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[HeRAMS]

Health Resources Availability
Mapping System

Greater Darfur

HeRAMS (Health Resources Availability Mapping System) is a Standardized Approach supported by a software-based Platform that aims at strengthening the collection, collation and analysis of information on the availability of health resources and services in Humanitarian Emergencies, It aims to address the needs/gaps expressed by the health working groups on Coordination and Management, by providing timely, relevant and reliable information.

HeRAMS Started early 2008 in Sudan and developed jointly by HISU WHO Sudan Office and HAC in WHO-HQ, considering Darfur Crisis as a model and using its data as the first dataset to be tested on the system, HeRAMS has been evolved to be one of the key information management tools that the global health cluster is using to assist implementing the Health Cluster/Sector Coordination mechanism. HeRAMS has been further implemented in many crises situations (such as; Haiti 2009, Pakistan Floods 2010).

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 report provides a summary and analysis for the available health resources in Greater Darfur which Darfur consists of five states and 63 localities; considering key part of the parameters covered by the system.

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1. Situation Overview

In **Central Darfur** State, 61% of the 127 primary health care facilities are functioning while in **West Darfur** State, 74% of the 137 primary health care facilities are functioning. NGOs and UN Agencies manage and support 68% and 70% of the functioning health facilities in **Central and West Darfur** State respectively. By the end of 2011, in **West Darfur** a total of 41 health facilities were turned over to the State Ministry of Health (SMoH) by INGOs. A total of 35 health facilities (85% of total health facilities that were turned over to the SMoH) were turned over to the SMoH because of the withdrawal of Med Air (used to manage 27 health facilities) and CAM (used to manage 8 health facilities). Due to the low capacity of the SMoH, most of these health facilities became non-functional barely 3 months following the hand-over to the SMoH with absent reporting from the sentinel sites. Currently, 6 EWARS reporting health facilities are not submitting weekly reports following their hand-over to the SMoH.

In **South and East Darfur** 77% and 82% of the population are covered by a functioning PHC facility while only 26% and 17% of those functioning provide the minimum basic package in South and East Darfur respectively. Other areas such as East Jabal Mara locality, Al Radom and parts of Kass locality have been inaccessible for security reasons which affected service provision and eventually reporting on events of public health importance. In SD international NGOs and UN Agencies are the main providers of essential health services for the vulnerable population, especially in the IDPs settings and the host population.

During the last 5 years in **South and East Darfur** a total of 34 health facilities were turned over to the State Ministries of Health (SMoH) by INGOs due to inadequate funding e.g. Sudo, NCA, IMC, WVI or the withdrawal of partners (Sudan Aid in Bilel and Al neim camps Johanniter international from Ed El Fursan, Kubom and Katella localities and Saudi Red Crescent Authority from Belil village, skally and Alseref camps). Due to the low capacity of the SMoH, most of these health facilities became non-functional or having only one staff with low capacity to deliver services with absent reporting from the sentinel sites. Currently, 19 EWARS reporting health facilities are not submitting weekly reports following their hand-over to the SMoH.

In **North Darfur** Out of total 218 functioning HFs SMoH is running around 117 (54%) HFs, and out of which 35 (30%) receive support from INGOs and UN agencies, whereas NGOs and UN agencies fully managed and support 73 HFs (33%), while only 37% of those functioning provide the minimum basic package in North Darfur.

Saudi RCs, PAI, QRC, FRC, Johanniter and Mercy Malaysia are no more working in grater Darfur, while new health partners in 2013 are MSF-Swiss, Anhar, Massar and MSF-Swiss.

2. Distribution of Existing Health Facilities:

Primary Health Care facilities are classified into different standard categories based on the provision of services, staff pattern and population coverage; they are rural hospitals, health centers, basic health units, and mobile clinics. The following table provides the distribution of the existing health facilities (static and mobile); in terms of number and percentage of the functional facilities out of total. *See acronyms for full names.*

Table 1: Distribution of HFs in Greater Darfur by Report NO and facility type

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.
Center Darfur	Q4-13	5	5	100%	33	30	91%	72	27	38%	17	15	88%	127	77	61%
	Q4-12	5	5	100%	33	30	91%	71	27	38%	17	15	88%	126	77	61%
East Darfur	Q4-13	5	5	100%	12	10	83%	99	80	81%	3	3	100%	119	98	82%
	Q4-12	5	5	100%	12	10	83%	99	81	82%	3	3	100%	119	99	83%
North Darfur	Q4-13	11	11	100%	87	80	92%	158	116	73%	22	11	50%	278	218	78%
	Q4-12	12	11	92%	80	74	93%	158	116	73%	16	10	63%	266	211	79%
South Darfur	Q4-13	9	9	100%	56	53	95%	228	167	73%	7	3	43%	300	232	77%
	Q4-12	9	9	100%	57	54	95%	226	165	73%	7	4	57%	299	232	78%
West Darfur	Q4-13	5	5	100%	45	42	93%	78	48	62%	9	6	67%	137	101	74%
	Q4-12	5	5	100%	43	40	93%	76	46	61%	9	7	78%	133	98	74%

Figure 1-A: Functioning HF's out of the total Existing HF's per State and Quarter

