

1. Completeness of Reporting

The total number of Ministry of Higher Education (MoHE) public hospitals was updated, since beginning of December 2016, to be 13 instead of 14, as a presidency law was issued transferring ownership of Al-Assad University Hospital in Lattakia to Defense Ministry.

The completeness of reporting of public hospitals across Syria remained 100%, where all 98 Ministry of Health (MoH) hospitals and 13 Ministry of Higher Education (MoHE) hospitals continued to report to HeRAMS in December 2016¹.

2. Functionality Status

Functionality of the public hospitals has been assessed at three levels: fully functioning, partially functioning, or not functioning. By the end of December 2016, and out of the 111 assessed public hospitals [MoH & MoHE], 44% (49) were reported fully functioning, 30% (33) hospitals were reported partially functioning (i.e., shortage of staff, equipment, medicines or damage of the building in some cases), while 26% (29) were reported non-functioning [Figure 1].

Distribution of public hospitals by functionality status is presented in Map 1, which also portrays the HTR areas².

Map 1: Distribution and functionality status of the public hospitals, December 2016

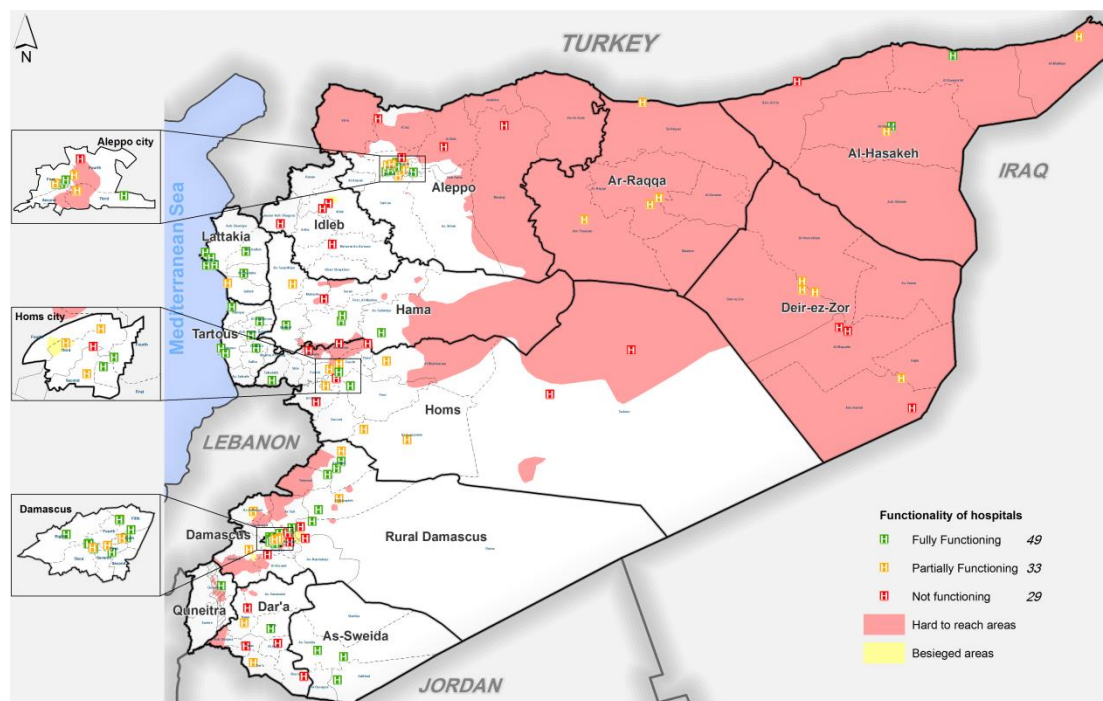
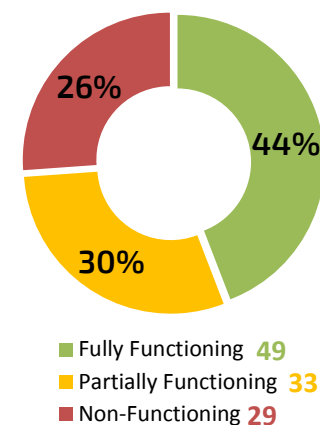
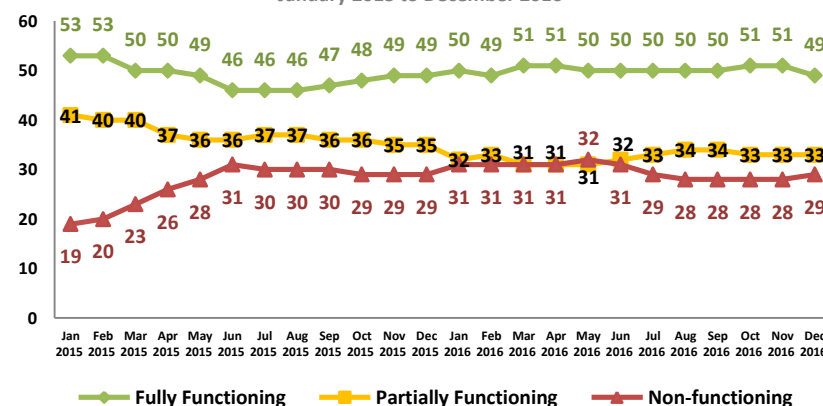


