

HeRAMS

Summary Report | Public Health Centres in the Syrian Arab Republic

Quarter 1, 2015

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 first quarter of 2015.

Contents:

This report provides descriptive analysis on the public health centres' status, by end of the 1st Quarter 2015. It includes functionality, accessibility status, infrastructural condition of the health centres' availability of human resources and availability of health services.

Table of Contents

Executive Sumamry.....	3
1. Completeness of reporting	4
2. Functionality Status	5
3. Accessibility Status.....	7
4. Infrasturctual Condition.....	9
5. Availability of Health Human Resources.....	12
6. Availability of Health Services.....	14

Executive 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 1st Quarter 2015. The total assessed health centres have increased in the 1st Quarter 2015 to reach **1,777** compared to **1,776** in the 4th Quarter 2014, due to opening of a new health centre.

The completeness of reporting of health centres has decreased in the 1st Quarter to reach 92%, compared to 96% at the end of 2014, due to gap of reporting in Idleb (i.e., security situation).

Functionality status of the health centres

By the end of the 1st Quarter 2015, and out of **1,777** assessed public health centres, 47% (832) were reported fully functioning, 22% (392) partially functioning, 24% (419) non-functioning (completely out of service), while the functionality status of 7% (134) of health centres were unknown.

Accessibility status

By the end of 1st Quarter 2015, 71% (1,266) health centres were reported accessible, 1% (13) hard-to-access, and 27% (478) were inaccessible, while the accessibility status of 1% (20) health centres were unknown.

Infrastructure of Health Centres

By the end of 1st Quarter 2015, 20% (354) health centres were reported damaged [5% fully damaged and 15% partially damaged], 61% (1,092) of public health centres were reported intact, while the building's condition of 19% (331) health centres were unknown.

Human Resources

By the end of the 1st Quarter 2015, the proportions of different categories of health staff among the total functional (fully and partially) health centres (1,224 /1,777), remained almost the same as 4th Quarter 2014. The resident doctors represented 1% of total health staff at centres' level, followed by general practitioners (4%); laboratory (5%); pharmacists (6%); specialists (7%); midwives (8%); dentists (9%); technicians (14%); and nurses (46%).

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.

1. Completeness of reporting

The completeness of reporting of health centres has decreased in the 1st Quarter to reach 92%, compared to 96% at the end of 2014, due to gap of reporting in Idleb (i.e., security situation) [Figure 1].

The total number of assessed public health centres has increased in the 1st Quarter to reach **1,777** compared to **1,776** at the end of 2014, due to opening of a new health centre.

The classification of health centres (**1,777**) 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 1,643 health centre, 1,391 (85%) are PHC centres.

The key gap of reporting is observed in Idleb (82%) due to the recent security escalations, while minor gaps were observed in Rural Damascus (9%), Aleppo (5%), Hama (4%), Homs (2%), due to security situation and accessibility challenges.

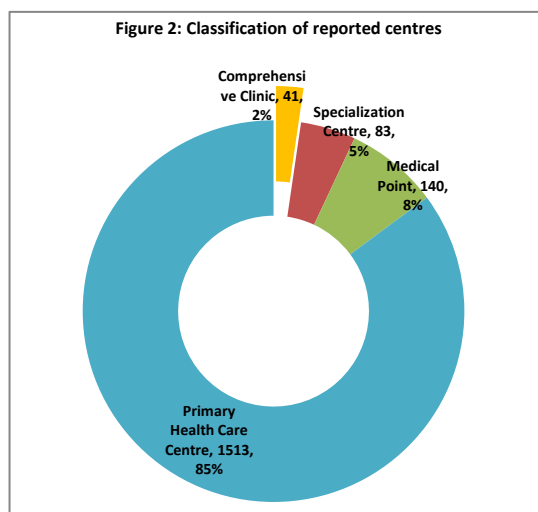
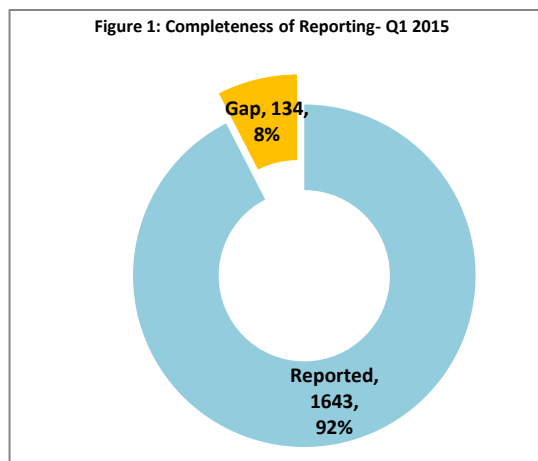
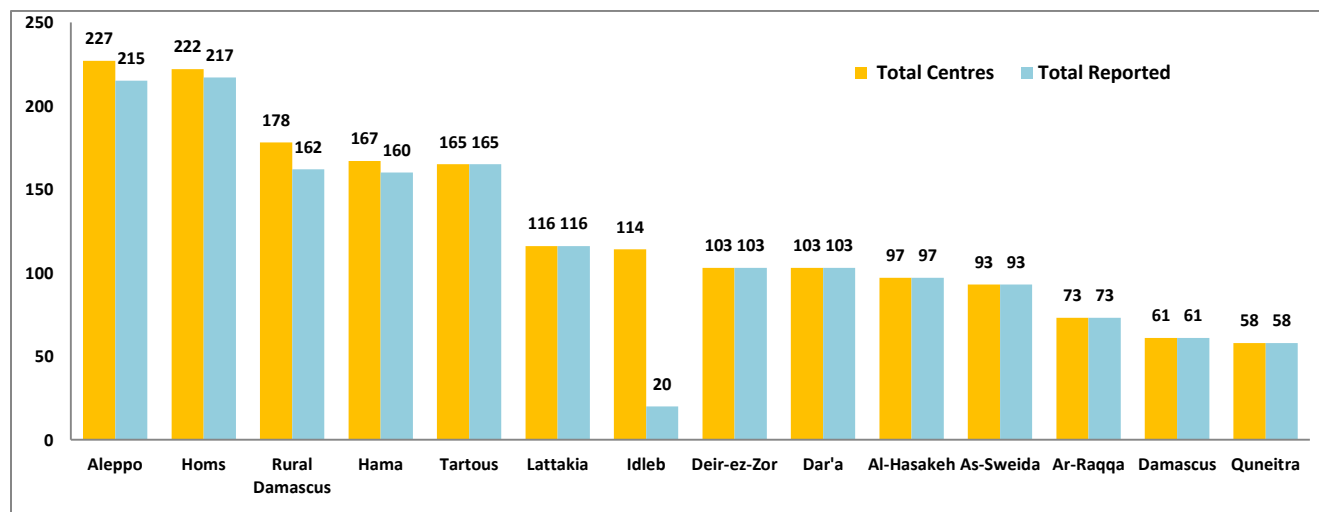