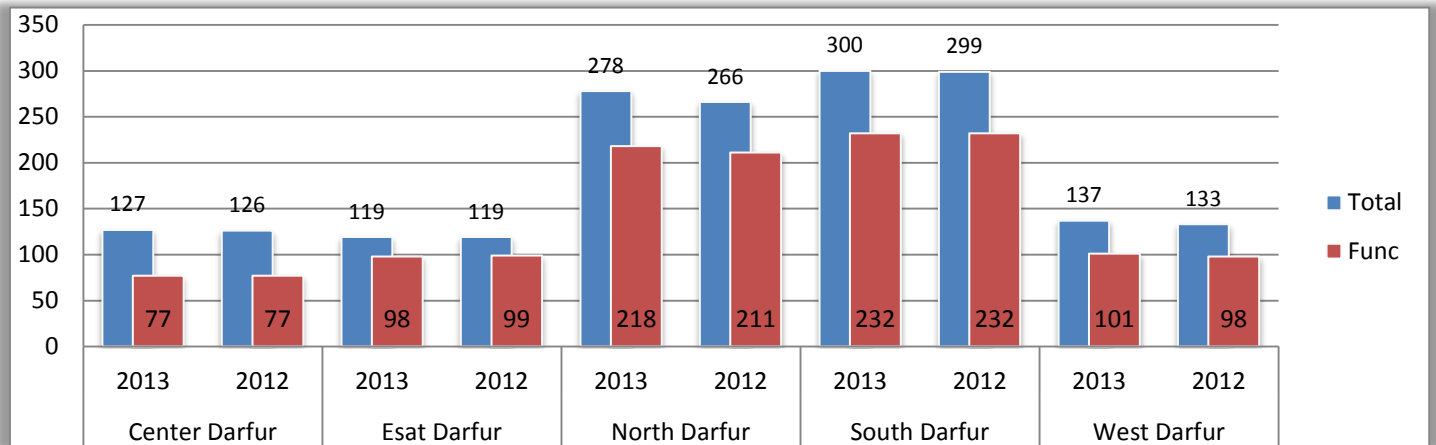
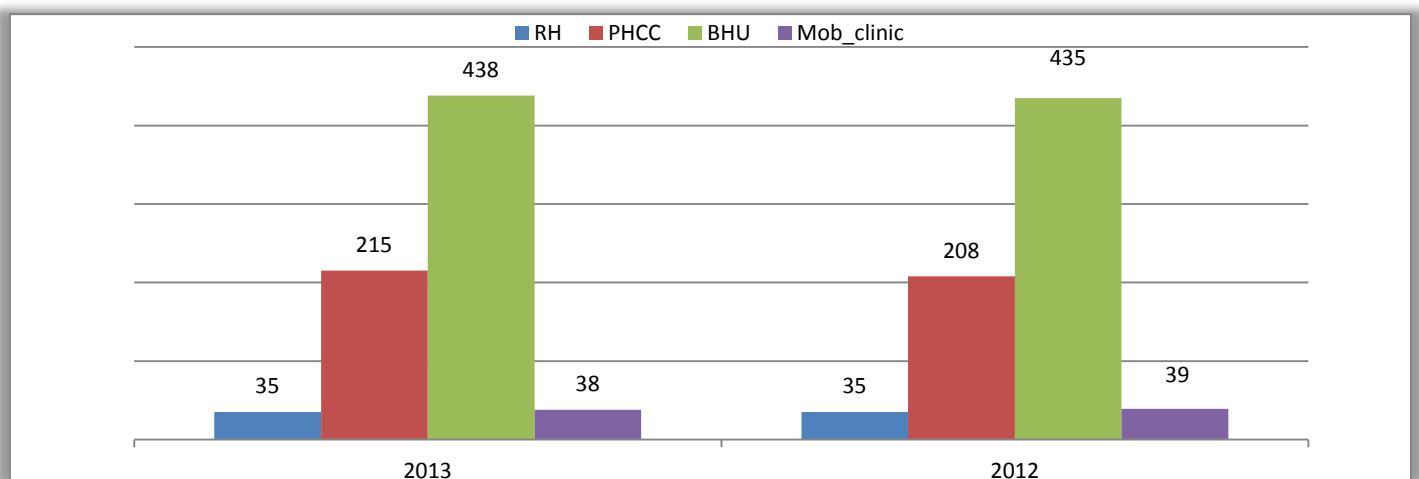
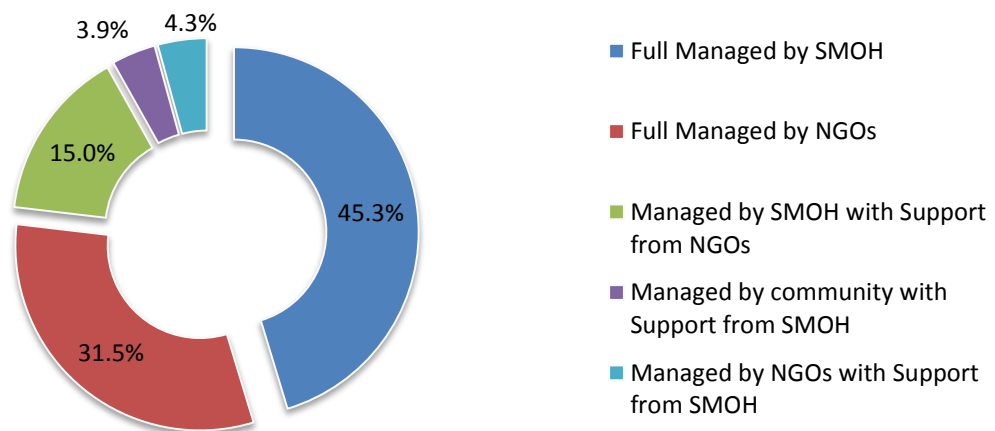


