

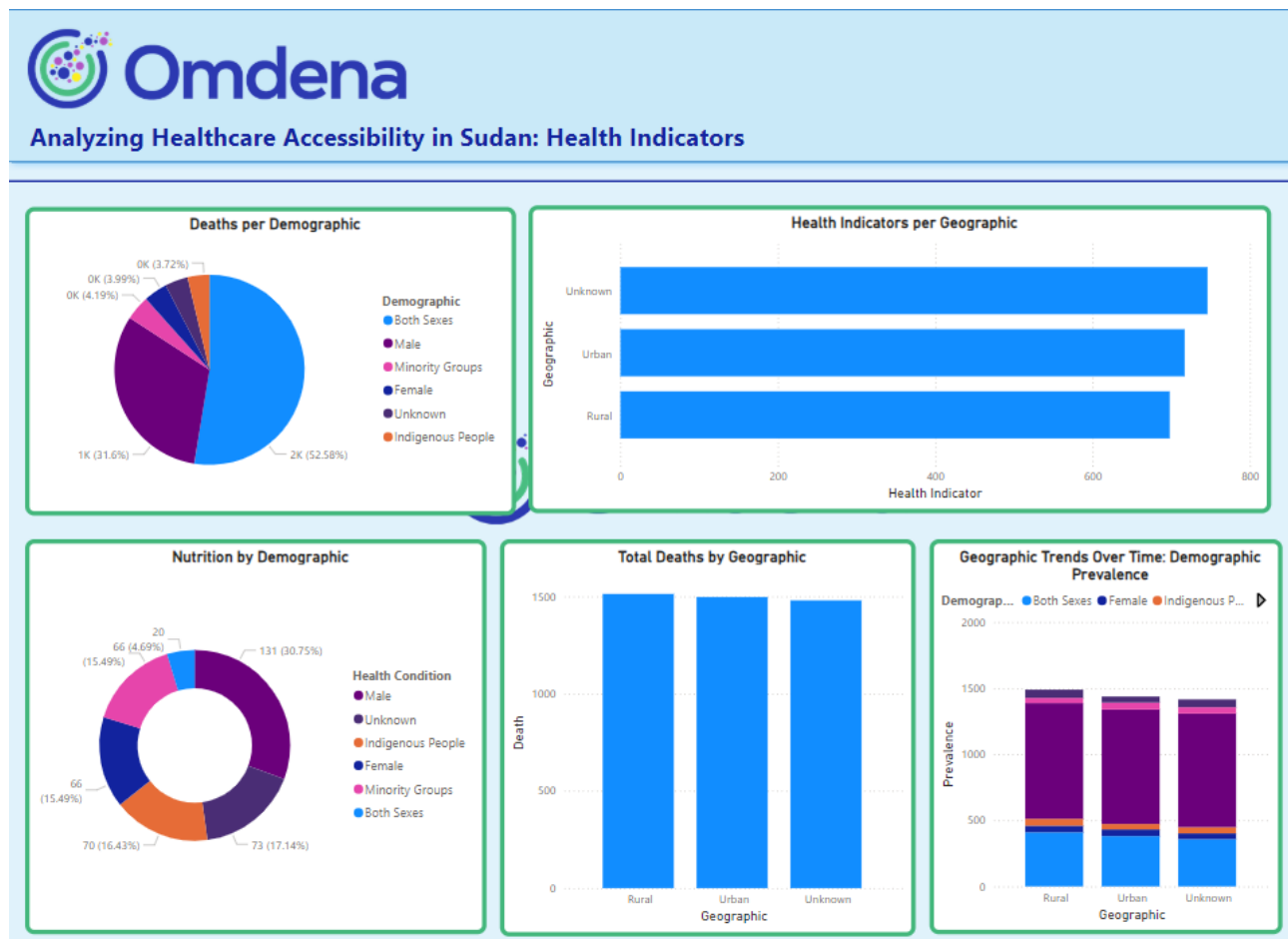


Analyzing Healthcare Accessibility in Sudan

Healthcare Systems EDA: Health Indicator Dashboard

Introduction

This report highlights critical insights into healthcare accessibility in Sudan, based on demographic and geographic analysis of health indicators. The dashboard visualizes data regarding deaths, nutrition, and demographic prevalence trends to uncover disparities and trends in healthcare outcomes. It emphasizes the urgent need to address gaps in healthcare access and outcomes for specific populations and regions.



Key Insights:

1. Deaths per Demographic:

The pie chart displays the distribution of deaths across various demographic groups. Key findings include:

- **Female Demographic:** With 3.99% (179 deaths), indicating accounts for women.
- **Minority Groups and Indigenous People:** These groups face 3.72% and 4.19% (355) of total deaths, underscoring the vulnerability of marginalized communities.
- **Male Demographic:** Accounts for 31.6% of deaths (1419K).
- **Unknown Cases:** Represent 52.58% (2361K)

Implication: These disparities suggest the need for gender-focused interventions and increased healthcare access for marginalized groups.

2. Health Indicators per Geographic Area:

The bar chart illustrates the health indicators' distribution across rural, urban, and unknown geographic regions:

- Urban and unknown areas show nearly equal health indicators at approximately at 750.
- Rural areas lag with below 700 indicators.

Implication: There is a noticeable disparity in healthcare accessibility and quality between urban and rural areas. This calls for targeted policies to enhance rural healthcare systems.

3. Nutrition by Demographic:

A deeper dive into health conditions shows:

- **Both Sexes Combined:** Represent 4.69% of health conditions, reflecting broader malnutrition trends.
- **Minority Groups and Indigenous People:** Experience 15.49% and 16.43% of nutritional challenges, emphasizing the importance of inclusive healthcare strategies.

Implication: Addressing malnutrition among vulnerable populations should be prioritized in health programs.

4. Total Deaths by Geographic Area:

The bar chart reveals a nearly equal number of total deaths across rural, urban, and unknown regions (approx. 1,500 deaths each).

Implication: The similar death counts across regions indicate systemic healthcare challenges, not limited to specific geographies. This also calls for enhancement in rural healthcare systems.

5. Geographic Trends Over Time: Demographic Prevalence:

The stacked bar chart shows demographic prevalence trends over time:

- **Male:** Consistently face higher prevalence rates compared to other groups.
- **Females and Both Sexes:** Represent significant portions of the demographic distribution.

Implication: Persistent lack in healthcare outcomes for Indigenous populations necessitate long-term, sustainable interventions.

Recommendations:

1. Improve Rural Healthcare Infrastructure:

- Allocate resources to rural areas to bridge healthcare access gaps.
- Expand telemedicine initiatives to improve access to specialists.

2. Gender-Specific Health Programs:

- Prioritize maternal health and reproductive health programs for women.
- Address gender-based violence and its impact on healthcare outcomes.

3. Support Vulnerable Populations:

- Develop targeted interventions for minority and Indigenous communities.
- Partner with NGOs to address social determinants of health.