

# HeRAMS Annual Report

2020

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 2020 to December 2020. HeRAMS published reports are available at: <http://www.emro.who.int/syr/information-resources/herams-reports.html>

© World Health Organization 2020

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

**Suggested citation.** [Title]. Cairo: WHO Regional Office for the Eastern Mediterranean; 2020. Licence: CC BYNC-SA 3.0 IGO.

**Sales, rights and licensing.** To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

**Third-party materials.** If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-partyowned component in the work rests solely with the user.

**General disclaimers.** 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.

HeRAMS (Health Resources and Services Availability Monitoring System) 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.

# Contents

## Key indicators

1. Completeness of health centres' reporting	6
2. Functionality status	7
3. Accessibility to health centres	9
4. Level of damage to health centres' buildings	11
5. Infrastructure patterns of the functional public health centres	13
5.1 Water	13
5.2 Electricity generators	14
5.3 Refrigerator for vaccine	15
6. Availability of human resources for health	15
7. Availability of health services	19
8. Utilization of health services	20
8.1 General clinical services	21
8.2 Emergency services	24
8.3 Child health	25
8.4 Nutrition	26
8.5 Communicable diseases	28
8.6 Noncommunicable diseases	33
8.7 Oral health and dental care	35
8.8 Mental health care	36
9. Availability of medical equipment	38
10. Availability of priority medicines	39

## Key indicators

1,332,174

# of Consultations  
(during 2020)

61

# SARC Health Centres

100%

Completeness rate

77%

Fully functioning

18%

Partially functioning

5%

Non-functioning

0%

Fully damaged

3%

Partially damaged

97%

Intact

417

# of medical  
doctors

215

# of nurses &  
midwives

## 1. Completeness of health centres' reporting

Figure 1: Completeness of Reporting, 4<sup>th</sup> Quarter 2020

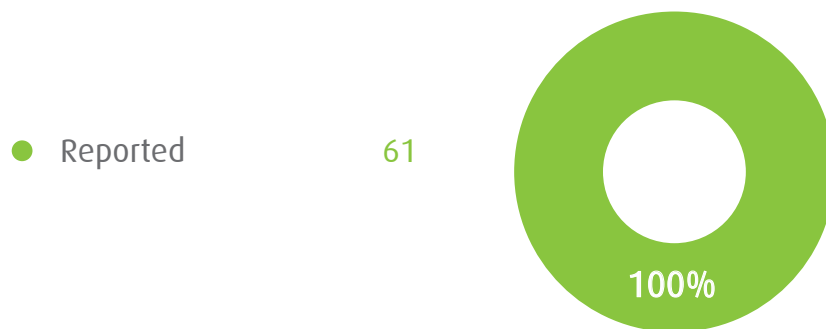


Figure 2: Classification of health centres

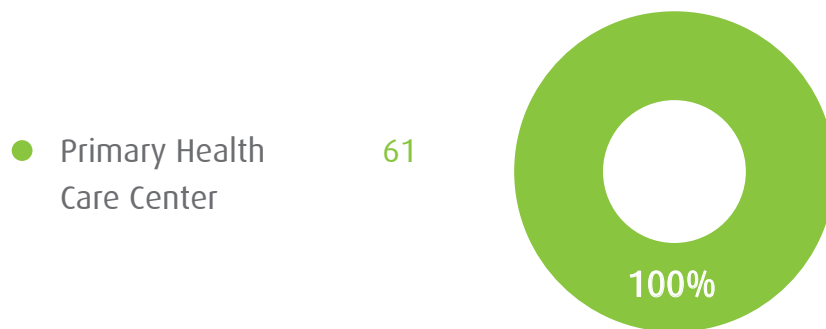
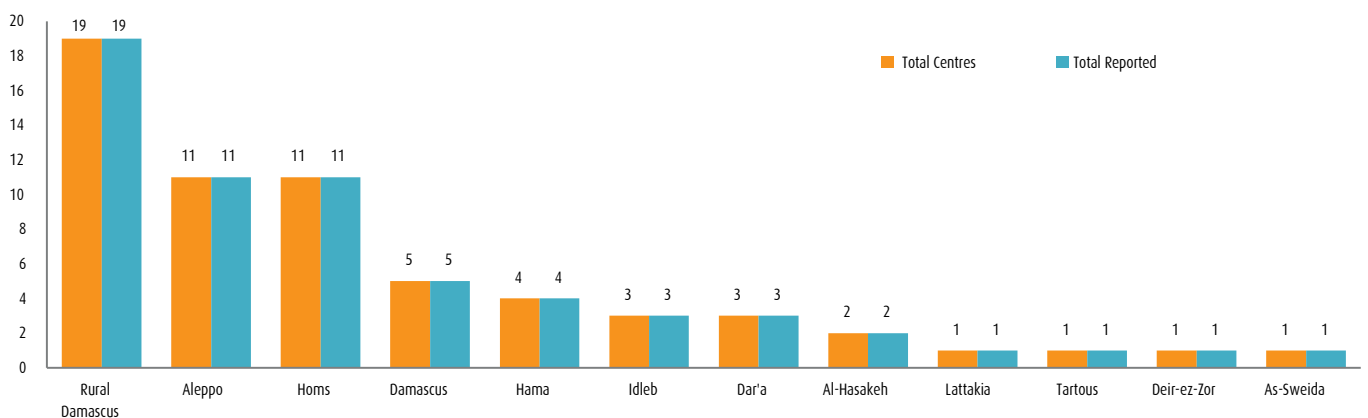


Figure 3: Completeness of reporting of health centres at governorate level, 4<sup>th</sup> Quarter 2020



## 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, 4<sup>th</sup> Quarter 2020

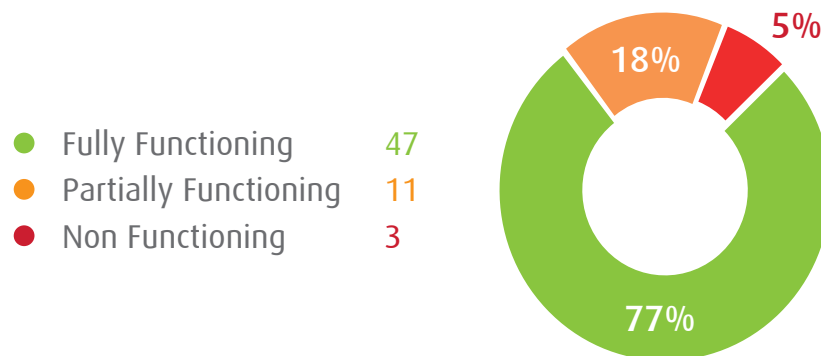
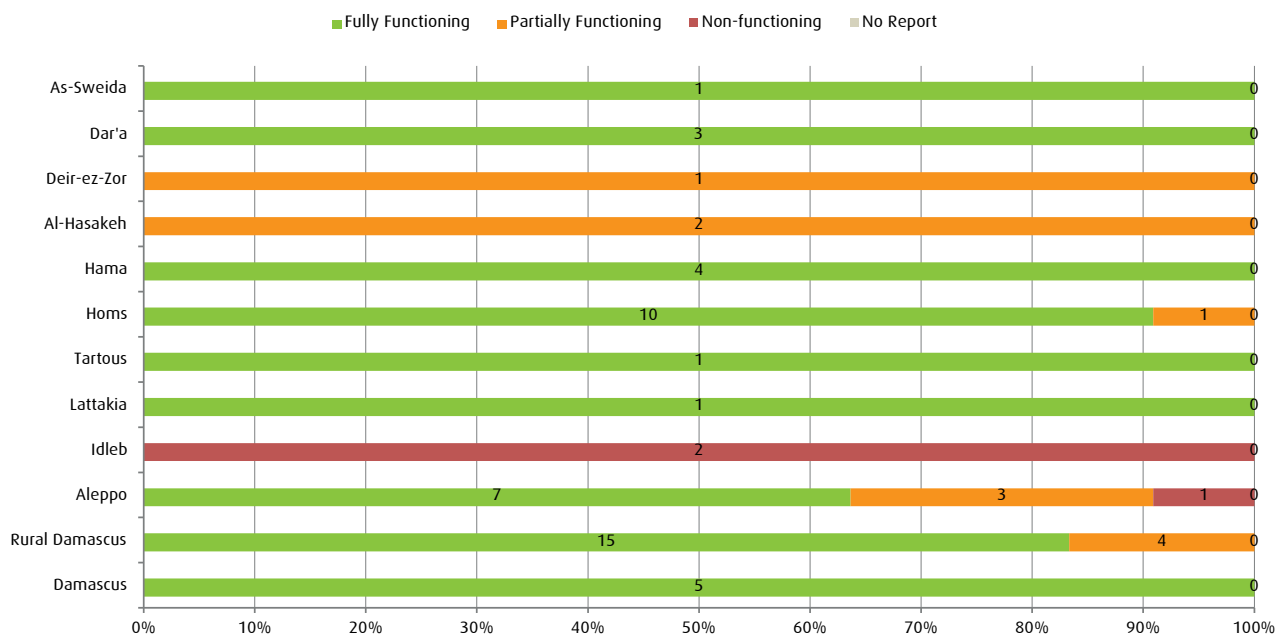


Figure 5: Functionality status, per governorate, 4<sup>th</sup> Quarter 2020



Map1: Functionality status, per governorate, 4<sup>th</sup> Quarter 2020

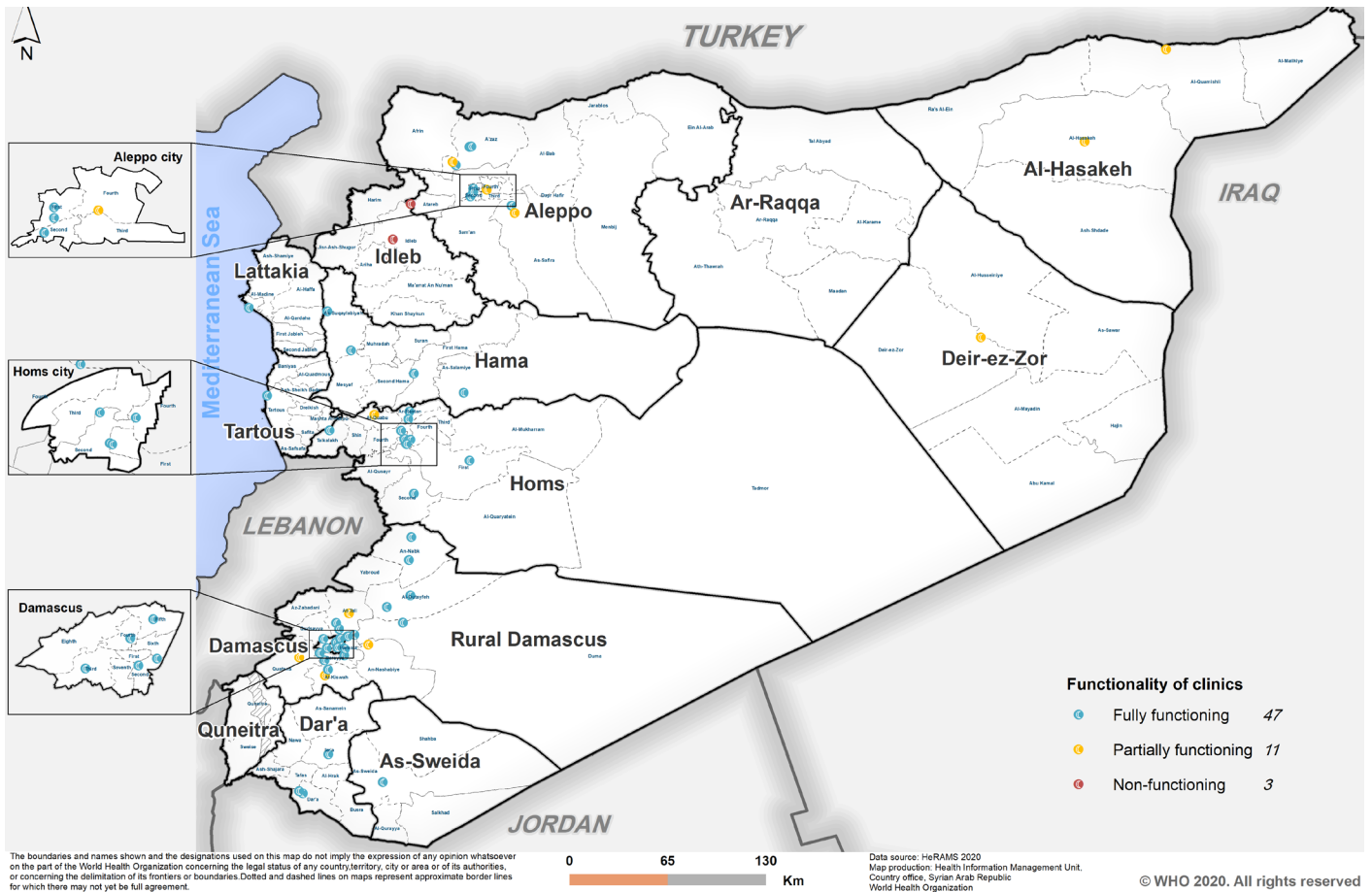
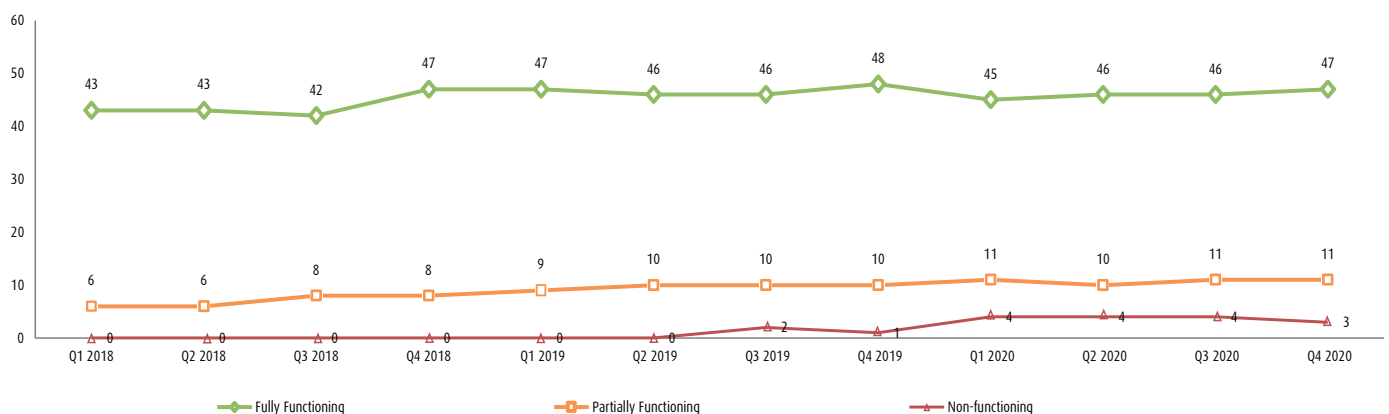