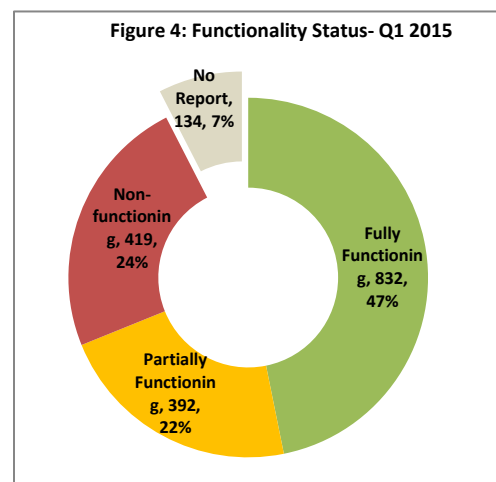
Figure 3: Completeness of reporting of health centres at governorate level, 1st Quarter 2015



2. Functionality Status

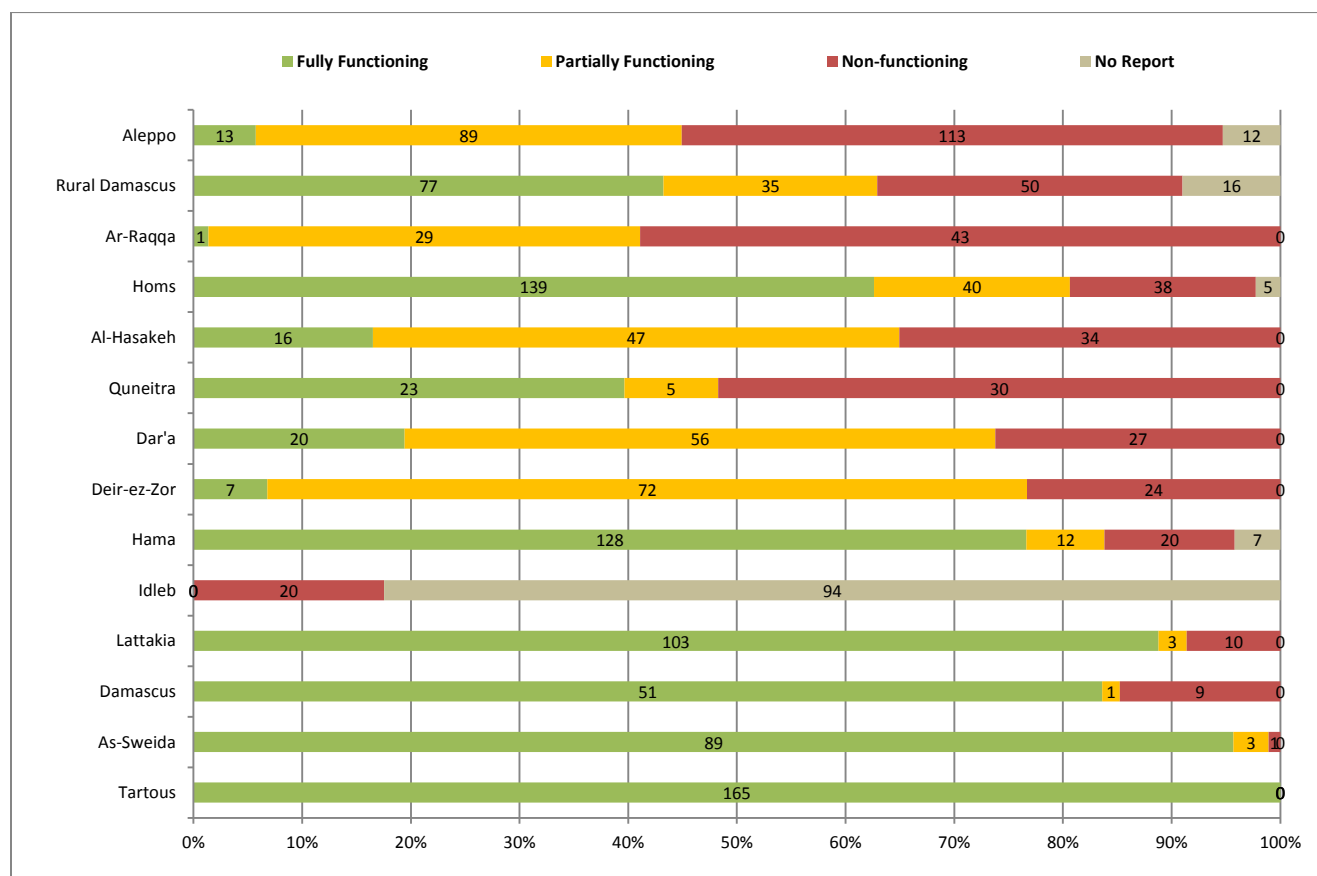
The functionality status of the public health centres has been assessed at three levels: fully functioning, partially functioning, or non-functioning.

By the end of the 1st Quarter 2015, and out of **1,777** assessed public health centres, 47% (832) were reported fully functioning, 22% (392) health centres were reported partially functioning (i.e., shortage of staff, equipment, medicines or damage of the building in some cases), 24% (419) were reported non-functioning (completely out of service), while the functionality status of 7% (134) of health centres were unknown [Figure 4].

