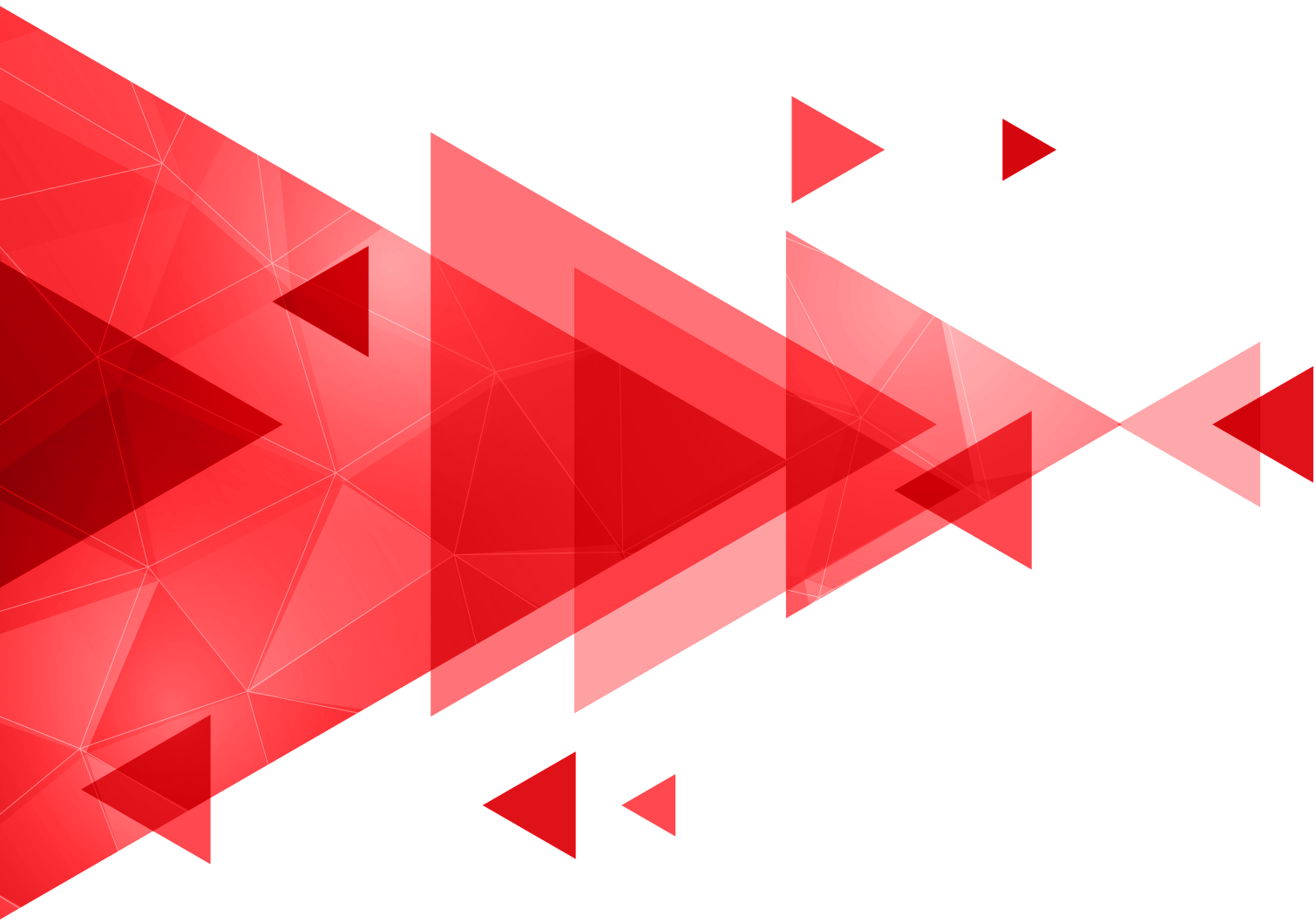
World Health Organization

الهلال الأحمر العربي السوري
Syrian Arab Red Crescent

HeRAMS Annual Report

2018

Syrian Arab Red Crescent
Health Centres
in the Syrian Arab Republic



This is to acknowledge that the data provided in this report is a product of joint collaboration between the World Health Organization, Syrian Arab Red Crescent. The report covers the months of January to December 2018.
HeRAMS published reports are available at: http://www.emro.who.int/syr/information-resources/herams-reports.html

HeRAMS (Health Resources and Services Availability Monitoring System)[1] is a global health information management tool (for monitoring, collection, collation and analysis of information on health resources and services) that aims to provide timely, relevant and reliable information for decision-making. It is used to guide interventions at the primary and secondary care levels, measure gaps and improve resource planning, ensure that actions are evidence-based, and enhance the coordination and accountability of WHO and other health sector partners.

HeRAMS in Syria is a World Health Organization (WHO) project that aims at strengthening the collection and analysis of information on the availability of health resources and services in Syria at health facility level. A team of national health staff from all governorates was formulated for HeRAMS reporting, and different data collection mechanisms were introduced to address the shortage of timely and relevant information. The main HeRAMS tool for collecting data is a questionnaire that assesses the functionality status, accessibility, health infrastructure, human resources, availability of health services, equipment and medicines at primary and secondary care level.

The Syrian Arab Red Crescent (SARC) is an independent humanitarian organization of public utility, and it's permanent and continuous, and it has a legal entity and enjoys financial and administrative independence.

SARC was founded in 1942 according to the decree No/540/ 1942 and the decree No/117/ 1966 that regulating the organization's work.

SARC has been recognized by the International Committee of the Red Cross in Geneva (ICRC) in 1946, committed to Geneva Conventions and the seven basic principles of the International Movement of Red Cross and Red Crescent.

SARC has a headquarters in Damascus and fourteen branches in the fourteen governorates of Syria, and 75 of sub branches.

The International Red Cross and Red Crescent Movement is the world's largest humanitarian network. The Movement is neutral and impartial, and provides protection and assistance to people affected by disasters and conflicts.

The Movement has three main components:

- The International Committee of the Red Cross (ICRC)
- The International Federation of Red Cross and Red Crescent Societies (IFRC)
- 191 member Red Cross and Red Crescent Societies

The Movement also works in cooperation with governments, donors and other aid organizations to assist vulnerable people around the world.

The ICRC, the Federation and the National Societies are independent bodies. Each has its own individual status and exercises no authority over the others.

1: The HeRAMS tool name has been updated globally to be "Health Resources and Services Availability Monitoring System"

Contents

Key indicators

1,742,925
# of Consultations (During2018)

55
SARC Health Centres

100%
Completeness rate

85%
Fully functioning

15%
Partially functioning

0%
Non-functioning

0%
Fully damaged

2%
Partially damaged

98%
Intact

422
# of medical doctors

180
# of nurses & midwives

1. Completeness of health centres' reporting

Figure 1: Completeness of reporting, 4th Quarter 2018

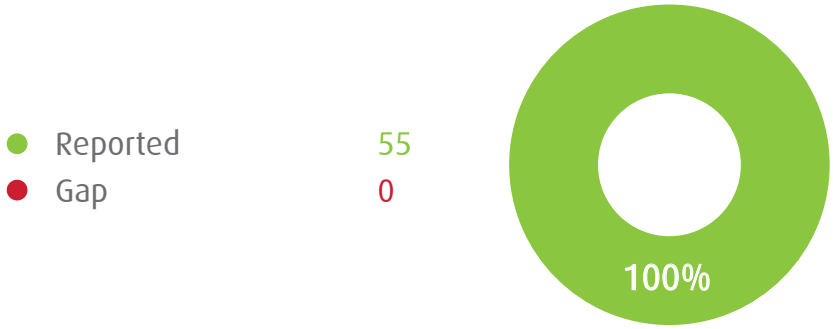


Figure 2: Classification of centres, 4th Quarter 2018

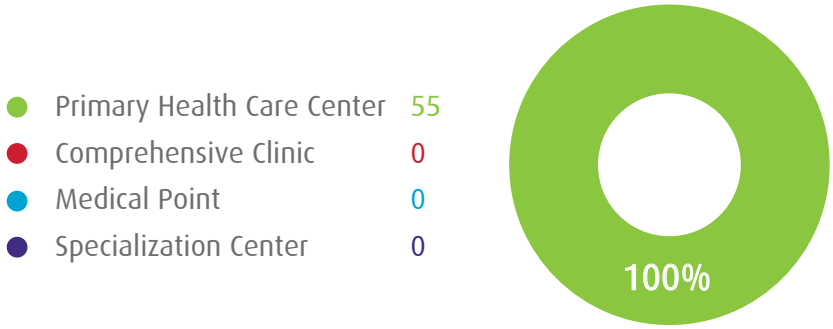
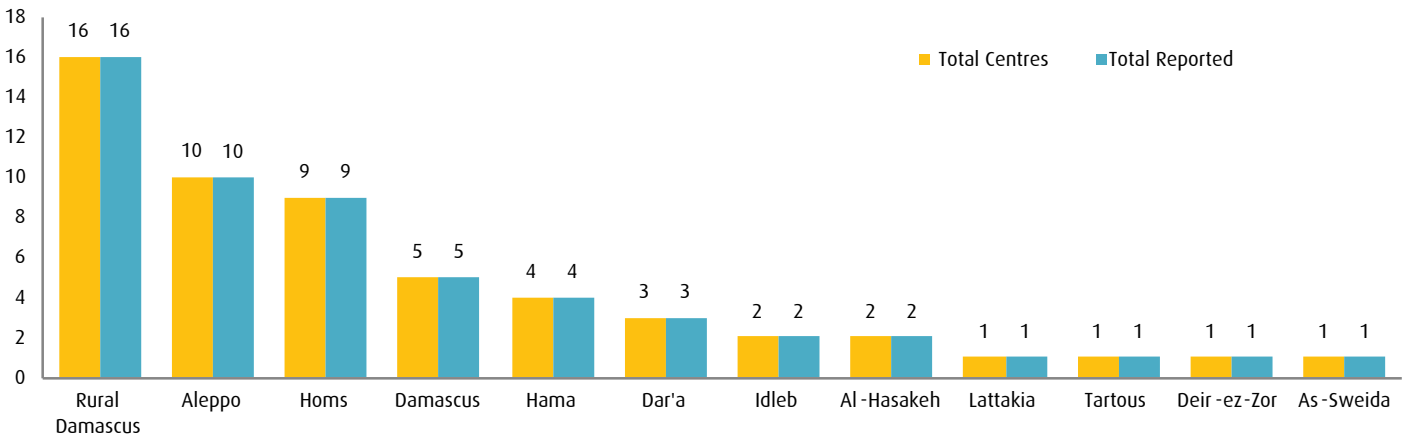


Figure 3: Completeness of reporting of health centres at governorate level, 4th Quarter 2018



2. Functionality status

- **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 partial capacity (i.e., either shortage of staffing, equipment, or damage in infrastructure)
- **Non-functioning:** a health centre is out of service, because it is either fully damaged, inaccessible, no available staff, or no equipment.

Figure 4: Functionality status, 4th Quarter 2018

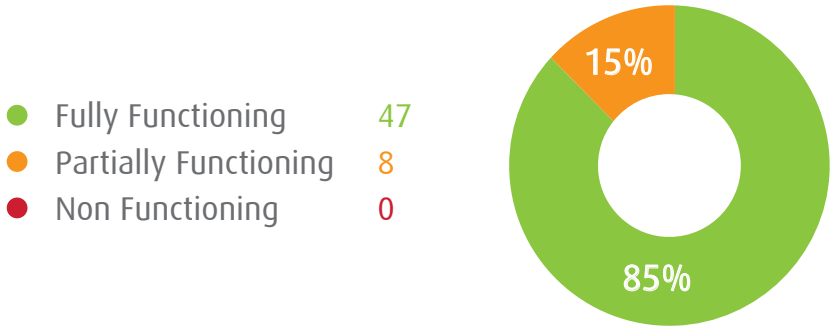
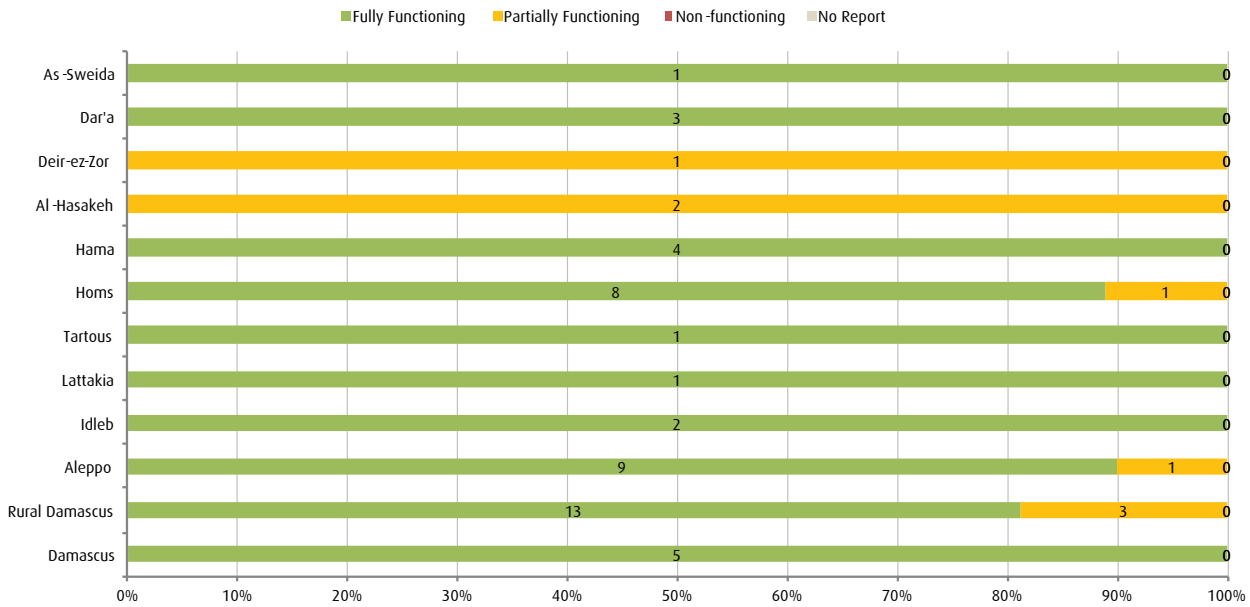


Figure 5: Functionality status, per governorate, 4th Quarter 2018



Map1: Functionality status, per governorate, 4th Quarter 2018

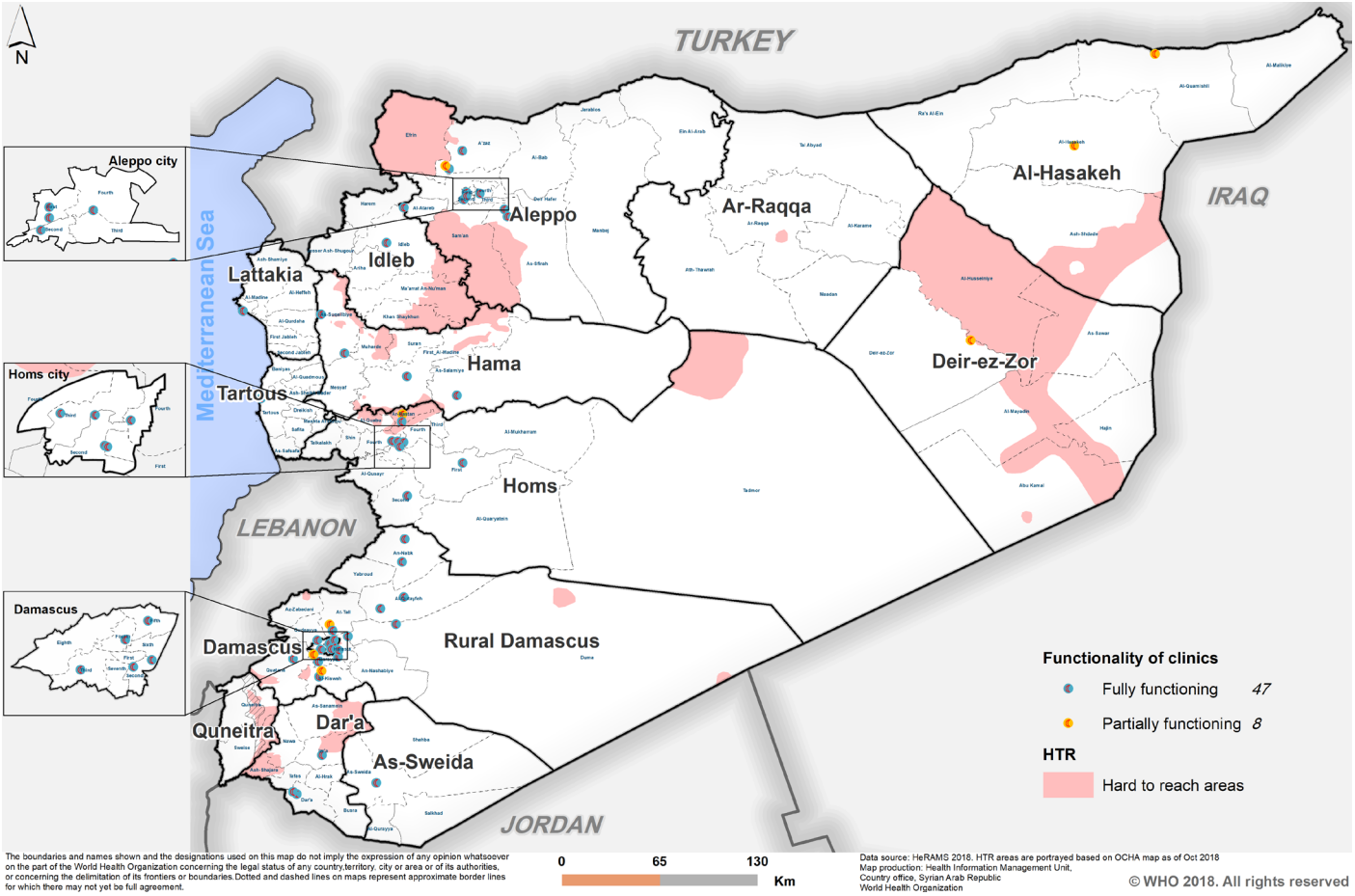
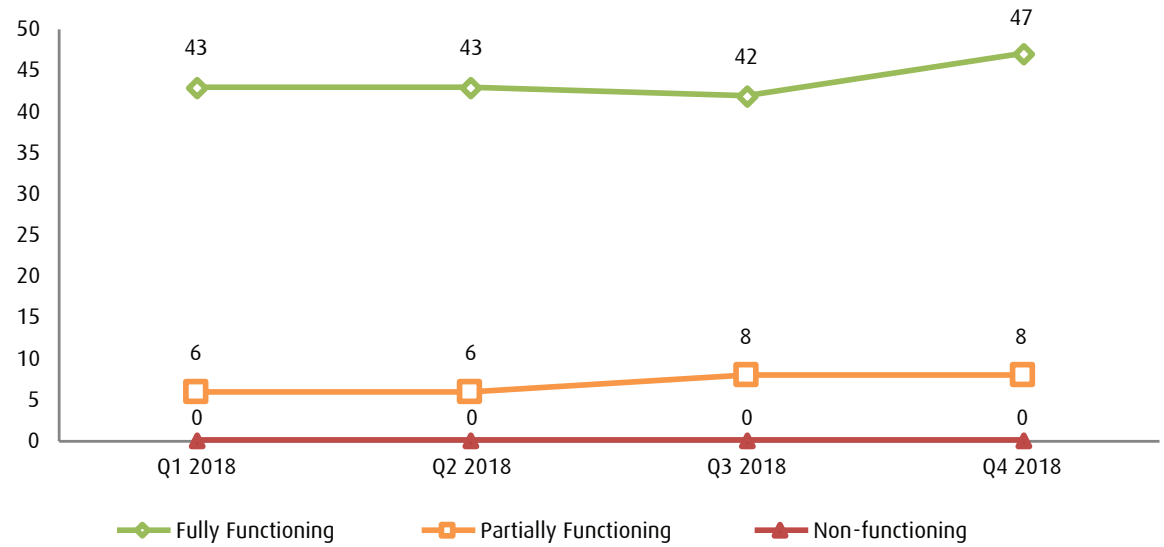


