



[HeRAMS]

Health Resources Availability Mapping System

Report: **2016**

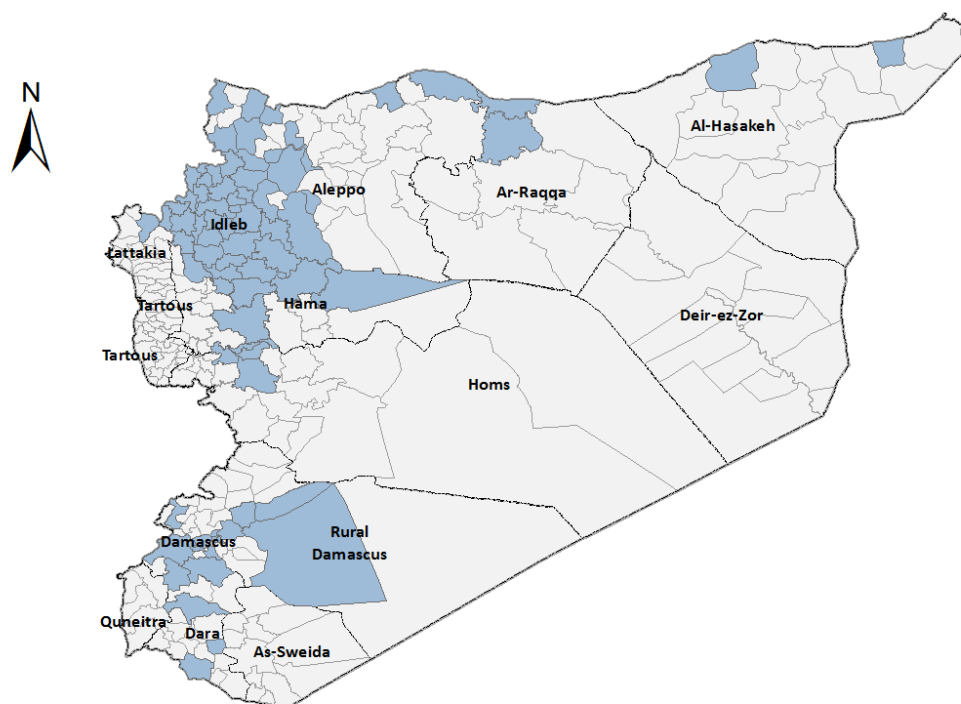
Turkey Hub Health cluster for Syria



HeRAMS (Health Resources Availability Mapping System) is a standardized approach supported by a software-based platform that aims at strengthening the collection, collation and analysis of information on the availability of health resources and services in humanitarian context. It aims to address the needs/gaps expressed by the health cluster on coordination and management by providing timely, relevant, and reliable information.

HeRAMS provides a tool for assessing, monitoring, and processing a comprehensive set of available data collected at health facility level. It covers; geographical location of the HF, demographic data on catchment area, type, functionality, building type, inpatient capacity, managing and supporting partners, health personnel, access and security, and health services provided at different levels of healthcare.

This report provides a summary of the analysis of the available health resources and services in Syria, the report is produced with the data provided mainly by Turkey hub health cluster members national and international non-governmental organizations as well as health authorities.

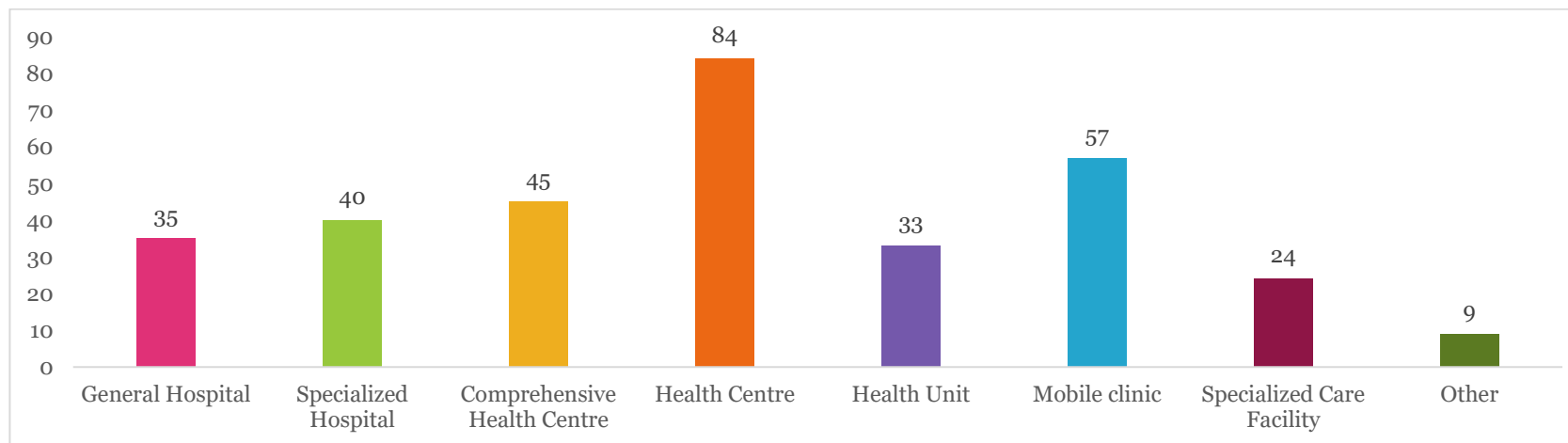


Map showing areas of operation

1. Distribution of Health facilities

Primary Health Care facilities are classified into different standard categories based on the provision of services, staff pattern and population coverage. The following graph provides the distribution of the existing health facilities (static and mobile); in terms of number of the functional facilities.

Figure 1. Distribution of functioning Health facilities



352 Health facilities reported out which **327** functioning HFs*, **75(23%)** are Hospitals, while **162(50%)** are fixed PHCs and **57 (17%)** are mobile clinics, **24 (7%)** specialized care facility ** and **9 (3%)** *** other health facilities.

A round **25** HFs were closed during the last quarter

*The number is declined after Aleppo evacuation.

** Specialized health centers (Physical Rehabilitation centers, Leishmaniosis centers .Etc.)

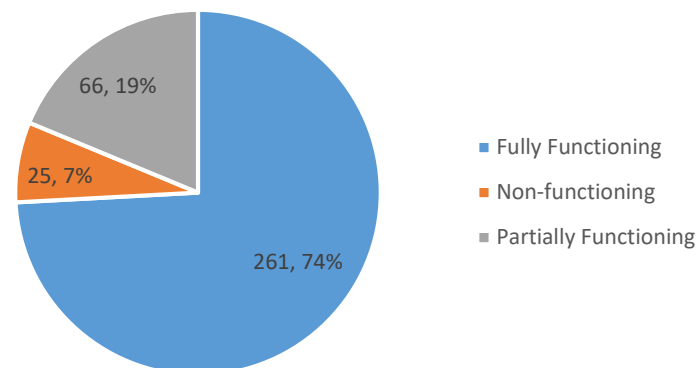
*** Ambulance network, Blood Bank, Central Lab

2. Functionality status

Functionality has been assessed at three levels: **fully functioning** which mean open and providing full package of essential services, **partially functioning** means open but not providing the full package of essential services, or **not functioning**. Out of 327 assessed health facilities, **74% (261)** were reported fully functioning, **19% (66)** partially functioning, **7% (25)** out of service, this result in **26%** of the facilities are non-functioning or partially functioning with low capacity. See Figure 2.

56% of the non-functioning health facilities were hospitals.

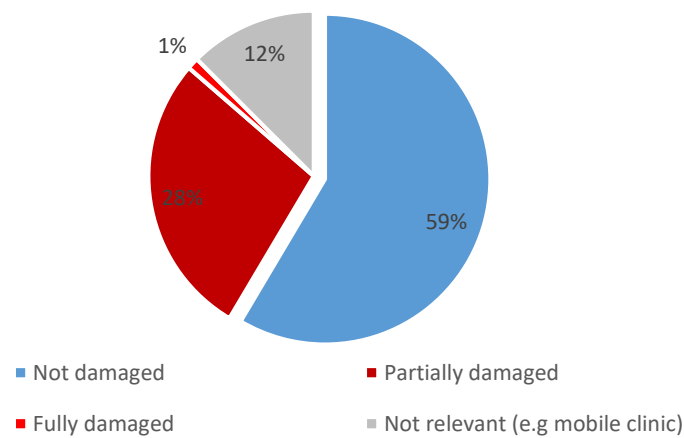
Figure 2. Functionality status of Health facilities



3. Condition of health facilities infrastructure

The condition of the health facilities infrastructure has been assessed at three levels: **fully damaged**: major damage requiring complete reconstruction, **partially damaged**: requiring substantial to large scale repair, and **not damaged**, **29% (102)** health facilities were reported damaged [**1%** fully damaged and **28%** partially damaged], **59% (215)** were reported intact, while **12% (44)** of health facilities were not relevant to evaluate. See figure 3.

Figure 3 Level of Damage

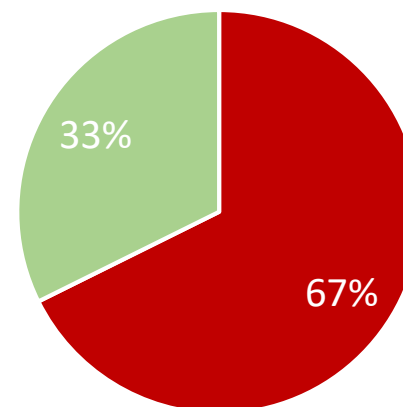


4. Health facilities based on date of establishment

The health facilities has been assessed according to whether the health facility exist prior to the crisis or new established health facility, **67% (220)** health facilities were new established, while **33% (107)** of health facilities were prior to crisis facilities. See figure 4.

Out of the new established health facility **34%** were established in new building, **26%** works in residential Building, **15%** in governmental Building, **5%** in schools and **19%** in others public building.

