



# Health Resources Availability Mapping System (HeRAMS)

Greater Darfur Report

2<sup>nd</sup> Quarter 2010

**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 report provides summary and analysis for the available health resources in Greater Darfur for the 2<sup>nd</sup> quarter of 2010; considering key part of the parameters covered by the system.

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## Acronyms

<b>BHU</b>	Basic Health Unit
<b>CHP</b>	Community Health Promoter
<b>CHW</b>	Community Health Worker
<b>EWARS</b>	Early Warning Alert and Response System
<b>HeRAMS</b>	Health Resources Availability Mapping System
<b>HF</b>	Health Facility
<b>MA</b>	Medical Assistant
<b>MO</b>	Medical Officer
<b>MW</b>	Mid Wife
<b>ND</b>	North Darfur
<b>Nut.</b>	Nutritionist / Nutrition staff
<b>Mob_clinic</b>	Mobile Clinic
<b>PHCC</b>	Primary Healthcare Center
<b>PHO</b>	Public Health Officer
<b>TBA</b>	Traditional Birth Attendant
<b>RH</b>	Rural Hospital
<b>SD</b>	South Darfur
<b>VTMW</b>	Village Trained Mid Wife
<b>VV</b>	Village Volunteer
<b>WD</b>	West Darfur

## 1. Distribution of Existing Health Facilities per Locality:

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 locality and facility type**

State	Locality	Rural Hospitals			PHCCs			BHUs			Mobile Clinics			TOTAL		
		Total	Func.	% Func.	Total	Func.	% Func.	Total	Func.	% Func.	Total	Func.	% Func.	Total	Func.	% Func.
North Darfur	El Fasher	1	1	100%	46	40	87%	60	39	65%	5	0	0%	112	80	71%
	Kebkabiya	3	3	100%	2	2	100%	12	6	50%	1	1	100%	18	12	67%
	Kutum	1	1	100%	16	15	94%	20	6	30%	1	1	100%	38	23	61%
	Mellit	1	1	100%	12	12	100%	22	19	86%	4	4	100%	39	36	92%
	Umm Keddada	3	3	100%	7	7	100%	42	40	95%	0	0	-	52	50	96%
<b>ND State Total</b>		<b>9</b>	<b>9</b>	<b>100%</b>	<b>83</b>	<b>76</b>	<b>92%</b>	<b>156</b>	<b>110</b>	<b>71%</b>	<b>11</b>	<b>6</b>	<b>55%</b>	<b>259</b>	<b>201</b>	<b>78%</b>
South Darfur	Adila	1	1	100%	1	1	100%	21	18	86%	4	3	75%	27	23	85%
	Buram	2	2	100%	10	10	100%	74	64	86%	2	2	100%	88	78	89%
	Ed Daein	1	1	100%	0	0	-	65	54	83%	0	0	-	66	55	83%
	Ed el Fursan	2	2	100%	4	4	100%	38	38	100%	0	0	-	44	44	100%
	Kass	1	1	100%	2	2	100%	24	8	33%	6	6	100%	33	17	52%
	Nyala	0	0	-	32	30	94%	65	44	68%	2	2	100%	99	76	77%
	Rahad el Berdi	1	1	100%	0	0	-	21	18	86%	0	0	-	22	19	86%
	Sheiria	2	2	100%	4	2	50%	20	17	85%	0	0	-	26	21	81%
	Tullus	1	1	100%	2	2	100%	13	6	46%	0	0	-	16	9	56%
<b>SD State Total</b>		<b>11</b>	<b>11</b>	<b>100%</b>	<b>55</b>	<b>51</b>	<b>93%</b>	<b>341</b>	<b>267</b>	<b>78%</b>	<b>14</b>	<b>13</b>	<b>93%</b>	<b>421</b>	<b>342</b>	<b>100%</b>
West Darfur	El Geneina	2	1	50%	20	18	90%	55	32	58%	6	2	33%	83	53	64%
	Habila	2	1	50%	9	9	100%	13	2	15%	0	0	-	24	12	50%
	Jebel Marra	2	1	50%	1	1	100%	43	27	63%	1	0	-	47	29	62%
	Kulbus	1	1	100%	3	3	100%	25	15	60%	3	0	-	32	19	59%
	Mukjar	1	1	100%	1	1	100%	2	2	100%	9	9	100%	13	13	100%
	Wadi Salih	1	1	100%	5	5	100%	6	3	50%	4	4	100%	16	13	81%
	Zalingei	1	1	100%	7	6	86%	22	18	82%	3	3	100%	33	28	85%
<b>WD State Total</b>		<b>10</b>	<b>7</b>	<b>70%</b>	<b>46</b>	<b>43</b>	<b>93%</b>	<b>166</b>	<b>99</b>	<b>60%</b>	<b>26</b>	<b>18</b>	<b>69%</b>	<b>248</b>	<b>167</b>	<b>67%</b>
<b>Grand Total</b>		<b>30</b>	<b>27</b>	<b>90%</b>	<b>184</b>	<b>170</b>	<b>92%</b>	<b>663</b>	<b>476</b>	<b>72%</b>	<b>51</b>	<b>37</b>	<b>73%</b>	<b>928</b>	<b>710</b>	<b>77%</b>

