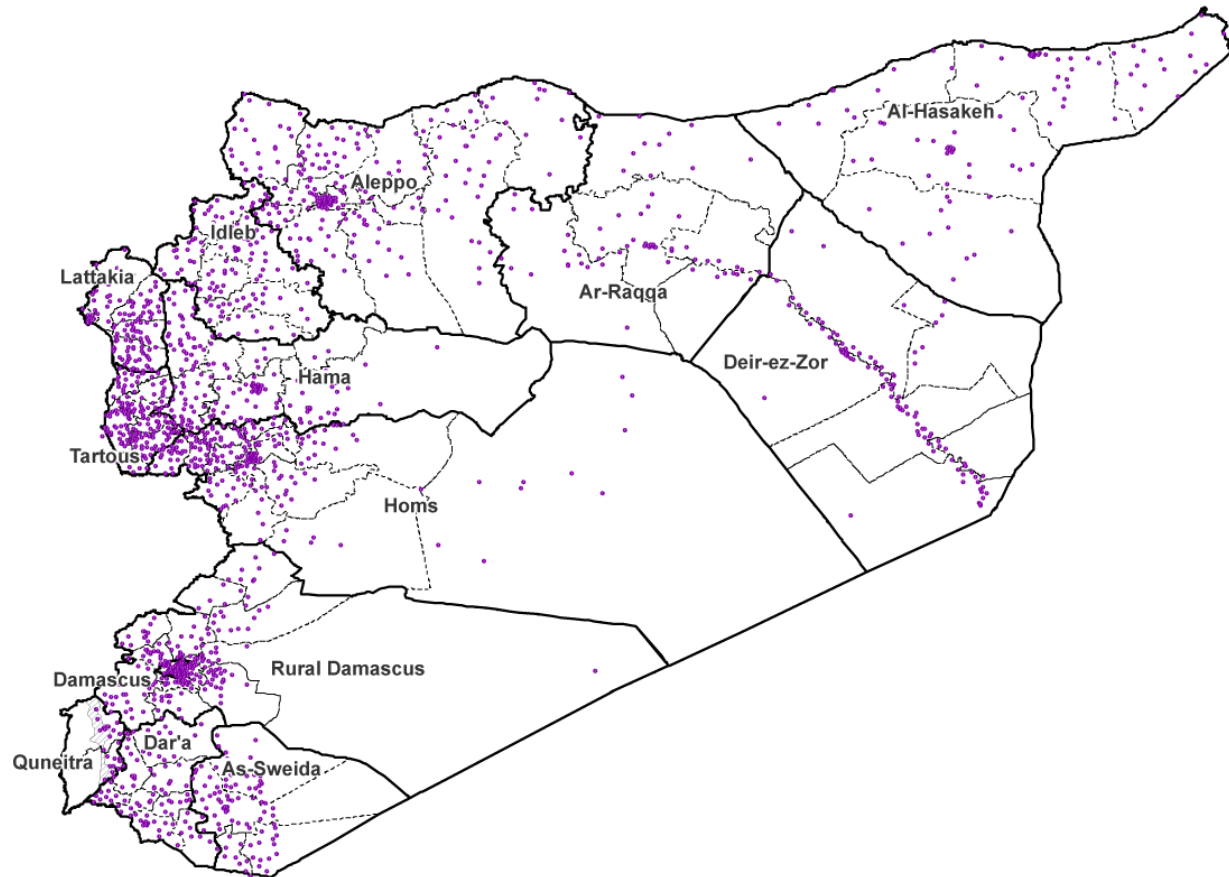


# HeRAMS | Health Centres' Report

3<sup>rd</sup> 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 July to September 2014.

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## Executive summary

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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 3<sup>rd</sup> Quarter 2014. The total number of public health centres increased in the 3<sup>rd</sup> Quarter 2014 to reach **1,750** compared to **1,744** in the 2<sup>nd</sup> Quarter 2014.

Completeness of reporting of health centres has continued to improve in the 3<sup>rd</sup> Quarter to reach **92%**, compared to 90% in the 2<sup>nd</sup> Quarter, and 76% in the 1<sup>st</sup> Quarter 2014.

### Functionality status of the health centres

By end of the 3<sup>rd</sup> Quarter 2014, 49% (857) of the health centres were reported fully functioning, 21% (374) partially functioning (i.e., shortage of staff, equipment, medicines and damage of the building in some cases), 22% (387) were reported non-functioning (completely out of service), while functionality status of 8% (132) health centres were unknown

### Accessibility status

By end of the 3<sup>rd</sup> Quarter 2014, 80% (1,396) of the health centres were accessible to patients and staff, while almost 20% (349) were inaccessible.

### Infrastructure of Health Centres

By end of the 3<sup>rd</sup> Quarter 2014, 21% (369) of the health centres were reported damaged (2% fully damaged and 19% partially damaged), 61% (1,063) intact, while the building condition of 18% (318) were unknown.

Key gaps on reporting on level of damage of health centres are in Aleppo 50% (159/318), Rural Damascus 14% (43/318) and Homs (34/318).

### Human Resources

By end of the 3<sup>rd</sup> Quarter 2014, the proportions of different categories of health staff, among the total functional (fully and partially) health centres (1,231 /1,750), remain almost the same as 2<sup>nd</sup> Quarter 2014.

The resident doctors represented 1% of total health staff at health centres' level, followed by General practitioners (4%); specialists (7%); Dentists (9%); midwives (9%); technicians (23%); and Nurses (47%).

### 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 functional health centres were observed.

### Availability of Medical Equipment

Analysis of availability of essential equipment has been measured across all functioning health centres [fully and partially functioning] (1,231 /1,750), 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 health services, compared to the situation prior to the crisis.

### Availability of Priority Medicines

Availability of medicines and consumables at health centres' level has been evaluated based on a standard list of identified priority medicines 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 71% of Anti-diabetic preparations, 67% of Cardiac and /or Vascular Drugs, 59% of Antibiotics, 51% of Anti-allergic including Steroids, and 51% of ORS).

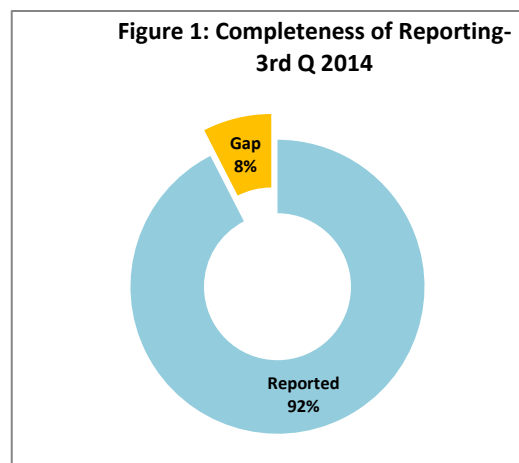
## 1. Completeness of reporting

Completeness of reporting of health centres has continued to improve in the 3<sup>rd</sup> Quarter to reach **92%** [Figure 1], compared to 90% in the 2<sup>nd</sup> Quarter, and 76% in the 1<sup>st</sup> Quarter 2014.

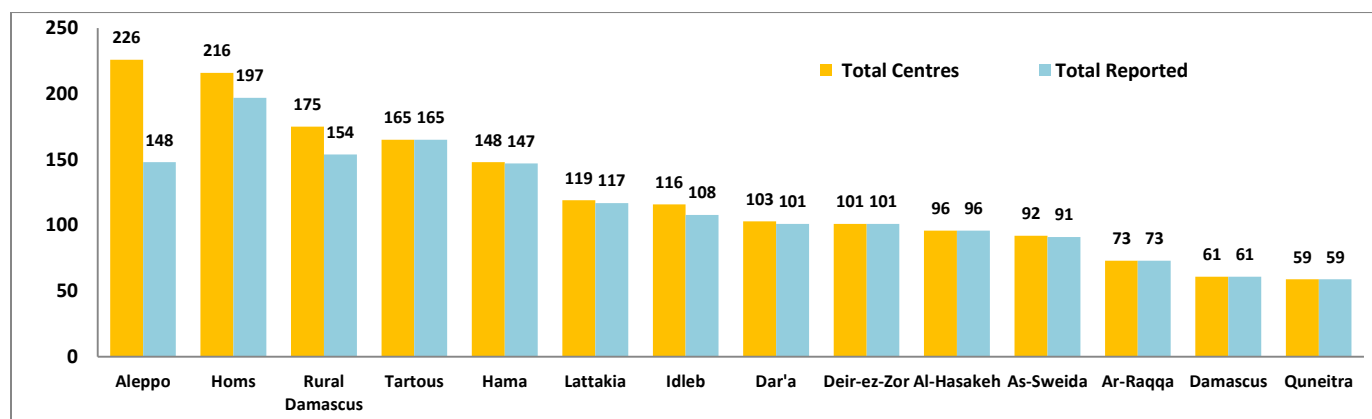
The total number of public health centres increased in the 3<sup>rd</sup> Quarter 2014 to reach **1,750** compared to **1,744** in the 2<sup>nd</sup> Quarter 2014.