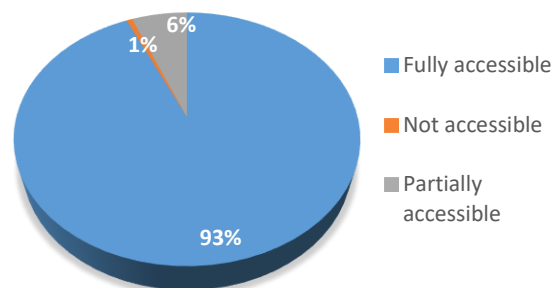
Figure 4 New established HFs



■ New established HFs ■ Prior to the crisis health facility

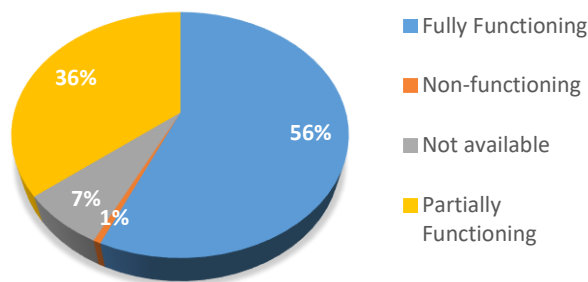
5. Health facilities resources

Figure 5: Accessibility to patients



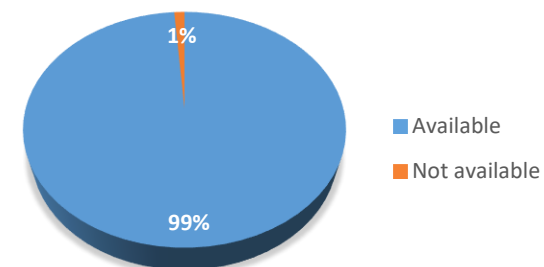
7% of functioning facilities reported difficulties in accessibility mainly due to security reasons

Figure 6: Electricity



48% of the functioning facilities works without/with an interrupted electricity services

Figure 7: Water Sources



1% of the facilities with water sources problem

6. provision of General Clinical Services

Figure 8: Outpatient services:

The main reasons that explain the lack of availability of Outpatient services are lack health Staff, Lack of finances and Lack of medical supplies (drugs and consumables).

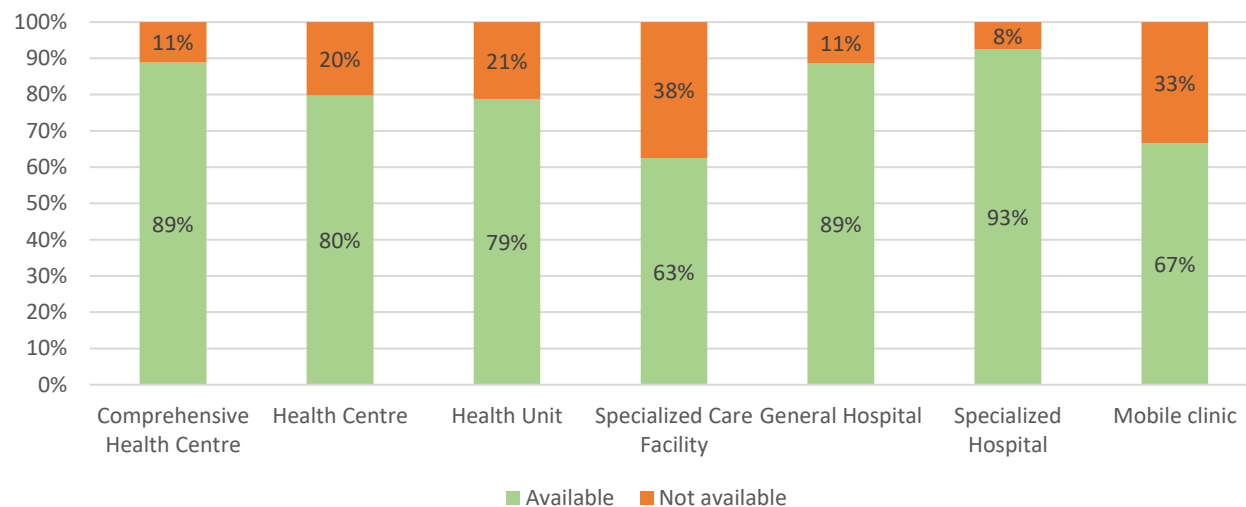


Figure 9: Inpatient capacity

The availability of inpatient services in the general and specialized hospitals is more than **90%**, although of some obstacles **38%** of the general hospital provide it partially.

It's worth to mention that only **31%** of the comprehensive health centers providing inpatient service.

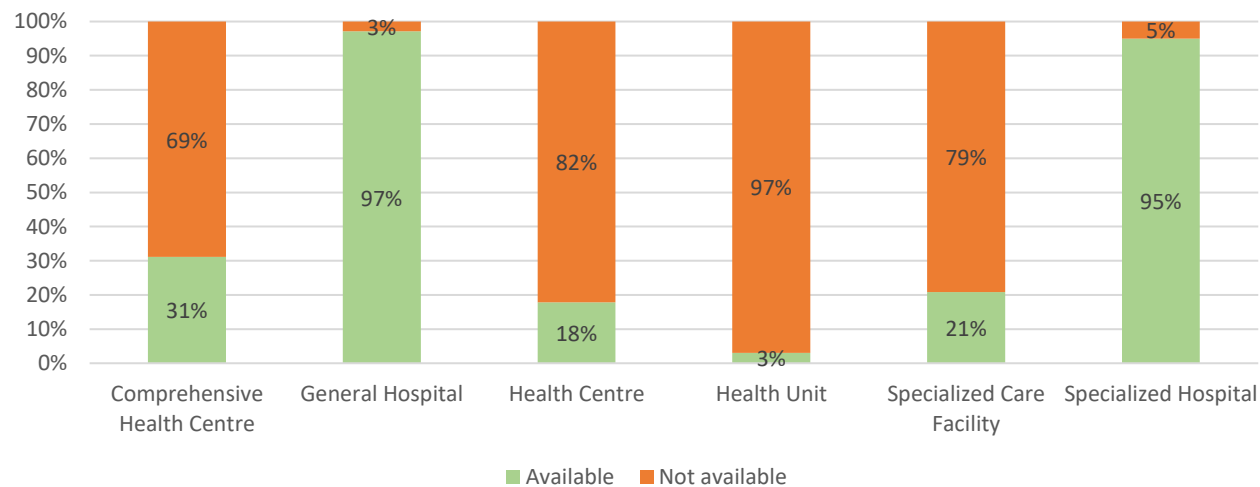


Figure 10: *Basic Laboratory Services

In hospitals basic laboratory Services availability is more than **90%**, while **72%** of comprehensive health Centers providing basic laboratory Services.

*CBC, urine analysis, stool microscopy, sputum microscopy

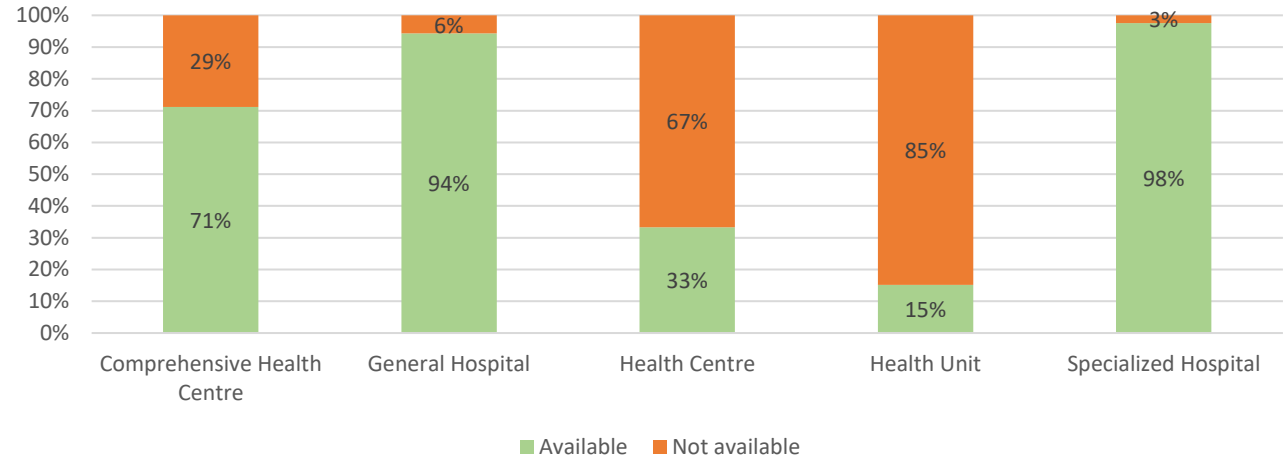


Figure 11: Basic Imaging Service

Basic imaging services provided in SHC and PHC, however the provision in PHC facilities is less than **40%**.

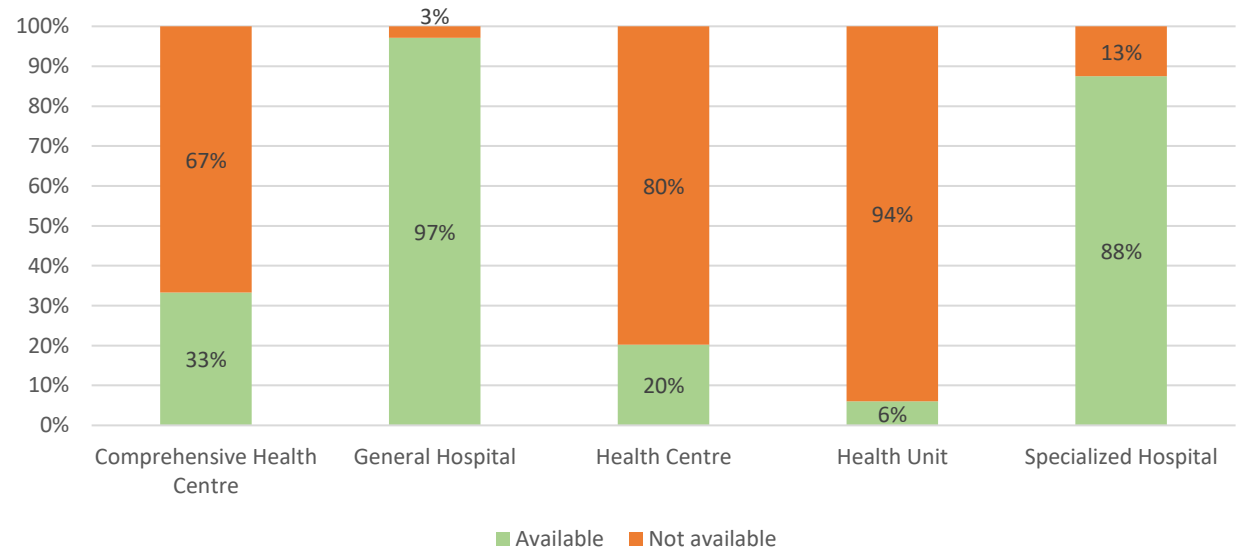


Figure 12: Pharmacy of essential Drugs

Most health facilities reported have pharmacy of essential drugs however **49%** provide it partially as there is with no sustainable drugs and consumables.

