



**World Health
Organization**
Syrian Arab Republic



unrwa
الأونروا

2020 | HeRAMS Annual Report

**UNRWA 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, United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). 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; 2018. 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-party-owned 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 United Nations Relief and Works Agency for Palestine Refugees (UNRWA) is funded almost entirely by voluntary contributions from UN Member States. UNRWA also receives some funding from the Regular Budget of the United Nations, which is used mostly for international staffing costs.

The Agency's services encompass education, health care, relief and social services, camp infrastructure and improvement, microfinance and emergency assistance, including in times of armed conflict.

ESTABLISHMENT: Following the 1948 Arab-Israeli conflict, UNRWA was established by United Nations General Assembly Resolution 302 (IV) of 8 December 1949 to carry out direct relief and works programmes for Palestine refugees. The Agency began operations on 1 May 1950. In the absence of a solution to the Palestine refugee problem, the General Assembly has repeatedly renewed UNRWA's mandate, most recently extending it until 30 June 2020.

UNRWA is unique in terms of its long-standing commitment to one group of refugees. It has contributed to the welfare and human development of four generations of Palestine refugees, defined as "persons whose normal place of residence was Palestine during the period 1 June 1946 to 15 May 1948, and who lost both home and means of livelihood as a result of the 1948 conflict." The descendants of Palestine refugee males, including legally adopted children, are also eligible for registration.

UNRWA services are available to all those living in its areas of operations who meet this definition, who are registered with the Agency and who need assistance. When the Agency began operations in 1950, it was responding to the needs of about 750,000 Palestine refugees. Today, some 5 million Palestine refugees are eligible for UNRWA services.

Contents

Key indicators

1. Assessed health centres'	1
2. Functionality status	2
3. Accessibility to health centres	4
4. Level of damage to health centres' buildings	6
5. Infrastructure patterns of the functional public health centres	8
5.1 Water	8
5.2 Electricity generators	9
5.3 Refrigerator for vaccine	10
6. Availability of human resources for health	10
7. Availability of health services	14
8. Utilization of health services	15
8.1 General clinical services	16
8.2 Emergency services	19
8.3 Child health	20
8.4 Nutrition	21
8.5 Communicable diseases	22
8.6 Noncommunicable diseases	29
8.7 Oral health and dental care	31
8.8 Mental health care	32
9. Availability of medical equipment	34
10. Availability of priority medicines	35

Key indicators

831,977

of Consultations
(during 2020)

29

UNRWA Health
Centres

100%

Completeness rate

76%

Fully functioning

0%

Partially functioning

24%

Non-functioning

28%

Fully damaged

0%

Partially damaged

72%

Intact

86

of medical
doctors

110

of nurses &
midwives

1. Assessed health centres'

Figure 1: Classification of health centres

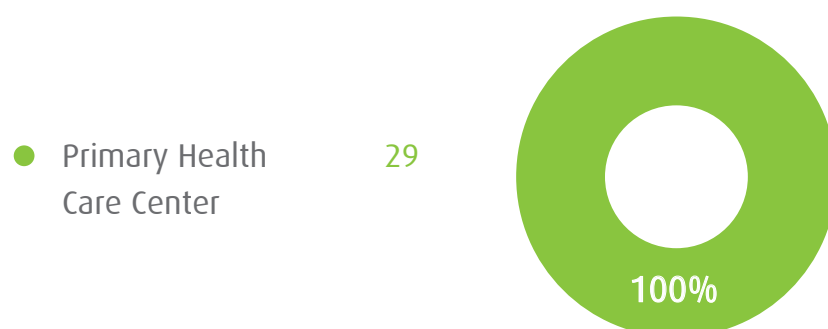
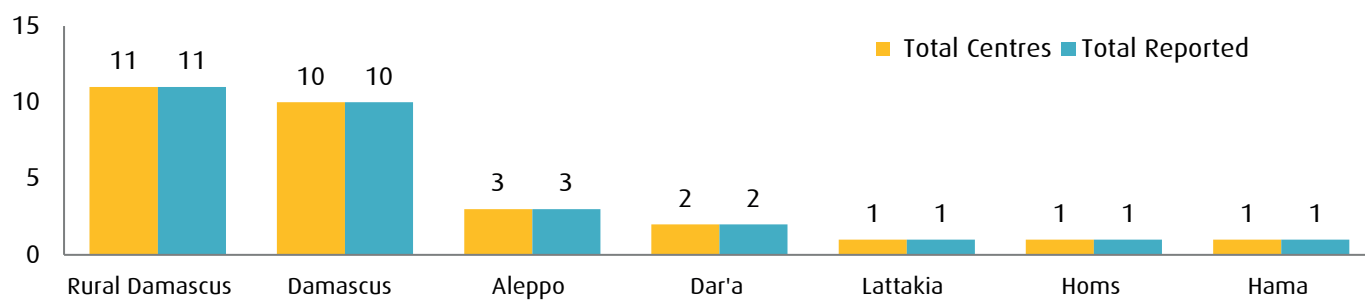


Figure 2: Completeness of reporting of health centres at governorate level, 4th Quarter 2020



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 3: Functionality status, 4th Quarter 2020

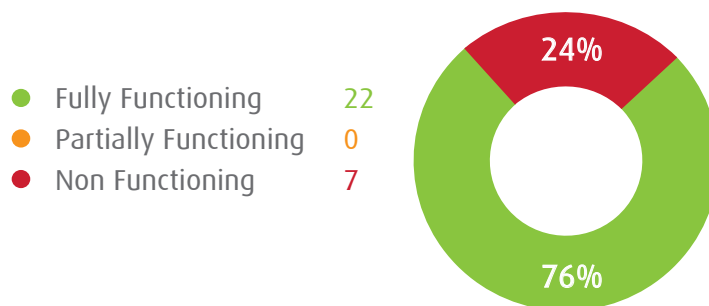
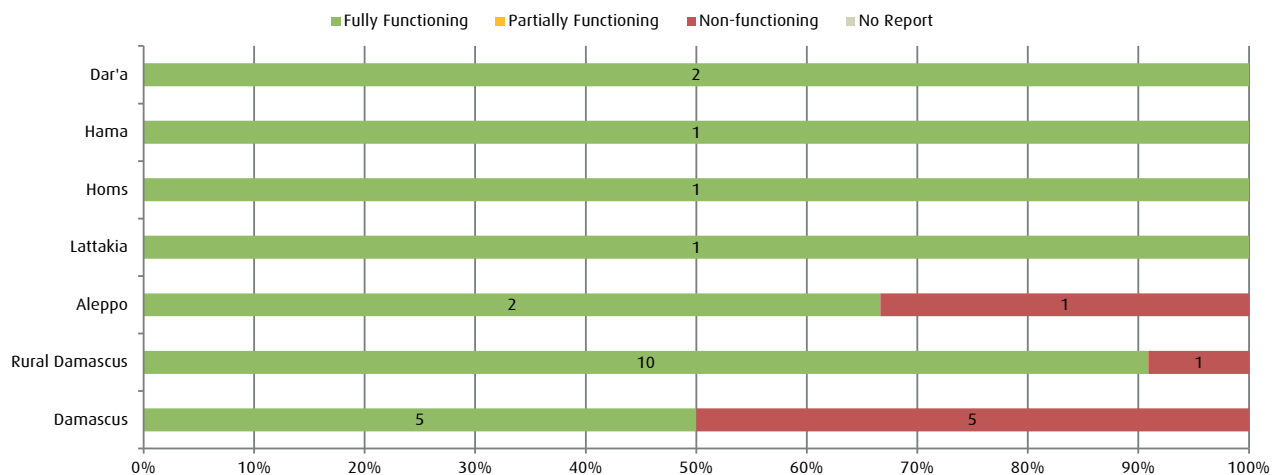


Figure 4: Functionality status, per governorate, 4th Quarter 2020



Map1: Functionality status, per governorate, 4th Quarter 2020

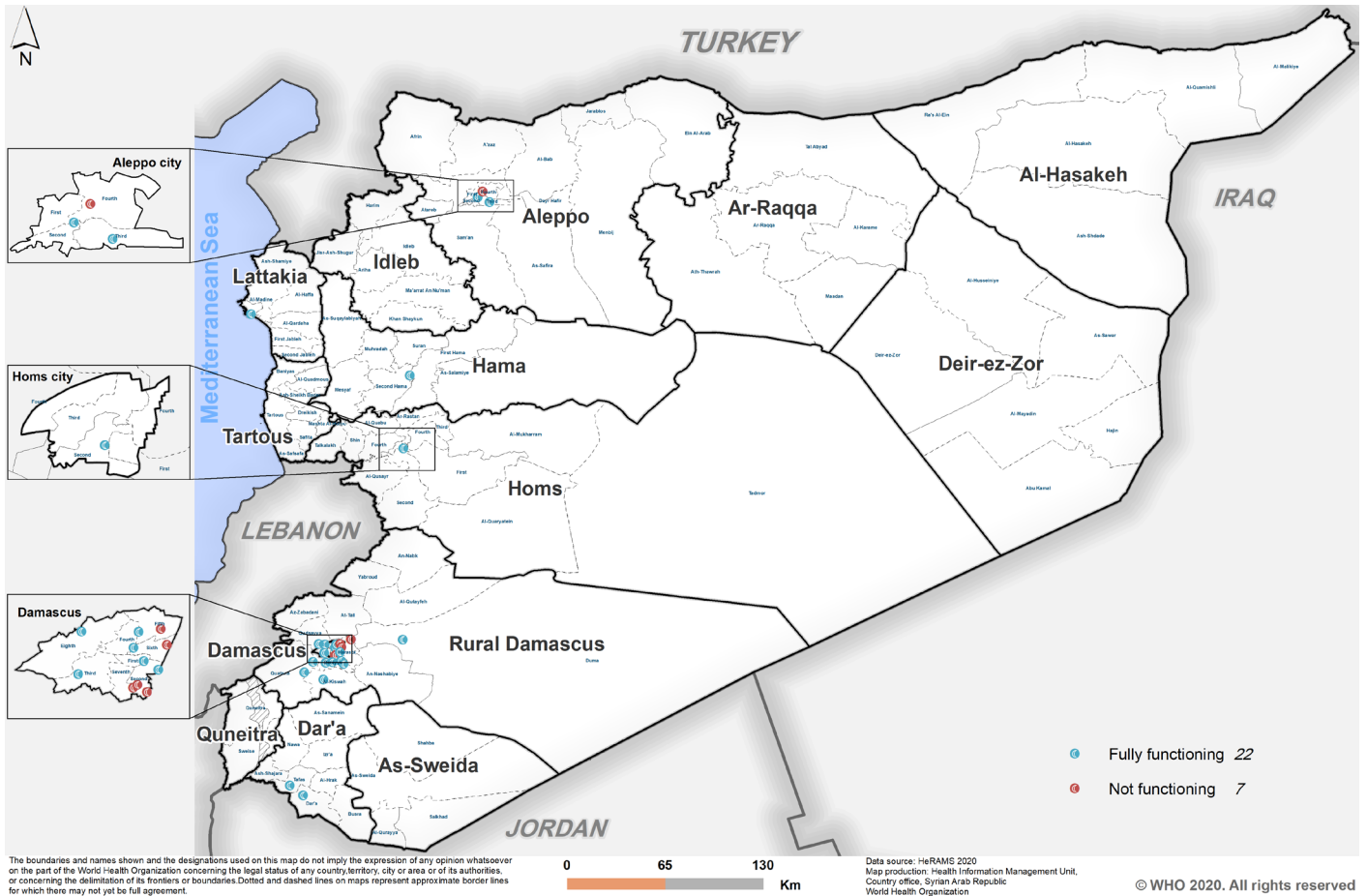
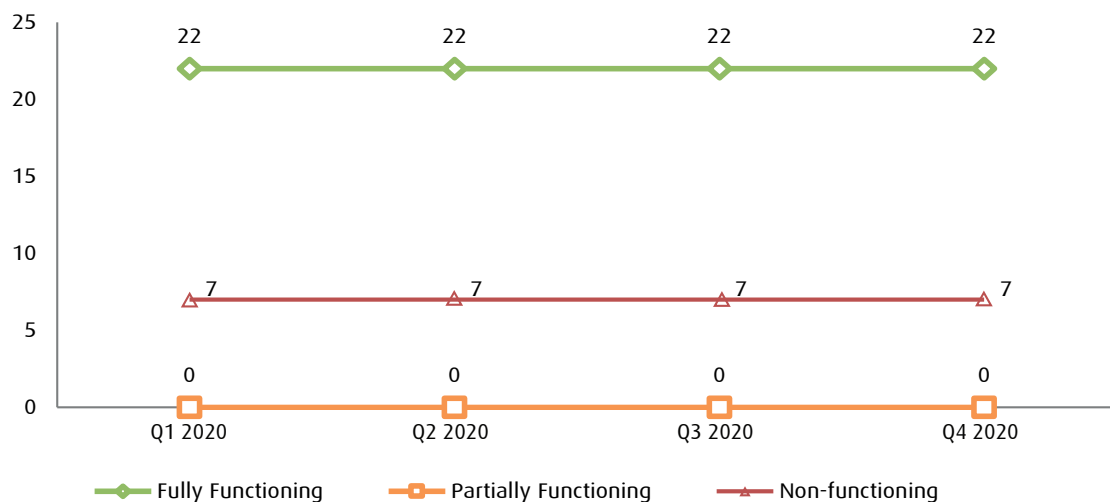


Figure 5: Trend analysis of functionality status, between 1st to 4th Quarter 2020



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 6: Accessibility status, 4th Quarter 2020

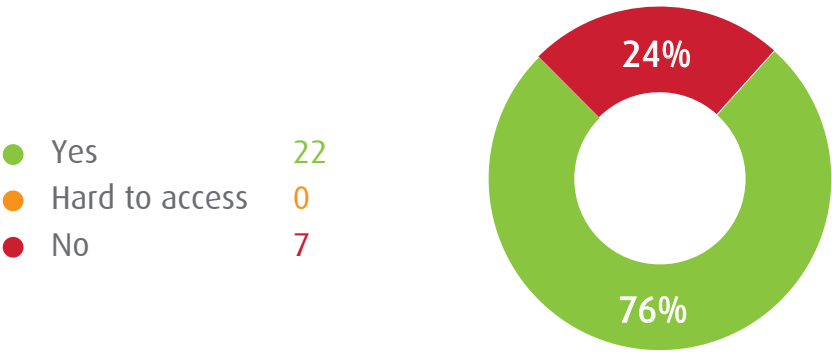
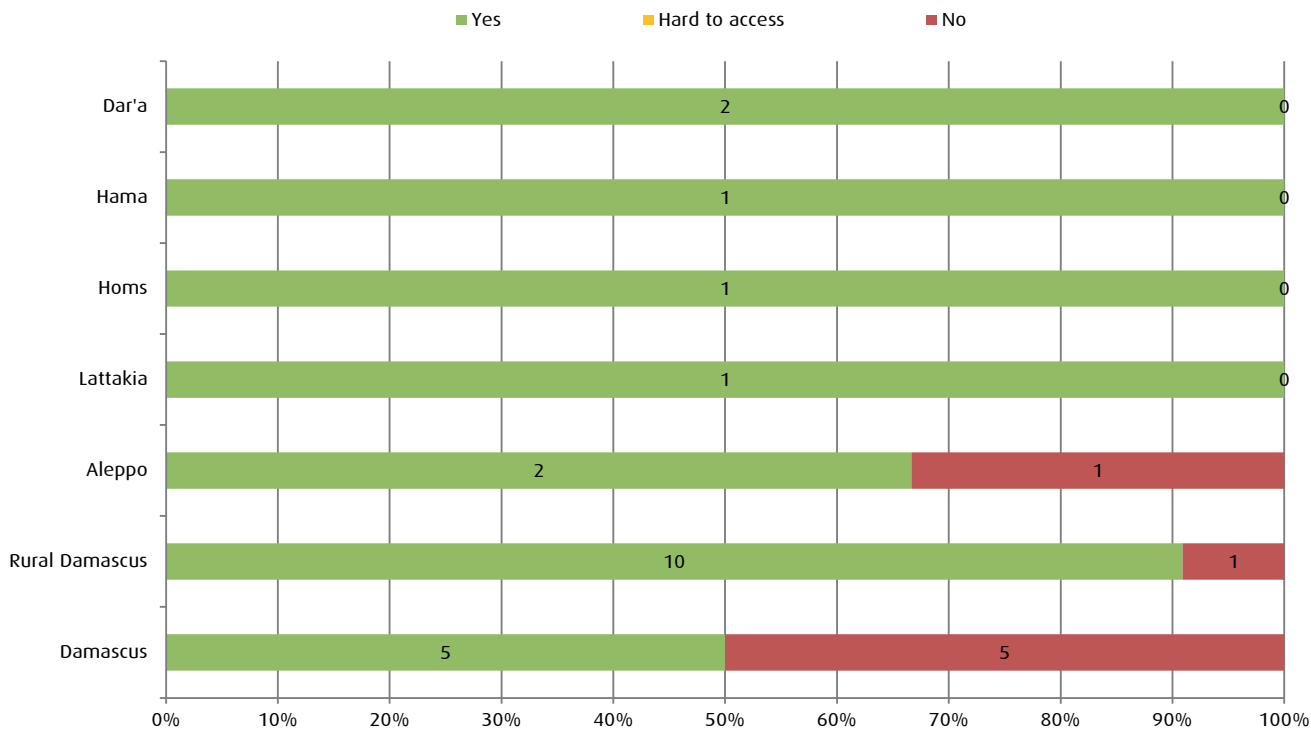