Completeness of reporting of health centres at governorate level is presented in Figure 2.

The main gaps of reporting were observed in Aleppo, Rural Damascus and Homs governorates, which are due to security situation and accessibility challenges.



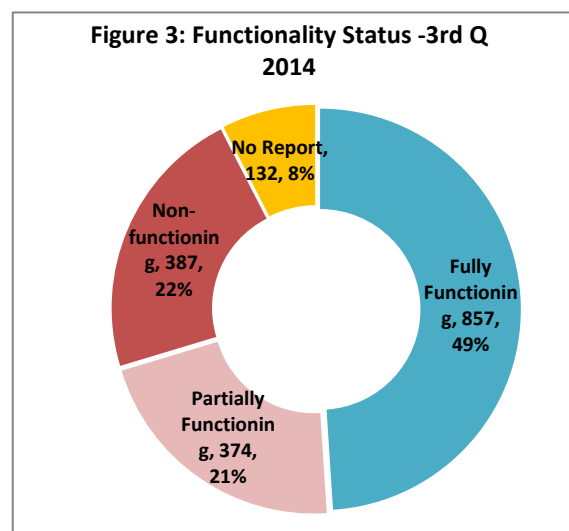
**Figure 2: Completeness of reporting of health centres at governorate level, 3<sup>rd</sup> Quarter 2014**



## 2. Functionality of the Health centres

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

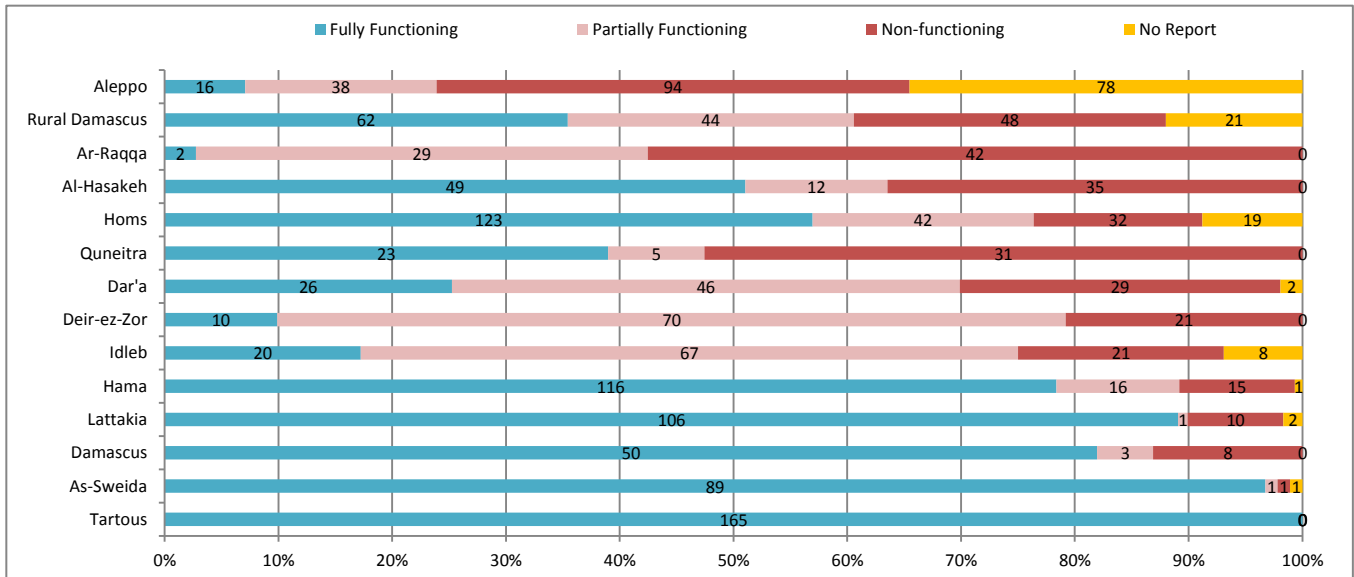
- ◆ **Fully Functioning:** a health centre is open, accessible, and provides healthcare services with full capacity (i.e., staffing, equipment, and infrastructure).
- ◆ **Partially functioning:** a health centre is open and provides healthcare services, but with partial capacity (i.e., either shortage 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.



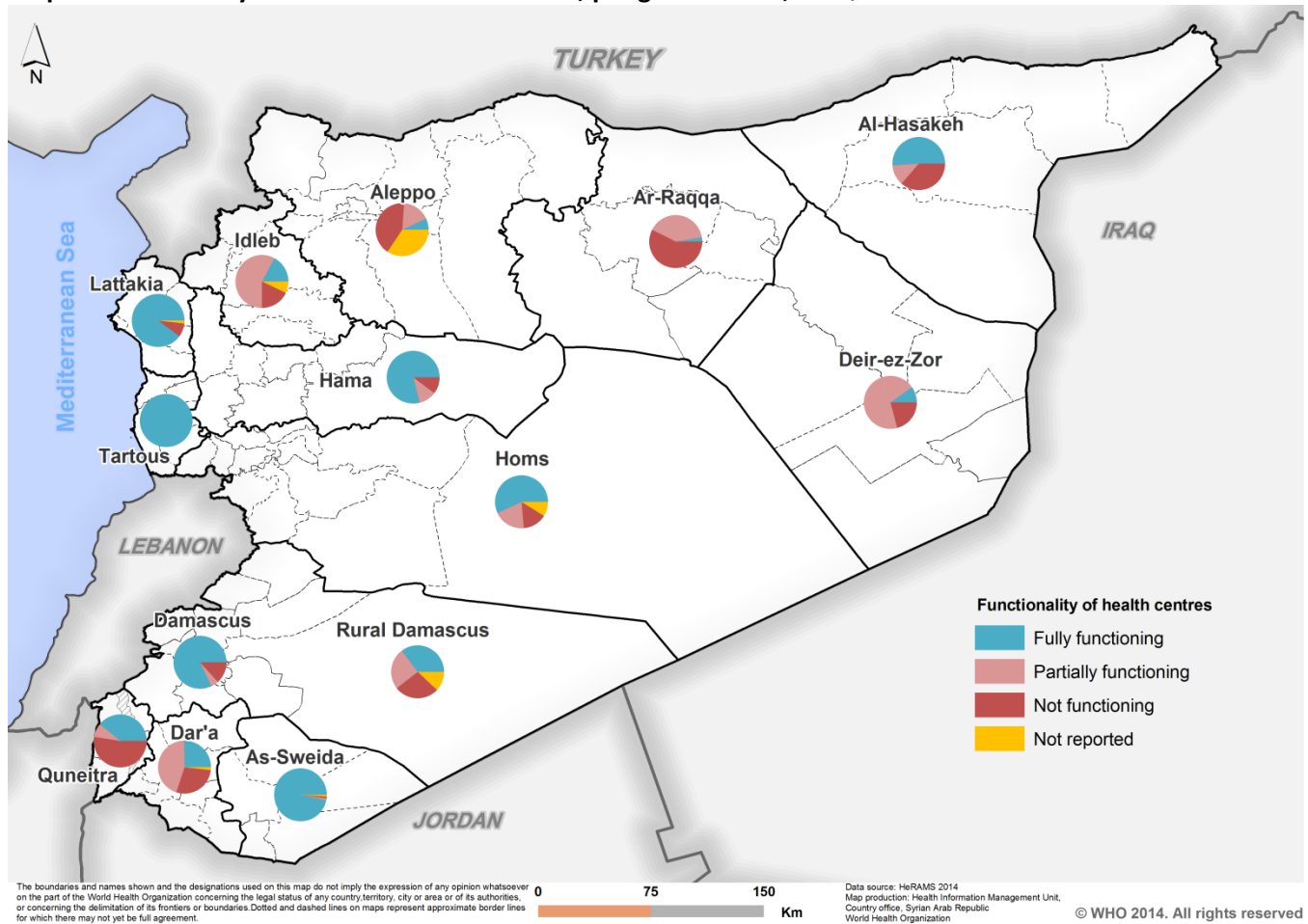
By end of the 3<sup>rd</sup> Quarter 2014, 49% (857) of the health centres were reported fully functioning, 21% (374) partially functioning (i.e., shortage of staff, equipment, medicines and damage of the building in some cases), 22% (387) were reported non-functioning (completely out of service), while functionality status of 8% (132) health centres were unknown [Figure 3].