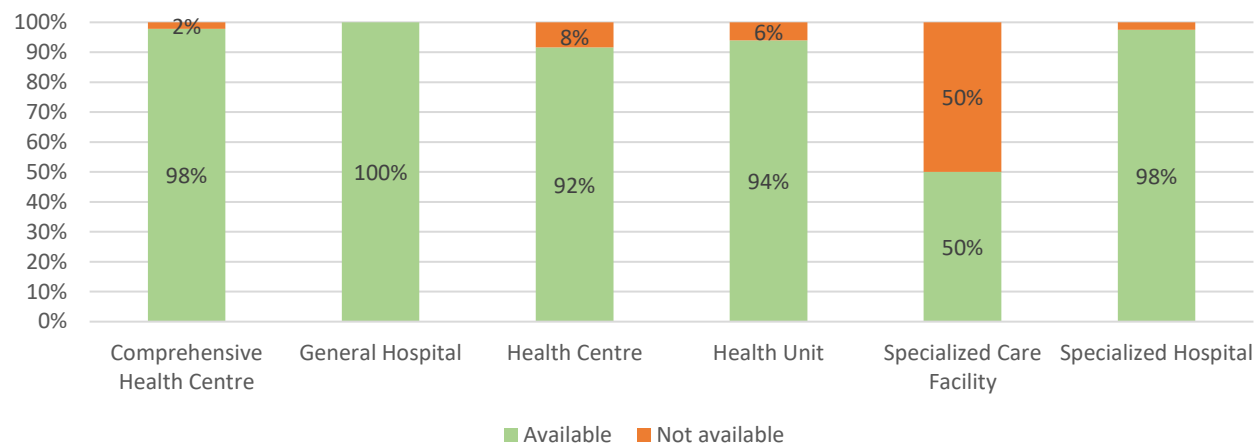
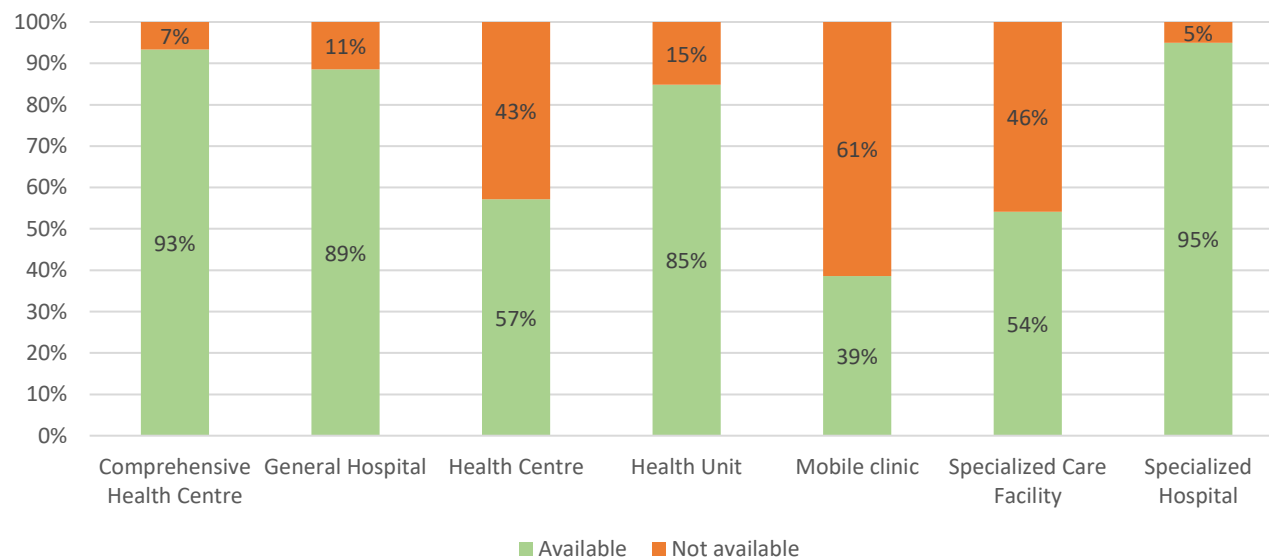


Figure 13:Referral capacity

70% of the facilities have referral capacity. Main reasons that some facilities provides referral partially is the shortage of vehicles and finance required for fuel.



7. Provision of Surgery services

Figure 14: *Primary Injury care

61% of the facilities are providing primary injury care.

*Treatment of open wounds, fracture immobilization, patient stabilization and proper referral (including antibiotics and tetanus toxoid when needed)

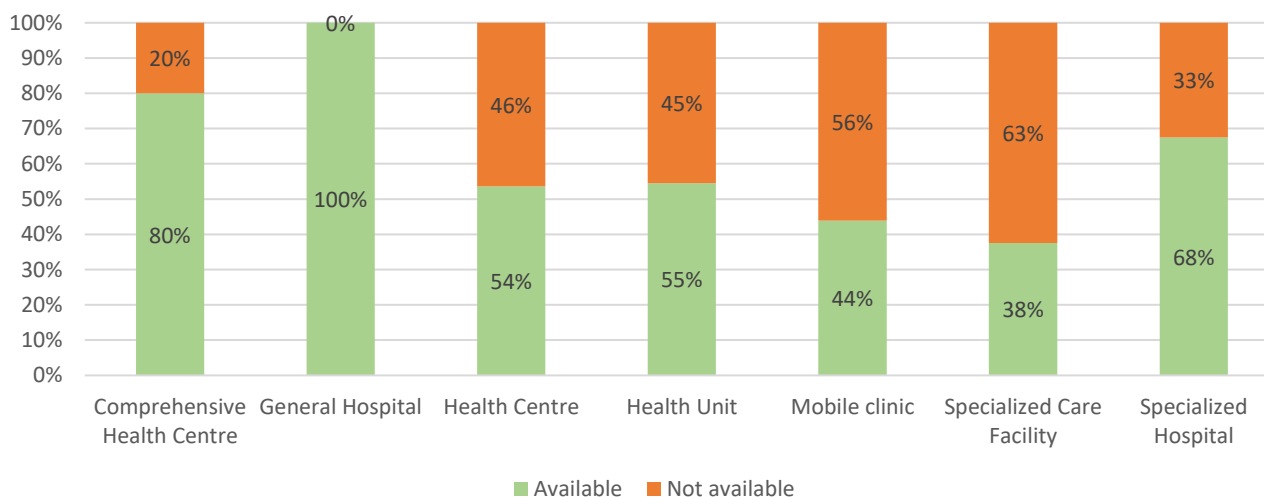


Figure 15: *Trauma, surgical care, and elective surgery

89% of the hospitals are providing Trauma, surgical care, and elective surgery.

*At least 1 operation room with/without gas anaesthetic

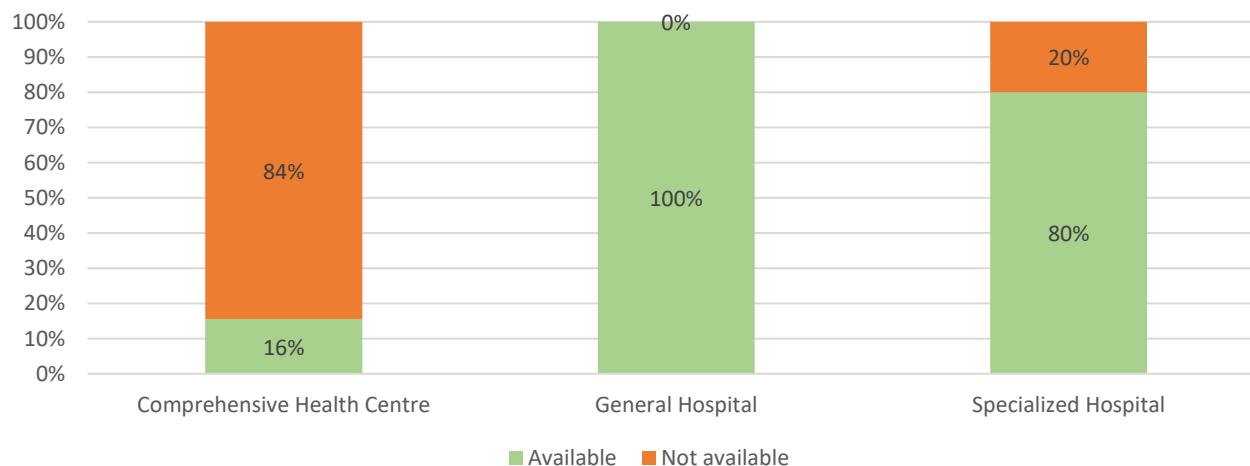


Figure 16: Intensive Care Unit

65% of the hospitals are with Intensive care unit.

25% of the general hospital provide intensive care with lack of medical supplies.

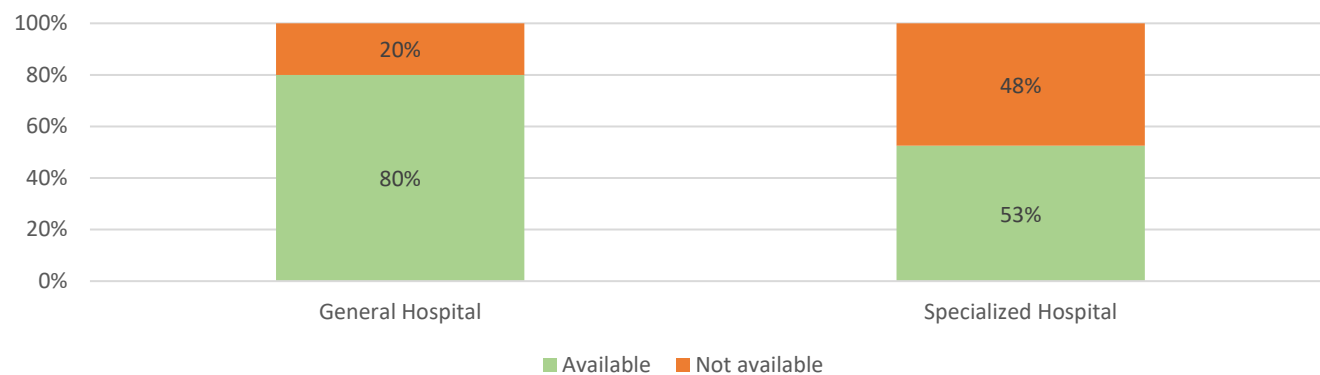


Figure 17: Blood bank services

56% of the hospitals providing Blood bank services.

