This is to acknowledge that the data provided in this report is a product of joint collaboration between the World Health Organization and Ministry of Health in the Syrian Arab Republic. The report covers the third quarter of 2015.
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Execlutive Summary

Regular assessments to monitor the impact of the crisis on the health facilities functionality, accessibility, condition status, availability of resources and services, are conducted using HeRAMS (Health Resources & services Availability Mapping System) tool.

This report provides descriptive analysis of the situation of the public health centres of MoH (Ministry of Health), from all 14 governorates of Syria, during the 3rd Quarter 2015. The total assessed health centres in the 3rd Quarter 2015 is **1,783**.

Completeness of Centre’s reporting

The completeness of reporting of health centres has increased in the 3rd Quarter to reach 97%, compared to 96% at the end of 2nd Quarter.

Functionality status of the health centres

By end of the 3rd Quarter 2015 and out of **1,783** assessed public health centres, 46% (824) were reported fully functioning, 25% (438) partially functioning, 26% (468) non-functioning (completely out of service), while the functionality status of 3% (53) of health centres were unknown.

Accessibility status

By end of the 3rd Quarter 2015, 76% (1,359) health centres were reported accessible, 1% (19) hard-to-access, and 22% (382) were inaccessible, while the accessibility status of 1% (23) health centres were unknown.

Infrastructure of Health Centres

By end of the 3rd Quarter 2015, 23% (410) health centres were reported damaged [6% fully damaged and 17% partially damaged], 66% (1,173) of public health centres were reported intact, while the building’s condition of 11% (200) health centres were unknown.

Assessing the availability of water sources at functional public centres indicated that 84% (1,055) are using main pipelines, 2% (31) are mainly using wells, while 7% (90) are using both (main pipeline and well).

Availability of electricity generators and refrigerators were monitored at health centres’ level. Gaps were observed in many governorates.

Human Resources

By end of the 3rd Quarter 2015, the proportions of different categories of health staff among the total functional (fully and partially) health centres (1,262 /1,783), remained almost the same as 2nd Quarter 2015. The resident doctors represented (1%) of total health staff at centres’ level, followed by general practitioners (4%); pharmacists (4%); laboratory (7%); specialists (8%); dentists (10%); midwives (11%); and nurses (55%).
Availability of Health Services

The availability of core health services is monitored through HeRAMS at health centre’s level, considering a standard list of health services [includes: General Clinical and Emergency Services, Child Health, Nutrition, Sexual & Reproductive Health, Non-communicable Diseases and Mental Health].

As a result of disrupted healthcare delivery, limited provision of many health services, even within the functional health centres were observed.

Availability of Medical Equipment

Analysis of availability of essential equipment has been measured across all functioning health centres [fully and partially functioning] (1,262 /1,783), in terms of functional equipment out of the total available equipment in the health centre. The produced analysis provides good indication of the current readiness of the health centres to provide the health services, and also to guide focused planning for procurement and distribution of equipment and machines, to fill-in identified gaps that were observe even within the functional health centres.

Availability of Priority Medicines

Availability of medicines and consumables at health centres’ level has been evaluated based on a standard list of identified priority medicines and medical supplies for duration of one quarter. Gaps of medicines and medical supplies are identified even within the functional health centres (i.e., gap of 75% gap of Anti-diabetic preparations, 68% of Cardiac and/or Vascular Drugs, 61% of Antibiotics, 52% of Anti-allergic including Steroids, 50% of ORS, and 38% of Antiseptics).
1. Completeness of reporting

The completeness of reporting of health centres has increased in the 3rd Quarter to reach 97%, compared to 96% at the end of 2nd Quarter, due to slight improvement of reporting from Idleb governorate [Figure 1].

The total assessed health centres in the 3rd Quarter 2015 is 1,783.

The classification of health centres (1,783) per type is presented in [Figure 2], of which the majority is Primary Healthcare Centres (85%), followed by medical points (8%), specialized centres (5%), and comprehensive/ polyclinics (2%).