Figure 1: Functionality Status - Dec 2016



Trend analysis of functionality status of public hospitals throughout 2015 and 2016 is presented in Figure 2.

Figure 2: Trend analysis of functionality status of public hospitals, from January 2015 to December 2016



¹ This is to acknowledge that the data provided in this snapshot is a product of joint collaboration between the World Health Organization, Ministry of Health, and Ministry of Higher Education in the Syrian Arab Republic.

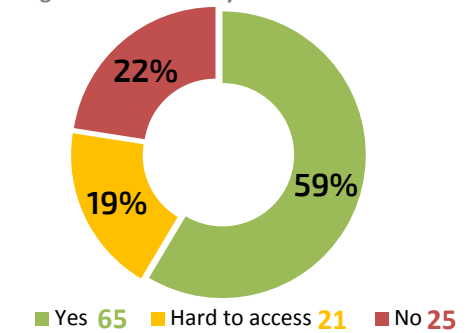
² HTR and besieged areas are portrayed based on OCHA map as of November 2016, and other sources

3. Accessibility Status

Accessibility to public hospitals has been assessed at three levels: accessible, hard-to-access, or inaccessible hospital for patients.

By the end of December 2016, **59% (65)** hospitals were reported accessible, **19% (21)** hard-to-access, and **22% (25)** were inaccessible [Figure 3].

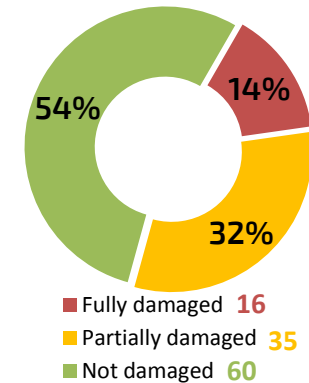
Figure 3: Accessibility Status - Dec 2016



4. Level of Damage

The condition of the hospitals' buildings has been assessed at three levels: fully damaged, partially damaged, and not damaged. By the end of December 2016, 46% (51) hospitals were reported damaged [**14%** fully damaged and **32%** partially damaged], while **54% (60)** of public hospitals were reported intact [Figure 4].

Figure 4: Level of Damage - Dec 2016



It is essential to cross-analyze the infrastructural damage of the public hospitals in relation to the functionality status (i.e. provision of services). Some hospitals have resiliently continued to provide services regardless of the level of damage of the building and by optimizing intact parts of the building or in a few cases operating from other neighboring facilities. The national figures translate as follows:

- ◆ Out of the **35 partially damaged hospitals**, 14 hospitals were reported partially functioning and 18 out of service (non-functioning), while three hospitals (Yabroud in Rural Damascus, Ebn Khaldoun Psychiatric hospital in Aleppo, and National hospital in Al-Hasakeh) were reported to be fully functioning providing all services through salvaging medical equipment from the damaged section of the hospital with full staffing capacity.
- ◆ Out of the **16 fully damaged hospitals**, 10 were reported non-functioning while 6 hospitals have opted for

innovative ways to continue providing health services to populations in need through partially functioning from other nearby temporary locations and provide health services with limited staff capacity and resources. *More details of the 6 hospitals are available in the HerAMS database.*

- ◆ Then again, hospitals with **intact buildings (60 hospitals)** does not directly reflect full functionality, only 46 of the 60 intact hospitals are fully functioning, while 13 are partially functioning and one hospital is not functioning all together, due to limited access of patients and health staff to the facilities resulting from the dire security situation as well as critical shortage of supplies.

Trend analysis of the level of damage of the hospitals' buildings between January 2015 and December 2016 is presented in Figure 5.

Figure 5: Trend analysis of level of damage, from January 2015 to December 2016