2 blood banks in Idleb and Aleppo governorates.

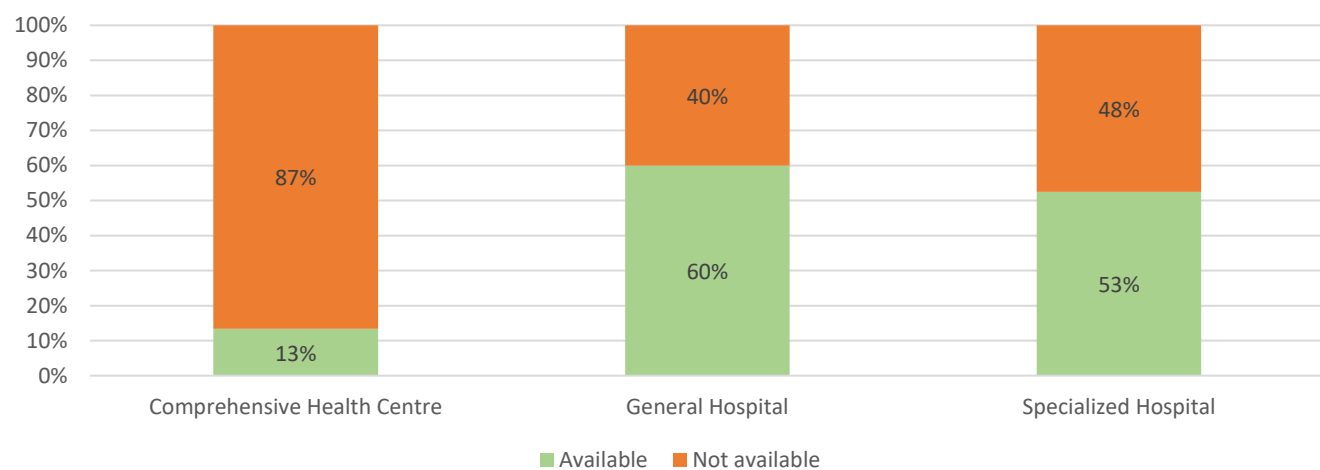
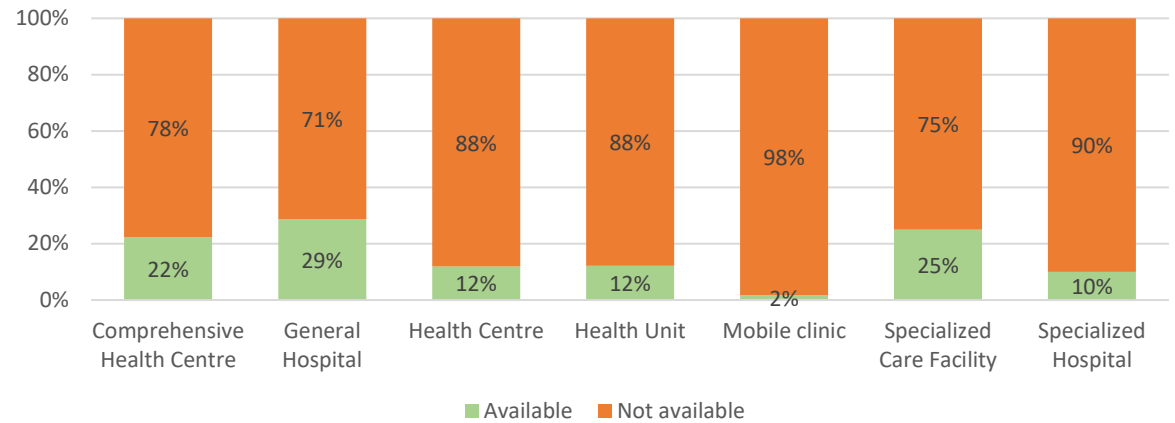


Figure 18: *Physical Rehabilitation Services

Although of the increase number of cases, **14%** of the facilities provides physical rehabilitation services

*Disabilities rehabilitation & support



8. Provision of Maternal & Newborn and child health and services

Figure 19: *IMCI

46% of the facilities providing IMCI, of which **38%** provide it partially this mainly due to Lack of finances and trained health staff.

*Integrated Management of Childhood Illness
IMCI is an integrated approach to child health that focuses on the well-being of the whole child. IMCI aims to reduce death, illness and disability, and to promote improved growth and development among children under five years of age

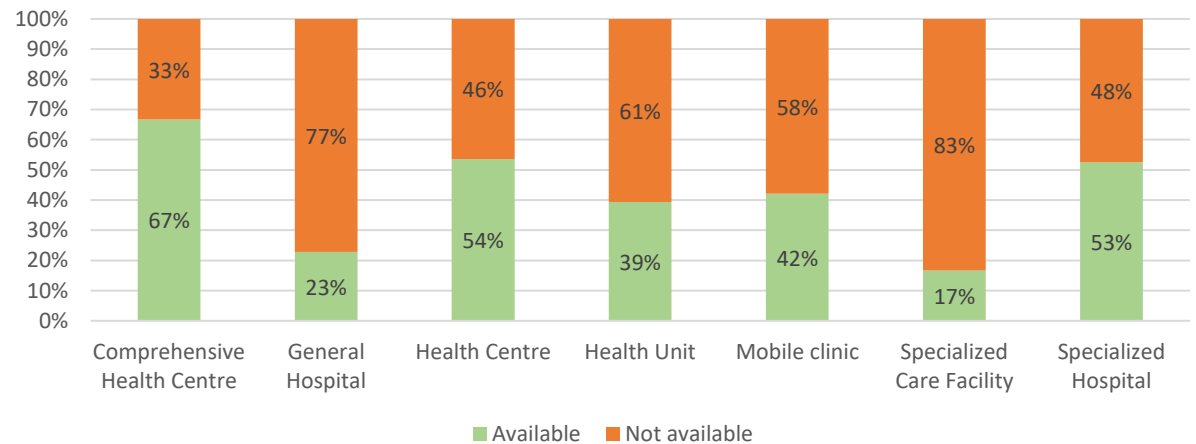


Figure 20: *Screen of acute Malnutrition

56% of the facilities providing screening of acute malnutrition, of which **25%** provide it partially this mainly due to lack of staff and trained health staff.

*MUAC or Weight for Height, and/or bilateral pitting oedema

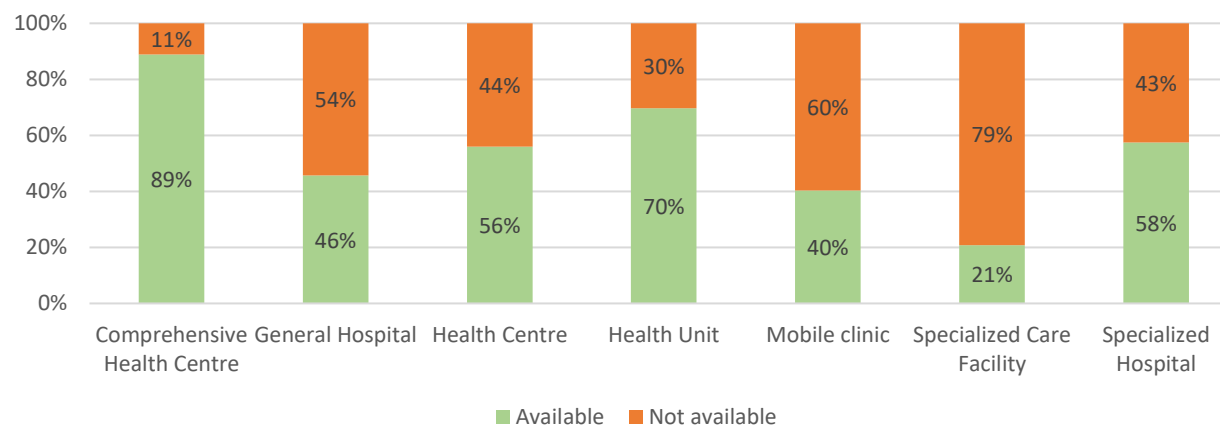


Figure 21: outpatient treatment of acute malnutrition

44% of the facilities providing outpatient treatment of acute malnutrition, of which **45%** provide it with limitations.

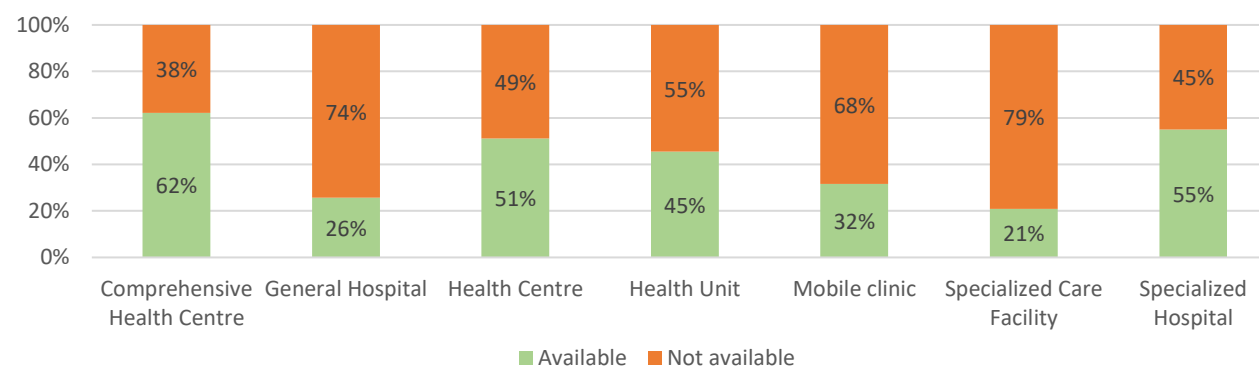


Figure 22: *Antenatal Care

65% of the facilities providing antenatal care.