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

**Figure 4: Functionality status of health centres per governorate, 3<sup>rd</sup> Quarter 2014**



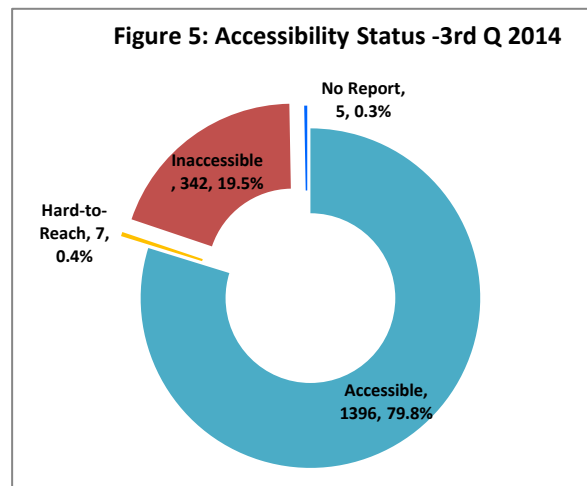
**Map 1: Functionality status of the health centres, per governorate, 3<sup>rd</sup> Quarter 2014**



### 3. Accessibility to Health centres

Accessibility to health centres is defined at three levels:

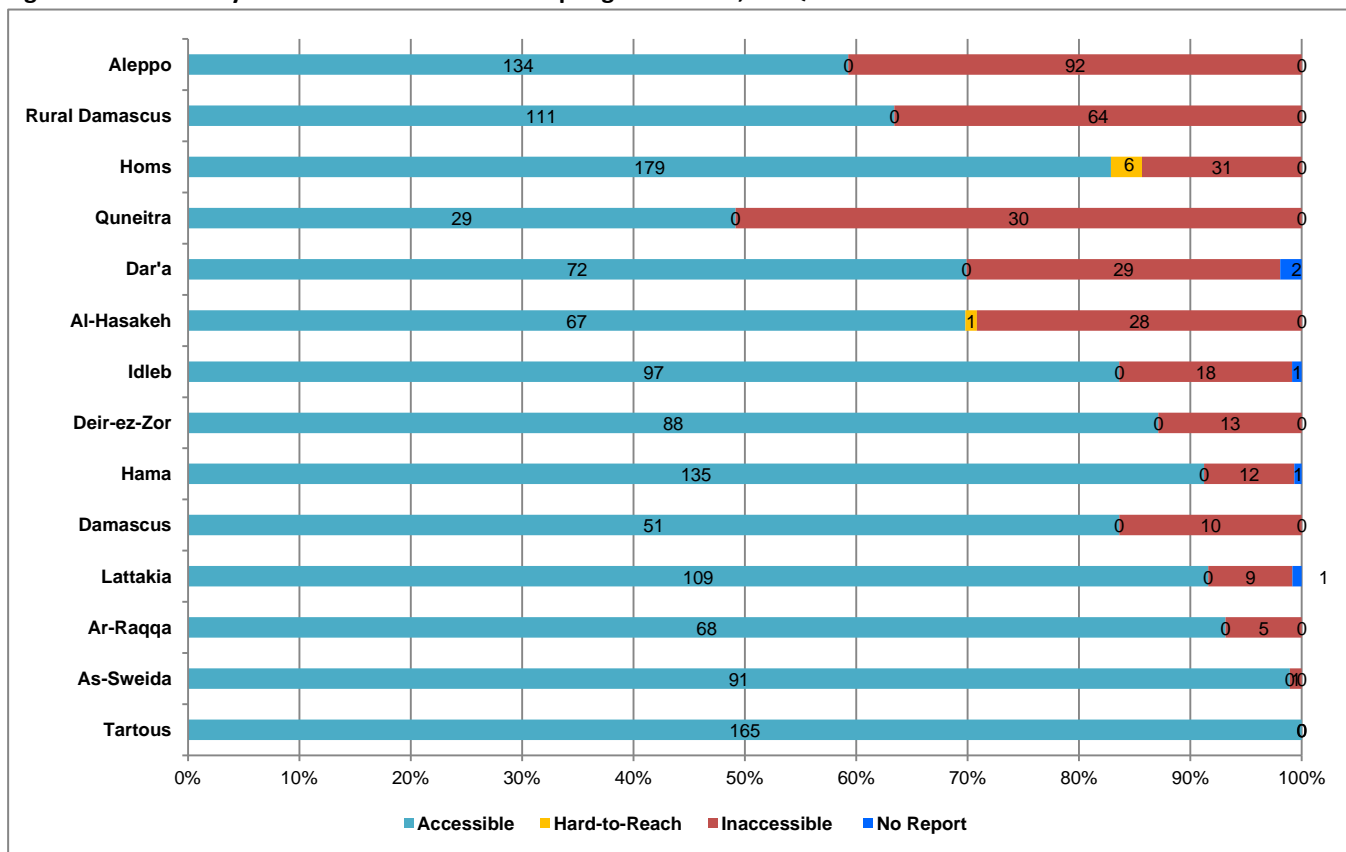
- ◆ **Accessible:** a health centre is easily accessible for patients and health staff.
- ◆ **Hard-to-reach:** a health centre is hardly reached, due to security situation or long distance.
- ◆ **Inaccessible:** a health centre is not accessible because of the security situation, or a centre is accessible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



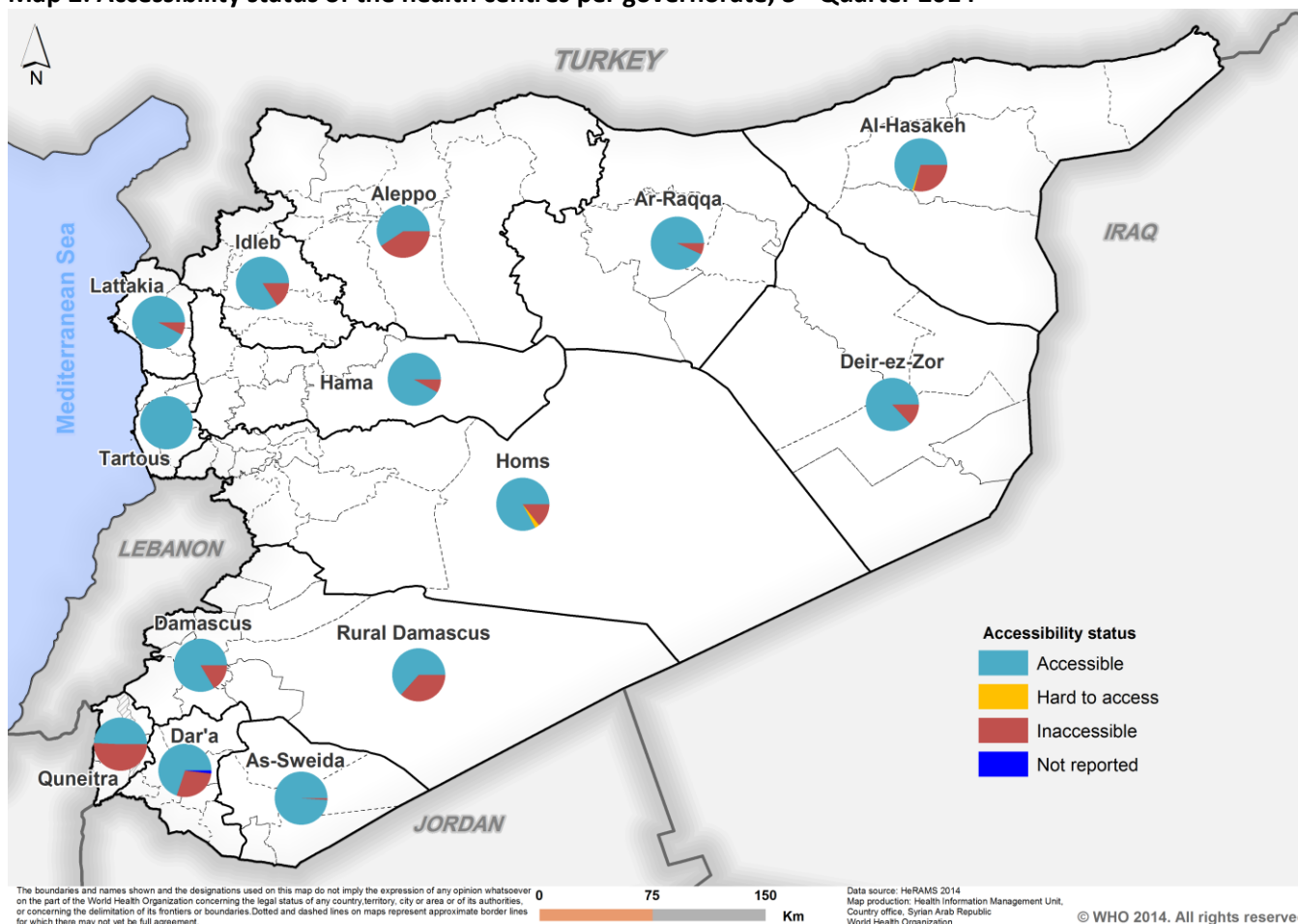
By end of the 3<sup>rd</sup> Quarter 2014, 80% (1,396) of the health centres were accessible to patients and staff, while almost 20% (349) were inaccessible [Figure 5].