Figure 6: Trend analysis of functionality status, during 2018



3. Accessibility to health centres

- **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 health centre is accessible only to a small fraction of the population, or military people (inaccessible to civilians).

Figure 7: Accessibility status, 4th Quarter 2018

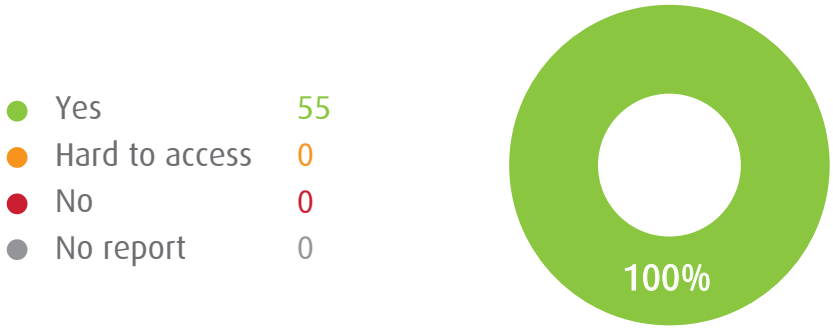
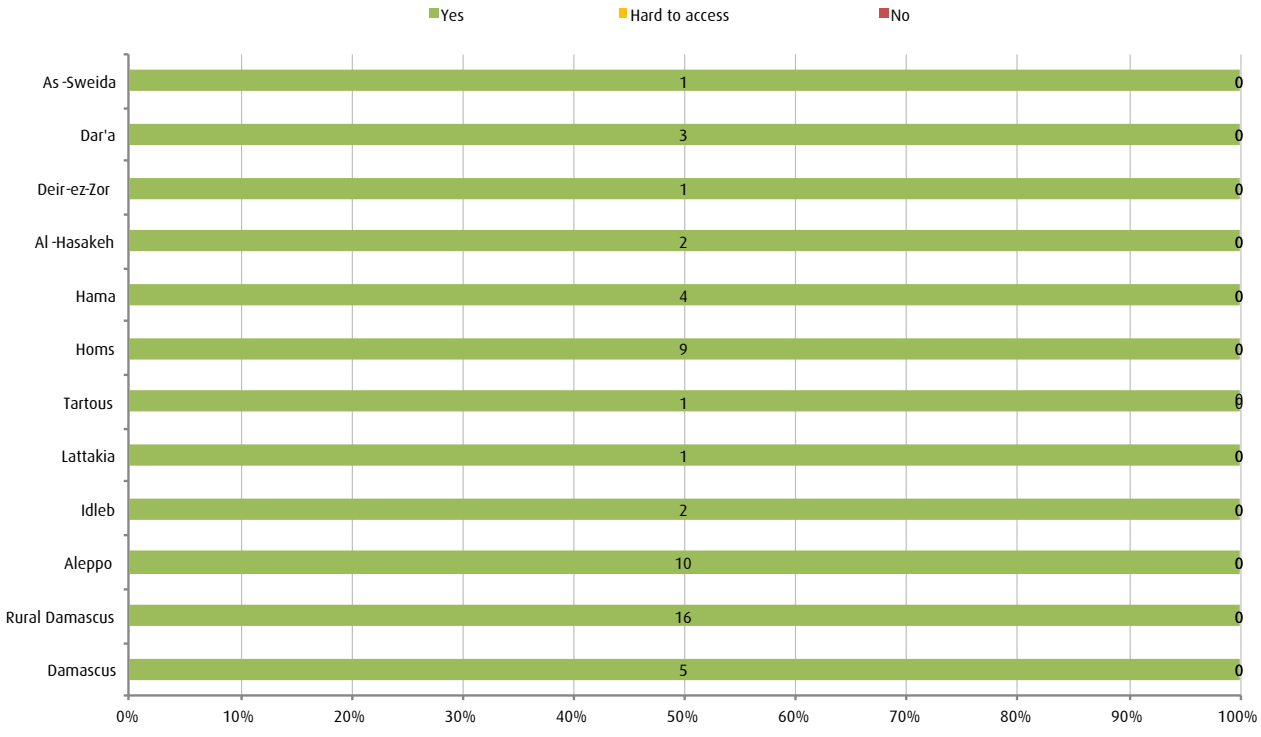


Figure 8: Accessibility status per governorate, 4th Quarter 2018



Map2: Accessibilty status per governorate, 4th Quarter 2018

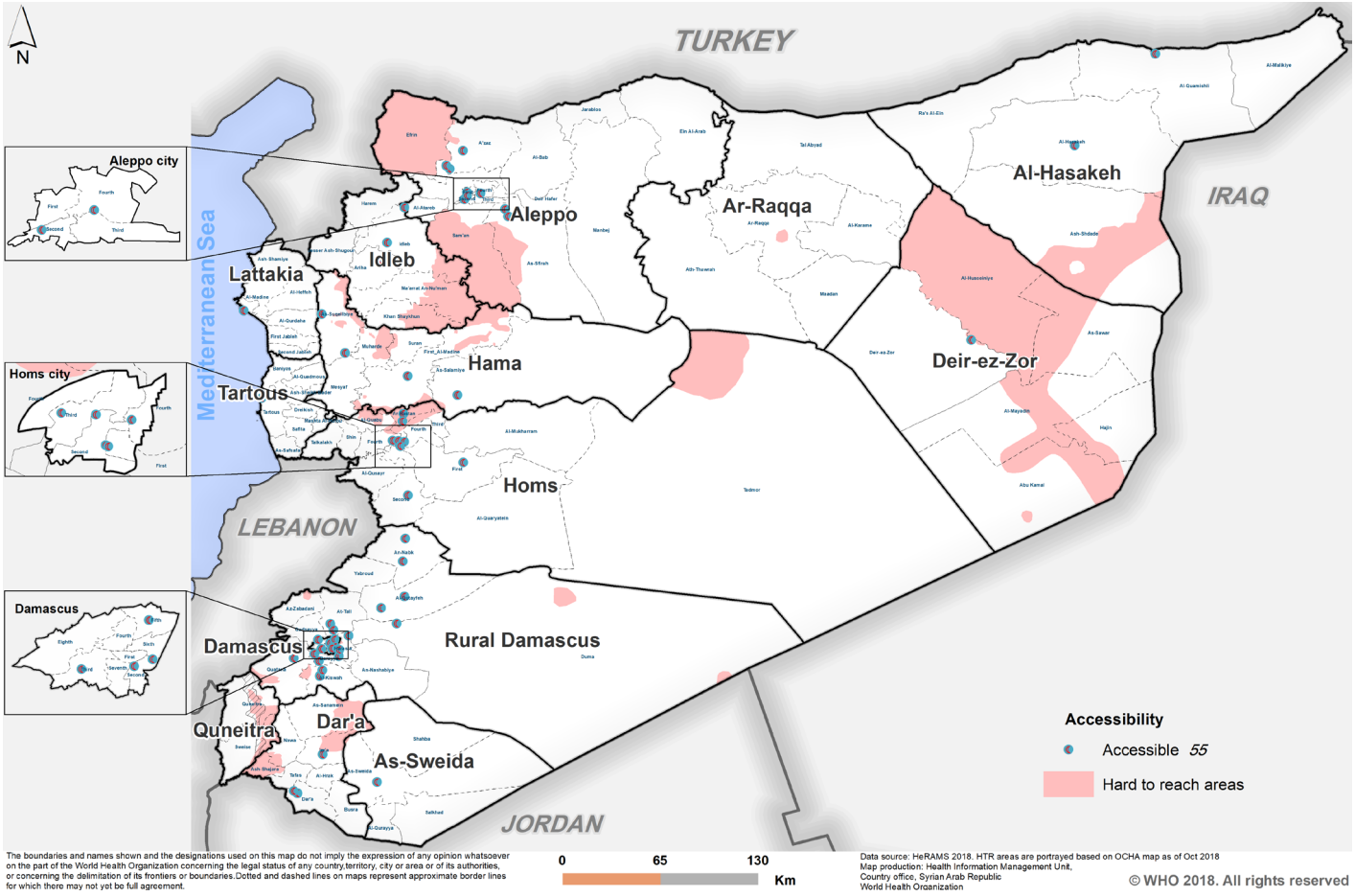
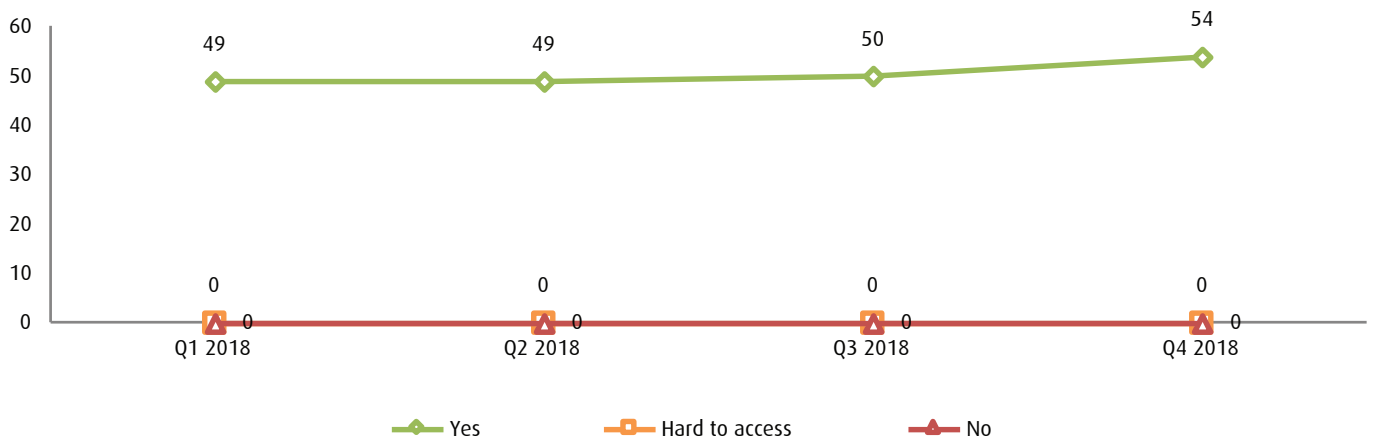


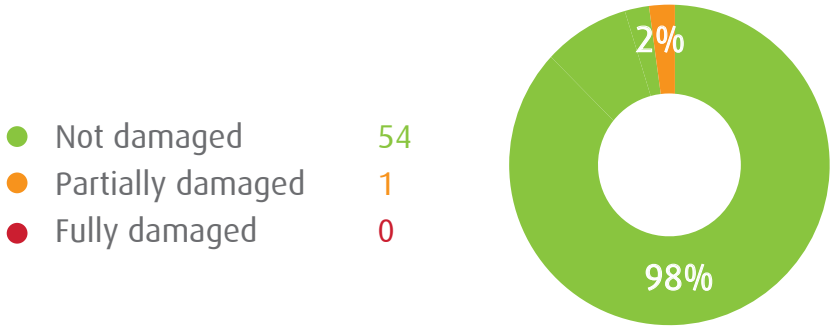
Figure 9: Trend analysis of accessibility to health centres during 2018



4. Level of damage to health centres' buildings

- **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:** where part of the building is damaged.
- **Intact:** where there is no damage in the building.

Figure 10: level damage, 4th Quarter 2018



Map3: Level of damage of the health centres' buildings by governorate, 4th Quarter 2018

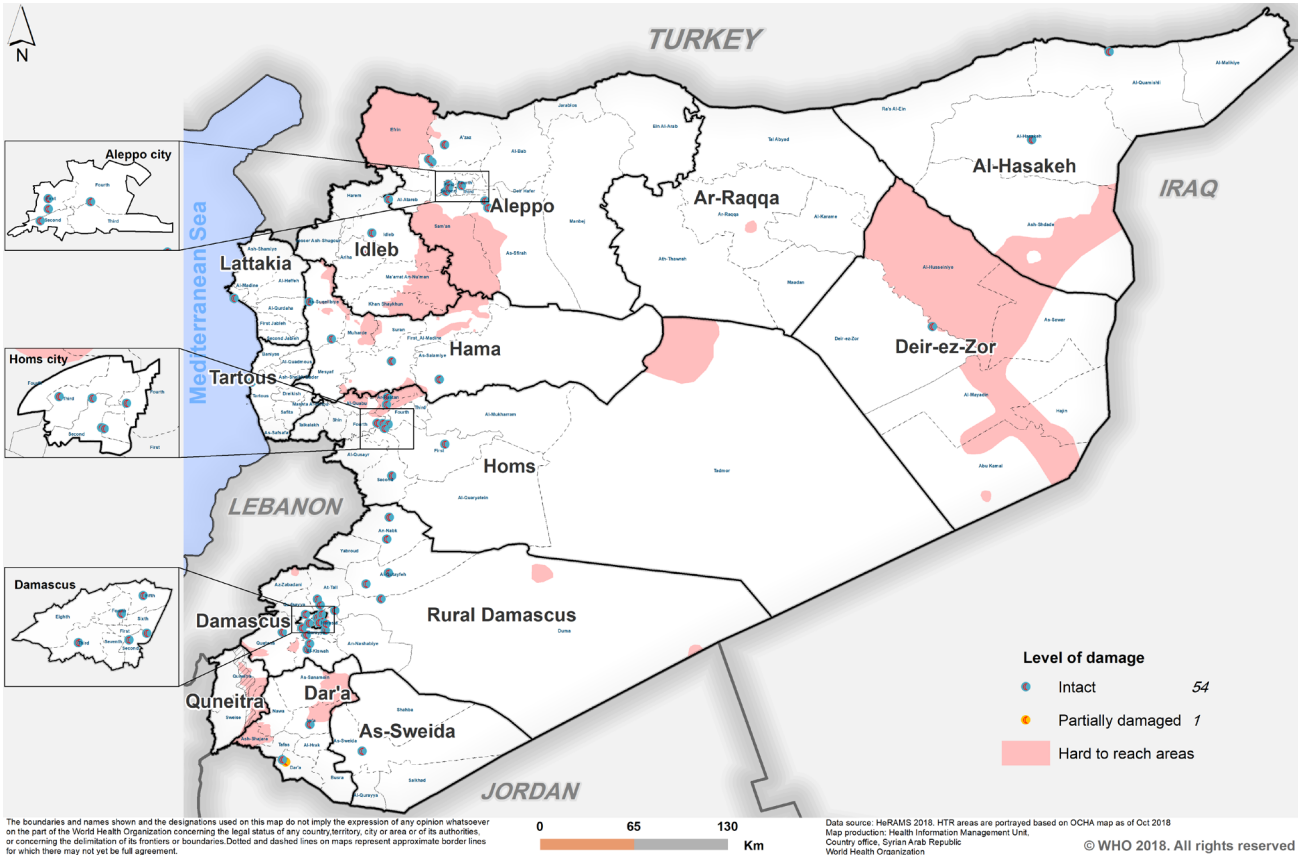


Figure 11: Level of damage of the health centres' buildings by governorate, 4th Quarter 2018