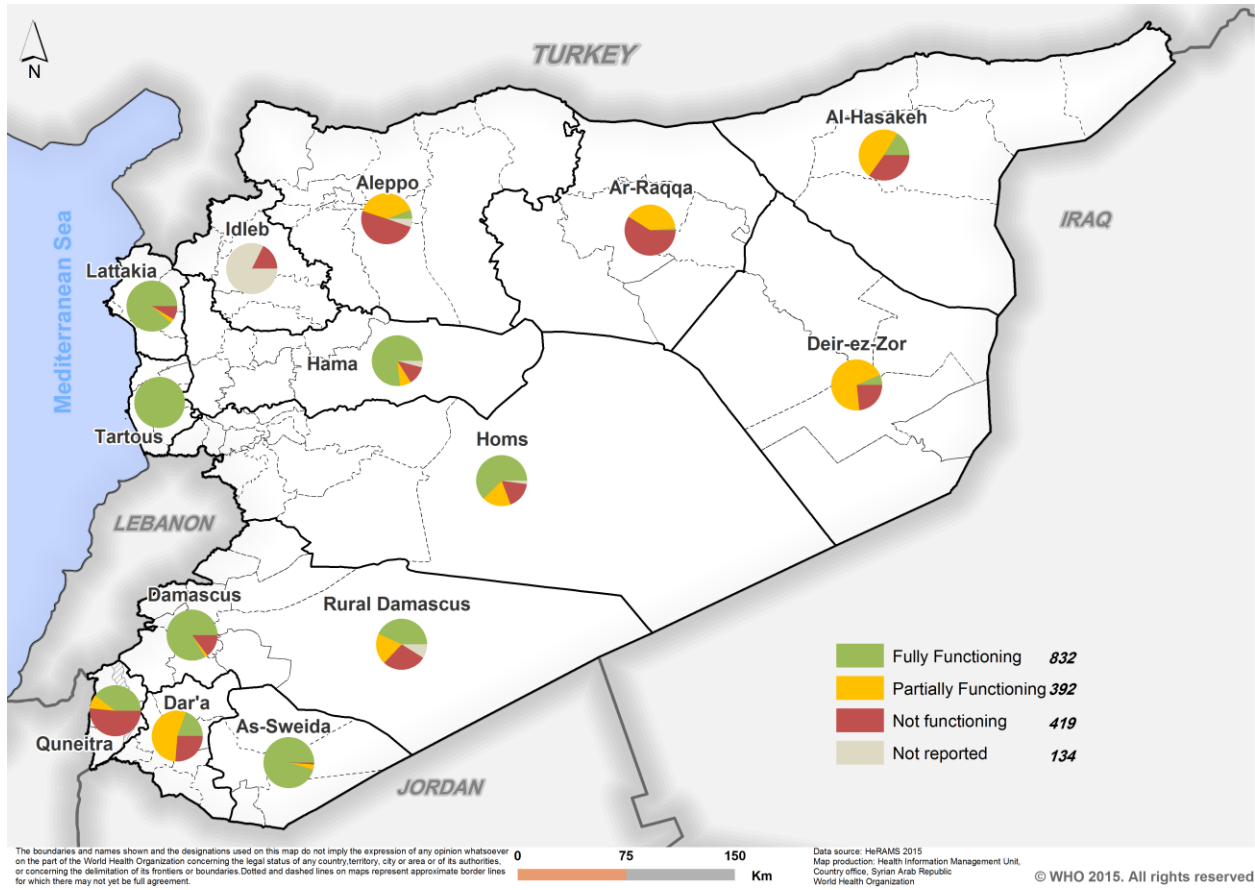


Detailed analysis on the functionality status of the health centres at governorate level is shown in [Figure 5] and [Map 1].

Figure 5: Functionality status of health centres per governorate, 1st Quarter 2015

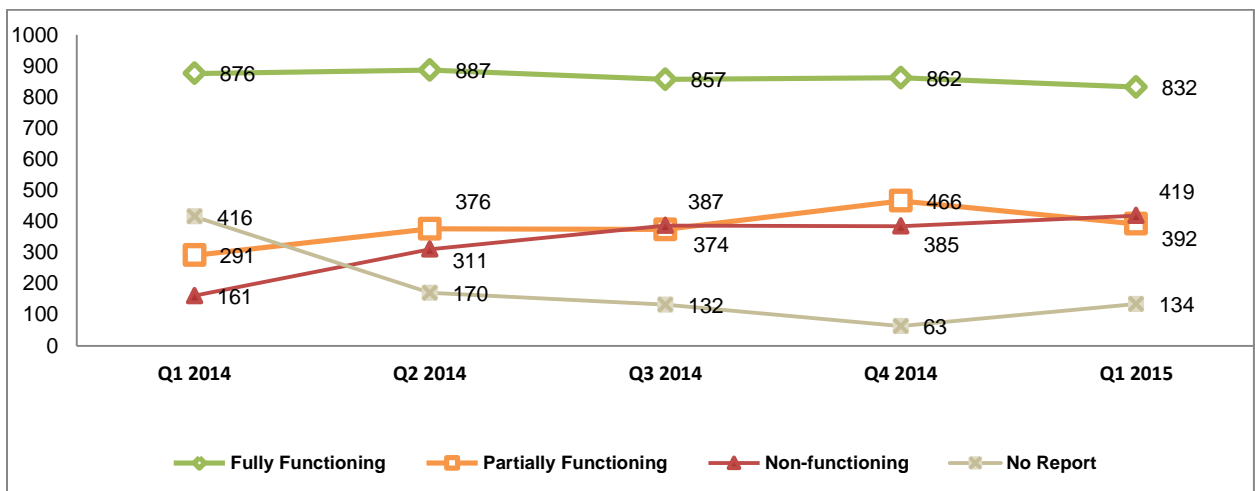


Map 1: Functionality status of the public health centres, 1st Quarter 2015



The number of non-functioning health centres increased from 385 to 419 (between the end of 2014 and 1st Quarter 2015) [Figure 6]. This indicates the direct impact of the deteriorating security situation in Aleppo governorates.

Figure 6: Trend analysis of functionality status, between 1st Quarter 2014 and 1st Quarter 2015



3. Accessibility Status

Accessibility to public health centres has been assessed at three levels: accessible, hard-to-access, or inaccessible health centres for patients.

By the end of 1st Quarter 2015, 71% (1,266) health centres were reported accessible, 1% (13) hard-to-access, and 27% (478) were inaccessible, while the accessibility status of 1% (20) 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].

All health centres in Idleb were reported inaccessible.