Figure 7: Accessibility status per governorate, 4th Quarter 2020



Map2: Accessibility status per governorate, 4th Quarter 2020

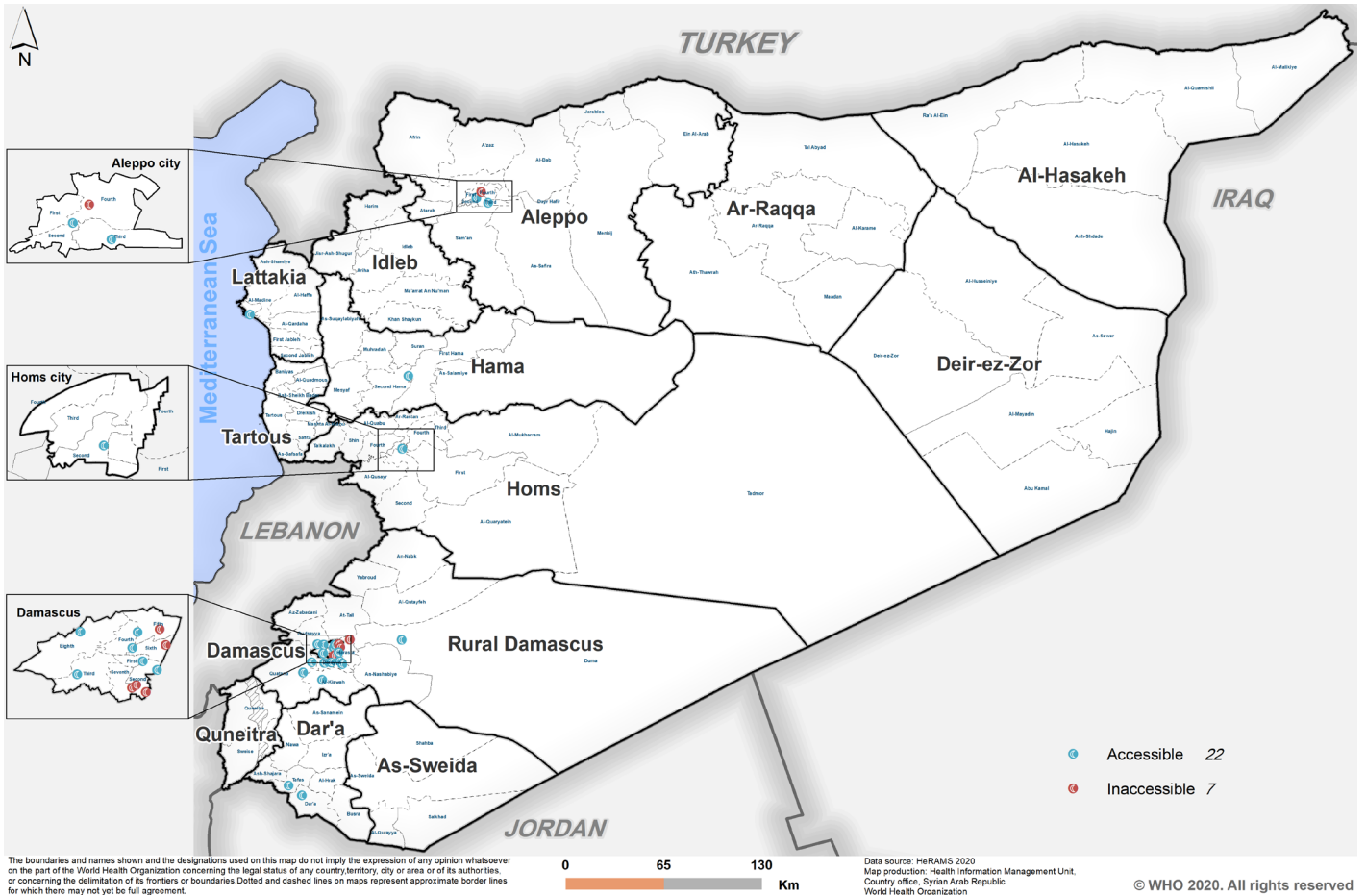
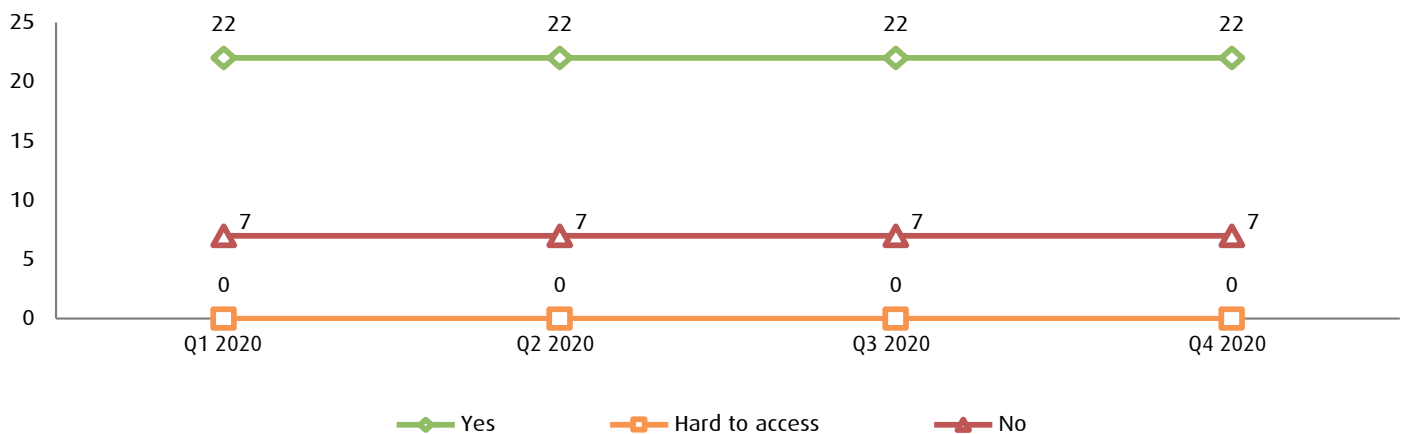


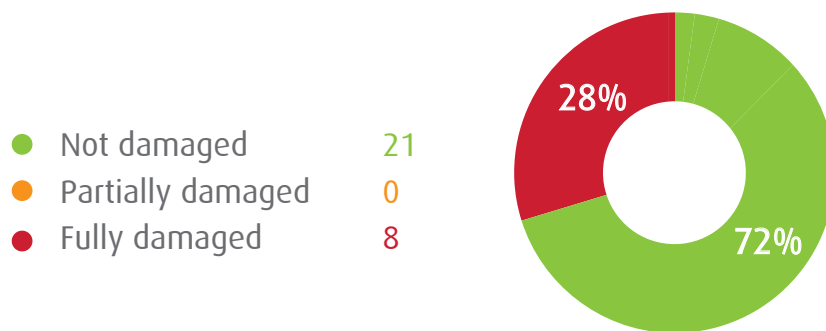
Figure 8: Trend analysis of accessibility to health centres, between 1st to 4th Quarter 2020



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 9: level of damage, 4th Quarter 2020



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

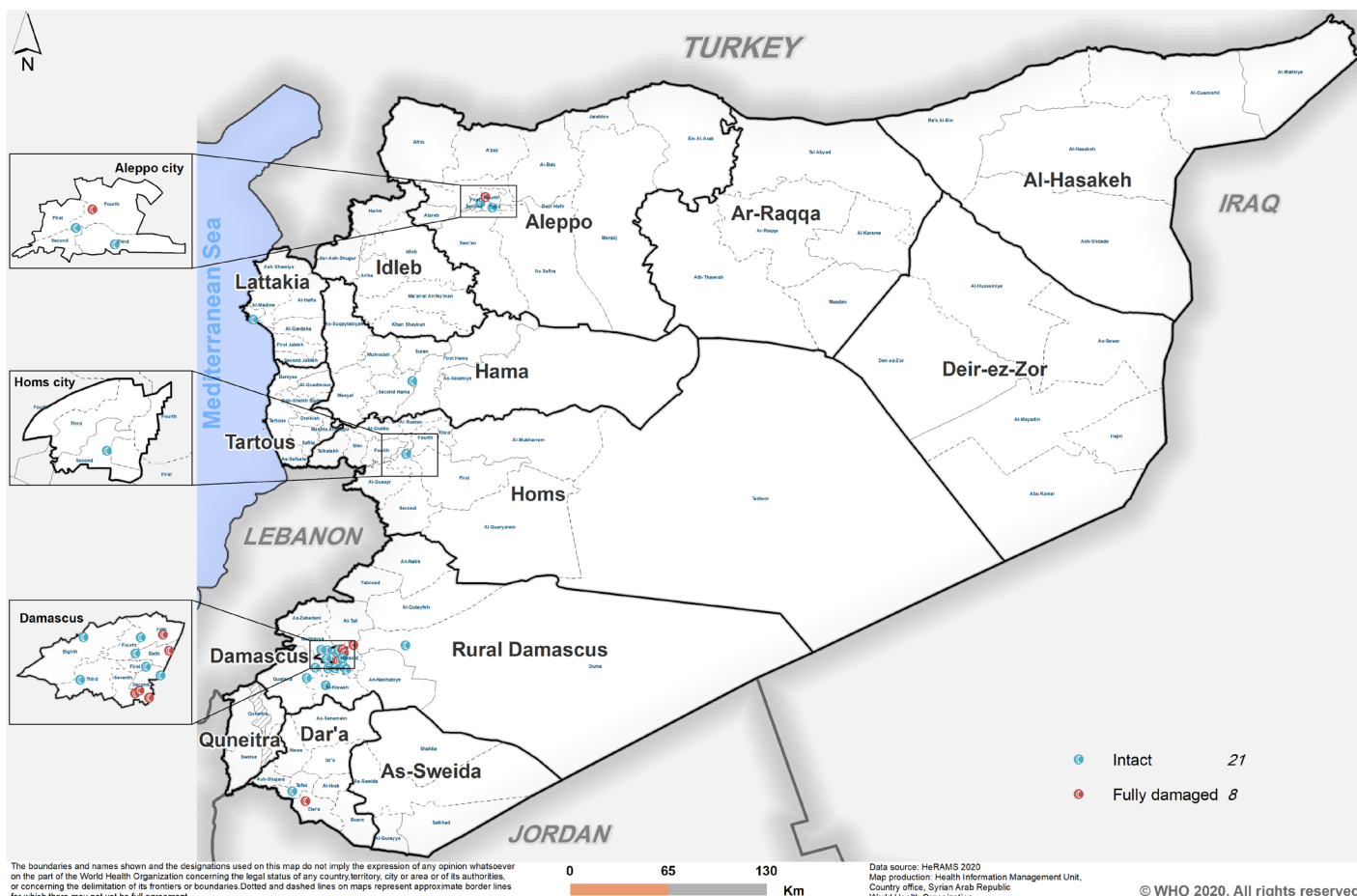


Figure 10: Level of damage of the health centres’ buildings by governorate, 4th Quarter 2020

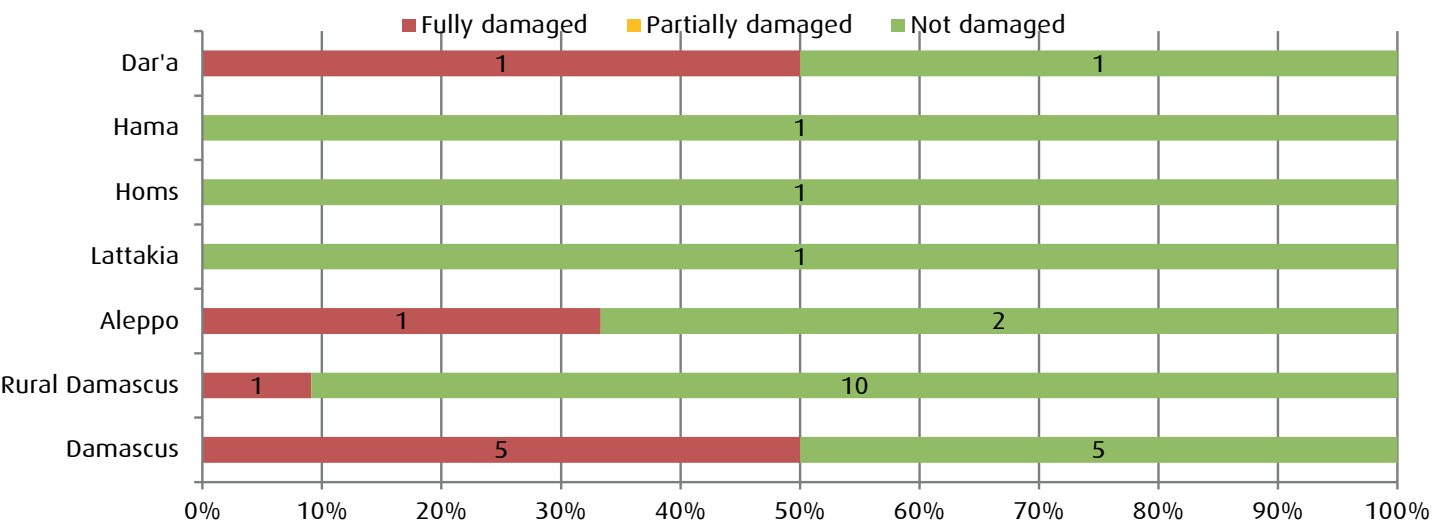
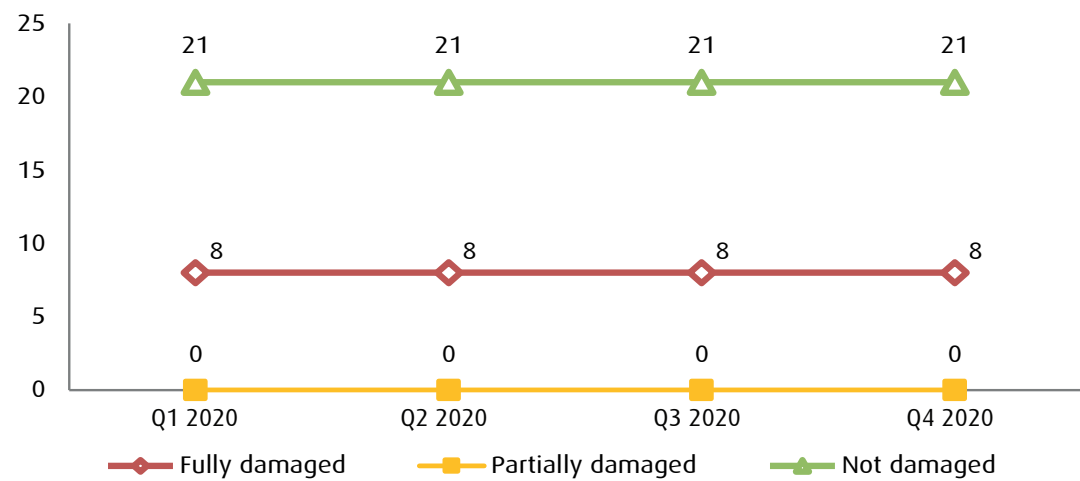


