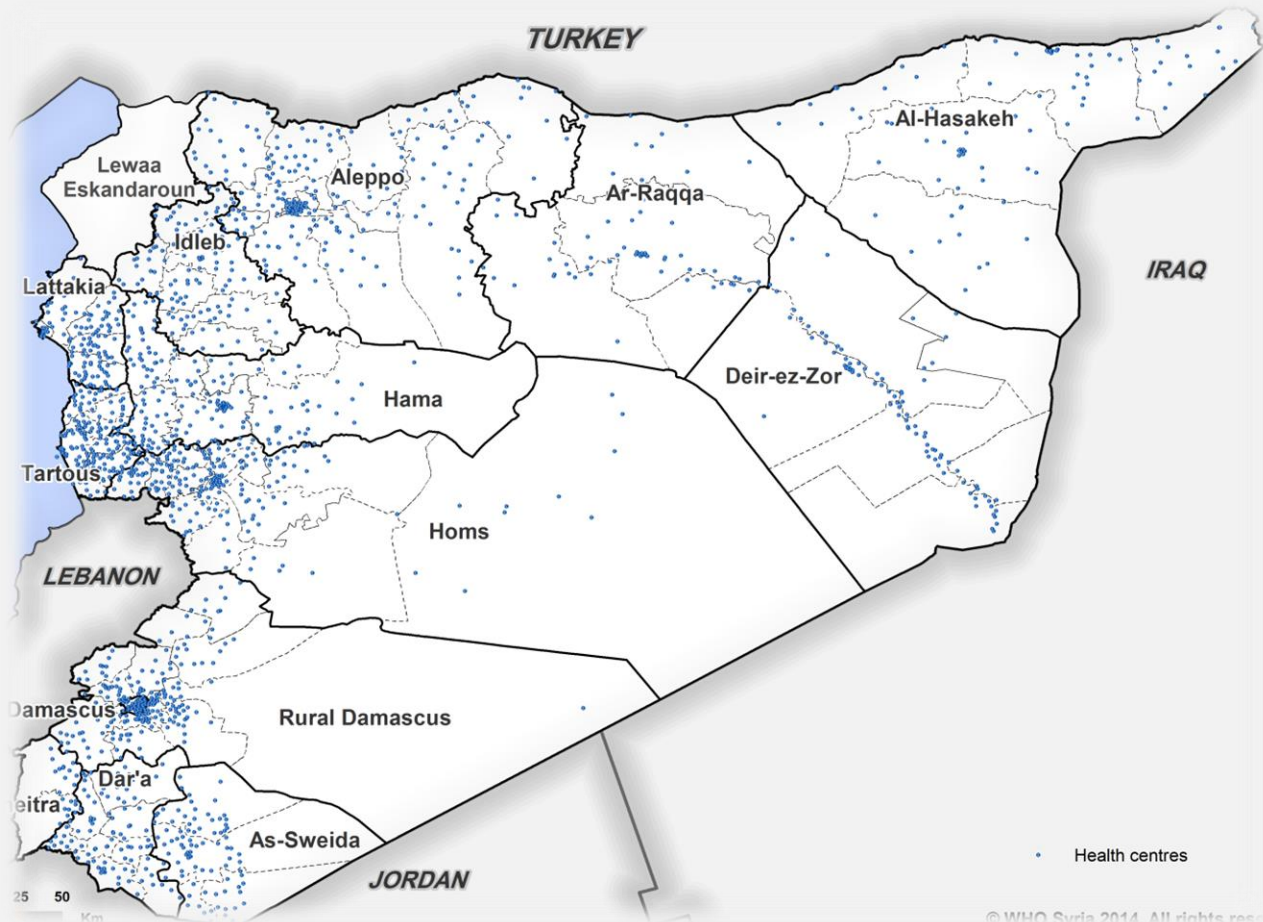




Snapshots on MoH Health Centres, 2nd Quarter 2014

Using HeRAMS

This document provides snapshots on the functionality status, accessibility, and level of damage of health centres, during the 2nd Quarter 2014.