Figure 1-B: HF's type 2012 vs. 2013



3. Health Partners in Darfur:

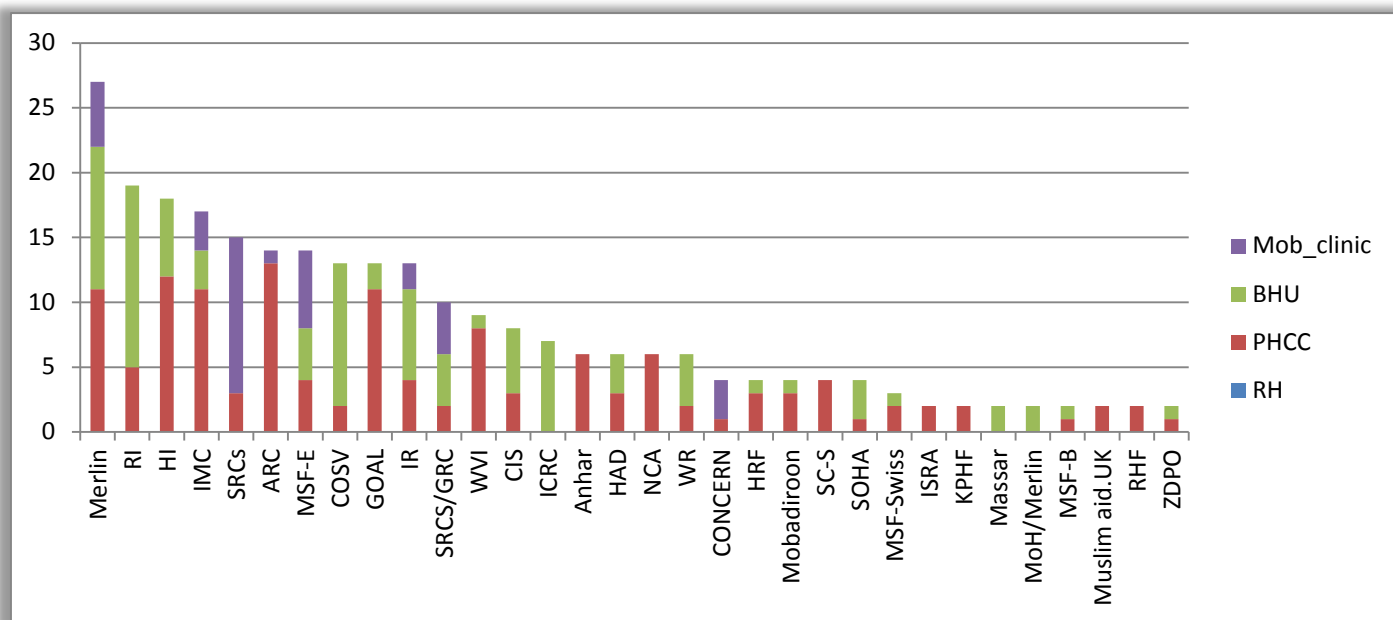
Figure 2 A: Percentage of HF's by the managing and supporting Partners



% represents the percentage of HF's out of the total functioning HF's (726) in greater Darfur

Year	Full Managed by SMOH	Full Managed by NGOs	Managed by SMOH with Support from NGOs	Managed by community with Support from SMOH	Full Managed by NGOs with Support from SMOH	Total
2012	328	230	108	28	23	717
2013	329	229	109	28	31	726

Figure 2 B: managing Partners in greater Darfur



*The graph includes Managing partners only.

4. Health Facilities Characteristics

Figure 3-A: percentage of Permanent vs. Temporary HF's Building in Grater Darfur:

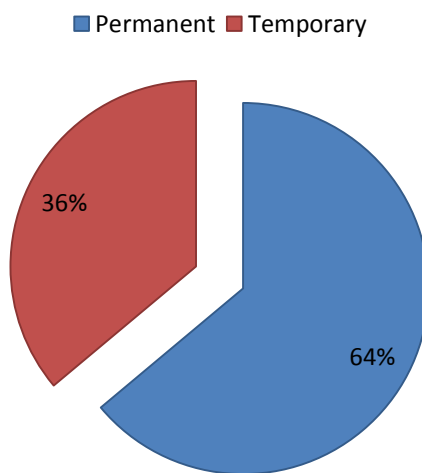
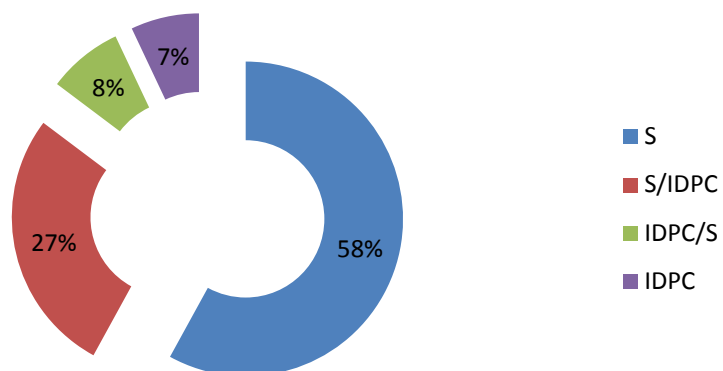


Figure 3-B: percentage according to type of Delivery Point in Grater Darfur:

IDPC (HF located in IDP Camp and serving exclusively IDPs), *S* (HF located in Settlement and serving exclusively Residents), *IDPC/S* (HF located in IDP Camp but also serving Residents), *S/IDPC* (HF located in Settlement but also serving IDPs)



15% are serving initiannly IDPs

5. Health Personnel:

This report provides gap analysis for the global health cluster set of core indicators and benchmarks

4.1 Health Workers (per 10,000 population, by locality; benchmark is >22)

The number of HWs (Health Workers) in the table below has been measured as the total of (MO, MA, Nurse, and MW).

