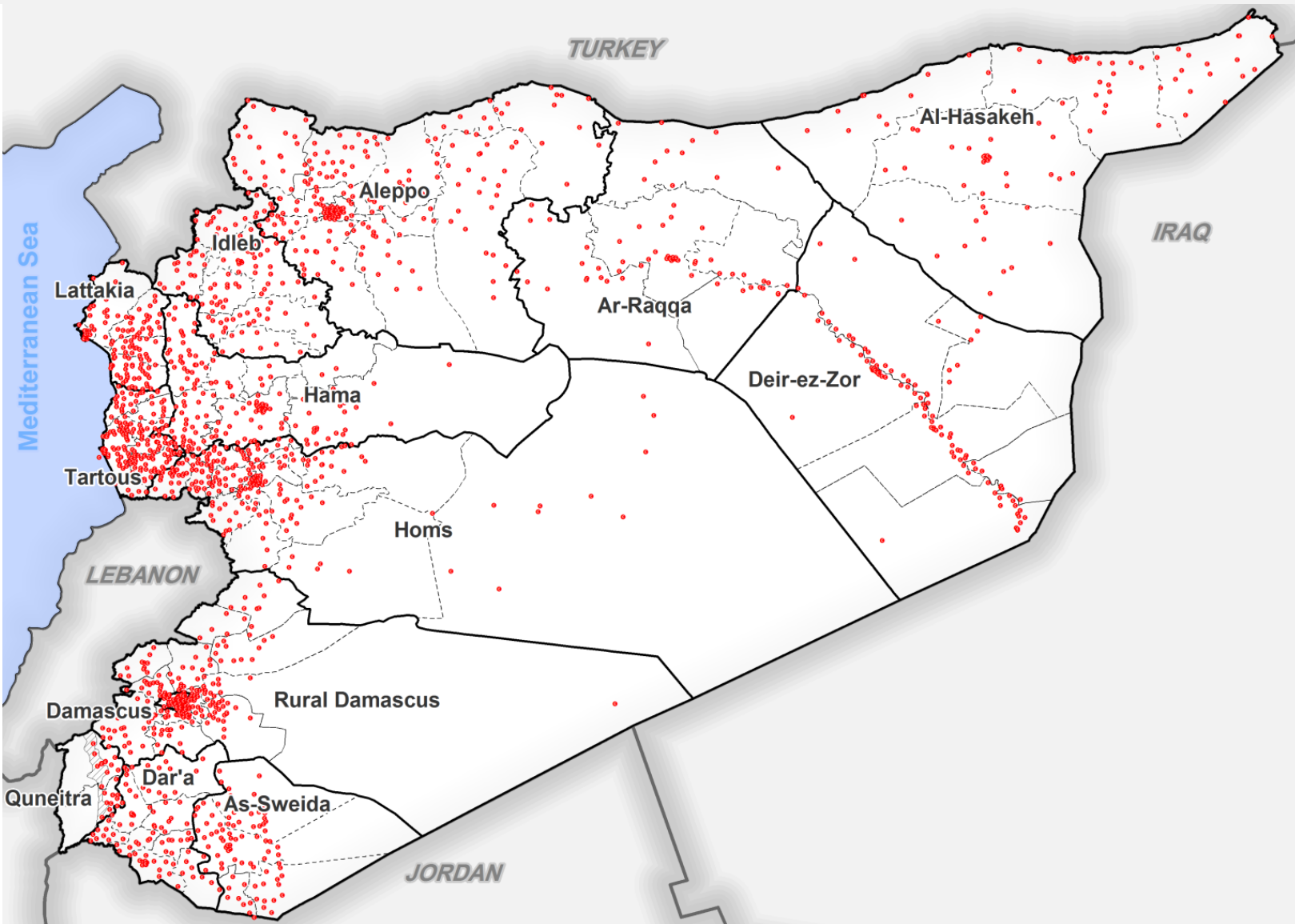


HeRAMS | Public Health Centres 2nd Quarter 2014



This is to acknowledge that the data provided in this report is a product of joint collaboration between the World Health Organization and Ministry of Health in the Syrian Arab Republic. The report covers the months of April to June 2014.

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Executive summary

Regular assessments to monitor the impact of the crisis on the health facilities functionality, accessibility, condition status, availability of resources and services, have been conducted using **HeRAMS** (Health Resources & services Availability Mapping System) tool.

This report provides descriptive analysis of the situation of the public health centres of MoH, from all 14 governorates of Syria, during the 2nd Quarter 2014. The total number of health centres included in HeRAMS is 1,744.

During the 2nd Quarter 2014, comprehensive **training sessions** have been conducted, to improve capacity of the national health professionals and statisticians, in terms of quality, timeliness and completeness of data. Some of the training sessions were conducted at governorate's levels [Damascus, Lattakia, Aleppo, Tartous, Al-Hassake, Deir-ez-Zor, and Idleb], while trainings for Rural Damascus, Quneitra and Dar'a health staff were conducted in Damascus for security reasons.

Completeness of reporting of health centres has continued to improve in the 2nd Quarter 2014 (90%), compared to the 1st Quarter 2014 (76%), and to the 4th Quarter 2013 (61%).

Functionality status of the public hospitals:

By end of the 2nd Quarter 2014, 51% (887) of the health centres were reported fully functioning, 21% (376) were reported partially functioning (i.e., shortage of staff, equipment, medicines and damage of the building in some cases), 18% (311) were reported non-functioning (completely out of services), while functionality status of 10% (170) health centres were not reported.

The PHC system across Syria has been disrupted widely, as none of the governorates has reported all health centres as fully functioning.

Accessibility status:

By end of the 2nd Quarter 2014, 79% of the health centres were accessible, 18% were not accessible, while 3% was not reported (unknown status).

Infrastructure of public hospitals:

By end of the 2nd Quarter 2014, 25% (433) health centre were reported damaged (2% fully damaged and 23% partially damaged), 56% (973) were intact, while the status of 19% (338) were not reported.

Based on the available data, the highest percent of fully /partially damaged health centres is reported in Deir-ez-Zor, idelb, Ar-Raqqa, and Rural Damascus. In Aleppo, 64% of health centres' data on the level of damage, is missing (unknown status), and many of those centres could be fully damaged because of the situation.

Human resources:

The **proportion** between different categories of health staff, among the total functional (fully and partially) health centres (1,263 /1,744), by end of June 2014, is as follows: the resident doctors represented 1% of total health staff at centres' level, followed by General practitioners (4%); specialists (8%); Dentists (9%); midwives (9%); technicians (23%); and Nurses are 46%.

Health Services

The availability of core health services is monitored through HeRAMS at health centre's level, considering a standard list of health services [includes: General Clinical and Emergency Services, Child Health, Nutrition, Sexual & Reproductive Health, Non-communicable Diseases and Mental Health]

As a result of disrupted healthcare delivery, limited provision of many health services, even within the functioning health centres were observed.

Availability of Medical Equipment

Many of the health centres are suffering of shortage or malfunction of medical devices/ equipment to provide health care services.

Analysis of availability of essential equipment has been measured across all functioning health centres [fully and partially functioning] (1,263/1,744), in terms of functional equipment out of the total available equipment in the health centre, which provide good indication for the readiness of the health centres to provide the health services, compared to the situation prior to the crisis.

Availability of Priority Medicines & Medical Supplies

Availability of medicines and medical supplies at health centres' level has been evaluated based on a standard list of identified priority medicines (driven from the National Essential Medicine List), and medical supplies for duration of one quarter. Gaps of medicines and medical supplies are identified even within the functional health centres (i.e., gap of 49% of ORS, 53% of Anti-allergies, 61% of Antibiotics).

1. Completeness of health centres reporting

Completeness of reporting of health centres has continued to improve in the 2nd Quarter 2014 (90%), compared to the 1st Quarter 2014 (76%), and to the 4th Quarter 2013 (61%).

All 14 governorates of Syria reported to HeRAMS (Health Resources & services Availability Mapping System) compared to 12 governorates end of last year.

The total number of health centres included in HeRAMS is 1,744.

Slight changes of MoH total health centres is observed between 4th Quarter 2013 and 1st Quarter 2014, which is due to closure of many centres, *officially by MoH*, because of the situation, in addition to merge of many medical points into health centres.

The shortfalls and gaps on reporting have been addressed through comprehensive training workshops at governorates' level to strengthen national capacity and motivate the reporting health staff, in addition to provision of communication means especially for inaccessible or hard to reach areas, in order to improve reporting completeness and timeliness.

Further details on trend analysis of completeness of reporting are provided at governorate level, in Figure 2. The main gaps of reporting are in Aleppo and Rural Damascus governorates, which are because of the security situation.

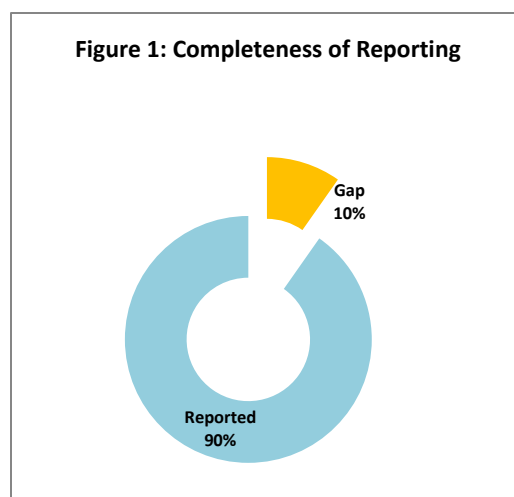
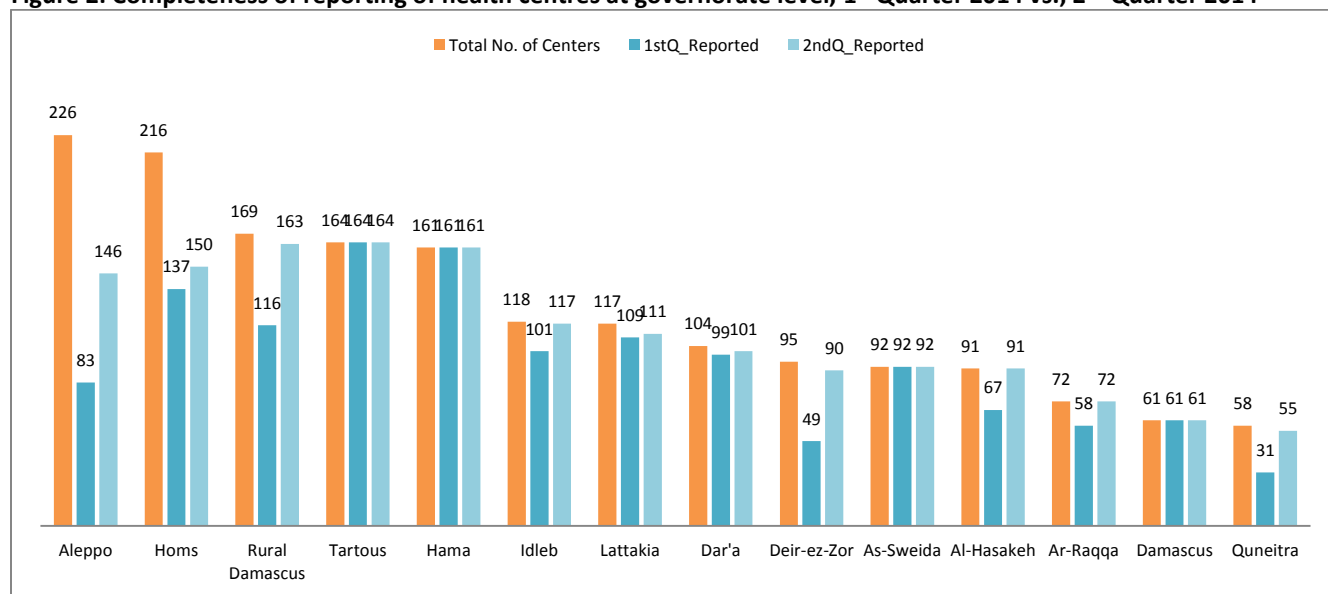