*Antenatal Care: 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

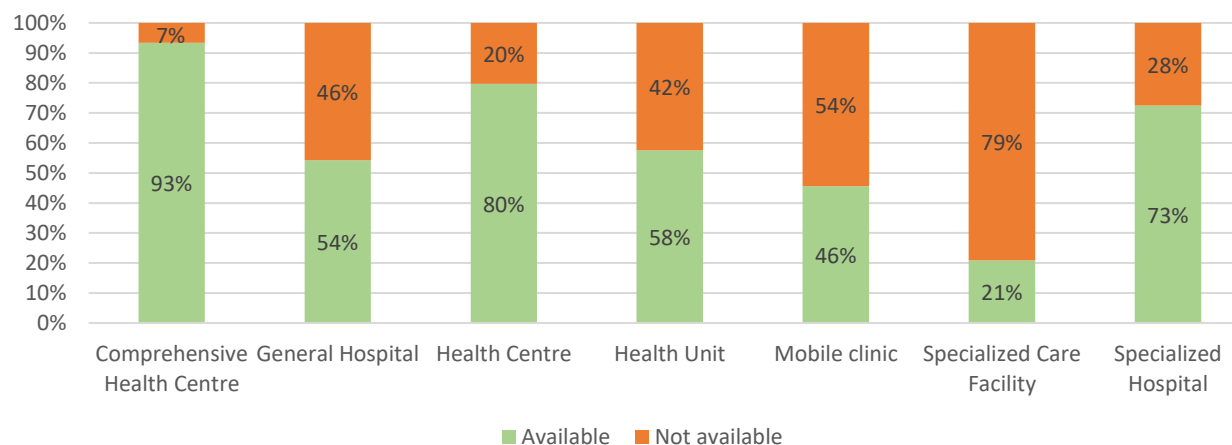


Figure 23: *BEmONC

41% of the facilities are providing Essential new-born care services.

*Basic Emergency Obstetric and Newborn Care (BEmONC) package includes Parenteral antibiotics + oxytocic/anticonvulsant drugs + manual removal of placenta + removal of retained products with manual vacuum aspiration (MVA) + assisted vaginal delivery 24/24 & 7/7
 new-born care includes: Basic new-born resuscitation + warmth (recommended method: Kangaroo Mother Care - KMC) + eye prophylaxis + clean cord care + early and exclusive breast feeding

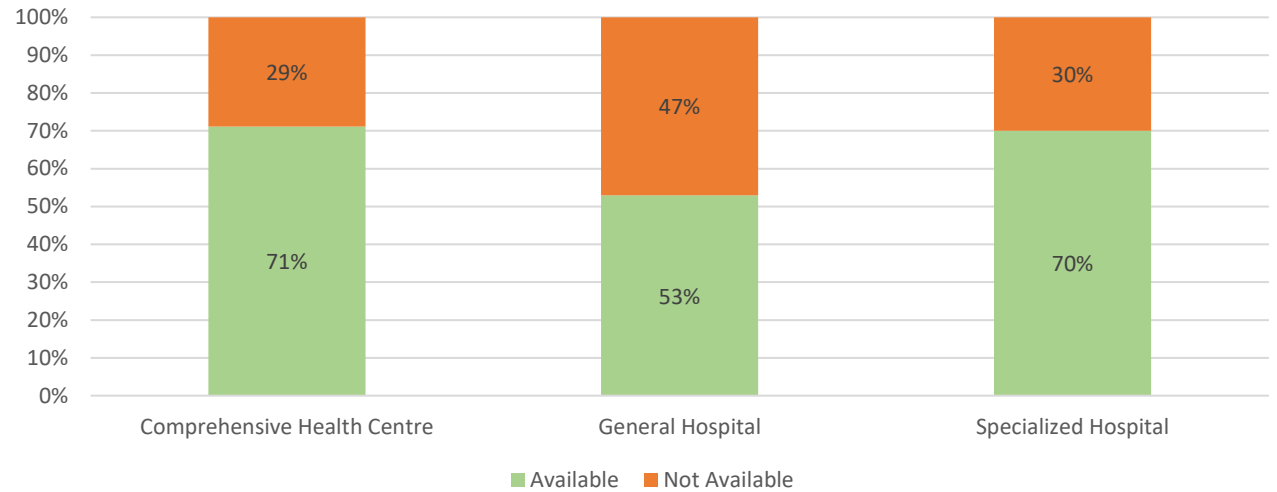
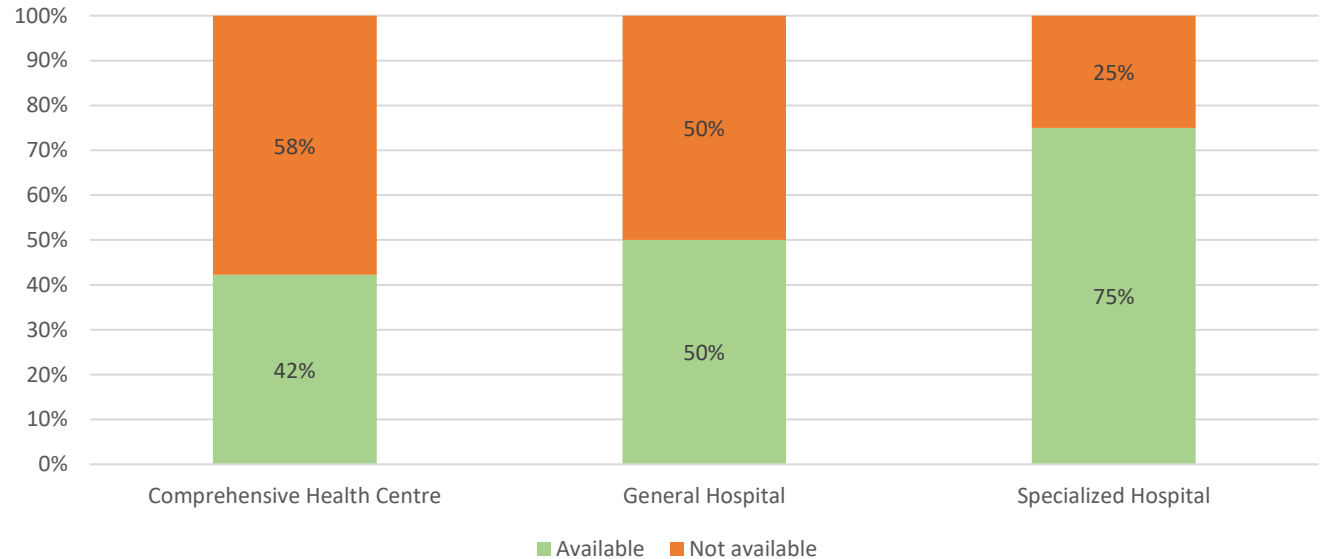


Figure 24: Comprehensive emergency obstetric care (CEMOC)

55% of the hospitals and the comprehensive health centers are providing CEMOC.

CEMOC includes BEmONC +surgery+ anesthesia+ blood transfusion.



9. Provision of Non Communicable Diseases and Mental Health

Figure 25: Treatment of High Blood Pressure and Cardiovascular Diseases

Overall provision of treatment of HBP and cardiovascular diseases **77%** of the facilities provide this services, however **63%** provide it partially mainly due to lack drugs and consumables.

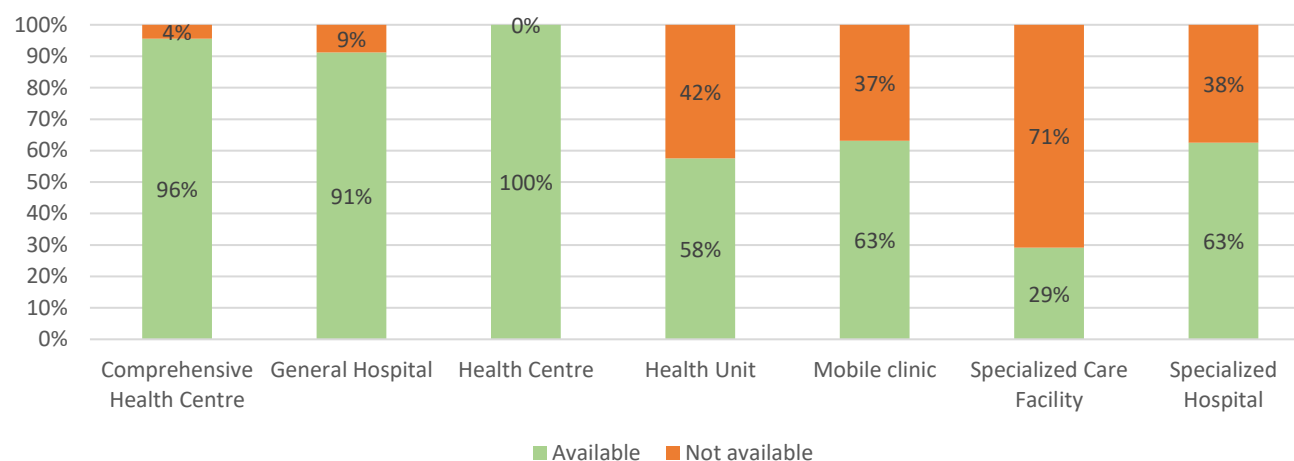


Figure 26: treatment of diabetes

79% of the facilities are providing treatment of diabetes.

