UNISDR Scientific, Technical and Advisory Group Case Studies - 2013

Predicting gaps in health service availability in Darfur

The problem

Between 2003 and 2009, civil unrest in Darfur resulted in 300 000 fatalities and the displacement of 2.45 million people[1]. In March 2009, the government of the Sudan expelled 13 international Non-Governmental Organizations (iNGOs) and three local Non-Governmental Organizations (NGOs) working in Darfur.

It was estimated that the staff of the expelled agencies represented 40% of the humanitarian workforce in Darfur at that time. Out of the 13 iNGOs, 12 provided key health and nutrition services to around 1.1 million displaced and other conflict-affected people[2].

The UN Secretary-General Ban Ki-moon described the expulsion as "a serious setback to lifesaving operations in Darfur"[3] but it was not exactly clear what the consequences of this expulsion would be on the availability of essential health services in the Darfur states at a time when there was still a dire need for humanitarian support.

The science

The Health Resources Availability Mapping System (HeRAMS) was developed to allow better coordination and decision-making in the

Image 1: A hospital in Darfur, 2004
Source: WHO

health sector during humanitarian emergencies[4,5]. It was piloted in Darfur from 2008.
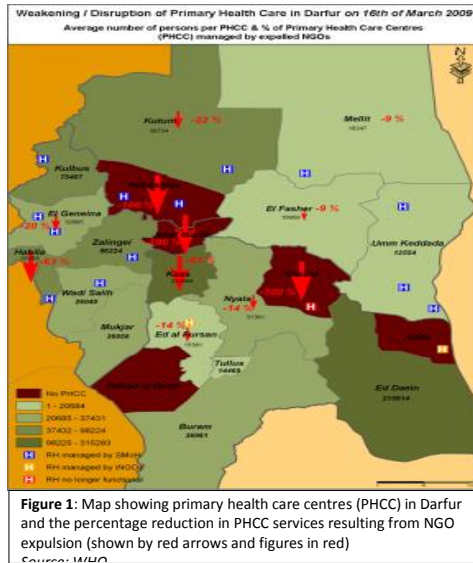
The methodology, supported by a set of tools (including a services checklist and a data collection and management system), aims at carrying out exhaustive and systematic mapping of health resources and services available in the affected area, with data being continually updated.

The system is designed to work with existing coordination mechanisms, such as weekly coordination meetings of health partners, to identify scarcity of resources and areas of reduced access due to security concerns. The system allows data analysis to compare findings with the recommended international standards and benchmarks in emergency situations[6].

The application to policy and practice

Within two months of the implementation of HeRAMS in Darfur, a baseline including approximately 1000 health facilities had been established. The baseline covered the whole Darfur region and included information on the location of health facilities, the nature and identity of agencies running these facilities, the type and number of staff as well as services provided.

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At the time when INGOs were expelled, the HeRAMS had evolved into a monitoring system providing up-to-date information on a weekly basis. That critical information allowed the production of a first round of analysis within only 2 days of the expulsion. This predictive analysis focused on the expected impact on the availability of key reproductive health services and on the integrity of the epidemiological early warning system for infectious diseases. It provided an essential insight by highlighting a potential drop in the ratio of health facilities providing basic obstetric care from 41% of to only 2% after the expulsion and by identifying areas that would most likely not be covered anymore by the Early Warning System.

Figure 1: Map showing primary health care centres (PHCC) in Darfur and the percentage reduction in PHCC services resulting from NGO expulsion (shown by red arrows and figures in red)
Source: WHO

Did it make a difference?

The HeRAMS approach provided key, up-to-date information on the availability of health services at a critical time for decision-making in Darfur and allowed timely predictions of the evolving situation and needs.

Health sector partners in Darfur were jointly able to anticipate the likely impacts of the expulsion on service provision and identify potential major gaps (Figure 1). This helped strengthen the coordination of the health sector response and facilitated an efficient distribution of the limited available health resources.

The Government of the Sudan did not reverse their decision to expel the iNGOs but mobilized financial and human resources to cover some of the critical gaps expected in basic service delivery for the following three months.

HeRAMS demonstrated its potential for providing critical information for forecasting the likely consequences of an event within a few hours, allowing timely identification of possible gaps and issues at a very low staff and technical cost. It is now one of the key information management tools used in the Sudan for routine assessment and monitoring of available health resources for service delivery. HeRAMS has been adapted to other settings and countries when required, providing essential information at low investment cost.

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