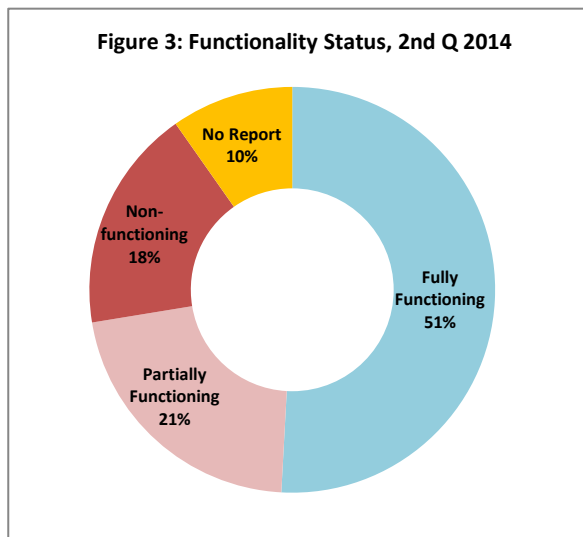
Figure 2: Completeness of reporting of health centres at governorate level, 1st Quarter 2014 vs., 2nd Quarter 2014



2. Functionality of the Health centres

Functionality of the health centres has been defined and assessed at three levels;

- ◆ **Fully Functioning:** a health centre is open, accessible, and provides healthcare services with full capacity (i.e., staffing, equipment, and infrastructure).
- ◆ **Partially functioning:** a health centre is open and provides healthcare services, but with partial capacity (i.e., either shortage of staffing, equipment, or damage in infrastructure).
- ◆ **Not functioning:** a health centre is out of service, because it is either fully damaged, inaccessible, no available staff, or no equipment.

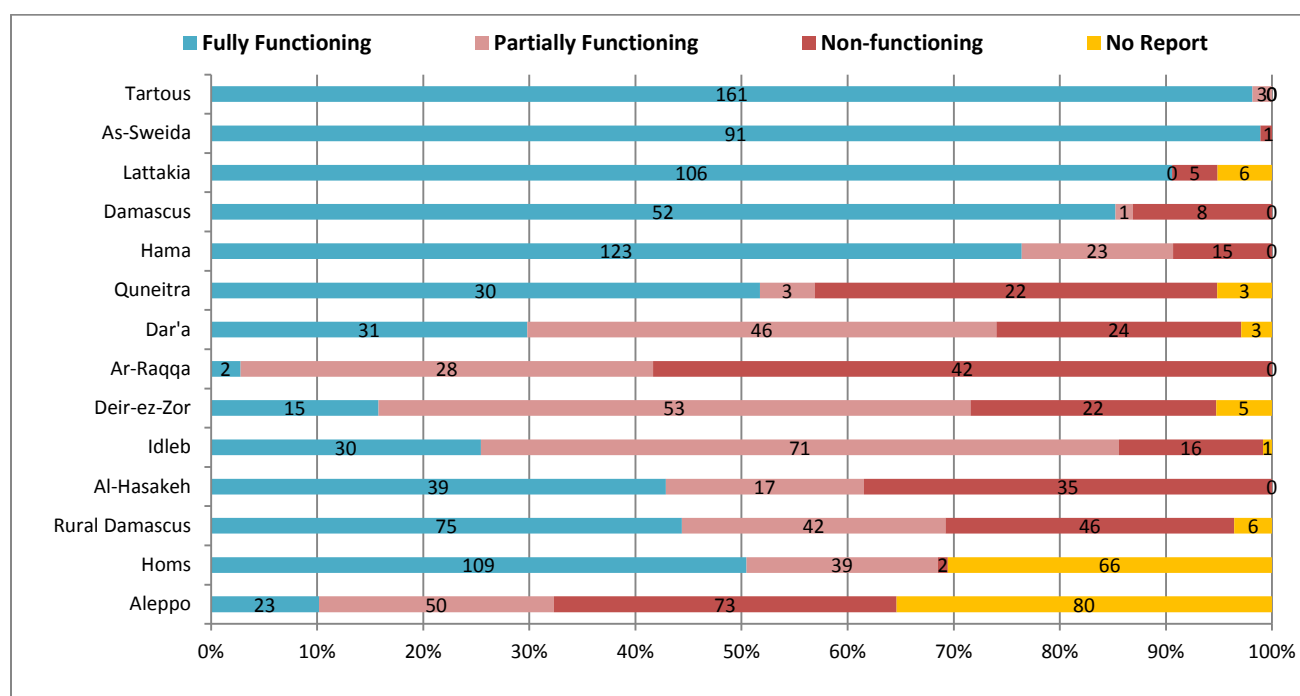


By end of the 2nd Quarter 2014, 51% (887) of the health centres were reported fully functioning, 21% (376) were reported partially functioning (i.e., shortage of staff, equipment, medicines and damage of the building in some cases), 18% (311) were reported non-functioning (completely out of services), while functionality status of 10% (170) health centres were not reported [Figure 3].

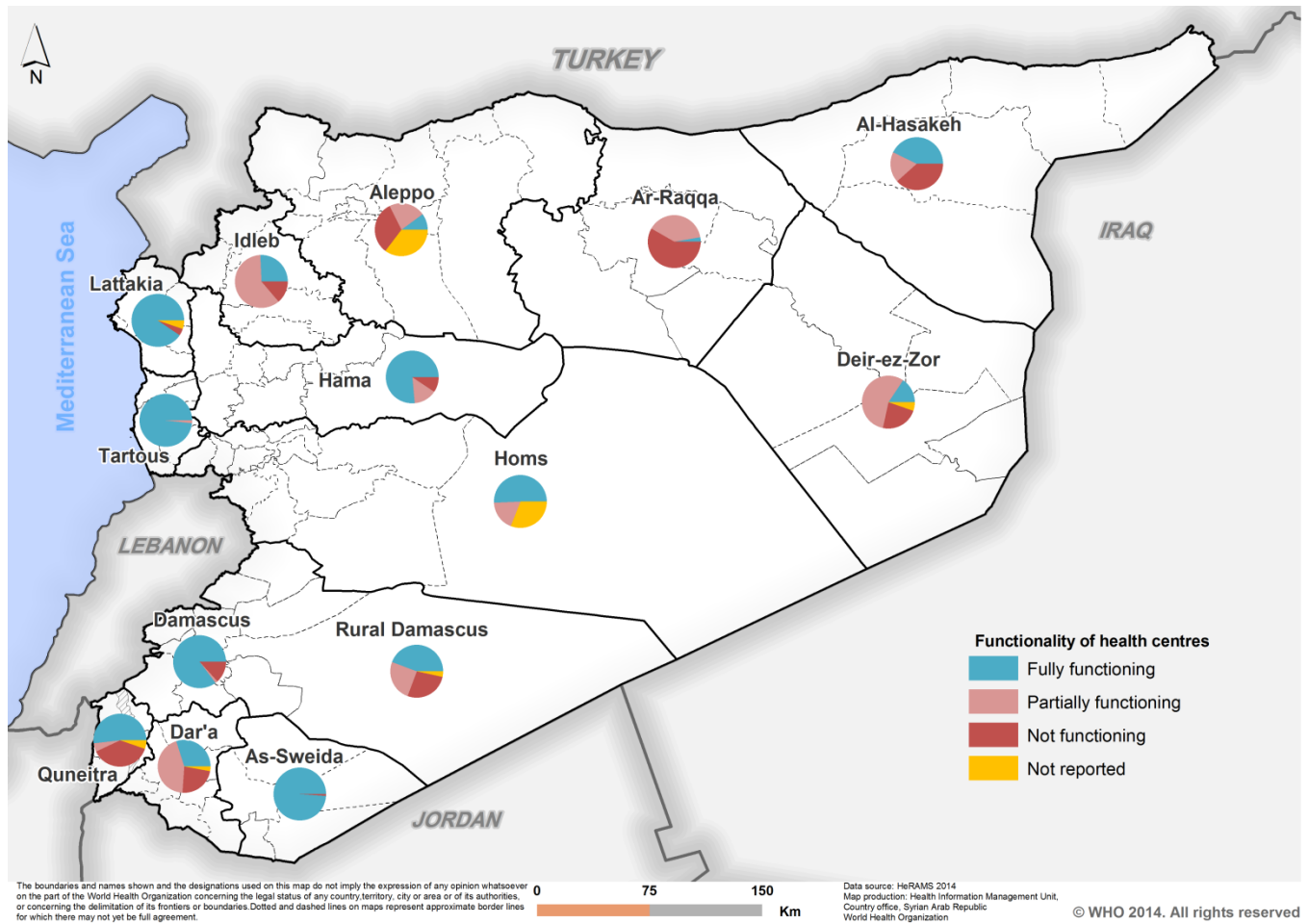
The PHC system across Syria has been disrupted widely, as none of the governorates has reported all health centres as fully functioning.

Detailed analysis on the functionality status of the health centres by governorate is presented in [Figure 4].