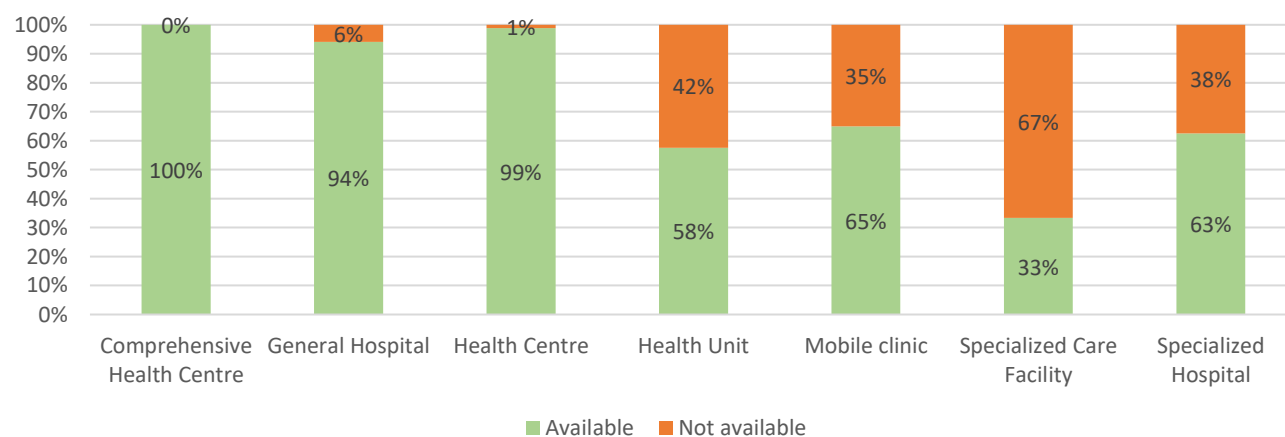
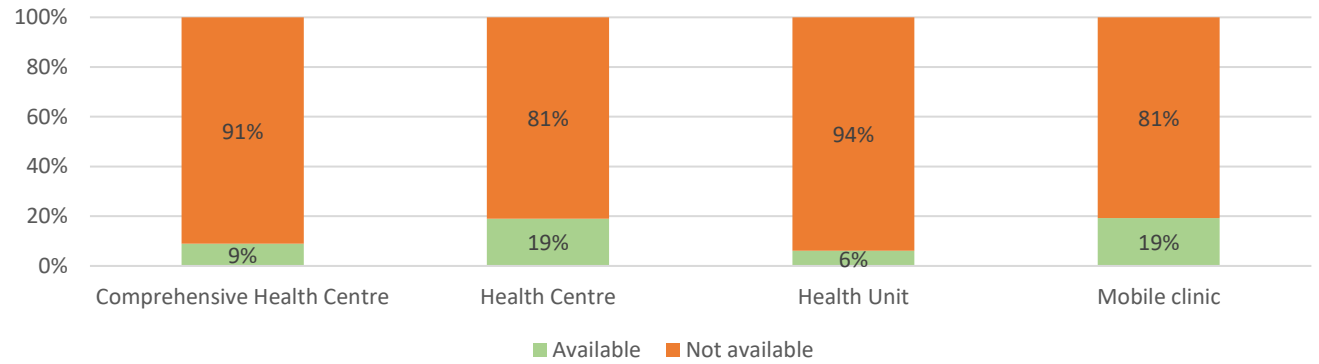


Figure 27: Mental Health Care

Only **15%** of the facilities provide mental health although of the increase number of mental health cases

Mental health includes: Support of acute stress and anxiety, front line management of common and severe mental disorders



10. Community health services

Figure 29: Health Education

Out of functioning HFs **66%** of the facilities provide Health education services. **72%** of the mobile clinics provide the service, **68%** of PHC facilities and **61%** of the hospitals provide Health education services. Its worth to mention **29%** of the facilities provide it partially mainly due to lack of health staff.

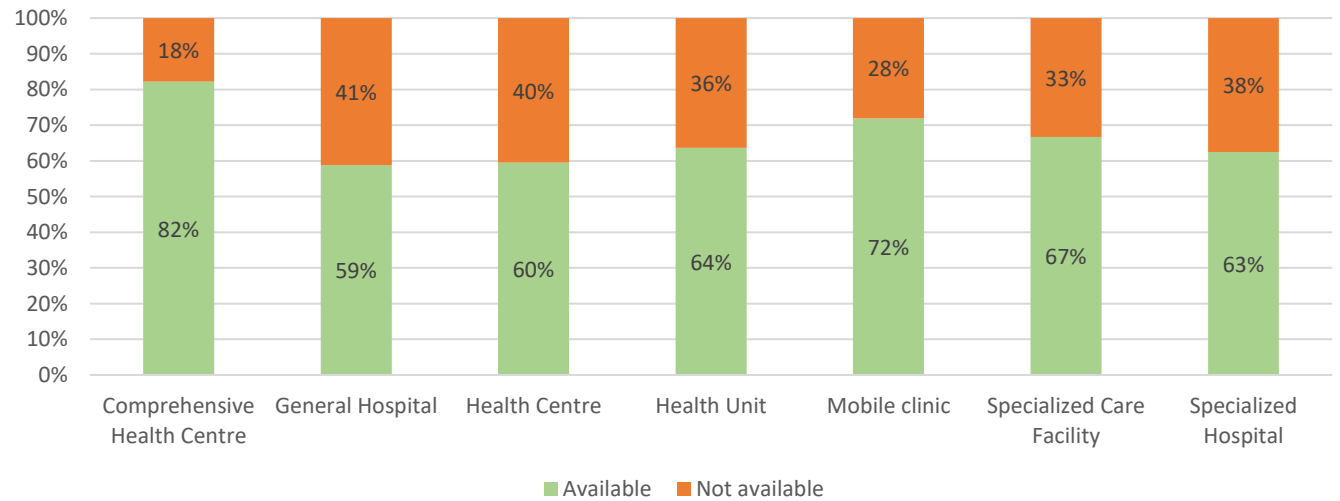


Figure 28: screening for malnutrition with MUAC

50% of the facilities providing screening for malnutrition with MUAC through outreach services.
87% of the comprehensive health centers providing the service.

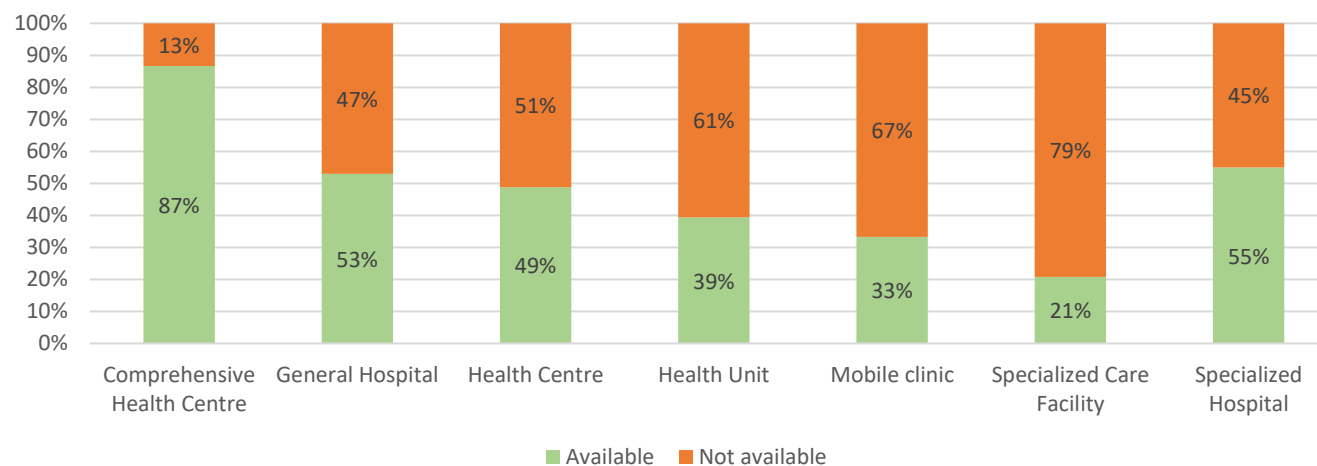


Figure 29: Follow up of malnourished children

52% of the facilities follow malnourished children, out of which **43%** provide this partially mainly due to lack of medical supplies.

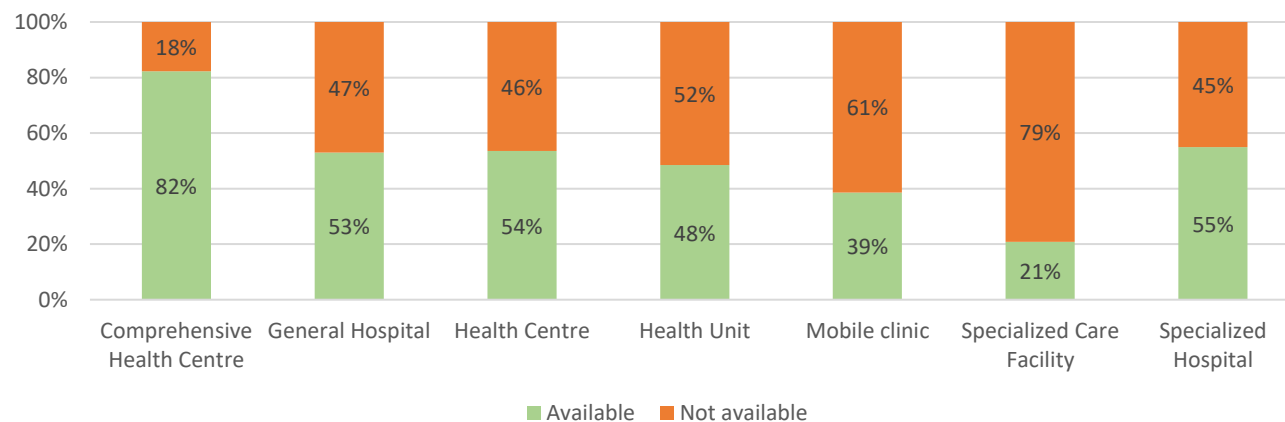


Figure 30: Screening for pregnancy for referral to ANC:

Screening for pregnancy for referral to ANC provides in **70%** of the facilities.
 Highest provision is through Comprehensive centers **96%**.