The levels of completeness of reporting of health centres at governorate level are presented in [Figure 3]. Out of a total reported 1,730 health centre, 1,464 (85%) are PHC centres.

The security escalations and accessibility remain a key challenge for completeness of reporting; the main gap of reporting is observed in Idleb (32%), while minor gaps were in Hama (4%), Rural Damascus (3%), and Aleppo (1%).

The following sections provide descriptive and trend analysis on the functionality status, accessibility, and infrastructure of the public health centres, availability of resources & services, and available equipment and medicines by end of the 3rd Quarter 2015.

The provided analysis supports informed decision making, better planning and allocation of resources, and contributes to significant and focused humanitarian response by WHO and health sector partners.
2. Functionality Status

Functionality of the health centres has been defined and assessed at three levels;

- **Fully Functioning**: a health centre is open, accessible, and provides healthcare services with full capacity (i.e., staffing, equipment, and infrastructure).

- **Partially functioning**: a health centre is open and provides healthcare services, but with limited capacity (i.e., either shortage of staffing, equipment, or damage in infrastructure).

- **Not functioning**: a health centre is out of service, because it is either fully damaged, inaccessible, no available staff, or no equipment.

By end of the 3rd Quarter 2015 and out of 1,783 assessed public health centres, 46% (824) were reported fully functioning, 25% (438) partially functioning, 26% (468) non-functioning (completely out of service), while the functionality status of 3% (53) of health centres were unknown [Figure 4].

Detailed analysis on the functionality status of the health centres at governorate level is shown in [Figure 5] and [Map 1].

**Figure 5: Functionality status of health centres per governorate, 3rd Quarter 2015**
The number of non-functioning health centres increased slightly from 464 to 468 (between 2\textsuperscript{nd} Quarter and 3\textsuperscript{rd} Quarter of 2015). During the same period, the number of partially functioning centres has increased from 411 to 438 [Figure 6], where the functionality status of many health centres has changed from fully functioning to partially functioning in the 3\textsuperscript{rd} Quarter 2015 as a direct impact of deteriorating security situation. Improvement of completeness of reporting (particularly in Idleb), resulted in increased number of health centres reported as partially functioning, which was un-known during the 2\textsuperscript{nd} Quarter 2015.

**Figure 6: Trend analysis of functionality status, between 1\textsuperscript{st} Quarter 2014 and 3\textsuperscript{rd} Quarter 2015**
3. Accessibility Status

Accessibility to health centres is defined at three levels:

- **Accessible**: a health centre is easily accessible for patients and health staff.
- **Hard-to-reach**: a health centre is hardly reached, due to security situation or long distance.
- **Inaccessible**: a health centre is not accessible because of the security situation, or a centre is accessible only to a small fraction of the population, or military people (inaccessible to civilians).

By end of the 3rd Quarter 2015, 76% (1,359) health centres were reported accessible, 1% (19) hard-to-access, and 22% (382) were inaccessible, while the accessibility status of 1% (23) health centres were unknown [Figure 7].

Detailed analysis on the accessibility status of the health centres at governorate level is presented in [Figure 8] and [Map 2].

**Figure 8: Accessibility status of the health centres per governorate, 3rd Quarter 2015**
The trend analysis of accessibility status of health centres from 1st Quarter 2014 to 3rd Quarter 2015 is presented in Figure 9.

**Figure 9: Trend analysis of accessibility status of health centres between 1st Quarter 2014 and 3rd Quarter 2015**

The number of inaccessible health centres declined slightly from 385 to 382 (between end of 2nd Quarter and end of 3rd Quarter 2015).

**Map 2: Accessibility to public health centres, 3rd Quarter 2015**
4. Infrastructure Patterns

The following sub-sections provide analysis on infrastructural patterns of health centres, including building’s condition, water sources, availability of electricity generators, and availability of refrigerators.

4.1 Condition of the building

The level of damage to health centres’ buildings was measured at three levels:

- **Fully damaged**: either, all the building is destroyed, about 75% or more of the building is destroyed, or damage of the essential services’ buildings.
- **Partially damaged**: part of the building is damaged.
- **Intact**: there is no damage in the building.