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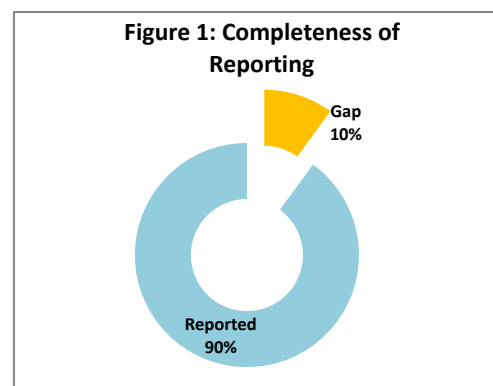
1. Completeness of health centres reporting

Completeness of reporting of health centres has continued to improve in the 2nd Quarter 2014 (90%), compared to the 1st Quarter 2014 (76%), and to the 4th Quarter 2013 (61%).

All 14 governorates of Syria were able to report to HeRAMS (Health Resources & services Availability Mapping System) compared to 12 governorates end of last year.

The total number of health centres included in HeRAMS is 1,744.

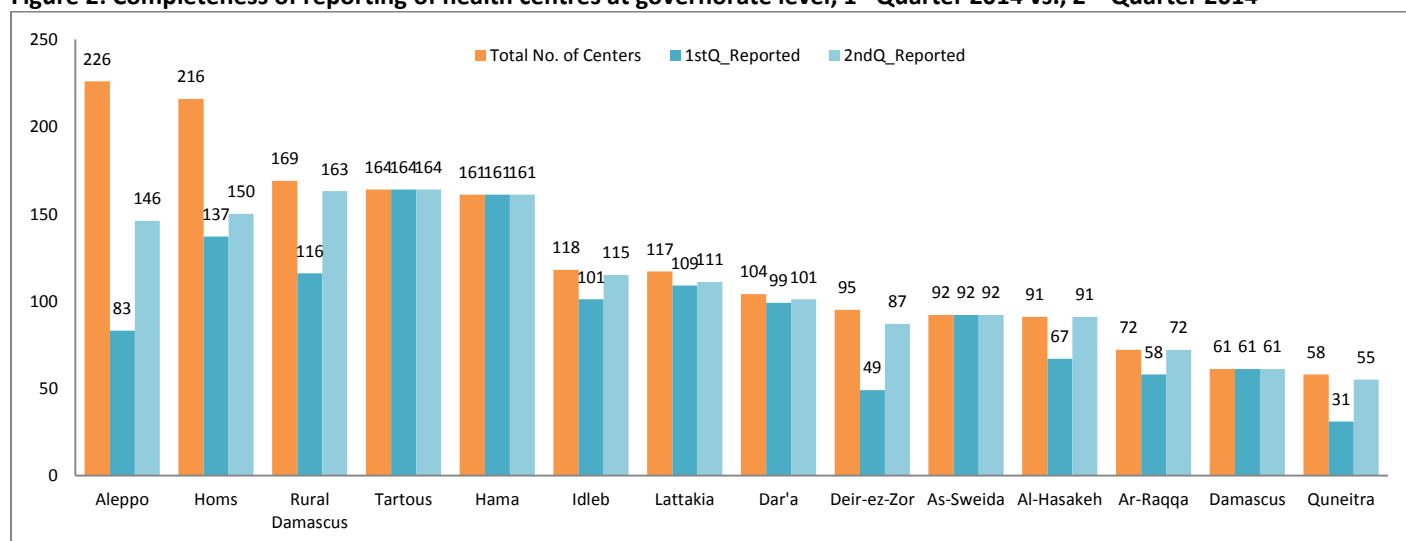
Slight changes of MoH total health centres is observed between 4th Quarter 2013 and 1st Quarter 2014, which is due to closure of many centres, *officially by MoH*, because of the situation, in addition to merge of many medical points into health centres.



The shortfalls and gaps on reporting have been addressed through comprehensive training workshops at governorates' level to strengthen national capacity and motivate the reporting health staff, in addition to provision of communication means especially for inaccessible or hard to reach areas, in order to improve reporting completeness and timeliness.

Further details on trend analysis of completeness of reporting are provided at governorate level, in Figure 2. The main gaps of reporting are in Aleppo and Rural Damascus governorates, which are because of the security situation.