Detailed analysis on the accessibility status of the health centres, at governorate level, is presented in [Figure 6].

Figure 6: Accessibility status of the health centres per governorate, 3<sup>rd</sup> Quarter 2014



**Map 2: Accessibility status of the health centres per governorate, 3<sup>rd</sup> Quarter 2014**

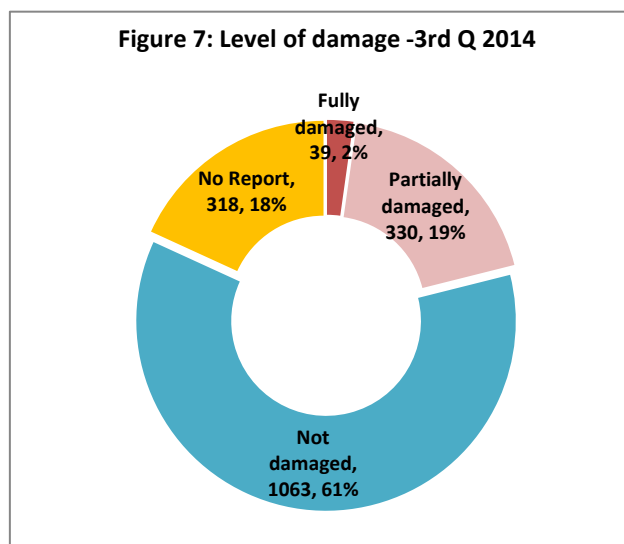


## 4. Infrastructure Patterns of Health centres

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.

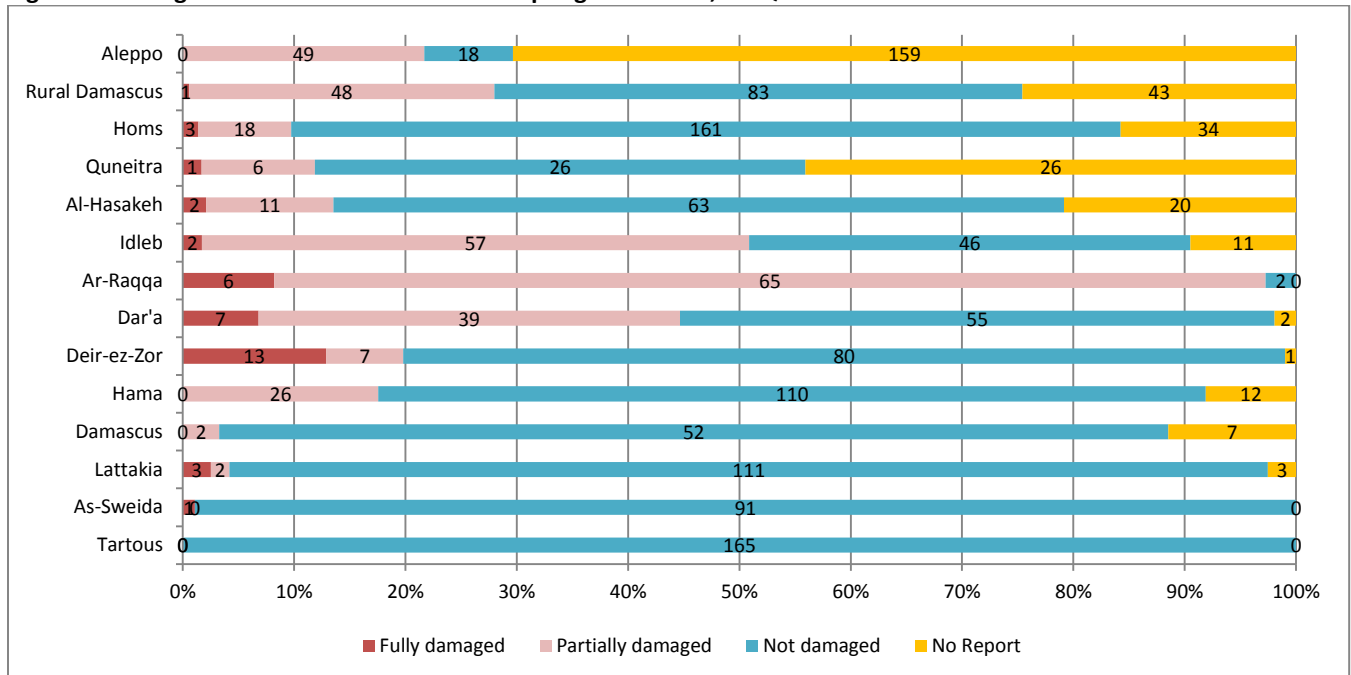
By end of the 3<sup>rd</sup> Quarter 2014, 21% (369) of the health centres were reported damaged (2% fully damaged and 19% partially damaged), 61% (1,063) intact, while the building's condition of 18% (318) health centres were unknown [Figure 7].



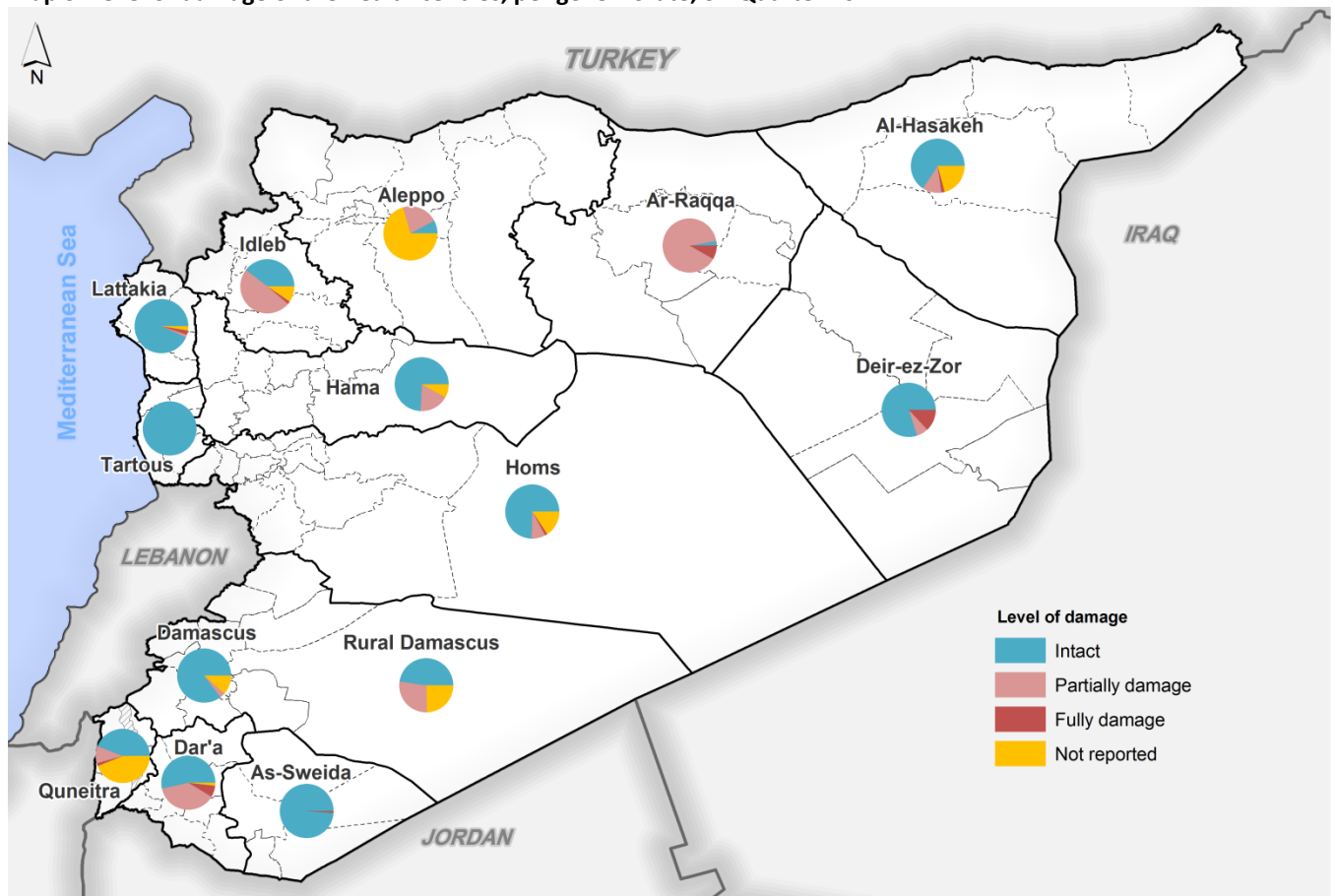
Key gaps on reporting on level of damage of health centres are in Aleppo 50% (159/318), Rural Damascus 14% (43/318) and Homs (34/318).