Analysis of the level of damage provides good indication on the potential costs for reconstruction.

By end of the 3rd Quarter 2015, 23% (410) health centres were reported damaged [6% fully damaged and 17% partially damaged], 66% (1,173) were reported intact, while the building’s condition of 11% (200) health centres were unknown [Figure 10].

The completeness of reporting level of damage of health centres has increased slightly in the 3rd Quarter to reach 89%, compared to 88% at the end of 2nd Quarter 2015.

Key gaps on reporting the level of damage of the health centres are observed in Quneitra 44% (26/59), Aleppo 32% (72/227) and Idleb 30% (34/114).

Detailed analysis of the damage status of te health centres at governorate level is presented in [Figure 11] and [Map 3].

**Figure 11: level damage of the health centres per governorate, 3rd Quarter 2015**
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; through 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 **301 partially damaged health centres**, 150 health centres were reported partially functioning, 130 out of service (non-functioning), 9 of health centres were unknown status, while 12 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 **109 health centres with fully damaged buildings**, 87 were reported non-functioning while 20 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 (**details of the 20 health centres are available in the HeRAMS database**), while functionality status of 2 of health centres was unknown.

- Health centres with **intact buildings** (**1,173 health centres**) do not directly reflect full functionality, only 812 of the 1,173 intact health centres are fully functioning, while 266 are partially functioning and 84 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, while functionality status of 11 of health centres were unknown.
The trend analysis of infrastructural damage of health centres from 1st Quarter 2014 to 3rd Quarter 2015 is presented in Figure 12.

Figure 12: Trend analysis of buildings’ damage of health centres, between 1st Quarter 2014 and 3rd Quarter 2015

4.2 Water sources and functionality status

Availability of water sources at health centres was assessed using a standard checklist of main types of water sources (i.e., main pipeline, well, or both [main pipeline and well]).

By end of the 3rd Quarter 2015 and out of 1,262 functional health centres, 84% (1,055) are using main pipelines, 2% (31) are mainly using wells, while 7% (90) are using both [main pipeline and well] (Figure 13).

Detailed analysis of availability and distribution of water sources at functional health centres is presented at governorate level on Figure 14.

Figure 13: Main Sources of Water - Q3 2015

Figure 14: Distribution of water sources/ types at functional health centres, per governorate, 3rd Quarter 2015
Functionality status of the water sources was measured at three levels; fully functioning, partially functioning, and not functioning. Figure 15, provides details on functionality status of water sources at functional health centres, (1,262 /1,783) per governorate.

**Figure 15: Functionality status of the water sources at health centres, 3rd Quarter 2015**

4.3 Availability of electricity generators

Electricity generators turned to be highly demanded with the current situation, where electricity power is widely disrupted and majority of public health centres are dependent on generators’ power. Availability of electrical generators was measured at functional health centres [Figure 16].

**Figure 16: Availability of generators in the functional health centres, per governorate, 3rd Quarter 2015**
### 4.4 Availability of Refrigerators

Availability of refrigerators in health centres is measured through HeRAMS at three levels: available and functioning, available but not-functioning, or not-available. The summary figures of availability of refrigerators in functioning health centres are presented [Figure 17].

The health centres with gap on refrigerators, seek support of the area municipality, a nearby school, or a nearby house to store vaccines and medicines.

**Figure 17: Availability of refrigerators in the functional health centres, per governorate, 3rd Quarter 2015**
5. Availability of Health Human Resources

Availability of health human resources has been analyzed across functional health centres considering different staffing categories. Analysis of proportions of available health staff, by end of the 3rd Quarter 2015, within the functional health centres (fully and partially) is shown in Figure 18.

The resident doctors represented (1%) of total health staff at centres’ level, followed by general practitioners (4%); pharmacists (4%); laboratory (7%); specialists (8%); dentists (10%); midwives (11%); and nurses (55%).

The Distribution of the total health staff, by end of the 3rd Quarter 2015, per staff category and governorate is shown in Figure 19.