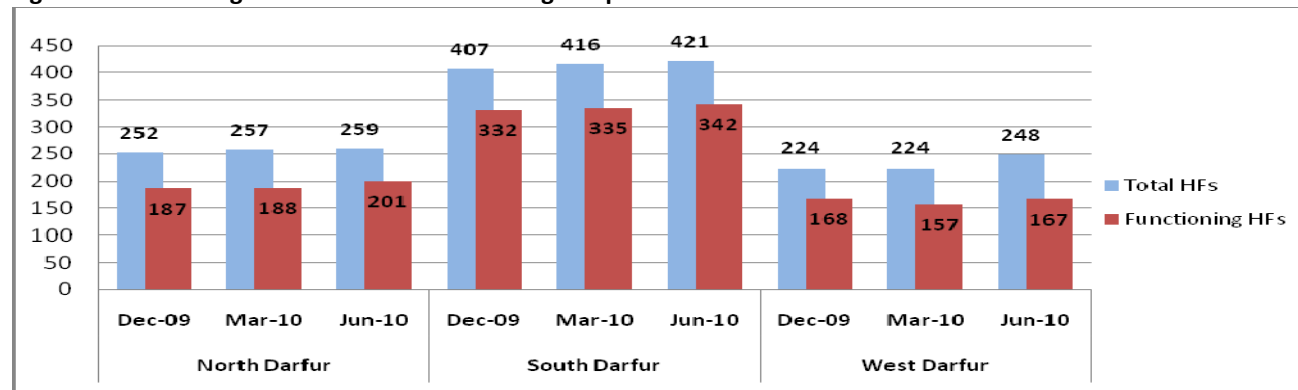
\*Func. = Functioning

Out of the total 928 existing HFs in Greater Darfur, only 710 (77%) are functioning, whilst out of 184 PHCCs 92% (170), out of 663 BHUs 72% (476) and out of 51 mobile clinics only 73% (37) are functioning. If we look further at the disaggregated data, 100% of the RHs, 92% of the existing PHCCs, 71% of BHUs, and 55% of the Mobile Clinics are functioning in ND (Table 1). In SD 100% of the RHs, 93% of the existing PHCCs, 78% of BHUs, and 93% of Mobile Clinics are functioning. In WD, 70% of the RHs, 93% of the existing PHCCs, 60% of the BHUs, and 67% of the Mobile Clinics are functioning. The lowest total % of functioning HFs is found in Habila locality (50%) in WD, and Kass locality (52%) in SD. On the other hand, only 2 localities have their HFs as 100% functioning in South Darfur (Ed El Fursan) and West Darfur (Mukjar). In terms of accessibility, almost 95% out of the total functioning HFs overall Darfur is accessible to the population, either by foot, vehicle, or donkeys. The lowest HF accessibility is in WD, where most of the inaccessible functioning HFs is in Jebel Marrah area and it is due to security issues. *See Annex II, for Maps on HFs geographical distribution*

The current situation of the functioning HF's turned to be better compared to the two past quarters (see Figure 1); number of the functioning HF's has increased (710) compared to the previous quarter (680), because of many non-functional HF's turned to be functional as follows; 13 in ND, 10 in WD and 7 in SD.

Despite of increase in the total existing number of HF's in Jebel Marrah Locality (from 29 to 47), only 2 HF's are functional.

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



## 2. Health Partners in Darfur:

47 partners (i.e., UN, INGO, NNGO) are working in the health sector in Greater Darfur besides the SMOH; (See Annex I, for health partners list). The following section highlights the 3W's (who is doing what, and where).