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

**Figure 8: Damaged status of the health centres per governorate, 3<sup>rd</sup> Quarter 2014**



**Map 3: Level of damage of the health centres, per governorate, 3<sup>rd</sup> Quarter 2014**



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Data source: HeRAMS 2014  
Map production: Health Information Management Unit, Country office, Syrian Arab Republic  
World Health Organization

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## 5. Severity ranking of Health Situation

The severity ranking exercise was conducted during preparation of HNO (Humanitarian Needs Overview) to identify needs and priority areas of concern for the health sector to support planning of the SRP (Syrian Response Plan) 2015.

The main objective of severity ranking of health situation is to highlight areas of priority/ concern, and support evidence-based planning, coordination of response, and focused geographical health care interventions (e.g., delivery of humanitarian assistance, service provision, capacity building, etc).

WHO and health sector partners, conducted several meetings to review a standard template of severity ranking topics and scales provided by OCHA. Following those meetings, and based on available data, it was agreed to use two key indicators of HeRAMS for severity ranking; accessibility and functionality Status of health facilities.

The following steps were conducted to analyse the severity ranking, at health district level:

1. Two key indicators of HeRAMS were considered: health centres accessibility and functionality Status.
2. The data of health centres accessibility and functionality for 3<sup>rd</sup> Quarter 2014, were compiled, and weighing scale has been assigned, as below:

Functionality Status	Mark	Accessibility	Mark
Fully functioning	0	Accessible	0
Partially functioning	3	Hard to access	3
Not functioning	6	Inaccessible	6

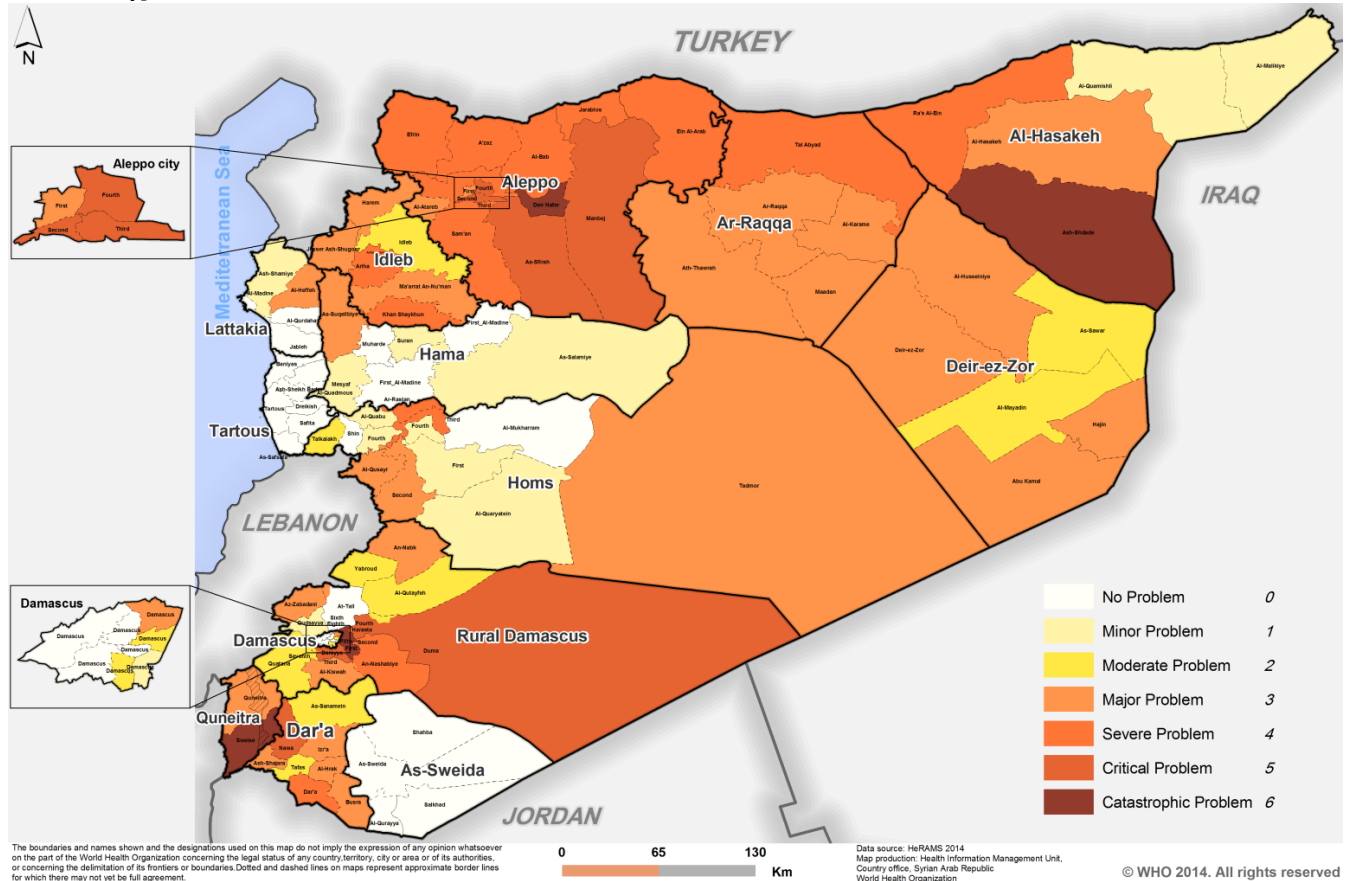
3. At a centre level, scores of indicators were calculated, based on the above scale.
4. At a health district level, total scores of centres were calculated and divided by number of centres in the health district.
5. Based on a scale of 0 to 6, situation of health districts has been ranked, as follows:

Catastrophic Problem	6
Critical Problem	5
Severe Problem	4
Major Problem	3
Moderate Problem	2
Minor Problem	1
No Problem	0

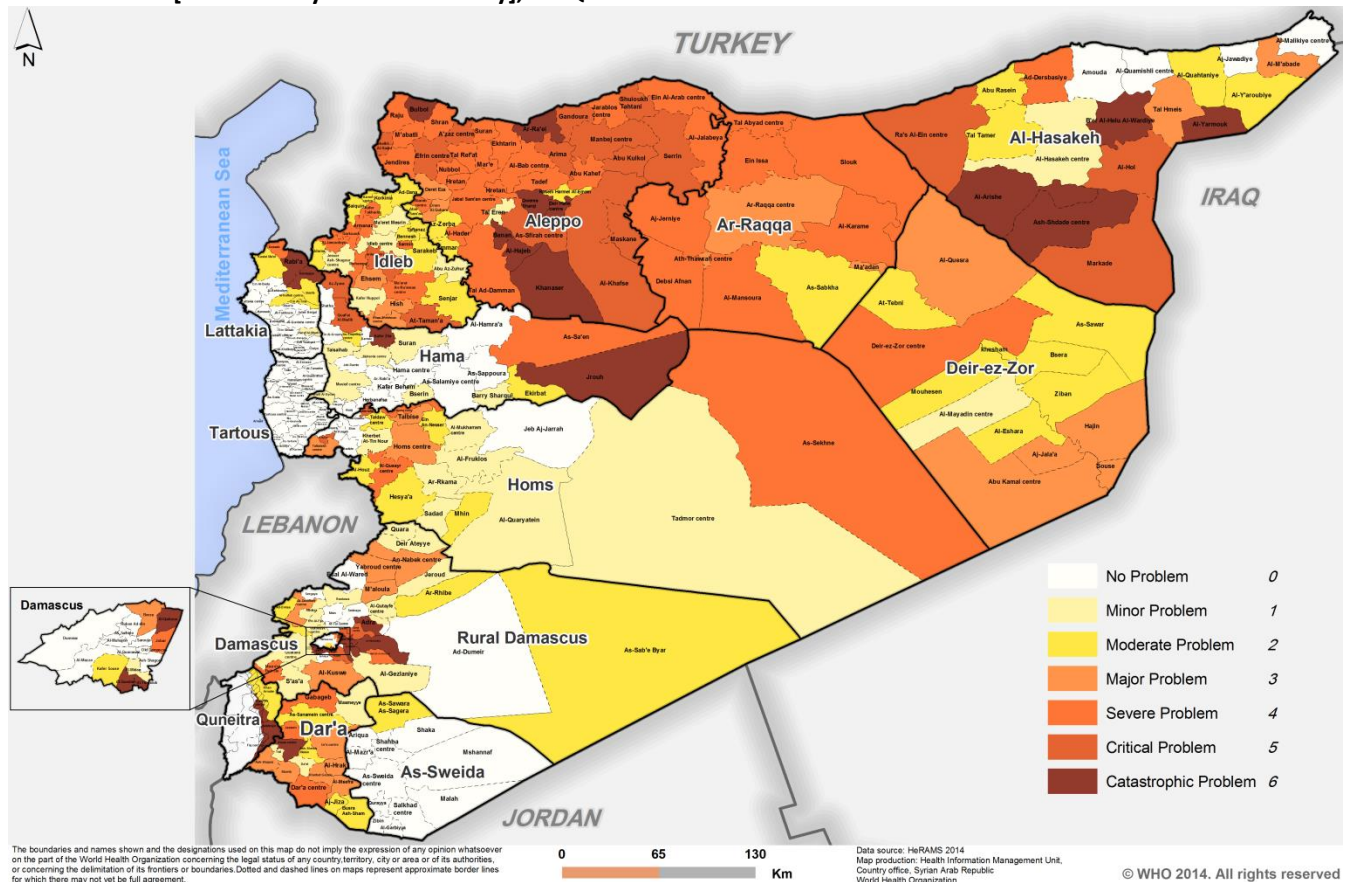
6. Severity ranking map has been produced for health centres situation, at health district level [Map 4].