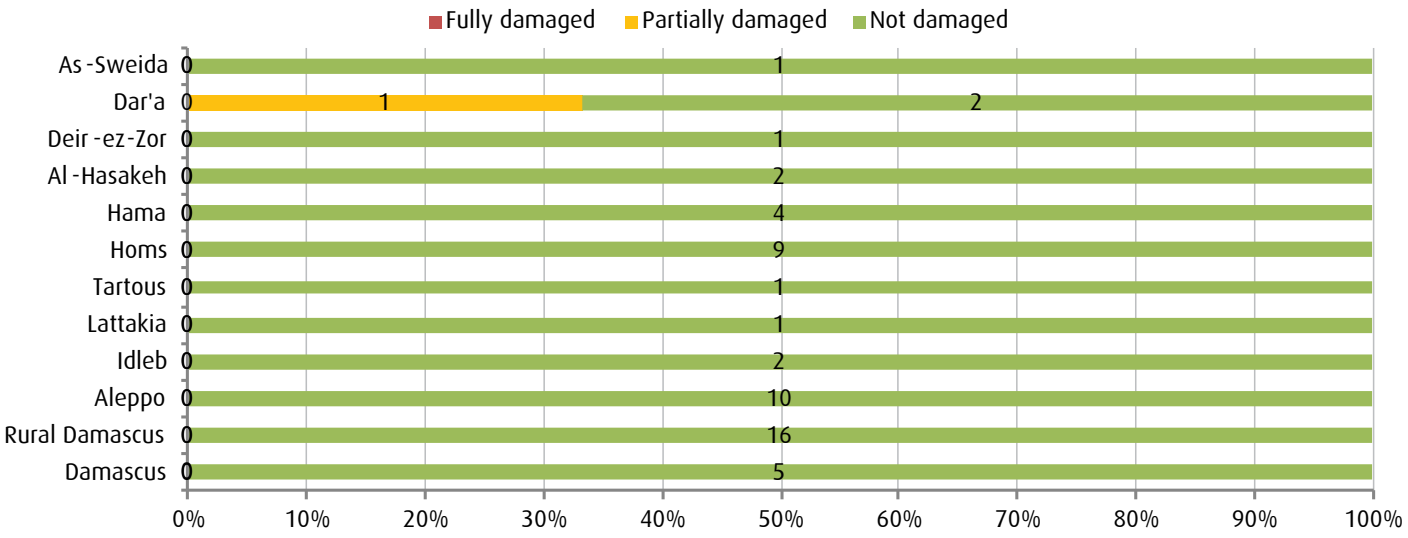
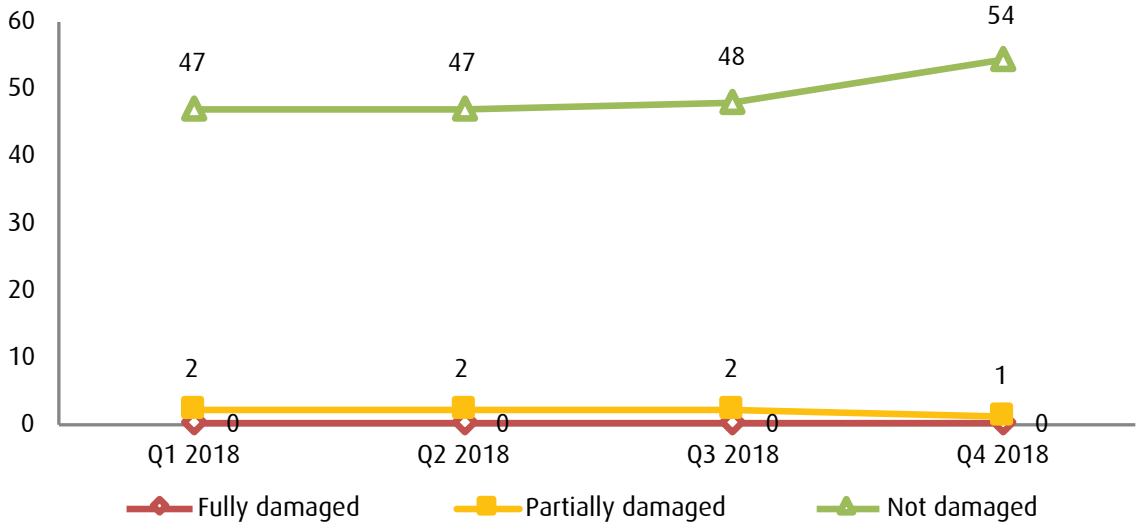


Figure 12: Trend analysis of health centres' level of damage, during 2018



5. Infrastructure patterns of the functional public health centres

5.1. Water

Figure 13: Main sources of water, 4th Quarter 2018

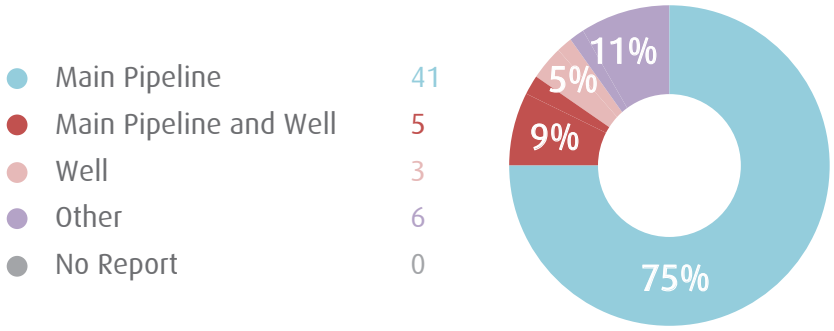


Figure 14: Distribution of water sources/ types at functional health centres, per governorate, 4th Quarter 2018

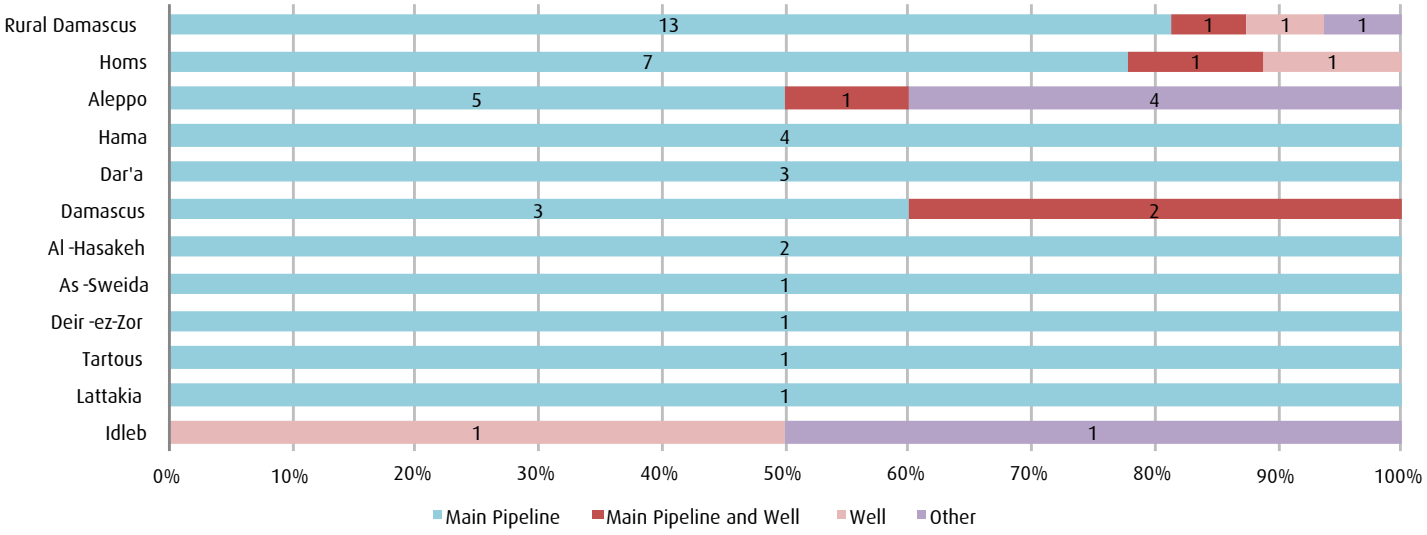
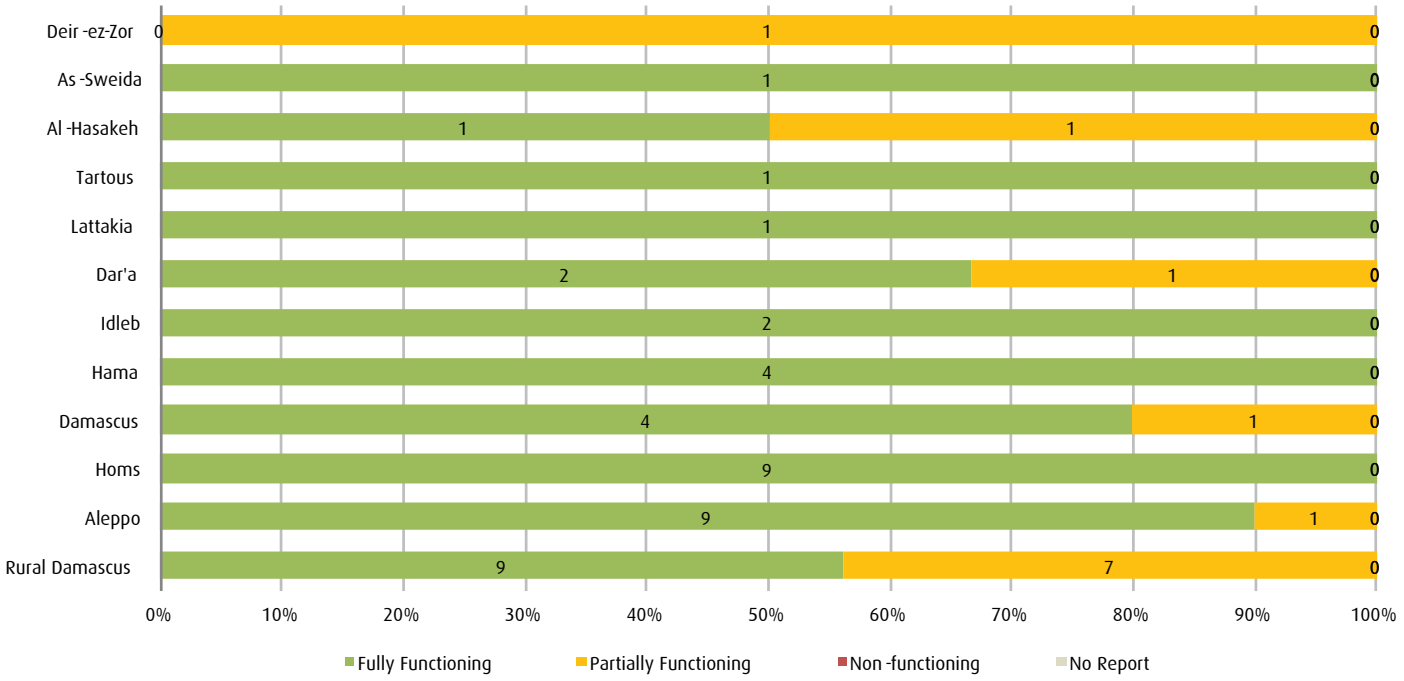
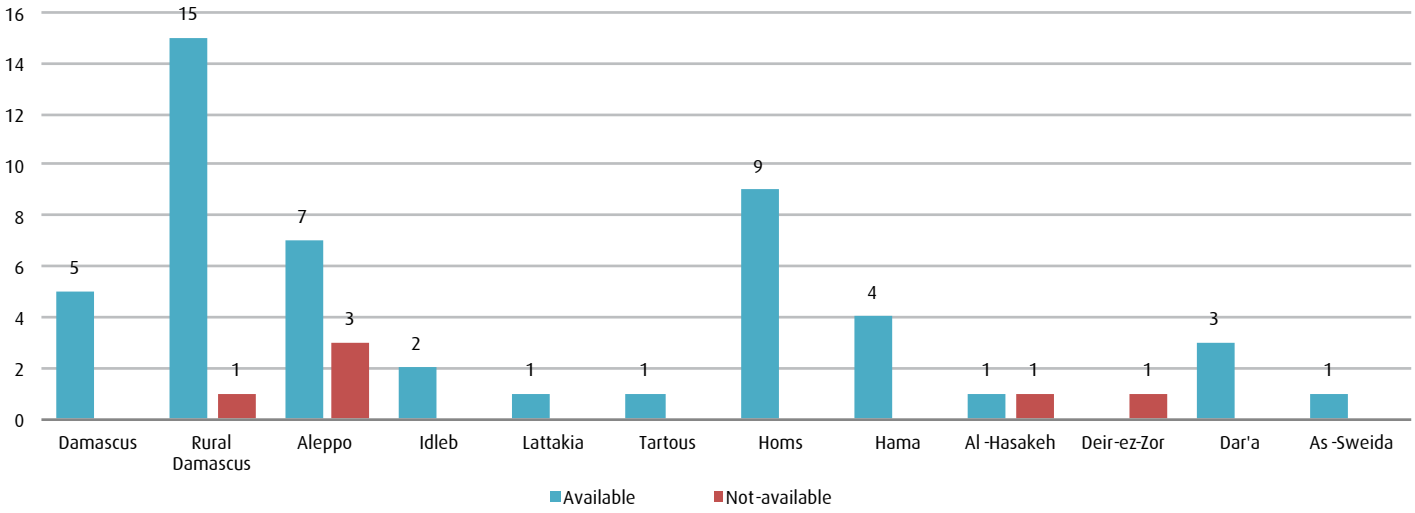


Figure 15: Functionality status of the water sources at functional health centres, 4th Quarter 2018



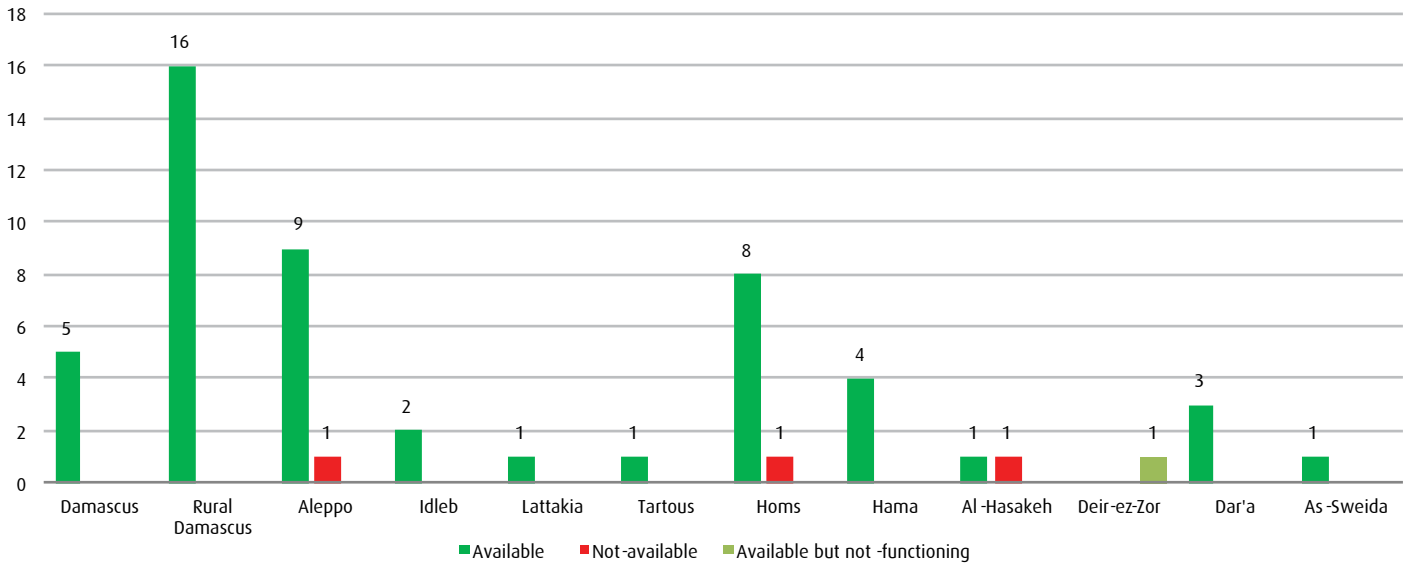
5.2 Electricity generators

Figure 16: Availability of electricity generators in the functional health centres per governorate, 4th Quarter 2018



5.3 Refrigerator for vaccine

Figure 17: Availability of refrigerators in the functional health centres, per governorate, 4th Quarter 2018



6. Availability of human resources for health

Figure 18: Proportion of health staff in health centres, Dec 2018

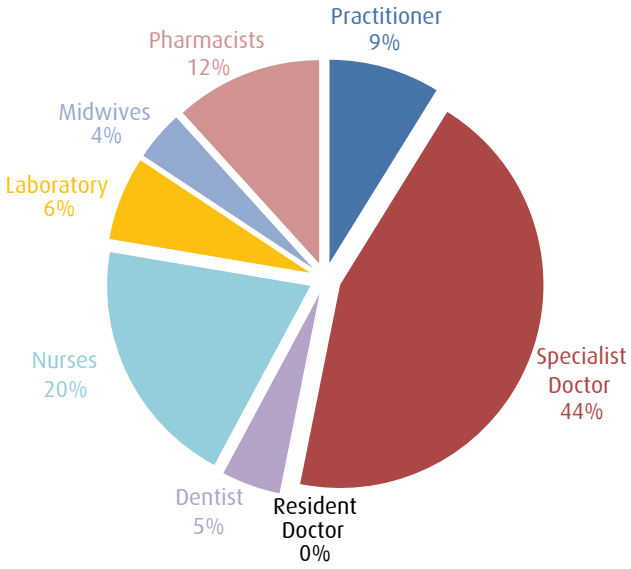


Figure 19: Distribution of health staff at health centres, per governorate, Dec 2018