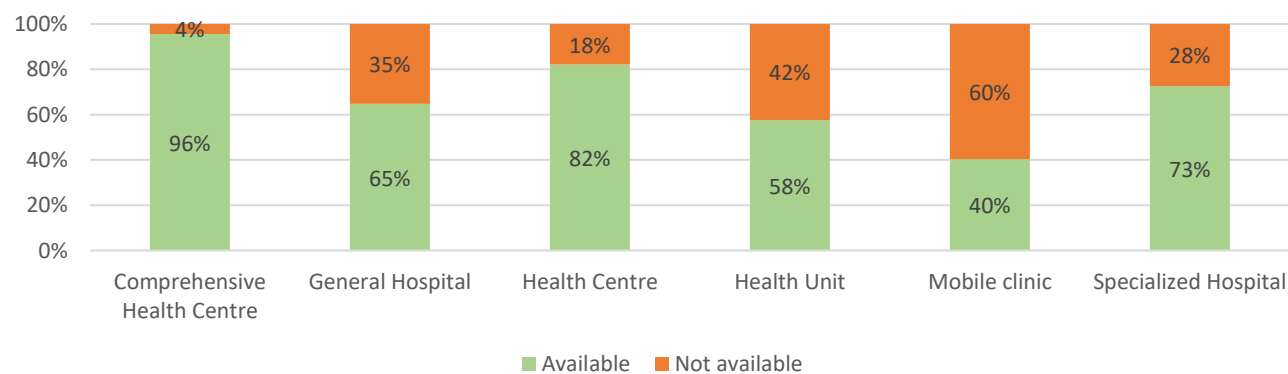
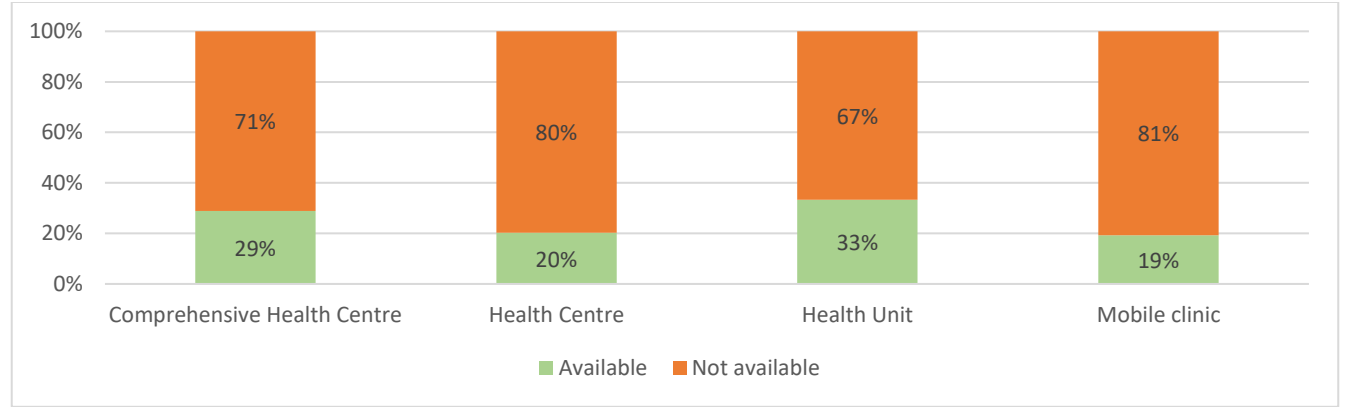


Figure 31: Follow up of treatment mental health patients

23% of the facilities provide the service.