State	Population	Total_HW	Available for every 10000 pop	STD >22 per 10,000	Gap in Health Workers
Western Darfur	1,247,506	370	3	2,869	2,499
Central Darfur	1,022,740	417	4	2,352	1,935
North Darfur	2,507,911	1,176	5	5,768	4,592
South Darfur	3,373,667	734	2	7,759	7,025
East Darfur	1,134,848	234	2	2,610	2,376
Total	9,286,672	2,931	3	21,359	18,428

* Gap against benchmark (>22 HW) per 10,000 population

4.2 Number of Community Health Workers per 10,000 population, by locality; benchmark is ≥ 10

This indicator is used to monitor the availability of human resources key to delivering community-based interventions; it has been measure as the available total of (VV+CHP+TBA+VTMW).

State	Population	Total_CHW	Available for every 10,000 pop	STD >10 per 10,000	Gap in Community Health Workers
Western Darfur	1,247,506	606	5	1,248	642
Central Darfur	1,022,740	496	5	1,023	527
North Darfur	2,507,911	1,433	6	2,508	1,075
South Darfur	3,373,667	1,542	5	3,374	1,832
East Darfur	1,134,848	268	2	1,135	867
Total	9,286,672	4,345	5	9,287	4,942

* Gap against benchmark ≥ 10 Community Workers per 10,000 population

6. Health Services in Darfur

5.1 Provision of Minimum Basic Health Package (MBHP)

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.

Figure 4-A: Number and % of HFs that provide the Minimum Basic Health Package per state

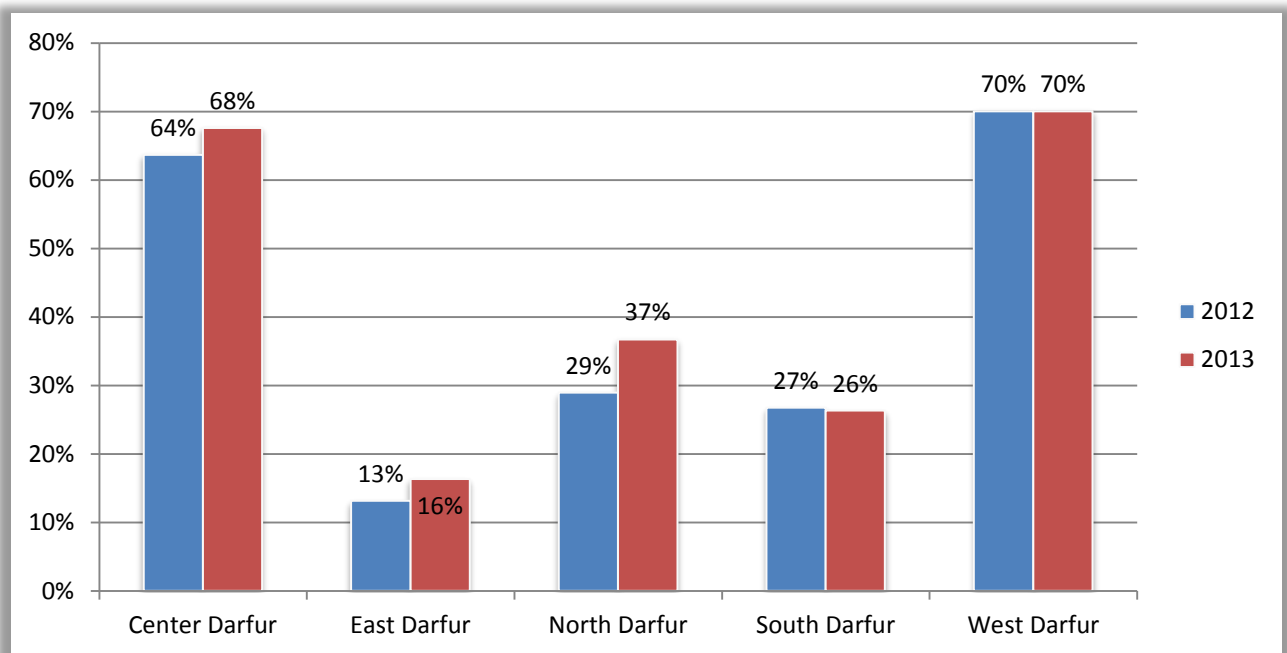
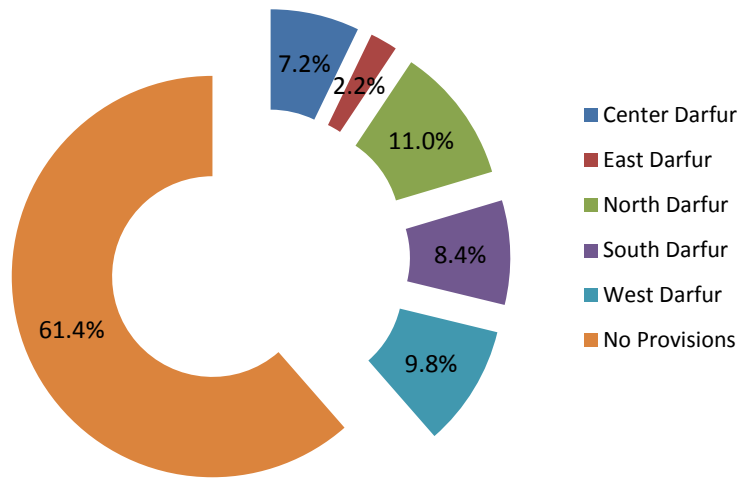
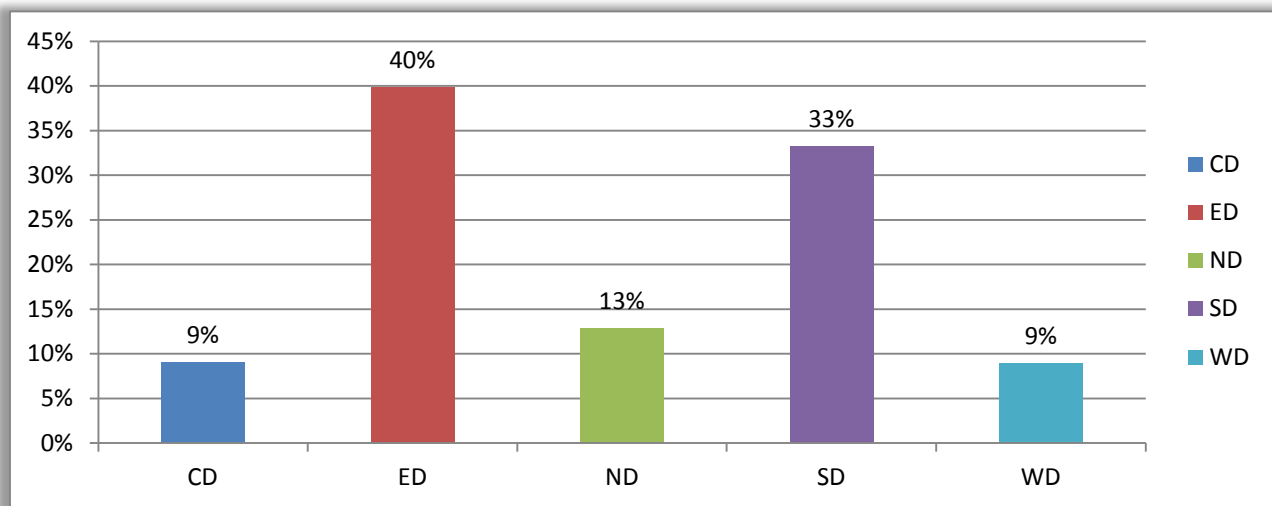