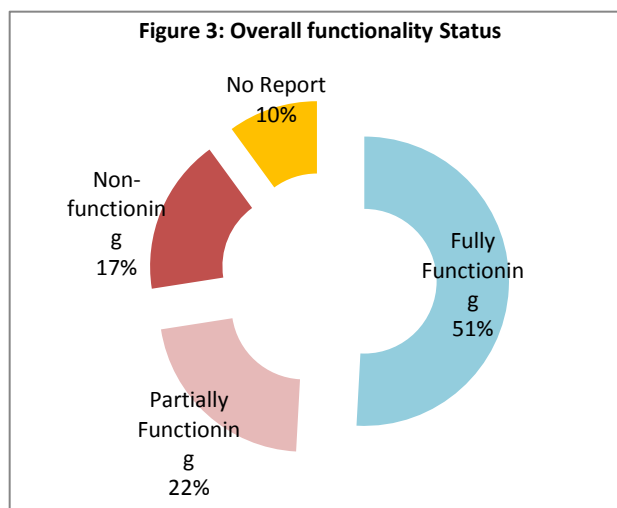
Figure 2: Completeness of reporting of health centres at governorate level, 1st Quarter 2014 vs., 2nd Quarter 2014



2. Functionality of the Health centres

Functionality of the health centres has been defined and assessed at three levels;

- ◆ **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).
- ◆ **Not functioning:** a health centre is out of service, because it is either fully damaged, inaccessible, no available staff, or no equipment.

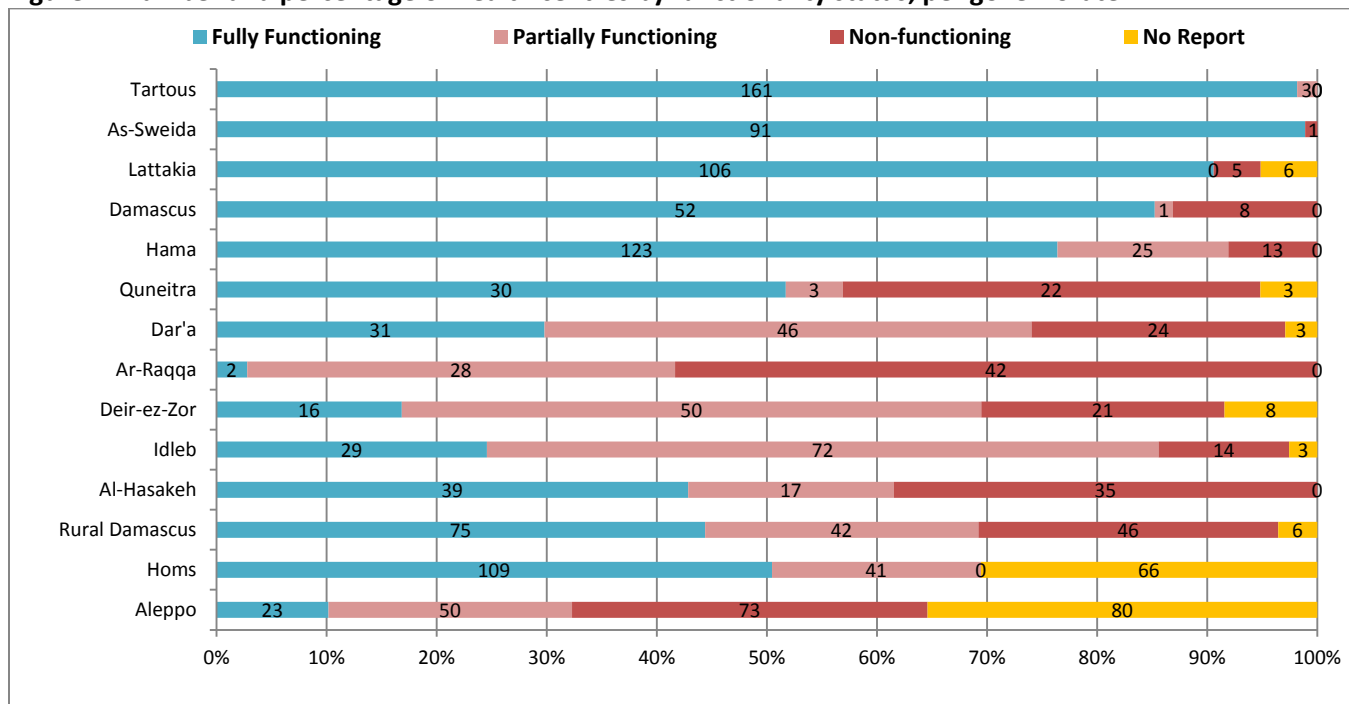


By end of the 2nd Quarter 2014, 51% (887) of the health centres were reported fully functioning, 22% (378) were reported partially functioning (i.e., shortage of staff, equipment, medicines and damage of the building in some cases), 17% (304) were reported non-functioning (completely out of services), while functionality status of 10% (175) health centres were not reported [Figure 3].

