

1. Completeness of Reporting

The completeness of reporting of public hospitals across Syria remained 100%, where all 99 Ministry of Health (MoH) Hospitals and 14 Ministry of Higher Education (MoHE) hospitals continued to report to HeRAMS in May 2016¹.

2. Functionality Status

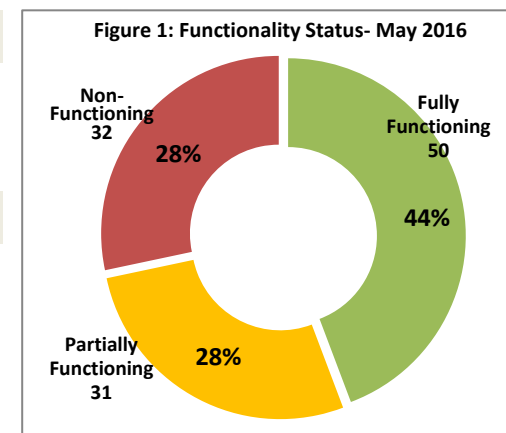
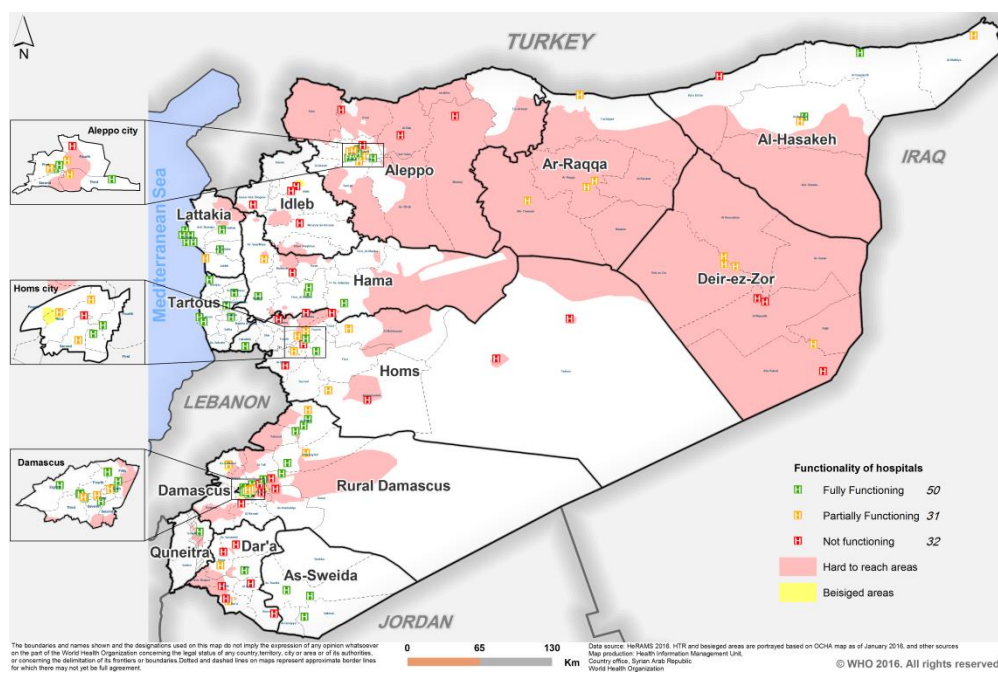
Functionality of the public hospitals has been assessed at three levels: fully functioning, partially functioning, or not functioning. By the end of May 2016, and out of the **113** assessed public hospitals [MoH & MoHE], 44% (50) were reported fully functioning, 28% (31) hospitals were reported partially functioning (i.e., shortage of staff, equipment, medicines or damage of the building in some cases), while 28% (32) were reported non-functioning [Figure 1].

In comparison to April 2016, functionality status has declined slightly due to the security situation as follow:

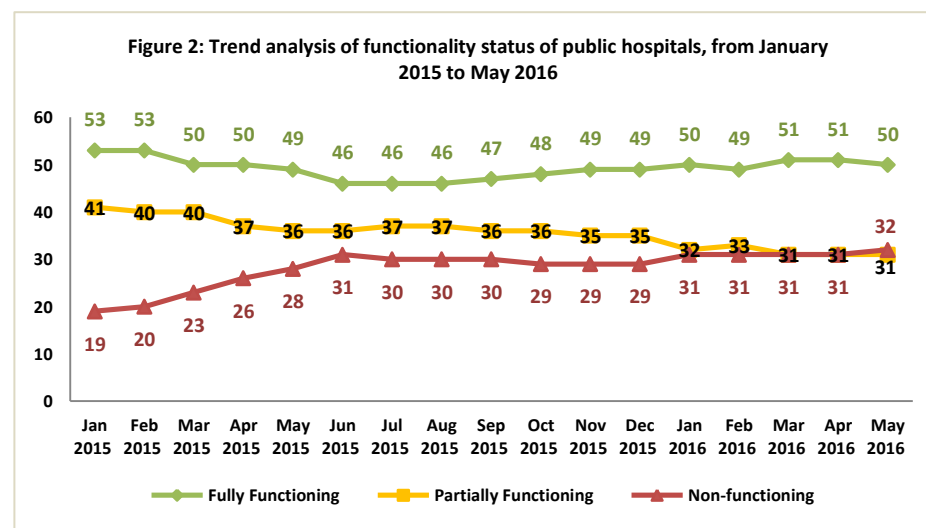
- Al-Assad hospital (MoH) in Deir-ez-Zor: has turned from fully to partially functioning.
- Al-Hrak hospital (MoH) in Dar'a: has turned from partially to non-functioning.

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, May 2016



Trend analysis of functionality status of public hospitals throughout 2015 and 2016 is presented in Figure 2. The total number of non-functional hospitals in May 2016 still high (32) compared to May 2015 (28).



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.

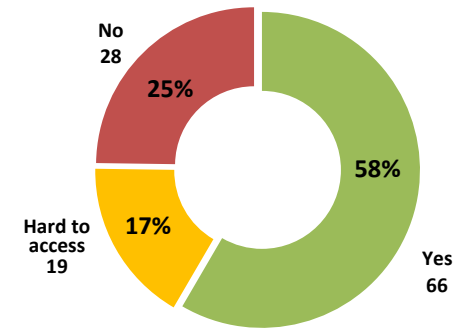
² HTR and besieged areas are portrayed based on OCHA map as of January 2016, and other sources

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 May 2016, 58% (66) hospitals were reported accessible, 17% (19) hard-to-access, and 25% (28) were inaccessible [Figure 3].

Figure 3: Accessibility status- May 2016



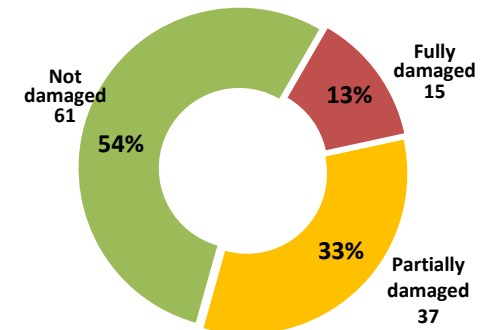
4. Level of Damage

The condition of the hospitals' buildings has been assessed at three levels: fully damaged, partially damaged, and not damaged. By the end of May 2016, 46% (52) hospitals were reported damaged [13% fully damaged and 33% partially damaged], while 54% (61) of public hospitals were reported intact [Figure 4].

In comparison to April 2016, the number of damaged hospitals has slightly increased, where Al-Assad hospital (MoH) in Deir-ez-Zor has become partially damaged as a direct result of recent attack on this hospital.

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:

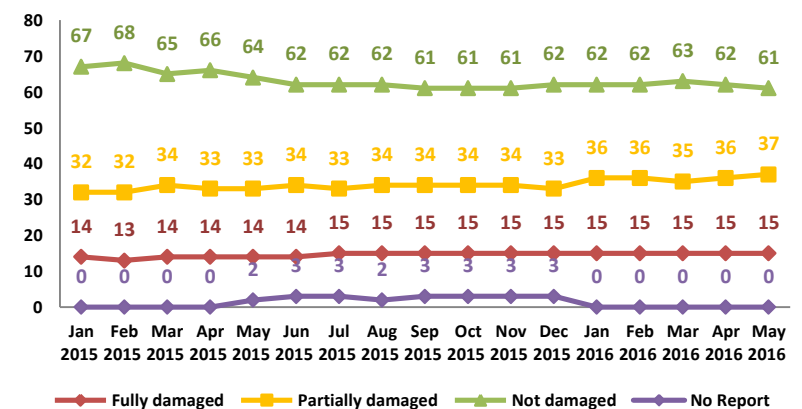
Figure 4: Level of Damage - May 2016



- ◆ Out of the **37 partially damaged hospitals**, 15 hospitals were reported partially functioning and 20 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 (61 hospitals)** does not directly reflect full functionality, only 48 of the 61 intact hospitals are fully functioning, while 11 are partially functioning and 2 hospitals are 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 May 2016 is presented in Figure 5. The total number of damaged hospitals in May 2016 is higher (52) than the same time last year (47).

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



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