Figure 4-B: overall percentage of HF provides Minimum Basic Health package per state Vs not provide.



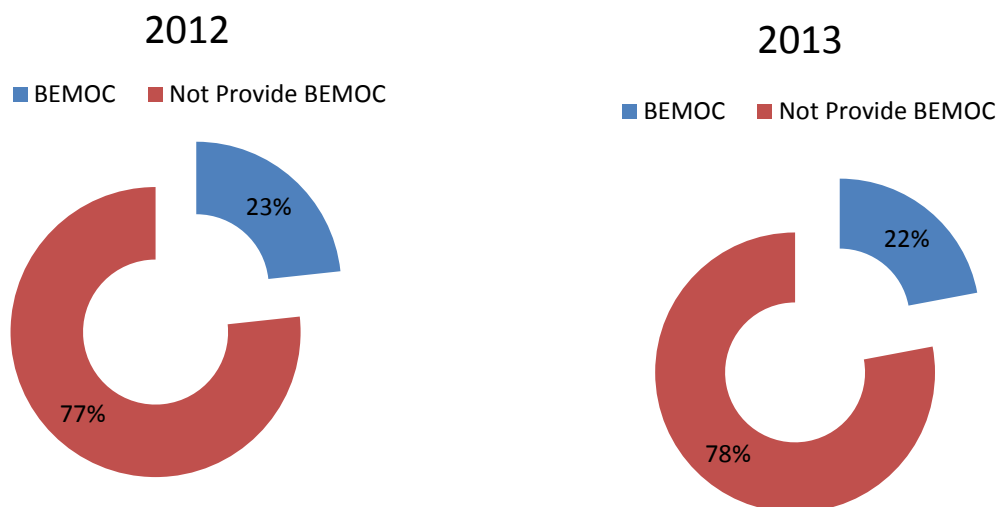
5.2 Provision of Basic Essential Obstetric Care (BEOC):

Figure 5-A: Percentage of HF provides BEOC package per state



* The percentage out of the total functioning HF per each state

Figure 5-B: Percentage of HF provides BEOC package –Grater Darfur



* The percentage out of the total functioning HF in Greater Darfur

5.3 Provision of Health Care at Community Level

Table 5: Provision of services at community care level (North Darfur)

Type of Service	Health Service	Provision of service per state	
		Q4-2012	Q4-2013
Collection of Vital Statistics	Deaths and births	79(37%)	76(37%)
Child Health	IMCI community component: IEC of child care taker + active case findings	35(17%)	42(19%)
	Home-based treatment of: fever/malaria, ARI/pneumonia, dehydration due to acute diarrhea	47(22%)	51(23%)
Nutrition	Screening of acute malnutrition (MUAC)	86(41%)	100(46%)
Communicable Diseases	Community mobilization for and support to mass vaccinations and/or drug administration/treatments	73(35%)	84(38%)
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	79(37%)	82(38%)

*Figures in parenthesis represent the percentage out of the total functioning HF and number is Number of HF.