Figure 6: Trend analysis of functionality status, between 2018 and 2020





### 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, 4<sup>th</sup> Quarter 2020

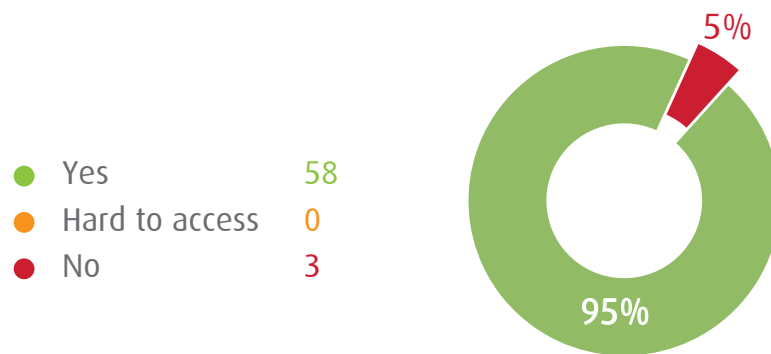


Figure 8: Accessibility status per governorate, 4<sup>th</sup> Quarter 2020



Map2: Accessibility status per governorate, 4<sup>th</sup> Quarter 2020

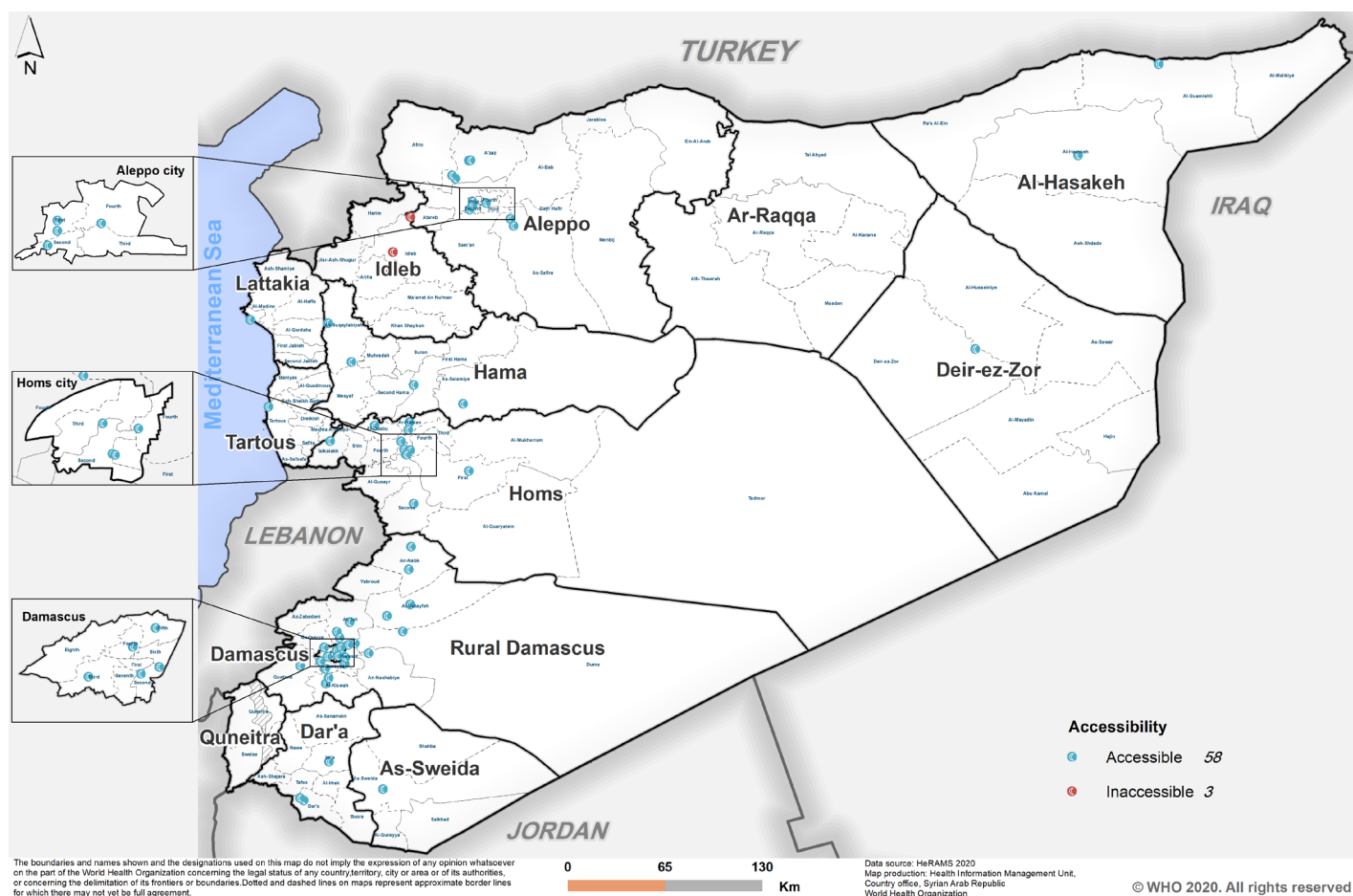
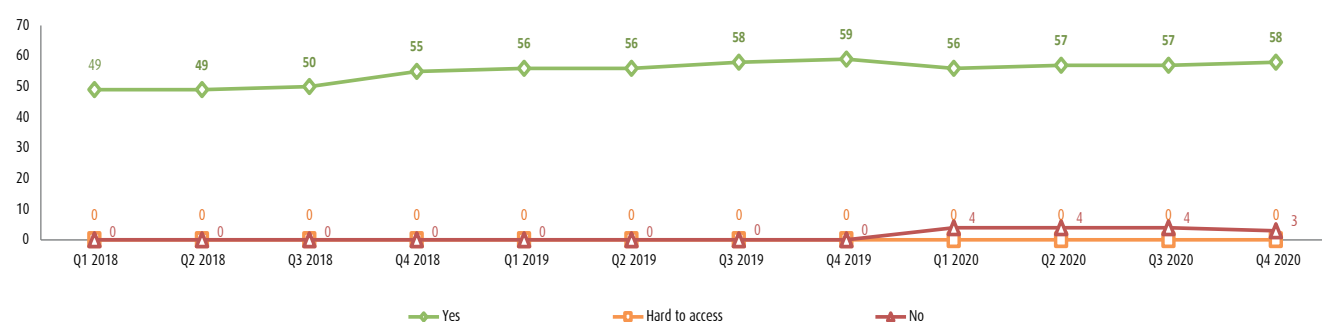


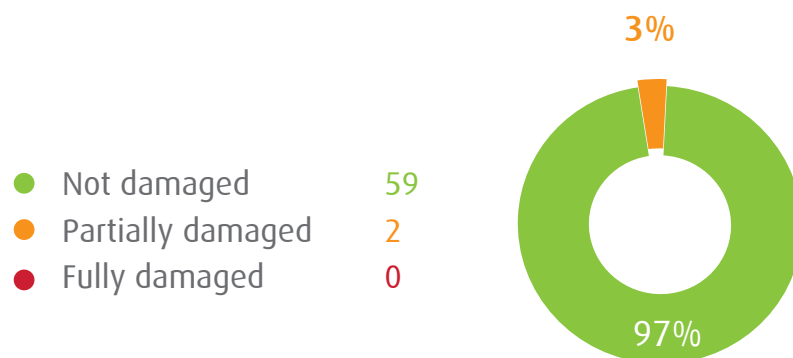
Figure 9: Trend analysis of accessibility to health centres, between 2018 and 2020



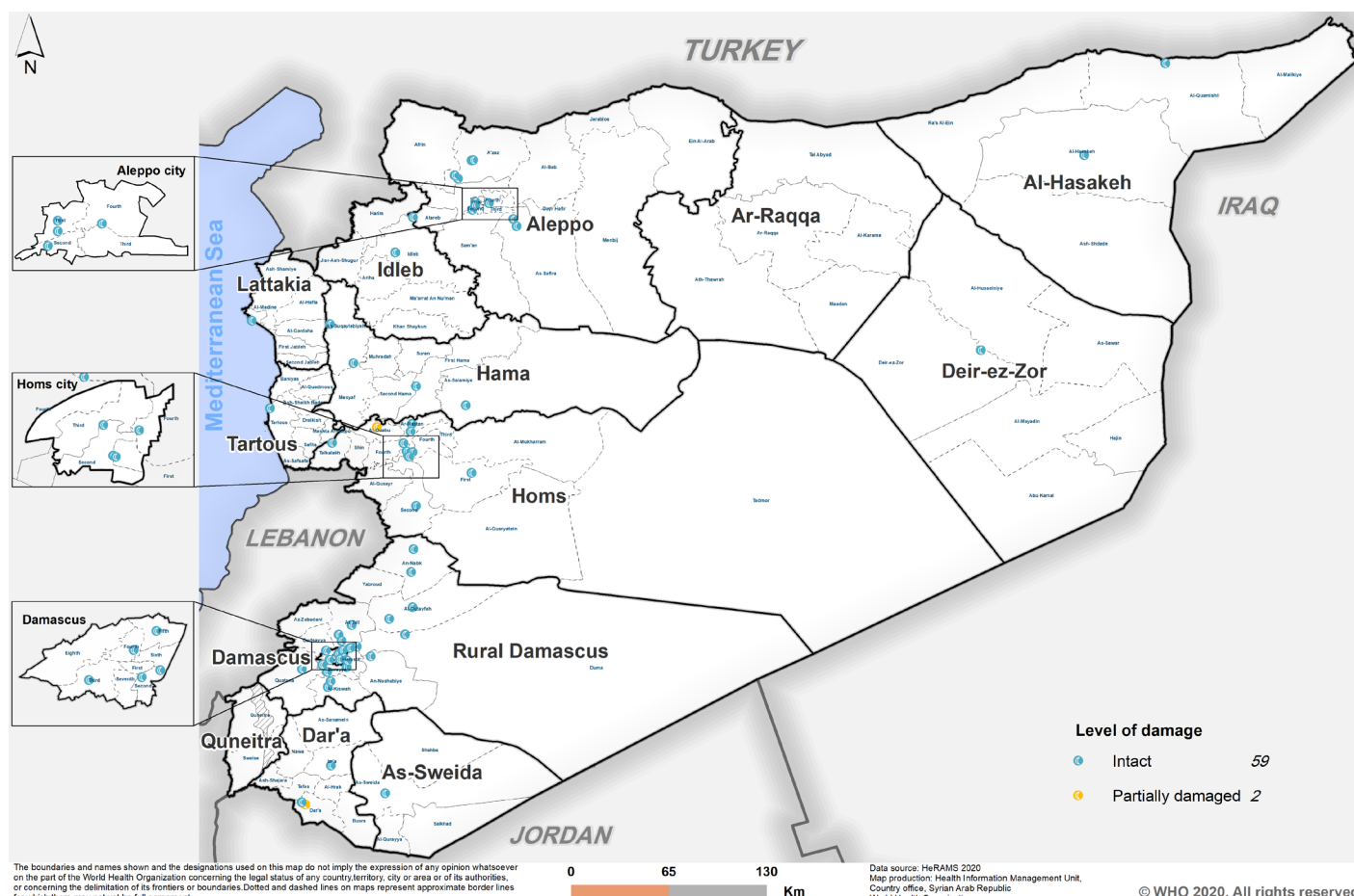
## 4. Level of damage to health centres' buildings

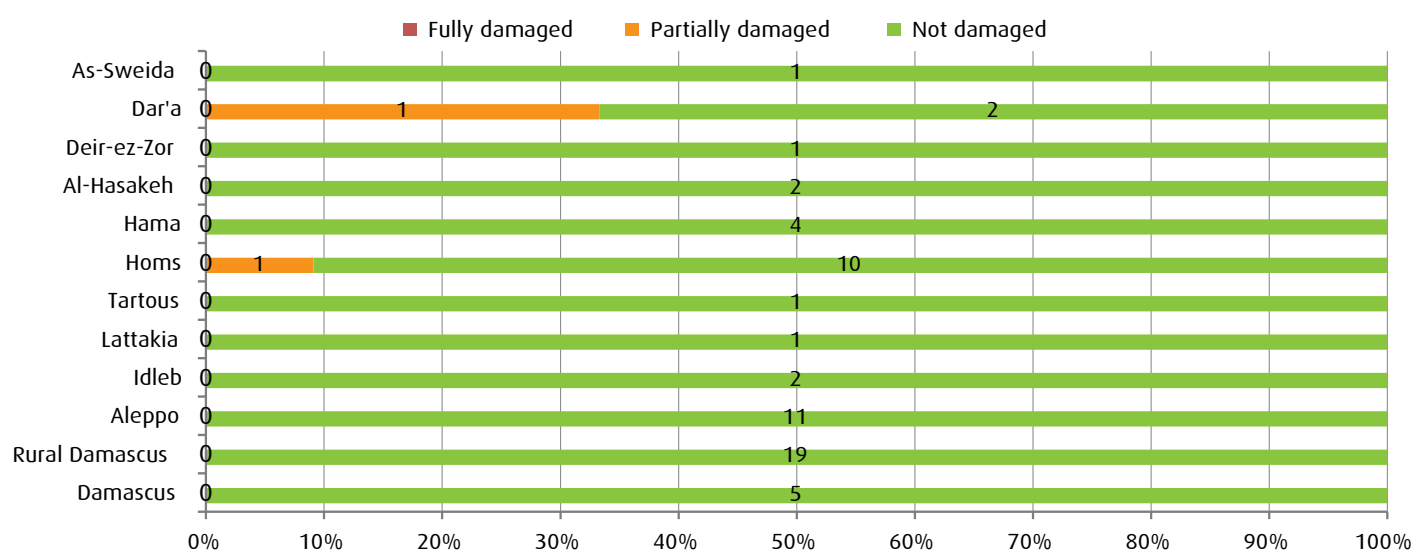
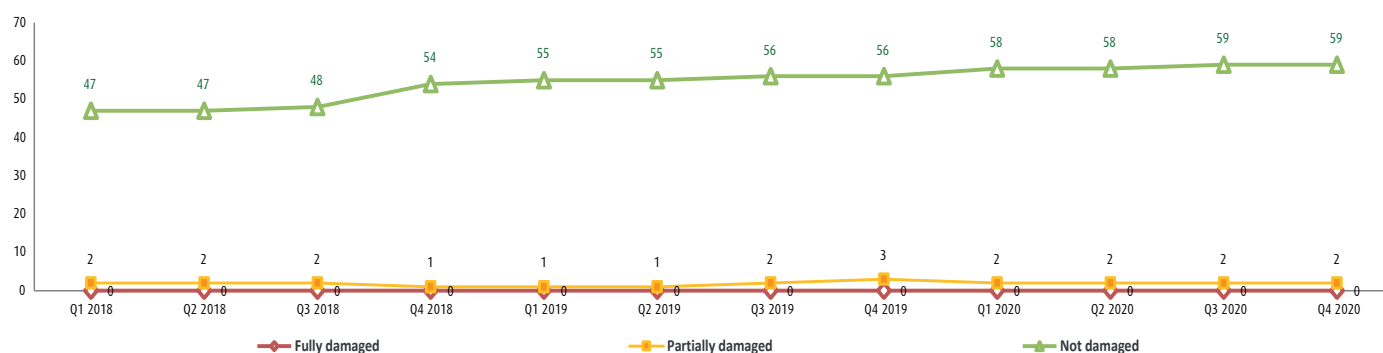
- **Fully damaged:** either, all the building is destroyed, about 75% or more of the building is destroyed, or damage of the essential services' buildings.
- **Partially damaged:** where part of the building is damaged.
- **Intact:** where there is no damage in the building.

Figure 10: level of damage, 4<sup>th</sup> Quarter 2020



Map3: Level of damage of the health centres' buildings by governorate, 4<sup>th</sup> Quarter 2020