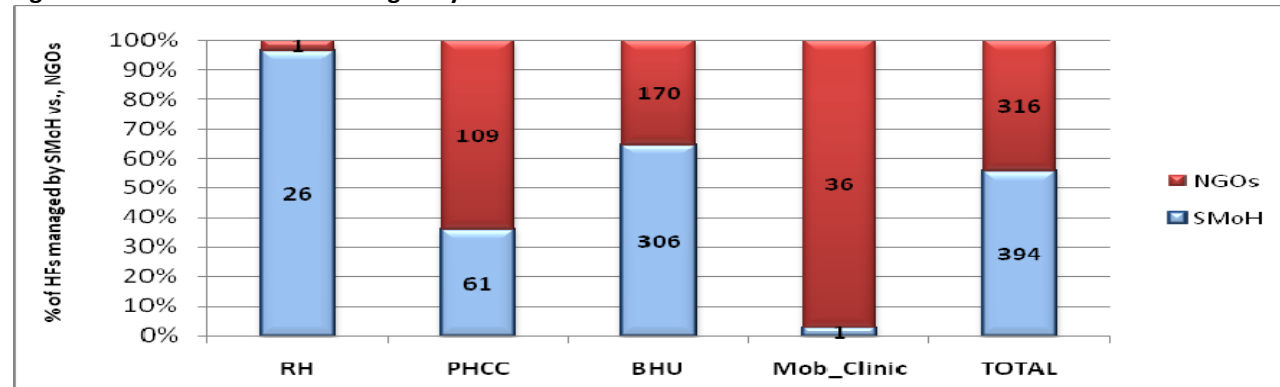
Health partners are monitored in the HeRAMS through two classifications; *managing and supporting partners*. A managing partner is the one who is fully responsible for running and handling all administrative issues in the HF. Meanwhile any agency that provides some sort of support (such as provision of drugs, incentives, running costs (APWs), fuel, kits, etc.) to the HF is called Supporting partner;

Figure 2 shows summary of the managing partners and their respective total number of **functioning HF's** per type.

It has been noted that, some of the HF's are managed and supported by more than one partner such as:

- ✓ 17 (65%) out of 26 rural hospitals managed by SMOH in Greater Darfur, receive different kinds of support from the UN agencies (WHO, UNICEF, UNFPA) as well as INGOs (ARC, CORDAID, PAI, and SC-S)
- ✓ Around 36% (61) PHCCs are managed by SMOH, where 51% (31) of them receives supports by Juhanniter, MSF-E, CIS, ISRA, FRC, MEDAIR, UNICEF, WHO, UNFPA and UNHCR
- ✓ Most of BHUs are managed by SMOH. Out of a total 306 BHUs managed by SMOH, 26 (9%) receives support by Juhanniter, MSF-E, CIS, UNICEF, UNFPA and WFP
- ✓ Almost all mobile clinics are managed by NGOs with some support from WHO, UNICEF, UNFPA, WFP and UNHCR. The only mobile clinic run by SMOH is located in Kass Locality in SD, and it receives support from CIS

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



\*Figures in bars show the number of HF's

The following tables (2, 3, and 4) show the distribution of **functioning** HFs by the managing and supporting health partners for each Darfur state.

**Table 2: Distribution of Functioning HFs in different localities in North Darfur State by managing and supporting Partners**

Locality	Health Partners		Health Facilities				Total	
	Management	Support	RH	PHCC	BHU	Mob_clinic		
El Fasher	Community	SMoH			7		7	
	Egyptian mission	Egyptian mission			1		1	
	HAD	HAD			1		1	
		WHO/UNICEF/UNFPA				1	1	
	KPHF	WHO/UNICEF/UNFPA			1		1	
	MALTESER	MALTESER			1	2	3	
	Mercy	WHO/UNICEF/UNFPA				1	1	
	MSF-E	MSF-E			2		2	
	PAI	PAI				1	1	
		PAI/UNICEF/WHO				1	1	
	RI	RI			3	2	5	
		SMoH				2	2	
	UNICEF/UNFPA/WHO/RI				1	1	2	
	Saudi RC	Saudi RC			2		2	
SMoH	PAI/UNICEF/WHO		1				1	
	SMoH			14	19		33	
	UNICEF			2	1		3	
	WHO/UNICEF/UNFPA			11			11	
SRC/GRC	WHO/UNICEF/UNFPA			1		1		
Kebkabiya	MSF-B	MSF-B			1	5	1	7
	RI	RI			1		1	
		SMoH				1	1	
	SMoH	WHO/UNICEF/UNFPA	3				3	
Kutum	GOAL	GOAL			11	1	1	13
	SMoH	SMoH/WHO/UNICEF				1		1
		MSF-E			2	3		5
		SMoH				1		1
		UNICEF/UNFPA			2			2
		WHO/UNICEF/UNFPA		1				1
Mellit	AHA	AHA			1	1	2	
	Community	SMoH				3	3	
	RI	SMoH			1	1	2	
	SMoH	SMoH			9	9		18
		WHO/UNICEF/UNFPA	1	1				2
	SRC/GRC	UNICEF/WFP					4	4
	SRC/GRC	WHO/UNICEF/UNFPA/WFP				5		5
Umm Keddada	Community	SMoH			1	17		18
	RI	SMoH			1		1	
	SMoH	SMoH	3	5	23		31	
<b>Total</b>			<b>9</b>	<b>76</b>	<b>110</b>	<b>6</b>	<b>201</b>	

Most of the health partners in ND (14 NGOs besides SMoH & Community, WHO, UNICEF and UNFPA) have presence in El Fasher locality running and supporting different HFs (Table 2).