Figure 11: Level of damage of the health centres’ buildings by governorate, between 1st to 4th Quarter 2020



5. Infrastructure patterns of the functional health centres

5.1. Water

Figure 12: Main sources of water, 4th Quarter 2020

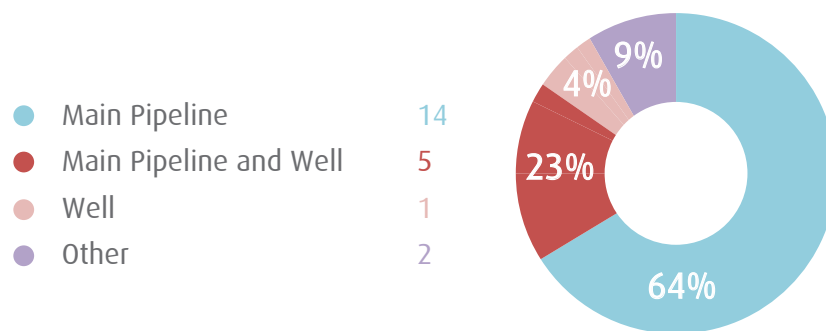


Figure 13: Distribution of water sources/ types at functional health centres, per governorate, 4th Quarter 2020

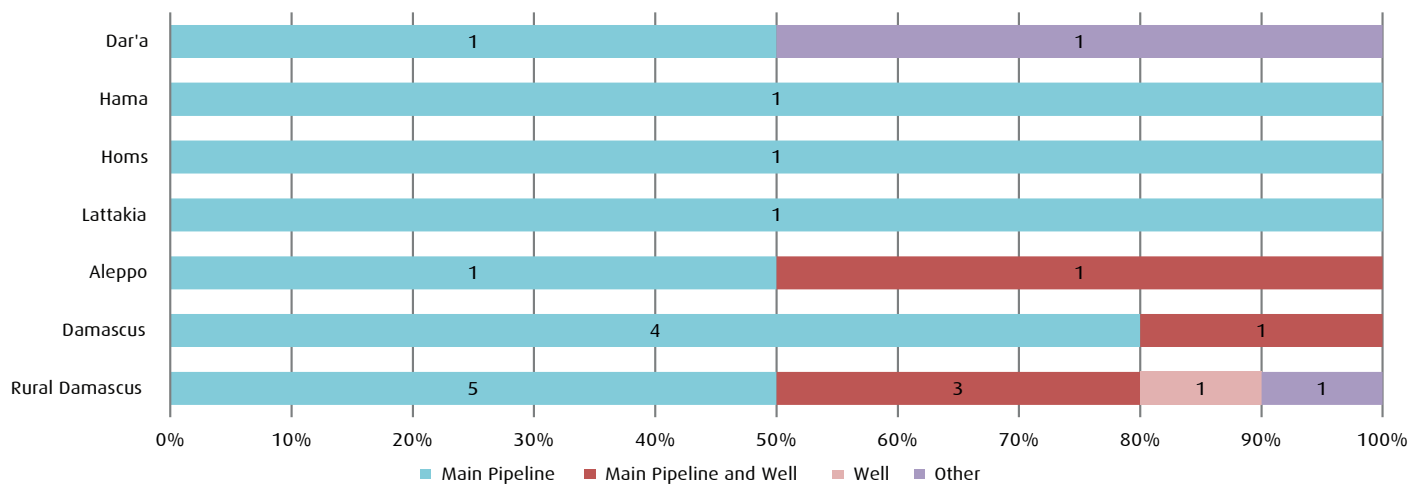
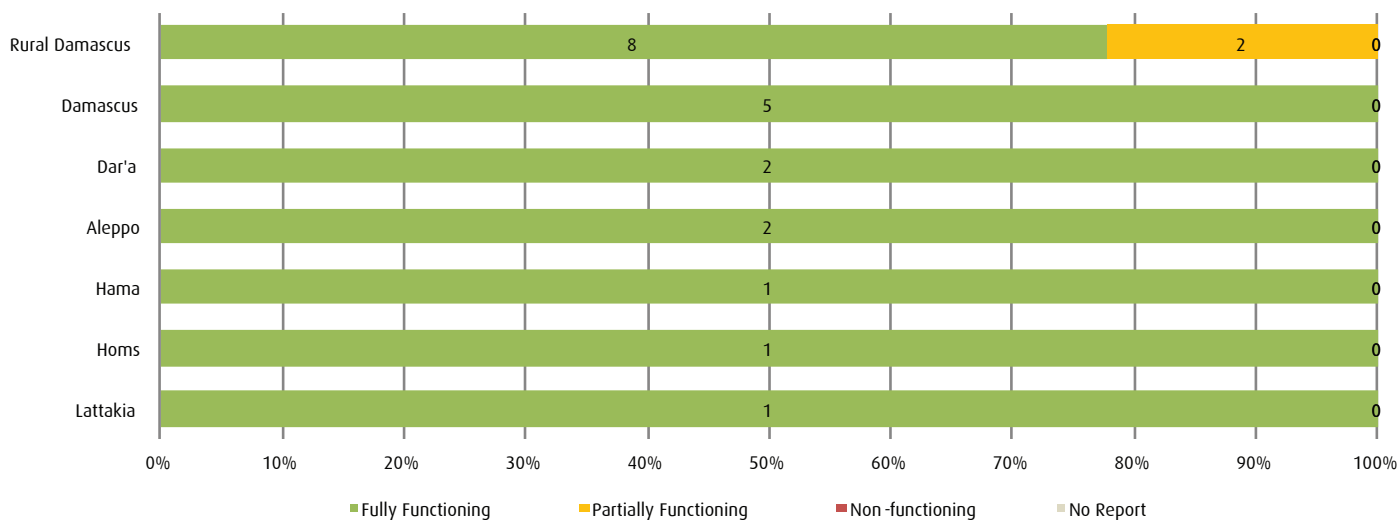
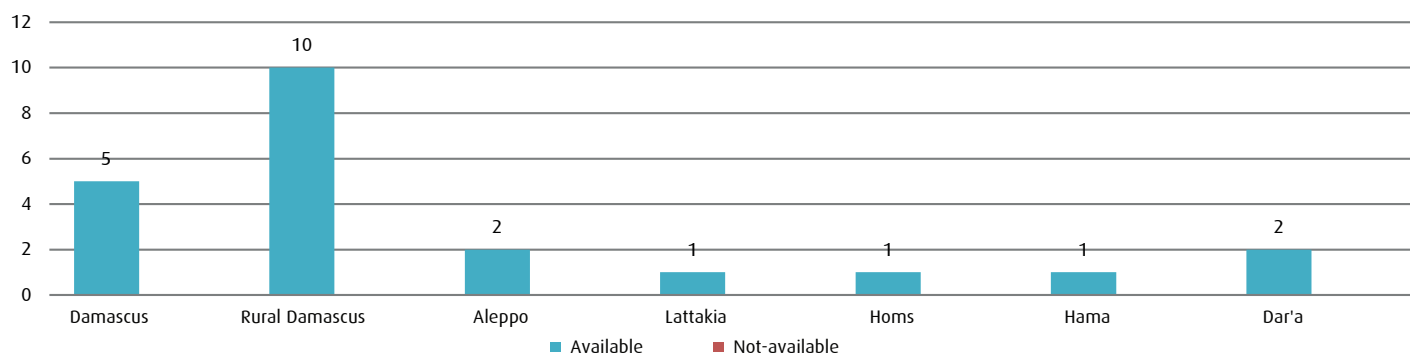


Figure 14: Functionality status of the water sources at functional health centres, 4th Quarter 2020



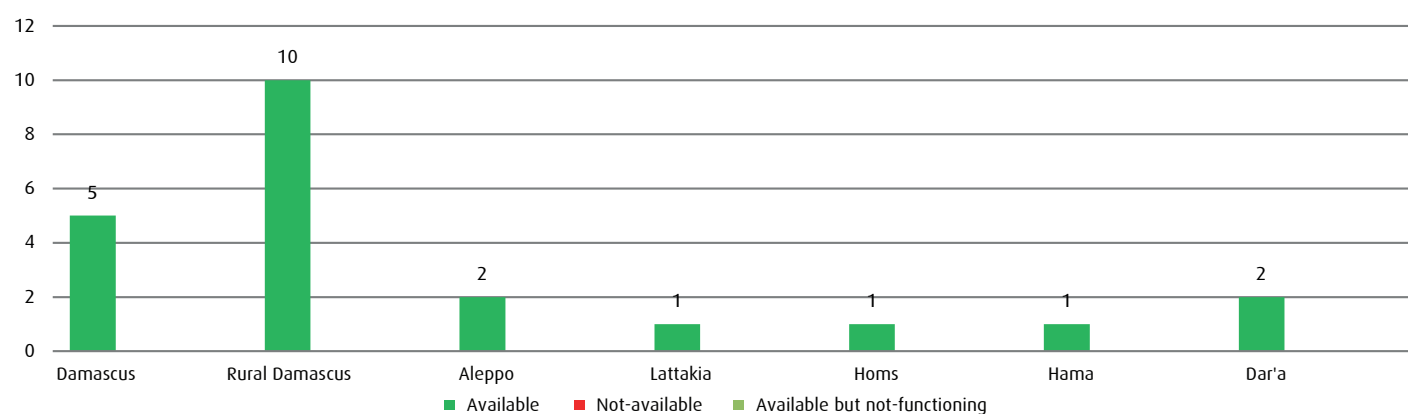
5.2 Electricity generators

Figure 15: Availability of electricity generators in the functional health centres per governorate, 4th Quarter 2020



5.3 Refrigerator for vaccine

Figure 16: Availability of refrigerators in the functional health centres, per governorate, 4th Quarter 2020



6. Availability of human resources for health

Figure 17: Proportion of health staff in health centres, Dec 2020

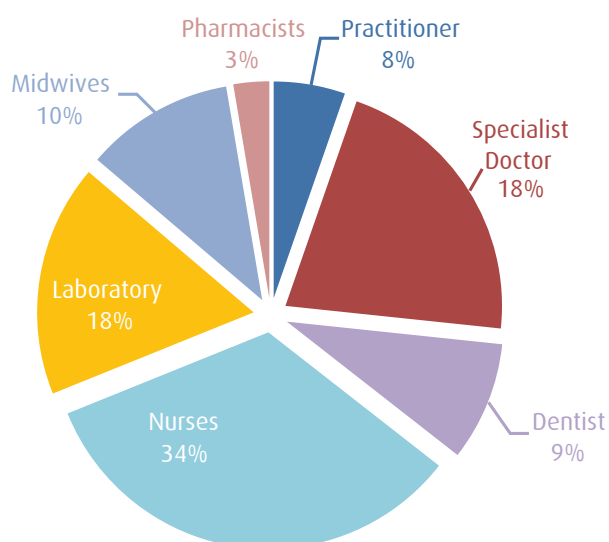
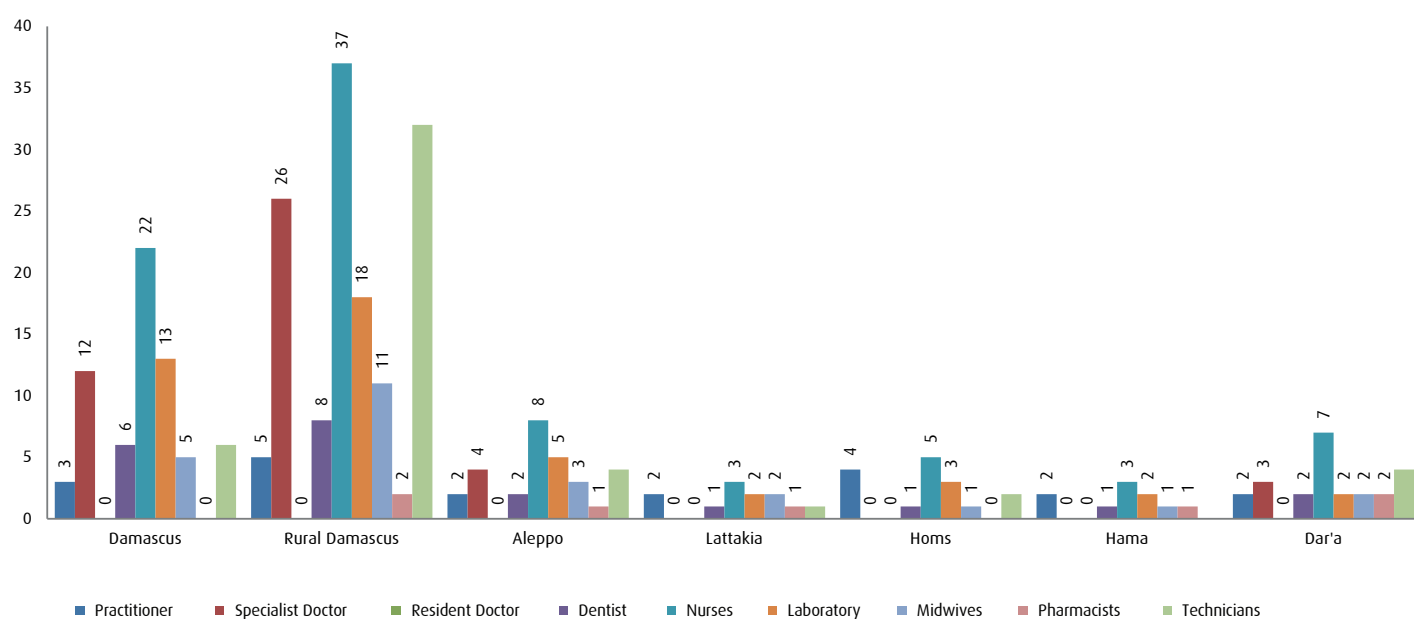


Figure 18: Distribution of health staff at health centres, per governorate, Dec 2020

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	3	12	0	6	22	13	5	0	7	6	10
Rural Damascus	5	26	0	8	37	18	11	2	6	32	30
Aleppo	2	4	0	2	8	5	3	1	3	4	3
Lattakia	2	0	0	1	3	2	2	1	2	1	2
Homs	4	0	0	1	5	3	1	0	1	2	3
Hama	2	0	0	1	3	2	1	1	1	0	3
Dar'a	2	3	0	2	7	2	2	2	0	4	8
Grand Total	20	45	0	21	85	45	25	7	20	49	59