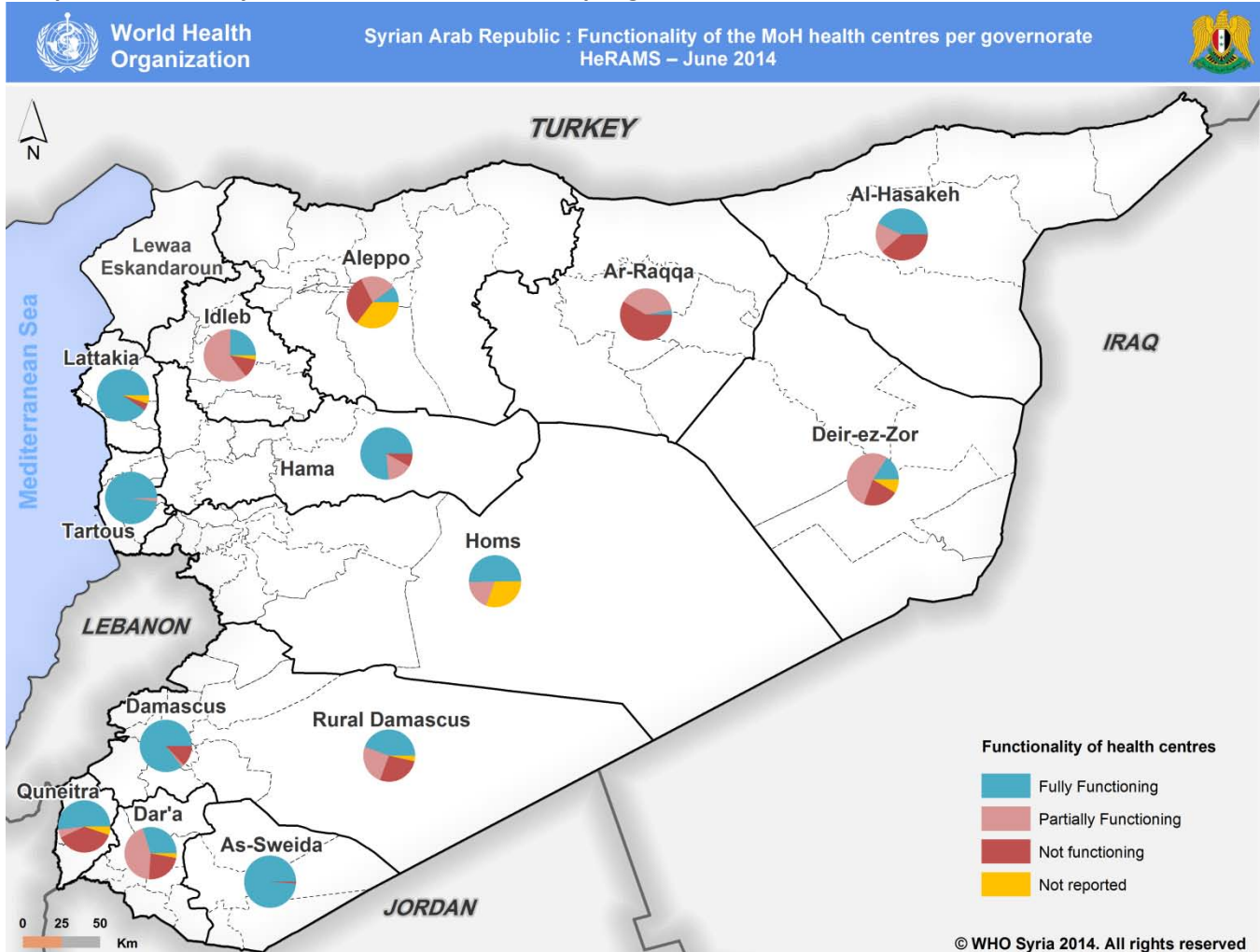
The PHC system across Syria has been disrupted widely, as none of the governorates has reported fully functioning health centres.

