

1. Completeness of Reporting

The completeness of reporting of public hospitals across Syria remained 100%, where all 98 Ministry of Health (MoH) Hospitals and 14 Ministry of Higher Education (MoHE) hospitals continued to report to HeRAMS in August 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 August 2016, and out of the **112** assessed public hospitals [MoH & MoHE], **45% (50)** were reported fully functioning, **30% (34)** hospitals were reported partially functioning (i.e., shortage of staff, equipment, medicines or damage of the building in some cases), while **25% (28)** were reported non-functioning [Figure 1].

In comparison to July 2016, functionality status has improved slightly as Al-Bassel-Al-Qaryatein hospital in Homs has turned to be partially functioning due to improvement of security situation in Al-Qaryatein district.

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, August 2016

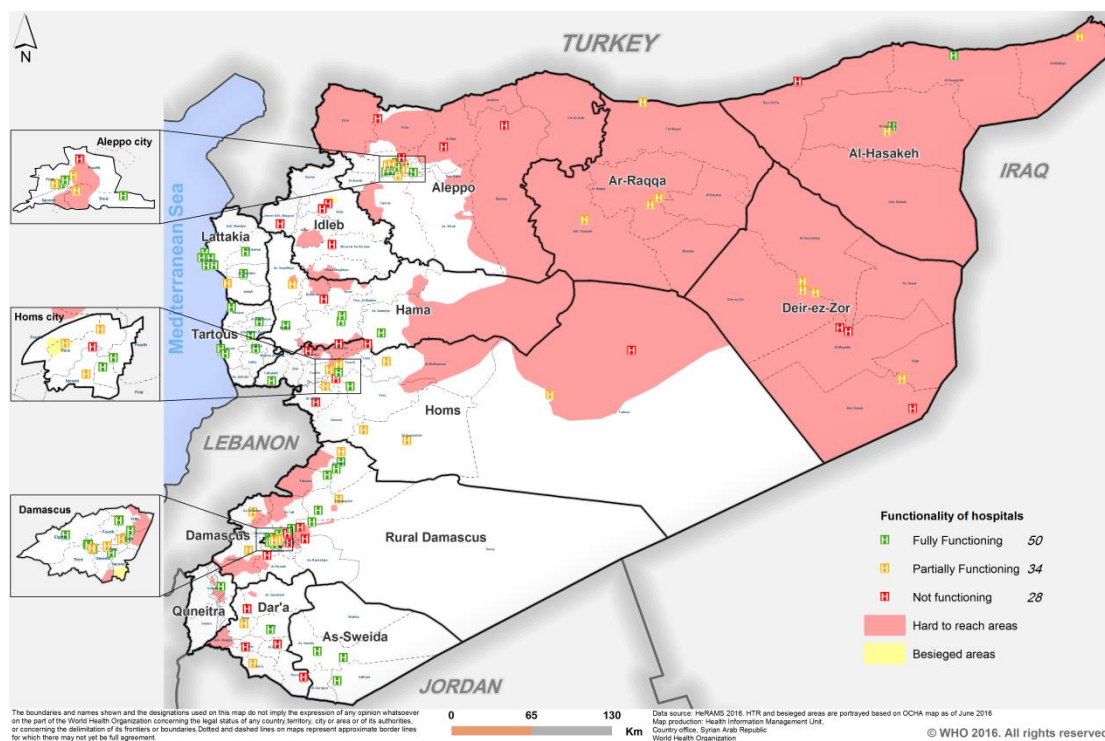
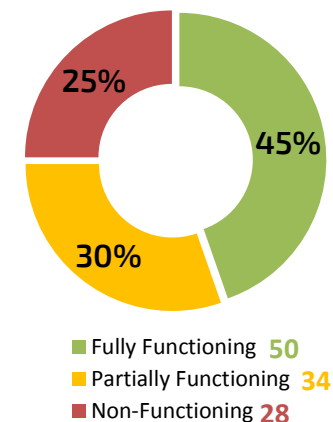
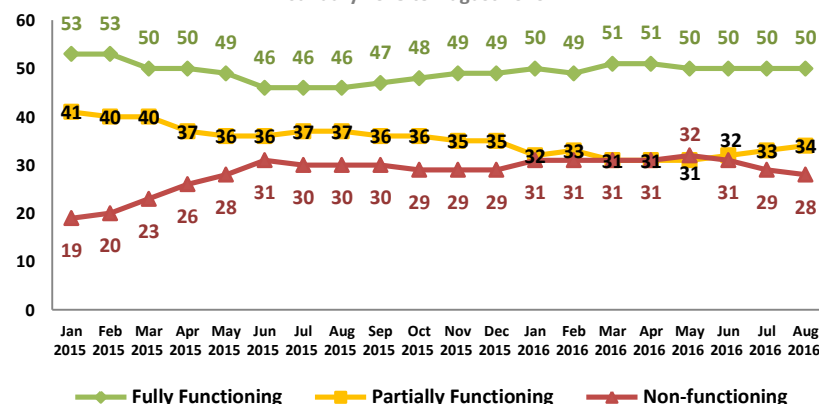