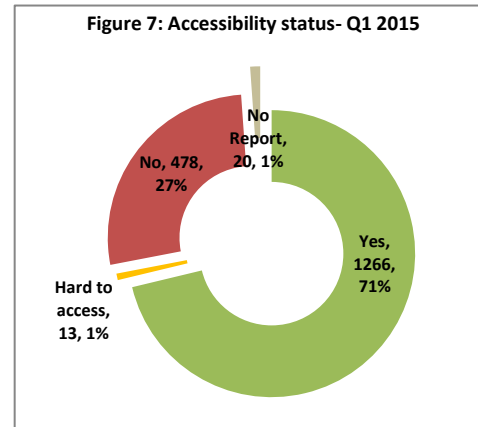
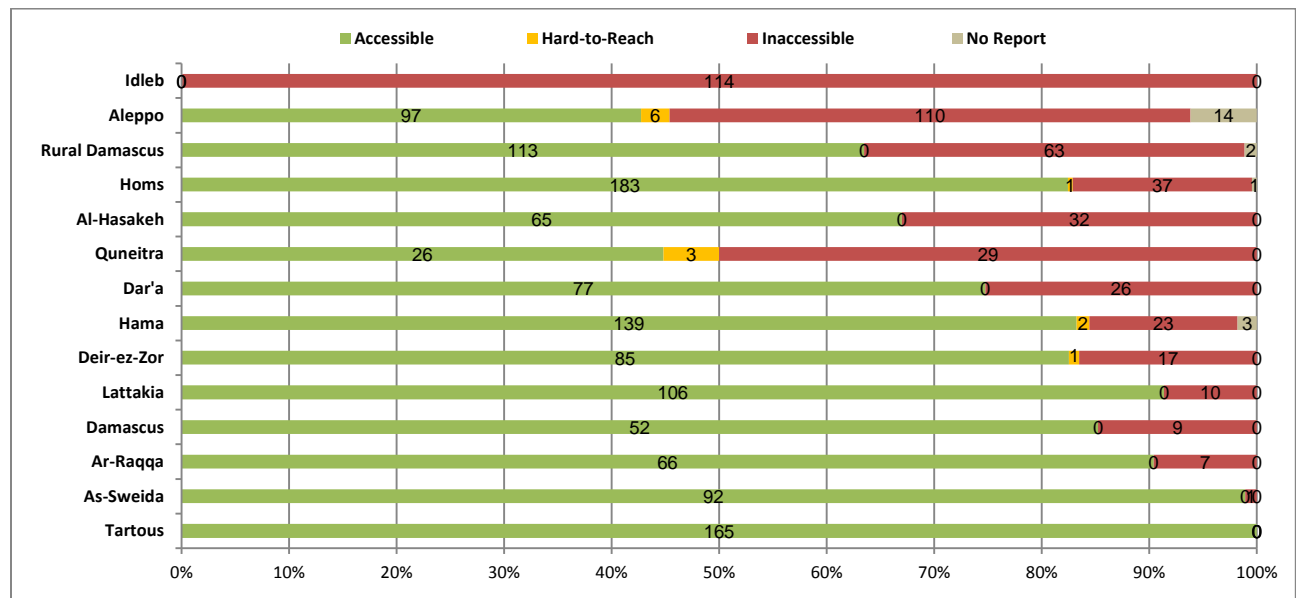
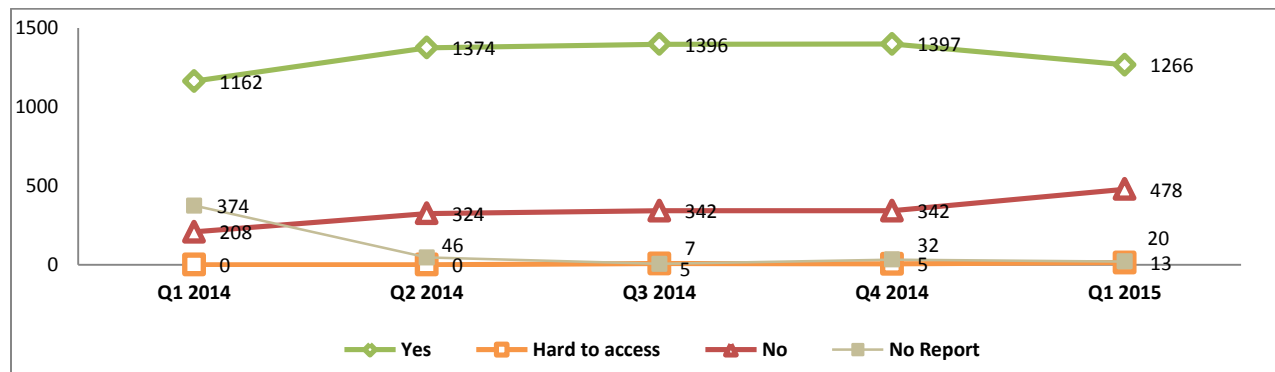


Figure 8: Accessibility status of the health centres per governorate, 1st Quarter 2015



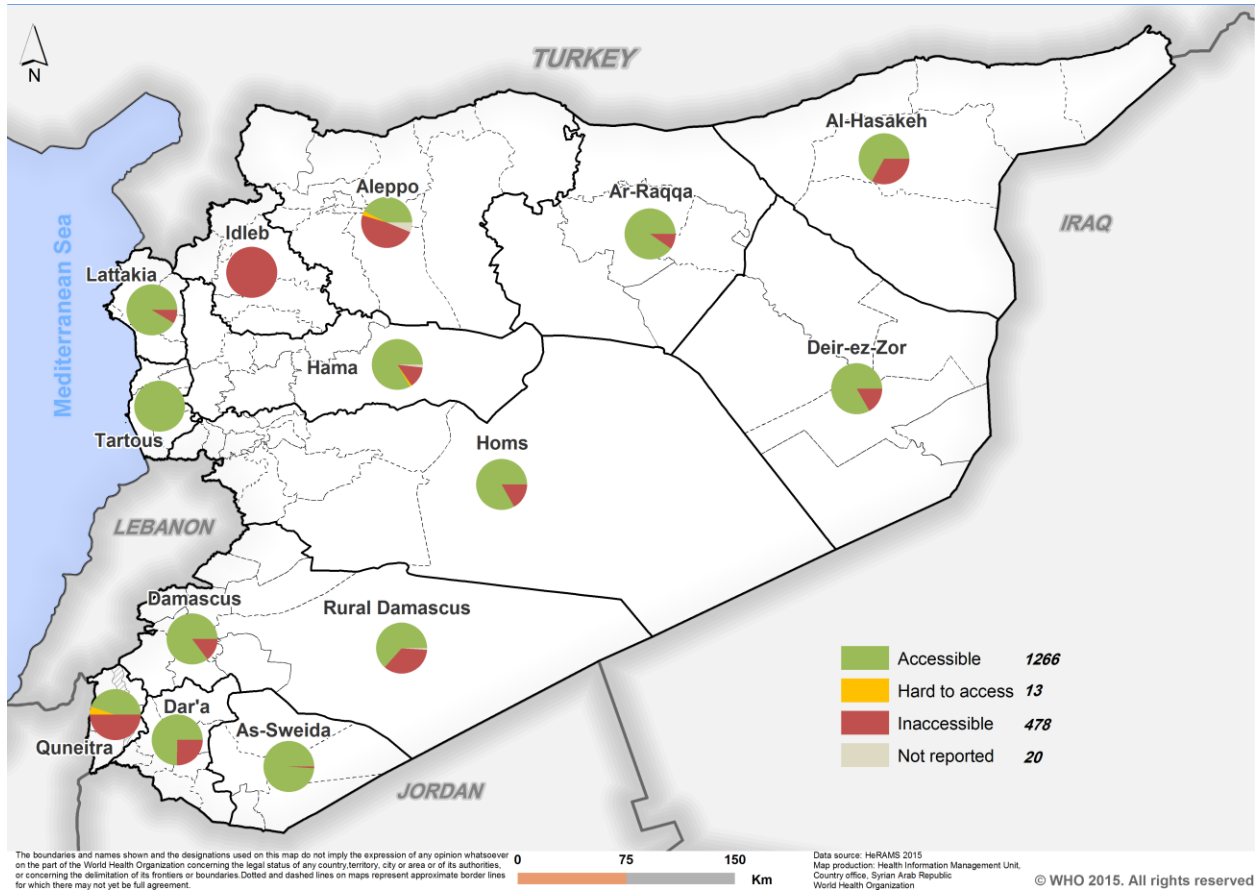
The trend analysis of accessibility status of health centres from 1st Quarter 2014 to 1st Quarter 2015 is presented in Figure 9.