Detailed analysis on the functionality status of the health centres by governorate is presented in [Figure 4].

Figure 4: Number and percentage of health centres by functionality status, per governorate



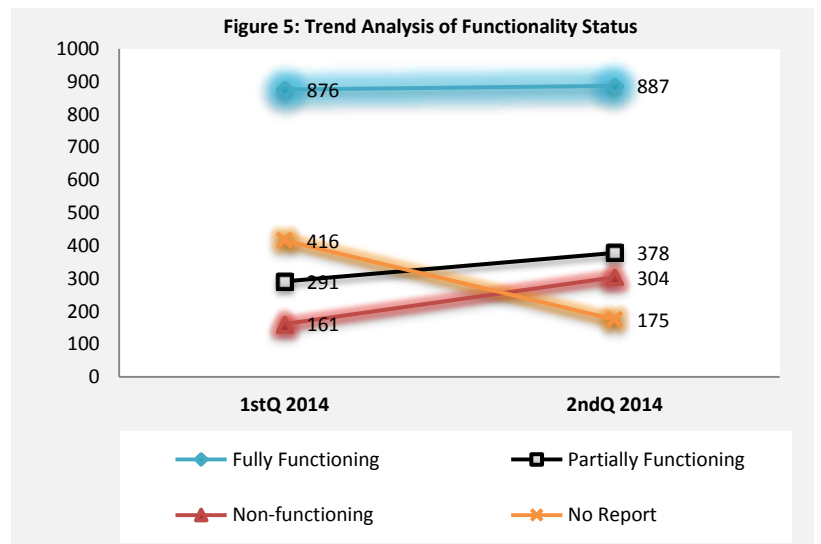
Map 1: Functionality status of the health centres, per governorate



2.1 Trend analysis of functionality status of health centres

As mentioned previously, completeness of reporting has improved in the 2nd Quarter 2014, which highlighted more shortfalls of the PHC system across the country.

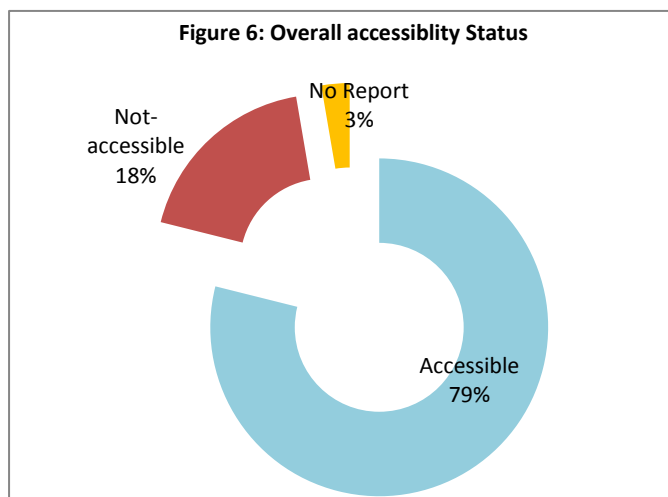
The number of health centres reported partially functioning or non-functioning, by end of the 2nd Quarter 2014, has increased noticeably (almost double) compared to the 1st Quarter 2014 [Figure 5].



3. Accessibility to Health centres

Accessibility to health centres is defined at two levels:

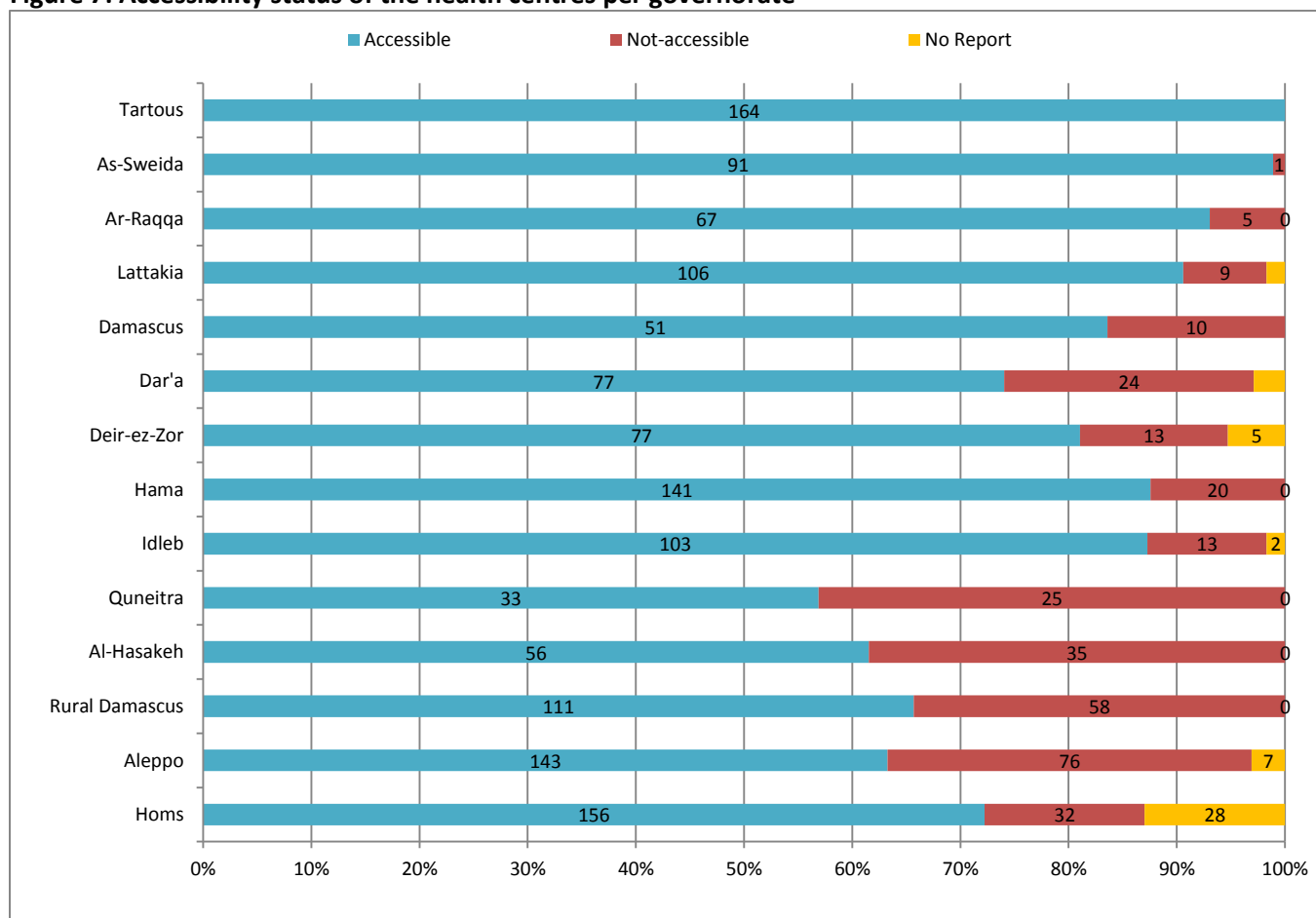
- ◆ **Accessible:** a health centre is easily accessible for patients and health staff.
- ◆ **Inaccessible:** a health centre is not accessible because of the security situation, or a health centre is accessible only to a small fraction of the population, or military people (inaccessible to civilians).