Figure 19: Distribution of total health staff at health centres per governorate, September 2015

The distribution of medical staff [a total of general practitioner, specialist, resident doctor, dentist], in functional health centres per governorate is presented in Map 4. The highest density of medical staff is observed in Tartous [total functional centres is 165], followed by Homs [total functional centres is 177], and Damascus [total functional centres is 52].
By analyzing the proportion of male to female doctors (a total of: general practitioners, specialists, resident doctors, and dentists), lowest proportions were seen in Al-Hasakeh, Ar-Raqqa, and Deir-ez-Zor governorates [Figure 20].

Figure 20: Proportion of Doctors by gender, per governorate, September 2015
6. Availability of Health Services

Availability of the core health services is monitored through HeRAMS at a health centre’s level, considering a standard list of health services, as follows:

- General Clinical services
- Emergency services
- Child Health: EPI, screening of MUAC, and Diarrhea management
- Nutrition: screening of malnutrition for pregnant and lactating women
- Sexual & Reproductive Health: Syndromic management of sexually transmitted infections, Antenatal care, Emergency contraception
- Non-communicable Diseases: Surgical care, Cardiovascular services, Hypertension management, Diabetes management
- Mental health care

Figure 21 shows the percentage of availability of health services across all functional (fully and partially) health centres (1,262 /1,783).

**Figure 21: Percentage of availability of health services, across all functional health centres, 3rd Quarter 2015**

**Detailed information on availability of services per governorate and health centres is available in the HeRAMS Database.**
The following section provides descriptive analysis for the workload and utilization of services in functional health centres throughout 2015, per governorate.

The workload was analyzed in terms of total consultations in all functional health centres during January and September 2015 [Figure 22]. The total reported workload across all governorates is 9,070,045; disaggregated as 3,081,920 in the 1st Quarter, 3,204,896 in the 2nd Quarter and 2,783,229 in the 3rd Quarter 2015. The number of consultations in functional health centres has dropped significantly between the 2nd Quarter and 3rd Quarter 2015, which was due to shortage of staffing and medicines mainly reported in hard-to-reach areas (such as Al-Zabadni in Rural Damascus, Dar’a city, and Ras-Alain in Al-Hasakeh).

Figure 22: Estimated workload of functional health centres (consultations), January to September 2015

The proportion of workload of functional health centres per governorate is provided on Figure 23.

Detailed analysis on utilization of the core health services during the 3rd Quarter 2015 is provided on the following sub-sections, including:

General Clinical and Emergency Services, Child Health, Nutrition, Sexual & Reproductive Health, Non-communicable Diseases and Mental Health
6.1 General Clinical services

The following sections provide analysis on the utilization of health services in functional health centres at governorate level.

i. Outpatient

The number of outpatients was assessed at a health centre level, and the total reported number in the 3rd Quarter 2015 is 1,098,414; disaggregated at governorate level in Figure 24.

Figure 24: The number of Outpatients in health centres, 3rd Quarter 2015

The high workload on health centres in Rural Damascus, Aleppo, and Homs is due to limited availability of public hospitals and high number of people in need. Moreover the high workload in Hama, Tartous and Lattakia health centres is due to increasing number of IDPs and high number of functional health centres.

ii. Basic laboratory services

The number of patients received services in health centres’ laboratories, was assessed at a health centre level. The total reported number in the 3rd Quarter 2015 is 580,288; disaggregated at governorate level in Figure 25.

Figure 25: The number of patients received services in laboratories in health centres, 3rd Quarter 2015

In Homs city, the conflict situation has severely impacted public hospitals’ functionality. To fill-in gaps, capacity of the health centres was upgraded through providing medical equipment/ machines, salvaging equipment and relocating health staff from closed hospitals and affected health centres. For example, high number of patients received laboratory services during the 3rd Quarter 2015 is reported in Karm Al-Shami comprehensive clinics, which was upgraded to serve high number of
people in Homs city and its neighborhood. The centre is providing diabetes medicines, which justifies the increased number of serviced people in laboratory. The high numbers in Hama and As-Sweida is justified by increasing number of IDPs from rural areas and neighboring governorates.