Figure 1: Functionality Status- Aug 2016



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 August 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.

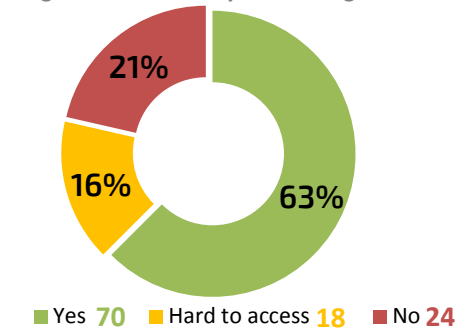
² HTR and besieged areas are portrayed based on OCHA map as of June 2016, and other sources

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 August 2016, **63% (70)** hospitals were reported accessible, **16% (18)** hard-to-access, and **21% (24)** were inaccessible [Figure 3].

Figure 3: Accessibility status- Aug 2016



4. Level of Damage

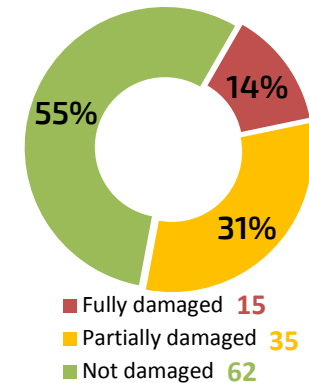
The condition of the hospitals' buildings has been assessed at three levels: fully damaged, partially damaged, and not damaged. By the end of August 2016, 45% (50) hospitals were reported damaged [**14% fully damaged and 31% partially damaged**], while **55% (62)** of public hospitals were reported intact [Figure 4].

In comparison to July 2016, the number of damaged hospitals have not been changed.

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:

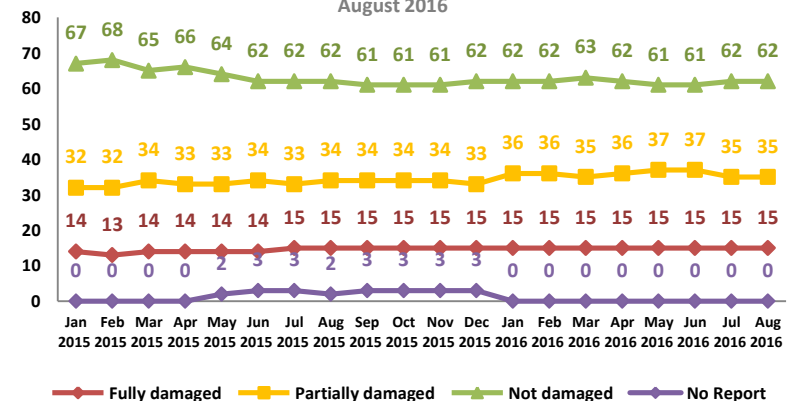
- ◆ Out of the **35 partially damaged hospitals**, 16 hospitals were reported partially functioning and 17 out of service (non-functioning), while two hospitals (Yabroud in Rural Damascus, and Ebn Khaldoun Psychiatric hospital in Aleppo) were reported to be fully functioning providing all services through salvaging medical equipment from the damaged section of the hospital with full staffing capacity.
- ◆ Out of the **15 fully damaged hospitals**, 10 were reported non-functioning while 5 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 5 hospitals are available in the HeRAMS database.*
- ◆ Then again, hospitals with **intact buildings (62 hospitals)** does not directly reflect full functionality, only 48 of the 62 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.

Figure 4: Level of Damage - Aug 2016



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

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



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