

1. COMPLETENESS OF REPORTING

The completeness of reporting of public health centres across Syria still 99.72% in the 3rd Quarter 2017 compared to 99.72% at the end of 2nd Quarter 2017¹.

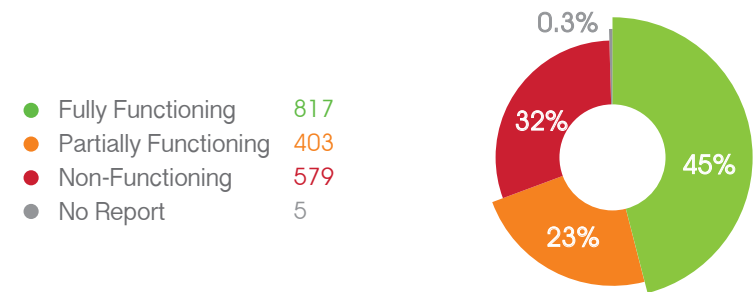
2. FUNCTIONALITY STATUS

Functionality of the public health centres has been assessed at three levels: fully functioning, partially functioning, or not functioning. By end of the 3rd Quarter 2017 and out of 1,804 assessed public health centres, **45% (817)** were reported fully functioning, **23% (403)** partially functioning, **32% (579)** 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 3rd Quarter 2017 still high (**579**) compared to 3rd Quarter 2016 (**548**).

Figure 1: Functionality Status - Q3 2017



Map 1: Distribution and functionality status of the public health centres, 3rd Quarter 2017

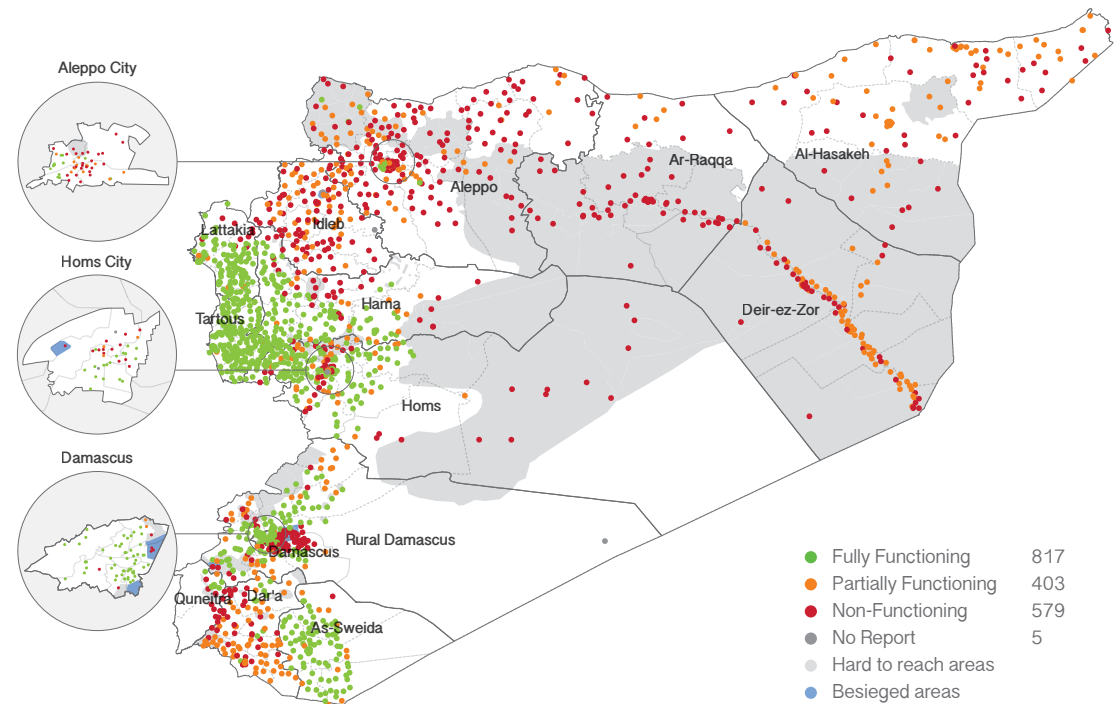
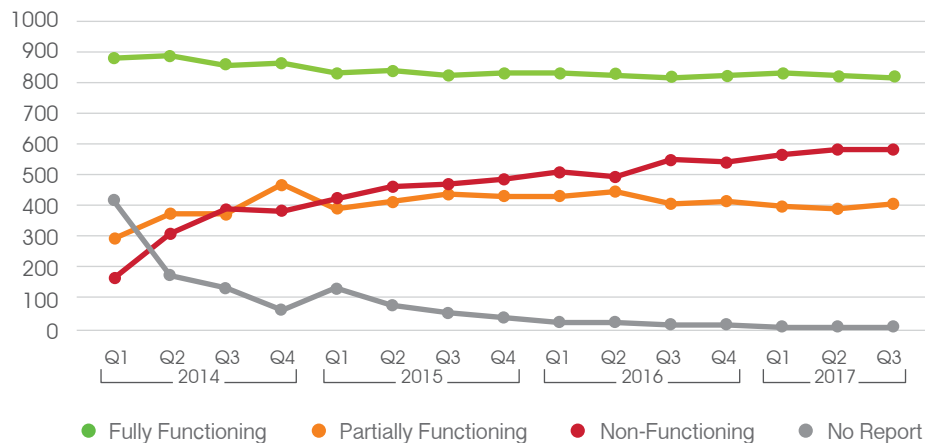