The number of HFs managed by one NGO in any given locality ranges from 1-7 HF while the Community manages 28 HFs, 18 of them is in Umm Keddada locality.

89 (44%) out of the 201 HFs in ND is fully managed and supported by the NGOs and UN agencies, while 112 (56%) is SMoH clinics. Out of the total 112 HFs managed by the SMoH, 29 (26%) is supported by NGOs and UN agencies.

6 RHs (67%), 20 PHCCs (26%) and 10 BHUs (5%) receive supports from different UN agencies (WHO, UNICEF, UNFPA and WFP).

**Table 3: Distribution of Functioning HFs in different localities in South Darfur State by managing and supporting Partners**

Locality	Health Partners		Health Facilities				Total
	Management	Support	RH	PHCC	BHU	Mob_clinic	
Adila	Cordaid	Cordaid		1	6		7
	Merlin	Merlin			3	3	6
	SMoH	SMoH			9		9
	SMoH	SMoH/WHO/CORDAID	1				1
Boram	ARC	ARC		2			2
	Merlin	Merlin		4		2	6
	SMoH	FRC		4			4
	SMoH	SMoH	1		64		65
	SMoH	SMoH/WHO/ARC	1				1
Ed Daein	Cordaid	Cordaid			12		12
	SMoH	SMoH			42		42
	SMoH	SMoH/WHO	1				1
Ed el Fursan	SMoH	Juhanniter		4	9		13
	SMOH	SMOH	2		29		31
Kass	Humedica	Humedica		1		5	6
	ICRC	ICRC			1		1
	SMOH	CIS		1	3	1	5
	SMoH	SMoH			4		4
	SMoH	SMoH/WHO/ CIS	1				1
Nyala	ARC	ARC		5	4		9
	GHF	GHF			4		4
	Humedica	Humedica				2	2
	Humedica/SMOH	Humedica/SMoH		3	1		4
	ICRC	ICRC			2		2
	IMC	IMC		4			4
	MDM	MDM			4		4
	Merlin	Merlin		2	3		5
	Muslim aid.UK	Muslim aid.UK		1			1
	PHF	PHF		1			1
	RHF	RHF		1			1
	SMoH	SMoH		1	26		27
	SRCA	SRCA		2			2
	Sudan Aid	Sudan Aid		3			3
WVI	WVI		7			7	
Rahad el Berdi	SMoH	SMoH	1		18		19
Sheiria	GHF	GHF			1		1
	Merlin	Merlin		1	1		2
	Mobadiroon	Mobadiroon			2		2
	SMoH	SMoH	2		13		15
	WVI	WVI		1			1
Tullus	ARC	ARC		1	1		2
	SMoH	SMoH		1	5		6
	SMoH	SMoH/WHO/ARC	1				1
<b>Total</b>			<b>13</b>	<b>51</b>	<b>267</b>	<b>13</b>	<b>342</b>

19 health partners are working in South Darfur besides the SMoH, where most of them are working in Nyala locality (12 NGOs); see *Table 3*.

Five partners are managing HFs in Sheiria Locality while other localities have 1-3 partners alongside the SMoH. The number of HFs managed by any partner in a given locality ranges from 1-13 HFs.

97 (28%) out of the total 342 HFs in SD is fully managed and supported by NGOs and UN agencies, while 245 (72%) is managed by SMoH; considering that 27 (11%) of this 245 facility receive incentives and drugs by some NGOs and UN agencies.

WHO and ECHO provide regular support to 4 Rural Hospitals; *Gereida, Tulus, Ed Dain and Kass*, while the other 7 RHs is fully run by the SMoH, as presented in the table above. Adilla rural hospital is not fully functioning, since the surgical theater is not functioning and only septic operations are done in the hospital (*i.e., Abscess drainage, evacuation of miscarriages, dressing*)

UNICEF and UNFPA provide regular support (*drugs and medical supplies*), either directly to the agencies managing the health facilities or through the SMoH; covering more than 90% of the functioning BHUs and PHCCs. Moreover, UNICEF and UNFPA provide midwifery and reproductive health kits for the Rural Hospitals in addition to WHO support through ECHO program and gap filling in emergency situations

ARC is running two Reproductive Health Units; one unit inside Gereida hospital and another one outside Tulus hospital, and it provides Antenatal and post-natal care services, delivery room and family planning, in addition to referral to secondary health care facilities.

Most of the hospitals are providing nutrition services which are usually supported by UNICEF, while CIS is supporting the Nutrition Center of Kass hospital.