Table 6: Provision of services at community care level (South Darfur)

Type of Service	Health Service	Provision of service per state	
		Q4-2012	Q4-2013
Collection of Vital Statistics	Deaths and births	50(22%)	40(17%)
Child Health	IMCI community component: IEC of child care taker + active case findings	57(25%)	47(20%)
	Home-based treatment of: fever/malaria, ARI/pneumonia, dehydration due to acute diarrhea	172(74%)	174(75%)
Nutrition	Screening of acute malnutrition (MUAC)	56(24%)	54(23%)
Communicable Diseases	Community mobilization for and support to mass vaccinations and/or drug administration/treatments	204(88%)	203(87%)
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	77(33%)	76(33%)

Table 7: Provision of services at community care level (West Darfur)

Type of Service	Health Service	Provision of service per state	
		Q4-2012	Q4-2013
Collection of Vital Statistics	Deaths and births	57(58%)	59(58%)
Child Health	IMCI community component: IEC of child care taker + active case findings	55(56%)	58(57%)
	Home-based treatment of: fever/malaria, ARI/pneumonia, dehydration due to acute diarrhea	90(92%)	91(90%)
Nutrition	Screening of acute malnutrition (MUAC)	64(65%)	66(65%)
Communicable Diseases	Community mobilization for and support to mass vaccinations and/or drug administration/treatments	81(83%)	83(82%)
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	76(78%)	78(77%)

**Figures in parenthesis represent the percentage out of the total functioning HFs and number is Number of HFs.*

Table 8: Provision of services at community care level (Center Darfur)

Type of Service	Health Service	Provision of service per state	
		Q4-2012	Q4-2013
Collection of Vital Statistics	Deaths and births	56(72%)	56(73%)
Child Health	IMCI community component: IEC of child care taker + active case findings	15(20%)	18(23%)
	Home-based treatment of: fever/malaria, ARI/pneumonia, dehydration due to acute diarrhea	61 (79%)	64 (83%)
Nutrition	Screening of acute malnutrition (MUAC)	38 (49%)	42 (55%)
Communicable Diseases	Community mobilization for and support to mass vaccinations and/or drug administration/treatments	56 (73%)	60 (78%)
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 (70%)	56 (73%)

**Figures in parenthesis represent the percentage out of the total functioning HFs and number is Number of HFs.*

Table 9: Provision of services at community care level (East Darfur)

Type of Service	Health Service	Provision of service per state	
		Q4-2012	Q4-2013
Collection of Vital Statistics	Deaths and births	22(22%)	22(22%)
Child Health	IMCI community component: IEC of child care taker + active case findings	14(14%)	14(14%)
	Home-based treatment of: fever/malaria, ARI/pneumonia, dehydration due to acute diarrhea	76(77%)	76(78%)
Nutrition	Screening of acute malnutrition (MUAC)	14(14%)	13(13%)
Communicable Diseases	Community mobilization for and support to mass vaccinations and/or drug administration/treatments	86(87%)	86(88%)
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	24(24%)	24(25%)

**Figures in parenthesis represent the percentage out of the total functioning HFs and number is Number of HFs.*

5.4 Provision of Health Care at Primary health care level

Table 10: Distribution of HFs providing health services at Primary health care level (North Darfur)

Type of Service	Health Service	Provision of service per state	
		Q4-2012	Q4-2013
General Clinical Services	Outpatient services	208(99%)	218(100%)
	Referral capacity: referral procedures, means of communication, transportation	103(49%)	105(48%)
Child Health	EPI : routine immunization against all national target diseases and adequate cold chain in place	77(36%)	102(48%)
	Under 5 clinic conducted by IMCI-trained health staff	72(34%)	94(43%)
Nutrition	Management of severe acute malnutrition	38(18%)	43(20%)
Communicable Diseases	Diagnosis and treatment of malaria	111(53%)	119(55%)
	Diagnosis and treatment of TB	29(14%)	32(15%)
STI & HIV/AIDS	Syndromic management of sexually transmitted infections	77(36%)	89(41%)
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	160(76%)	167(77%)
	Skilled care during childbirth for clean and safe normal delivery	90(43%)	95(43%)
	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	33(16%)	30(14%)
	Post partum care: examination of mother and newborn (up to 6 weeks), respond to observed signs, support breast feeding, promote family planning	150(71%)	158(72%)
Sexual Violence	Clinical management of rape survivors (including psychological support)	31(15 %)	46(21 %)
Non Communicable Diseases and Mental Health	Mental health care: support of acute distress and anxiety, front line management of severe and common mental disorders	6(3%)	5(2%)
Environmental Health	Health facility safe waste disposal and management	93(44%)	103(47%)

*Figures in parenthesis represent the percentage out of the total functioning HFs and number is Number of HFs.

Table 11: Distribution of HF's providing health services at Primary health care level (South Darfur)

Type of Service	Health Service	Provision of service per state	
		Q4-2012	Q4-2013
General Clinical Services	Outpatient services	218(94%)	217(93%)
	Referral capacity: referral procedures, means of communication, transportation	65(28%)	64(28%)
Child Health	EPI : routine immunization against all national target diseases and adequate cold chain in place	69(30%)	69(30%)
	Under 5 clinic conducted by IMCI-trained health staff	66(28%)	63(27%)
Nutrition	Management of severe acute malnutrition	33(14%)	31(13%)
Communicable Diseases	Diagnosis and treatment of malaria	188(81%)	187(80%)
	Diagnosis and treatment of TB	21(9%)	21(9%)
STI & HIV/AIDS	Syndromic management of sexually transmitted infections	227(98%)	225(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	93(40%)	93(40%)
	Skilled care during childbirth for clean and safe normal delivery	92(40%)	92(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	78(34%)	78(34%)
	Post partum care: examination of mother and newborn (up to 6 weeks), respond to observed signs, support breast feeding, promote family planning	80(34%)	80(34%)
Sexual Violence	Clinical management of rape survivors (including psychological support)	42(18%)	41(18%)
Non Communicable Diseases and Mental Health	Mental health care: support of acute distress and anxiety, front line management of severe and common mental disorders	15(6%)	15(6%)
Environmental Health	Health facility safe waste disposal and management	101(44%)	101(43%)

**Figures in parenthesis represent the percentage out of the total functioning HF's and number is Number of HF's.*

Table 12: Distribution of HFs providing health services at Primary health care level (West Darfur)