**Figure 11: Level of damage of the health centres' buildings by governorate, 4<sup>th</sup> Quarter 2020**

**Figure 12: Trend analysis of health centres' level of damage, between 2018 and 2020**


## 5. Infrastructure patterns of the functional health centres

### 5.1. Water

Figure 13: Main sources of water, 4<sup>th</sup> Quarter 2020

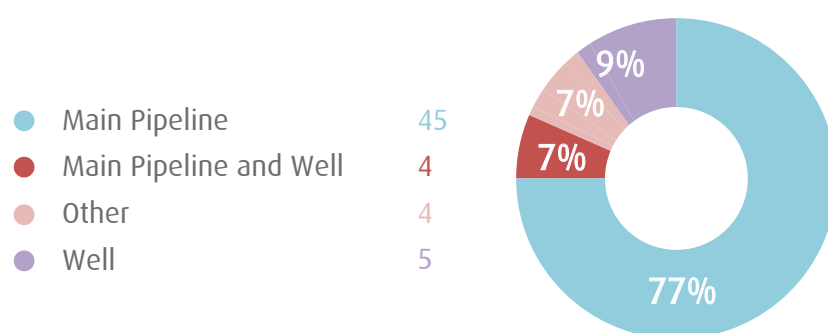
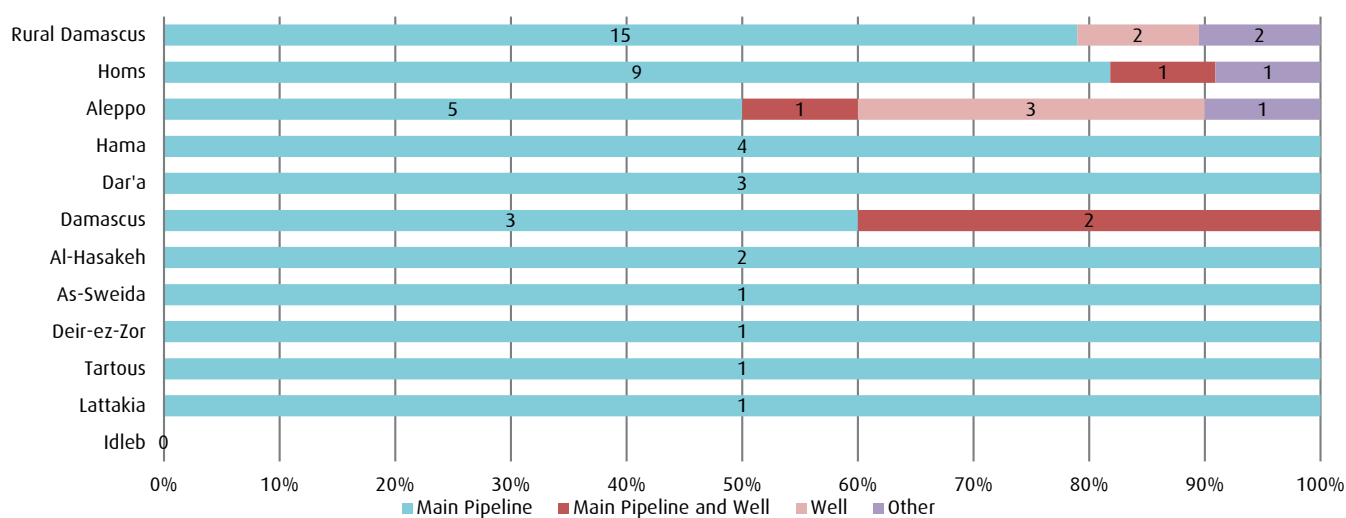
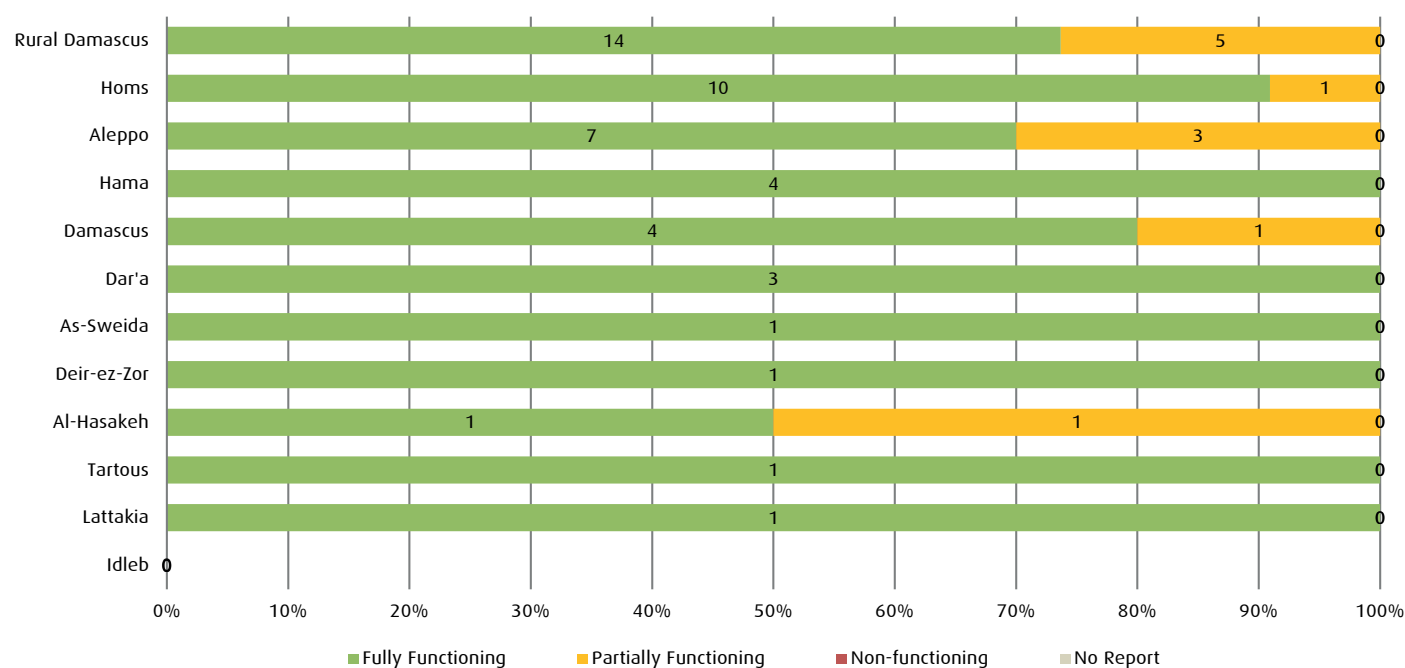
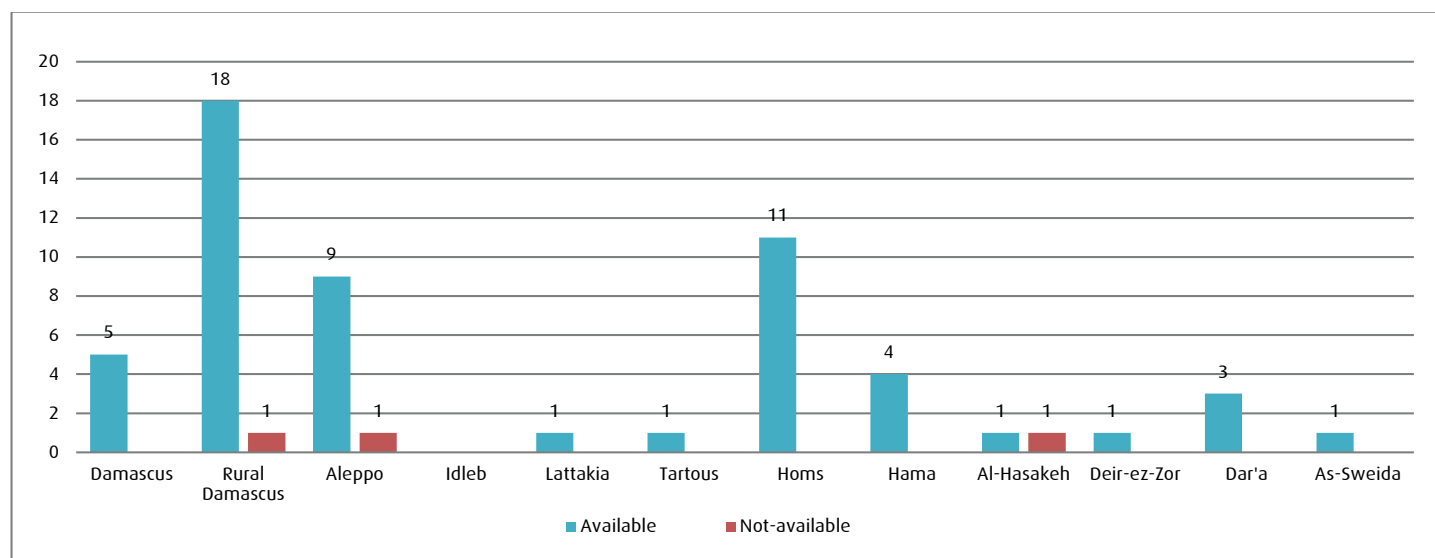


Figure 14: Distribution of water sources/ types at functional health centres, per governorate, 4<sup>th</sup> Quarter 2020



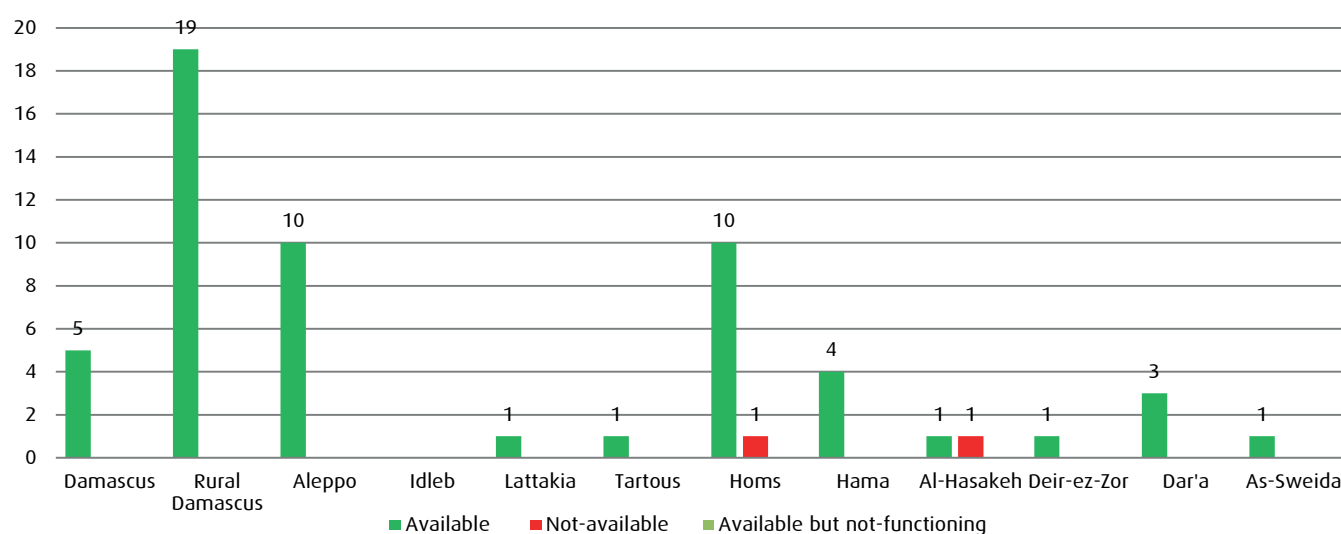
**Figure 15: Functionality status of the water sources at functional health centres, 4<sup>th</sup> Quarter 2020**


## 5.2 Electricity generators

**Figure 16: Availability of electricity generators in the functional health centres per governorate, 4<sup>th</sup> Quarter 2020**


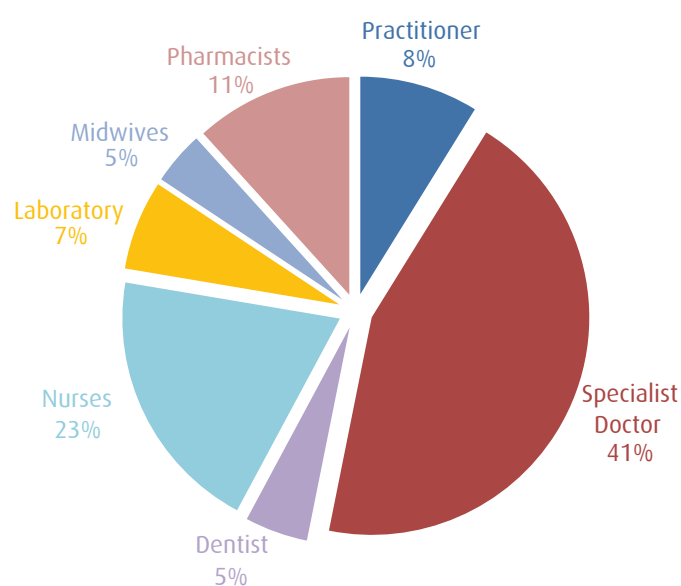
### 5.3 Refrigerator for vaccine

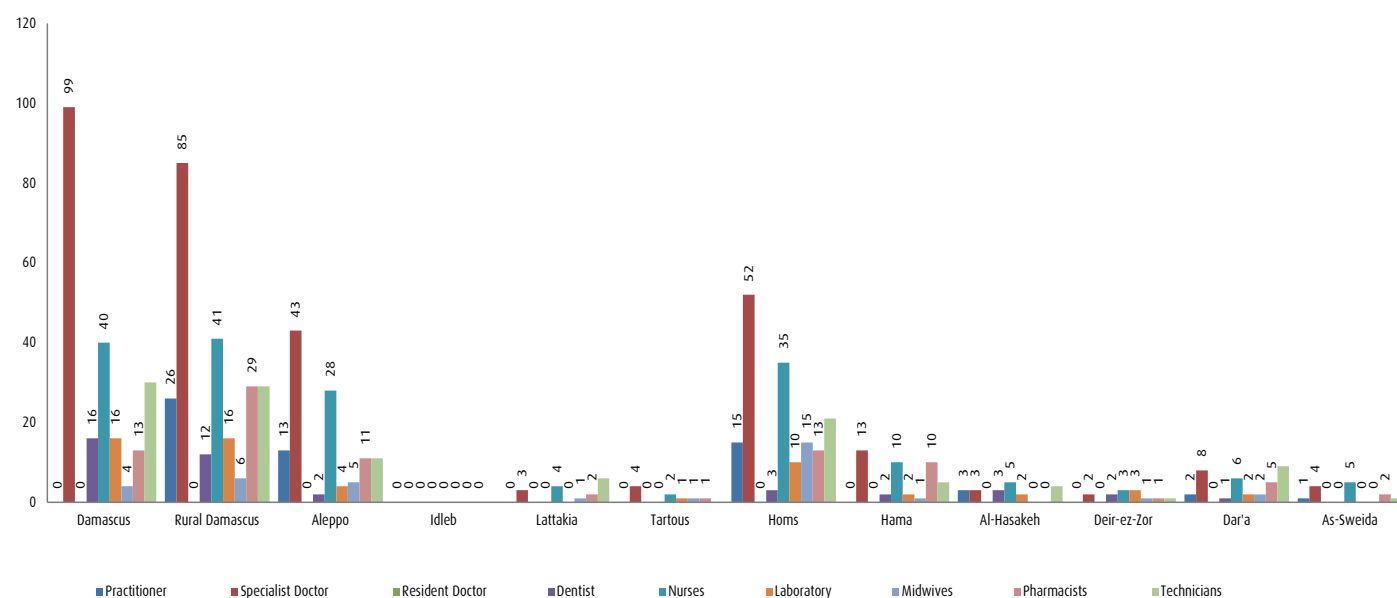
Figure 17: Availability of refrigerators in the functional health centres, per governorate, 4<sup>th</sup> Quarter 2020



## 6. Availability of human resources for health

Figure 18: Proportion of health staff in health centres, Dec 2020



**Figure 19: Distribution of health staff at health centres, per governorate, Dec 2020**

**Table 1: Availability of human resources of functioning health centres, per governorate, Dec 2020**

Governorate	Practitioner	Specialist Doctor	Resident Doctor	Dentist	Nurses	Laboratory	Midwives	Pharmacists	University*	Technicians	Others
Damascus	0	99	0	16	40	16	4	13	65	30	68
Rural Damascus	26	85	0	12	41	16	6	29	65	29	385
Aleppo	13	43	0	2	28	4	5	11	21	11	69
Idleb	0	0	0	0	0	0	0	0	0	0	0
Lattakia	0	3	0	0	4	0	1	2	3	6	0
Tartous	0	4	0	0	2	1	1	1	1	0	3
Homs	15	52	0	3	35	10	15	13	19	21	109
Hama	0	13	0	2	10	2	1	10	12	5	12
Al-Hasakeh	3	3	0	3	5	2	0	0	6	4	12
Deir-ez-Zor	0	2	0	2	3	3	1	1	3	1	6
Dar'a	2	8	0	1	6	2	2	5	10	9	45
As-Sweida	1	4	0	0	5	0	0	2	4	1	2
<b>Grand Total</b>	<b>60</b>	<b>316</b>	<b>0</b>	<b>41</b>	<b>179</b>	<b>56</b>	<b>36</b>	<b>87</b>	<b>209</b>	<b>117</b>	<b>711</b>

\* Health workers in the health centres who hold university degrees (engineer, law, trade and economics .....)



Map 4: Availability of medical doctors [a total of general practitioners, specialist, resident doctors, and dentists] in functional health centres, per governorate, 4<sup>th</sup> Quarter 2020

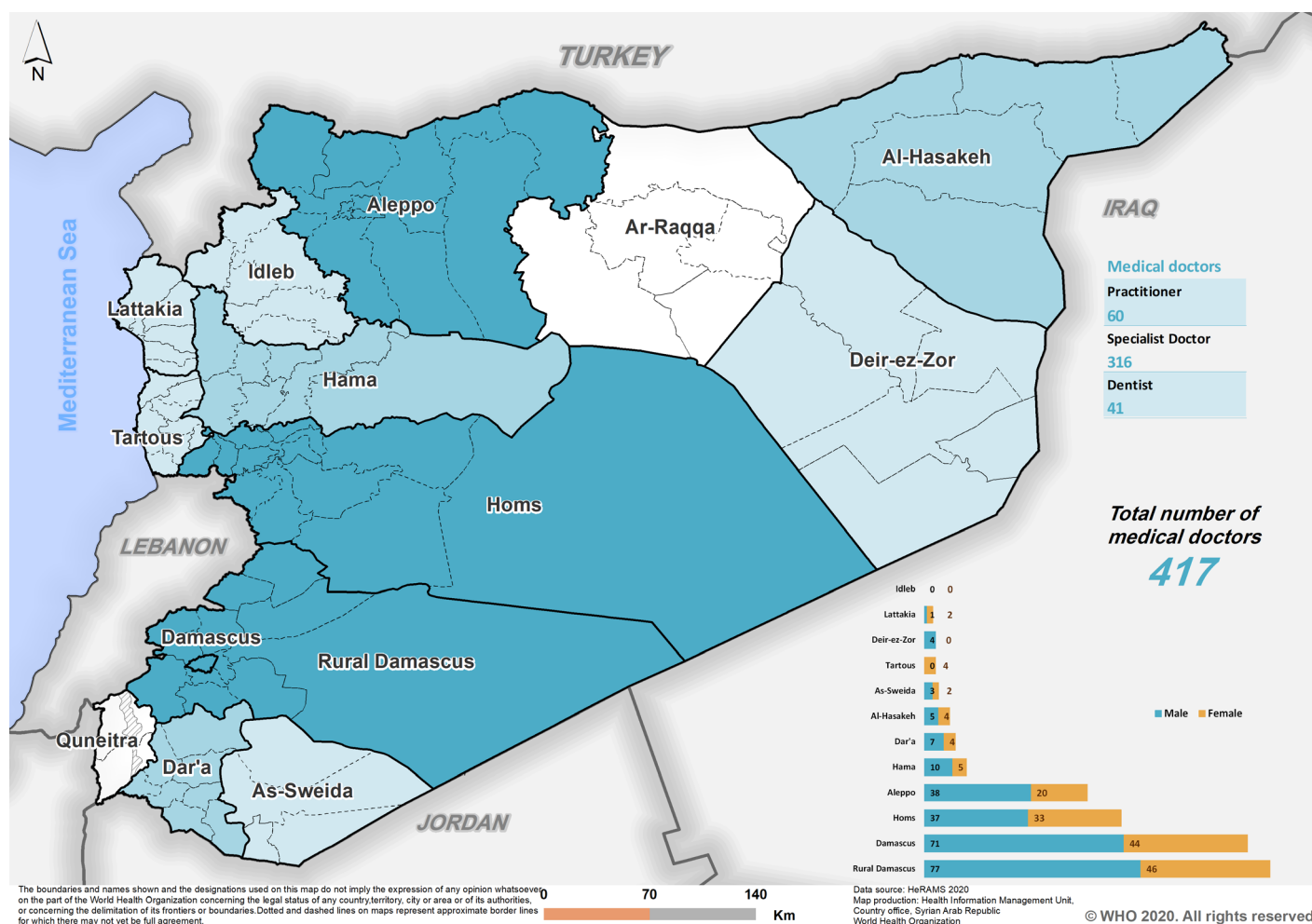


Figure 20: Proportion of medical doctors [a total of general practitioners, specialist, resident doctors, and dentists] by gender, per governorate, Dec 2020