**Table 4: Distribution of Functioning HFs in different localities in West Darfur State by managing and supporting Partners**

Locality	Health Partners		Health Facilities				TOTAL
	Management	Support	RH	PHCC	BHU	Mob_clinic	
El Geneina	CAM	CAM, WHO, UNICEF, UNFPA		2	4	2	8
	HI	HI		5	1		6
	IMC	IMC, WHO, UNICEF, UNFPA		2			2
	IR	IR, UNICEF, UNFPA			2		2
	ISRA	ISRA, WHO, UNFPA			2		2
	MEDAIR	MEDAIR, WHO, UNICEF, UNFPA		3	6		9
	SAUDI RCs	SAUDI RCs		2	1		3
	SCS	SCS, UNICEF, UNFPA, WHO		1			1
	SIMA	SIMA, WHO			1		1
	SIMA	SIMA, WHO, UNFPA			4		4
	SMoH	ISRA, SMOH, WHO, UNICEF		1			1
	SMoH	SMoH, UNICEF, UNFPA			6		6
	SMoH	SMoH, WHO, UNFPA, SC-S	1				1
	SOHA	WHO, SOHA			1		1
	SRCs	QRCs, SRCs, WHO, UNFPA			2		2
	SRCs/ QRCs	QRCs, SRCs, WHO, UNFPA		1			1
	WR	WR, WHO, UNICEF, UNFPA		1	2		3
Habila	HI	HI		1	1		2
	MEDAIR	MEDAIR, WHO, UNICEF, UNFPA		6	1		7
	SMoH	MEDAIR, WHO, UNICEF, UNFPA		1			1
	SMoH	SMoH, WHO, UNFPA	1				1
	SMoH	SMOH, WHO, UNICEF, UNFPA, UNHCR		1			1
Jebel Marra	ICRC	ICRC			3		3
	MSF-B	MSF-B			4		4
	NCA	NCA, WHO, UNICEF, UNFPA			1		1
	SMoH	SMoH			17		17
	SMoH	SMOH, UNICEF			2		2
	SMoH	SMoH, UNICEF, WHO, UNFPA		1			1
	SMoH	SMoH, WHO, UNFPA	1				1
Kulbus	CONCERN	CONCERN, UNICEF, UNFPA		1			1
	COSV	COSV, UNICEF, UNFPA		1	10		11
	MEDAIR	MEDAIR, WHO, UNICEF, UNFPA		1	4		5
	SMoH	SMoH, UNICEF, UNFPA			1		1
	SMoH	SMoH, WHO, UNFPA	1				1
Mukjar	HI	HI			1		1
	IMC	IMC, WHO, UNICEF, UNFPA		1	1		2
	IMC	SMOH, IMC	1				1
	SRCs	QRCs, SRCs, WHO, UNFPA, UNHCR				9	9
	IMC	IMC, WHO, UNICEF, UNFPA		3	2	3	8
	MEDAIR	MEDAIR, WHO, UNICEF, UNFPA			1		1
	NCA	NCA, WHO, UNICEF, UNFPA		1			1
	SMoH	SMoH, WHO, UNFPA	1				1
	SRCs	QRCs, SRCs, WHO, UNFPA, UNHCR		1		1	2
Zalingei	HI	HI		2			2
	ICRC	ICRC			2		2
	IMC	IMC, WHO, UNICEF, UNFPA		1	5		6
	ISRA	ISRA, WHO, UNFPA			1		1
	ISRA	ISRA, WHO, African organization			1	2	3
	MEDAIR	MEDAIR, WHO, UNICEF, UNFPA		1	3		4
	NCA	NCA, UNICEF, UNFPA			2		2
	NCA	NCA, SMOH, WHO, UNICEF			1		1
	NCA	NCA, WHO, UNICEF, UNFPA		2			2
	SMoH	SMoH			1		1
	SMoH	SMoH, WHO, UNFPA	1				1
	SOHA	WHO, SOHA			2		2
	SRCs	SRCs, QRCs, WHO				1	1
<b>Total</b>			<b>7</b>	<b>43</b>	<b>99</b>	<b>18</b>	<b>167</b>

22 health partner is working in West Darfur besides the SMOH, where 20 of them have heavy presence is in the capital of West Darfur, El Geneina locality (15 partners) followed by Zallingei (12 partners) in addition to the SMOH (Table 4).

In other localities, SMOH alongside 2 to 4 partners manage the HFs except in Mukjar locality where SMOH has almost no Presence. In any given locality, a partner manages from 1-11 HFs.

130 (78%) out of the 167 functioning HFs in WD is fully managed and supported by the NGOs and UN agencies, while only 37 (22%) is managed by SMOH, and it worth mentioning that 19 of this 37 SMOH clinics also receives supports from NGOs (ISRA, MEDAIR, and SC-S) and UN agencies (WHO, UNICEF, UNFPA, and UNHCR).