Figure 4: Functionality status of health centres per governorate, 2nd Quarter 2014

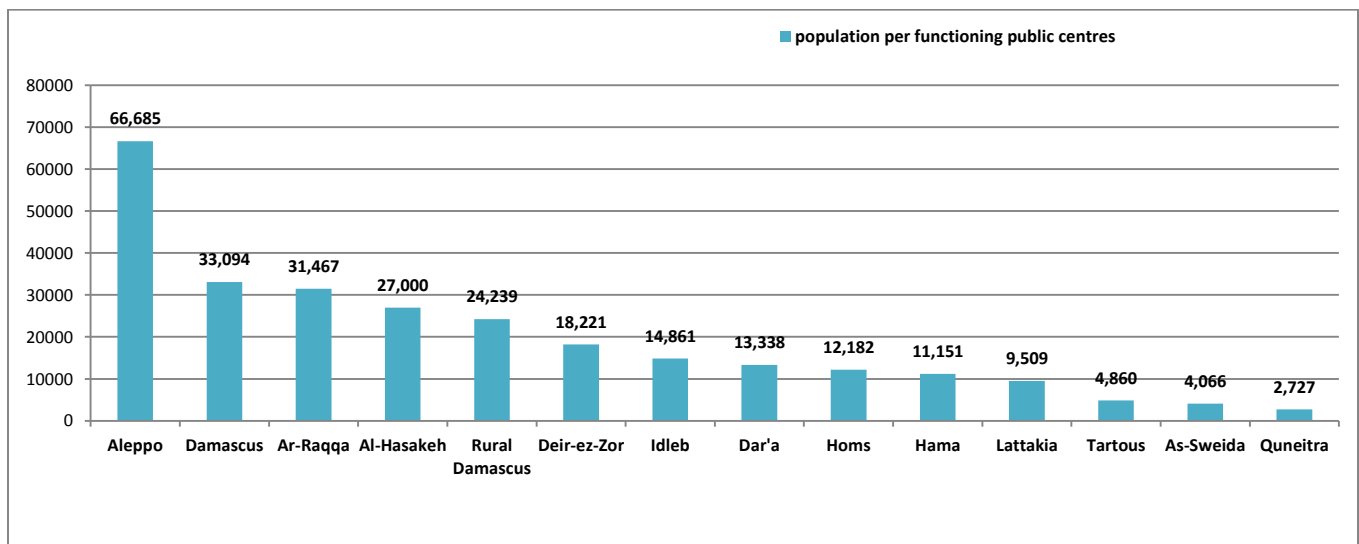


Map 1: Functionality status of the health centres per governorate, 2nd Quarter 2014



Analysis of the average population covered by a functional health centres could be used as Proxy indicator of geographical accessibility, and of equity in availability of public hospitals across different governorates [Figure 5].

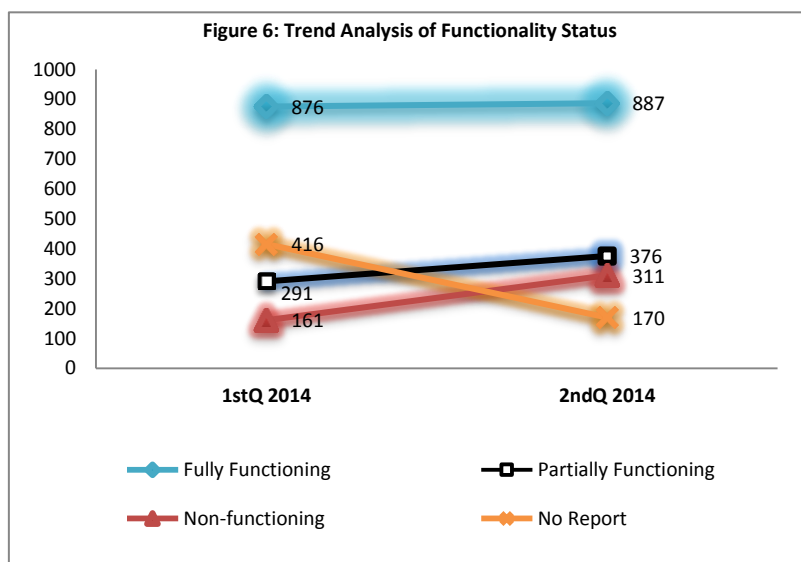
Figure 5: Average of population per functional health centres, 2nd Quarter 2014



2.1 Trend analysis of functionality status of health centres

As mentioned previously, completeness of reporting has improved in the 2nd Quarter 2014, which highlighted more shortfalls of the PHC system across the country.

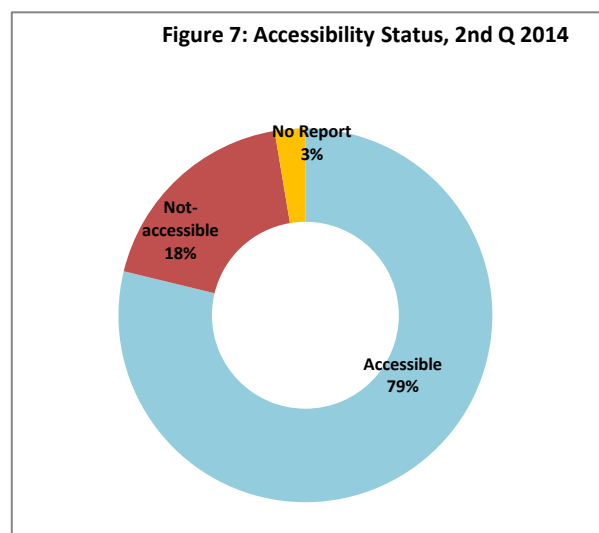
The number of health centres reported partially functioning or non-functioning, by end of the 2nd Quarter 2014, has increased noticeably (almost double) compared to the 1st Quarter 2014 [Figure 6].



3. Accessibility to Health centres

Accessibility to health centres is defined at two levels:

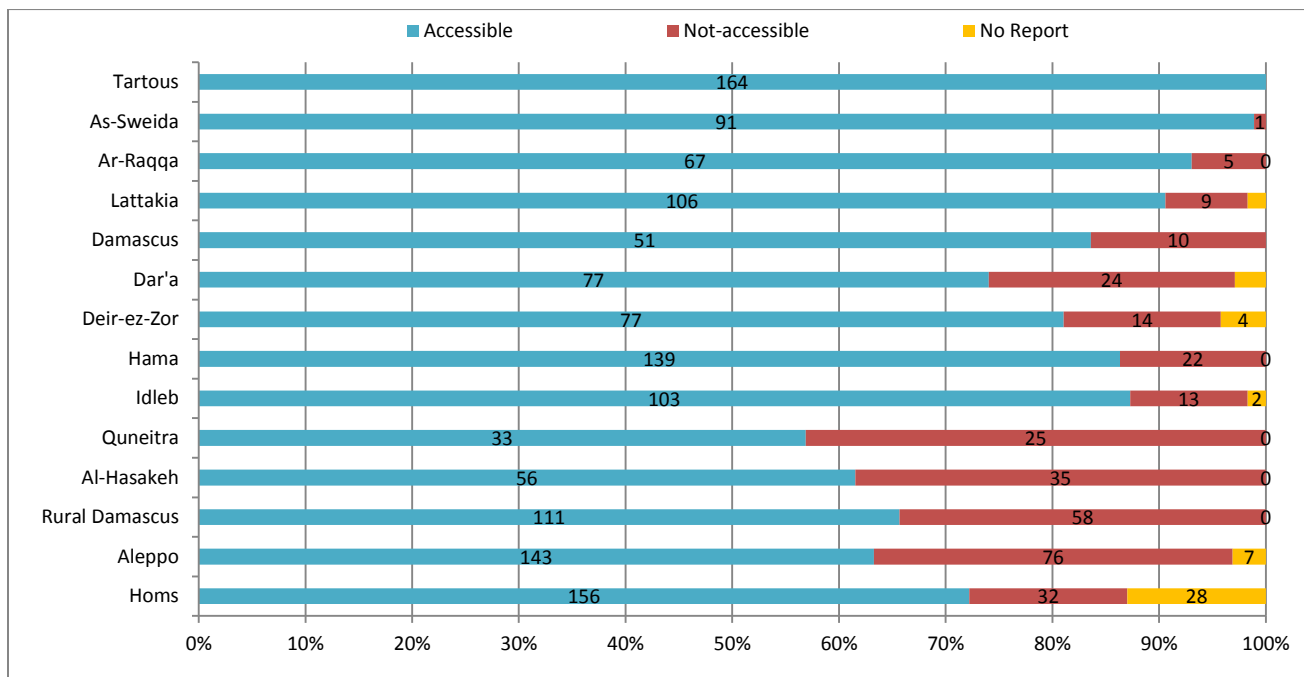
- ◆ **Accessible:** a health centre is easily accessible for patients and health staff.
- ◆ **Inaccessible:** a health centre is not accessible because of the security situation, or a health centre is accessible only to a small fraction of the population, or military people (inaccessible to civilians).



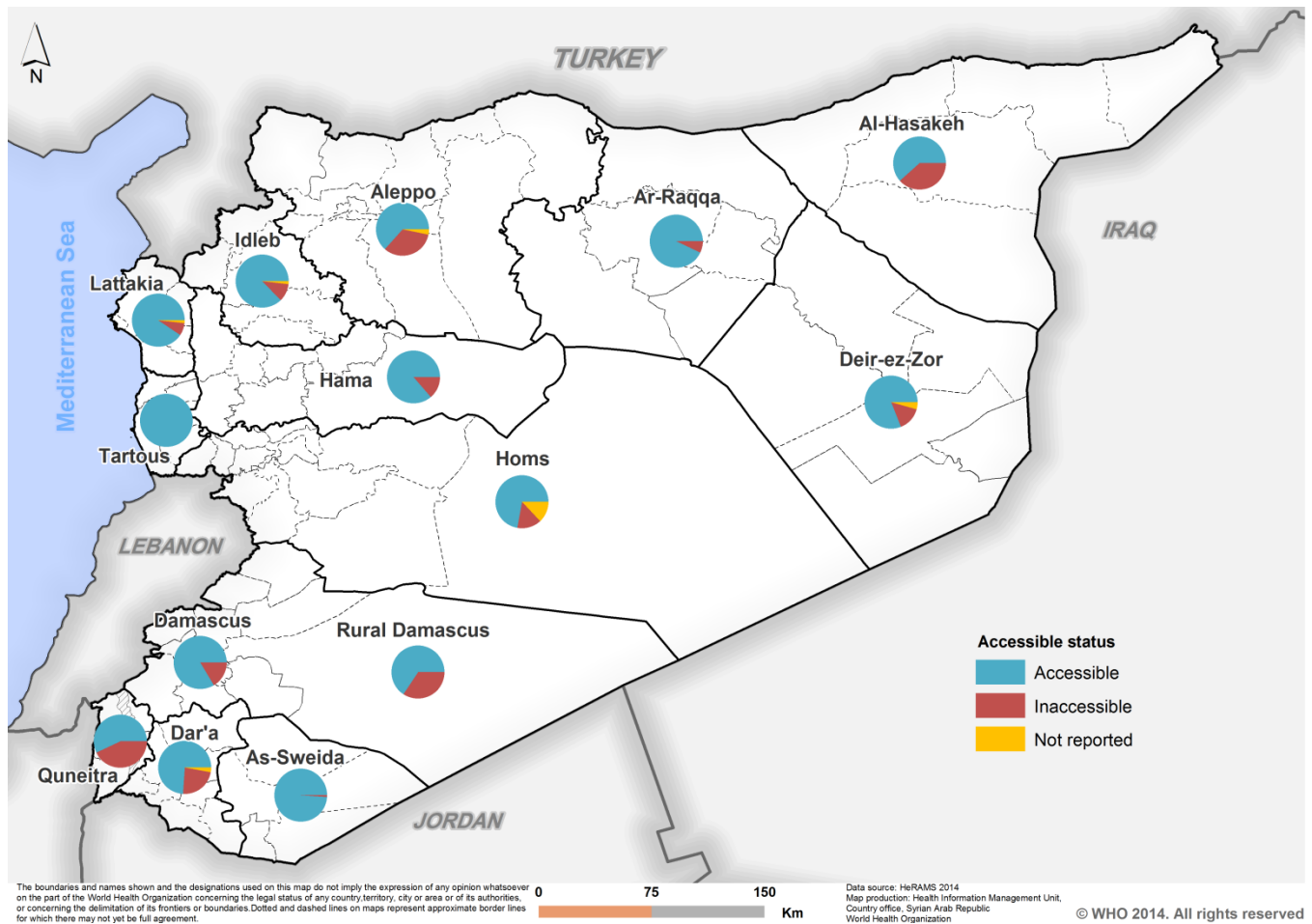
By end of the 2nd Quarter 2014, 79% of the health centres were accessible, 18% were not accessible, while 3% was not reported (unknown status), [Figure 7].