* 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, 4th Quarter 2020

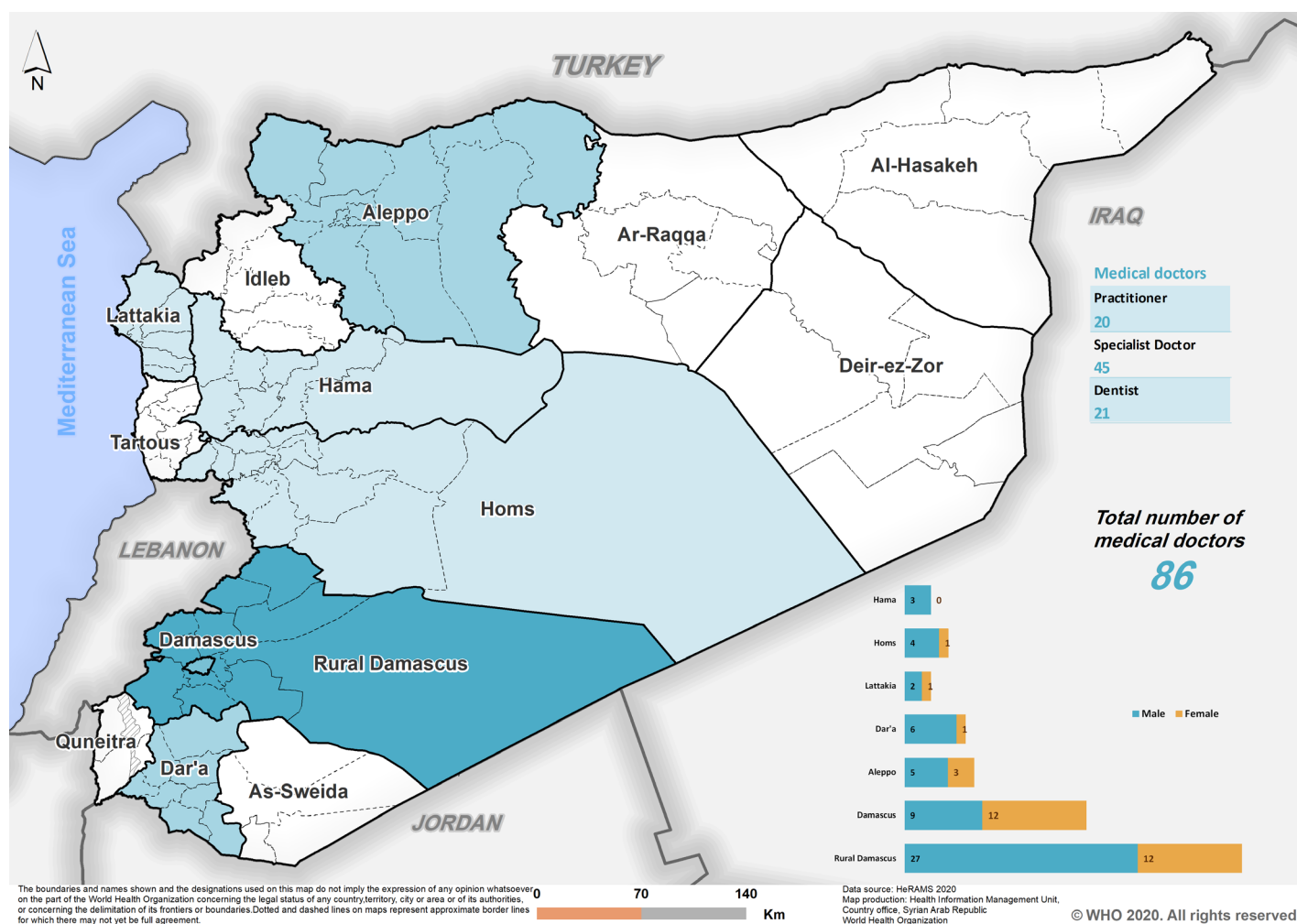


Figure 19: Proportion of medical doctors [a total of general practitioners, specialist, resident doctors, and dentists] by gender, per governorate, Dec 2020

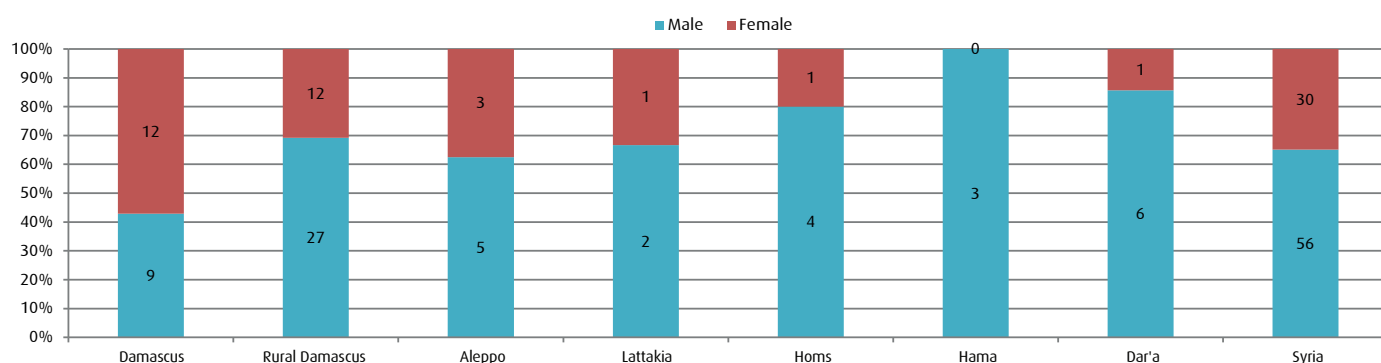


Figure 20: Trend analysis of medical doctors [a total of general practitioners, specialists, resident doctors, and dentists] in health centres, between 1st and 4th Quarter 2020

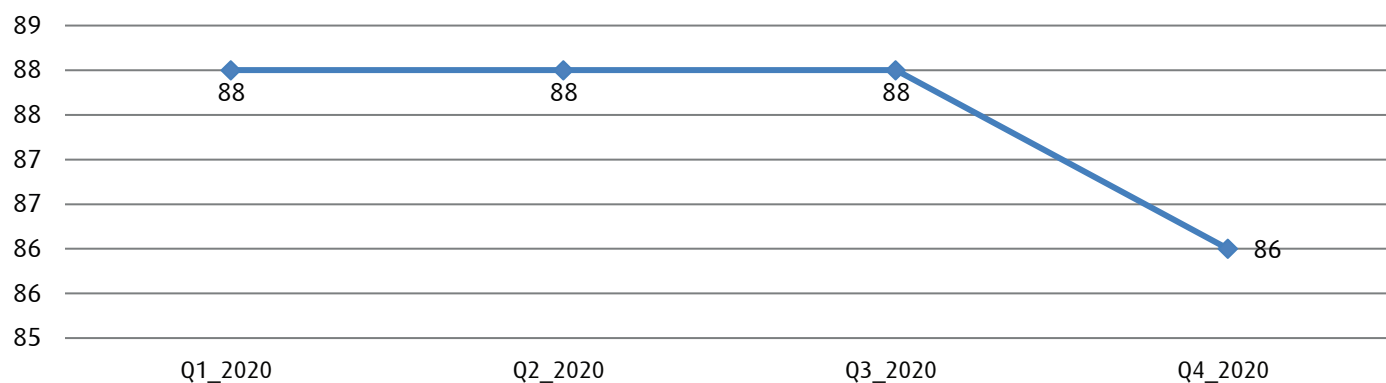


Figure 21: Trend analysis of number of nurses in health centres, between 1st and 4th Quarter 2020

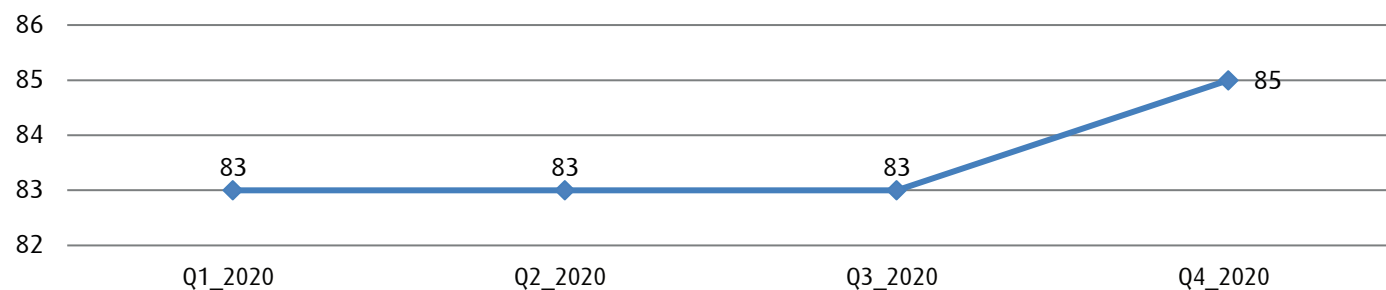
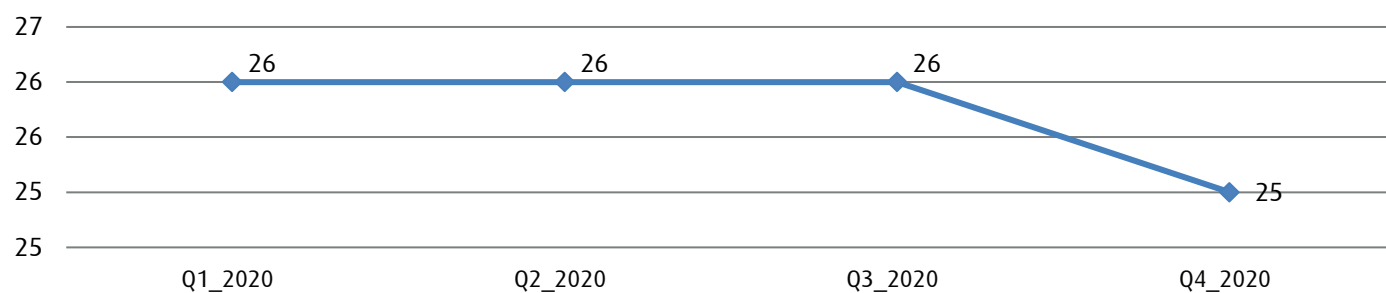


Figure 22: Trend analysis of number of midwives in health centres, between 1st and 4th Quarter 2020



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 23: Availability of health services in functional health centres, 4th Quarter 2020



8. Utilization of health services

Figure 24: Estimated caseload of functional health centres (consultations), during 2020

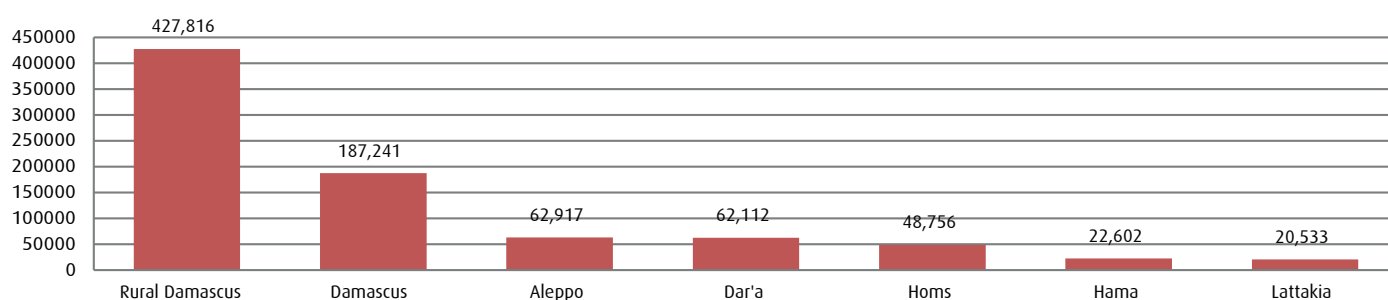


Figure 25: Trend analysis of estimated caseload in health centres (consultations), between 1st to 4th Quarter 2020 (during 2020 = 831,977)

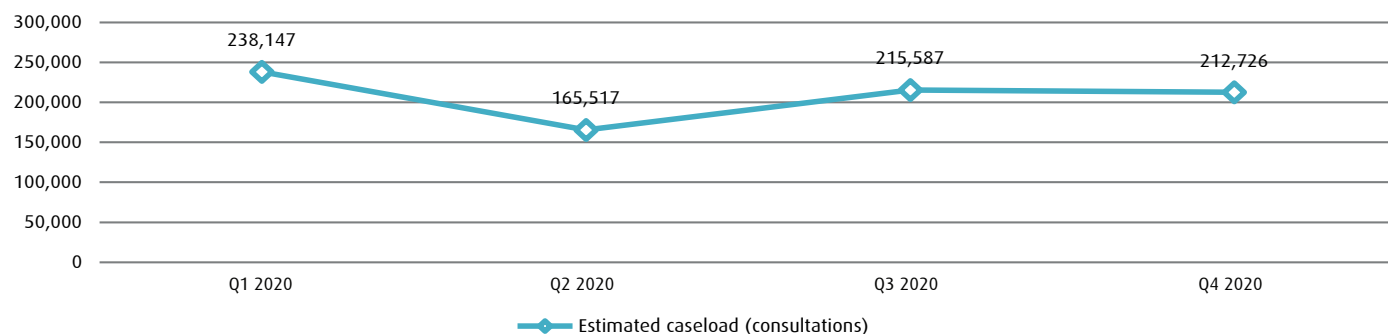
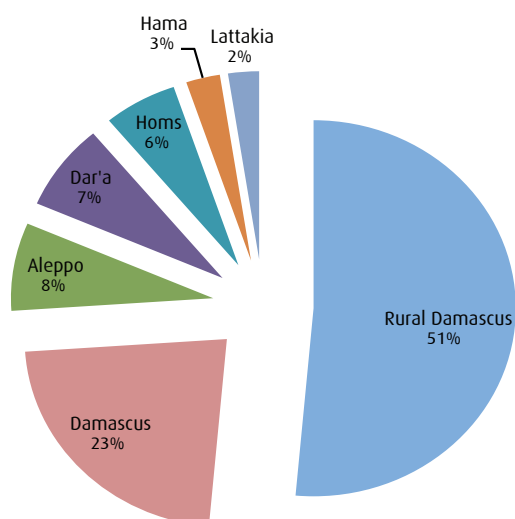


Figure 26: Proportions of workload, per governorate, during 2020



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 27: The number of outpatients in health centres, 4th Quarter 2020

