# Snapshot for PUBLIC HOSPITALS



## 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 AI-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 January 2017<sup>1</sup>.

#### 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 January 2017, 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 potrays the HTR areas<sup>2</sup>.

**Trend analysis** of functionality status of public hospitals throughout 2016 and 2017 is presented in Figure 2.

**Figure2:** Trend analysis of functionality status of public hospitals, from January 2016 to January 2017

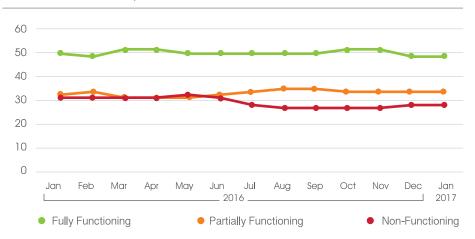
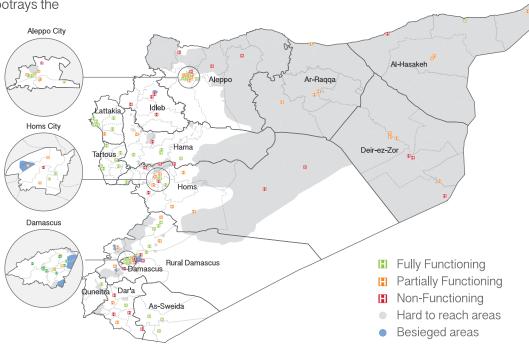


Figure 1: Functionality Status - Jan 2017



Map1: Distribution and functionality status of the public hospitals, January 2017



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.

<sup>&</sup>lt;sup>2</sup> HTR and besieged areas are portrayed based on OCHA map as of January 2017, 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.

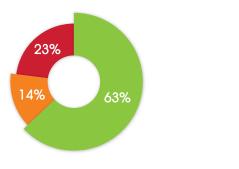
By the end of January 2017, 63% (70) hospitals were reported accessible, 14% (16) hard-to-access, and 23% (25) were inaccessible [Figure 3].

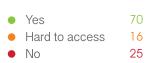
#### 4. LEVEL OF DAMAGE

The condition of the hospitals' buildings has been assessed at three levels: fully damaged, partially damaged, and not damaged. By the end of January 2017, 46% (51) hospitals were reported damaged [14% fully damaged and 32% partially damaged], while 54% (60) of public hospitals were reported intact [Figure 4].

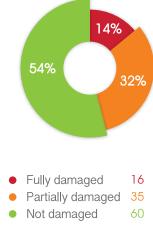
It is essential to cross-analyze the infrastructural damage of the public hospitals in relation to the functionality status (i.e. provision of services). Some hospitals have resiliently continued to provide services regardless of the level of damage of the building and by optimizing intact parts of the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

Flgure3: Accessibility Status - Jan 2017





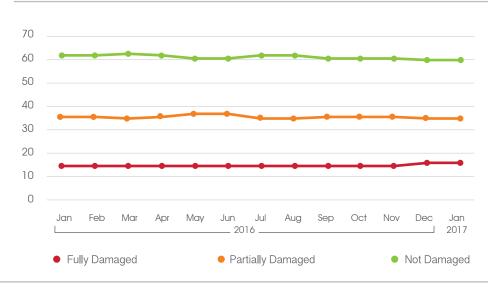




- Out of the 35 partially damaged hospitals, 16 hospitals were reported partially functioning and 18 out of service (non-functioning), while one hospital (Ebn Khaldoun Psychiatric hospital in Aleppo) was reported to be fully functioning providing all services with full staffing capacity.
- Out of the 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 48 of the 60 intact hospitals are fully functioning, while 11 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 2016 and January 2017 is presented in Figure 5.

Figure5: Trend analysis of level of damage, from January 2016 to January 2017



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