Detailed analysis on the accessibility status of the health centres, at governorate level, is presented in [Figure 8].

Figure 8: Accessibility status of the health centres per governorate, 2nd Quarter 2014



Map 2: Accessibility status of the health centres per governorate, 2nd Quarter 2014

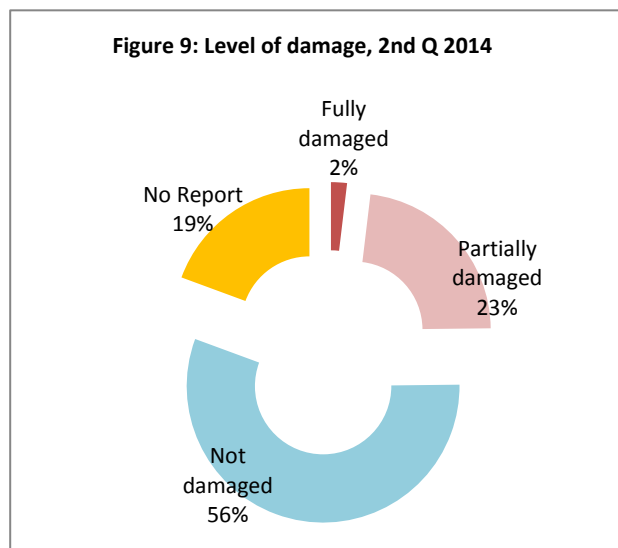


4. Infrastructure Patterns of Health centres

The level of damage to health centres' buildings has been measured at three levels:

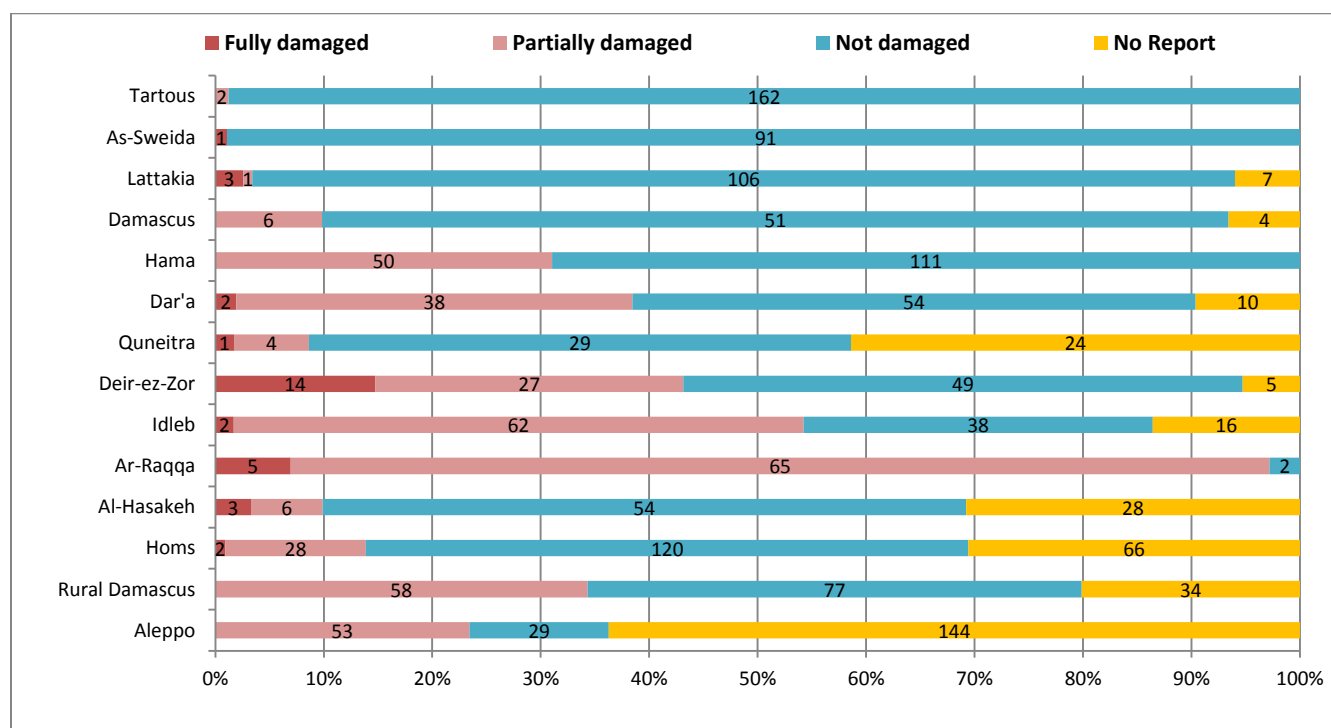
- ◆ Fully damaged, either, all the building is destroyed, about 75% or more of the building is destroyed, or damage of the essential services' buildings.
- ◆ Partially damaged, where part of the building is damaged.
- ◆ Intact, where there is no damage in the building.

By end of the 2nd Quarter 2014, 25% (433) health centre were reported damaged (2% fully damaged and 23% partially damaged), 56% (973) were intact, while the status of 19% (338) were not reported [Figure 9].



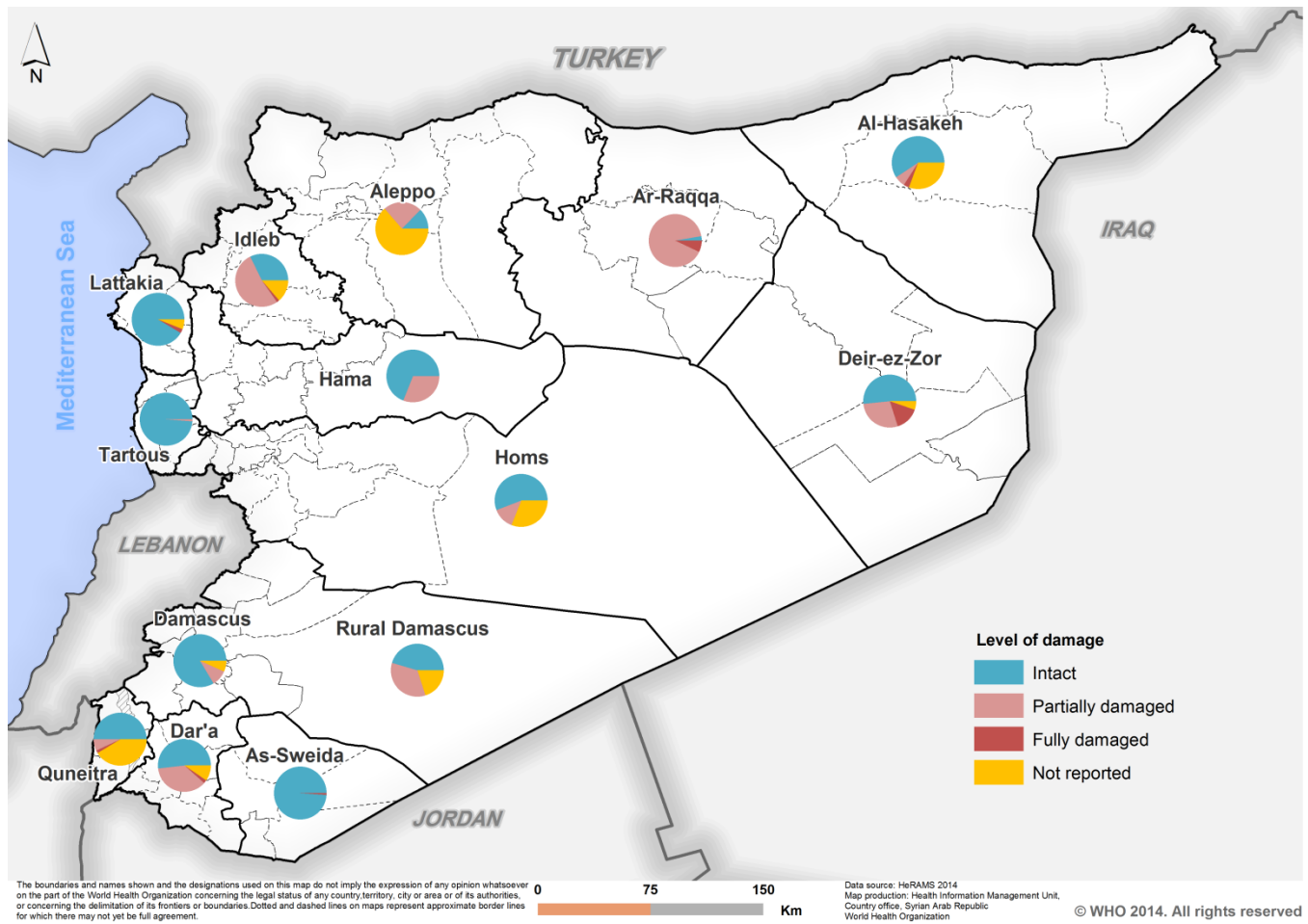
Detailed analysis on the damaged status of the health centres at governorate level is presented in [Figure 10].

Figure 10: Number and percentage of damaged health centres per governorate, 2nd Quarter 2014



Based on the available data, the highest percent of fully /partially damaged health centres is reported in Deir-ez-Zor, Idelb, Ar-Raqqa, and Rural Damascus. In Aleppo, 64% of health centres' data on the level of damage, is missing (unknown status), and many of those centres could be fully damaged because of the situation.