**iii. Referral capacity**

Referral capacity and number of referred cases was measured at a health centre level. The total reported number in the 3rd Quarter 2015 is 12,238; disaggregated at governorate level in Figure 26.

**Figure 26: The number of referred cases, 3rd Quarter 2015**

In Damascus, the high number of referred cases is due to increase of IDPs and referral of diabetic patients to specialized diabetic centres. In Hama, the high numbers of IDPs (especially women and children from rural Hama, Ar-Raqqa and Idleb) has impacted provision of health services (including referral of cases to other specialized centres or hospitals). Of note, the Directorates of Health of Ar-Raqqa and Idleb are operating from Hama.

**6.2 Emergency services**

The number of cases and injured people reported in emergency units of health centres was assessed at a health centre level. The total reported number in the 3rd Quarter 2015 is 149,048; disaggregated at governorate level in Figure 27.

**Figure 27: The number of accidents and injuries reported in health centres, 3rd Quarter 2015**

The high figures reported in Homs are due to increasing workload of health centres, due to deteriorating security situation and limited availability of public hospitals.
6.3 Child Health

Availability and utilization of child health services in health centres is assessed for EPI, screening of under nutrition/malnutrition, and diarrhea management for children.

i. EPI: routine immunization against all national target diseases and adequate cold chain in place:

The number of children received routine immunization service through EPI was assessed at a health centre level. The total reported number in the 3rd Quarter 2015 is 498,390 children; disaggregated at governorate level in Figure 28.

Figure 28: The number children received routine immunization service in health centres, 3rd Quarter 2015

In Aleppo, there 73 health centre provides routine immunization service; the delay in receiving vaccines in many centres, due to security situation, resulted in accumulative children numbers when vaccine is available.

ii. Screening of under nutrition/malnutrition (growth monitoring or MUAC or W/H, H/A):

Screening of children for under nutrition/malnutrition was assessed at a health centre level. The total reported number in the 3rd Quarter 2015 is 105,493; disaggregated at governorate level in Figure 29.

Figure 29: The number of screened children for under nutrition/malnutrition in health centres, 3rd Quarter 2015

The highest reported figures in Hama, Damascus and followed by Rural Damascus reflect the strong nutritional surveillance systems in place in addition to increased influx of IDPs to the mentioned governorates during the 3rd Quarter 2015.
iii. Diarrhea Management:

Diarrhea Management for children was assessed at a health centre level. The total reported number in the 3rd Quarter 2015 is 35,693; disaggregated at governorate level in Figure 30.

**Figure 30: The number of diarrhea cases (children) in health centres, 3rd Quarter 2015**

6.4 Nutrition

Screening of malnutrition for pregnant & lactating women was assessed at a health centre level. The total reported number in the 3rd Quarter 2015 is 24,484; disaggregated at governorate level in Figure 31.

**Figure 31: The number of screened pregnant & lactating women for of malnutrition, 3rd Quarter 2015**

Consistent and complete reporting from Hama continues because of the availability of strong technical professional staff and follow-up. Moreover, the influx of IDPs especially women and children from Ar-Raqqa and Idleb have also contributed to higher reported figures in Hama during the 3rd Quarter of 2015.
6.5 Sexual & Reproductive Health

Availability and utilization of sexual & reproductive health care in health centres is assessed at a health centre level for syndromic management of sexually transmitted infections, antenatal care, normal deliveries, essential newborn care, and tetanus shots.

i. Syndromic management of sexually transmitted infections:

The number of patients with sexually transmitted infections (STIs) was assessed at a health centre level. The total reported number in the 3rd Quarter 2015 is 1,395; disaggregated at governorate level in Figure 32.

Of note: the availability of Syndromic management of STIs is reported in six governorates and mainly in comprehensive/poly clinics. In other governorates, if any case reported to a health centre, they refer it to the hospitals based on available capacity.