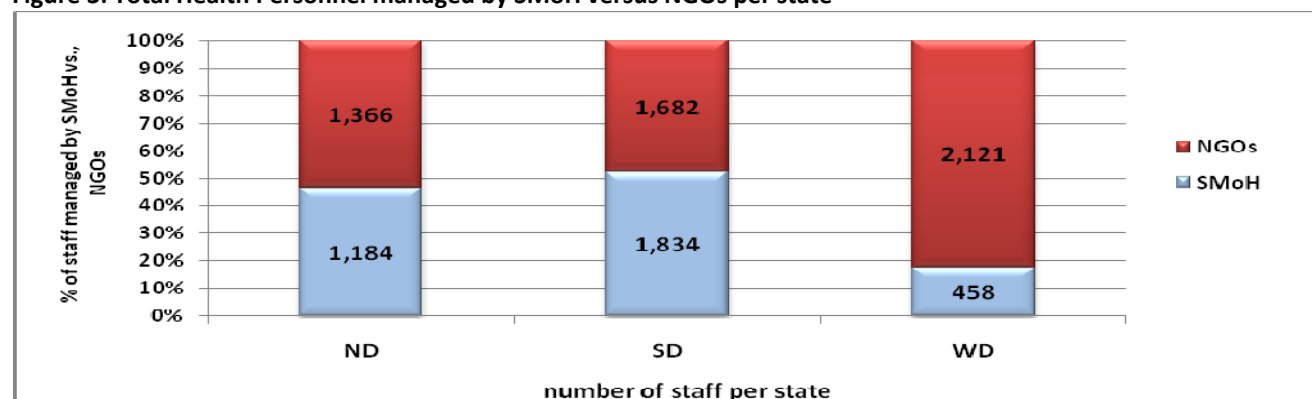
Almost all RHs and mobile clinics, 75% PHCCs, 66% of the BHUs receive supports by WHO, UNICEF, UNFPA, and UNHCR.

IMC is fully running a rural hospital in Mukjar locality

### 3. Health Personnel:

Health personnel are categorized as HF based staff (health staff working inside the HF) and community workers (the community staff working in the community in the same catchment area of the HF (i.e., village/camp)). Figure 3, provides overall summary of the total Health staff managed by SMOH versus NGOs, while Table 5 provides the disaggregation of this workforce in Greater Darfur by State and locality.

**Figure 3: Total Health Personnel managed by SMOH versus NGOs per state**



\*Figures in bars show the number of health staff

In Greater Darfur, the number of the health workforce managed by NGOs (5,169) and provides services to vulnerable population is higher than the SMOH (3,476). In ND & SD the number of the health services providers working with SMOH and NGOs is nearly the same, while WD, the number of NGOs staff is noticeably high compared to the SMOH.

**Table 5: Distribution of the health personnel per locality and staff category**

State	Locality	HF Based Personnel									Community Based				Total
		MO	MA	Nurse	PHO	MW	Vaccinator	Nutrition	Lab Person	CHW	VV	CHP	TBA	VTMW	
North Darfur	El Fasher	35	148	156	16	150	76	44	29	163	558	31	115	41	1562
	Kebkabiya	5	19	33	4	14	4	4	3	11	1	2	0	5	105
	Kutum	2	39	52	0	43	17	30	4	14	39	40	3	10	293
	Mellit	4	37	51	2	59	10	12	6	11	95	27	20	21	355
	Umm Keddada	7	42	42	0	55	7	22	4	23	0	23	6	4	235
<b>ND State Total</b>		<b>53</b>	<b>285</b>	<b>334</b>	<b>22</b>	<b>321</b>	<b>114</b>	<b>112</b>	<b>46</b>	<b>222</b>	<b>693</b>	<b>123</b>	<b>144</b>	<b>81</b>	<b>2,550</b>
South Darfur	Adila	1	11	16	15	23	15	1	3	17	65	18	6	15	206
	Buram	8	21	51	4	64	23	9	19	114	816	0	25	32	1186
	Ed Daein	9	11	70	33	58	27	0	3	60	6	57	9	23	366
	Ed el Fursan	2	23	26	19	27	18	0	3	31	0	0	126	0	275
	Kass	4	16	56	2	33	12	0	3	63	9	20	0	0	218
	Nyala	21	53	79	15	65	59	141	20	202	152	39	34	69	949
	Rahad el Berdi	2	8	14	2	4	2	0	1	19	0	0	0	0	52
	Sheiria	3	12	22	5	30	13	4	4	60	20	0	0	13	186
Tullus	2	4	10	0	7	4	0	2	23	14	0	8	4	78	
<b>SD State Total</b>		<b>52</b>	<b>159</b>	<b>344</b>	<b>95</b>	<b>311</b>	<b>173</b>	<b>155</b>	<b>58</b>	<b>589</b>	<b>1,082</b>	<b>134</b>	<b>208</b>	<b>156</b>	<b>3,516</b>
West Darfur	El Geneina	24	43	70	0	29	60	36	19	55	814	97	0	72	1319
	Habila	6	5	18	0	19	10	15	5	10	2	0	0	16	106
	Jebel Marra	1	10	30	4	7	9	15	1	38	0	12	0	22	149
	Kulbus	1	3	7	10	12	8	14	1	22	1	10	2	22	113
	Mukjar	4	7	13	0	0	10	3	4	15	0	21	0	8	85
	Wadi Salih	9	13	41	0	11	20	14	8	20	203	56	0	20	415
	Zalingei	20	30	100	0	17	25	22	15	31	18	77	0	37	392
<b>WD State Total</b>		<b>65</b>	<b>111</b>	<b>279</b>	<b>14</b>	<b>95</b>	<b>142</b>	<b>119</b>	<b>53</b>	<b>191</b>	<b>1038</b>	<b>273</b>	<b>2</b>	<b>197</b>	<b>2,579</b>
<b>Grand Total</b>		<b>170</b>	<b>555</b>	<b>957</b>	<b>131</b>	<b>727</b>	<b>429</b>	<b>386</b>	<b>157</b>	<b>1,002</b>	<b>2,813</b>	<b>530</b>	<b>354</b>	<b>434</b>	<b>8,645</b>