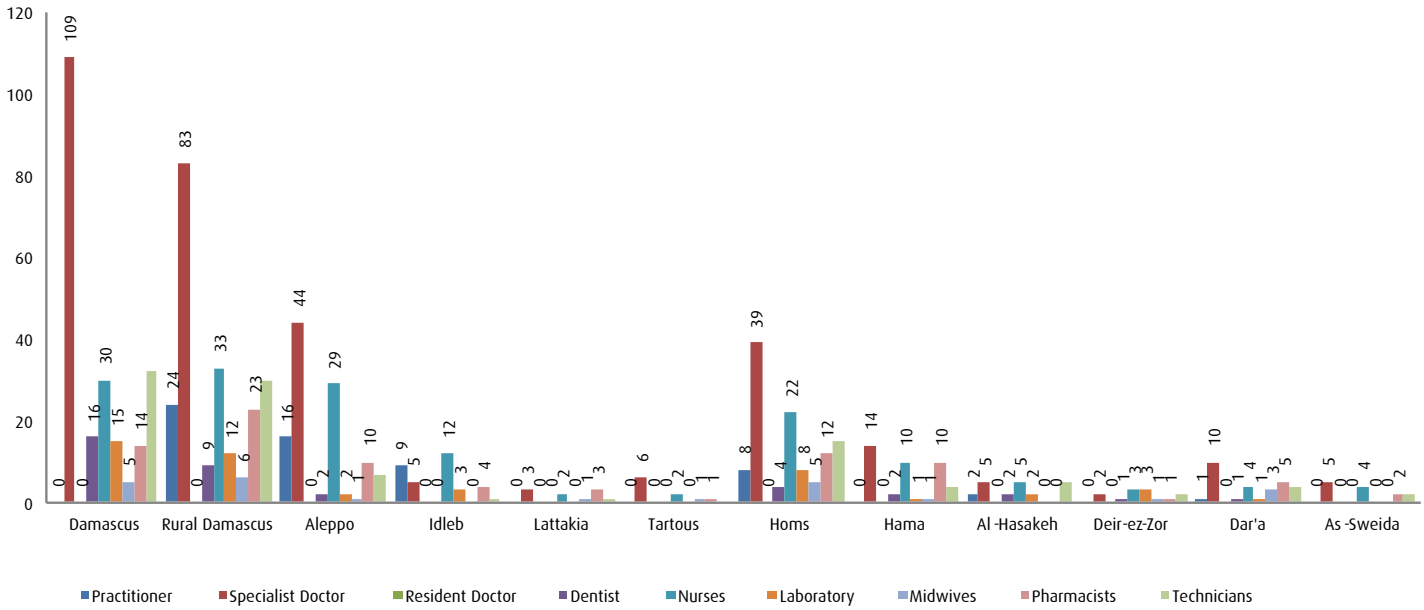


Table 1: Availability of human resources of functioning health centres, per governorate, Dec 2018

Governorate	Practitioner	Specialist Doctor	Resident Doctor	Dentist	Nurses	Laboratory	Midwives	Pharmacists	University	Technicians	Others
Damascus	0	109	0	16	30	15	5	14	47	32	74
Rural Damascus	24	83	0	9	33	12	6	23	51	30	381
Aleppo	16	44	0	2	29	2	1	10	21	7	73
Idleb	9	5	0	0	12	3	0	4	3	1	48
Lattakia	0	3	0	0	2	0	1	3	2	1	1
Tartous	0	6	0	0	2	0	1	1	2	0	2
Homs	8	39	0	4	22	8	5	12	17	15	93
Hama	0	14	0	2	10	1	1	10	9	4	12
Al-Hasakeh	2	5	0	2	5	2	0	0	4	5	9
Deir-ez-Zor	0	2	0	1	3	3	1	1	2	2	5
Dar'a	1	10	0	1	4	1	3	5	10	4	87
As-Sweida	0	5	0	0	4	0	0	2	4	2	2
Grand Total	**60**	**325**	**0**	**37**	**156**	**47**	**24**	**85**	**172**	**103**	**787**

Map 4: Availability of medical doctors [a total of general practitioners, specialist, resident doctors, and dentists] in functional health centres, per governorate, Dec 2018

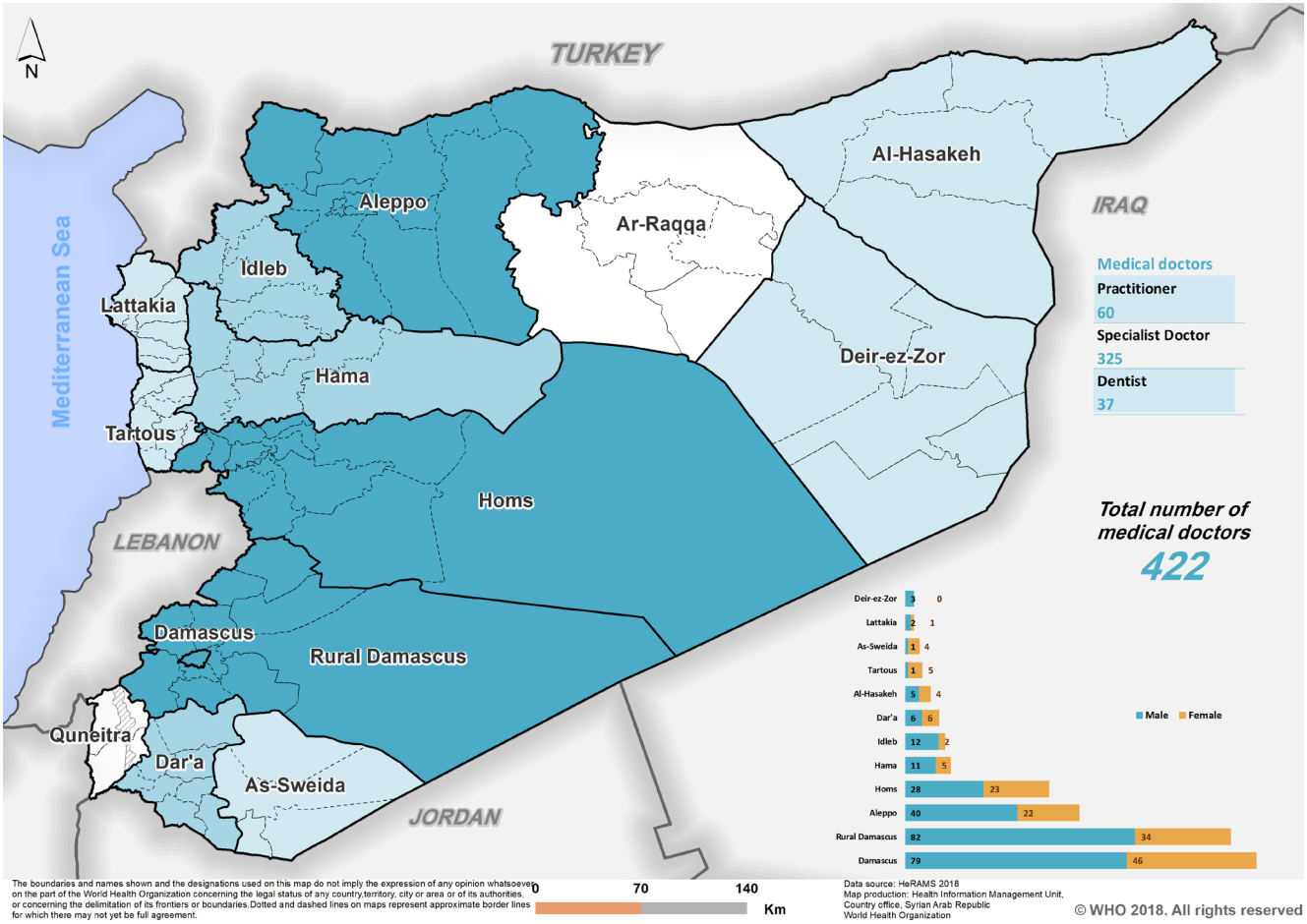


Figure 20: Proportion of medical doctors [a total of general practitioners, specialist, resident doctors, and dentists] by gender, per governorate, Dec 2018

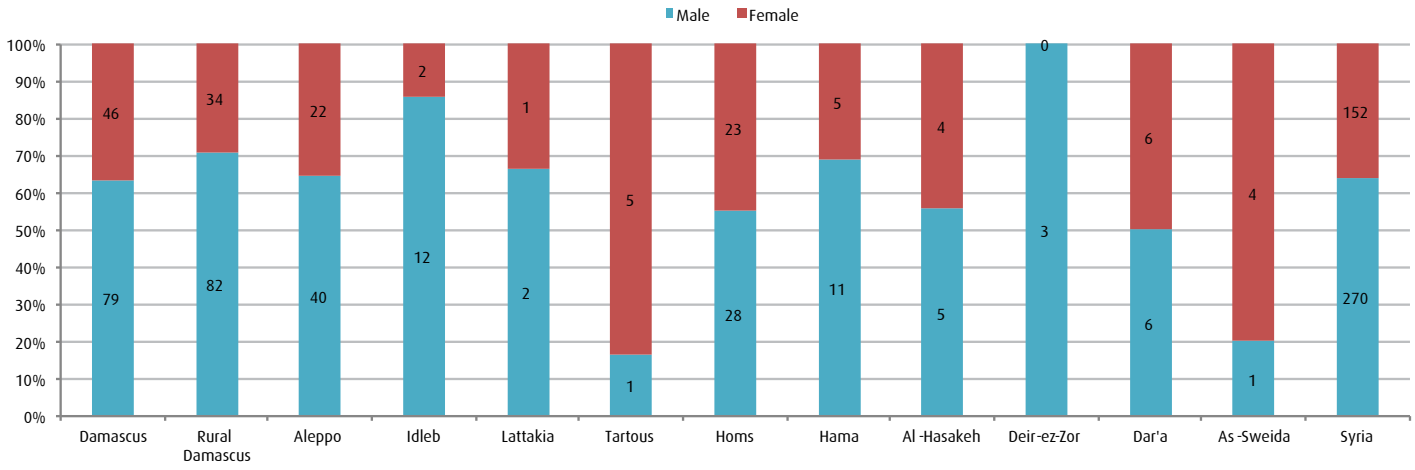


Figure 21: Trend analysis of medical doctors [a total of general practitioners, specialists, resident doctors, and dentists] in health centres, during 2018

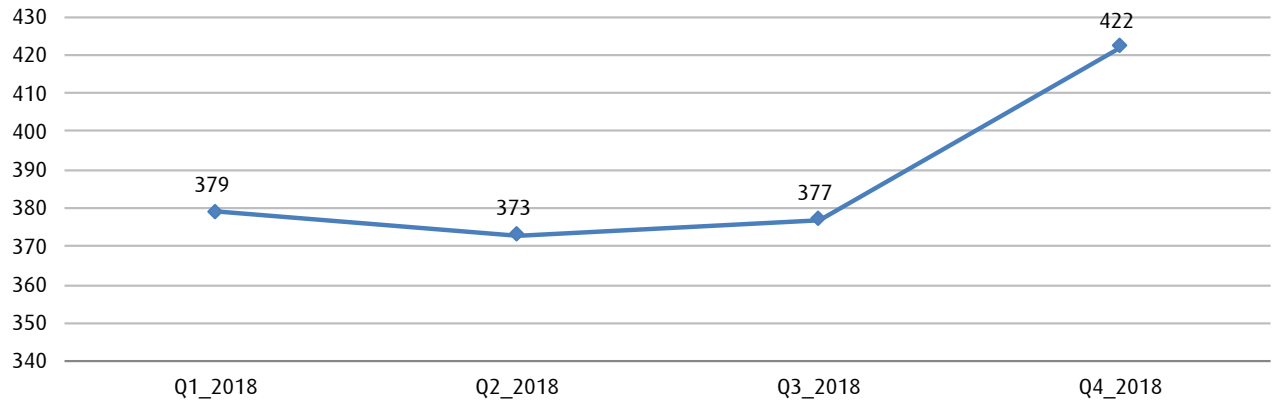


Figure 22: Trend analysis of number of nurses in health centres, during 2018

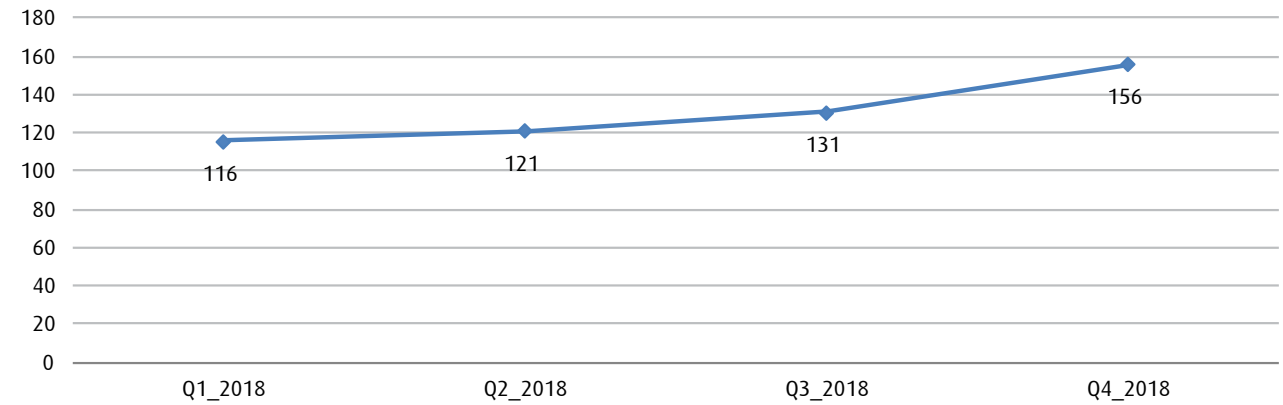
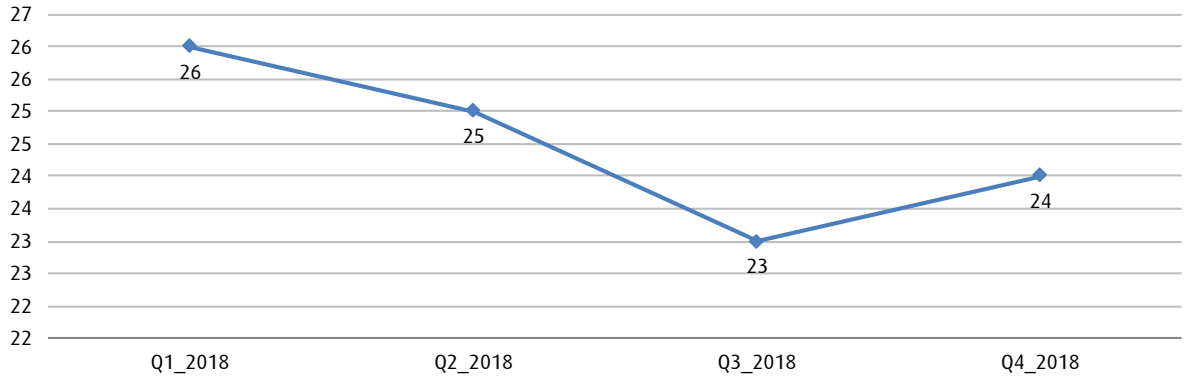


Figure 23: Trend analysis of number of midwives in health centres, during 2018

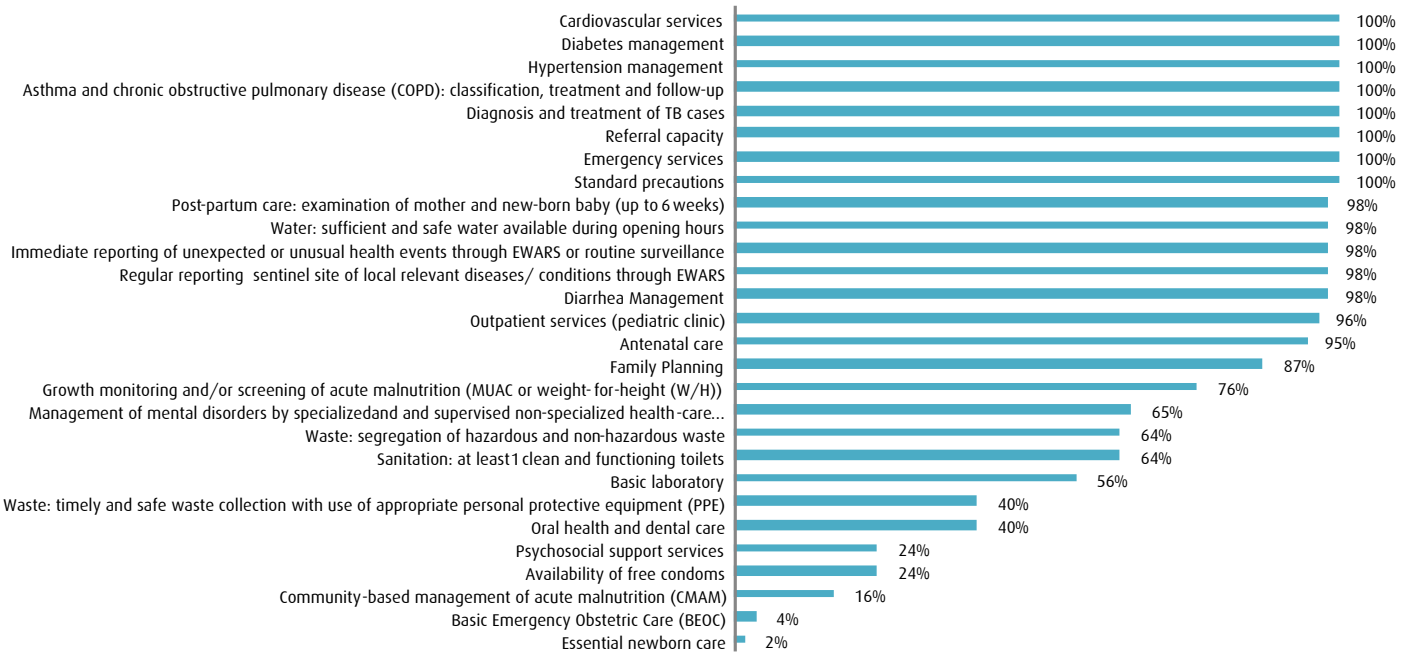


7. Availability of health services

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

1. General clinical services and essential trauma care
2. Child Health: Diarrea management
3. Nutrition: screening of MUAC, Management of acute malnutrition (CMAM)
4. Communicable Diseases: Diagnosis and treatment of TB cases, and Clinical diagnosis and management of other locally relevant diseases
5. Non-communicable Diseases: Asthma and chronic obstructive pulmonary disease (COPD), Cardiovascular services, Hypertension management, Diabetes management, and Oral health and dental care
6. Mental health care