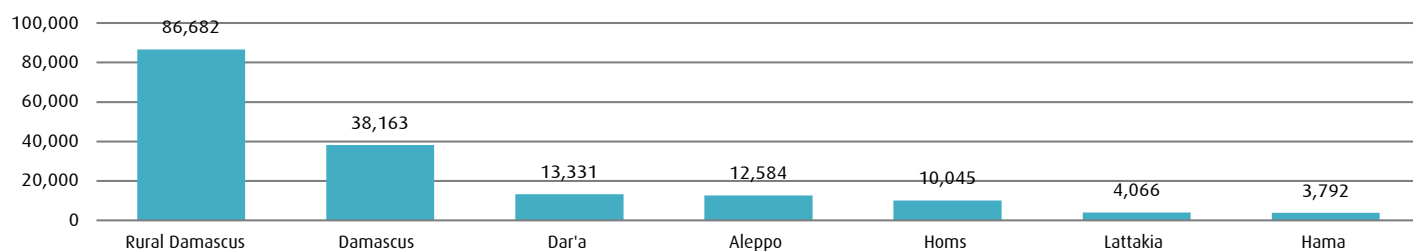
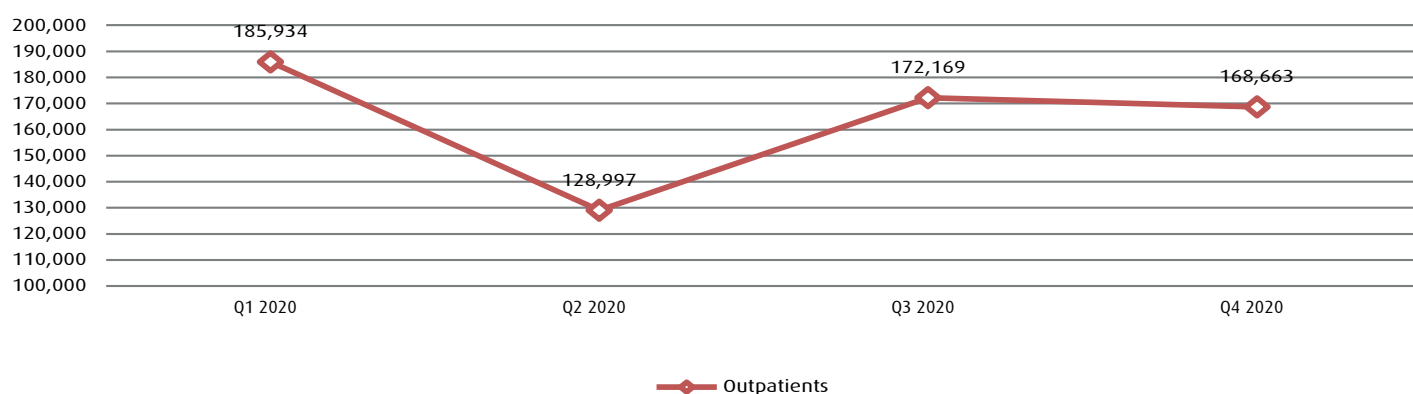


Figure 28: Trend analysis of outpatients in health centres, between 1st to 4th Quarter 2020 (during 2020 = 655,763)



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 29: The number of laboratories tests in laboratories in health centres, 4th Quarter 2020

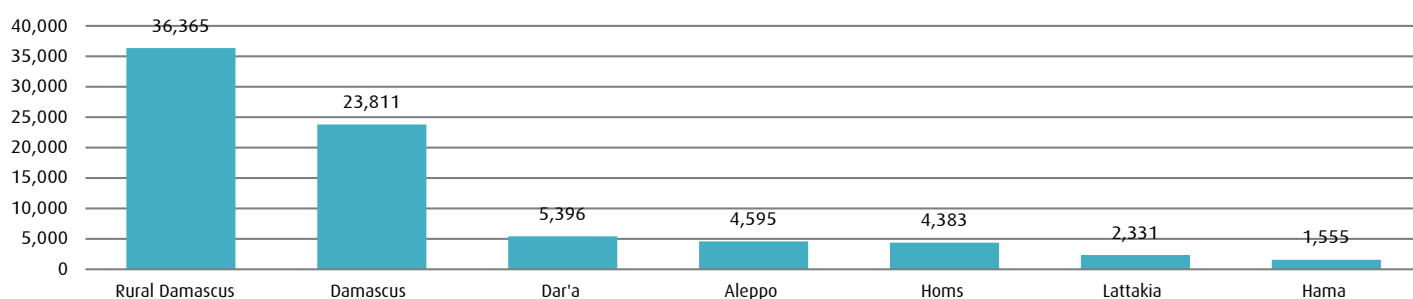
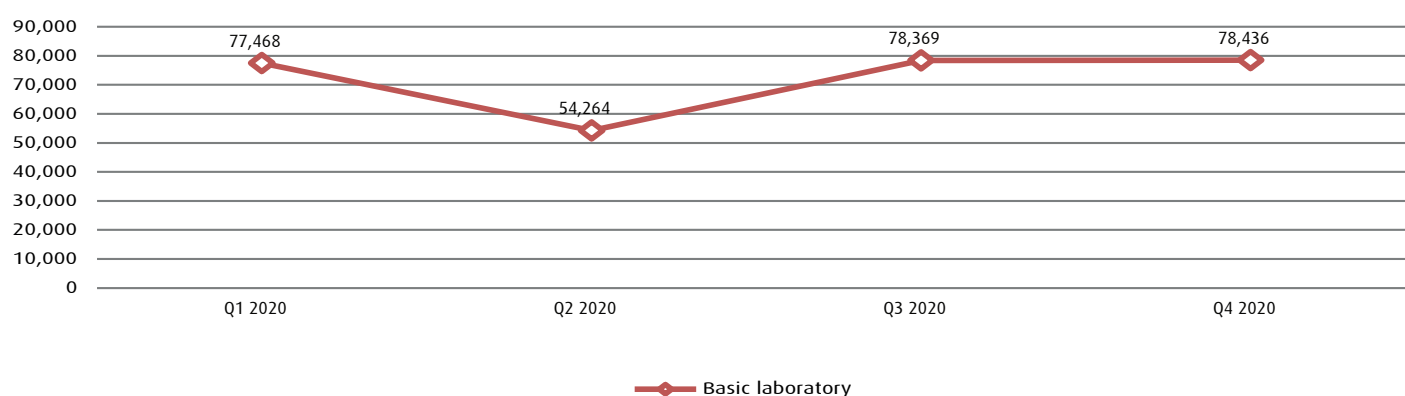


Figure 30: Trend analysis of laboratories tests in laboratories in health centres, between 1st to 4th Quarter 2020 (during 2020 = 288,537)



iii. Referral capacity

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

Figure 31: The number of referred cases per governorate, 4th Quarter 2020

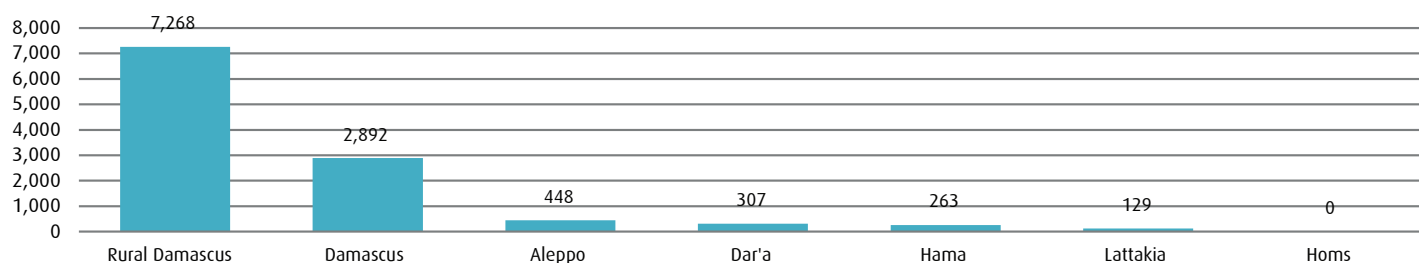
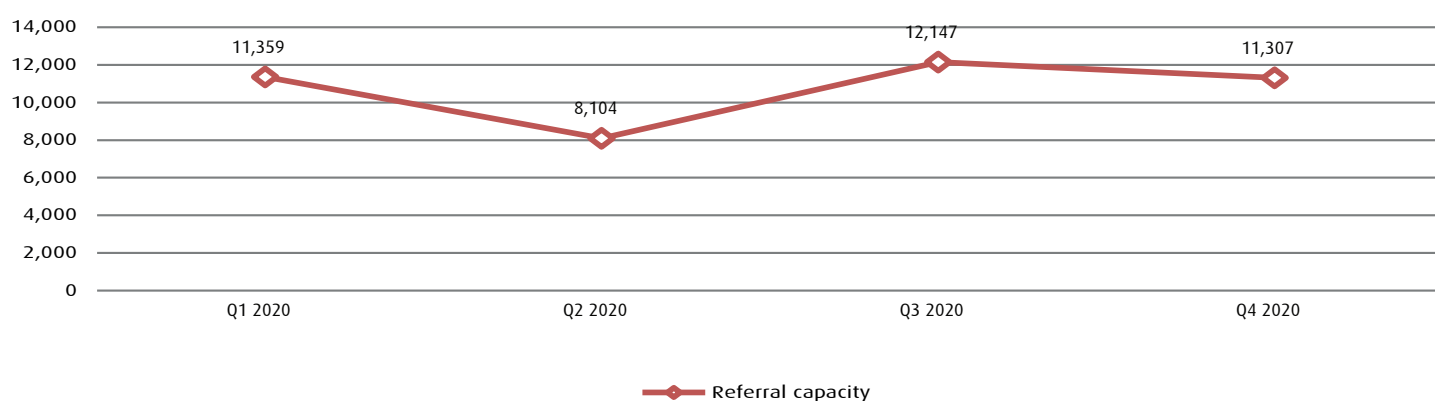


Figure 32: Trend analysis of referred cases, between 1st to 4th Quarter 2020 (during 2020 = 42,917)



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 33: The number of emergency services cases reported in health centres, per governorate, 4th Quarter 2020

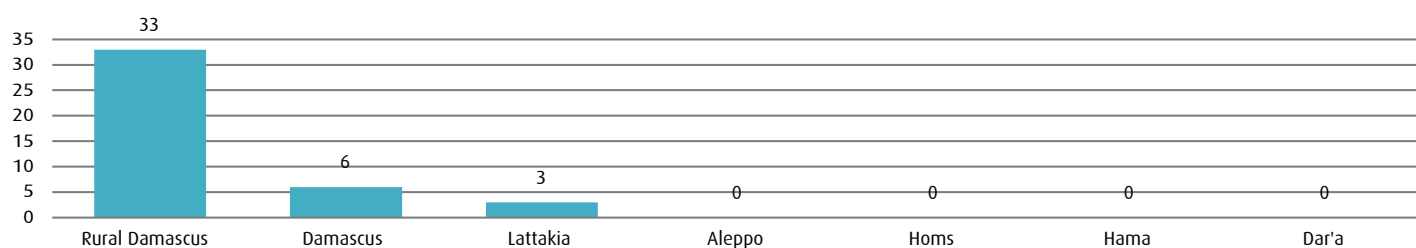
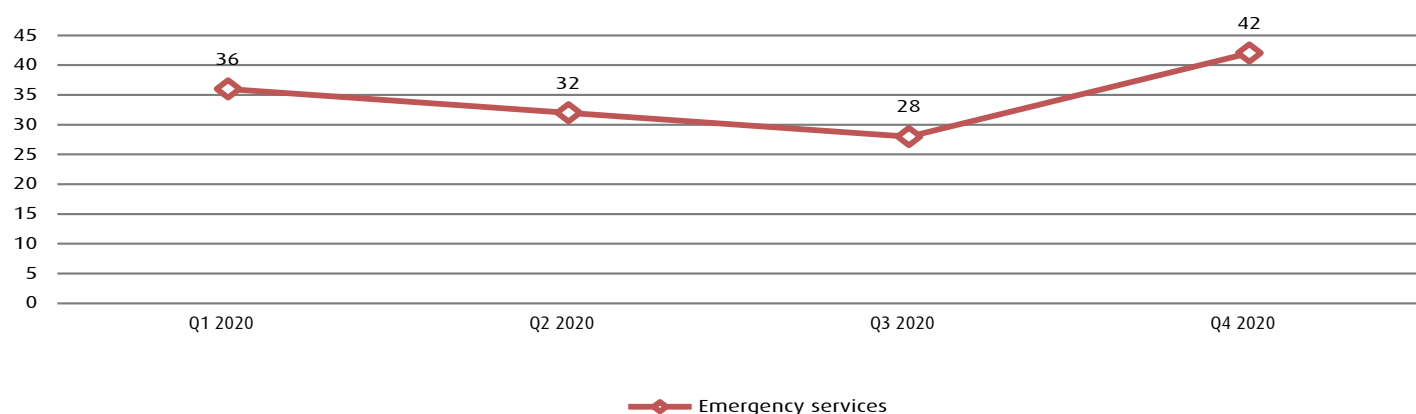


Figure 34: Trend analysis of emergency services cases in health centres, between 1st to 4th Quarter 2020 (during 2020 = 138)



8.3 Child health

i. Diarrhea Management

Figure 35: The number of diarrhea cases (children) in health centres, 4th Quarter 2020

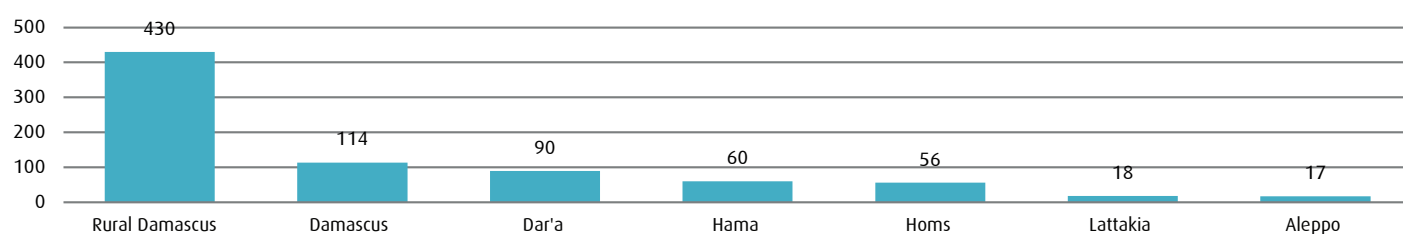
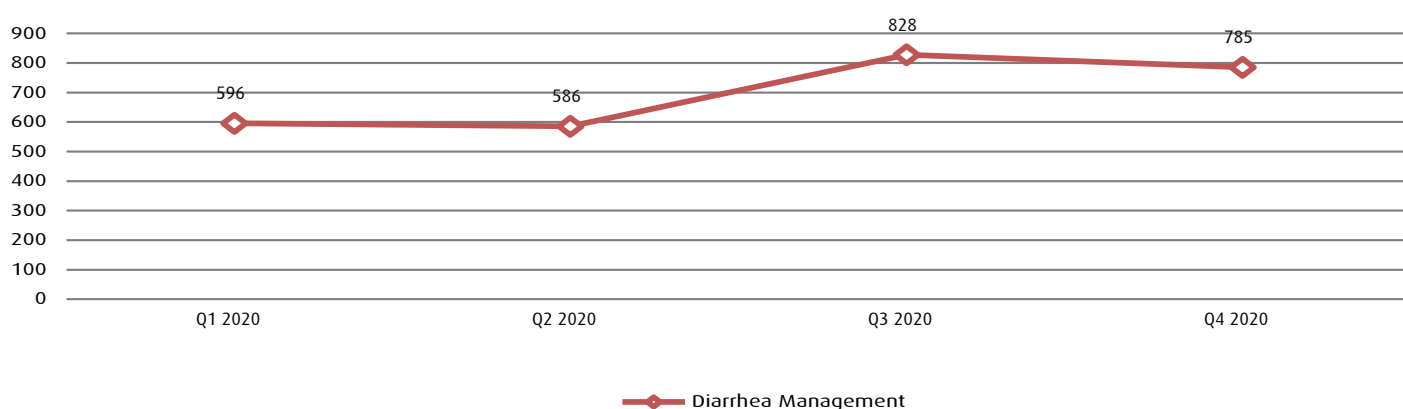


Figure 36: Trend analysis of reported children with diarrhea in health centres, between 1st to 4th Quarter 2020 (during 2020 = 2,795)



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 37: The number of growth monitoring and/or screening of acute malnutrition cases, 4th Quarter 2020