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



The number of inaccessible health centres increased from 342 by the end of 2014 to 478 by the end of 1st Quarter 2015, which is due to deteriorating security situation in Idleb and Aleppo governorates.

Map 2: Accessibility to public health centres , 1st Quarter 2015



4. Infrastructural Condition

The condition of the health centres' buildings has been assessed at three levels: fully damaged, partially damaged, and not damaged.

By the end of 1st Quarter 2015, 20% (354) health centres were reported damaged [5% fully damaged and 15% partially damaged], 61% (1,092) of public health centres were reported intact, while the building's condition of 19% (331) health centres were unknown [Figure 10].

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

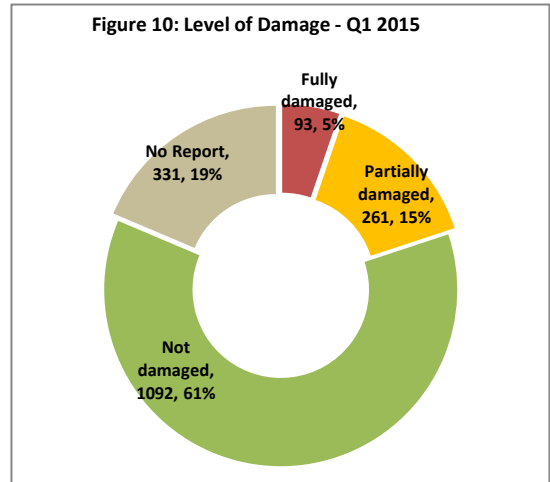
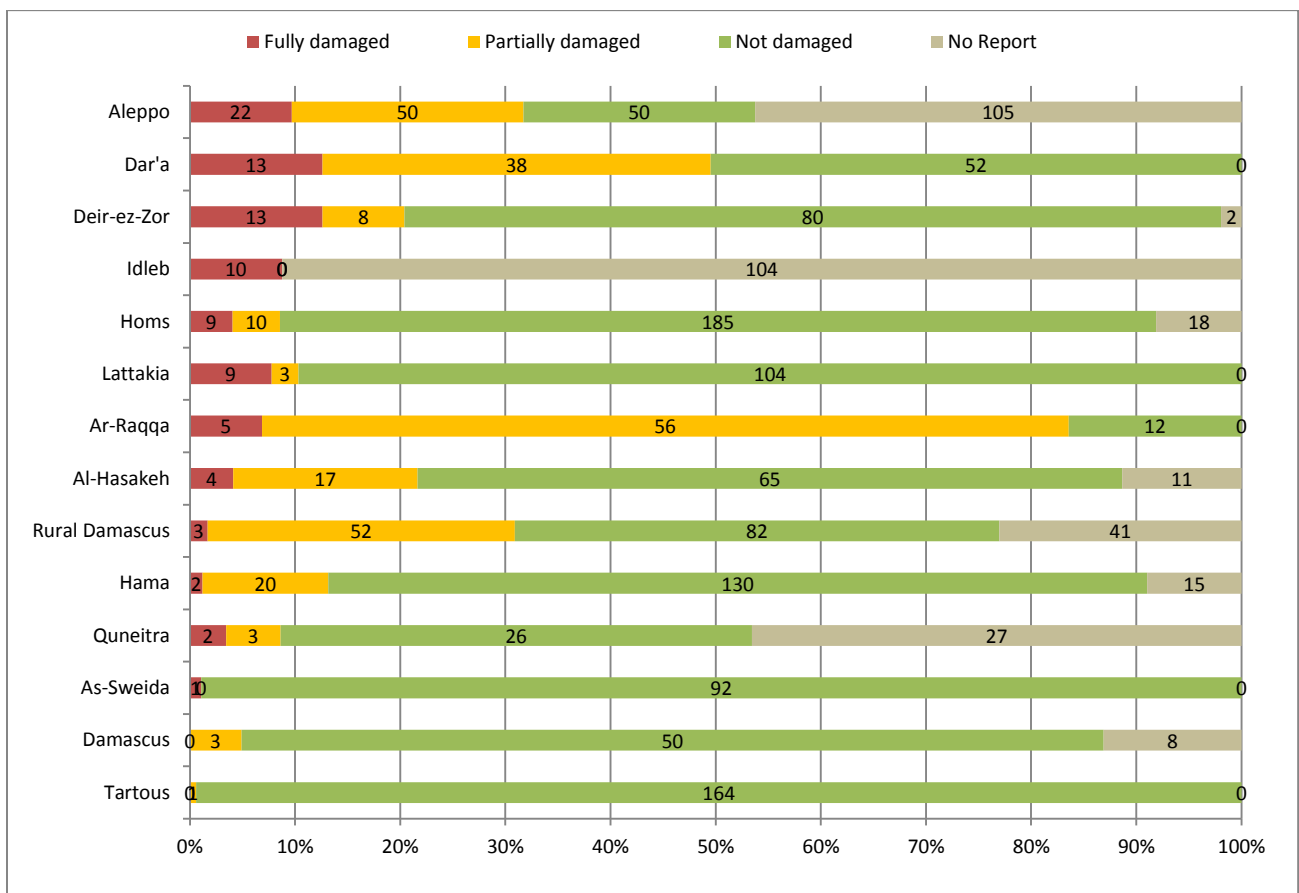
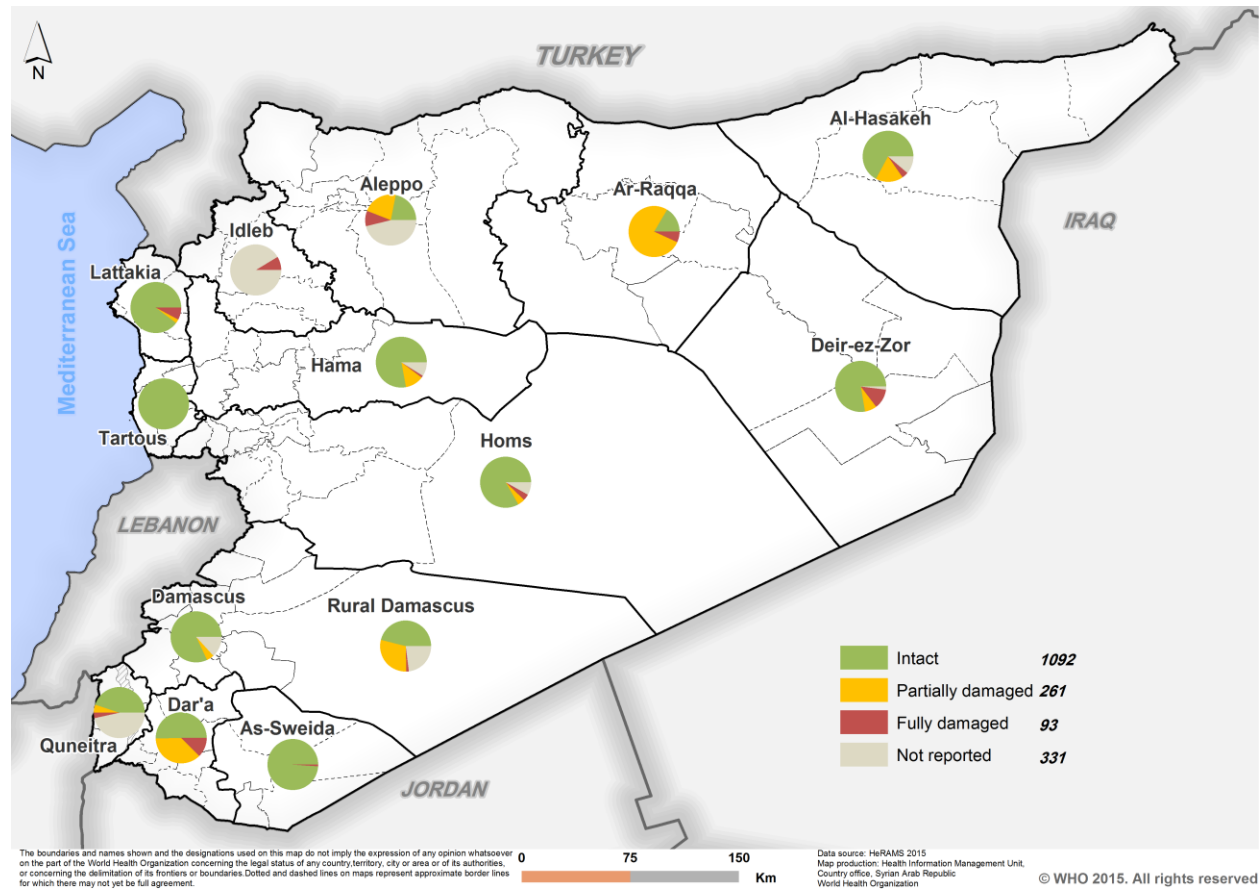