Map 3: Level of damage to health centres' buildings, per governorate, 2nd Quarter 2014



5. Prioritization of Health Situation at Sub-District Level

Analysis of the health situation of the health centres at sub-district level, was conducted to support evidence-based planning, coordination of response, and focused geographical primary health care interventions (e.g., delivery of humanitarian assistance, service provision, rehabilitation of health facilities, capacity building, etc...).

Analysis of the health situation has been conducted based on availability of health care services/ facilities at a sub-district level, in terms of functionality status, level of Damage, and accessibility to health centres.

The followed calculation methodology to rank the health situation at sub-districts' level is as follows:

1. Three indicators were considered [Centres' Functionality Status, Level of Damage, and Accessibility]
2. The health centres, for the identified indicators were compiled
3. Weighing scale has been assigned, as below:

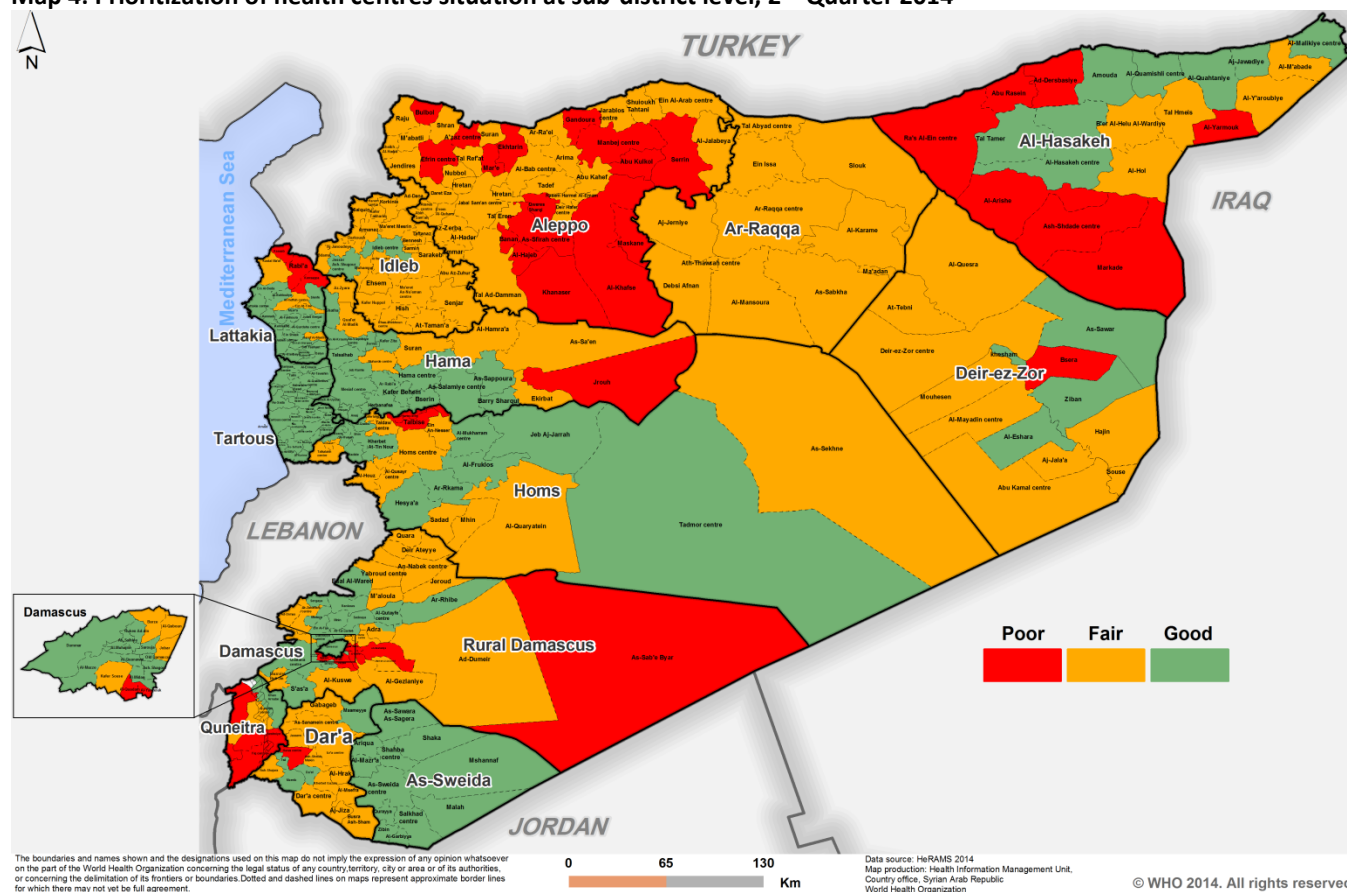
Functionality Status	Mark	Condition of damage	Mark	Accessibility	Mark
Fully functioning	10	Intact	10	Accessible	10
Partially functioning	5	Partially damage	5	Inaccessible	0
Not functioning	0	Fully damage	0		
Not reported	0	Not reported	0		

4. At sub-district level, scores of centres added-up and the total scores was divided by 3 (because of the 3 indicators).

5. Based on a scale of 10, the following ranges have been assigned:

Poor [1 st Priority]	0-3
Fair [2 nd Priority]	4-8
Good [3 rd Priority]	9-10

Map 4: Prioritization of health centres situation at sub-district level, 2nd Quarter 2014



6. Availability of Human Resources

Availability of health human resources has been analyzed across functional health centres considering different staffing categories.

The **proportion** between different categories of health staff, among the total functional (fully and partially) health centres (1,263 /1,744), by end of June 2014, is as follows:

The resident doctors represented 1% of total health staff at centres' level, followed by General practitioners (4%); specialists (8%); Dentists (9%); midwives (9%); technicians (23%); and Nurses are 46% [Figure 11].

The **Distribution** of total health staff at health centres per governorate is shown in Figure 12.

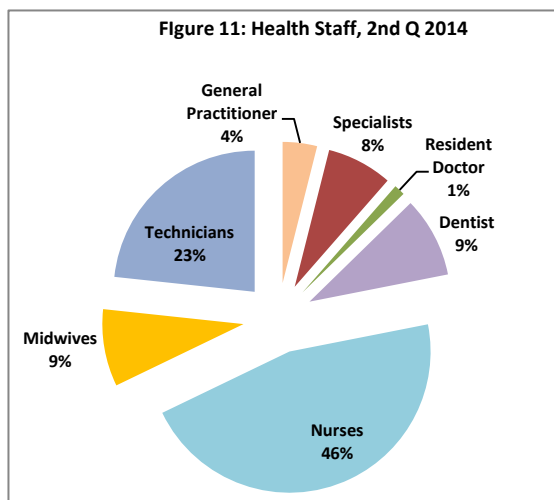
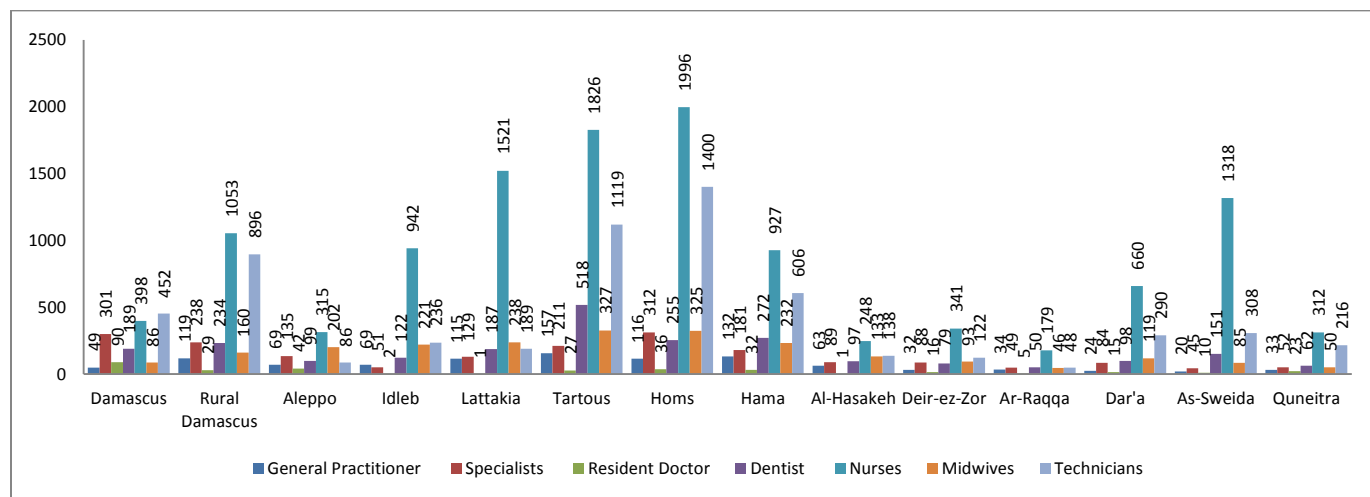


Figure 12: Distribution of total health staff at health centres per governorate, 2nd Quarter 2014



6.1 Availability of health workers by 10,000 population

Analysis of the availability of **health workers (medical doctors + nurses + midwife)** per 10,000 population by administrative unit, is one of the core global health indicators, which could be used as a proxy to monitor the equity in allocation of health human resources.

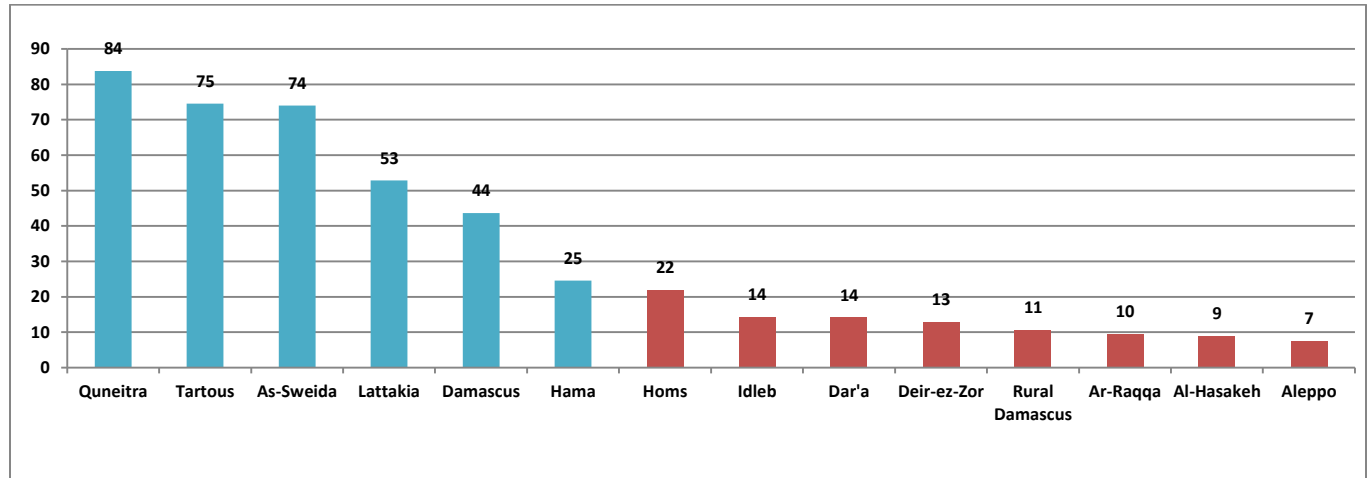
The medical workers included in this analysis are a total of **specialists, emergency Physicians, resident doctors, nurse, and midwives**, in all public functional Health Facilities (including MoH and MoHE Hospitals, in addition to health centres).