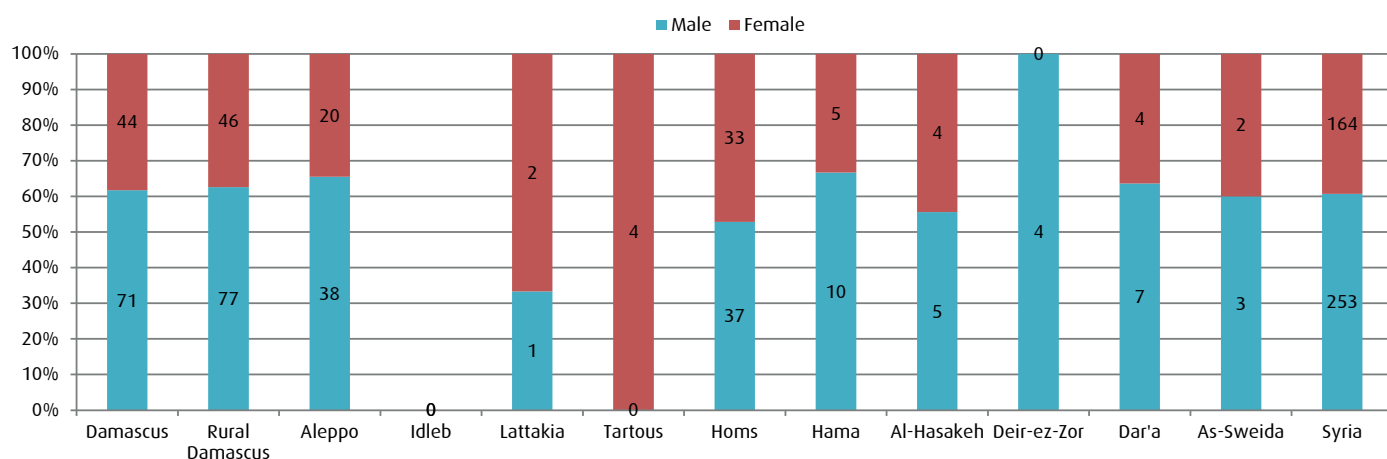


Figure 21: Trend analysis of medical doctors [a total of general practitioners, specialists, resident doctors, and dentists] in health centres, between 2018 and 2020

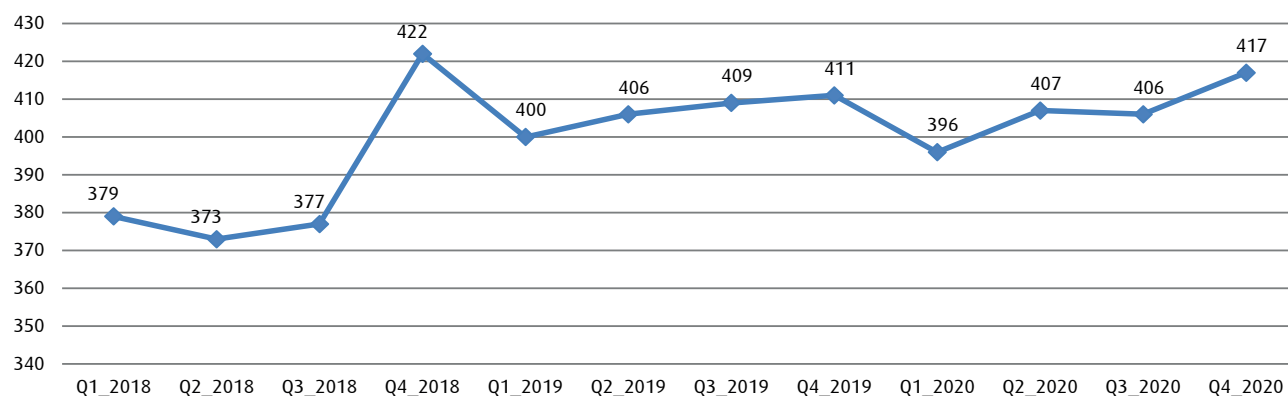


Figure 22: Trend analysis of number of nurses in health centres, between 2018 and 2020

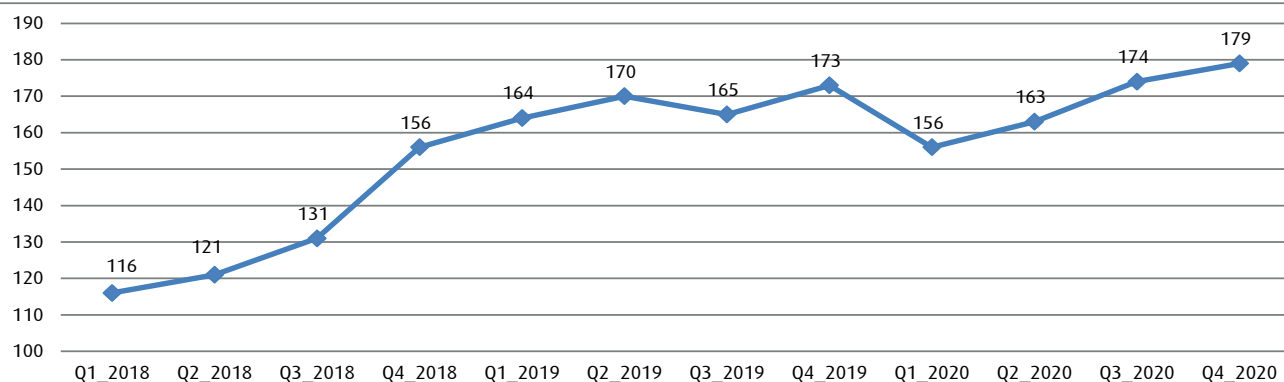
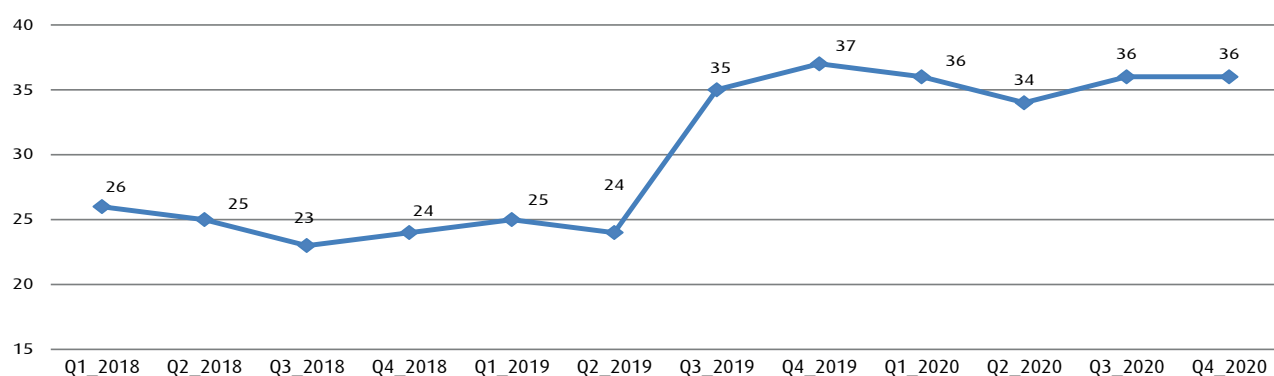


Figure 23: Trend analysis of number of midwives in health centres, between 2018 and 2020

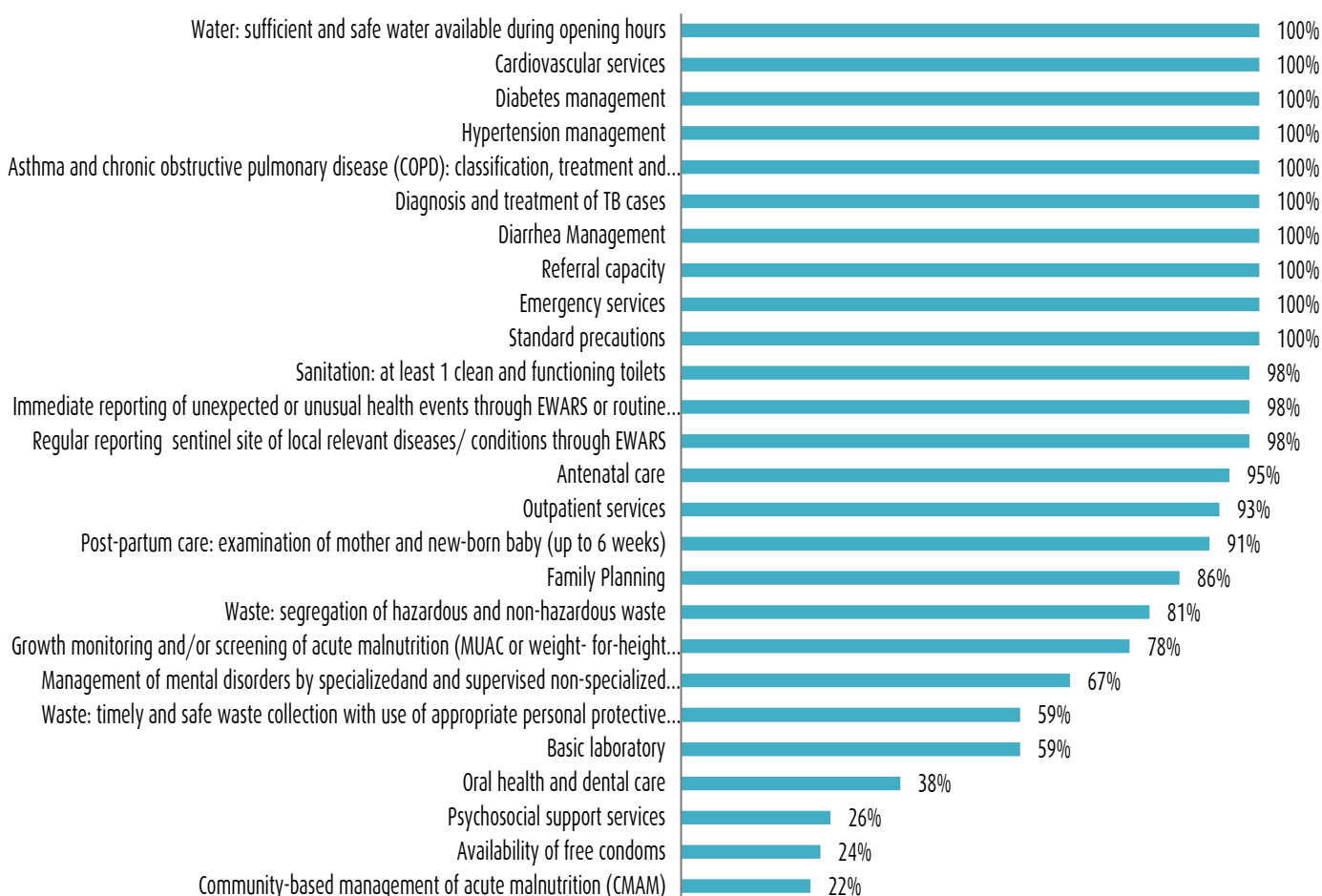


## 7. Availability of health services

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: Diarrhea 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: Availability of health services in functional health centres, 4<sup>th</sup> Quarter 2020



## 8. Utilization of health services

Figure 25: Estimated caseload of functional health centres (consultations), during 2020

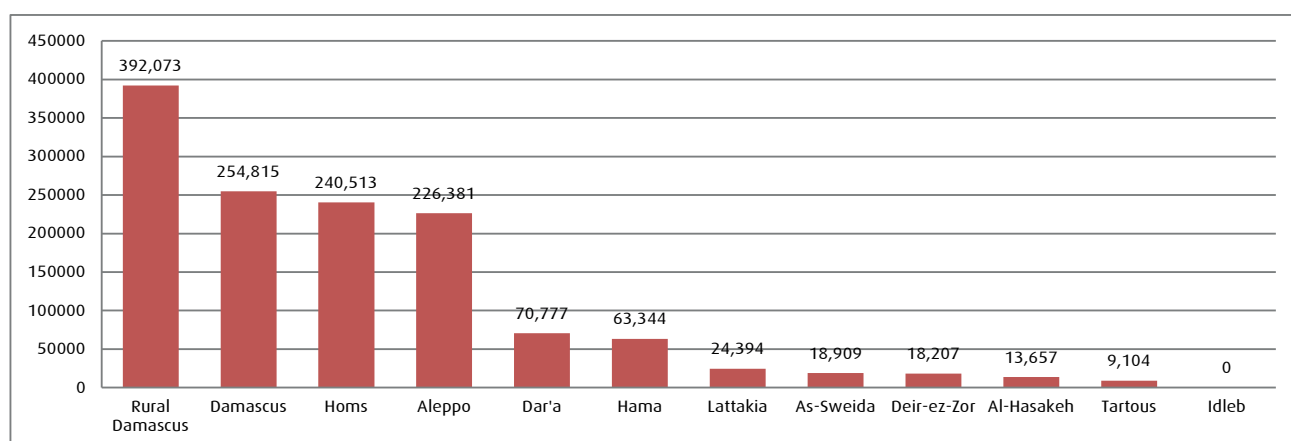


Figure 26: Trend analysis of estimated caseload in health centres (consultations), per Quarters (2018=1,742,925)(2019=1,684,646)(2020=1,332,174)

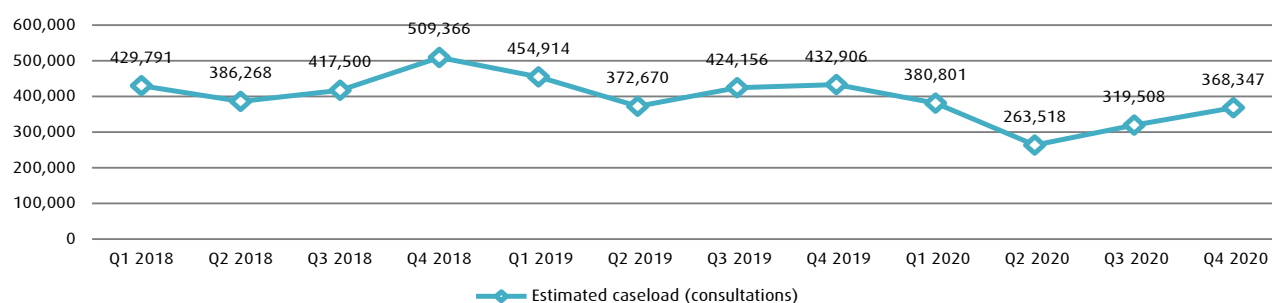
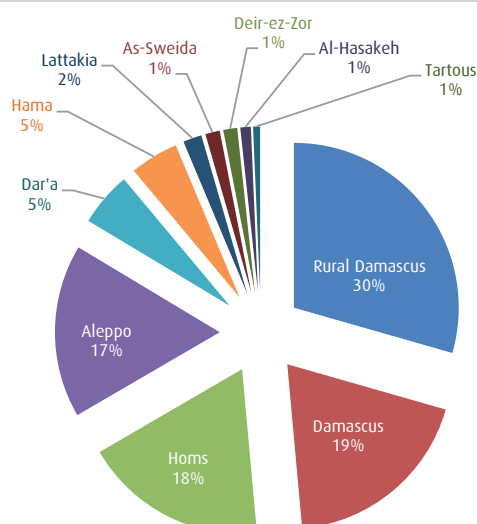


Figure 27: Proportions of workload, per governorate, during 2020



## 8.1 General clinical services

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

### i. Outpatients

The outpatient 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, during 2020