Generally, 52% of the service providers are based in the HF, while 48% are community based. As for distribution of health workforce, SD is having the highest number (3,516) followed by WD (2,579) then ND (2,550).

At HFs, Nurses and CHW constitute the majority of the health workforce, which is followed by the MWs then MAs, while the Village Volunteers represent the highest workforce at community level, followed by the Community Health Promoters.

WD is having the least number of MWs (13%) compared to ND (44%) and SD (43%).

At community level, 52% of the total CHPs and 45% of VTMWs are working in WD, followed by 25% CHPs and 36% VTMWs working in SD, and 23% CHP and 19% of VTMWs.

## 4. Health Services in Darfur

Provision of healthcare services is monitored at both Health Facility level and community level, where at each level, a standard list of healthcare services is assessed in terms of number of HFs provide the service. The following subsections demonstrate provision of some selected key services.

### 4.1 EWARS reporting HFs:

EWARS is an essential service for detection of any outbreaks of communicable diseases in Darfur. The table below shows summary of the number of HFs designated under EWARS per locality

Generally, out of a total 202 designated EWARS HFs (*mostly PHCCs & BHUs*), 106 is located in SD, followed by 63 HFs in WD and 33 in ND.

**Table 6: Distribution of HFs reporting under EWARS**

State	Locality	Total Functioning HFs	EWARS HFs
North Darfur	El Fasher	80	21
	Kebkabiya	12	3
	Kutum	23	8
	Mellit	36	1
	Umm Keddada	50	0
<b>ND State Total</b>		<b>201</b>	<b>33</b>
South Darfur	Adila	23	13
	Buramarfur	78	11
	Ed Daein	55	12
	Ed el Fursan	44	14
	Kass	17	9
	Nyala	76	39
	Rahad el Berdi	19	0
	Sheiria	21	6
	Tullus	9	2
<b>SD State Total</b>		<b>342</b>	<b>106</b>
West Darfur	El Geneina	53	26
	Habila	12	7
	Jebel Marra	29	2
	Kulbus	19	6
	Mukjar	13	3
	Wadi Salih	13	8
	Zalingei	28	11
	<b>WD State Total</b>		<b>167</b>
<b>Total</b>		<b>710</b>	<b>202</b>

## 4.2 Provision of Health Care at Community Level

Communities in WD, in comparison to ND and SD, has more access to the community based healthcare as shown in table 7 below. As instance, 17% only of children in North Darfur communities has access to home-based treatment for common childhood illness (*improved since Dec-09 (14%)*), while such service is available in 95% of WD communities and 70% of SD communities. Higher mobilization efforts for communicable diseases control, took place in WD (83%) and SD (91%) communities, while 35% is in ND community.

In South Darfur 19% of the communities has access to community based maternal & newborn health care (i.e., Clean home delivery) (*improved since last quarter ; 16%*), while 83% of the communities in WD and 28% of ND communities (*improved since last quarter ; 19%*) have access to service.

**Table 7: Provision of health care at community level**

Type of Service	Health Service	Provision of service per state		
		North Darfur	South Darfur	West Darfur
Collection of Vital Statistics	Deaths and births	60 (30%)	64 (19%)	133 (80%)
Child Health	IMCI community component: IEC of child care taker + active case findings	18 (9%)	58 (17%)	48 (29%)
	Home-based treatment of: fever/malaria, ARI/pneumonia, dehydration due to acute diarrhoea	35 (17%)	241 (70%)	159 (95%)
Nutrition	Screening of acute malnutrition (MUAC)	82 (41%)	72 (21%)	76 (46%)
Communicable Diseases	Community mobilization for and support to mass vaccinations and/or drug administration/treatments	71 (35%)	312 (91%)	139 (83%)
Maternal & Newborn Health	Clean home delivery, including distribution of clean delivery kits to visibly pregnant women, IEC and behavioural change communication, knowledge of danger signs and where/when to go for help, support breast feeding	56 (28%)	66 (19%)	138 (83%)

*\*Figures in parenthesis represent the percentage*

### 4.3 HFs providing services at Primary Healthcare Level

As shown in Table 8: 96% of health facilities in SD are providing Outpatient services, compared to 94% in WD, and 90% in ND. On the other hand, 78% of the HFs in WD has referral capacity compared to 47% in ND and 26% in SD.