The benchmark¹ of health workers per 10,000 population is > 22.

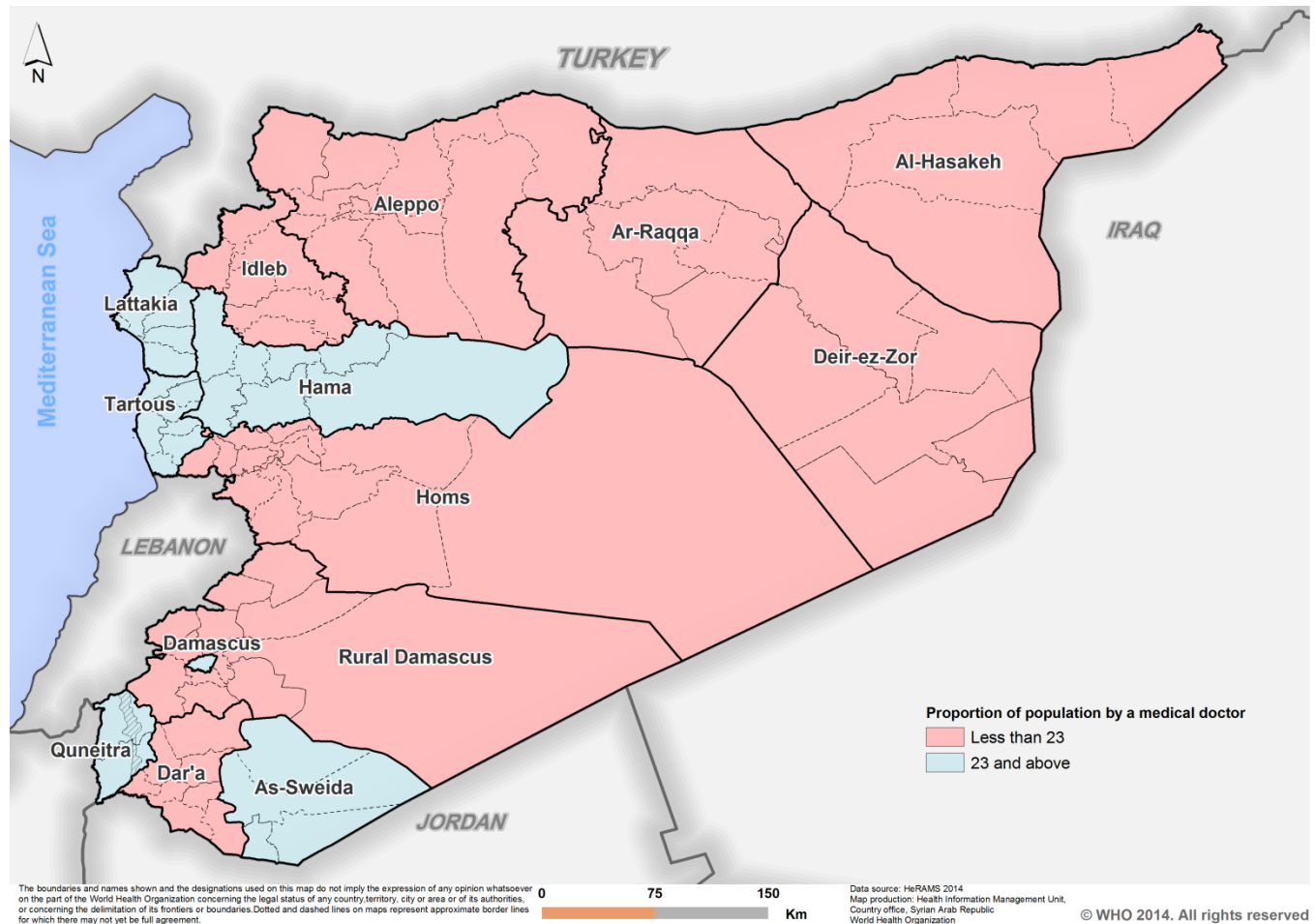
Based on the conducted analysis, 8 governorates are below the global threshold [Figure 13]. Shortage of the health workers have also been visualized on [Map 5].

¹ IASC: Global Health Cluster core indicators

Figure 13: Availability of health workers per 10,000 population, across all public functional Health Facilities, 2nd Quarter 2014



Map 5: Availability of health workers per 10,000 population, across all public functional Health Facilities, 2nd Quarter 2014



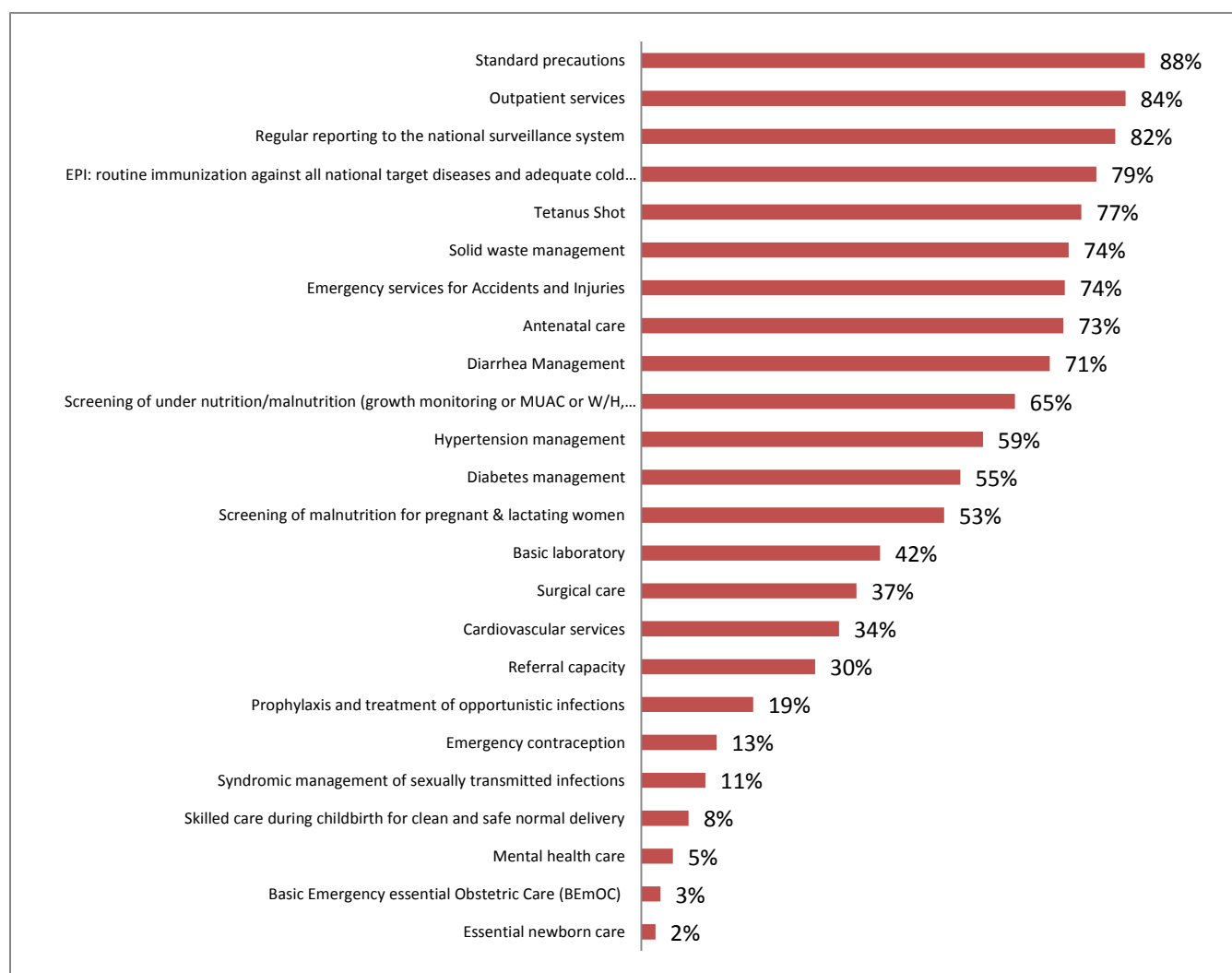
7. Availability of Health Services

The availability of core health services is monitored through HeRAMS at health centre's level, considering a standard list of health services, as follows:

- ◆ General Clinical and Emergency Services,
- ◆ Child Health: EPI, screening of MUAC, and Diarrhea management,
- ◆ Nutrition: screening of malnutrition for pregnant and lactating women,
- ◆ Sexual & Reproductive Health: Syndromic management of sexually transmitted infections, Antenatal care, Essential new-born care, Basic Emergency Obstetric Care (BEmOC), Emergency contraception,
- ◆ Non-communicable Diseases and Mental Health: Surgical care, Cardiovascular services, Hypertension management, Diabetes management, Mental health care

Figure 14 shows the percentage of availability of health services across all functioning health centres (1,263 /1,744).