Following the same methodology, additional map has been produced for severity ranking, including all public health facilities (hospitals [MoH & MoHE] and health centres), at sub-district level, which is more comprehensive and at a lower geographical layer [Map 5].

**Map 4: Severity ranking of health centres' situation at health district level, based on two indicators [functionality and accessibility], 3<sup>rd</sup> Quarter 2014**



**Map 5: Severity ranking of situation of health facilities (public hospitals and health centres) at Sub-district level, based on two indicators [functionality and accessibility], 3<sup>rd</sup> Quarter 2014**



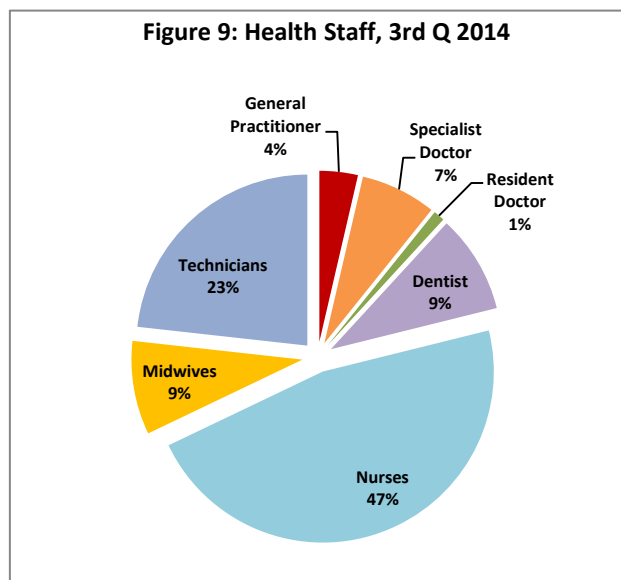
## 6. Availability of Human Resources

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

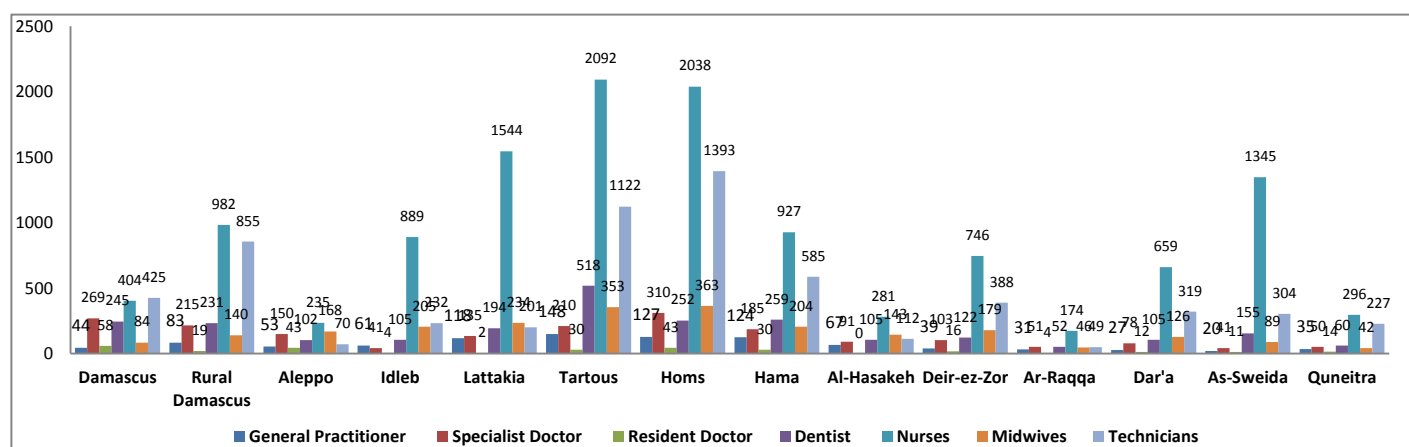
By end of the 3<sup>rd</sup> Quarter 2014, the proportions of different categories of health staff, among the total functional (fully and partially) health centres (1,231 /1,750), remained almost the same as 2<sup>nd</sup> Quarter 2014.

The resident doctors represented 1% of total health staff at centres' level, followed by General practitioners (4%); specialists (7%); Dentists (9%); midwives (9%); technicians (23%); and Nurses (47%) [Figure 9].

The **Distribution** of total health staff at health centres per governorate is shown in Figure 10.

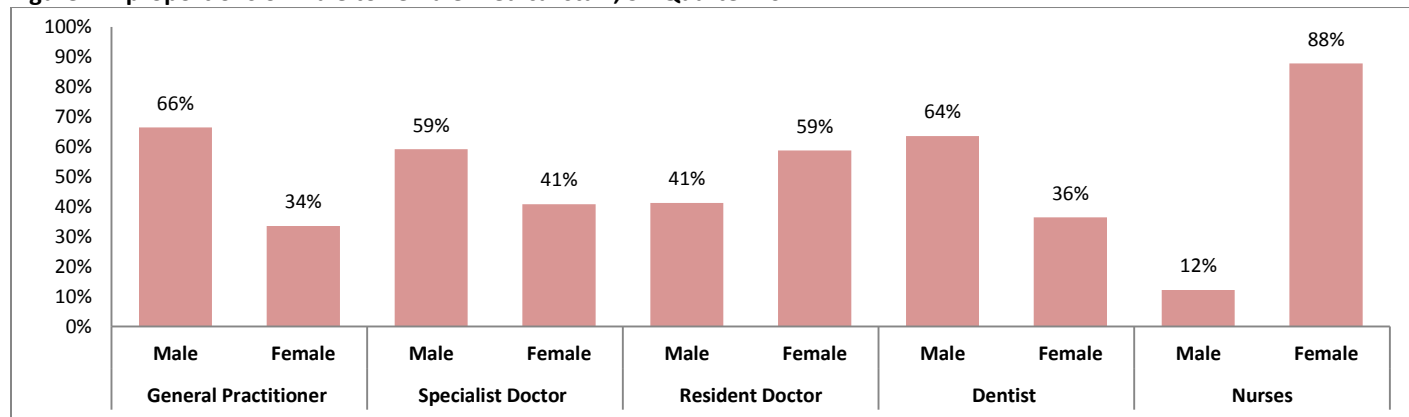


**Figure 10: Distribution of total health staff at health centres per governorate, 3<sup>rd</sup> Quarter 2014**



Overall proportion of Male to Female staff by Category across functional health centres national wide is presented in Figure 11.