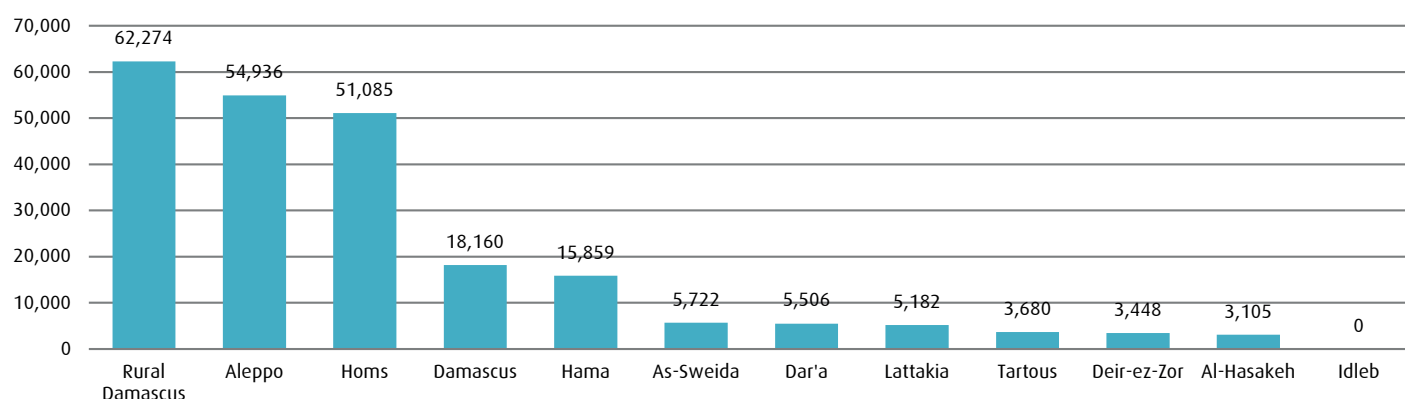
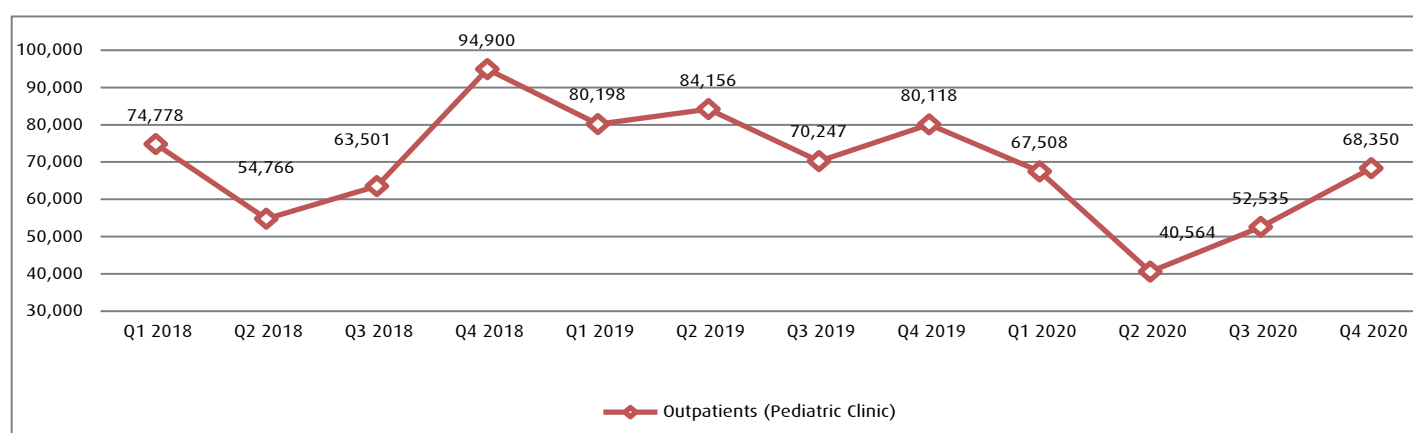


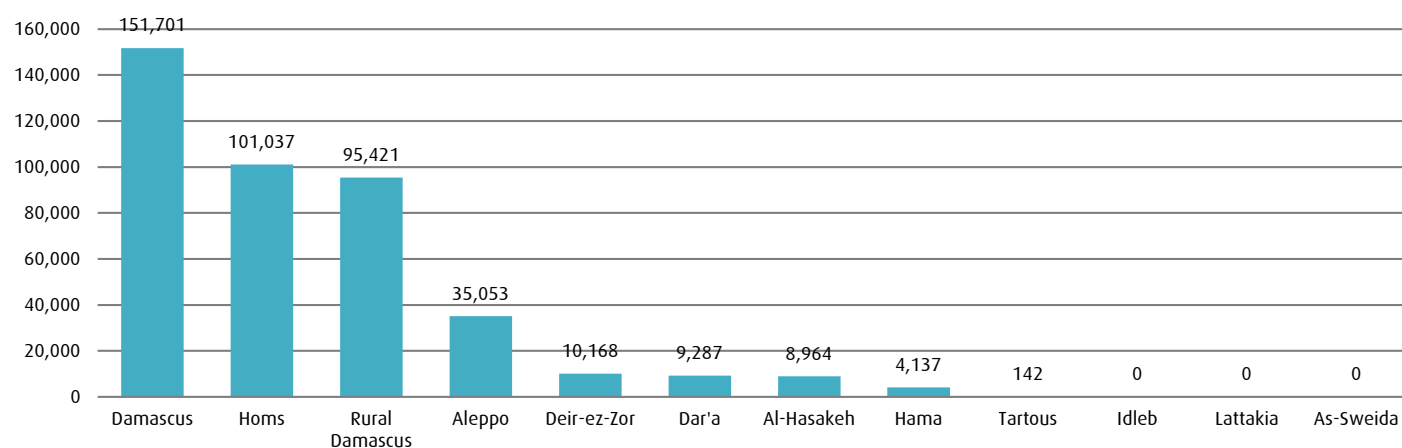
Figure 29: Trend analysis of outpatients (Pediatric Clinic) in health centres, per Quarters (2018=287,945)(2019=314,719)(2020=228,957)



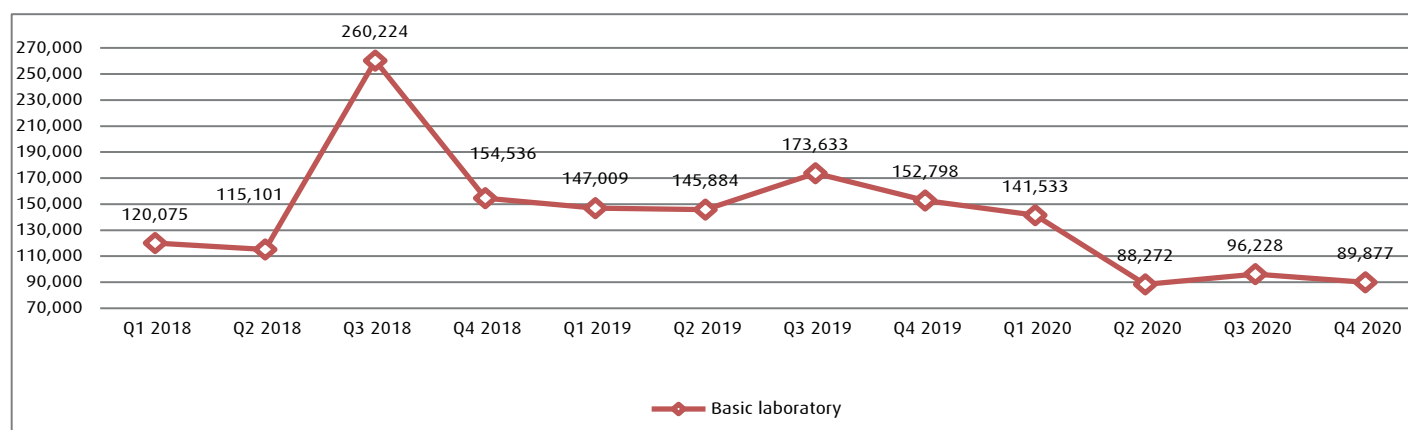
## ii. Basic laboratory services

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 laboratories tests in laboratories in health centres, during 2020**



**Figure 31: Trend analysis of laboratories tests in laboratories in health centres, per Quarters (2018=649,936)(2019=619,324)(2020=415,910)**



### 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, during 2020

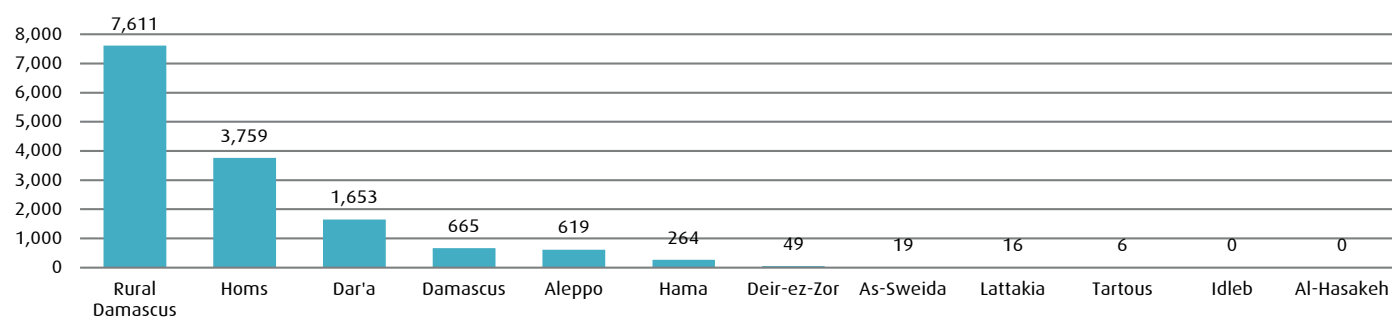
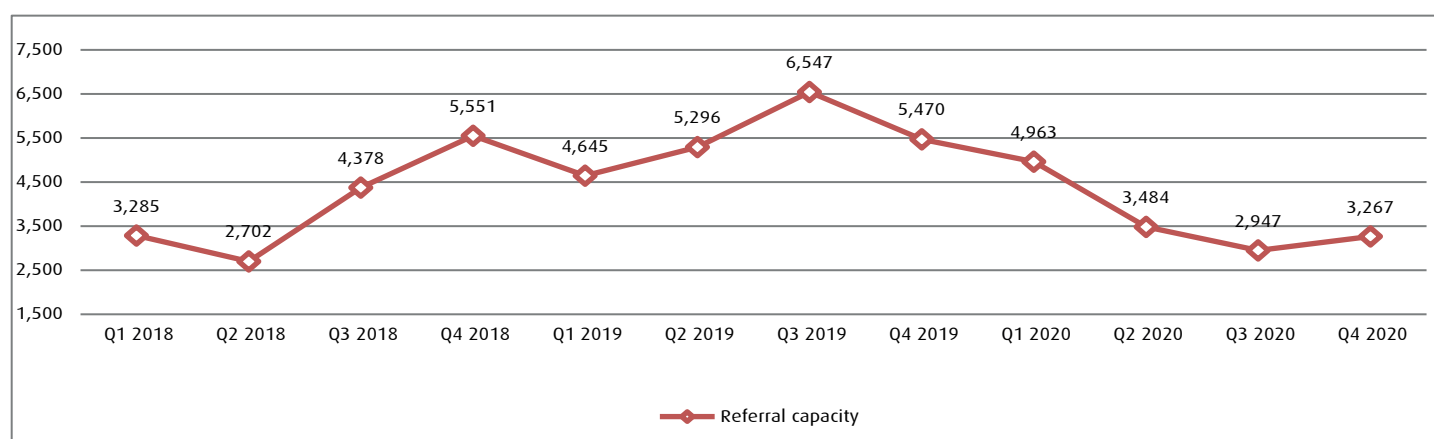


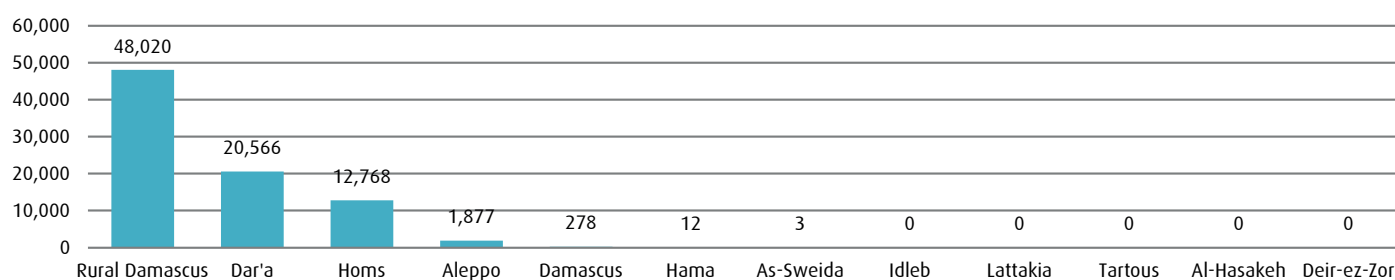
Figure 33: Trend analysis of referred cases, per Quarters  
(2018=15,916)(2019=21,958)(2020=14,661)



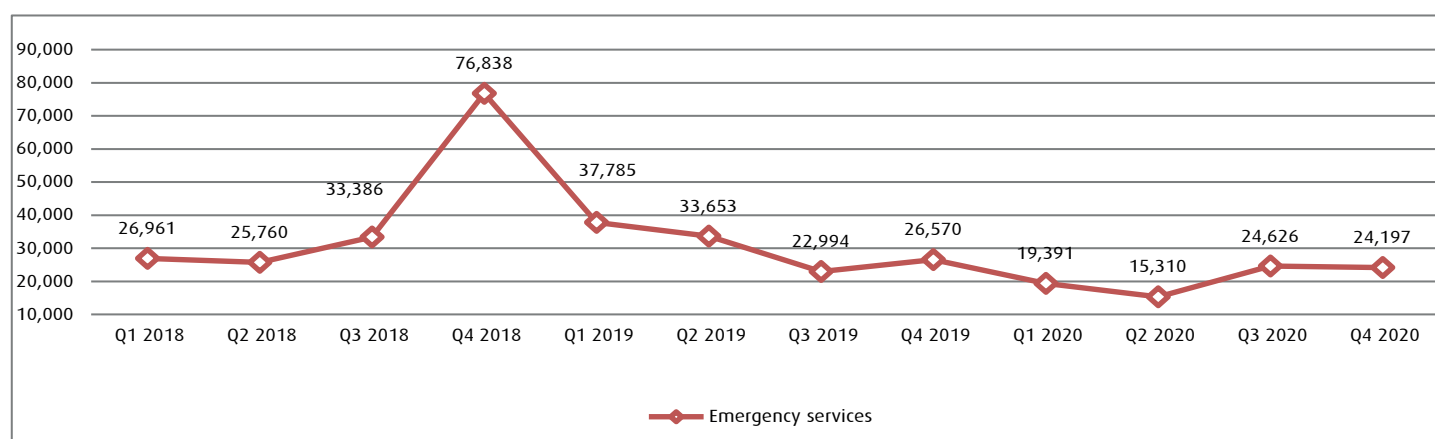
## 8.2 Emergency services

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, during 2020**



**Figure 35: Trend analysis of emergency services cases in health centres, per Quarters (2018=162,945)(2019=121,002)(2020=83,524)**





## 8.3 Child health

### i. Diarrhea Management

Figure 36: The number of diarrhea cases (children) in health centres, during 2020

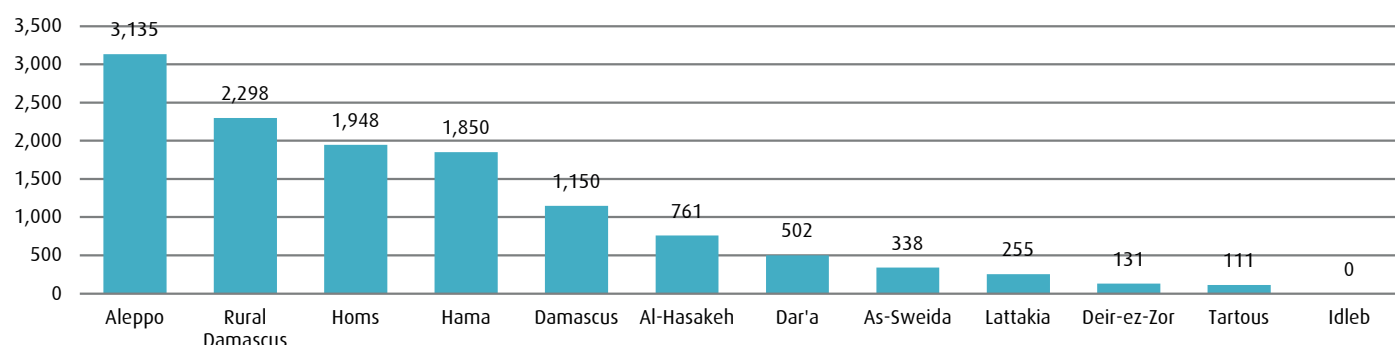
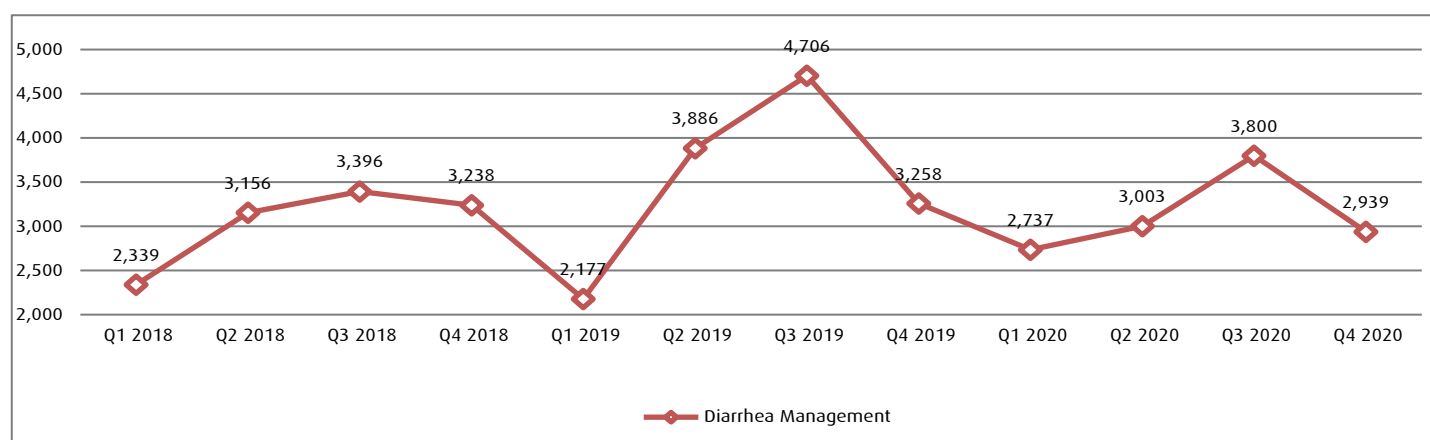