Figure 14: Percentage of availability of health services, across all public functional Health Centres, 2nd Quarter 2014



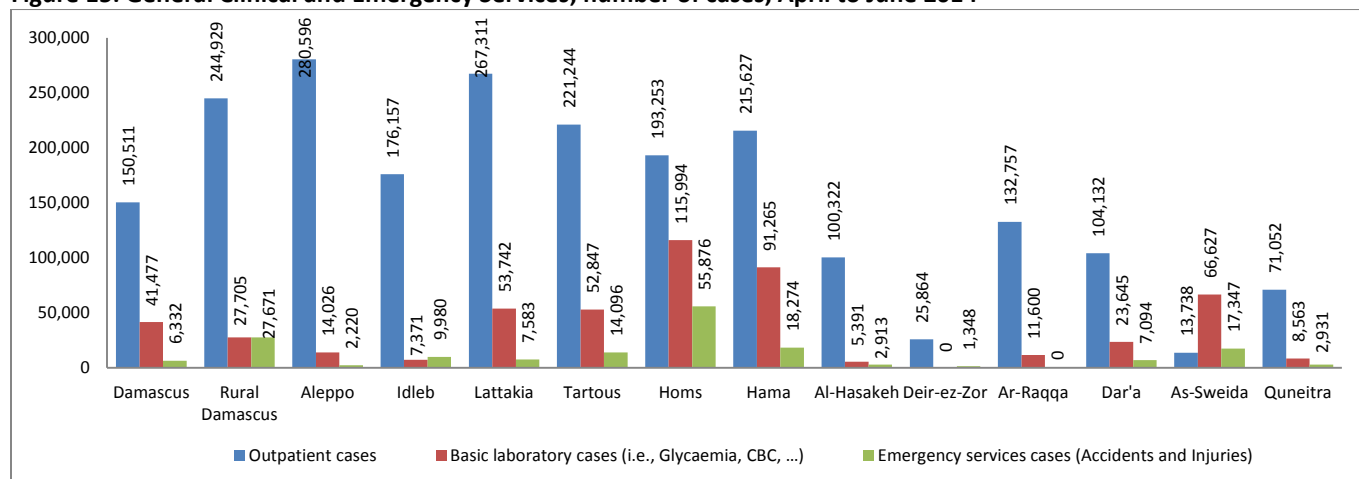
7.1 Analysis of utilization of health services per category

The following sections provide analysis on the utilization of the services at health centres, during the 2nd Quarter 2014.

i. General Clinical and Emergency Services

The highest reported number of consultations was in Aleppo health centres; despite the limited level of functionality of health centres compared to other governorates (refer to Figure 4, for more information on functionality levels of the health centres).

Figure 15: General Clinical and Emergency Services; number of cases, April to June 2014

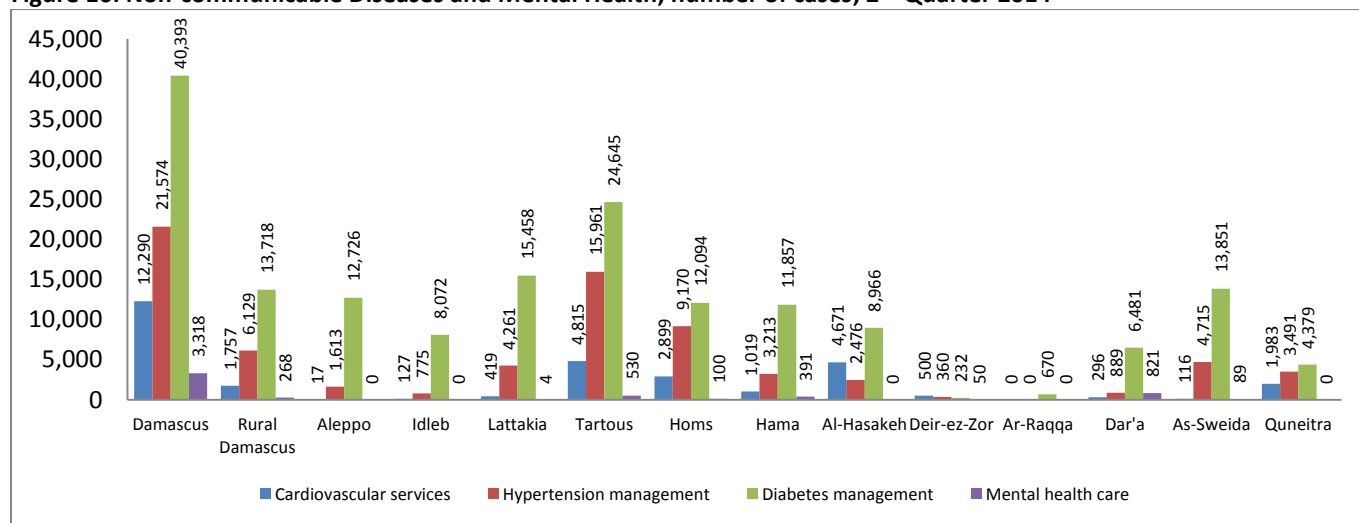


ii. Non-communicable Diseases and Mental Health

NCDs were assessed through HeRAMS by checking the availability and utilization of services at health centres' level. The highest numbers of NCDs' patients are reported from Damascus and Tartous health centres.

Diabetes' patients are the highest reported figures among all NCDs, mainly in Damascus functional health centres (53/1744), [Figure 16].

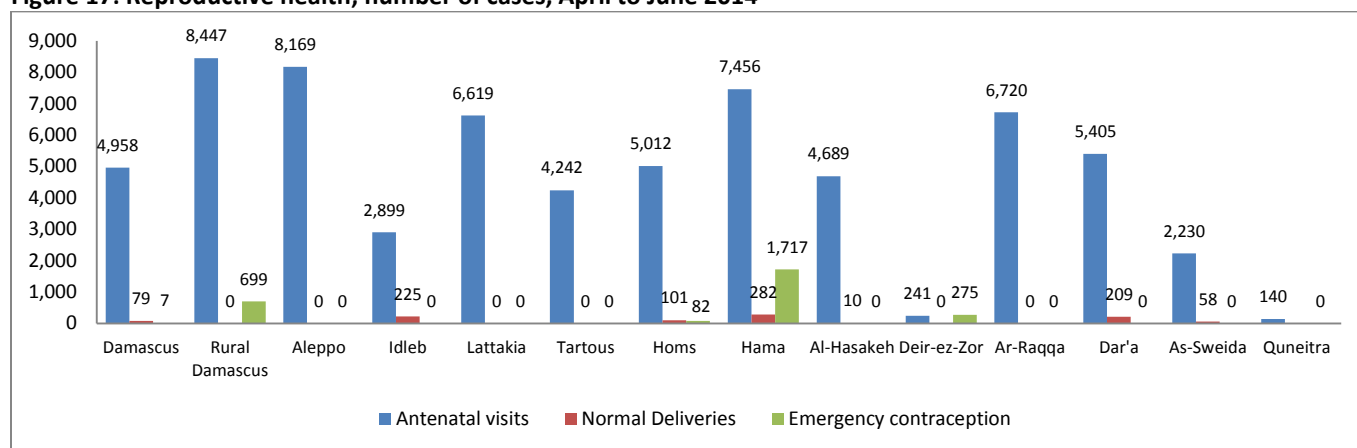
Figure 16: Non-communicable Diseases and Mental Health; number of cases, 2nd Quarter 2014



iii. Sexual & Reproductive Health:

The utilization of sexual and reproductive health services, were assessed at health centres level, on quarterly bases. The assessed services include: antenatal visit, normal deliveries and emergency contraception. Figure 17, shows the total number of reported cases during the 2nd Quarter 2014, per governorate.

Figure 17: Reproductive health; number of cases, April to June 2014



Availability of BEmOC (Basic Emergency Obstetric Care) service is assessed as part of the sexual and reproductive health services at health centres.

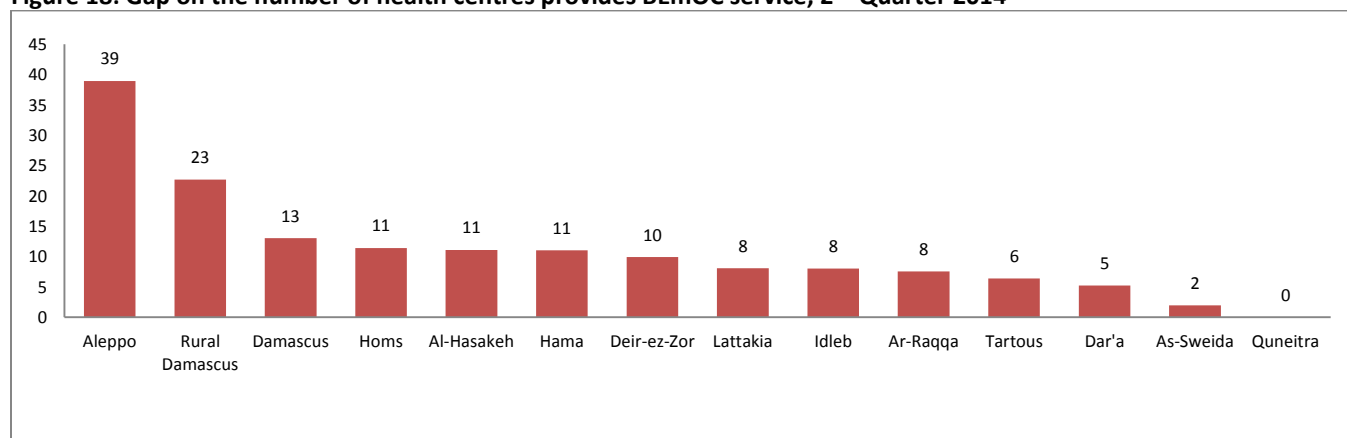
Assessment of the availability of BEmOC service at health centres, provides a proxy indicator for the physical availability and geographical accessibility of emergency obstetric services and their distribution across districts in the affected areas.

BEmOC (Basic Emergency Obstetric Care) is considered available at a health centre, if the following components are available/ provided in the health centre: 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.

The global standard² for the availability of BEmOC: 4 centres provide BEmOC / 500,000 population.

Availability of BEmOC is measured in terms of the number of health centres provide BEmOC against total number of population per governorate; gaps are identified across governorates [Figure 18].

Figure 18: Gap on the number of health centres provides BEmOC service, 2nd Quarter 2014



² IASC: Global Health Cluster core indicators

8. Availability of Medical Equipment

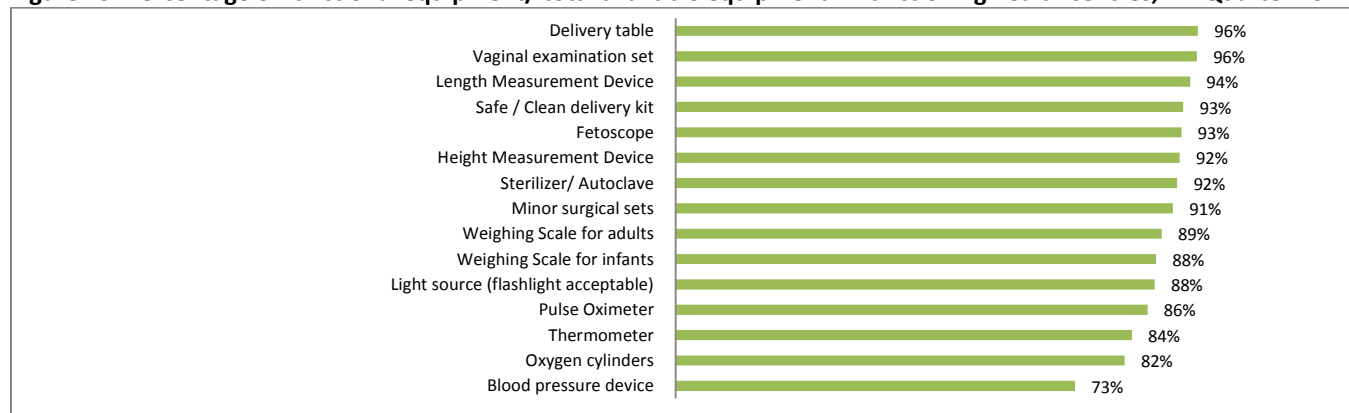
The availability of different types of essential equipment has been assessed at health centre's level, based on a standard checklist³.