Type of Service	Health Service	Provision of service per state	
		Q4-2012	Q4-2012
General Clinical Services	Outpatient services	82(84%)	86(85%)
	Referral capacity: referral procedures, means of communication, transportation	77(79%)	78(77%)
Child Health	EPI : routine immunization against all national target diseases and adequate cold chain in place	80(82%)	84(83%)
	Under 5 clinic conducted by IMCI-trained health staff	49(50%)	53(53%)
Nutrition	Management of severe acute malnutrition	19(19%)	19(19%)
Communicable Diseases	Diagnosis and treatment of malaria	91(93%)	92(91%)
	Diagnosis and treatment of TB	7(7%)	8(8%)
STI & HIV/AIDS	Syndromic management of sexually transmitted infections	73(74%)	73(72%)
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	83(85%)	84(83%)
	Skilled care during childbirth for clean and safe normal delivery	80(82%)	80(79%)
	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	10(10%)	10(10%)
	Post partum care: examination of mother and newborn (up to 6 weeks), respond to observed signs, support breast feeding, promote family planning	65(66%)	65(64%)
Sexual Violence	Clinical management of rape survivors (including psychological support)	26(27%)	26(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	1(1%)	1(1%)
Environmental Health	Health facility safe waste disposal and management	86(88%)	87(86%)

**Figures in parenthesis represent the percentage out of the total functioning HFs and number is Number of HFs.*

Table 13: Distribution of HFs providing health services at Primary health care level (Center Darfur)

Type of Service	Health Service	Provision of service per state	
		Q4-2012	Q4-2012
General Clinical Services	Outpatient services	68(88%)	72(94%)
	Referral capacity: referral procedures, means of communication, transportation	63(82%)	64(83%)
Child Health	EPI : routine immunization against all national target diseases and adequate cold chain in place	54(70%)	58(75%)
	Under 5 clinic conducted by IMCI-trained health staff	25(32%)	27(35%)
Nutrition	Management of severe acute malnutrition	9(12%)	9(12%)
Communicable Diseases	Diagnosis and treatment of malaria	66(86%)	68(88%)
	Diagnosis and treatment of TB	10(13%)	10(13%)
STI & HIV/AIDS	Syndromic management of sexually transmitted infections	56(73%)	56(72%)
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	56(73%)	58(75%)
	Skilled care during childbirth for clean and safe normal delivery	39(51%)	41(53%)
	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(9%)	7(9%)
	Post partum care: examination of mother and newborn (up to 6 weeks), respond to observed signs, support breast feeding, promote family planning	31(40%)	31(40%)
Sexual Violence	Clinical management of rape survivors (including psychological support)	20(26%)	20(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	66(86%)	66(86%)

**Figures in parenthesis represent the percentage out of the total functioning HFs and number is Number of HFs.*

Table 14: Distribution of HF providing health services at Primary health care level (East Darfur)

Type of Service	Health Service	Provision of service per state	
		Q4-2012	Q4-2012
General Clinical Services	Outpatient services	80(81%)	80(81%)
	Referral capacity: referral procedures, means of communication, transportation	8(8%)	7(7%)
Child Health	EPI : routine immunization against all national target diseases and adequate cold chain in place	21(21%)	20(20%)
	Under 5 clinic conducted by IMCI-trained health staff	34(34%)	33(34%)
Nutrition	Management of severe acute malnutrition	30(30%)	29(30%)
Communicable Diseases	Diagnosis and treatment of malaria	66(67%)	65(66%)
	Diagnosis and treatment of TB	21(21%)	21(21%)
STI & HIV/AIDS	Syndromic management of sexually transmitted infections	99(100%)	98(100%)
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	39(39%)	38(39%)
	Skilled care during childbirth for clean and safe normal delivery	37(37%)	36(37%)
	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	39(39%)	39(40%)
	Post partum care: examination of mother and newborn (up to 6 weeks), respond to observed signs, support breast feeding, promote family planning	24(24%)	23(24%)
Sexual Violence	Clinical management of rape survivors (including psychological support)	6(6%)	6(6%)
Non Communicable Diseases and Mental Health	Mental health care: support of acute distress and anxiety, front line management of severe and common mental disorders	19(19%)	19(19%)
Environmental Health	Health facility safe waste disposal and management	21(21%)	20(20%)

**Figures in parenthesis represent the percentage out of the total functioning HF and number is Number of HF.*

- Red color is sign for decrease, green for increase and black for not changed.

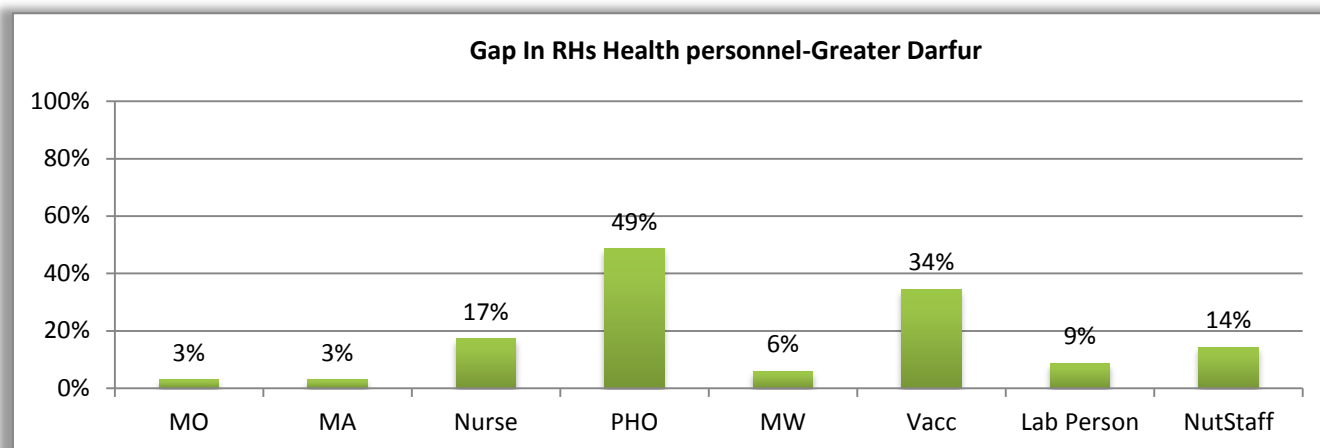
7. Gap Analysis of the Health Personnel

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.