Figure 37: Trend analysis of reported children with diarrhea in health centres, per Quarters (2018=12,129)(2019=14,027)(2020=12,479)



## 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, during 2020

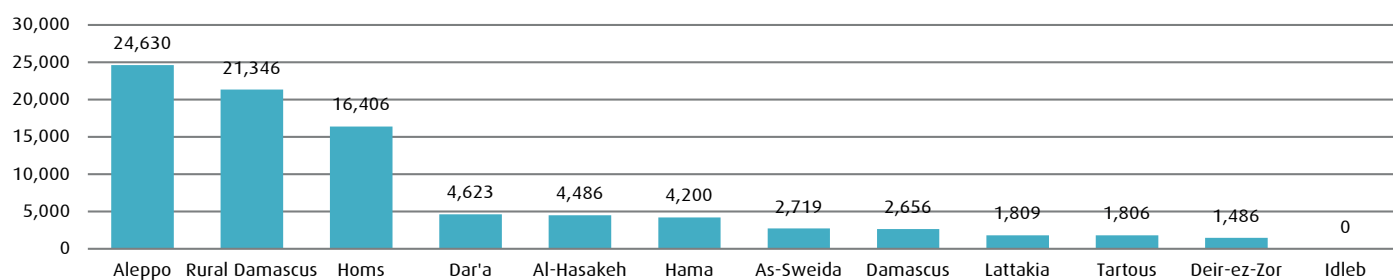
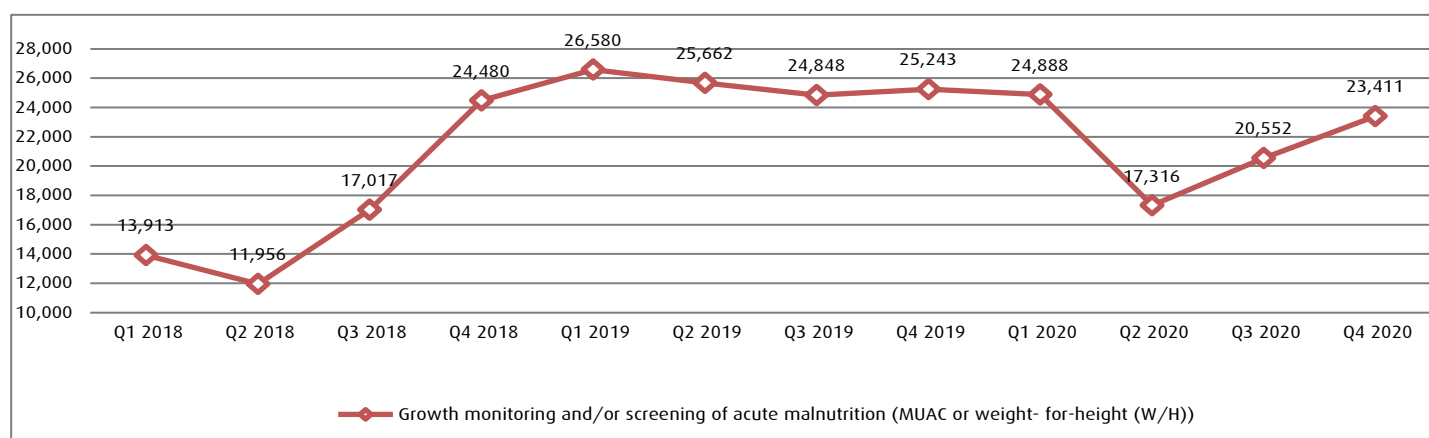


Figure 39: Trend analysis of growth monitoring and/or screening of acute malnutrition cases in health centres, per Quarters (2018=67,366)(2019=102,333) (2020=86,167)



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, during 2020

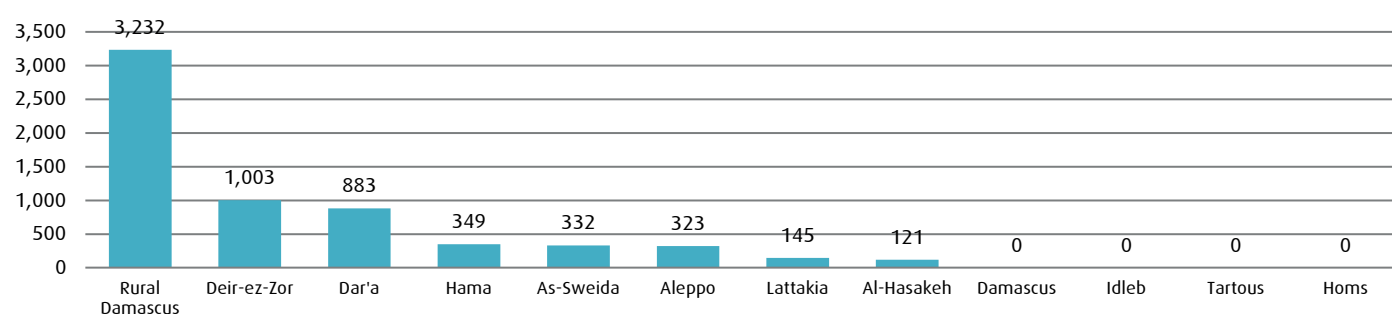
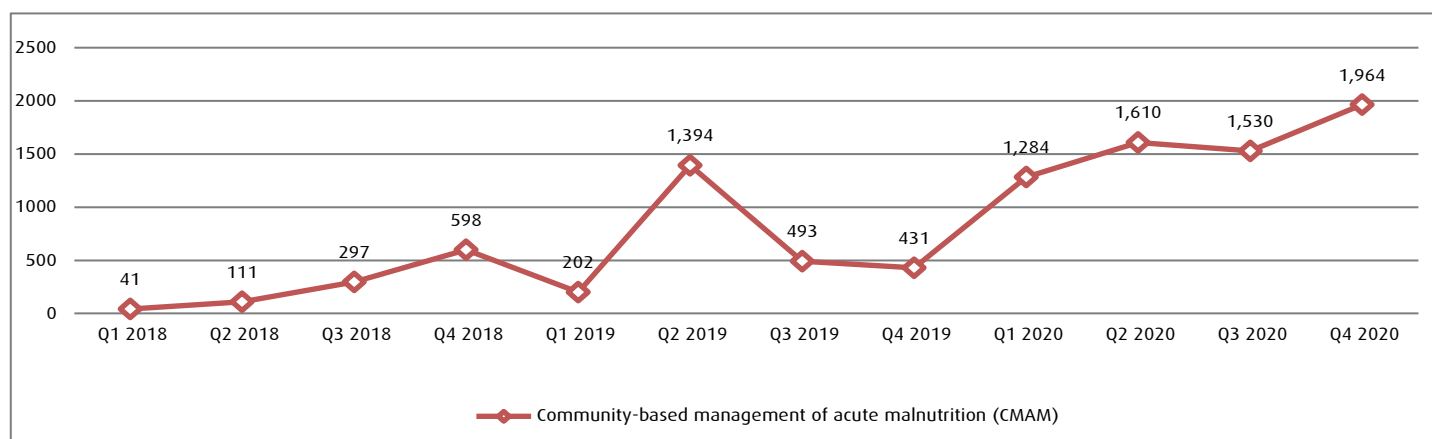


Figure 41: Trend analysis of management of acute malnutrition (CMAM) in health centres, per Quarters (2018=1,047)(2019=2,520)(2020=6,388)



## 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, during 2020

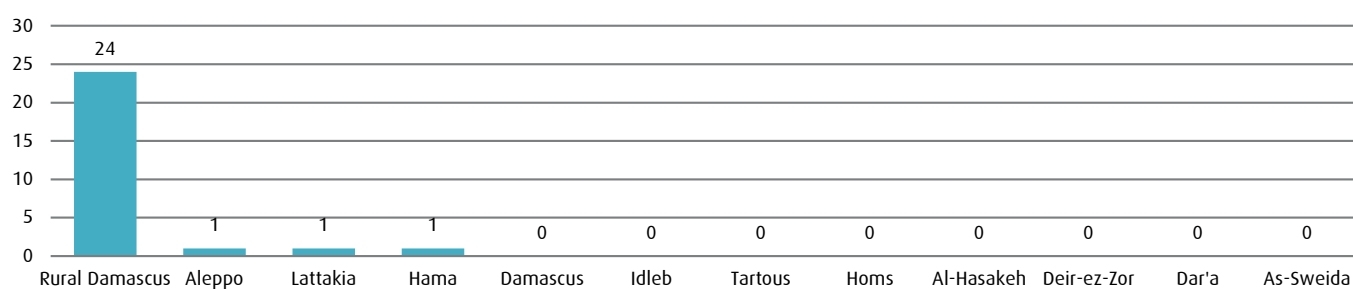
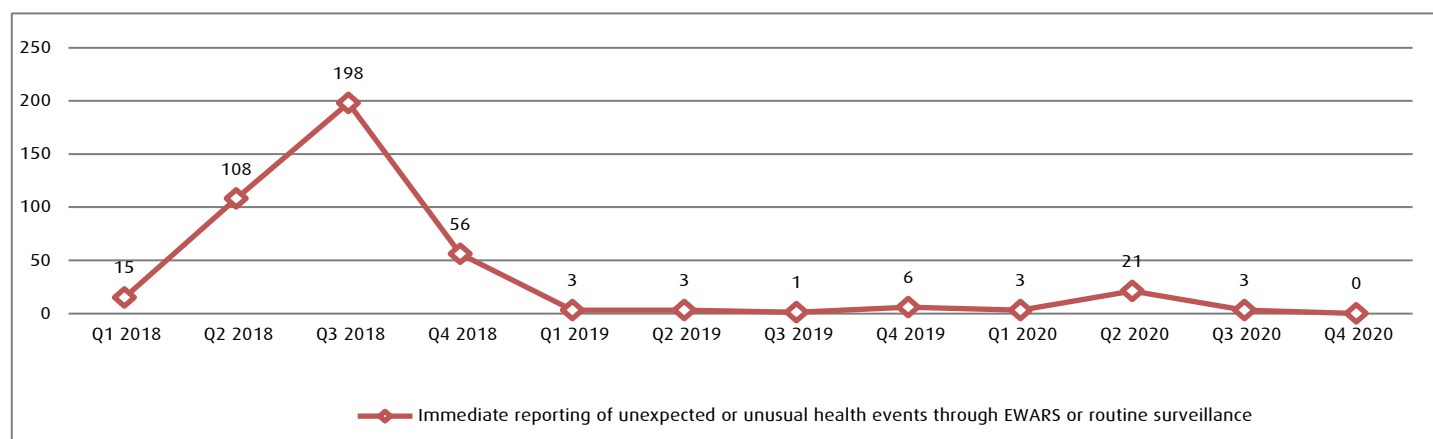


Figure 43: Trend analysis of immediate reporting of unexpected or unusual health events through EWARS or routine surveillance in health centres, per Quarters (2018=377)(2019=13)(2020=27)



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, during 2020

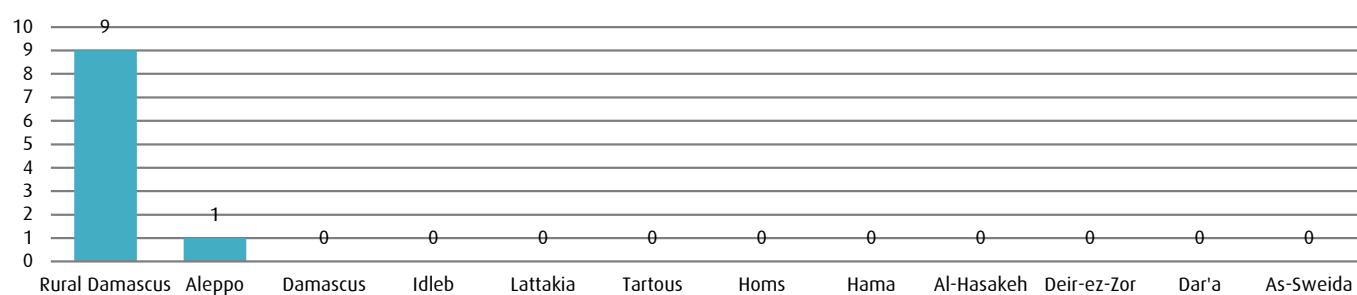
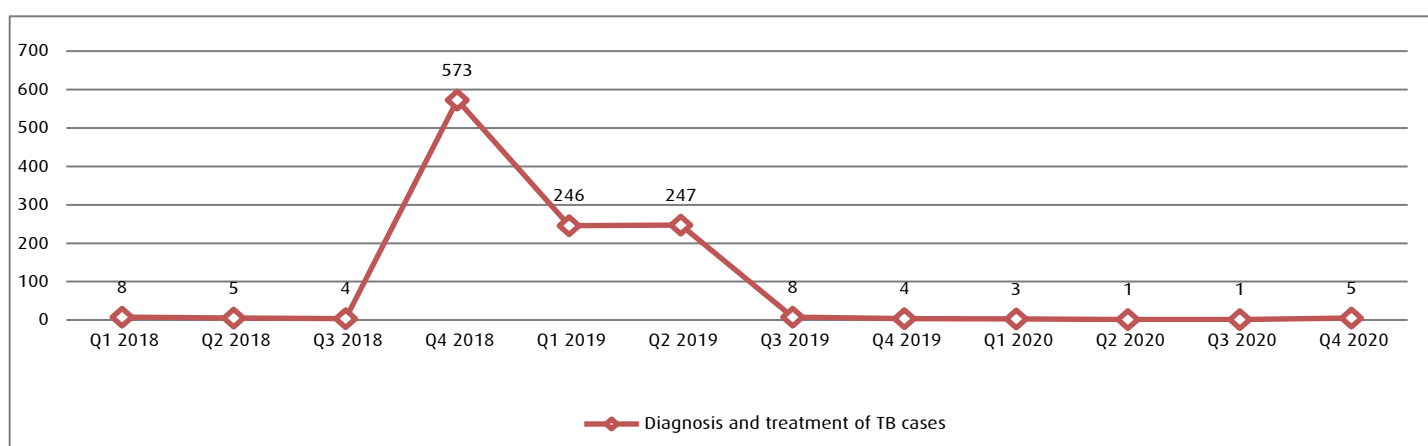


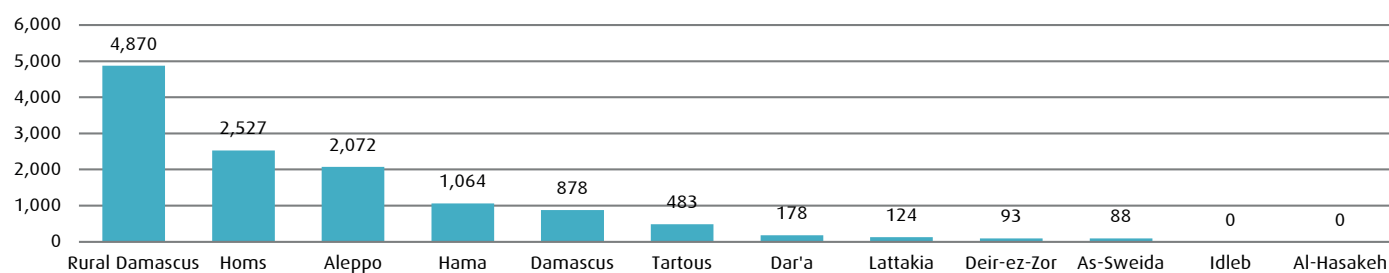
Figure 45: Trend analysis of diagnosis and treatment of TB cases in health centres, per Quarters (2018=590)(2019=505)(2020=10)