Many of the health centres are suffering of shortage or malfunction of medical devices/ equipment to provide health care services.

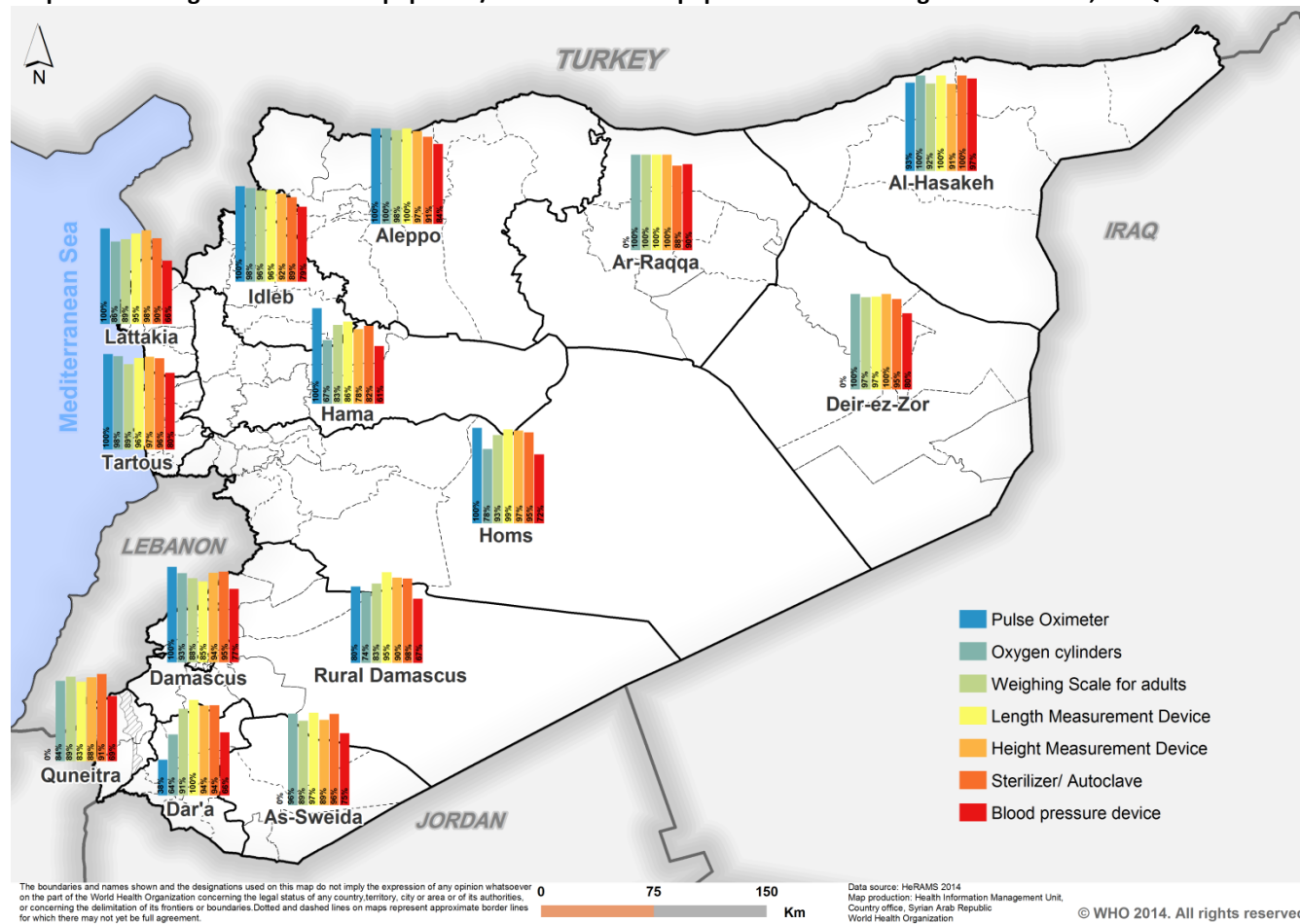
Analysis of availability of essential equipment has been measured across all functioning health centres [fully and partially functioning] (1,263/1,744), in terms of functional equipment out of the total available equipment in the hospital, which provide good indication for the readiness of the health centres to provide the health services, compared to the situation prior to the crisis.

Gaps have been observed, even within the functioning health centres. Further details are available on figure below [Figure 19].

Figure 19: Percentage of functional equipment/ total available equipment in functioning health centres, 2nd Quarter 2014



Map 6: Percentage of functional equipment/ total available equipment in functioning health centres, 2nd Quarter 2014

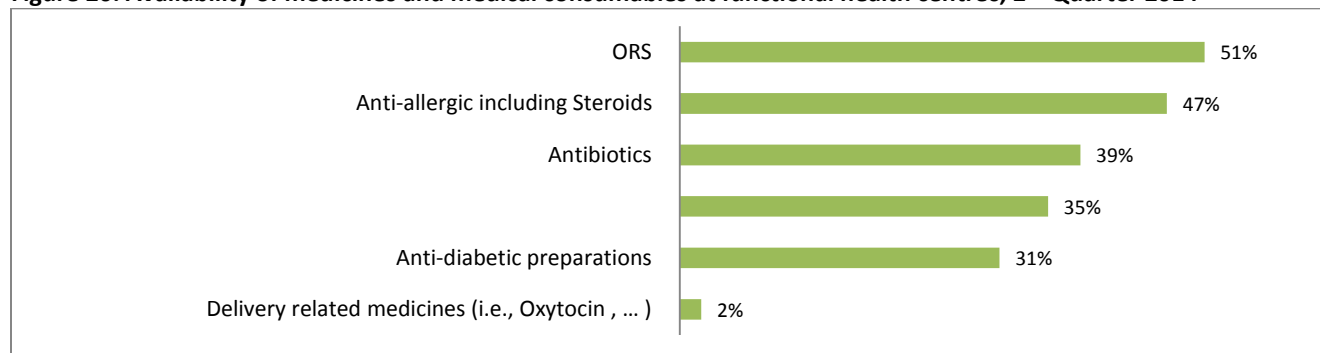


³ A more detailed list of essential equipment is available upon request.

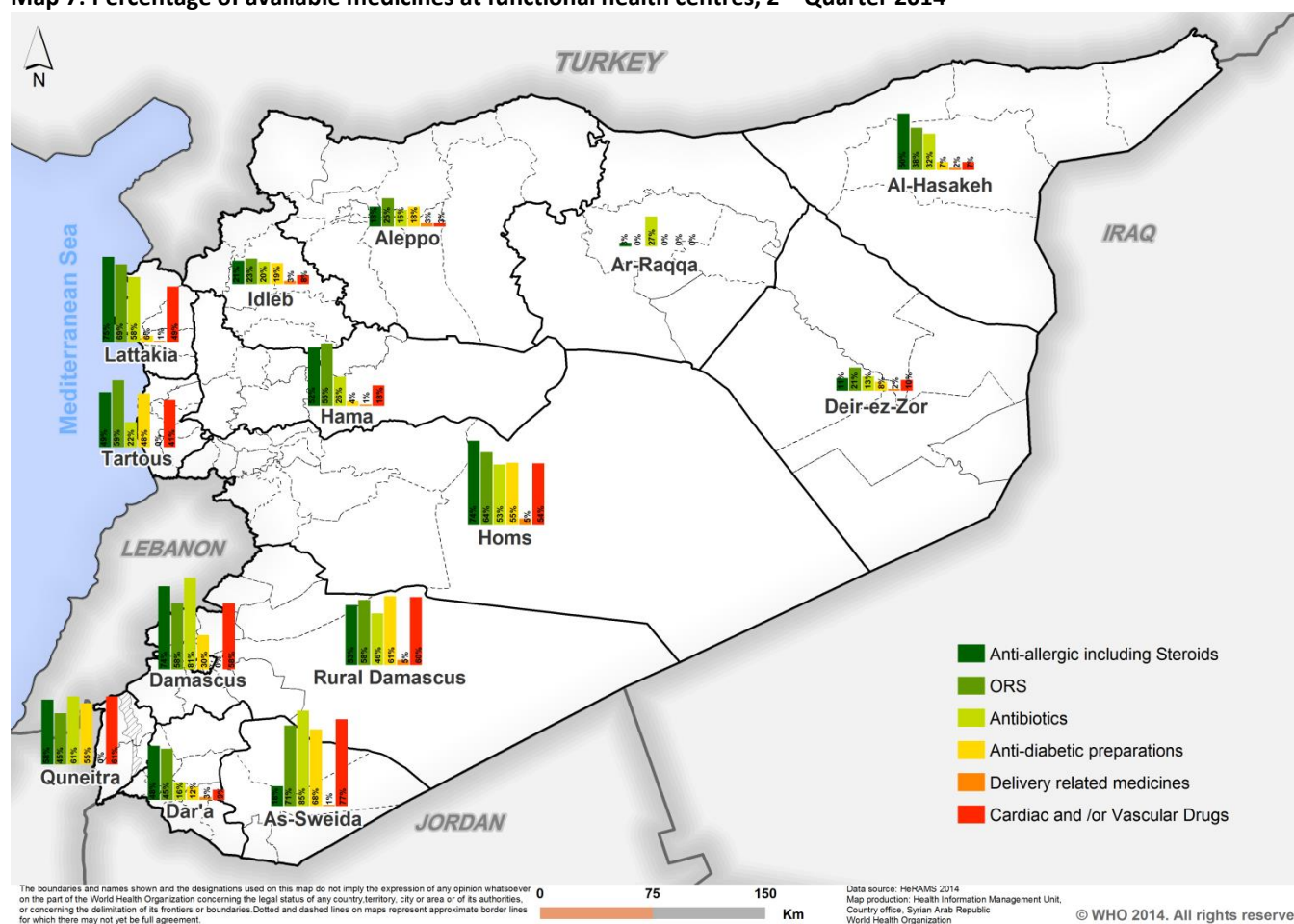
9. Availability of Priority Medicines & Medical supplies

Availability of medicines and medical supplies at health centres' level has been evaluated based on a standard list of identified priority medicines (driven from the national Essential Medicine List), and medical supplies for duration of one quarter. Gaps of medicines and medical supplies are identified even within the functional health centres; gap of 49% of ORS, 53% of Anti-allergies, 61% of Antibiotics [Figure 20].

Figure 20: Availability of medicines and medical consumables at functional health centres, 2nd Quarter 2014



Map 7: Percentage of available medicines at functional health centres, 2nd Quarter 2014



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