- **Rural Hospitals**

Full standards cadres are MO+ MA+ 3 nurses or more + MW+ Vaccinator+ Nutrition staff + PHO + Lab. Personnel

Figure 6-A: Gap In RHs Health Personnel.

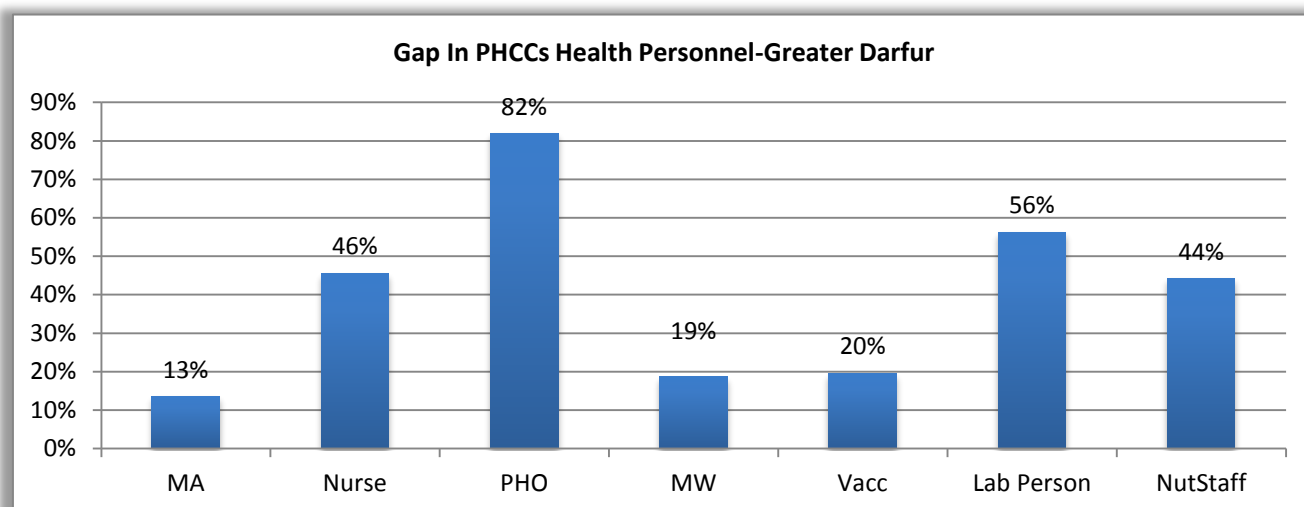


% Gap percentage out of the total functioning RHs (35) in greater Darfur

- **Primary Health Care Centre**

Full standards cadres are MA, 2 Nurse or more, PHO, MW, Vaccinator, Nutrition staff, Lab. Personnel

Figure 6-B: Gap in PHCCs Health Personnel.

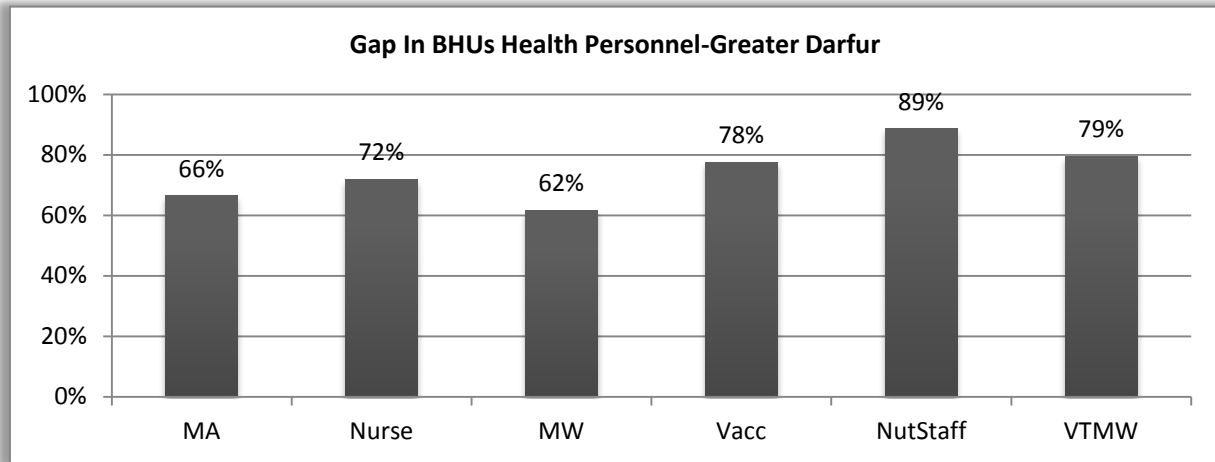


% Gap percentage out of the total functioning PHCCs (215) in greater Darfur

- **Basic Health Unit**

Full standards cadres are MA, Nurse, MW, VTMW, Nutrition staff, Vaccinator.

Figure 6-C: Gap in BHUs Health Personnel.



% Gap percentage out of the total functioning BHUs (438) in greater Darfur