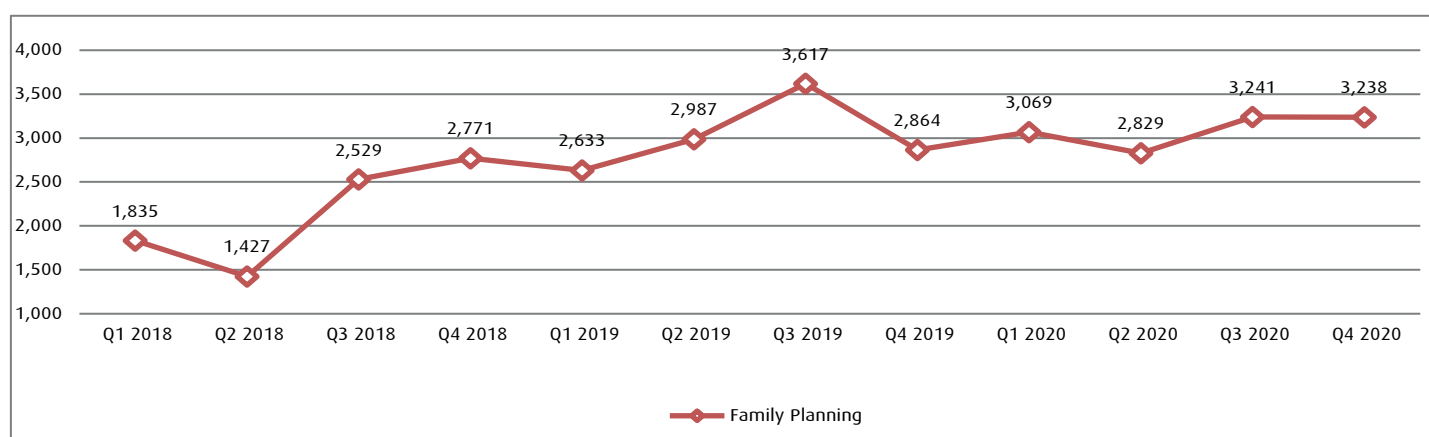
### i. Family Planning

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

**Figure 46: The number of women received family planning services in health centres, during 2020**



**Figure 47: Trend analysis of number of pregnant women received family planning services in health centres, per Quarters (2018=8,562)(2019=12,101)(2020=12,377)**



## 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, during 2020

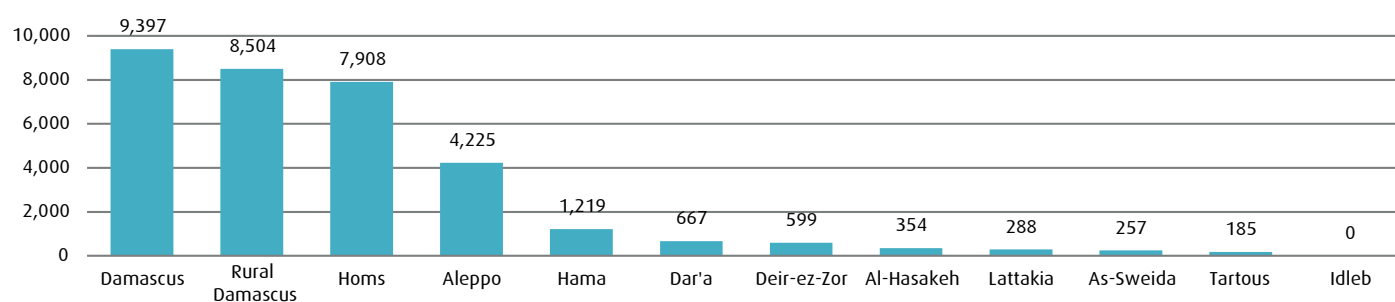
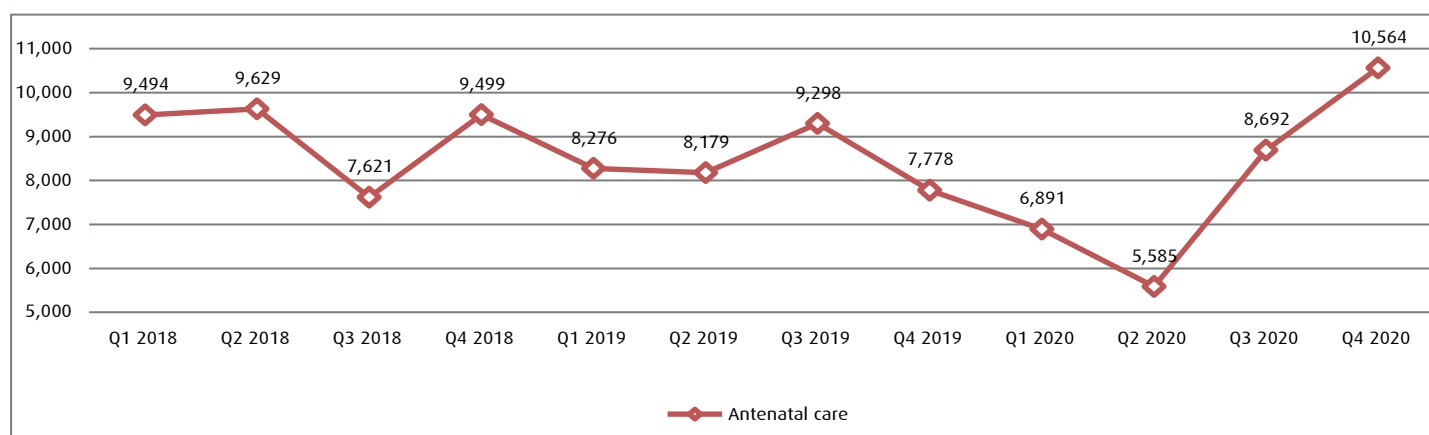


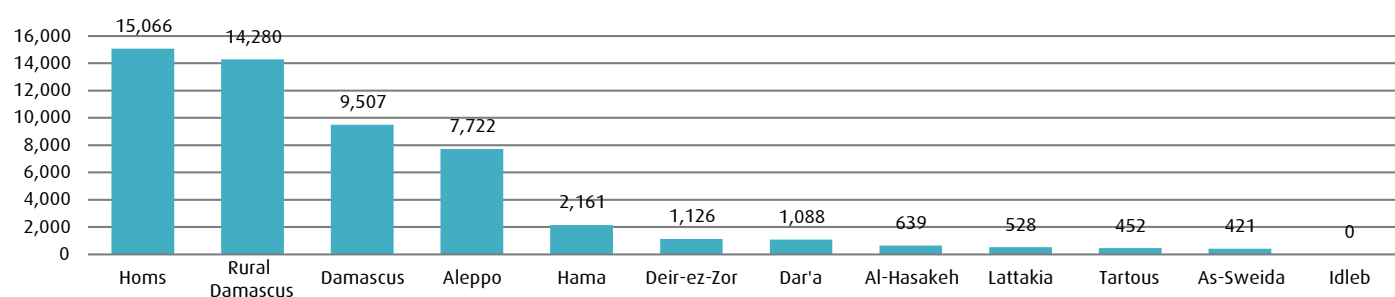
Figure 49: Trend analysis of number of pregnant women received antenatal services in health centres, per Quarters (2018=36,243)(2019=33,531)(2020=31,732)



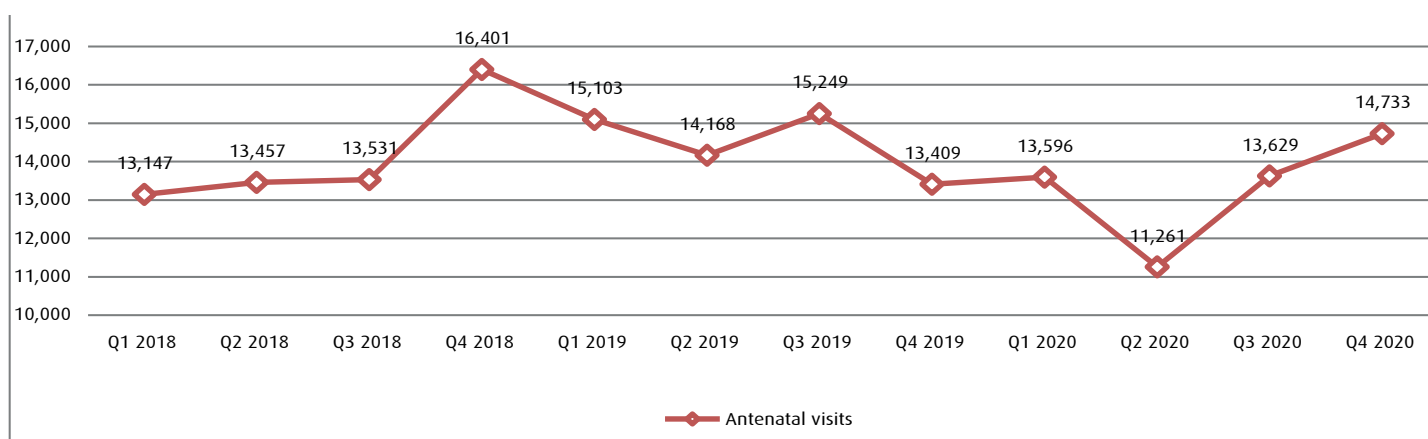
**b) Antenatal visits:**

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

**Figure 50: The number of antenatal visits in health centres, during 2020**



**Figure 51: Trend analysis of antenatal visits in health centres, per Quarters (2018=56,536)(2019=57,929)(2020=53,219)**



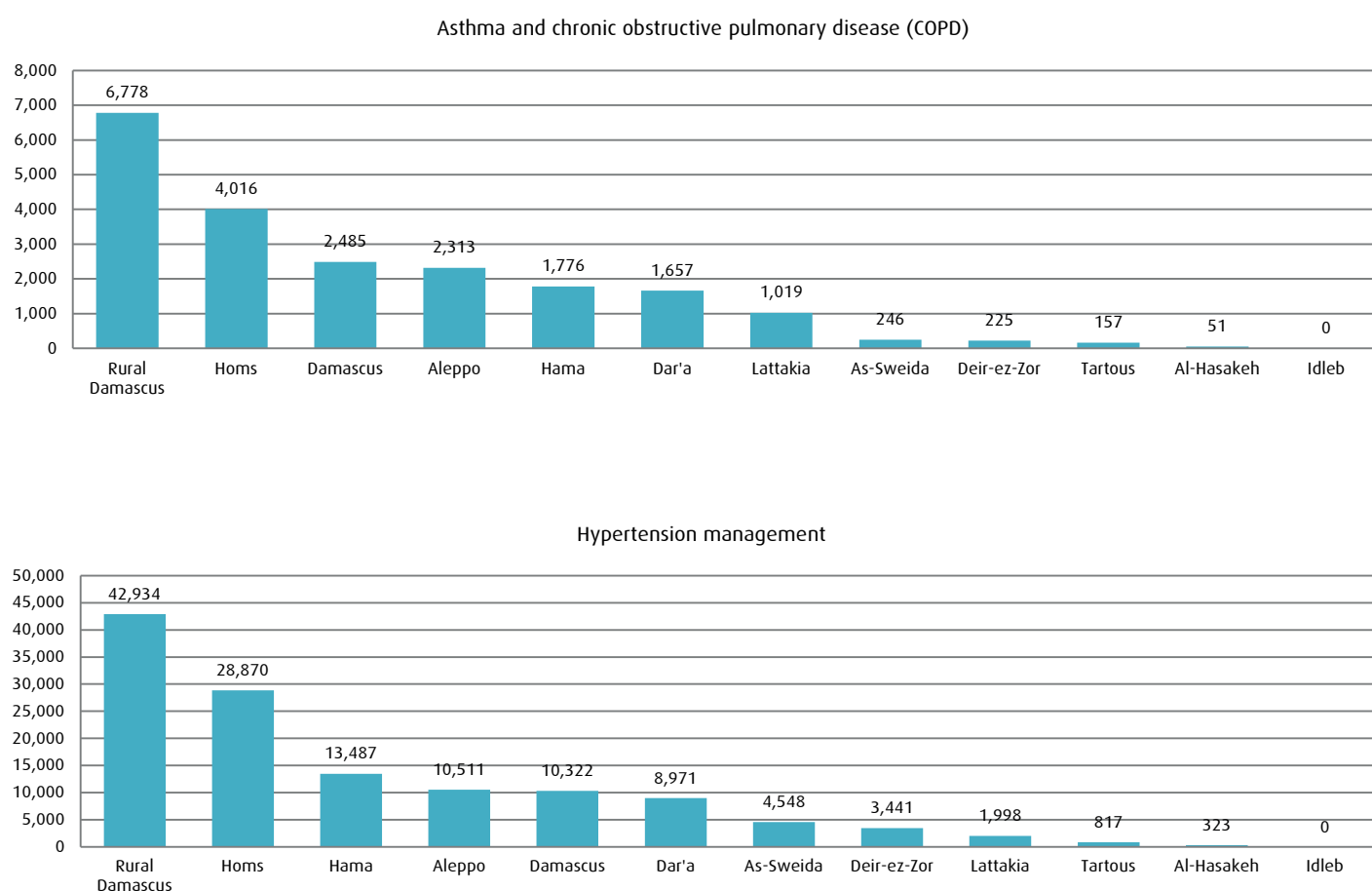


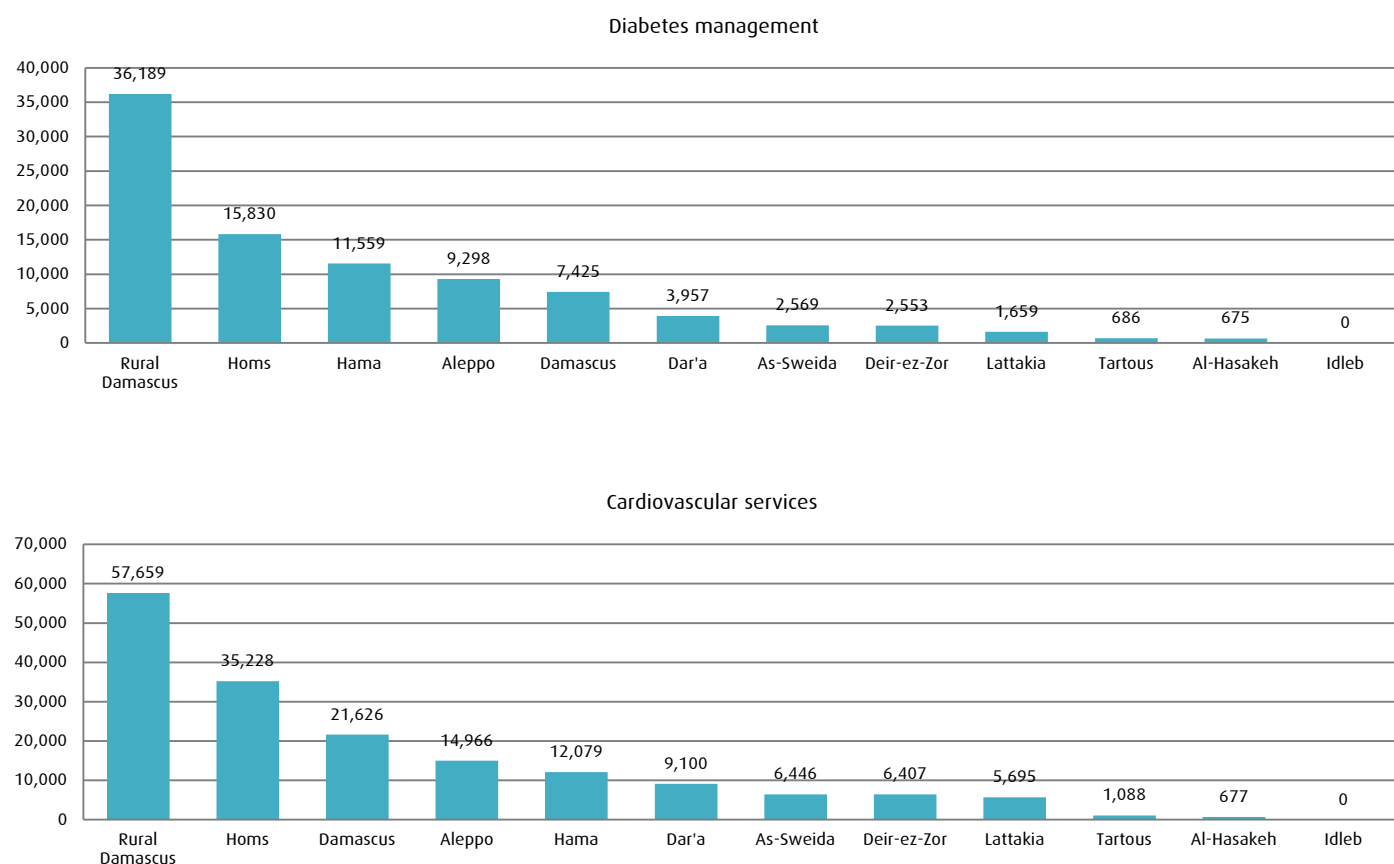
## 8.6 Noncommunicable diseases

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

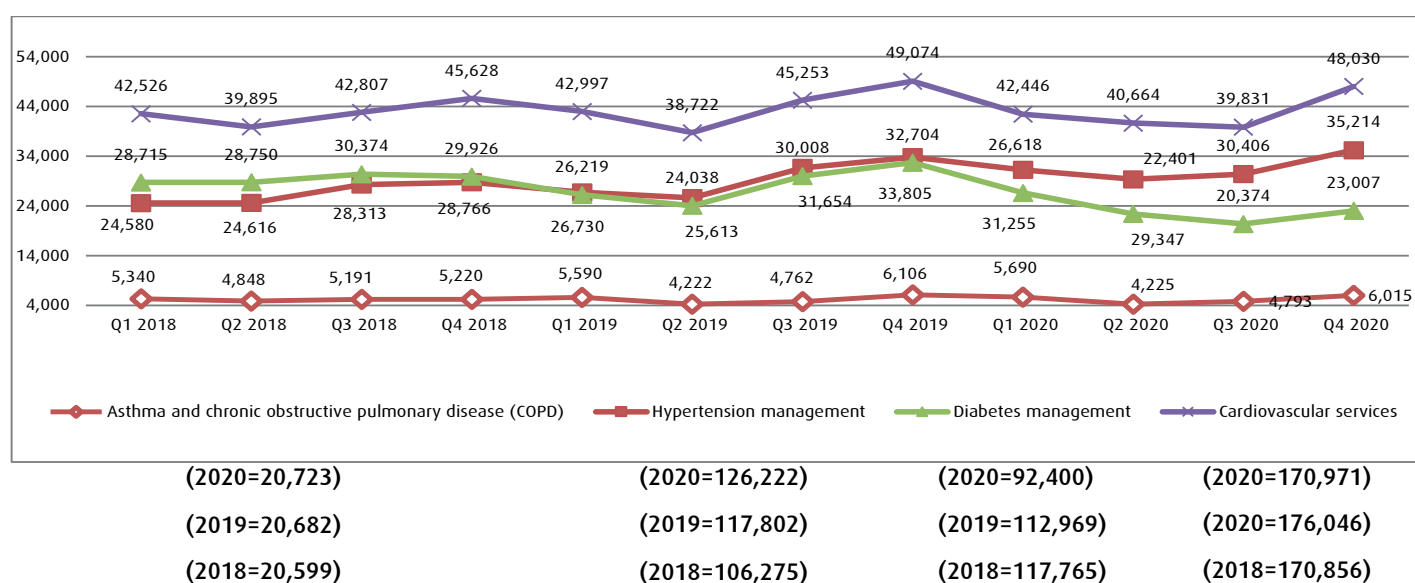
- Asthma and chronic obstructive pulmonary disease (COPD)
- Cardiovascular services
- Hypertension management
- Diabetes management.