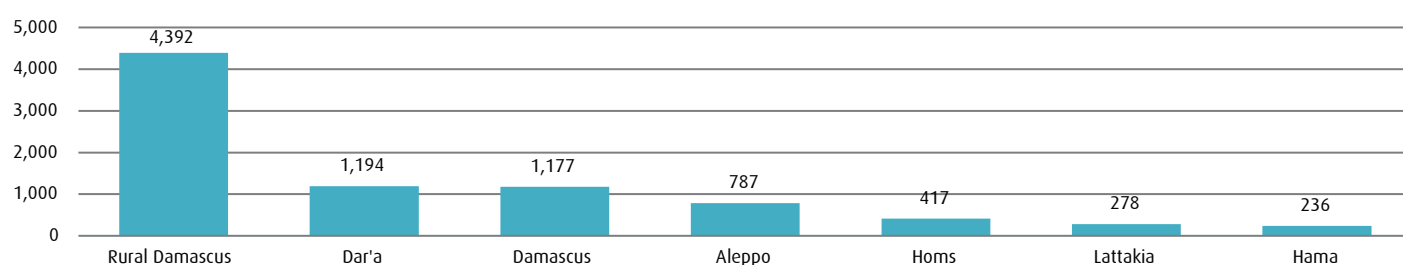
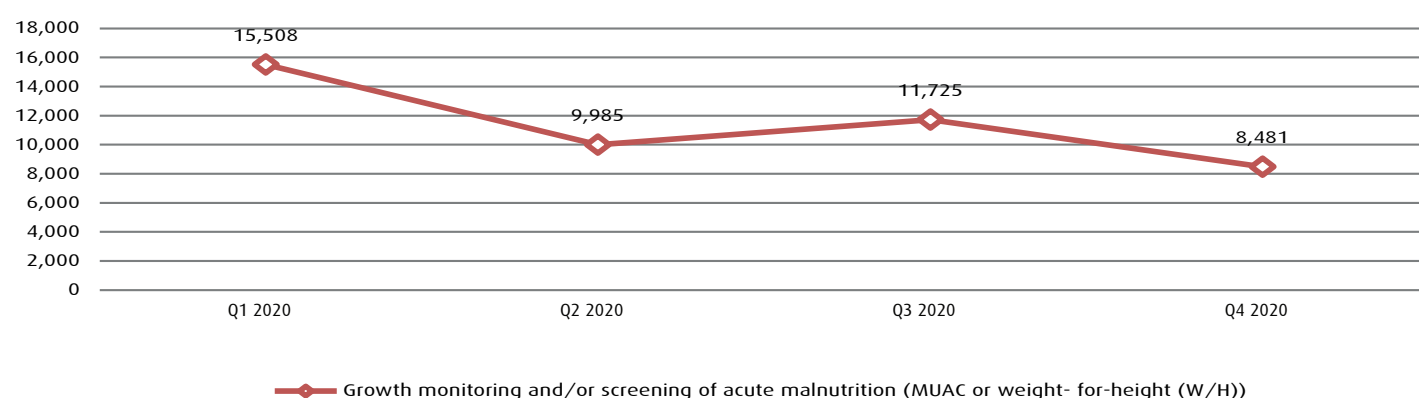


Figure 38: Trend analysis of growth monitoring and/or screening of acute malnutrition cases in health centres, between 1st to 4th Quarter 2020 (during 2020 = 45,699)



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 39: The number of immediate reporting of unexpected or unusual health events through EWARS or routine surveillance, 4th Quarter 2020

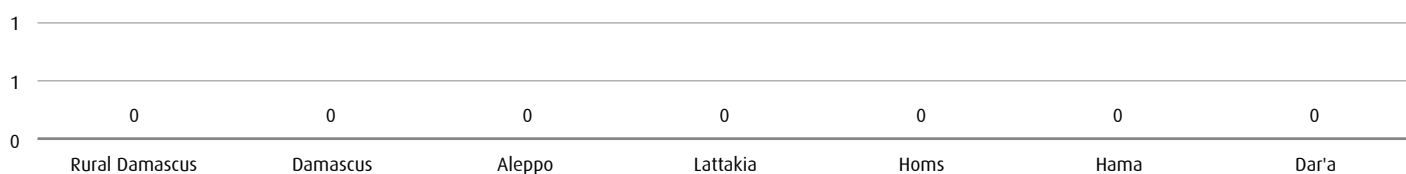
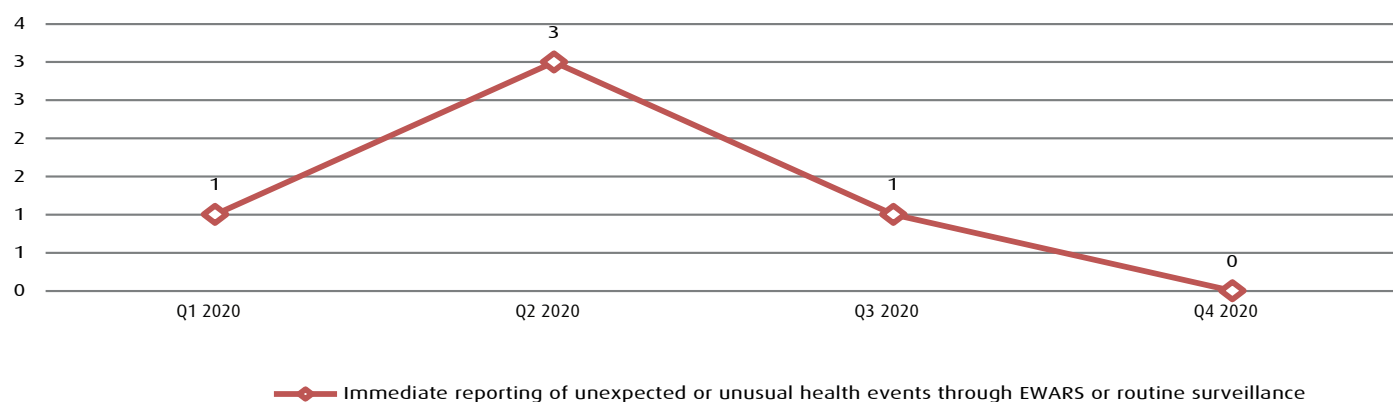


Figure 40: Trend analysis of immediate reporting of unexpected or unusual health events through EWARS or routine surveillance in health centres, between 1st to 4th Quarter 2020 (during 2020 = 5)

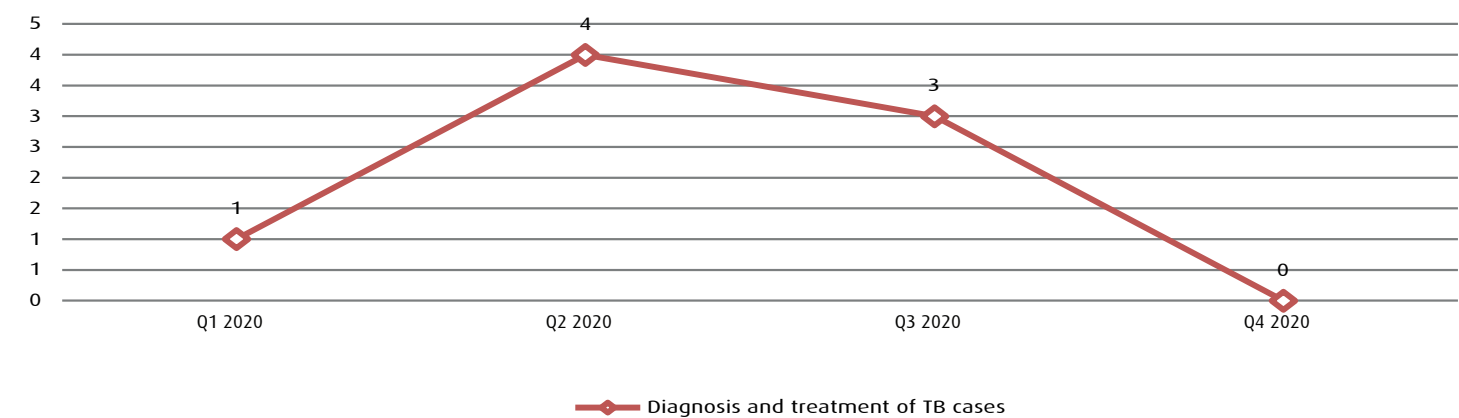


ii. Diagnosis and treatment of TB cases, or detection and referral of suspected cases, and follow-up was assessed at a health centre level

Figure 41: The number of diagnosis and treatment of TB cases, 4th Quarter 2020



Figure 42: Trend analysis of diagnosis and treatment of TB cases in health centres, between 1st to 4th Quarter 2020 (during 2020 = 8)



iii. Clinical diagnosis and management of other locally relevant diseases, (such as cutaneous leishmaniosis, brucellosis), with protocols available for identification, classification, stabilization and referral of severe cases was assessed at a health centre level.

Figure 43: The number of diagnosis and management of other locally relevant diseases cases, 4th Quarter 2020

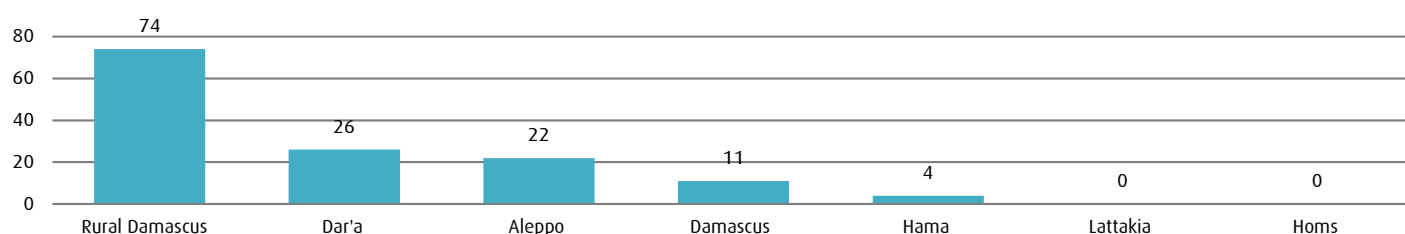
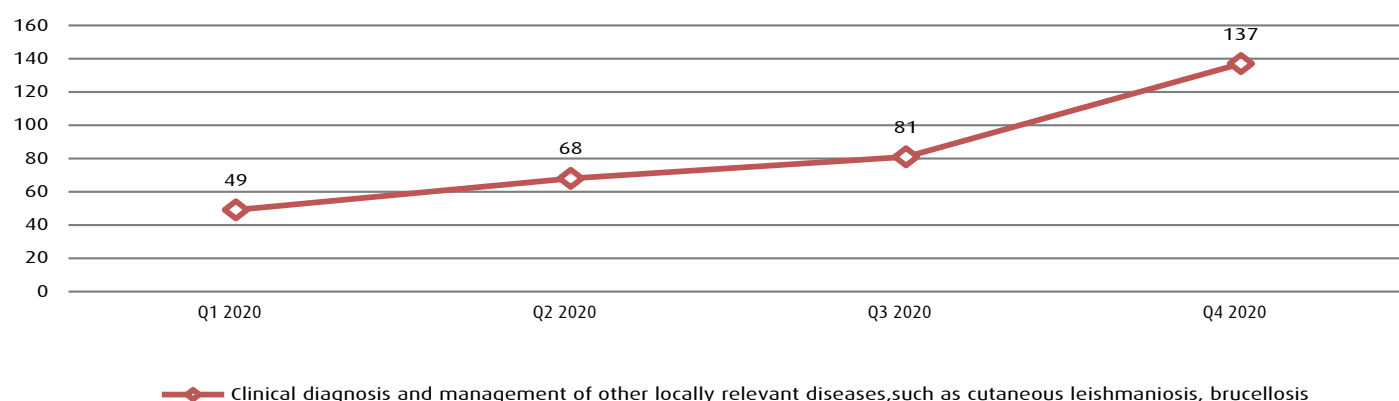


Figure 44: Trend analysis of diagnosis and management of other locally relevant diseases cases in health centres in health centres, between 1st to 4th Quarter 2020 (during 2020 = 335)



i. Family Planning

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

Figure 45: The number of women received family planning services in health centres, 4th Quarter 2020

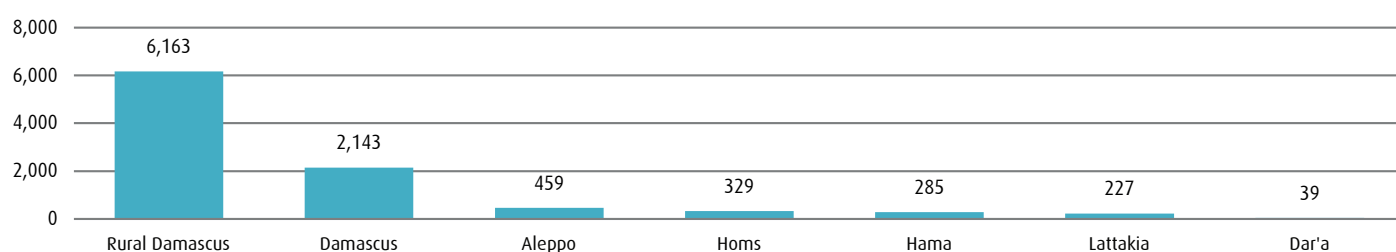
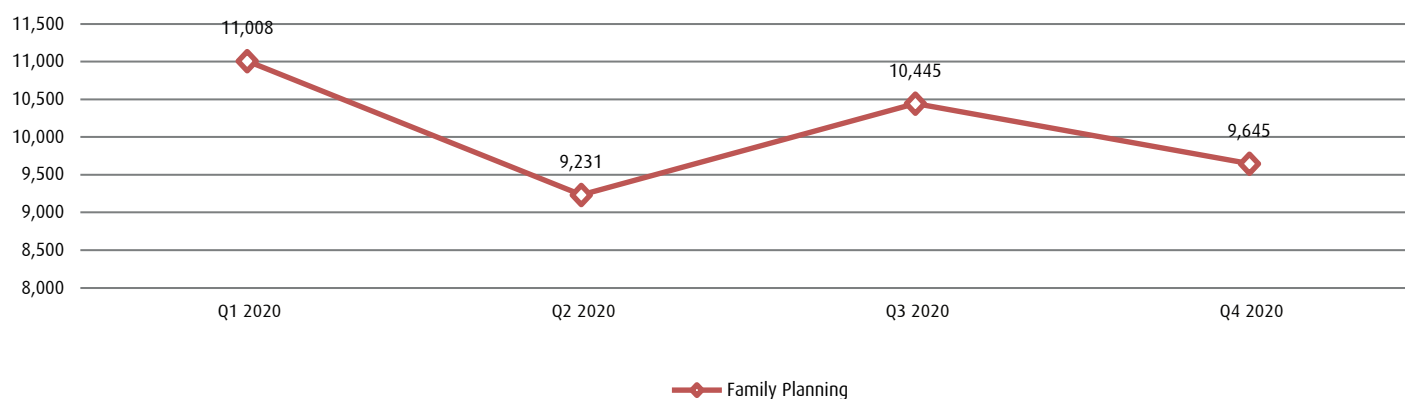


Figure 46: Trend analysis of number of pregnant women received family planning services in health centres, between 1st to 4th Quarter 2020 (during 2020 = 40,329)



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 47: The number of pregnant women received antenatal services in health centres, 4th Quarter 2020

