Herams syria 2nd Quarter 2017 | Snapshot for PUBLIC HEALTH CENTRES



1. COMPLETENESS OF REPORTING

The completeness of reporting of public health centres across Syria has increased slightly in the 2nd Quarter 2017 to reach 99.72%, compared to 99.61% at the end of 1st Quarter 2017¹.

2. FUNCTIONALITY STATUS

Functionality of the public health centres has been assessed at three levels: fully functioning, partially functioning, or not functioning. By end of the 2nd Quarter 2017 and out of 1,806 assessed public health centres, **46% (827)** were reported fully functioning, **22% (388)** partially functioning, **32% (586)** non-functioning (completely out of service), while the functionality status of 0.3% (5) of health centres were unknown [Figure 1].

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

Trend analysis of functionality status of public health centres from 2014 to 2017 is presented in Figure 2. The total number of non-functional health centres in 2nd Quarter 2017 still high **(586)** compared to 2nd Quarter 2016 **(497)**.

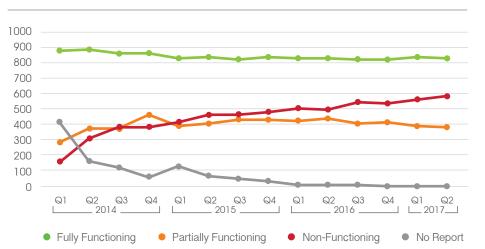
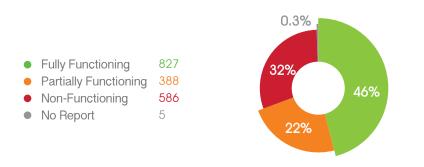
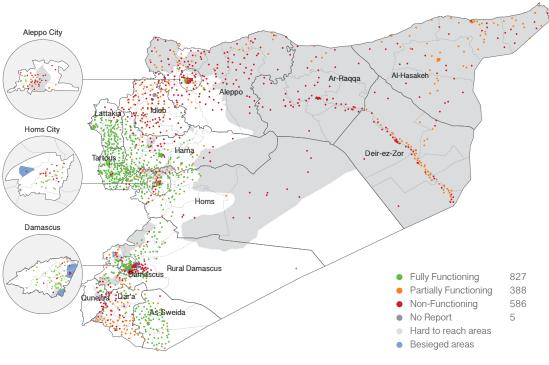


Figure2: Trend analysis of functionality status of public health centres, from 2014 to Q2 2017

Figure 1: Functionality Status - Q2 2017



Map1: Distribution and functionality status of the public health centres, 2nd Quarter 2017



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

² HTR and besieged areas are portrayed based on OCHA map as of April 2017, and other sources

3. ACCESSIBILITY STATUS

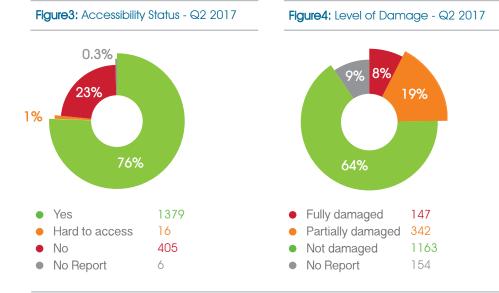
Accessibility to public health centres has been assessed at three levels: accessible, hard-to-access, or inaccessible health centre for patients. By end of the 2nd Quarter 2017, 76% (1,379) health centres were reported

accessible, 1% (16) hard-to-access, and 23% (405) were inaccessible, while the accessibility status of 0.3% (6) health centres were unknown [Figure 3].

4. LEVEL OF DAMAGE

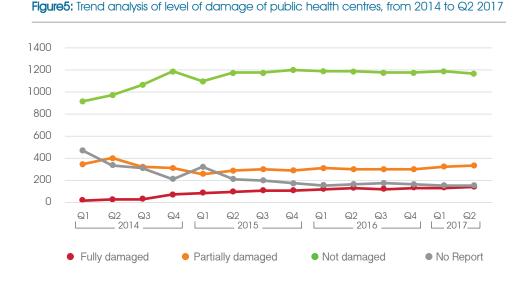
The condition of the public health centres' buildings has been assessed at three levels: fully damaged, partially damaged, and not damaged. By end of the 2nd Quarter 2017, 27% (489) health centres were reported damaged [8% fully damaged and 19% partially damaged], 64% (1,163) were reported intact, while the building's condition of 9% (154) health centres were unknown [Figure 4].

It is essential to cross-analyze the infrastructural damage of the public health centres in relation to the functionality status (i.e. provision of services). Some health centres 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 342 partially damaged health centres, 111 health centres were reported partially functioning and 195 out of service (non-functioning), the functionality status of 2 of health centres were unknown, while 34 health centres were reported to be fully functioning providing all services through salvaging medical equipment from the damaged section of the health centre with full staffing capacity.
- Out of the 147 fully damaged health centres, 120 were reported non-functioning and 27 health centres 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 27 health centres are available in the HeRAMS database. Then again, health centres with intact buildings (1,163 health centres) does not directly reflect full functionality, only 793 of the 1,163 intact health centres are fully functioning, the functionality status of one health centres was unknown, while 250 are partially functioning and 119 health centres 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 health centres' buildings from 2014 to 2017 is presented in Figure 5. The total number of damaged health centres in 2nd Quarter 2017 is higher **(489)** than the same time last year **(437)**.



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