Figure 2: Trend analysis of functionality status of public health centres, from 2014 to Q3 2017



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 September 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 3rd Quarter 2017, **78% (1,407)** health centres were reported accessible, **1% (23)** hard-to-access, and **20% (362)** were inaccessible, while the accessibility status of **0.7% (12)** 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 3rd Quarter 2017, 27% (495) health centres were reported damaged [8% fully damaged and 19% partially damaged], **65% (1,173)** were reported intact, while the building's condition of **8% (136)** 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:

Figure3: Accessibility Status - Q3 2017

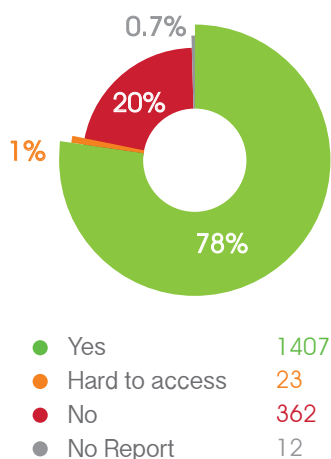
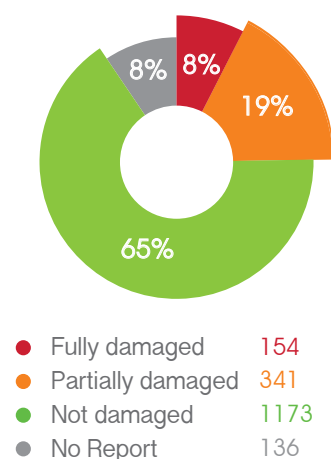


Figure4: Level of Damage - Q3 2017



- Out of the **341 partially damaged health centres**, 120 health centres were reported partially functioning and 203 out of service (non-functioning), the functionality status of 2 of health centres were unknown, while 16 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 **154 fully damaged health centres**, 125 were reported non-functioning and 29 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 29 health centres are available in the HeRAMS database.
- Then again, health centres with **intact buildings (1,173 health centres)** does not directly reflect full functionality, only 801 of the 1,173 intact health centres are fully functioning, the functionality status of one health centres was unknown, while 254 are partially functioning and 117 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 3rd Quarter 2017 is higher (**495**) than the same time last year (**435**).

Figure5: Trend analysis of level of damage of public health centres, from 2014 to Q3 2017

