (80%)
	Under 5 clinic conducted by IMCI-trained health staff	34 (20%)	76 (44%)
Nutrition	Management of severe acute malnutrition	20 (12%)	28 (16%)
Communicable Diseases	Diagnosis and treatment of malaria	168 (98%)	162 (94%)
	Diagnosis and treatment of TB	9 (5%)	16 (9%)
STI & HIV/AIDS	Syndromic management of sexually transmitted infections	106 (62%)	133 (77%)
Maternal & Newborn Health	Antenatal care: assess pregnancy, birth and emergency plan, respond to problems (observed and/or reported), advise/counsel on nutrition & breastfeeding, self care and family planning, preventive treatment(s) as appropriate	137 (80%)	144 (83%)
	Skilled care during childbirth for clean and safe normal delivery	97 (57%)	123 (71%)
	Basic essential obstetric care (BEOC): parenteral antibiotics + oxytocic/anticonvulsivant drugs + manual removal of placenta + removal of retained products with manual vacuum aspiration (MVA) + assisted vaginal delivery 24/24 & 7/7	7 (4%)	15 (9%)
	Post partum care: examination of mother and newborn (up to 6 weeks), respond to observed signs, support breast feeding, promote family planning	63 (37%)	96 (55%)
Sexual Violence	Clinical management of rape survivors (including psychological support)	61 (36%)	45 (26%)
Non Communicable Diseases and Mental Health	Mental health care: support of acute distress and anxiety, front line management of severe and common mental disorders	0 (0%)	0 (0%)
Environmental Health	Health facility safe waste disposal and management	157 (92%)	154(89%)

**Figures in parenthesis represent the percentage*

5.3 Minimum Basic Health Package

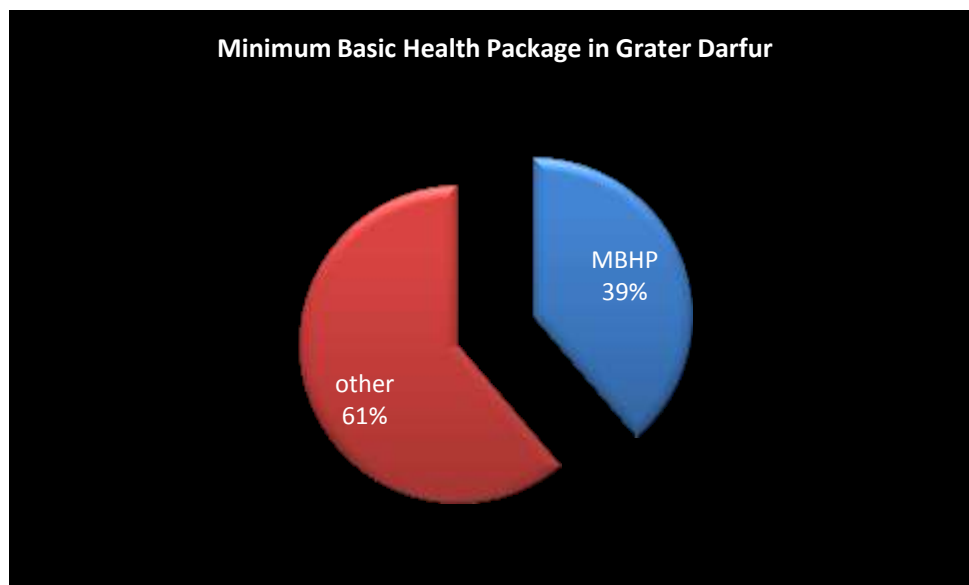
The minimum set of services that should be basically provided by any HF, are:

1. **Outpatient services**
2. **EPI** : routine immunization against all national target diseases and adequate cold chain in place
3. **Antenatal care**: assess pregnancy, birth and emergency plan, respond to problems (observed and/or reported), advise/counsel on nutrition & breastfeeding, self care and family planning, preventive treatment(s) as appropriate

Table 8: Number and % of HFs that provide the Minimum Basic Health Package per state

State	MBHP	% out of Functioning
ND	51	25%
SD	103	31%
WD	122	71%
Total	276	39%

Figure 7: Percentage of HFs that provide the Minimum Basic Health Package:



6. Gap Analysis of the Health Personnel

Based on the HeRAMS data, gaps in health staff has been analyzed against the **Local Health System standards** and among different types of Health facilities. For each health facility type, four scenarios have been presented to measure the coverage of health personnel per locality and state, and to identify possible gaps.

Rural Hospitals

Table 9: Rural hospital run by full standards cadre

MO+ MA+ 3 nurses or more + MW+ Vaccinator+ Nutrition staff + PHO + Lab. Personnel					
State	Locality	HF No.	Functioning per Locality	% Functioning per Locality	% per State
ND	Kebkabiya	1	4	25%	10%
SD	Ed el Fursan	1	3	33%	14%
	Rahad el Berdi	1	1	100%	

* % per locality, has been calculated out of the total functioning Rural Hospitals in the locality, while the % per state has been calculated out of the total functioning Rural Hospitals in the state, HFNO is number of health facilities with standers cadre.

There is No rural hospital in West Darfur has the Full standards cadre.

Primary Health Care Centre

Table 10: PHCCs run by full standards cadre

MA, 2 Nurse or more ,PHO, MW, Vaccinator, Nutrition staff, Lab. Personnel					
State	Locality	HF No.	Functioning per Locality	% Functioning per Locality	% per State
ND	El Fasher	3	38	8%	4%
SD	Nyala	2	35	6%	9%
	Ed Daein	4	7	57%	

There is No Primary Health Care Centre in West Darfur has the Full standards cadre.

Basic Health Unit

Table 11: BHU run by full standards cadre

MA, Nurse, MW, VMW, Nut., Vacc.					
State	Locality	HF No	Functioning per Locality	% Functioning per Locality	% per State
ND	El Fasher	3	44	7%	9%
	Mellit	5	17	29%	
	Umm Keddada	3	40	8%	
SD	Adila	3	19	16%	1%
WD	El Geneina	5	26	19%	14%
	Habila	1	3	33%	
	Kulbus	1	7	14%	
	Wadi Salih	1	5	20%	
	Zalingei	1	8	13%	