Figure 11: Damaged status of the health centres per governorate, 1st Quarter 2015



Map 3: Distribution and level of damage of the public health centres , 1st Quarter 2015

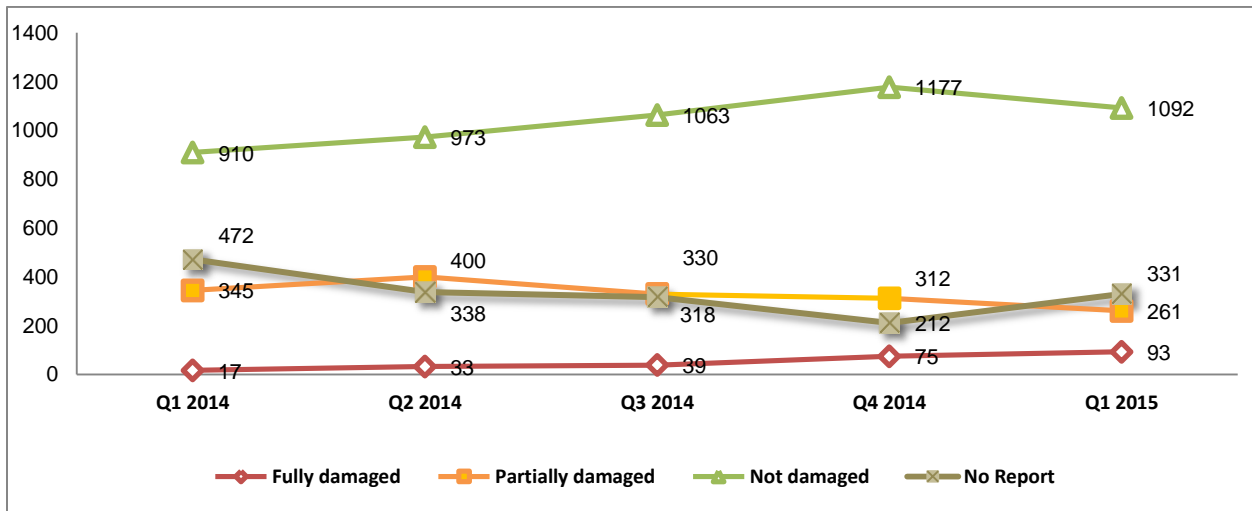


It is essential to cross-analyze the infrastructural damage of the public health centres in relation to the functionality status (i.e. provision of services). Some health centres have resiliently continued to provide services regardless of the level of damage of the building and by optimizing intact parts of the building or in a few cases operating from other neighboring facilities. The national figures translate as follows:

- ◆ Out of the **261 partially damaged health centres**, 152 health centres were reported partially functioning, 85 out of service (non-functioning), functionality status of 6 of health centres were unknown, while 18 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 **93 health centres with fully damaged buildings**, 71 were reported non-functioning while 12 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 12 health centres are available in the HeRAMS database*), while functionality status of 10 of health centres was unknown.
- ◆ Then again, health centres with **intact buildings (1,092 health centres)** does not directly reflect full functionality, only 814 of the 1,092 intact health centres are fully functioning, while 227 are partially functioning and 46 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 5 of health centres were unknown.