11. Gap on health staff

Figure 32: percentage of HFs without general medical doctors

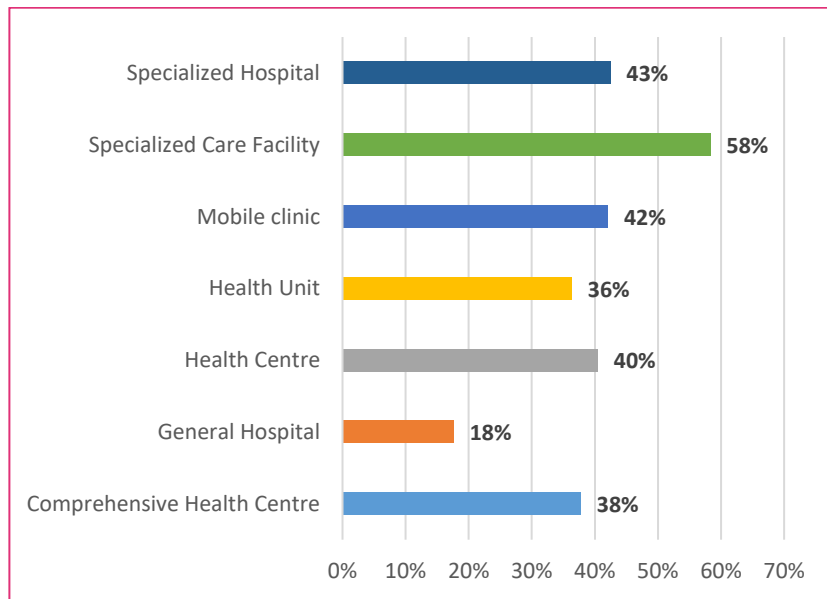


Figure 34: Percentage of HFs without internists

Figure 33: percentage of HFs without nurses

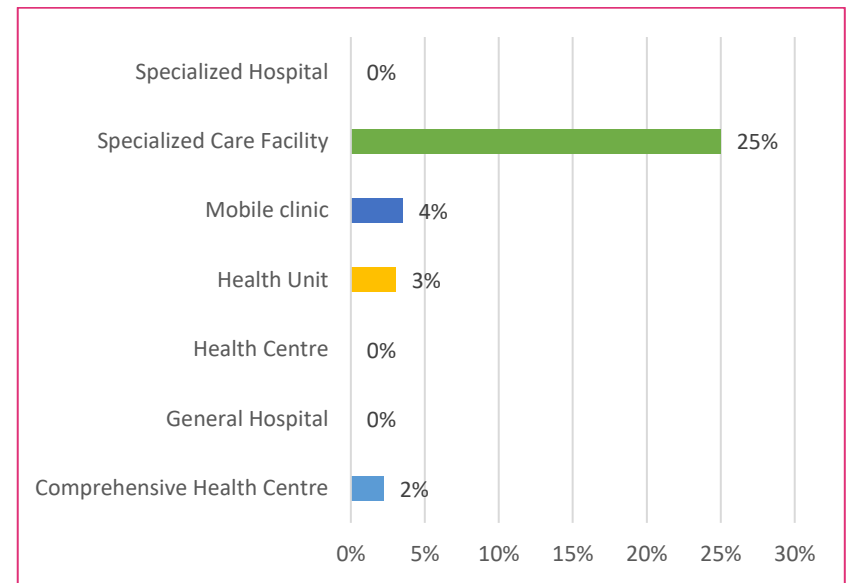


Figure 35: Percentage of HFs without Paediatrician

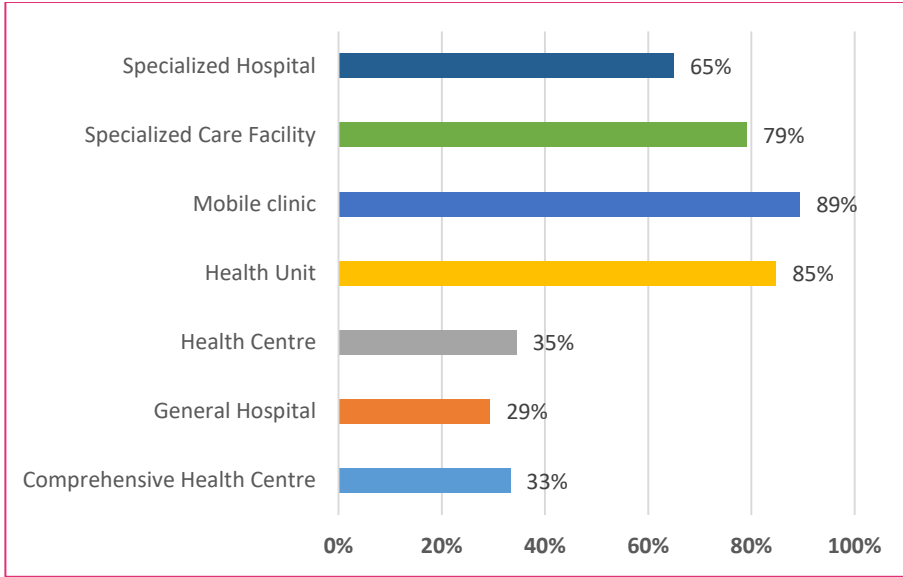


Figure 36: Percentage of HFs without Gynaecologist

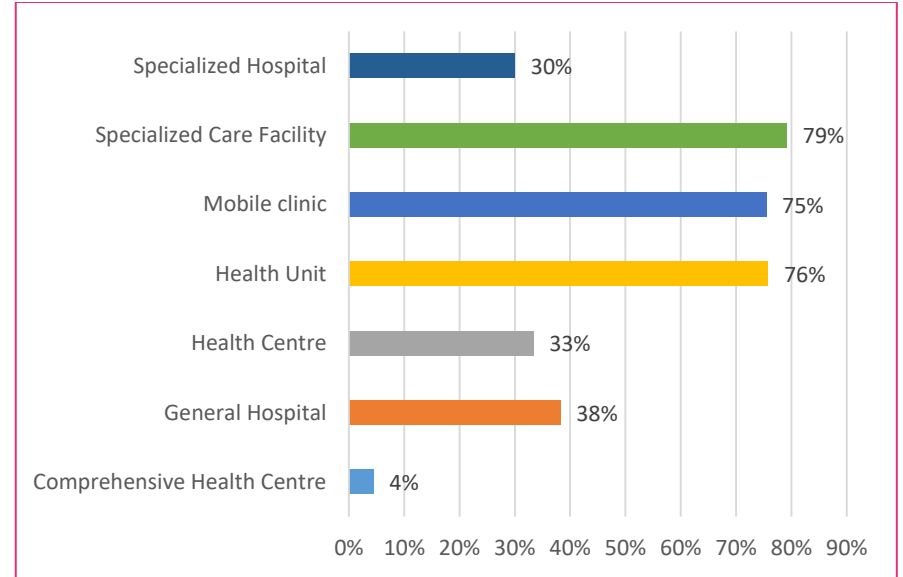


Figure 37: Percentage of HFs without Midwives

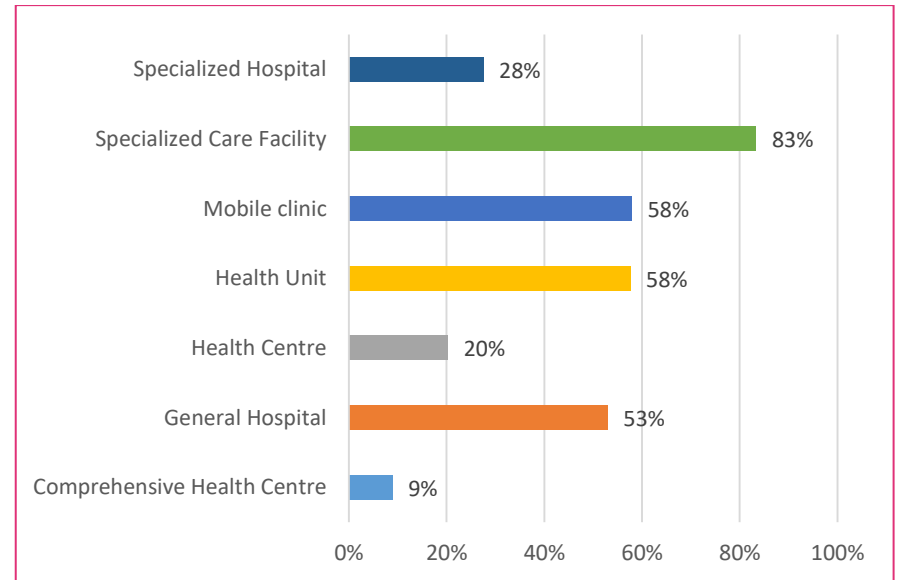
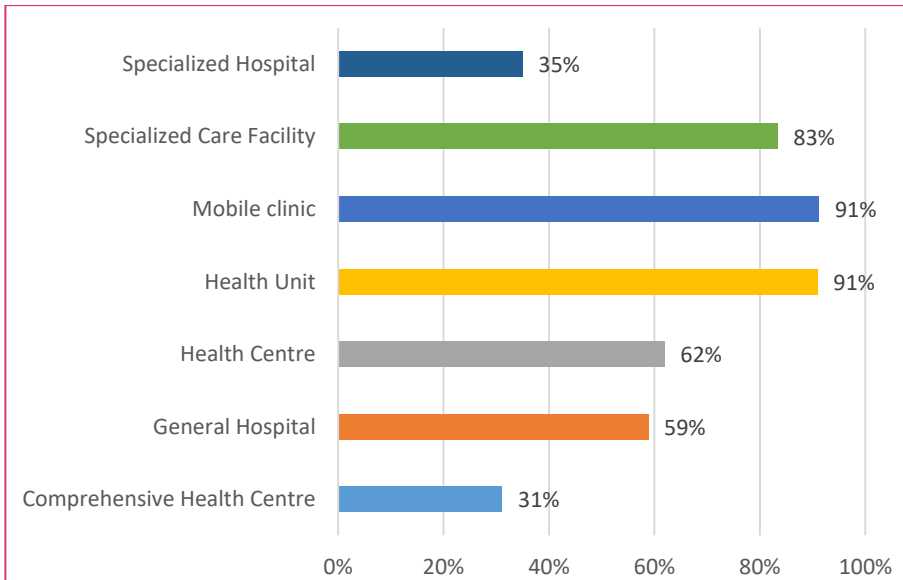


Figure 38: Percentage of hospitals without surgeons

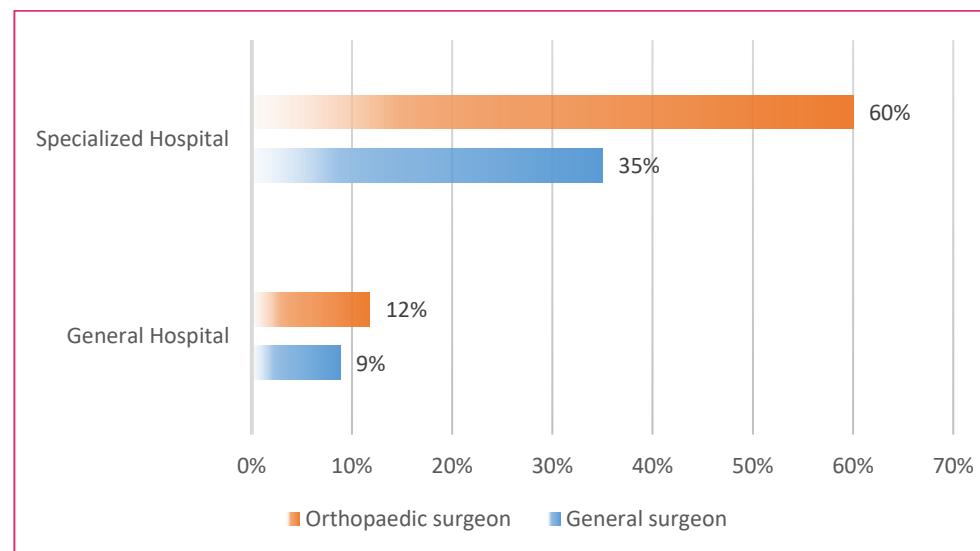


Table 1: Distribution of health staff by districts/populations (Aleppo/Idlib/Hama)

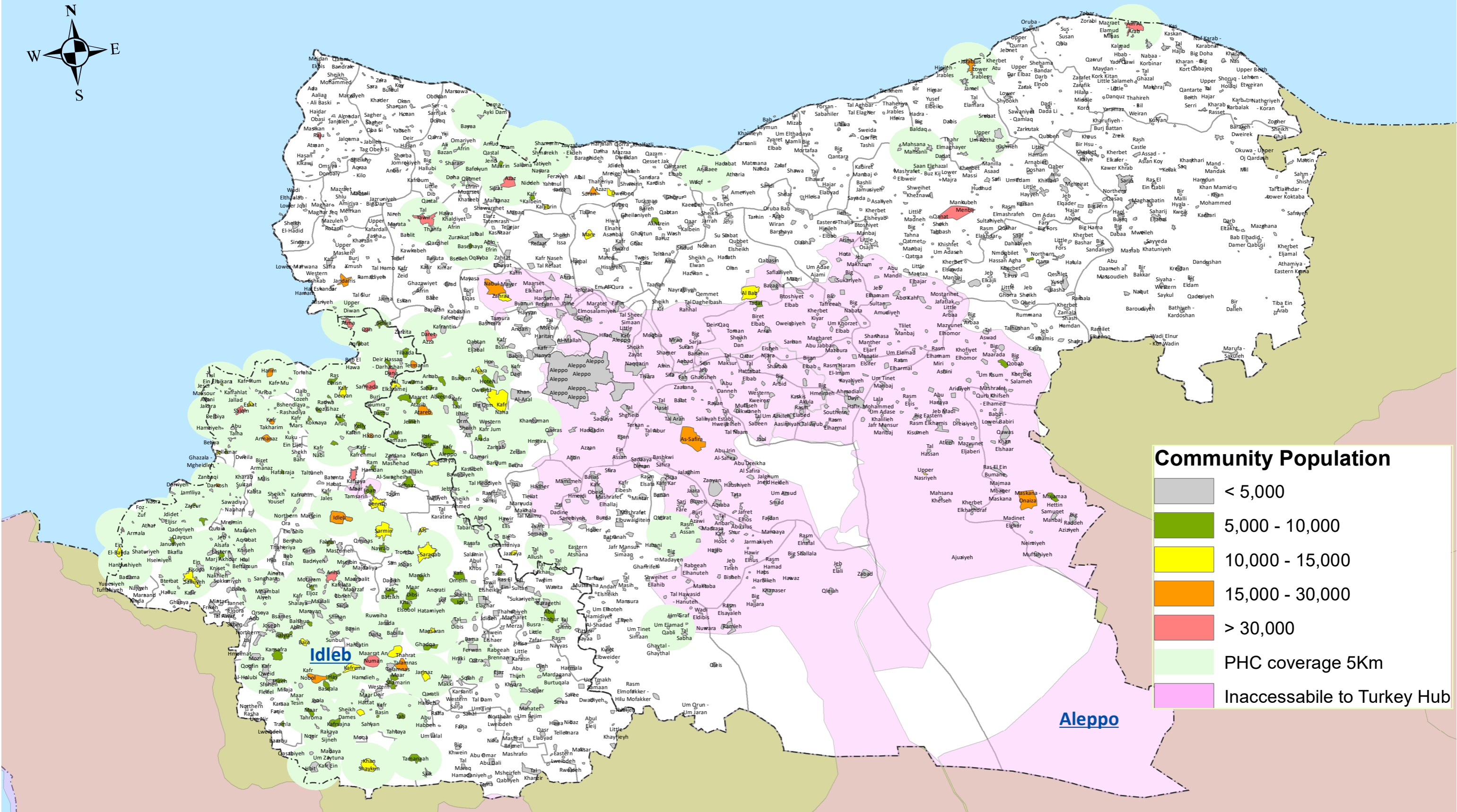
Governorates/District	Population*	#Hospitals	#PHCs**	General medical doctor	General surgeon	Orthopedic surgeon	Pediatrician	Gynecologist	Internist	Midwife	Nurses	CHWs	Pharmacist/dispenser
Aleppo/Jebel Saman	540,456	4	26	22	10	7	11	12	12	32	182	44	18
Aleppo/Al Bab	19,352		1	0	0	0	1	0	1	0	1	0	0
Aleppo/Afrin	298,248	1	5	14	2	2	5	8	8	15	28	28	9
Aleppo/A'zaz	373,760	6	21	33	22	5	29	10	12	35	138	107	26
Aleppo/Ain Al Arab*	126,644	0	1	1	0	0	0	0	0	0	3	0	1
Aleppo/As-Safira	64,224	0	1	0	0	0	0	1	1	1	4	4	1
Aleppo/Jarablus	131,640	0	5	1	0	0	5	0	4	1	6	3	1
Hama/Hama	57,128	3	5	12	8	7	5	0	2	6	71	16	10
Hama/As-Suqaylabiyah	44,880	0	16	7	0	0	8	1	4	8	70	14	11
Hama/As-Salamiyeh	18,104	0	3	3	0	0	2	1	2	5	11	6	3
Hama/Muhradah	57,128	3	3	6	7	6	2	1	2	3	50	9	5
Idlib/Idlib	643,232	8	20	63	15	16	30	23	35	49	320	58	35
Idlib/Al Ma'ra	719,968	9	20	43	25	11	29	28	21	67	293	80	33

Idleb/Harim	585,280	11	39	50	16	19	39	39	30	71	341	145	47
Idleb /Jisr-Ash-Shugur	224,728	4	15	18	14	9	15	8	13	34	163	64	21
Idleb/Ariha	319,384	3	13	11	8	4	18	11	14	30	105	33	13

* population data source is Immunization unit, Ain Al Arab source NPM

*Total of the 4 levels of PHC

Gaps in primary health care provision in Aleppo and Idlib northern Syria Turkey hub



Community Population

- < 5,000
- 5,000 - 10,000
- 10,000 - 15,000
- 15,000 - 30,000
- > 30,000
- PHC coverage 5Km
- Inaccessible to Turkey Hub

The boundaries and names shown and the designations used on this map 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 and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: HeRAMS
 Population: NPM Dec 2016
 World Health Organization, Gaziantep
 Info: elameinm@who.int
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