Figure 52: The number of NCDs consultations (COPD, Hypertension, Diabetes, and Cardiovascular in health centres, during 2020





**Figure 53: Trend analysis of NCDs' consultations in health centres, per Quarters**



## 8.7 Oral health and dental care

Figure 54: The number of oral health and dental care cases in health centres, during 2020

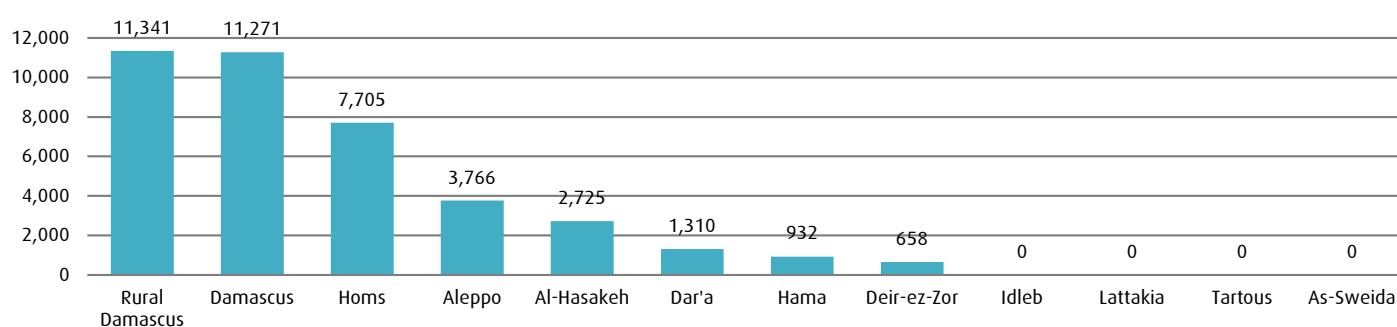
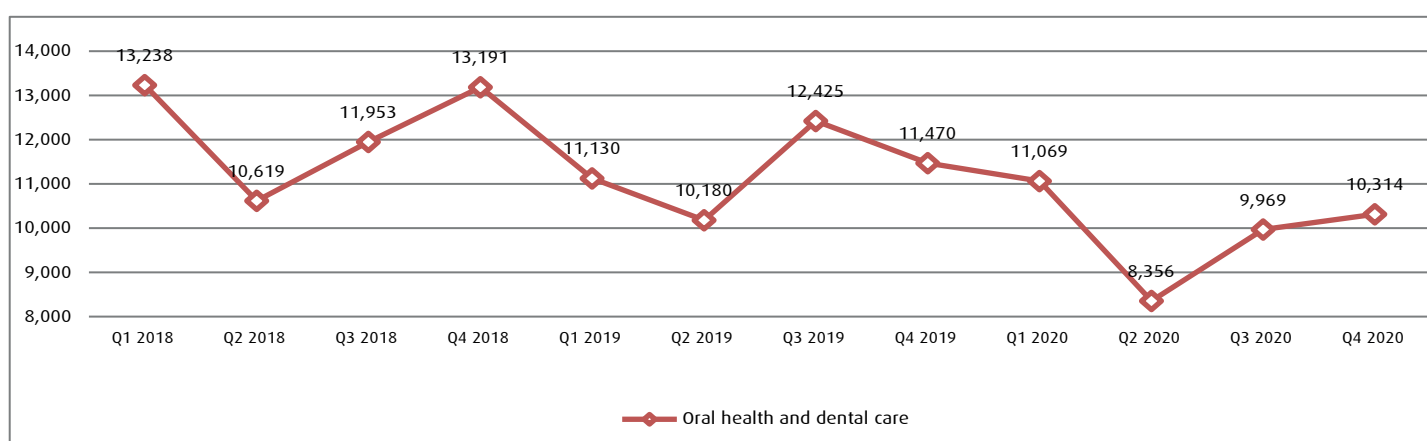


Figure 55: Trend analysis of oral health and dental care cases in health centres, per Quarters (2018=49,001)(2019=45,205)(2020=39,708)



## 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, during 2020

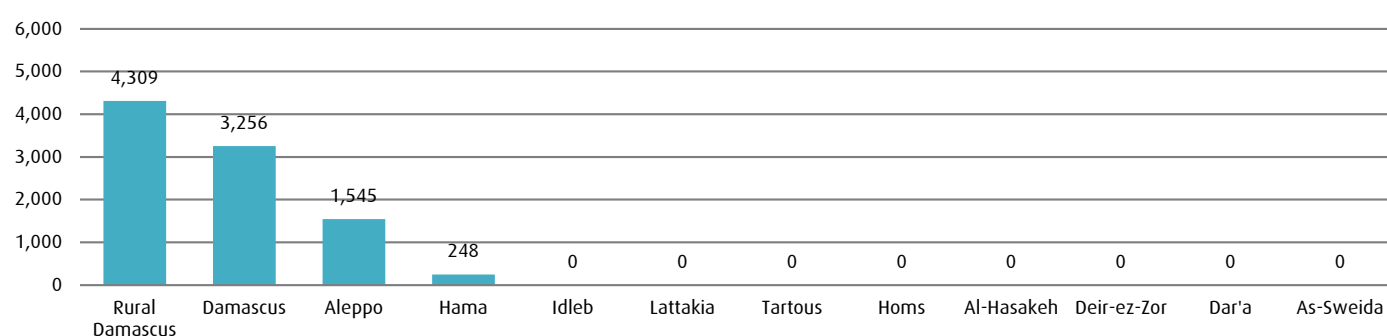
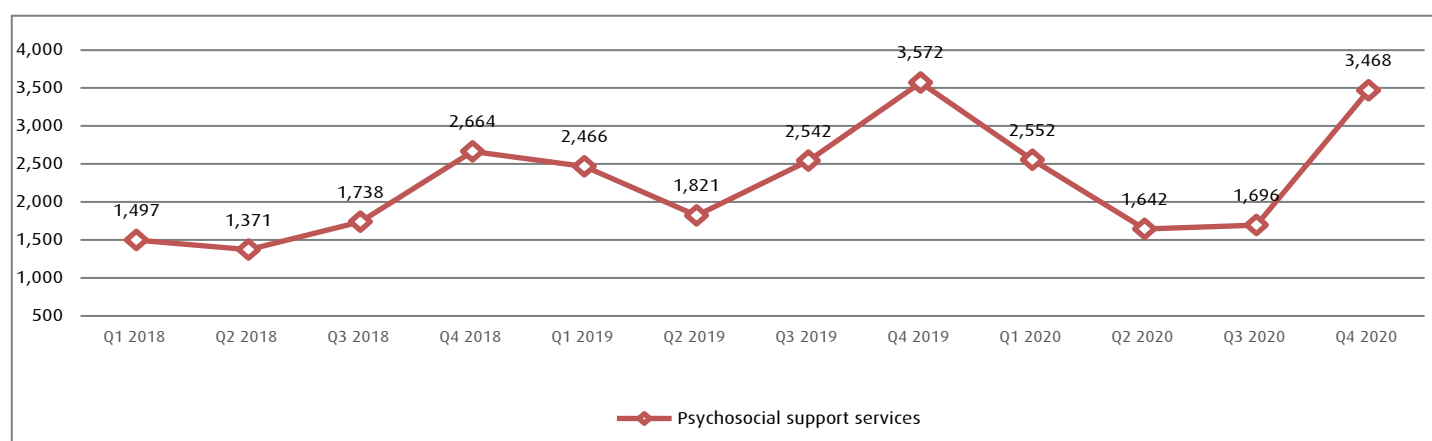
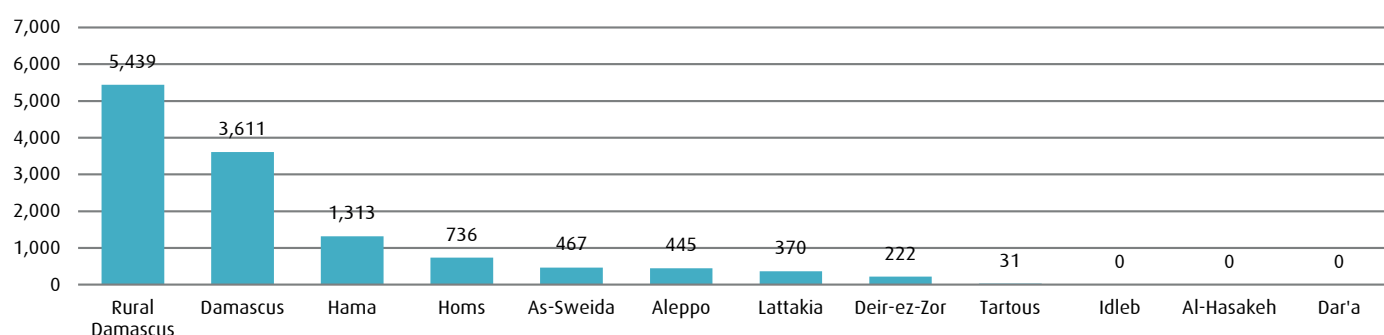


Figure 57: Trend analysis of patients received psychosocial support services in health centres, per Quarters (2018=7,270)(2019=10,401)(2020=9,358)

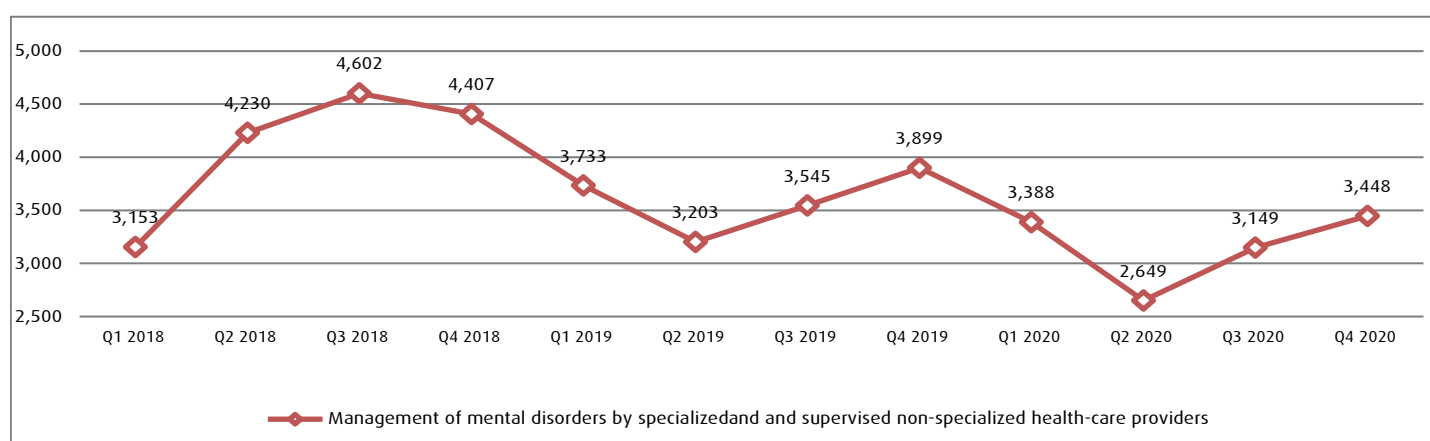


ii. **Management of mental disorders** by specialized and/or trained and supervised non-specialized health-care providers (mhGAP – Intervention Guide), and/or availability of at least one medicine from each group, antipsychotics, antidepressants, antiepileptic and anxiolytics was assessed at a health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

**Figure 58: The number of management of mental disorders cases in health centres, during 2020**



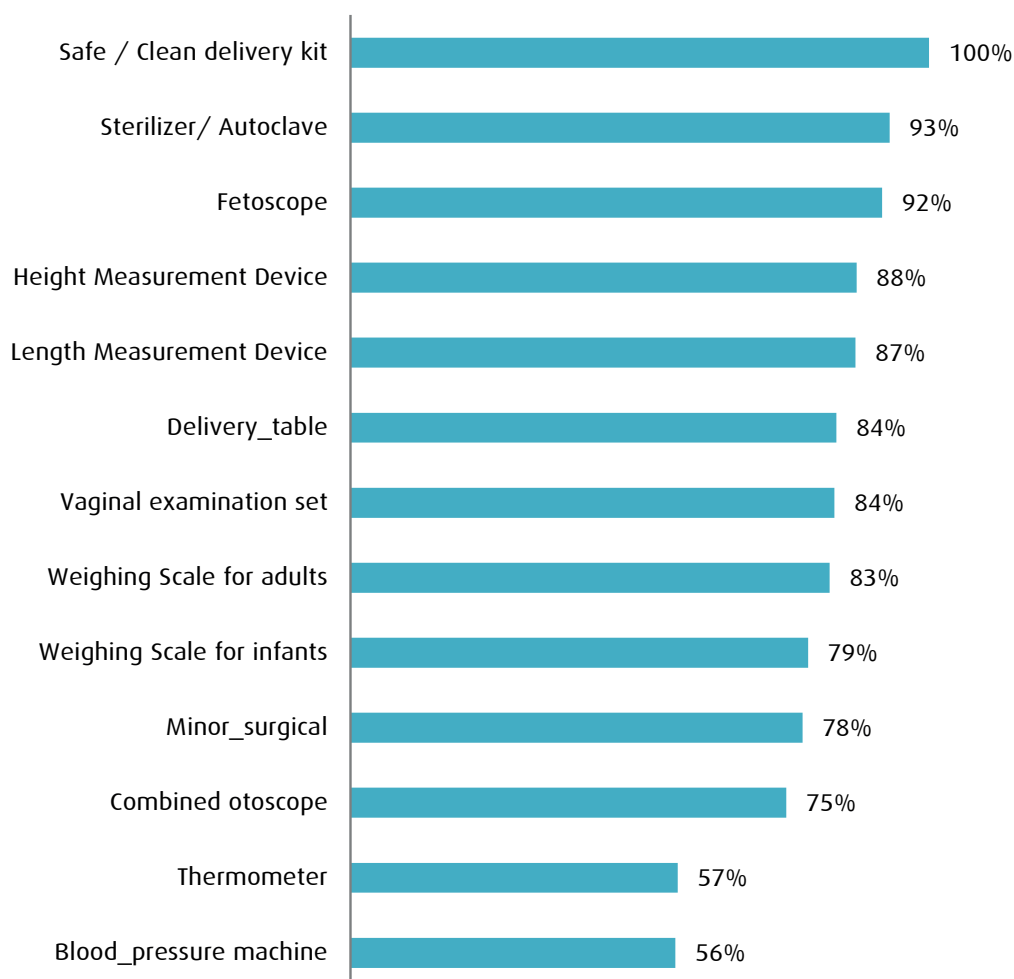
**Figure 59: Trend analysis of patients received management of mental disorders services in health centres, per Quarters (2018=16,392)(2019=14,380)(2020=12,634)**



## 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, 4<sup>th</sup> Quarter 2020



## 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, 4<sup>th</sup> Quarter 2020