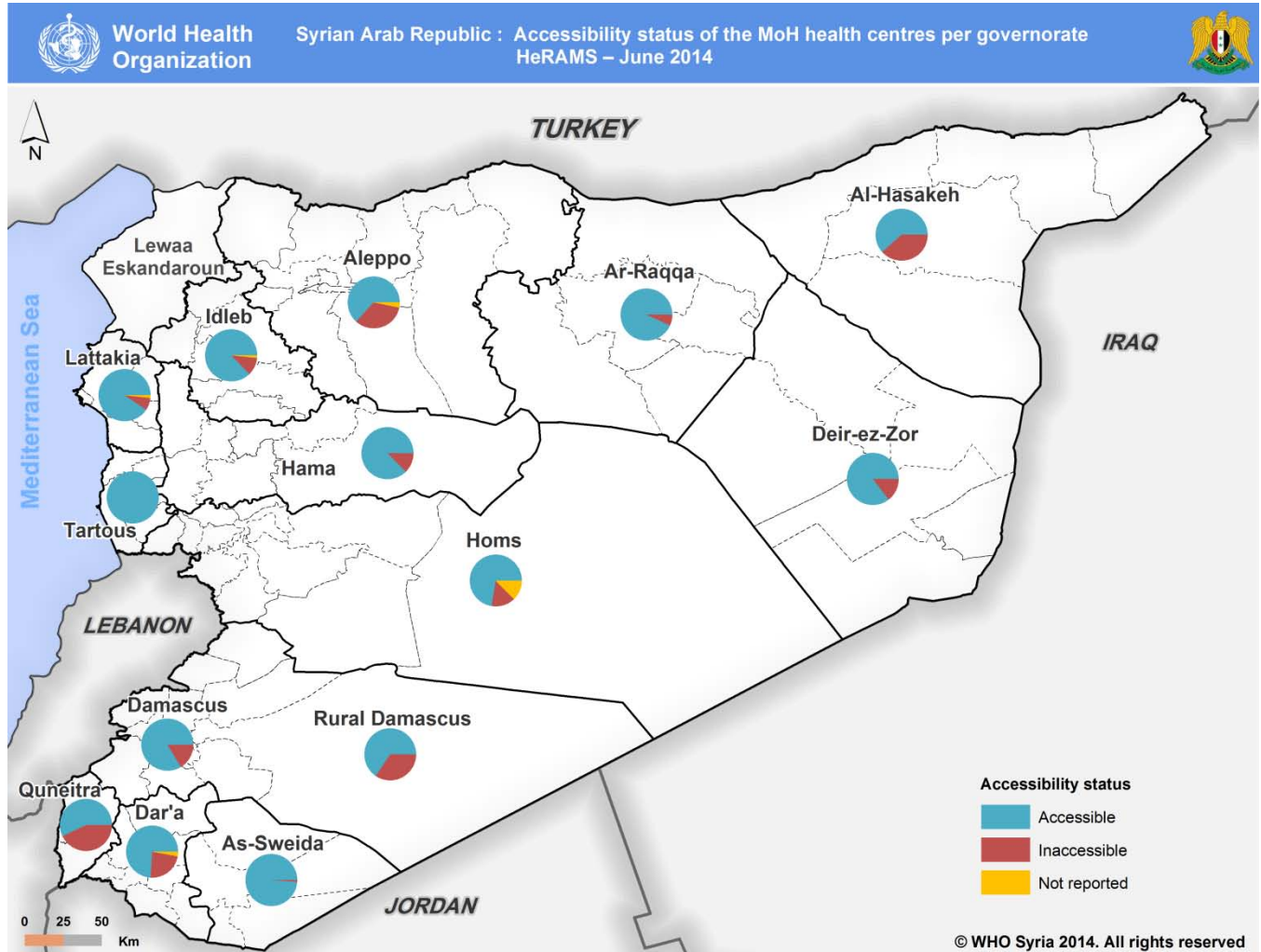
By end of the 2nd Quarter 2014, 79% of the health centres were accessible, 18% were not accessible, while 3% was not reported (unknown status), [Figure 6].

Detailed analysis on the accessibility status of the health centres by governorate is presented in [Figure 7].

Figure 7: Accessibility status of the health centres per governorate



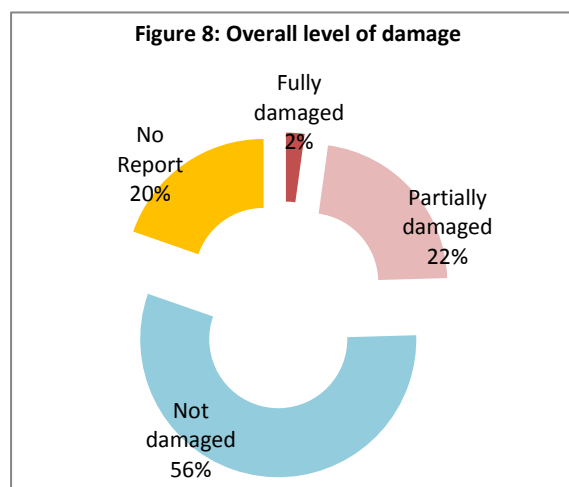
Map 2: Accessibility status of the health centres per governorate



4. Infrastructure Patterns of Health centres

The level of damage to health centres' buildings has been measured at three levels:

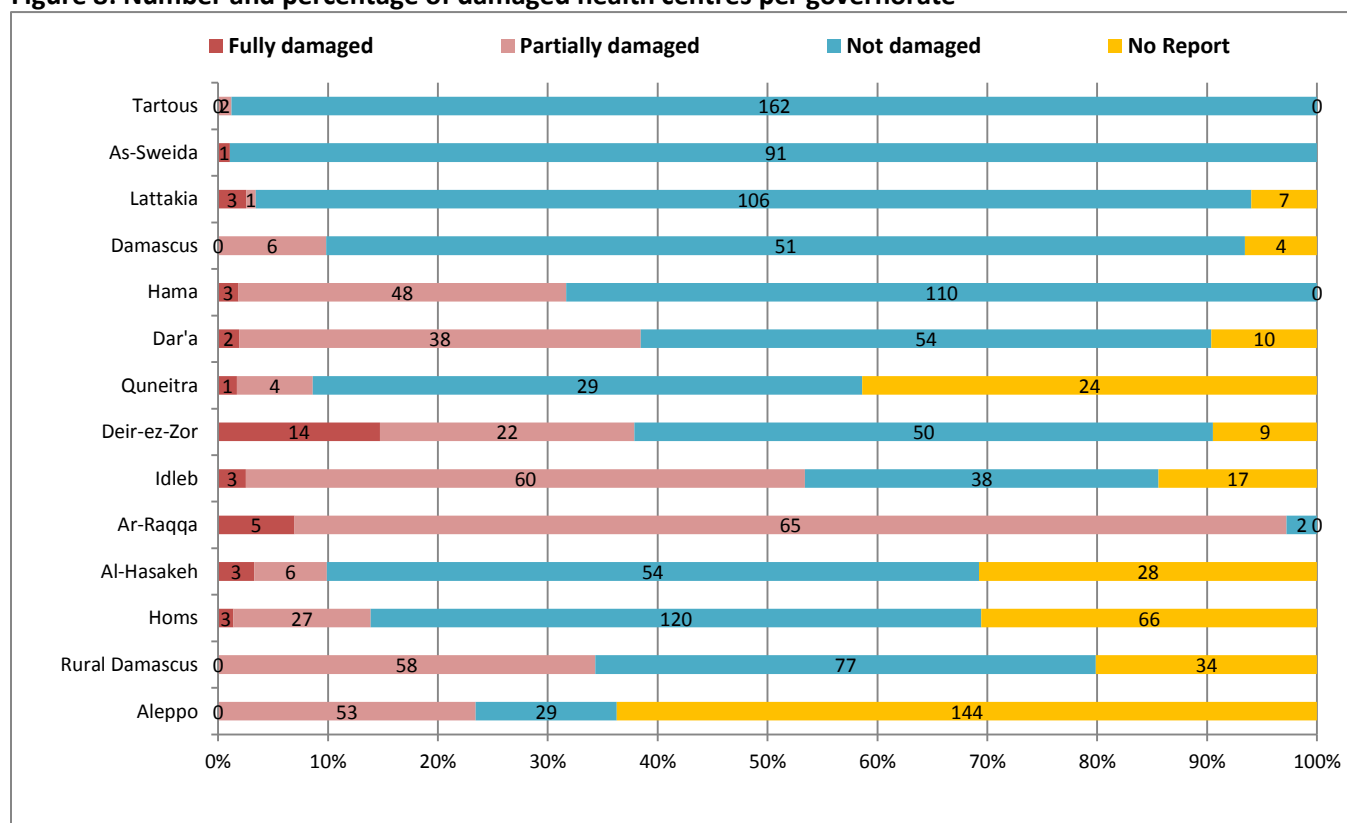
- ◆ Fully damaged, either, all the building is destroyed, about 75% or more of the building is destroyed, or damage of the essential services' buildings.
- ◆ Partially damaged, where part of the building is damaged.
- ◆ Intact, where there is no damage in the building.



By end of the 2nd Quarter 2014, 24% (428) health centre were reported damaged (2% fully damaged and 22% partially damaged), 56% (973) were intact, while the status of 20% (343) were not reported [Figure 7].

Detailed analysis on the damaged status of the health centres at governorate level is presented in [Figure 8].

Figure 8: Number and percentage of damaged health centres per governorate



Map 3: Level of damage to health centres' buildings, per governorate