Provision of the routine immunization services, clinical services for (under 5), ANC, clinical management of rape, and safe waste disposal in HFs is higher in West Darfur than North and South Darfur. The provision of services related to Syndromic management of STIs is higher in SD (95%), than WD (57%) and ND (36%).

**Table 8: Distribution of HFs providing health services at Primary health care level**

Type of Service	Health Services	Number (%) of HFs providing the service		
		North Darfur	South Darfur	West Darfur
General Clinical Services	Outpatient services	182 (90%)	331 (97%)	157 (94%)
	Referral capacity: referral procedures, means of communication, transportation	95 (47%)	86 (25%)	131 (78%)
Child Health	EPI : routine immunization against all national target diseases and adequate cold chain in place	69 (34%)	99 (29%)	120 (72%)
	Under 5 clinic conducted by IMCI-trained health staff	42 (21%)	81 (24%)	70 (42%)
Nutrition	Management of severe acute malnutrition	33 (16%)	45 (13%)	14 (8%)
STI & HIV/AIDS	Syndromic management of sexually transmitted infections	73 (36%)	325 (95%)	96 (57%)
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	153 (76%)	139 (41%)	132 (79%)
	Skilled care during childbirth for clean and safe normal delivery	69 (34%)	138 (40%)	88 (53%)
Sexual Violence	Clinical management of rape survivors (including psychological support)	30 (15%)	63 (18%)	59 (35%)
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%)	3 (1%)	0 (0%)
Environmental Health	Health facility safe waste disposal and management	81 (40%)	153 (45%)	153 (92%)

*\*Figures in parenthesis represent the percentage*

## Annex-I: List of Health Partners working in Darfur per State

State	Partner Name	Full Name
North Darfur	AHA	African Humanitarian Aid
	Egyptian Mission	Egyptian Mission
	GRC	German Red Cross
	GOAL	GOAL
	HAD	Humanitarian Aid and Development
	MALTESER	MALTESER
	Mercy	MERCY MALAYSIA
	MSF-B	Medicines Sans Frontiers – Belgium
	MSF-E	Medicines Sans Frontiers – Spain
	PAI	Partner Aid International
	RI	Relief International
	KPHF	Kuwaiti Patient's Helping Fund
	Saudi RC	Saudi Red Crescent
	SRC	Sudanese Red Crescent
	SMoH	State Ministry of Health
	UNFPA	United Nations Population Fund
	UNICEF	United Nations Children's Fund
	WFP	World Food Programme
WHO	World Health Organization	
South Darfur	ARC	American Refugee Committee international
	CIS	Care International Switzerland
	Cordaid	Catholic Organization for Relief and Development Aid
	FRC	Finnish Red Cross
	GHF	Global Health Foundation
	Humedica	Humanitarian Medical Aid
	ICRC	International Committees of Red Cross
	IMC	International Medical Corps
	Juhanniter	Juhanniter
	PHF	Patient Helping Fund
	MDM	Medican' du Monde
	Merlin	Medical Emergency Relief International
	Mubadiroon	Mubadiroon
	Muslim aid.UK	Muslim Aid United kingdom
	NHC	National Health Corporation
	RHF	Rufaida Health Foundation
	SMoH	State Ministry of Health
	SRCA	Saudi Red Crescent Authority
	Sudan Aid	Sudan Aid
	UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund	
WHO	World Health Organization	
WVI	World Vision International	
West Darfur	CAM	Committee Aide de la medical
	CONCERN	CONCERN
	COSV	COSV
	HI	Health Insurance
	ICRC	International Committees of Red Cross
	IR	Islamic Relief
	ISRA	Islamic Relief Agency
	IMC	International Medical Corps
	MEDAIR	MEDAIR
	MSF-B	Medicines Sans Frontiers – Belgium
	NCA	Neroigian Church Aid
	QRC	Qatar Red Crescent
	Saudi RC	Saudi Red Crescent
	SMoH	State Ministry of Health
	SC-S	Save the Children – Sweden
	SIMA	Sudanese Islamic Medical Association
	SRC	Sudanese Red Crescent
	SOHA	Sudanese Organization for Humanitarian Aid
	UNFPA	United Nations Population Fund
	UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund	
WHO	World Health Organization	
WR	World Relief	