**Figure 11: proportions of Male to Female medical staff, 3<sup>rd</sup> Quarter 2014**



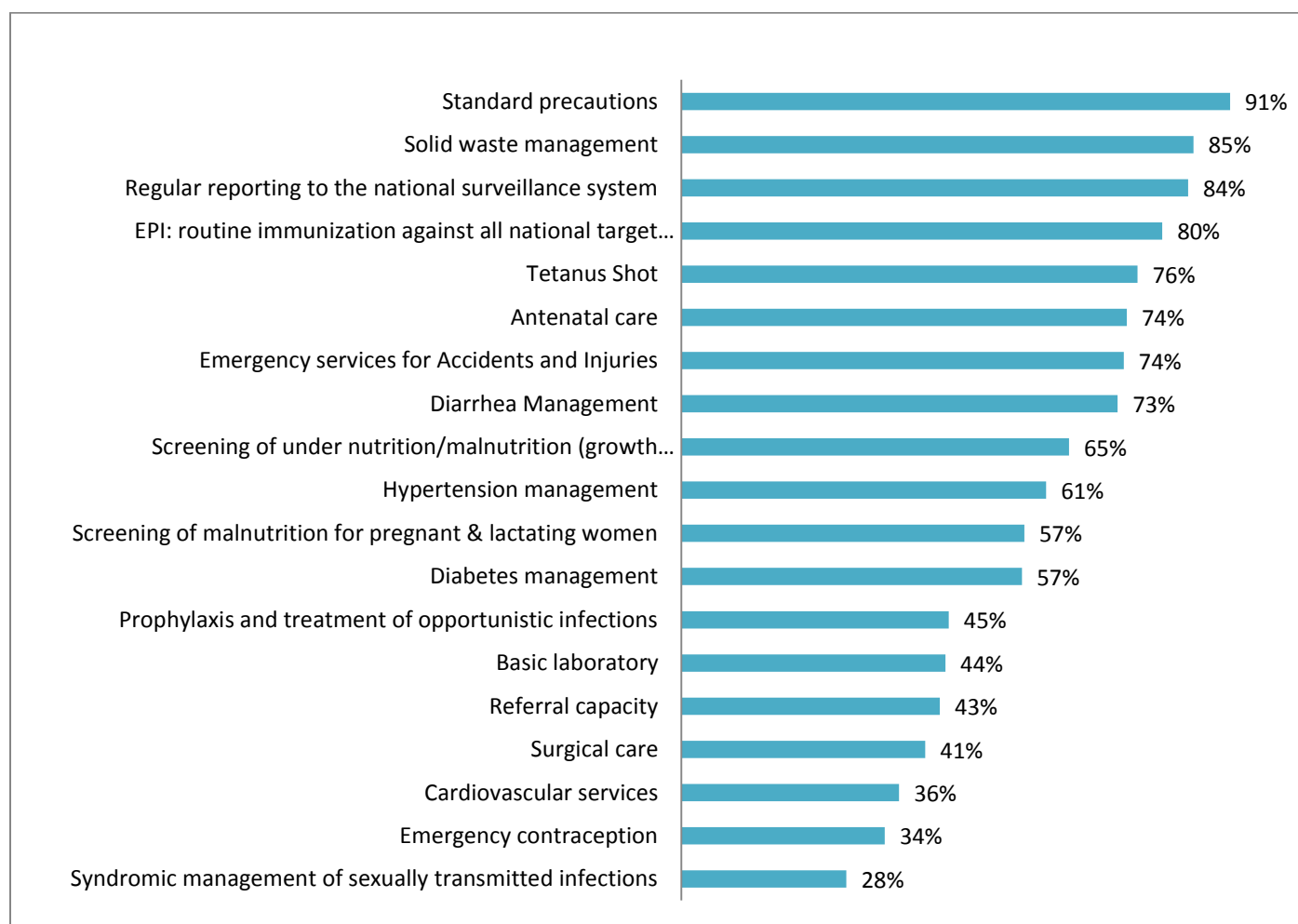
## 7. Availability of Health Services

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, Emergency contraception,
- ◆ Non-communicable Diseases and Mental Health: Surgical care, Cardiovascular services, Hypertension management, Diabetes management, Mental health care

Figure 12 shows the percentage of availability of health services across all functioning health centres (1,231/1,750).

**Figure 12: Percentage of availability of health services, across all public functional Health Centres, , 3<sup>rd</sup> Quarter 2014**



\*\*Detailed information on availability and utilization of services per governorate is available in HeRAMS Database.

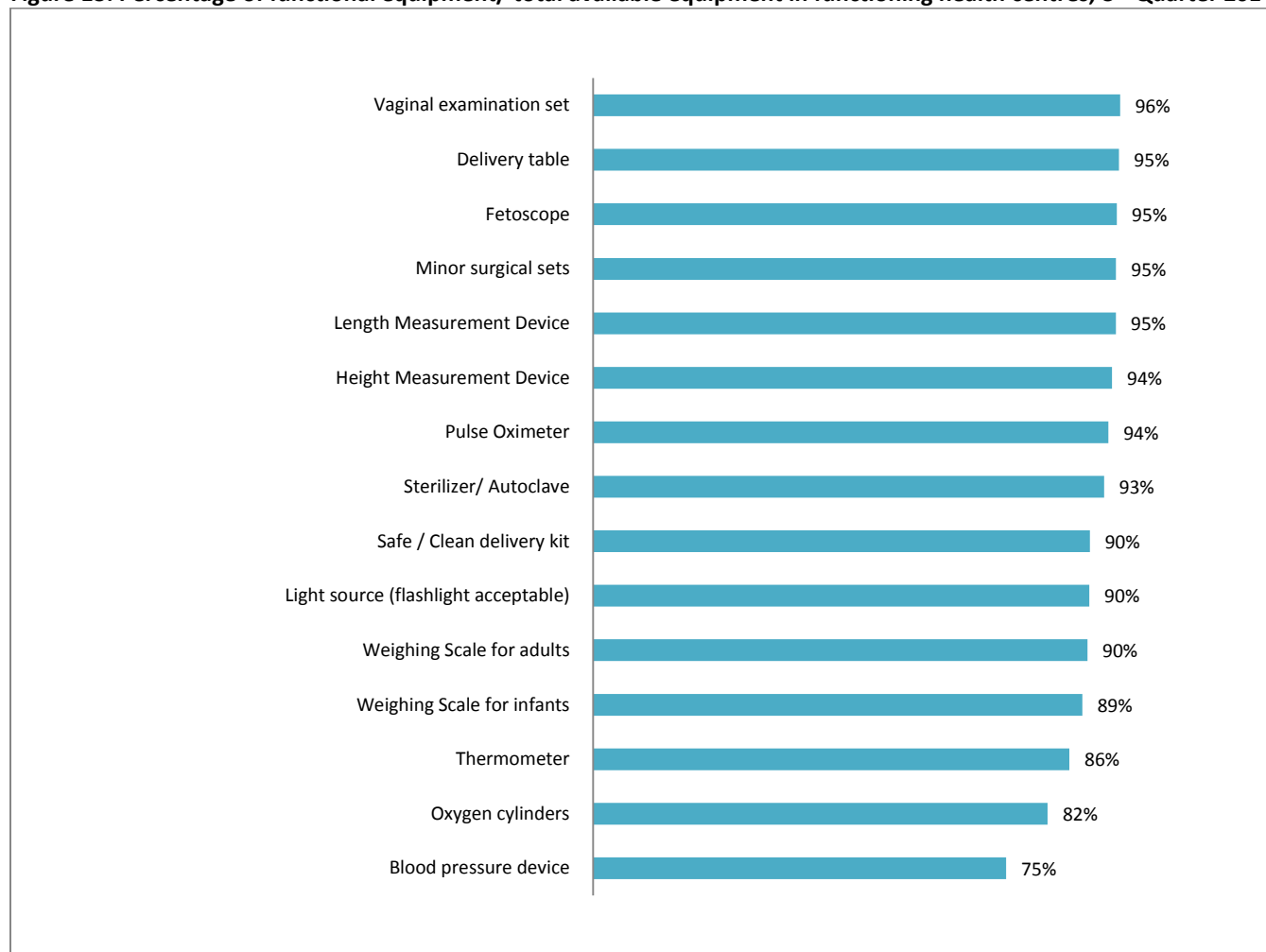
## 8. Availability of Medical Equipment

The availability of different types of essential equipment has been assessed at health centre's level, based on a standard checklist<sup>1</sup>.

Analysis of availability of essential equipment has been measured across all functioning health centres [fully and partially functioning] (1,231/1,750), 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.

Gaps were observed, even within the functional health centres [Figure 13].

**Figure 13: Percentage of functional equipment/ total available equipment in functioning health centres, 3<sup>rd</sup> Quarter 2014**