Figure 24: Aavailability of health services in functional health centres, 4th Quarter 2018



8. Utilization of health services

Figure 25: Estimated caseload of functional health centres (consultations), during 2018

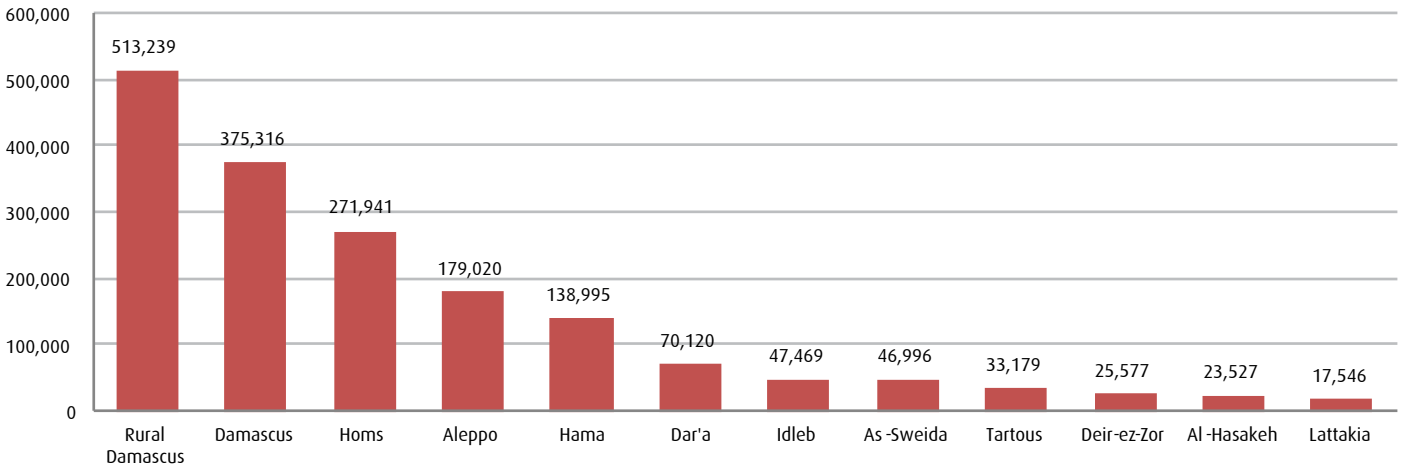


Figure 26: Trend analysis of estimated caseload in health centres (consultations), during 2018

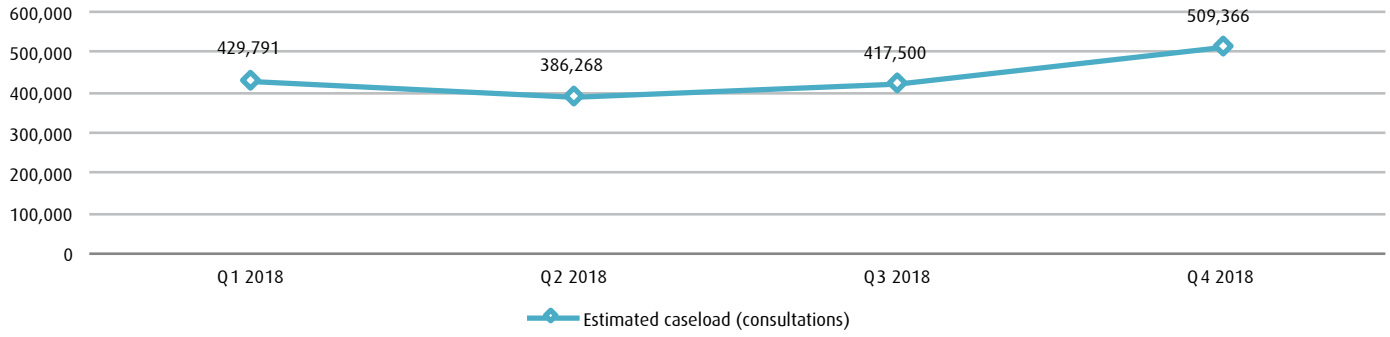
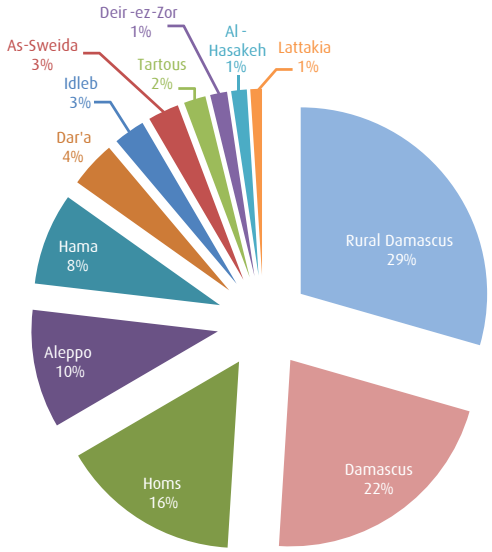


Figure 27: Proportions of workload, per governorate, during 2018



8.1 General clinical services

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

i. Outpatient (Pediatric Clinic)

The outpatient (Pediatric Clinic) services with availability of all essential drugs for primary care as per national guidelines were assessed at a health centre level,

Figure 28: The number of outpatients (Pediatric Clinic) in health centres, 4th Quarter 2018

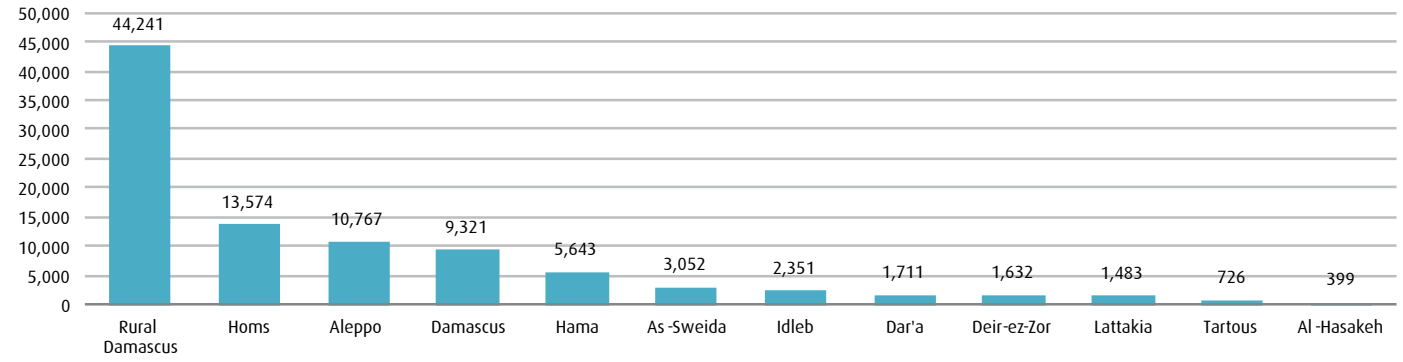
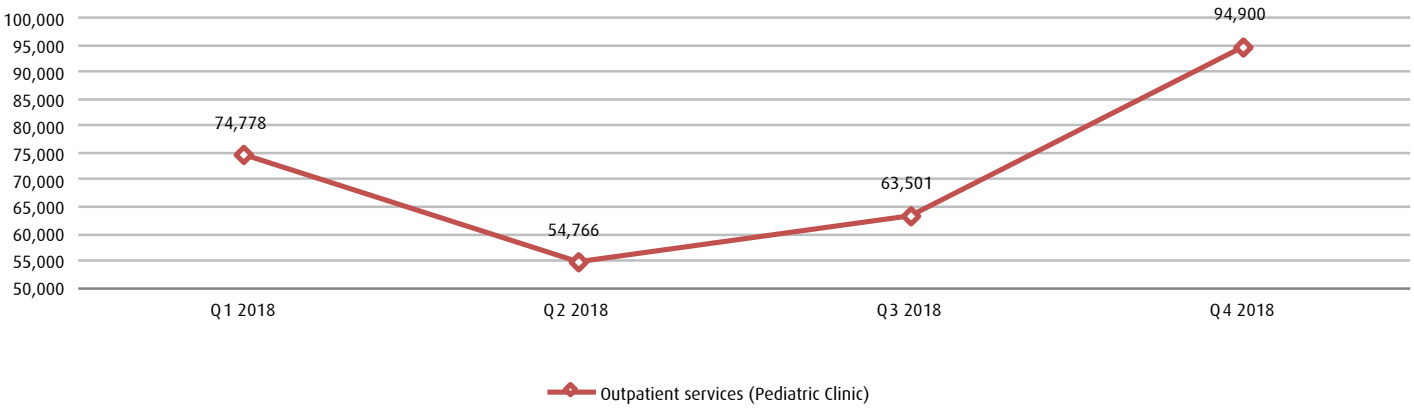


Figure 29: Trend analysis of outpatients (Pediatric Clinic) in health centres, during 2018



ii. Basic laboratory services

The number of patients received services in health centres' laboratories (i.e., Glycaemia, CBC,...), was assessed at a health centre level.

Figure 30: The number of patients received services in laboratories in health centres, 4th Quarter 2018

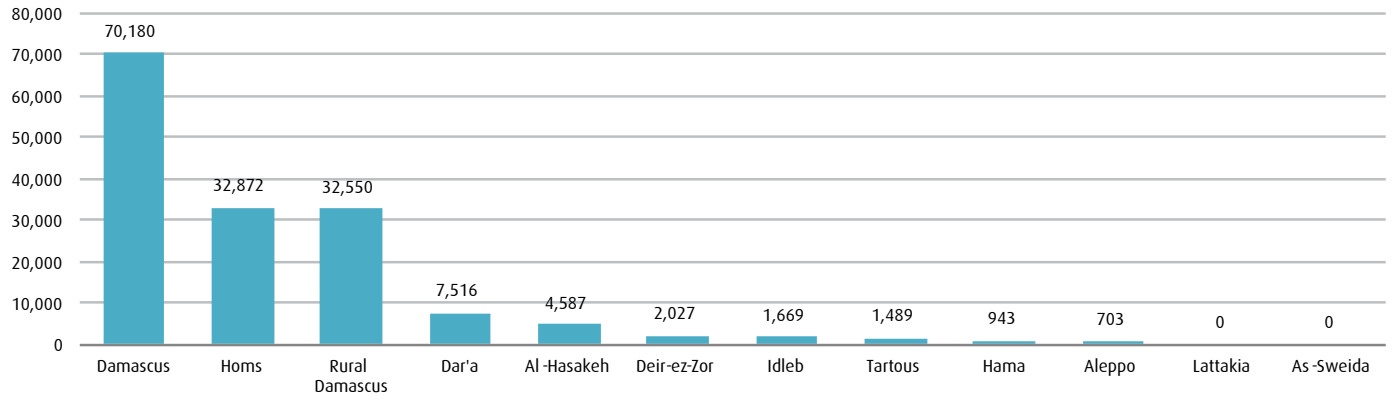
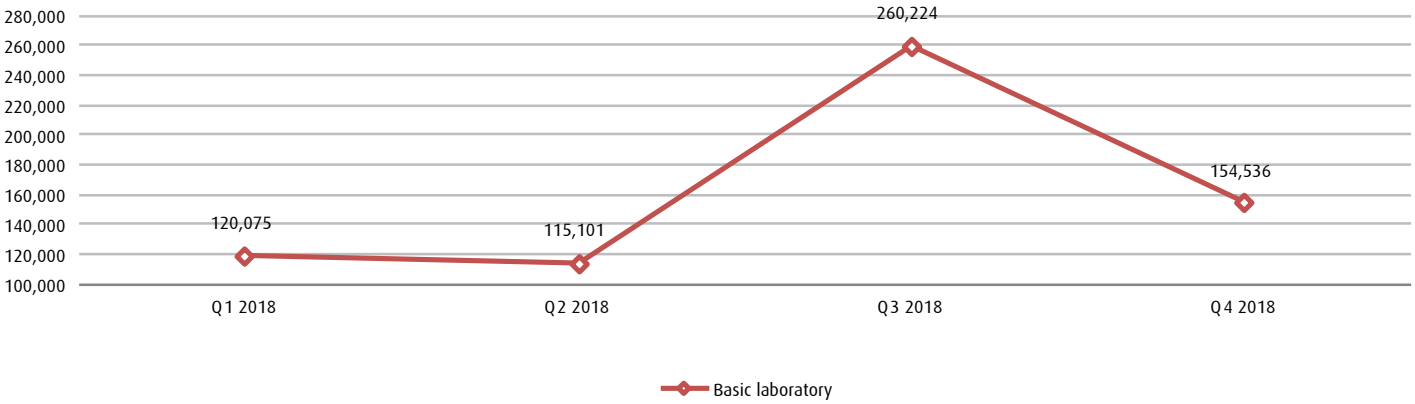


Figure 31: Trend analysis of number of patients received services in laboratories in health centres, during 2018



iii. Referral capacity

The **referral capacity** including: "referral procedures, means of communication, and access to transportation" was measured at a health centre level.

Figure 32: The number of referred cases per governorate, 4th Quarter 2018

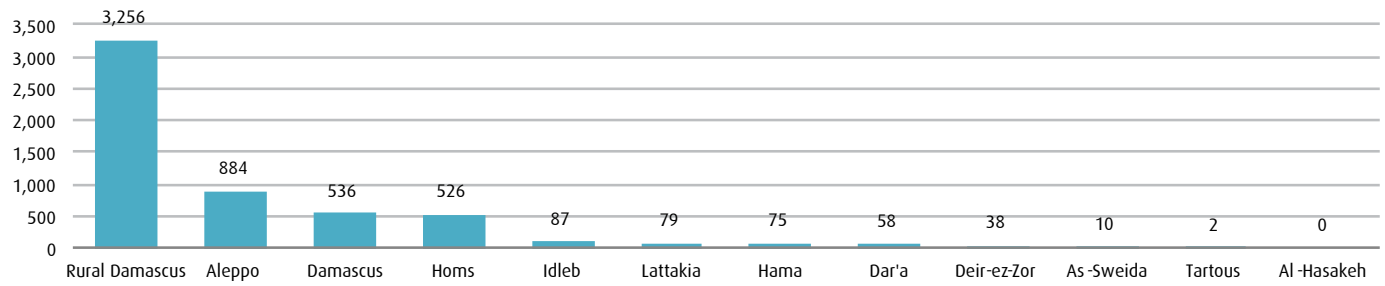
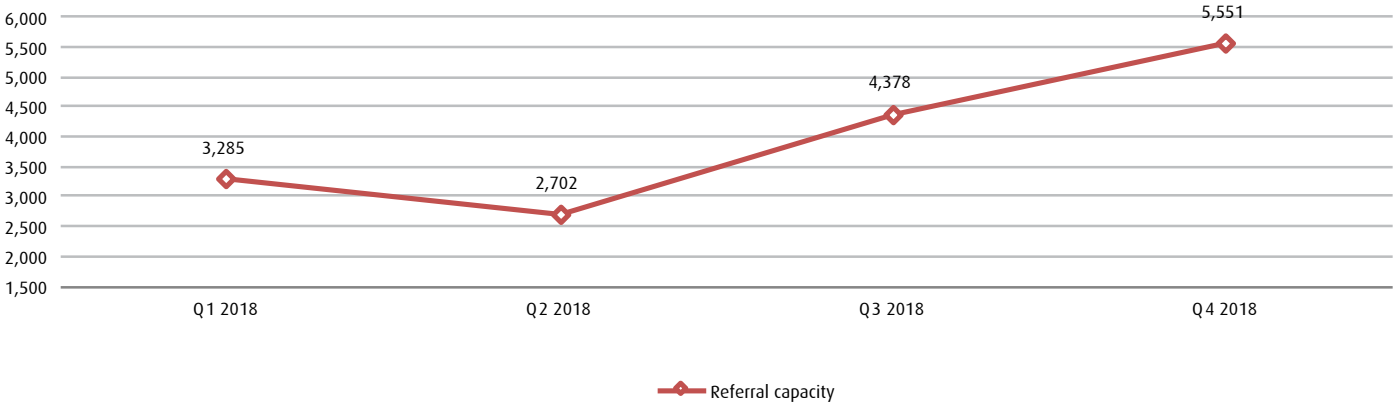


Figure 33: Trend analysis of referred cases, during 2018



8.2 Emergency services

The emergency services including: "triage, assessment, first aid and life support (cardiopulmonary resuscitation (CPR) stabilization of patient with severe trauma and non-trauma emergencies before referral (IV line and saline solution for fluid resuscitation)" was assessed at a health centre level

Figure 34: The number of emergency services cases reported in health centres, per governorate, 4th Quarter 2018