The trend analysis of infrastructural damage of health centres from 1st Quarter 2014 to 1st Quarter 2015 is presented in Figure 12.

Figure 12: Trend analysis of level of damage, between 1st Quarter 2014 and 1st Quarter 2015

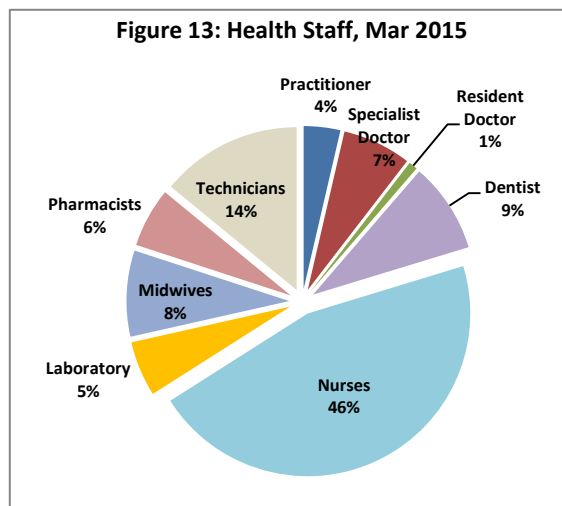


5. Availability of Health Human Resources

Availability of health human resources has been analyzed across functional health centres considering different staffing categories.

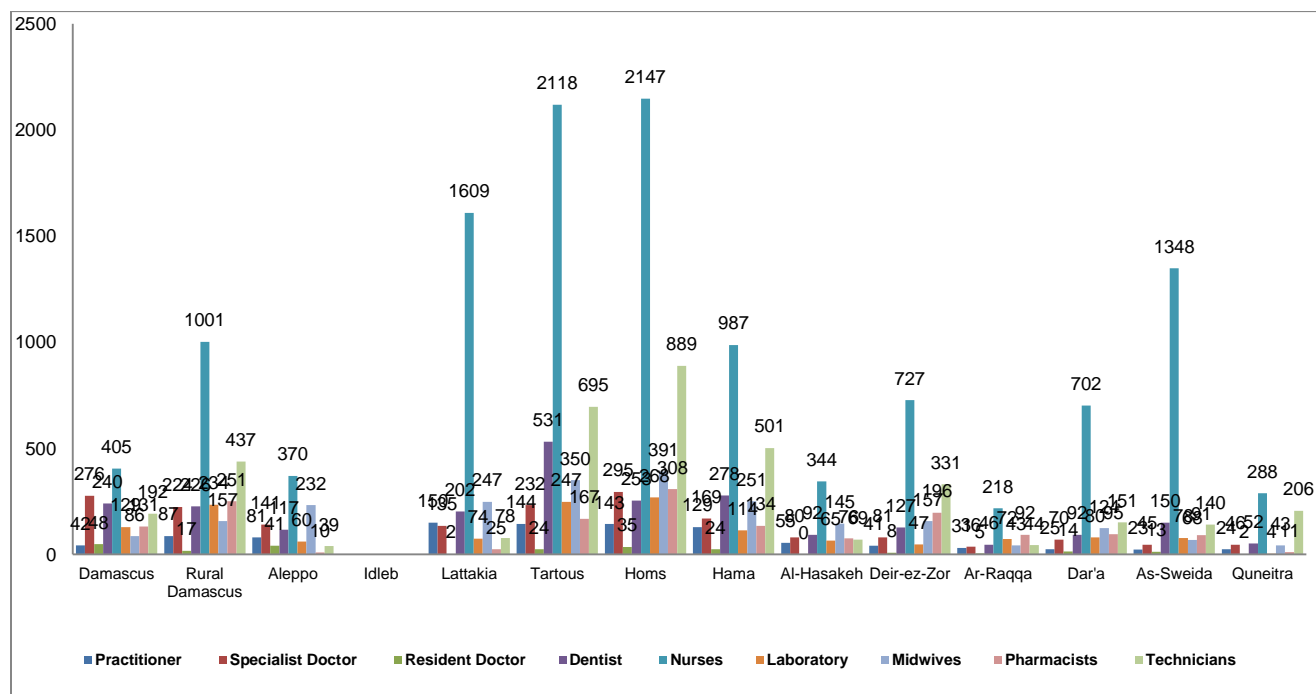
Analysis of proportions of available health staff, by end of the 1st Quarter 2015, within the functional health centres (fully and partially) is shown in [Figure 13].

The resident doctors represented 1% of total health staff at centres' level, followed by general practitioners (4%); laboratory staff (5%); pharmacists (6%); specialists (7%); midwives (8%); dentists (9%); technicians (14%); and nurses (46%).