Figure 32: The number of cases reported with sexually transmitted infections in health centres, 3rd Quarter 2015

The high number of cases reported with STIs in Tartous, Damascus, Hama, and Lattakia is due to availability of capacity and qualified health providers, in addition to high numbers of IDPs and lack of hygiene in shelters.

ii. Antenatal care

a) Antenatal visits:

The number of antenatal visits was assessed at a health centre level. The total reported number of visits for pregnant women received the service in the 3rd Quarter 2015 is 57,869; disaggregated at governorate level in Figure 33.

Figure 33: The number of Antenatal visits in health centres, 3rd Quarter 2015

The high reported figures in Hama are due to increased numbers of IDPs (especially women and children from rural Hama, Ar-Raqqa and Idleb), in addition to increased capacity and availability of service in many specialized and comprehensive clinics in Hama city.
b) Tetanus Shots:

The number of pregnant women received Tetanus Shots was assessed at a health centre level. The total reported number of women received the service in the 3\textsuperscript{rd} Quarter 2015 is 23,211; disaggregated at governorate level in Figure 34.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{tetanus_shots.png}
\caption{The number of pregnant women received Tetanus Shot in health centres, 3\textsuperscript{rd} Quarter 2015}
\end{figure}

In Aleppo, the health centres provide tetanus shot services is high (73 centre).

iii. Normal deliveries:

The number of Normal deliveries was assessed at a health centre level. The total reported number in the 3\textsuperscript{rd} Quarter 2015 is 981; disaggregated at governorate level in Figure 35.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{normal_deliveries.png}
\caption{The number of Normal deliveries in health centres, 3\textsuperscript{rd} Quarter 2015}
\end{figure}

The high number of normal deliveries in Dar’a is reported from health centres provide the service in areas with limited availability of functional public hospitals:

- Tseel health centre in Nawa health district performed 249 normal deliveries. Of note, in Nawa district there are two hospitals; one is fully damaged [Jasim Hospital], while the other is partially damaged and partially functioning with limited capacity [Nawa hospital].
- The comprehensive clinics in Geza, located in Busra health district, performed 106 normal deliveries. The only public hospital in Busra district is non-functioning and partially damaged.
- The comprehensive clinics in Dar’a city performed 72 normal deliveries. The maternity hospital is Dar’a city is non-functional, while the national hospital is partially providing this service with very limited capacity.
iv. Essential newborn care:

Availability and utilization of **essential newborn care** service (including basic newborn resuscitation + warmth (recommended method: Kangaroo Mother Care - KMC) + eye prophylaxis + clean cord care + early and exclusive breast feeding 24/24 & 7/7), was assessed at a health centre level. The total reported number of women received the service in the 3rd Quarter 2015 is 1,215; disaggregated at governorate level in Figure 36.

**Figure 36: The number of women received essential newborn care in health centres, 3rd Quarter 2015**

![Graph showing the number of women received essential newborn care in health centres, 3rd Quarter 2015.](image)

The high figures in Dar’a is mainly reported from the comprehensive clinics in Dar’a city, which is providing 24/7 service to all Dar’a city and neighboring districts, as a replacement to the maternity and national hospitals in Dar’a city.

v. Basic Emergency Obstetric Care (BEmOC):

Availability and utilization of **BEmOC** service (including parenteral antibiotics + oxytocic/anticonvulsivant drugs + manual removal of placenta + removal of retained products with manual vacuum aspiration (MVA) + assisted vaginal delivery 24/24 & 7/7), was assessed at a health centre level. The total reported number of women received the service in the 3rd Quarter 2015 is 169; disaggregated at governorate level in Figure 37.

**Figure 37: The number of women received BEmOC in health centres, 3rd Quarter 2015**

![Graph showing the number of women received BEmOC in health centres, 3rd Quarter 2015.](image)
6.6 Non Communicable Diseases (NCDs)

Availability and utilization of NCDS health care services in health centres is assessed at a health centre level for surgical care [*minor surgeries, dressing services, ...*], cardiovascular, hypertensions, and diabetes.