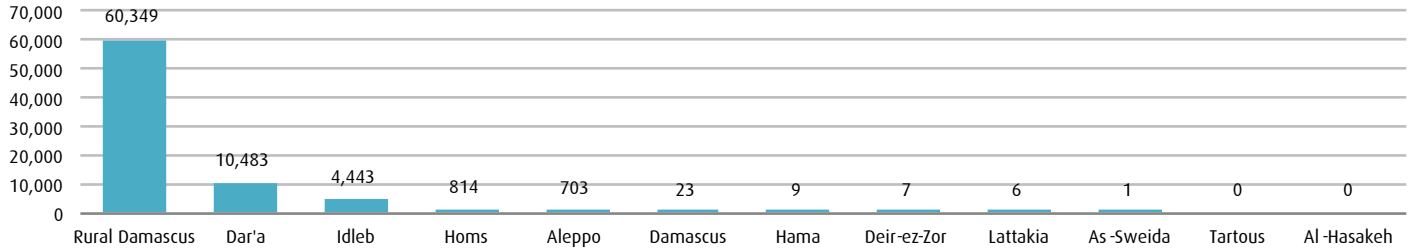
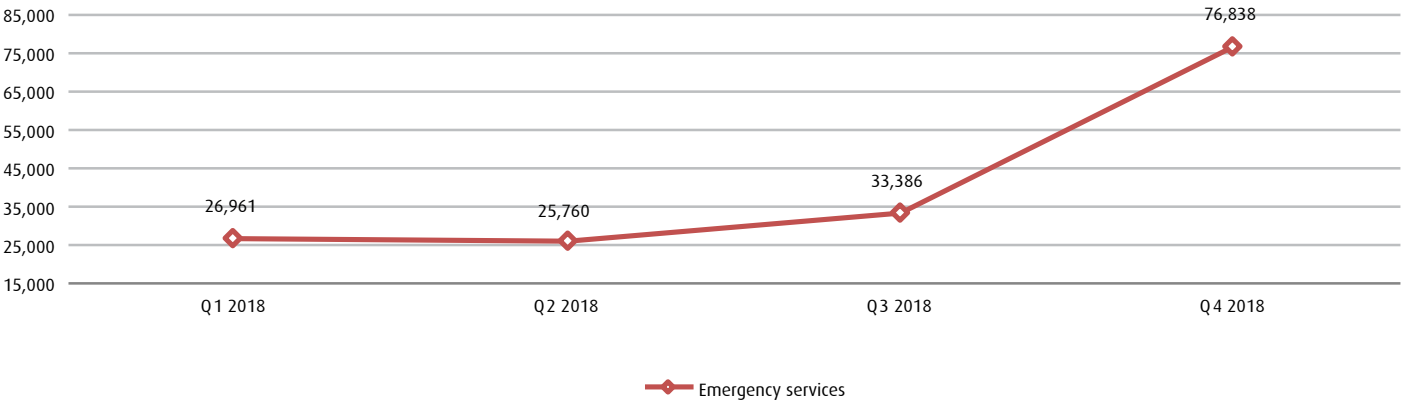


Figure 35: Trend analysis of emergency services cases in health centres, during 2018



8.3 Child health

i. Diarrhea Management

Figure 36: The number of diarrhea cases (children) in health centres, 4th Quarter 2018

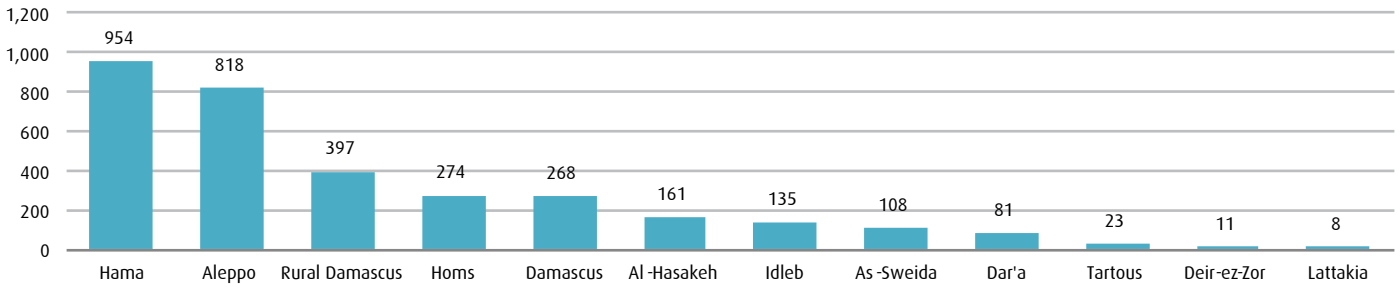
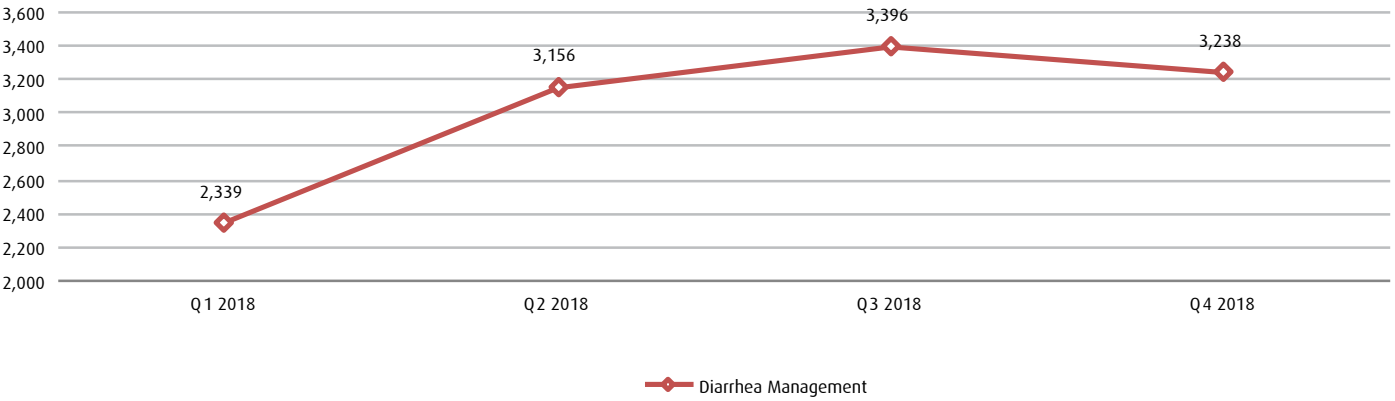


Figure 37: Trend analysis of reported children with diarrhea in health centres, during 2018



8.4 Nutrition

i. Growth monitoring and/or screening of acute malnutrition (MUAC or weight- for-height (W/H)) was assessed at a health centre level.

Figure 38: The number of growth monitoring and/or screening of acute malnutrition cases, 4th Quarter 2018

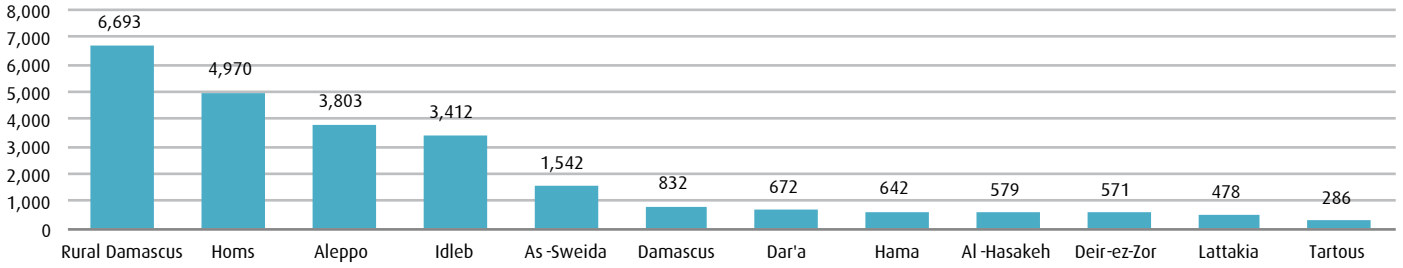
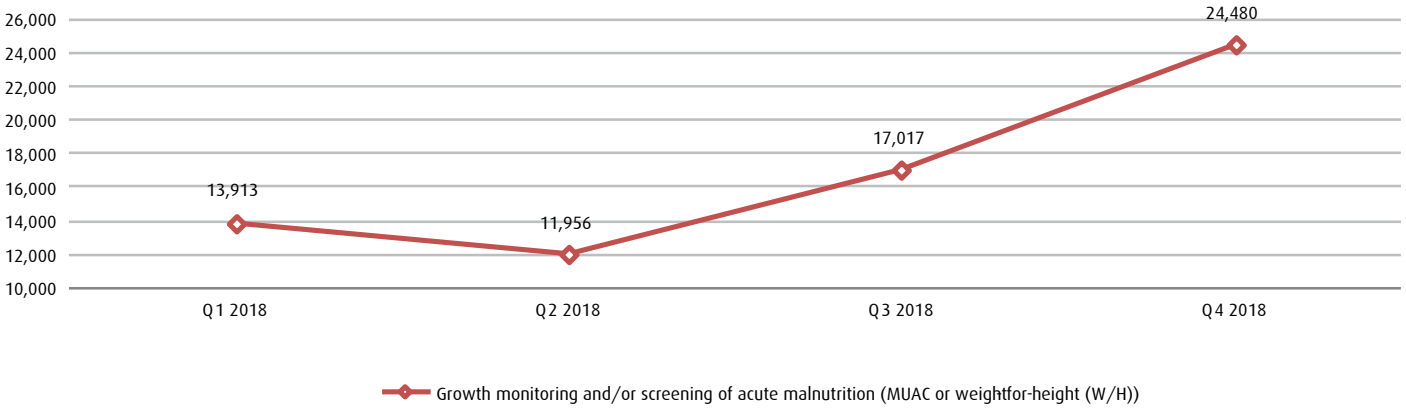


Figure 39: Trend analysis of growth monitoring and/or screening of acute malnutrition cases in health centres, during 2018



ii. Community-based **management of acute malnutrition (CMAM)** with outpatient programme for severe acute malnutrition without medical complications with ready-to-use therapeutic foods available was assessed at a health centre level.

Figure 40: The number of management of acute malnutrition (CMAM) cases, 4th Quarter 2018

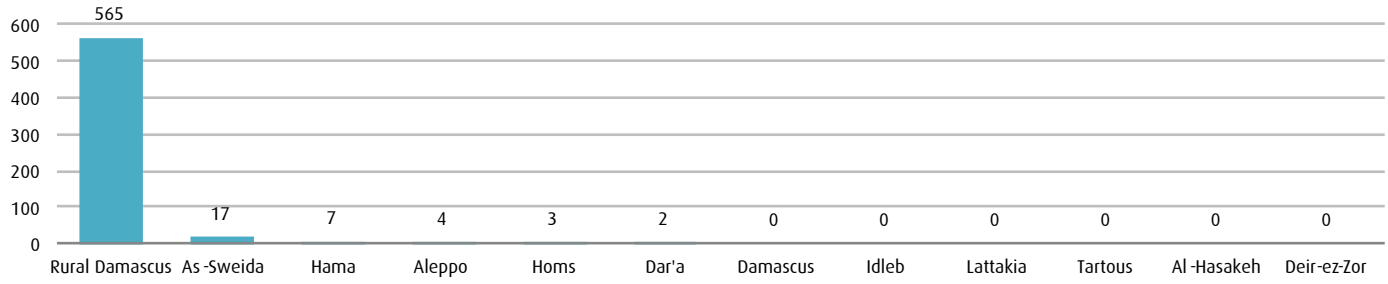
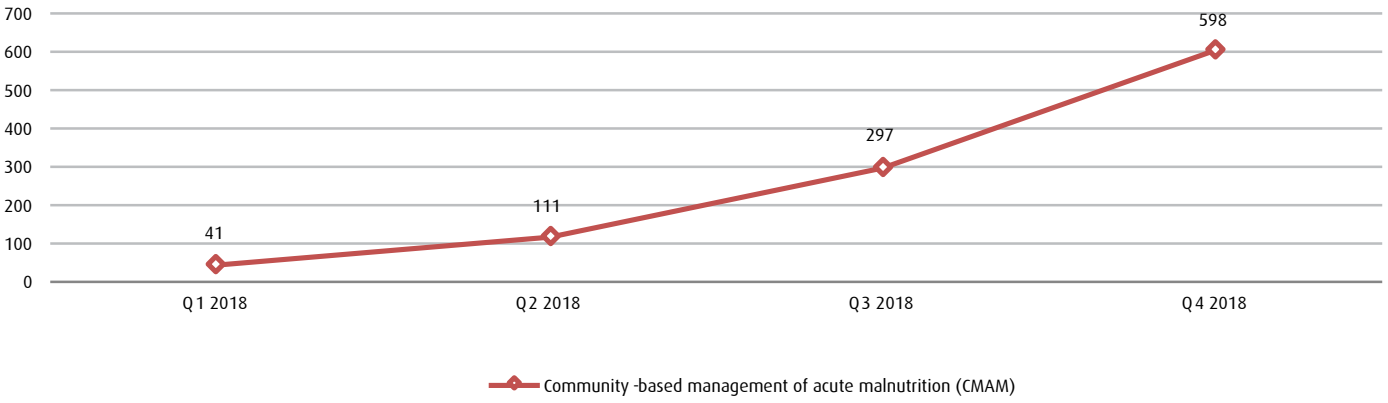


Figure 41: Trend analysis of management of acute malnutrition (CMAM) in health centres, during 2018



8.5 Communicable diseases

i. Immediate reporting of unexpected or unusual health events through EWARS or routine surveillance was assessed at a health centre level.

Figure 42: The number of immediate reporting of unexpected or unusual health events through EWARS or routine surveillance, 4th Quarter 2018

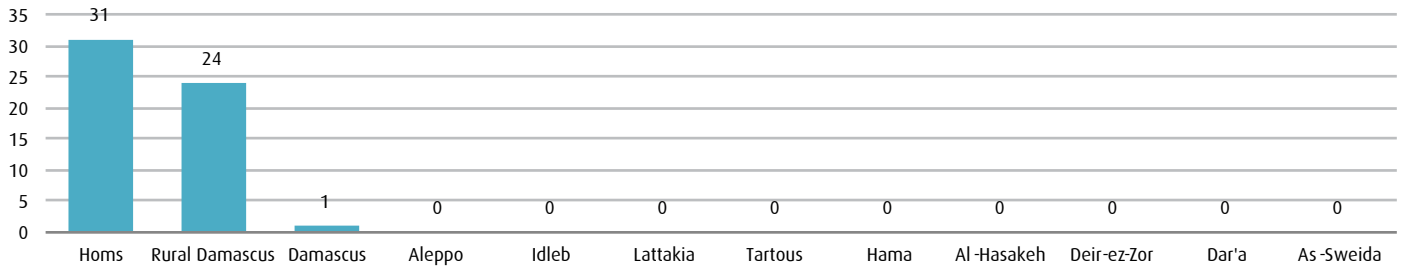
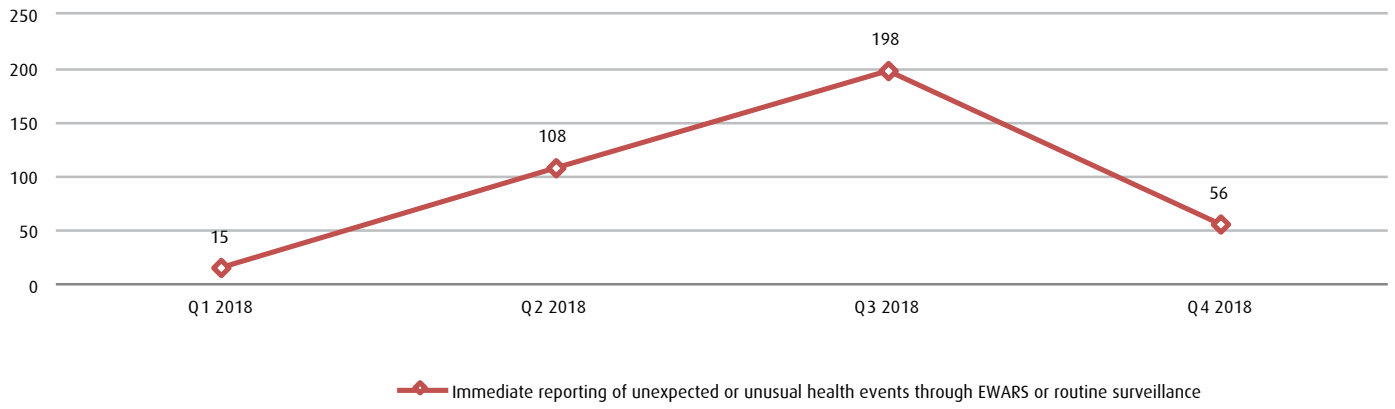


Figure 43: Trend analysis of immediate reporting of unexpected or unusual health events through EWARS or routine surveillance in health centres, during 2018



ii. Diagnosis and treatment of **TB cases**, or detection and referral of suspected cases, and follow-up was assessed at a health centre level

Figure 44: The number of diagnosis and treatment of TB cases, 4th Quarter 2018

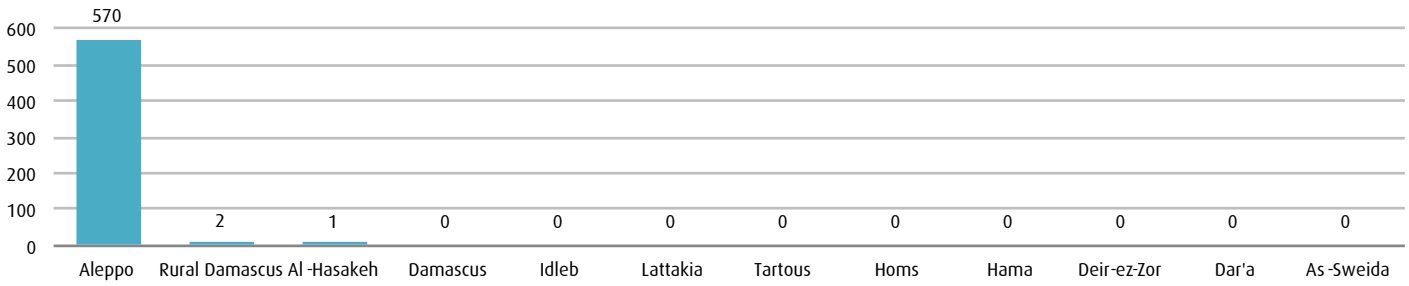
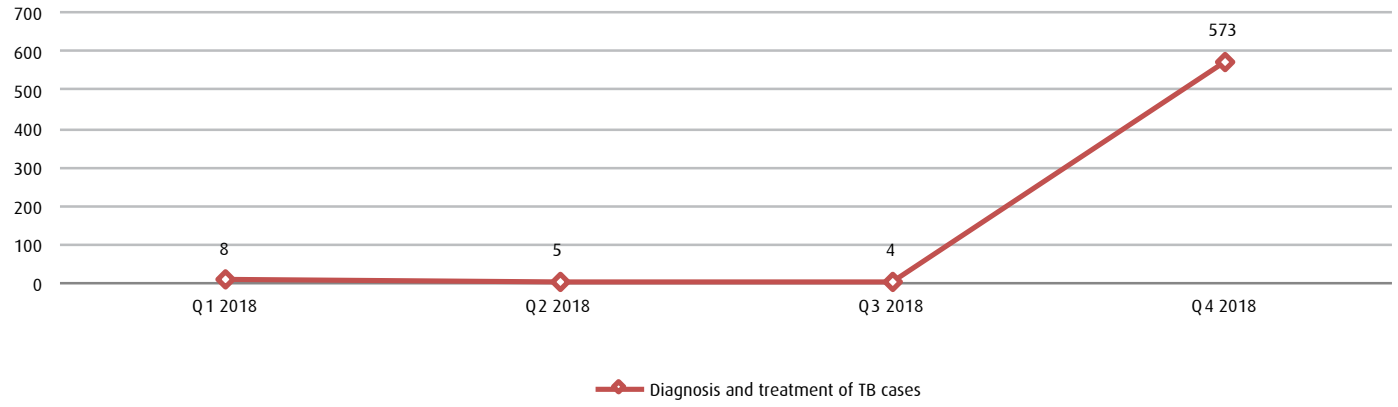


Figure 45: Trend analysis of diagnosis and treatment of TB cases in health centres, during 2018



i. Family Planning

The family planning service was assessed at a health centre level.