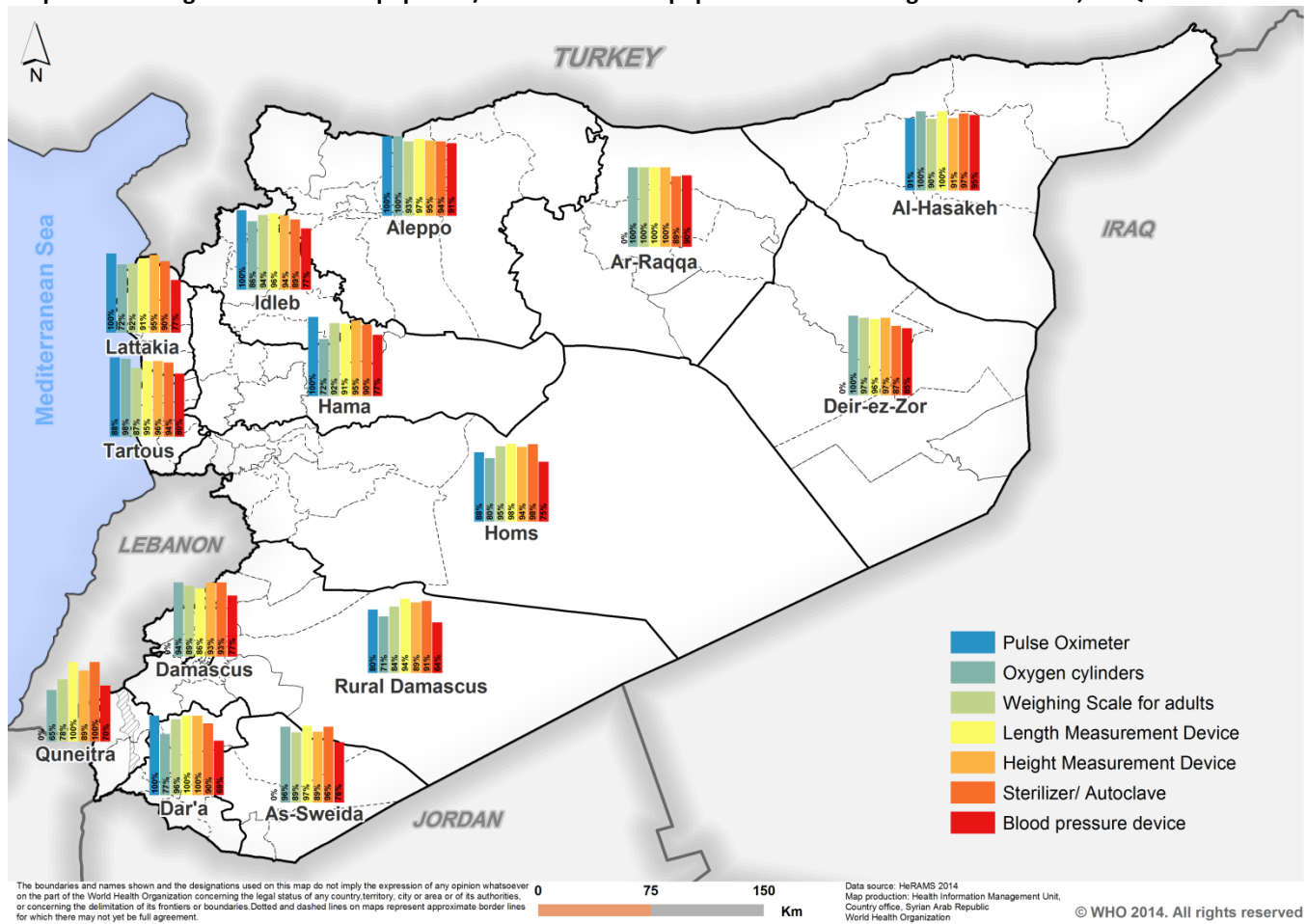


More details on availability of essential equipment at a health centre level are available in HeRAMS Database.

The availability of functional essential equipment at health centres is visualized on [Map 6], summarized at governorate level, which could be considered as good indication for more focused planning for procurement of equipment to fill-in gaps.

<sup>1</sup> A detailed list of availability of essential equipment is available upon request.

Map 6: Percentage of functional equipment/ total available equipment in functioning health centres, 3<sup>rd</sup> Quarter 2014



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Data source: HeRAMS 2014  
Map production: Health Information Management Unit,  
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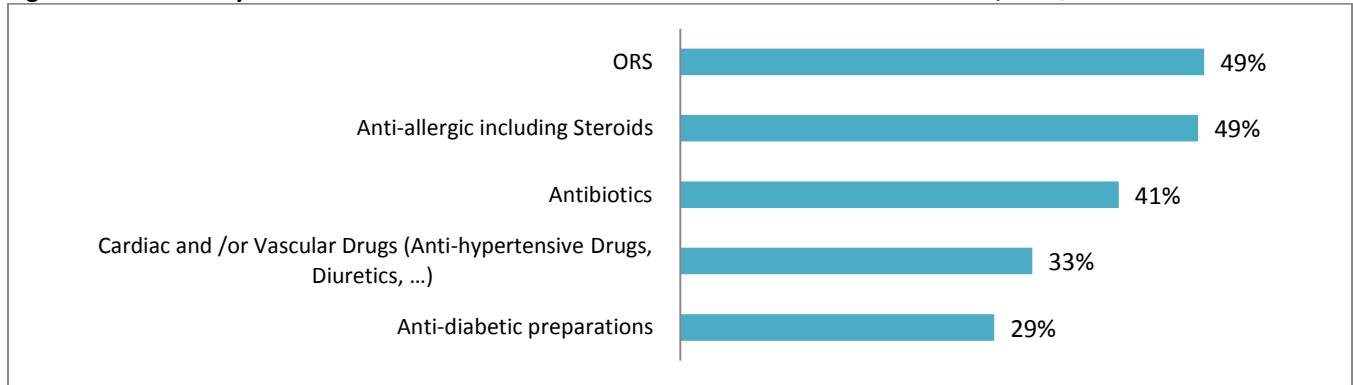
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## 9. Availability of Priority Medicines

Availability of medicines and consumables 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 month.

Gaps of medicines and consumables are observed even within the functional health centres; 71% gap of Anti-diabetic preparations, 67% of Cardiac and /or Vascular Drugs, 59% of Antibiotics, 51% of Anti-allergic including Steroids, and 51% of ORS [Figure 14].

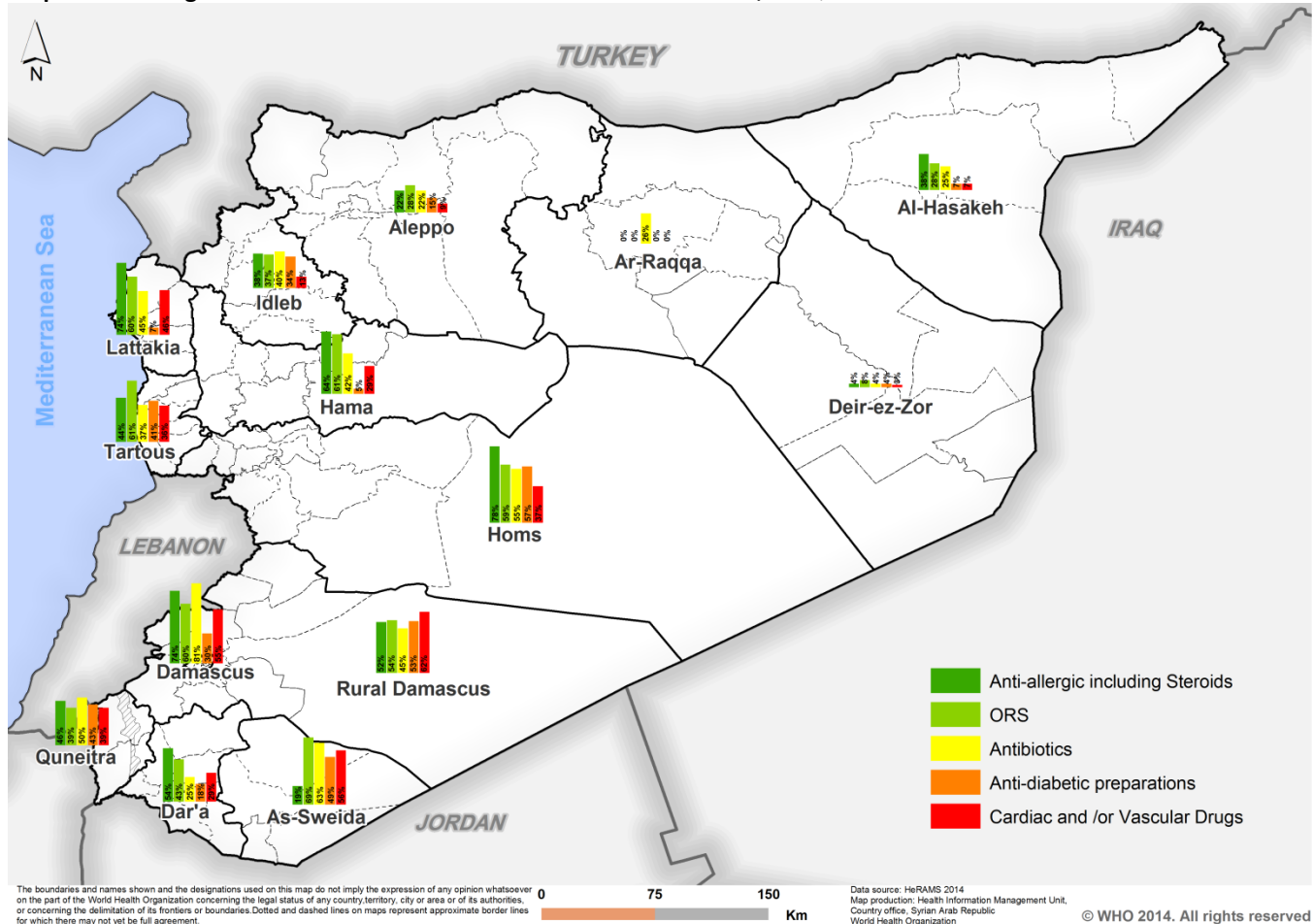
**Figure 14: Availability of medicines and medical consumables at functional health centres, 3<sup>rd</sup> Quarter 2014**



More details on availability of medicines and consumables at a health centre level are available in HeRAMS Database.

Percentages of available medicines in functioning health centres by end of 3<sup>rd</sup> Quarter 2014, at governorate level, are presented in Map 7.

**Map 7: Percentage of available medicines at functional health centres, 3<sup>rd</sup> Quarter 2014**



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