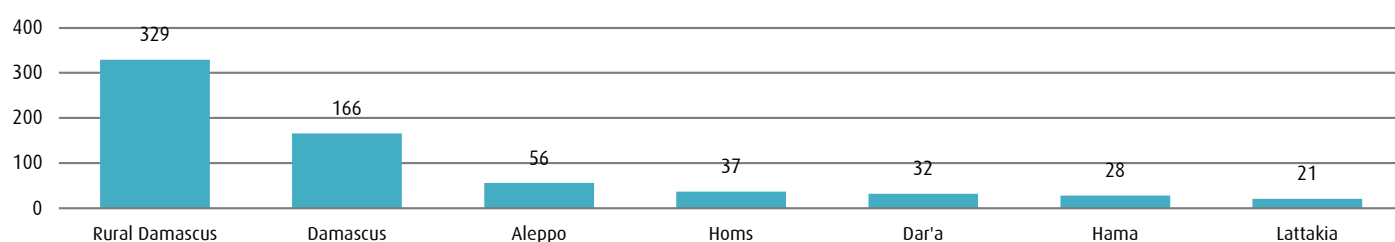
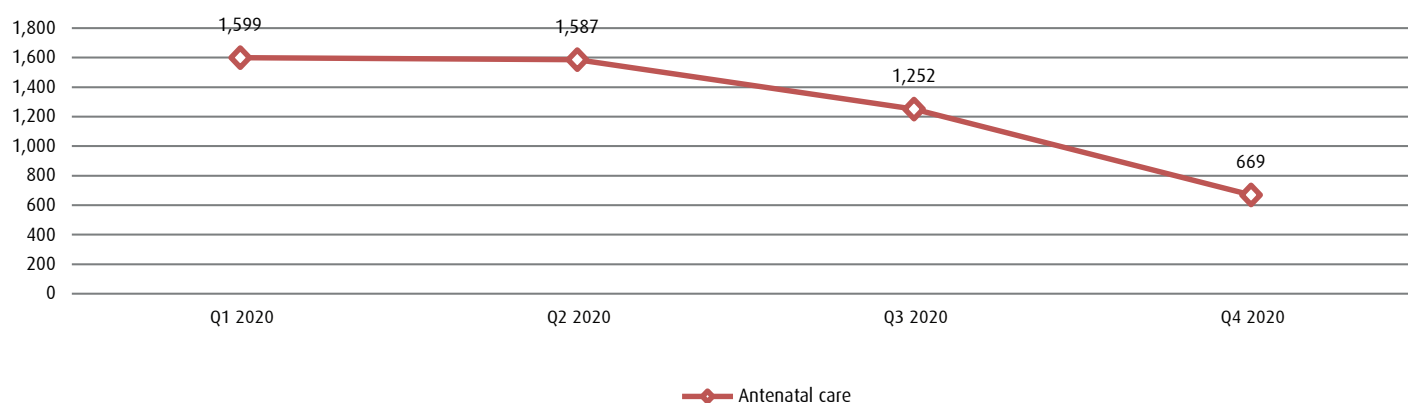


Figure 48: Trend analysis of number of pregnant women received antenatal services in health centres, between 1st to 4th Quarter 2020 (during 2020 = 5,107)



b) Antenatal visits:

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

Figure 49: The number of antenatal visits in health centres, 4th Quarter 2020

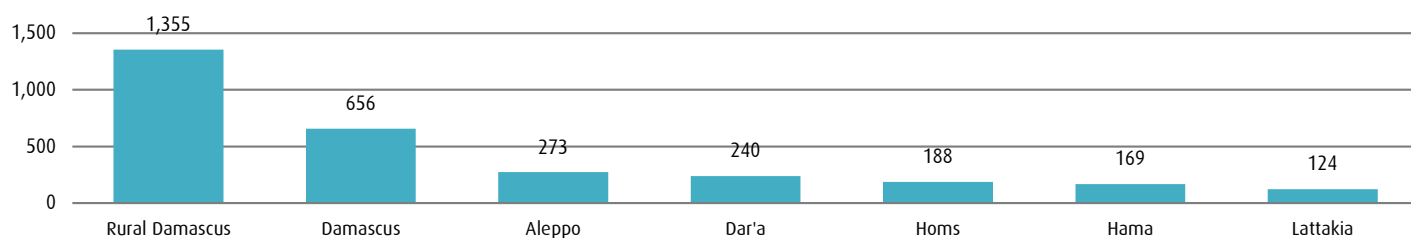
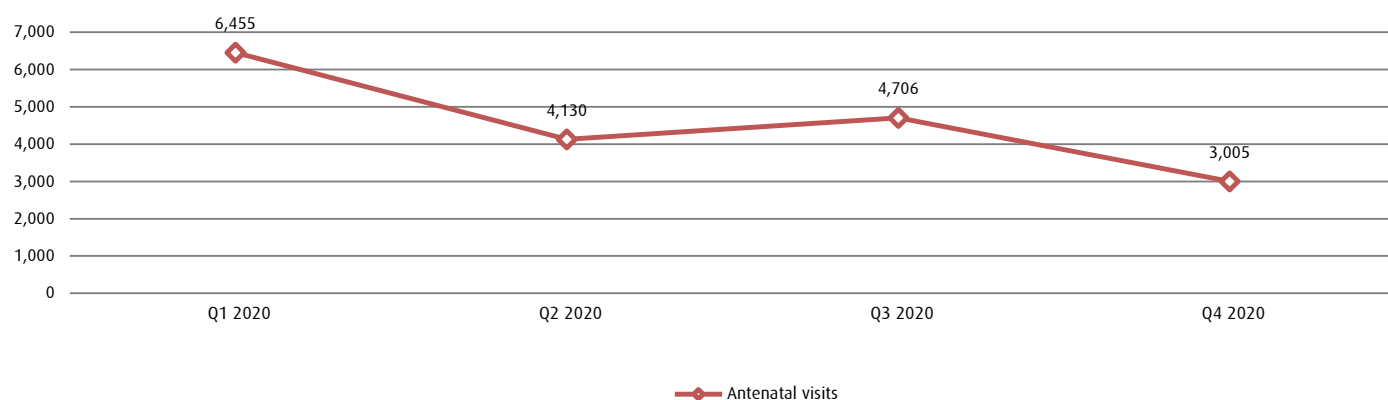


Figure 50: Trend analysis of antenatal visits in health centres, between 1st to 4th Quarter 2020 (during 2020 = 18,296)



c) Tetanus Shots:

The number of pregnant women received **Tetanus Shots** was assessed at a health centre level.

Figure 51: The number of pregnant women received Tetanus Shot in health centres, 4th Quarter 2020

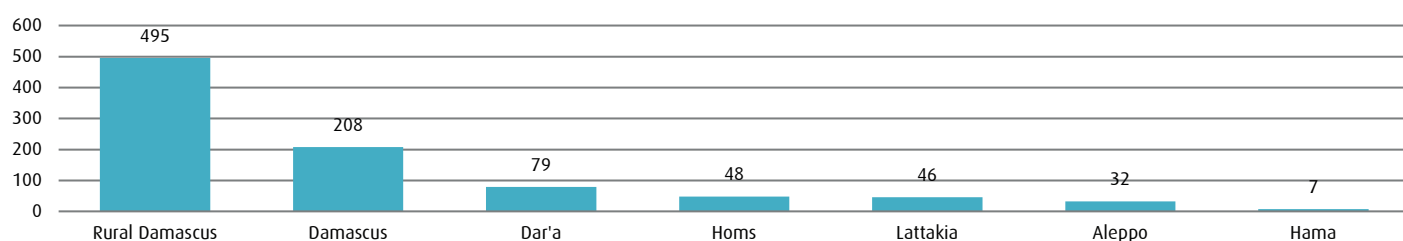
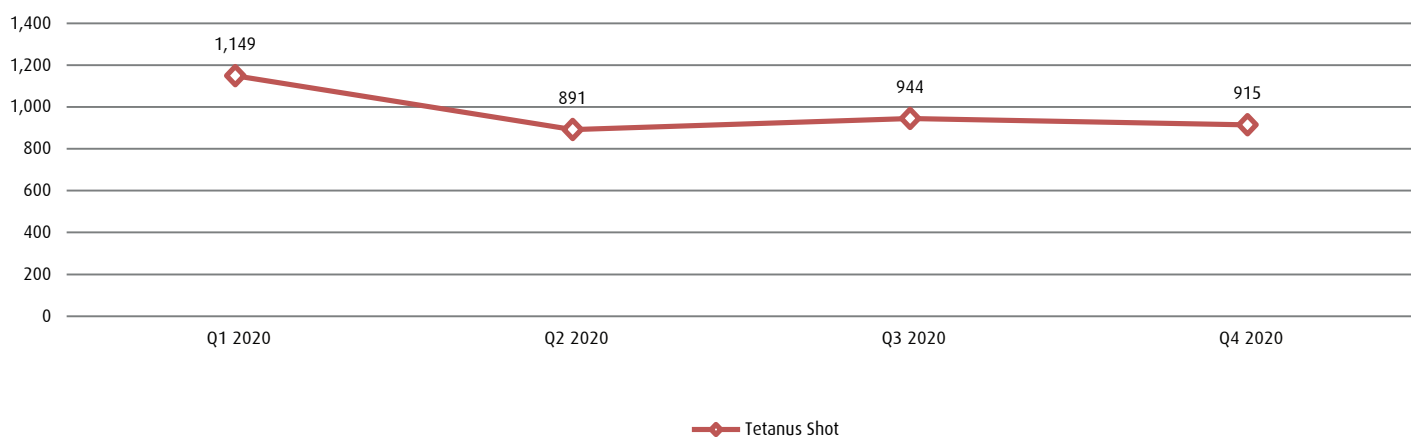


Figure 52: Trend analysis of Tetanus Shots in health centres, between 1st to 4th Quarter 2020 (during 2020 = 3,899)

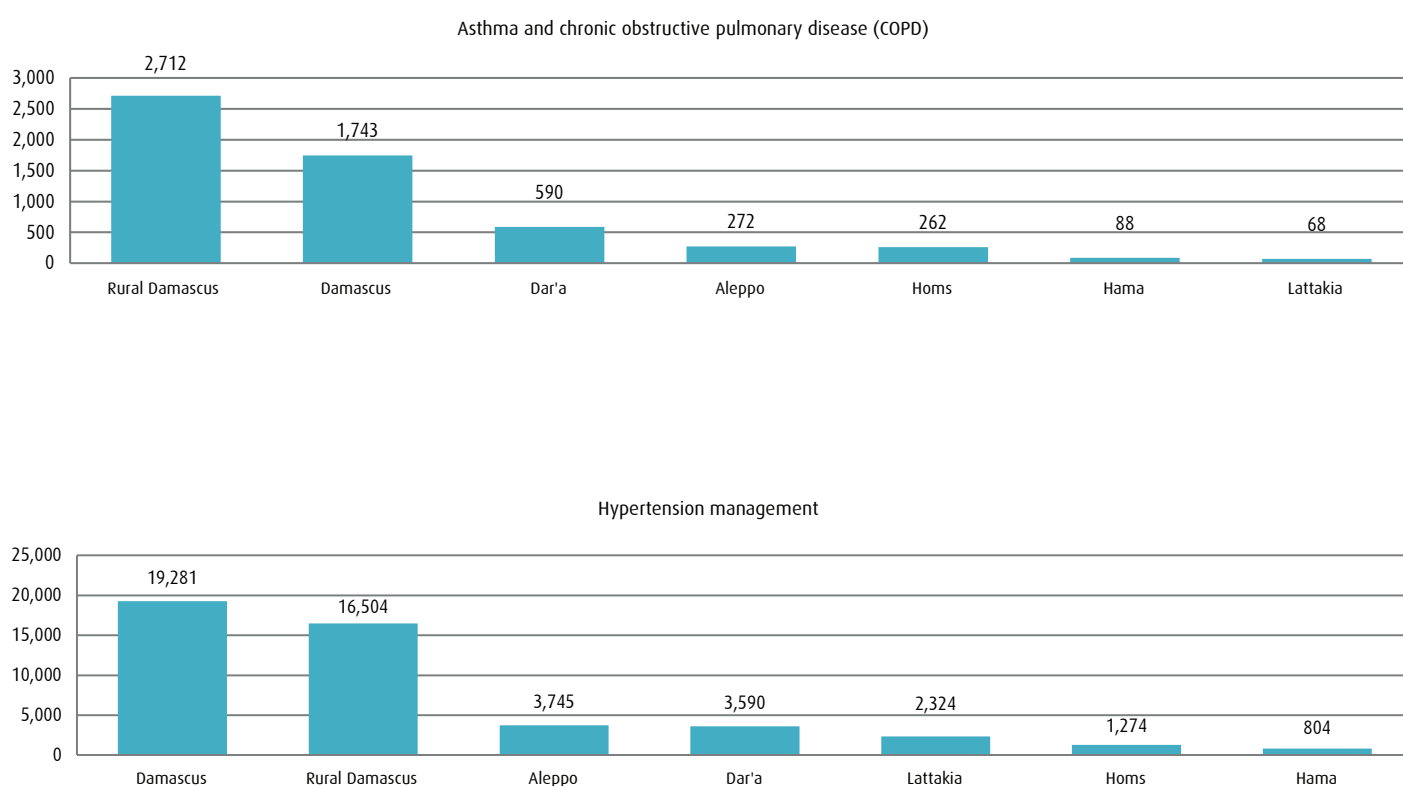


8.6 Noncommunicable diseases

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) (during 2020 = 22,935)
- Cardiovascular services (during 2020 = 26,911)
- Hypertension management (during 2020 = 186,483)
- Diabetes management (during 2020 = 94,494)

Figure 53: The number of NCDs consultations (COPD, Hypertension, Diabetes, and Cardiovascular in health centres, 4th Quarter 2020



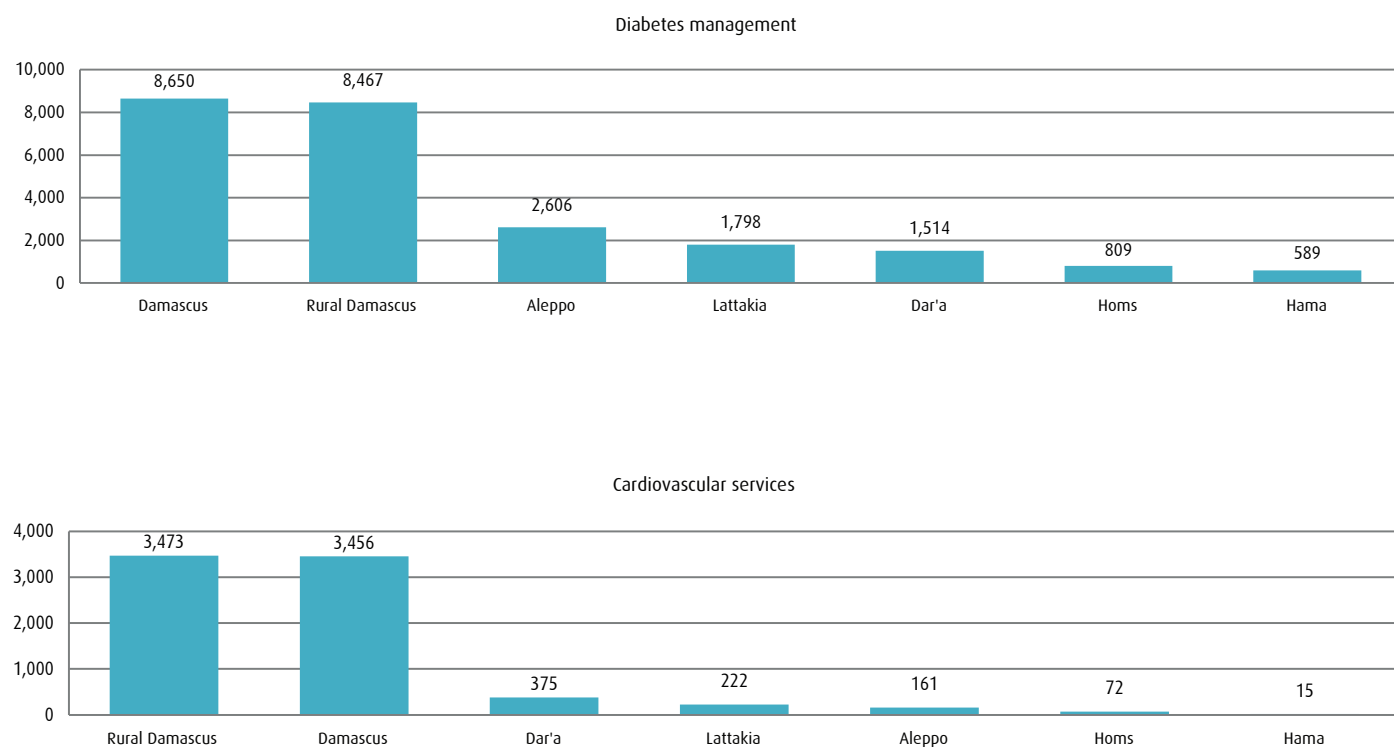
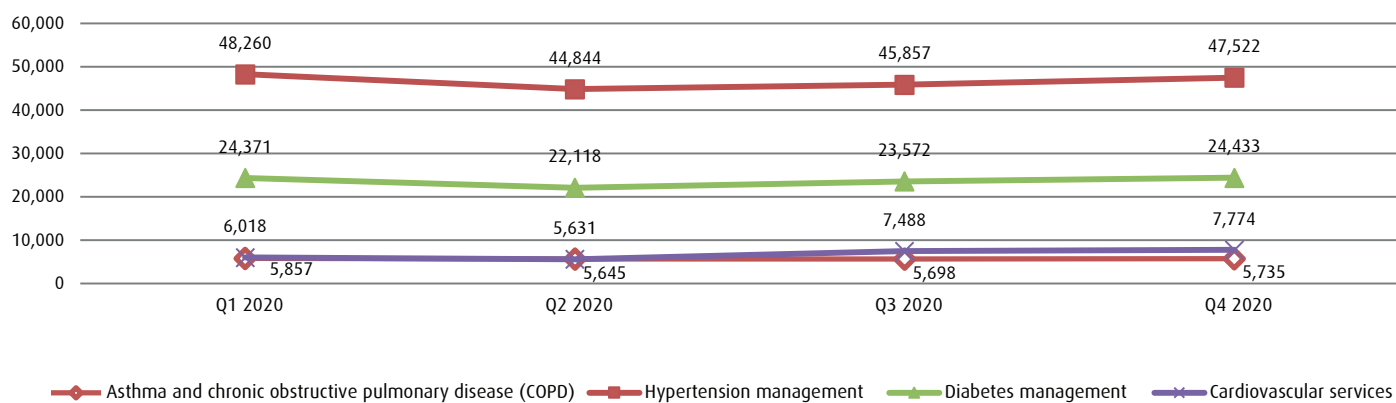