Figure 46: The number of women received family planning services in health centres, 4th Quarter 2018

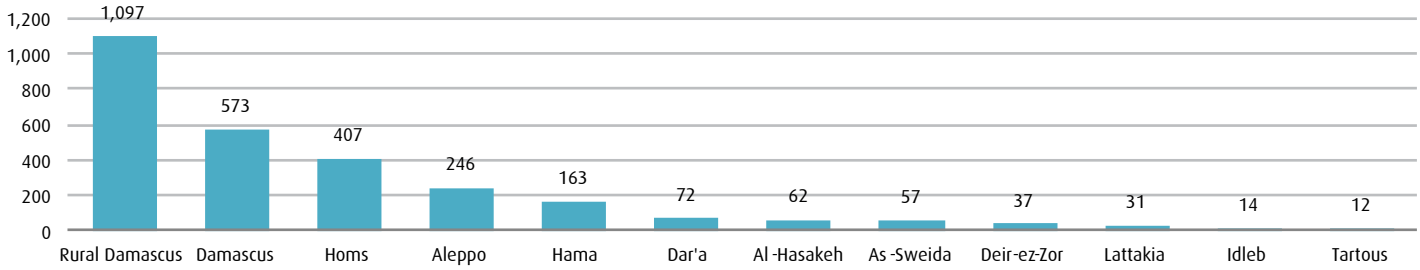
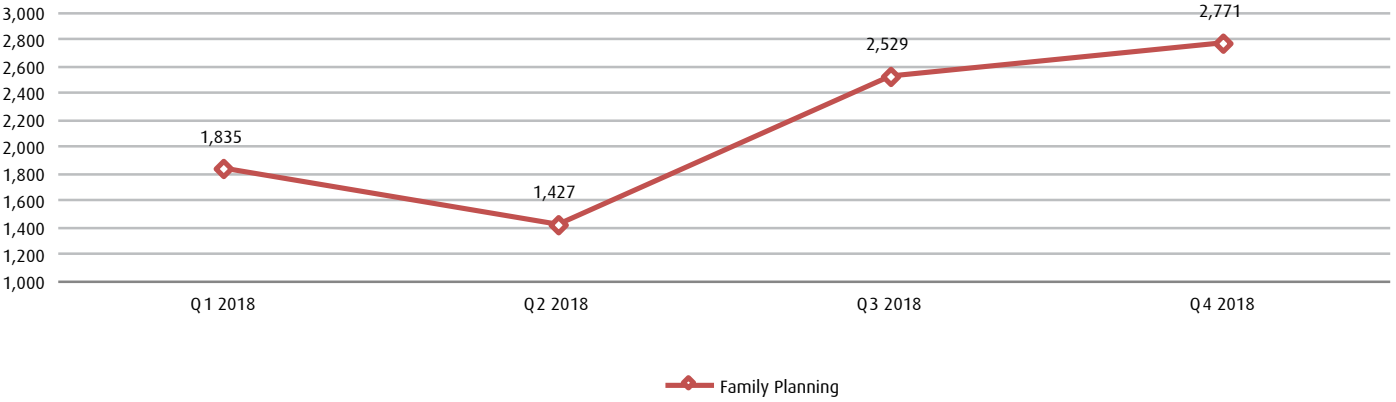


Figure 47: Trend analysis of number of pregnant women received family planning services in health centres, during 2018



ii. Antenatal care

a) Antenatal Care:

The antenatal care (i.e., assess pregnancy, birth and emergency plan, respond to problems (observed and/or reported), advise/counsel on nutrition & breastfeeding, self-care and family planning, preventive treatment(s) as appropriate) was assessed at a health centre level.

Figure 48: The number of pregnant women received antenatal services in health centres, 4th Quarter 2018

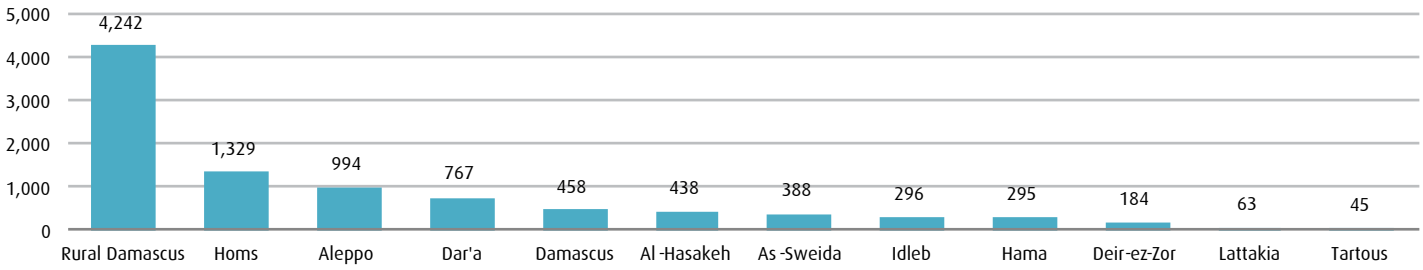
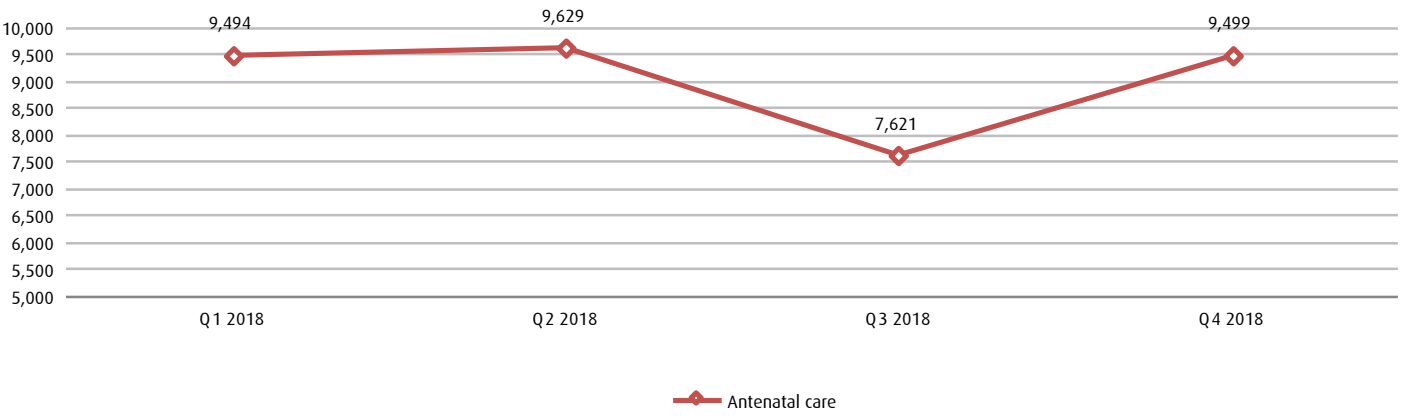


Figure 49: Trend analysis of number of pregnant women received antenatal services in health centres, during 2018



b) Antenatal visits:

The number of antenatal visits was assessed at a health centre level.

Figure 50: The number of antenatal visits in health centres, 4th Quarter 2018

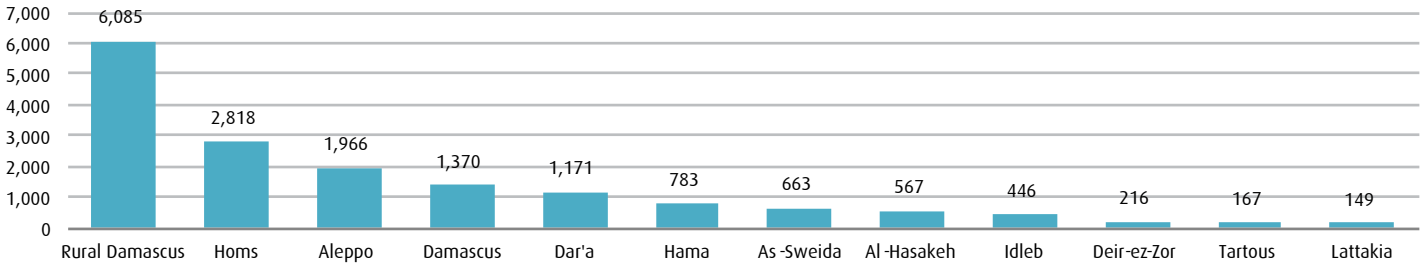
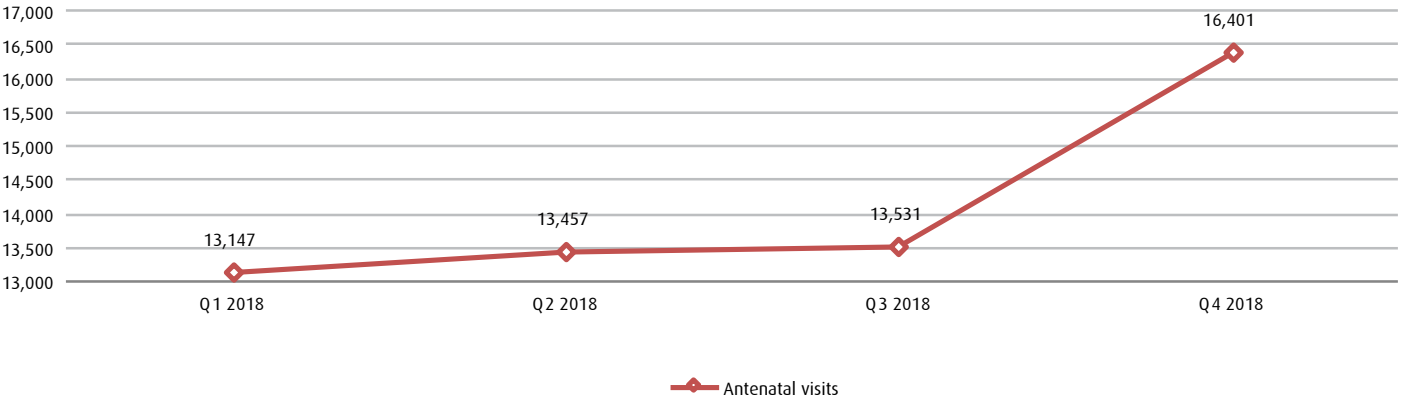


Figure 51: Trend analysis of antenatal visits in health centres, during 2018

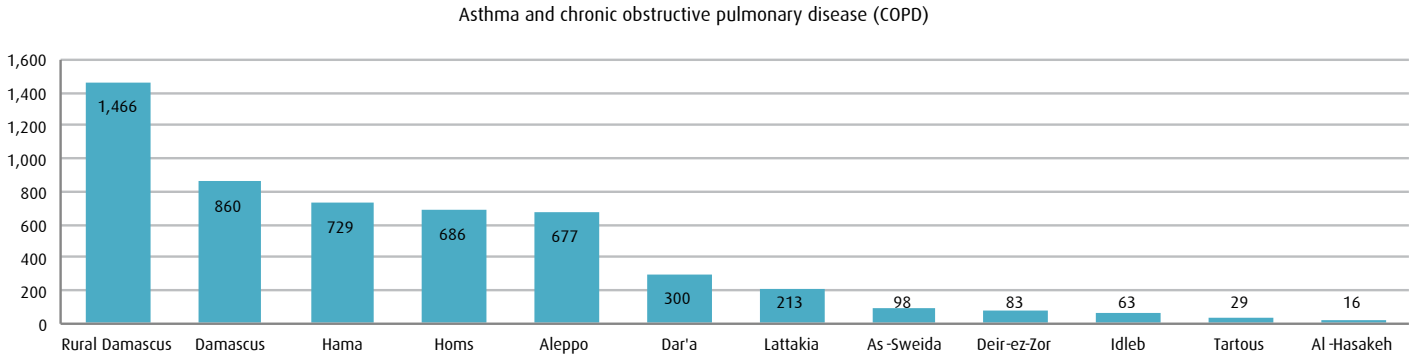


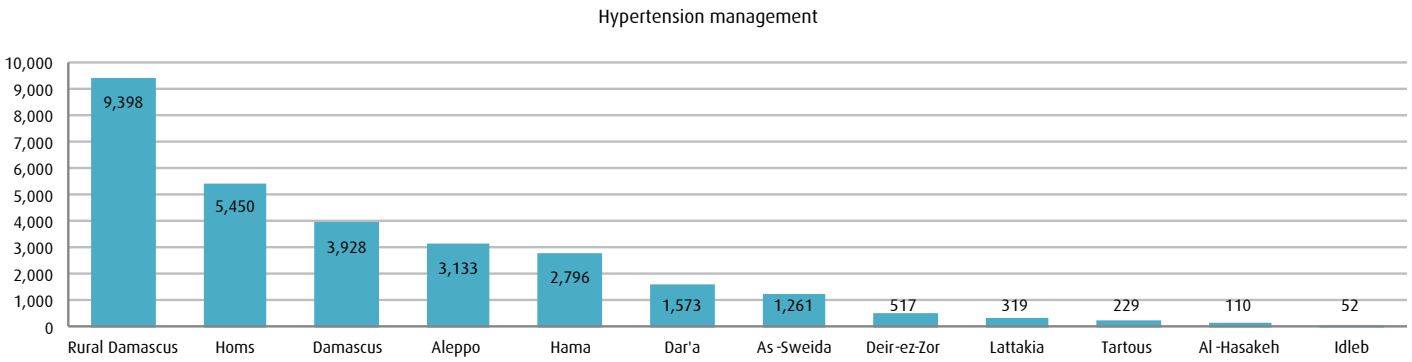
8.6 Noncommunicable diseases

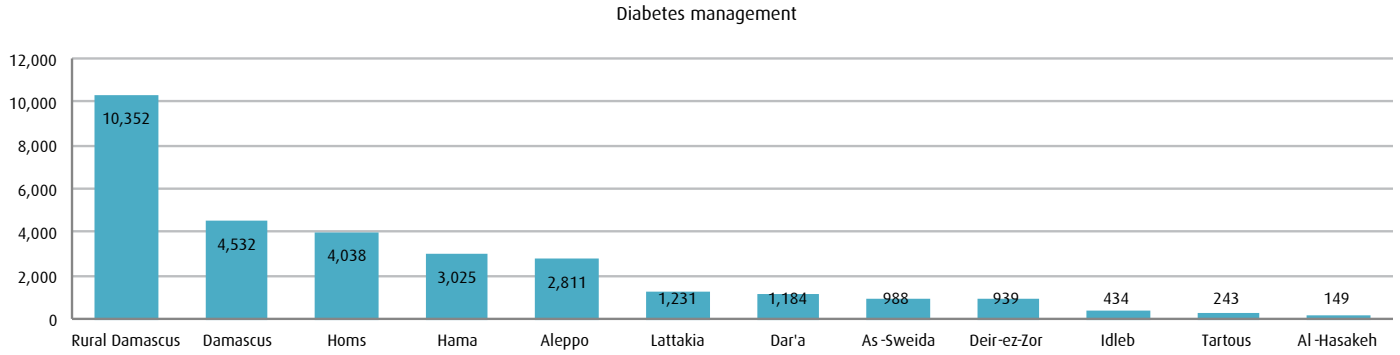
Availability and utilization of NCDS health care services in health centres is assessed at a health centre level for:

- Asthma and chronic obstructive pulmonary disease (COPD)
- Cardiovascular services
- Hypertension management
- Diabetes management.