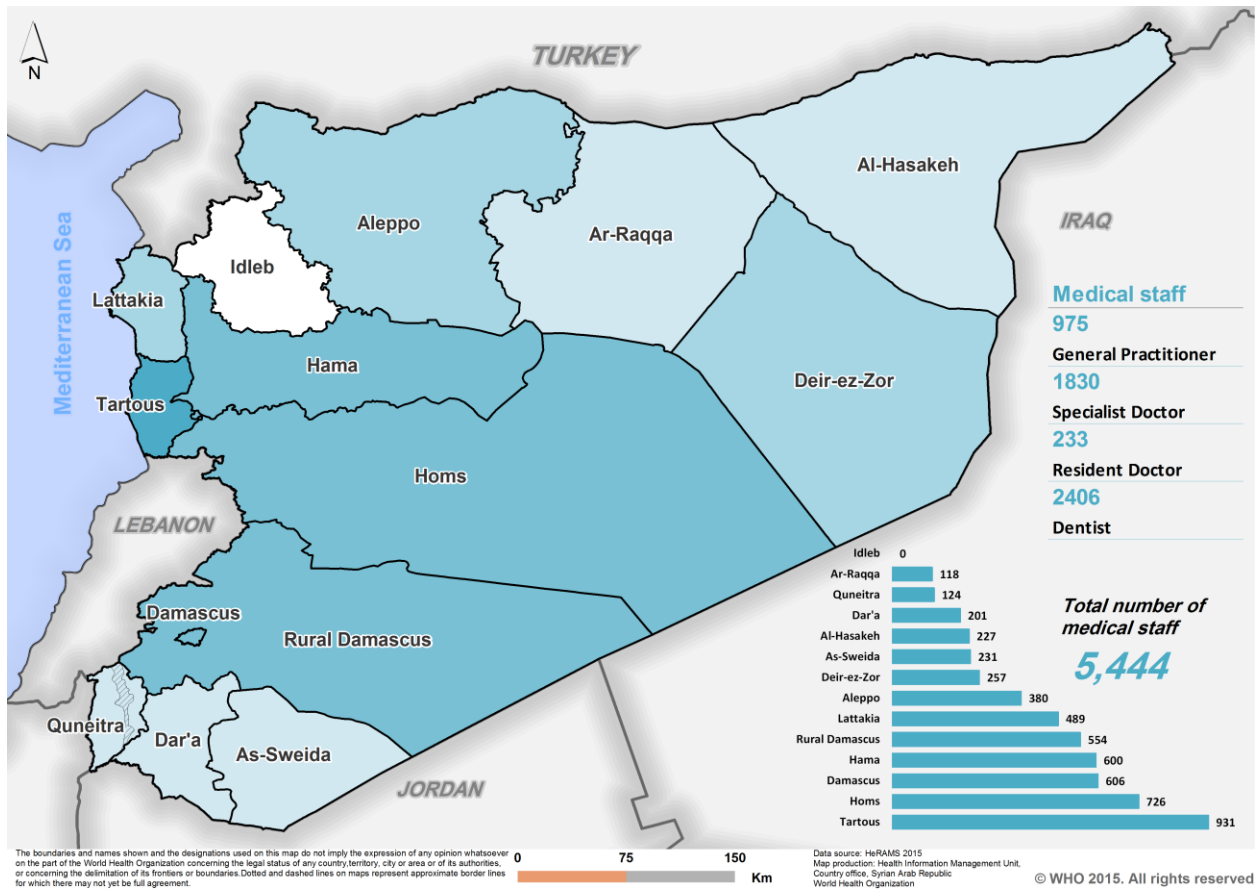
The Distribution of the total health staff, by end of the 1st Quarter 2015, per staff category and governorate is shown in [Figure 14].

Figure 14: Distribution of total health staff at health centres per governorate, March 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 6. The highest density of medical staff is observed in Tartous [total functional centres is 165], followed by Homs [total functional centres is 179], and Rural Damascus [total functional centres is 112].

Map 6: Distribution of medical staff [a total of general practitioner, specialist, resident doctor, dentist] per governorate, Mar 2015



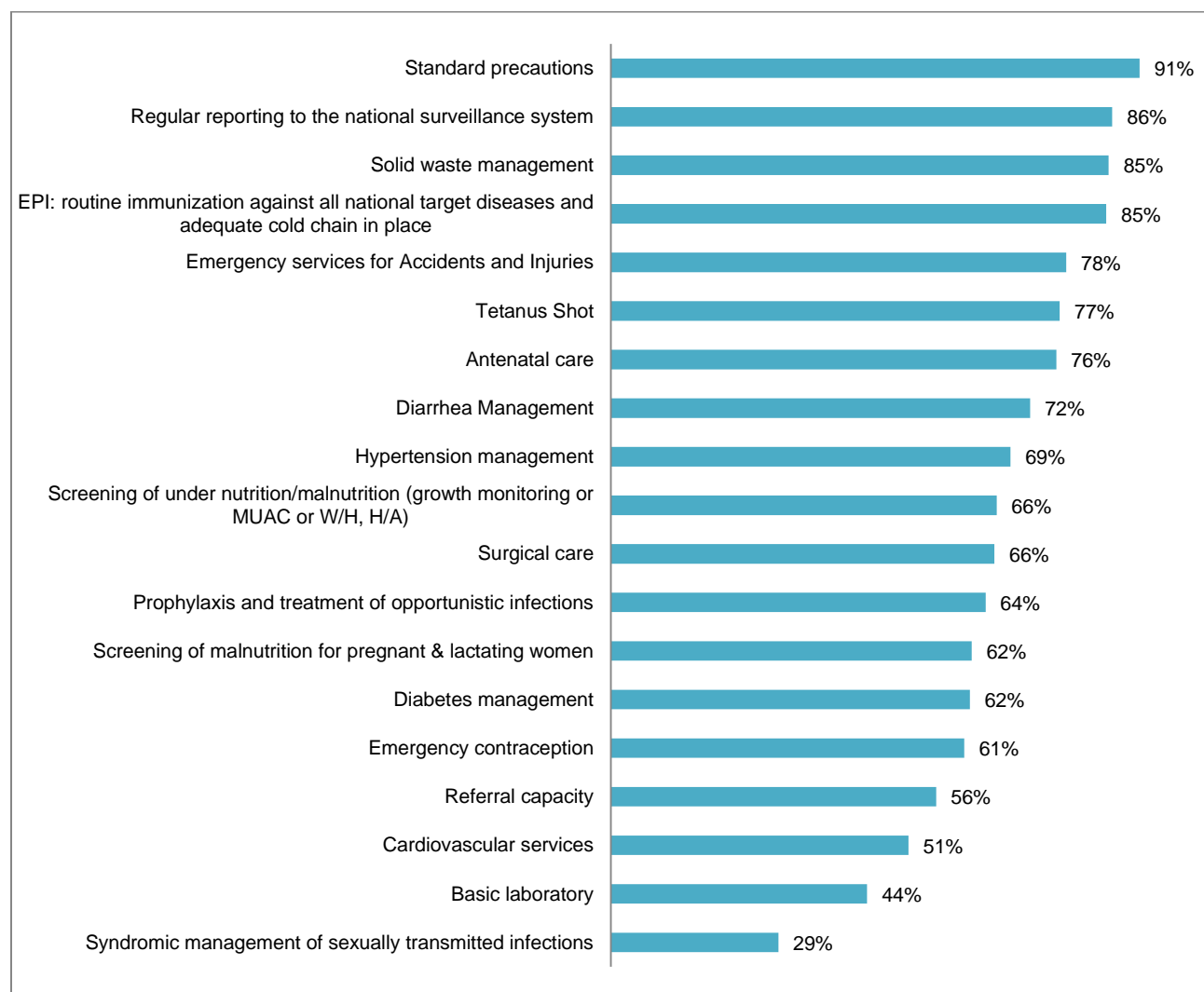
6. Availability of Health Services

The availability of core health services is monitored through HeRAMS at a health centre's level, considering a standard list of health services, as follows:

- ◆ General Clinical and 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 15 shows the percentage of availability of health services across all functional (fully and partially) health centres (1,224 /1,777).

Figure 15: Percentage of availability of health services, across all public functional health centres, 1st Quarter 2015



© World Health Organization 2015. All rights reserved. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters. All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

WHO-EM/SYR/007/E