Figure 54: Trend analysis of NCDs' consultations in health centres, between 1st to 4th Quarter 2020



8.7 Oral health and dental care

Figure 55: The number of oral health and dental care cases in health centres, 4th Quarter 2020

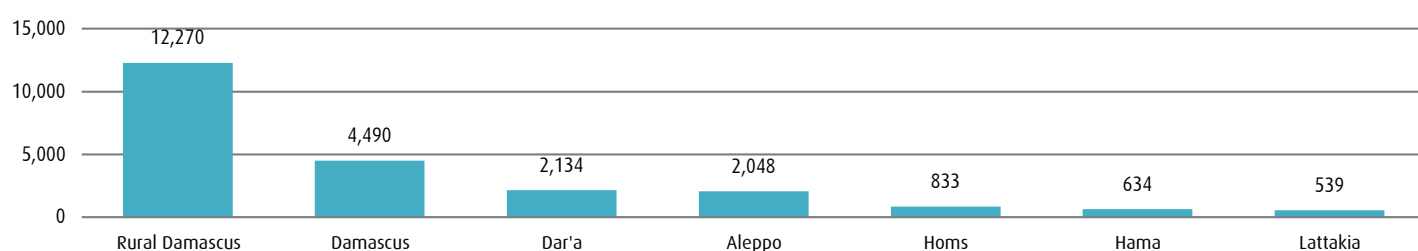
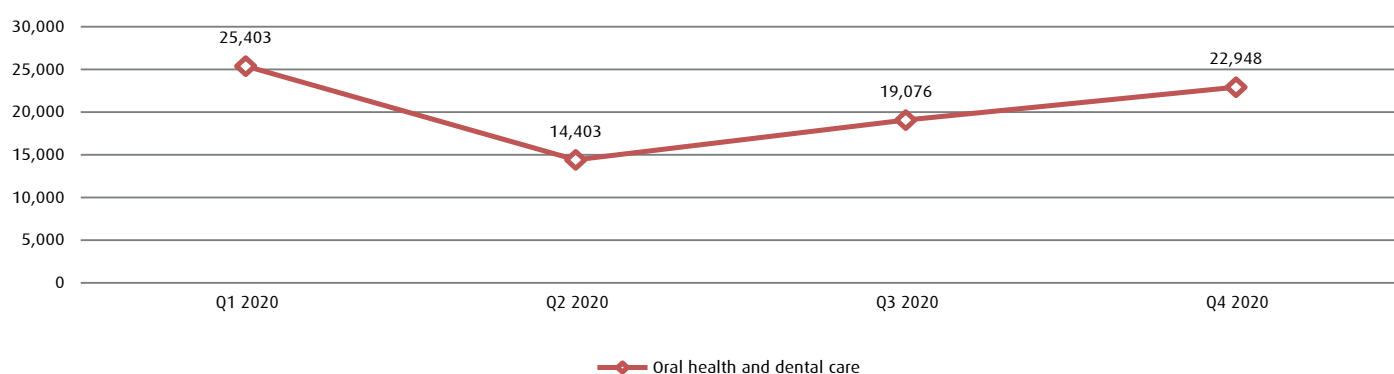


Figure 56: Trend analysis of oral health and dental care cases in health centres, between 1st to 4th Quarter 2020 (during 2020 = 81,830)



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 57: The number of psychosocial support cases in health centres, 4th Quarter 2020

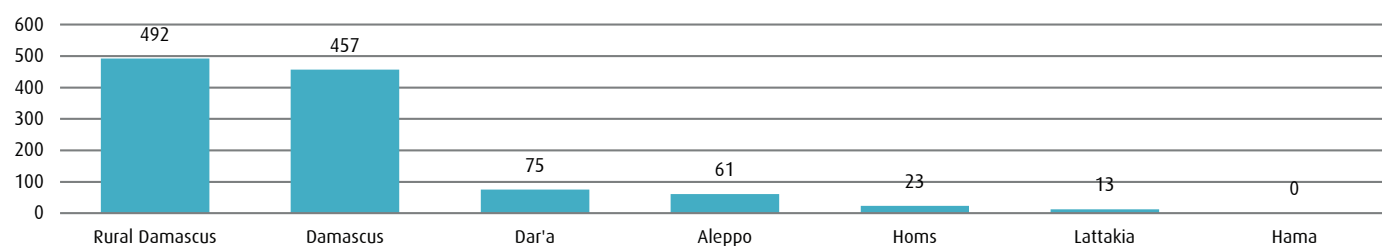
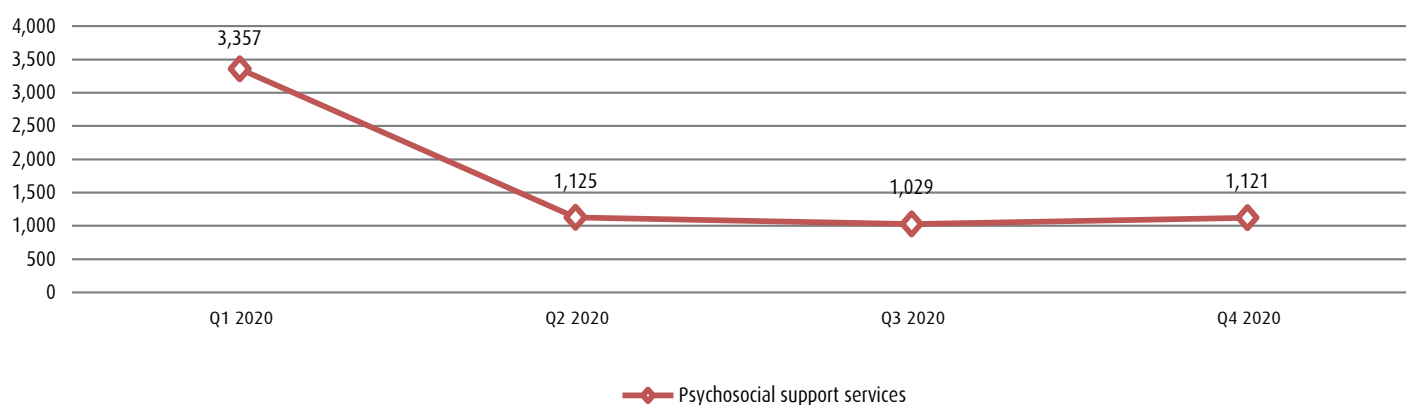


Figure 58: Trend analysis of patients received psychosocial support services in health centres, between 1st to 4th Quarter 2020 (during 2020 = 6,632)



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 59: The number of management of mental disorders cases in health centres, 4th Quarter 2020

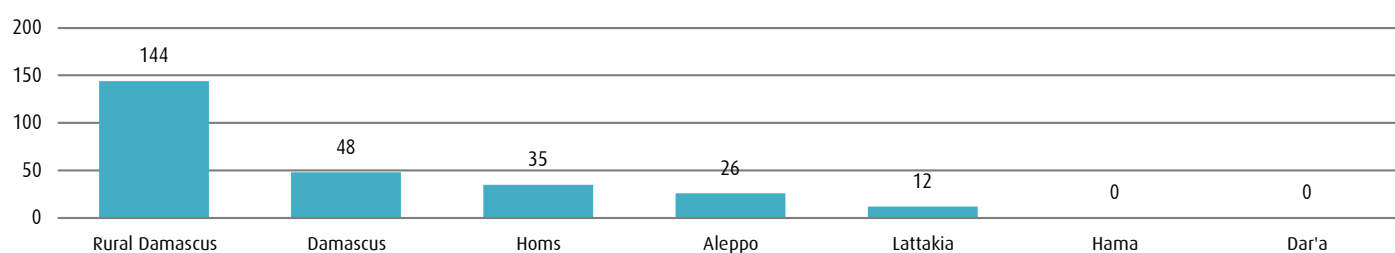
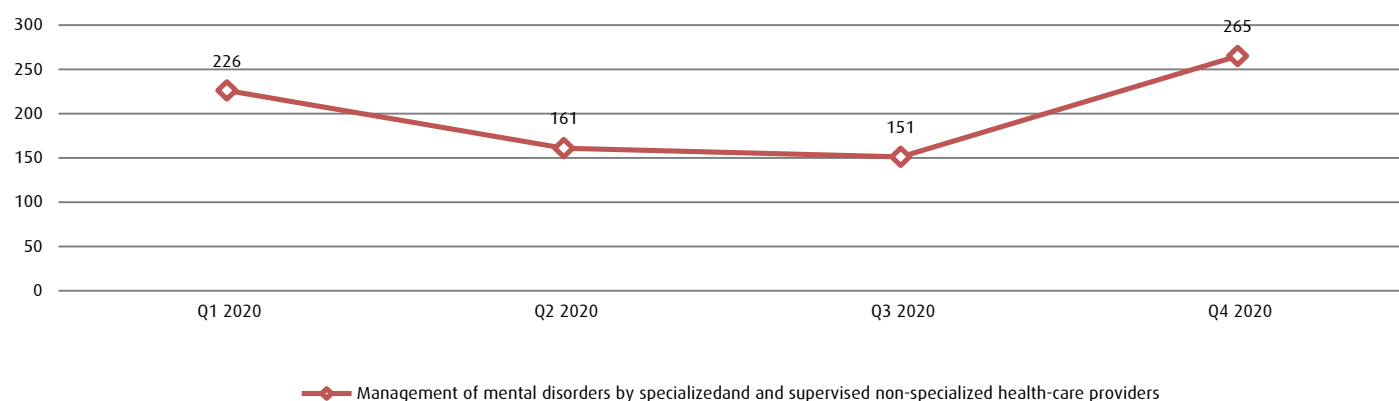


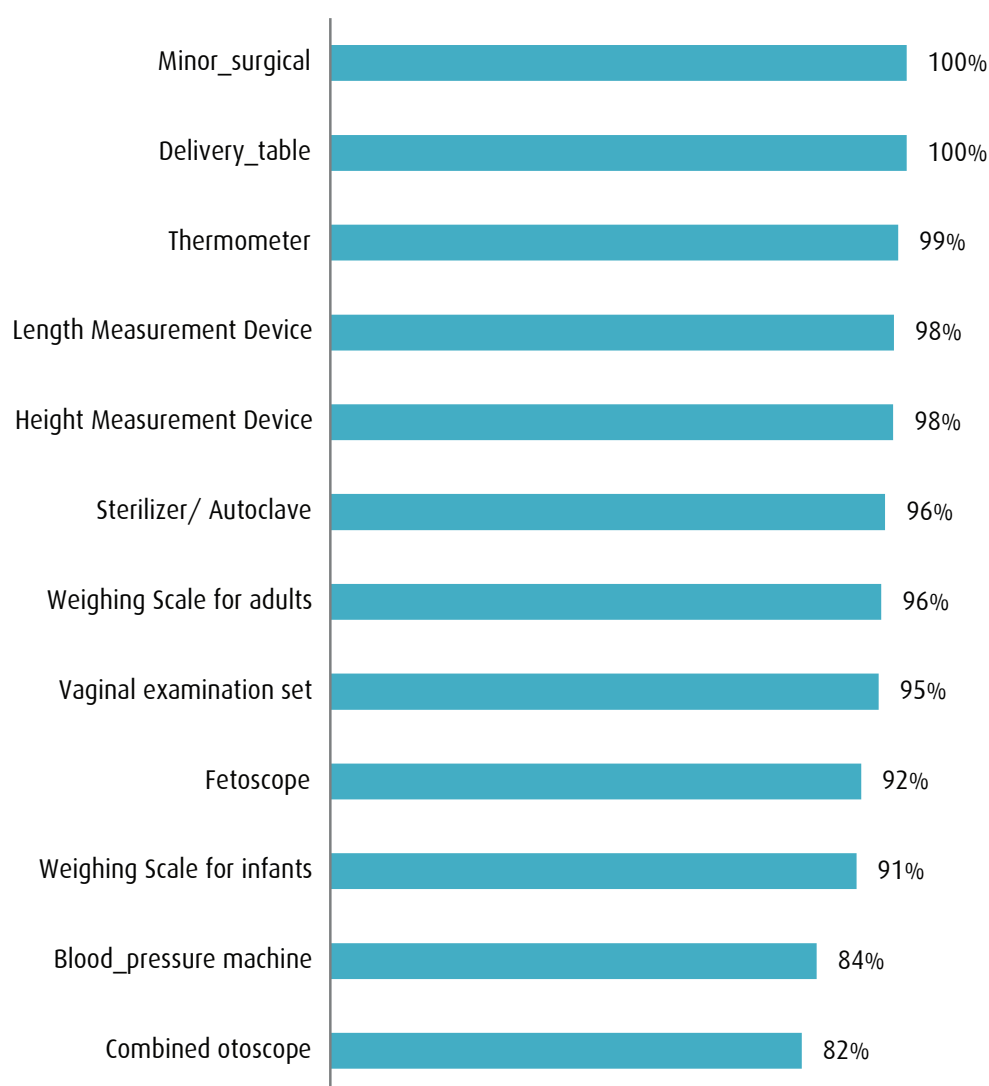
Figure 60: Trend analysis of patients received management of mental disorders services in health centres, between 1st to 4th Quarter 2020 (during 2020 = 803)



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 61: Percentage of functional essential equipment/ total available equipment in functional health centres, 4th 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 62: Availability of medicines and medical consumables at functional health centres, 4th Quarter 2020