Figure 52: The number of NCDs consultations (COPD, Hypertension, Diabetes, and Cardiovascular in health centres, 4th Quarter 2018







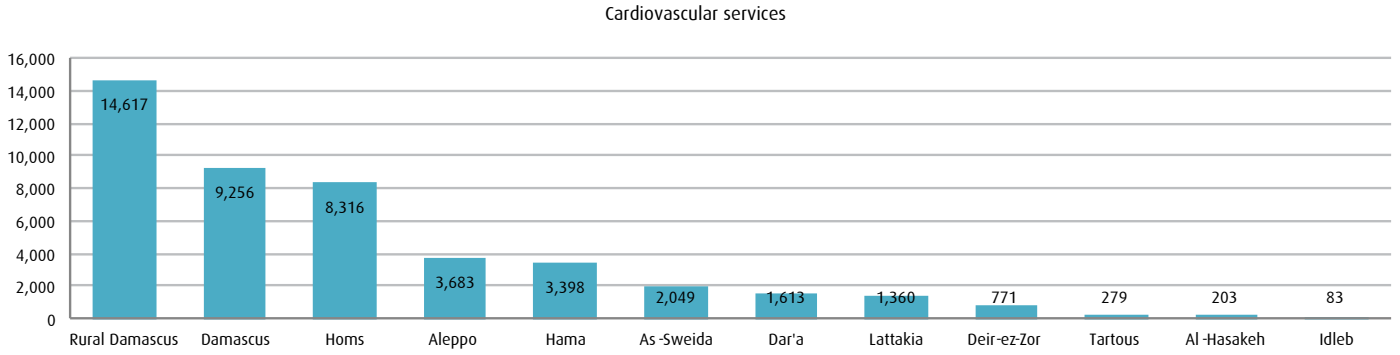
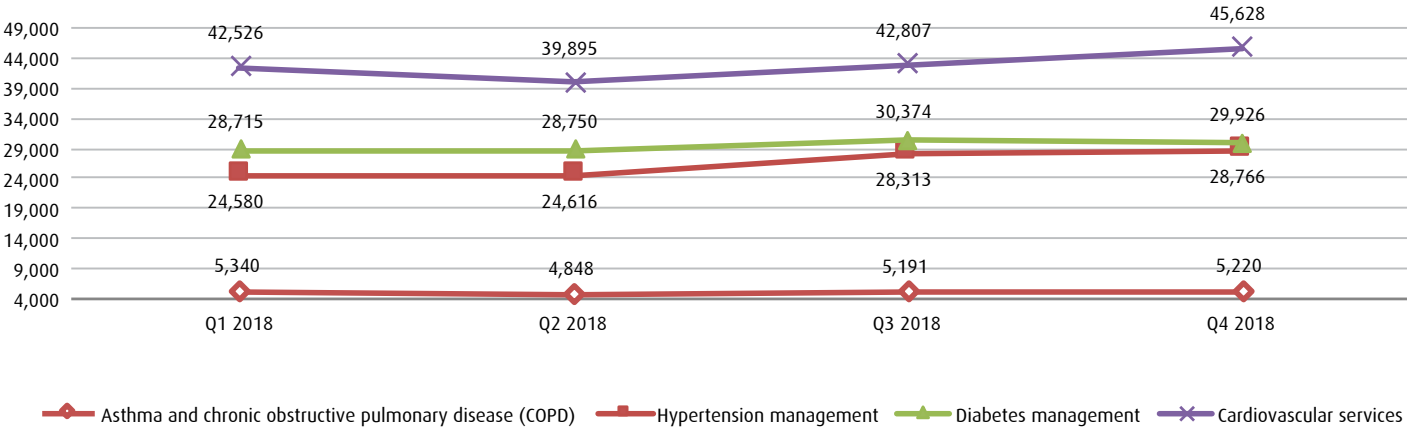


Figure 53: Trend analysis of NCDs' consultations in health centres, during 2018



8.7 Oral health and dental care

Figure 54: The number of oral health and dental care cases in health centres, 4th Quarter 2018

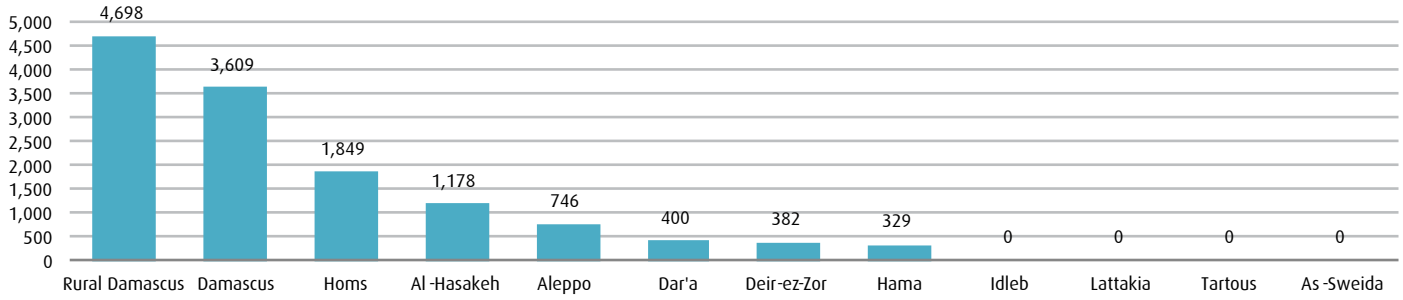
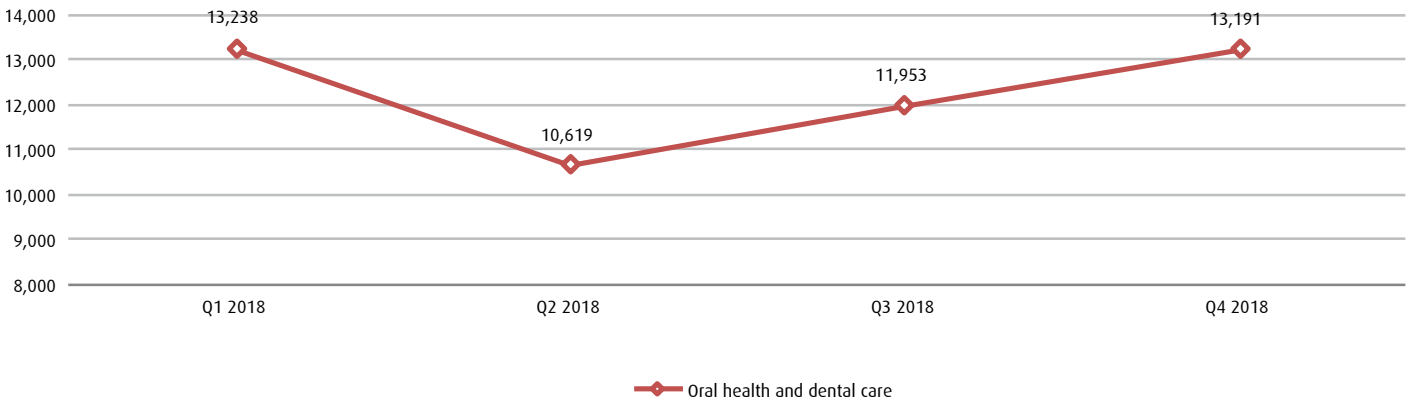


Figure 55: Trend analysis of oral health and dental care cases in health centres, during 2018



8.8 Mental health care

i. Psychosocial support services for distressed people, survivors of assault, abuse, neglect, and domestic violence, including Psychological first aid (PFA), and linking vulnerable individuals/families with resource (such as health services, livelihood assistance etc) was assessed at a health centre level.

Figure 56: The number of psychosocial support cases in health centres, 4th Quarter 2018

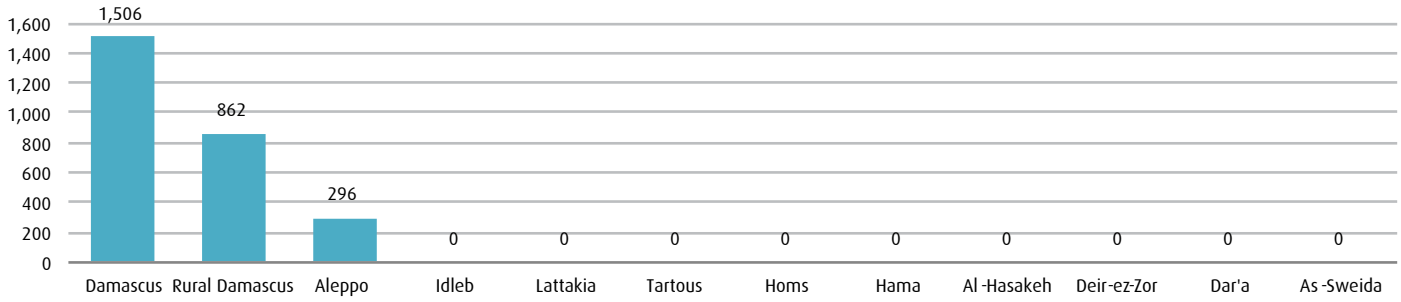
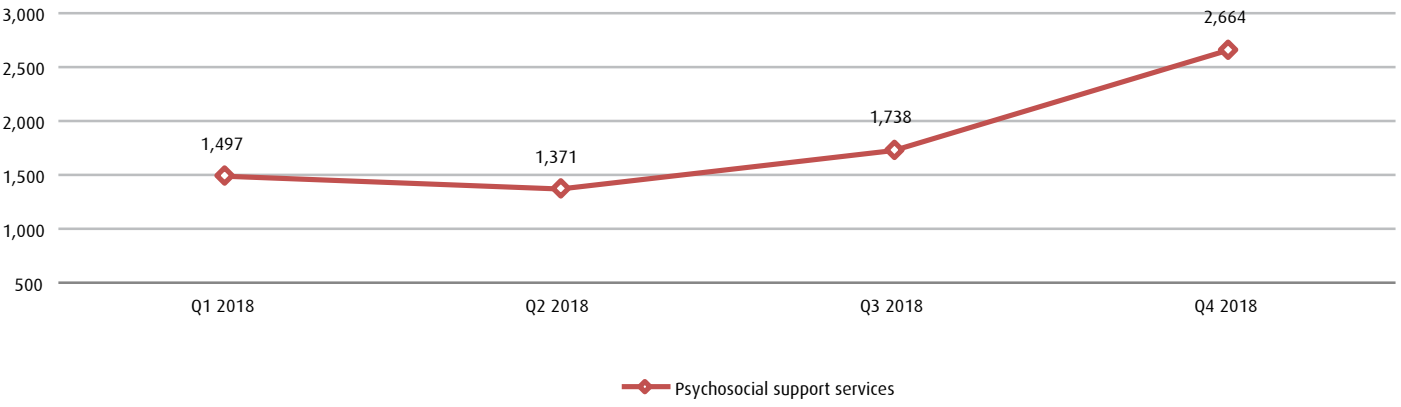


Figure 57: Trend analysis of patients received psychosocial support services in health centres, during 2018



ii. Management of mental disorders by specialized and/or trained and supervised non-specialized health-care providers (mhGAP – Intervention Guide), and/or availability of at least one medicine from each group, antipsychotics, antidepressants, antiepileptic and anxiolytics was assessed at a health centre level.

Figure 58: The number of management of mental disorders cases in health centres, 4th Quarter 2018

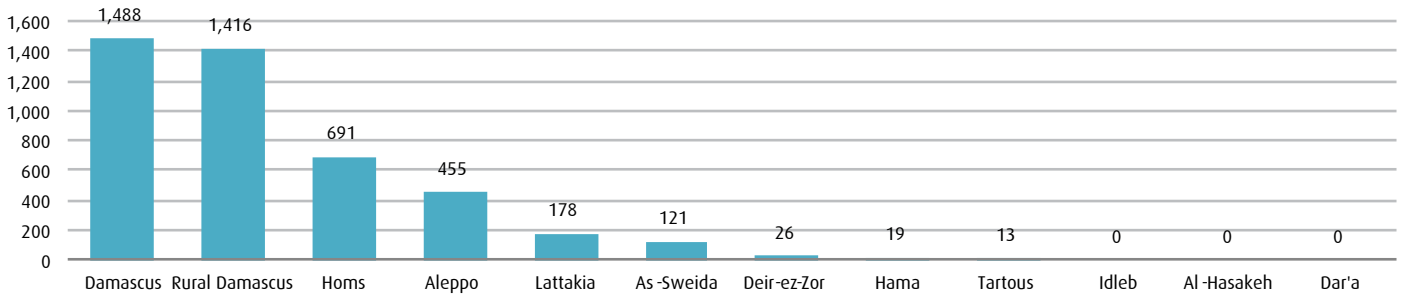
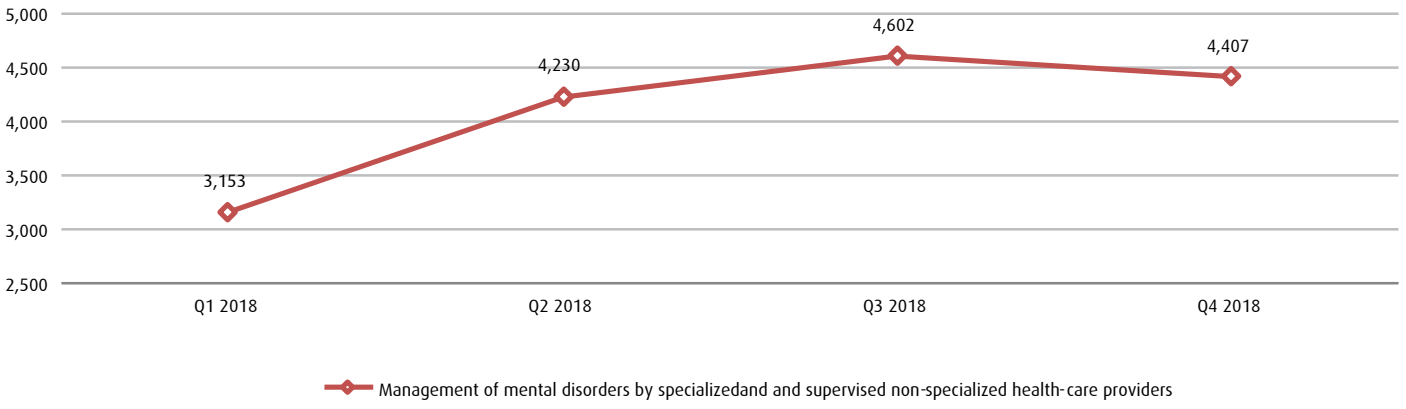


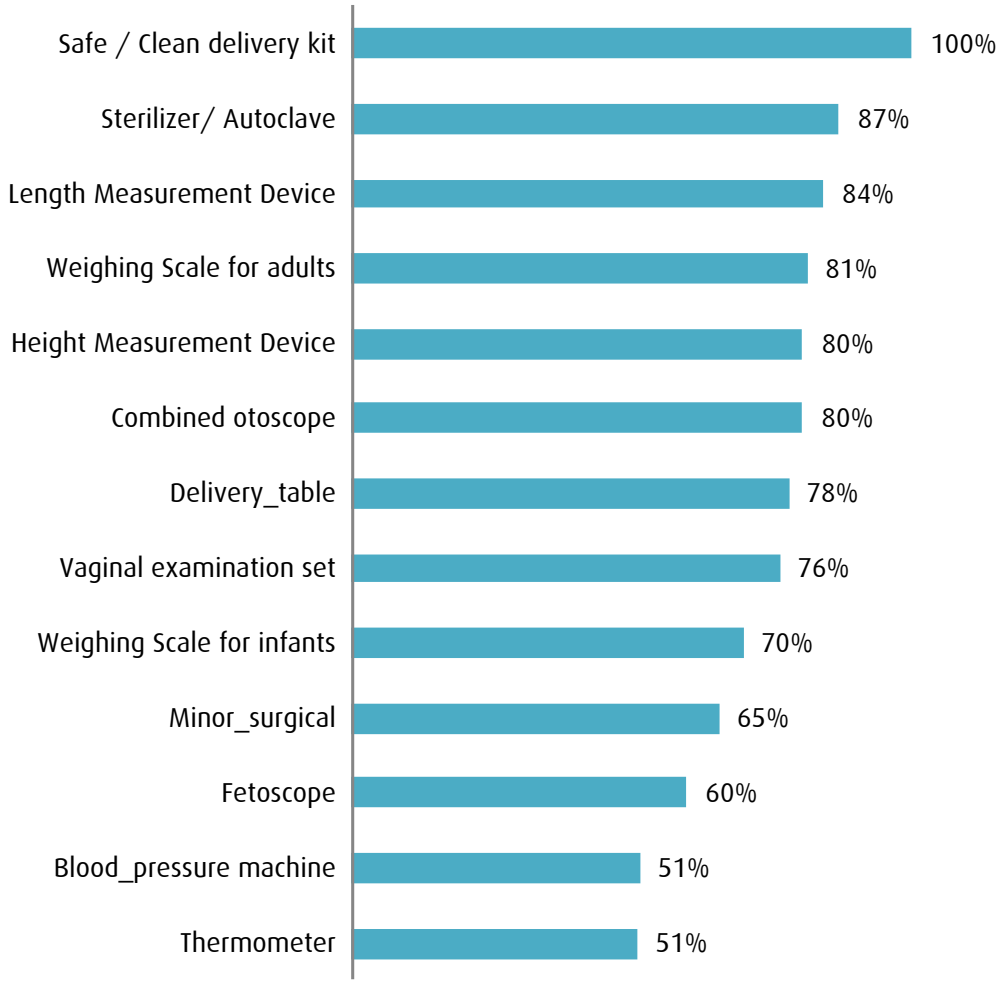
Figure 59: Trend analysis of patients received management of mental disorders services in health centres, during 2018



9. 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.

Figure 60: Percentage of functional essential equipment/ total available equipment in functional health centres, 4th Quarter 2018



10. 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.

Figure 61: Availability of medicines and medical consumables at functional health centres, 4th Quarter 2018