The total reported number of NCDs’ consultations in the 3rd Quarter 2015 is as follows: surgical care [121,652] cardiovascular [35,682], hypertensions [87,132], and diabetes [200,227]; disaggregated figures are provided at governorate level in Figure 37.

Figure 37: The number of NCDs consultations (Surgical care, Cardiovascular, Hypertension and Diabetes) in health centres, 3rd Quarter 2015

Among all NCDs, Diabetes patients’ consultations are the highest reported figures, mainly in Lattakia, Damascus, Tartous and Rural Damascus, which is due to availability of medicines and supplies.

6.7 Mental health care

Availability and utilization of mental health care services was assessed at a health centre level. The total reported number in the 3rd Quarter 2015 is 6,674; disaggregated at governorate level in Figure 38.

Figure 38: The number of mental health cases in health centres, 3rd Quarter 2015
7. Availability of Medical Equipment

The availability of different types of essential equipment and supplies was assessed at a health centre level, based on a standard checklist\(^1\).

In its fifth year of crisis, Syria’s public health centres are still suffering from shortages and/or malfunction of medical devices/equipment to provide health care services. In insecure governorates, medical devices are either destroyed, burned, or malfunctioned, while in safe areas the medical devices are overburdened by increased numbers of people (actual numbers of people in the area, in addition to IDPs and patients/injured people from surrounding areas).

Maintenance of malfunctioned devices remains a concern, due to non-availability of spare parts, accredited agent to provide maintenance support, or difficulty of accessibility in many cases.

Analysis of availability of essential equipment was measured across all functional health centres (1,262 / 1,783), in terms of functional equipment out of the total available equipment in the health centre. The produced analysis provides good indication of the current readiness of the health centres to provide health services, and also to guide focused planning for procurement of equipment and machines, to fill-in identified gaps.

Gaps on essential equipment and machines were observed, even within the functional health centres. Further details are provided in Figure 39.

![Figure 39: Percentage of functional essential equipment/total available equipment in functional health centres, 3rd Quarter 2015](image-url)

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetoscope</td>
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</tr>
<tr>
<td>Minor_surgical</td>
<td>94%</td>
</tr>
<tr>
<td>Vaginal examination set</td>
<td>94%</td>
</tr>
<tr>
<td>Length Measurement Device</td>
<td>94%</td>
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<tr>
<td>Height Measurement Device</td>
<td>94%</td>
</tr>
<tr>
<td>Safe / Clean delivery kit</td>
<td>93%</td>
</tr>
<tr>
<td>Sterilizer/Autoclave</td>
<td>92%</td>
</tr>
<tr>
<td>Delivery_table</td>
<td>92%</td>
</tr>
<tr>
<td>Pulse Oximeter</td>
<td>89%</td>
</tr>
<tr>
<td>Light source (flashlight acceptable)</td>
<td>88%</td>
</tr>
<tr>
<td>Weighing Scale for adults</td>
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<td>Weighing Scale for infants</td>
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<tr>
<td>Blood_pressure machine</td>
<td>70%</td>
</tr>
</tbody>
</table>

\(^1\) A more detailed list of essential equipment is available upon request.
Map 5: Percent of functional specialized equipment/total available equipment in functional health centres, end of September 2015
8. Availability of Priority Medicines

Availability of medicines and consumables at health centres’ level has been evaluated based on a standard list of identified priority medicines (driven from the national Essential Medicine List), and medical supplies for duration of one month.

Gaps of medicines and medical supplies are identified even within the functional health centres (i.e., gap of 75% gap of Anti-diabetic preparations, 68% of Cardiac and/or Vascular Drugs, 61% of Antibiotics, 52% of Anti-allergic including Steroids, 50% of ORS, and 38% of Antiseptics) [Figure 40].

**More details on availability of medicines and consumables at a health centre level are available in HeRAMS Database.

Percentages of available medicines in functioning health centres by end of the 3rd Quarter 2015, at governorate level, are presented in Map 6.

Map 6: Percentage of available medicines at functional health centres, end of June 2015