



World Health
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HeRAMS Annual Report

2019

**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 2019 to December 2019.

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

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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.

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Key indicators

938,986

of Consultations
(during 2019)

28

UNRWA Health
Centres

100%

Completeness rate

75%

Fully functioning

0%

Partially functioning

25%

Non-functioning

29%

Fully damaged

0%

Partially damaged

71%

Intact

81

of medical
doctors

107

of nurses &
midwives

1. Assessed health centres'

Figure 1: Classification of health centres

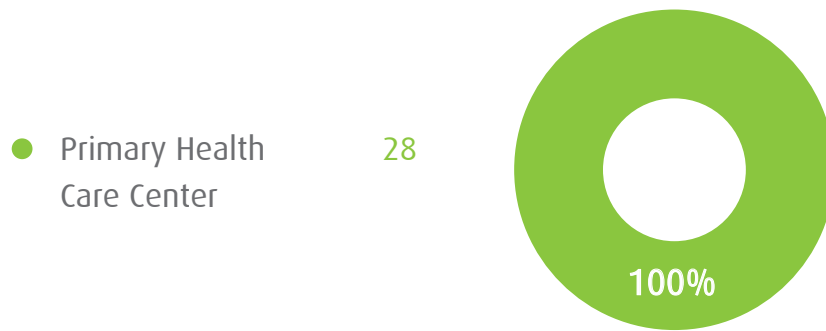
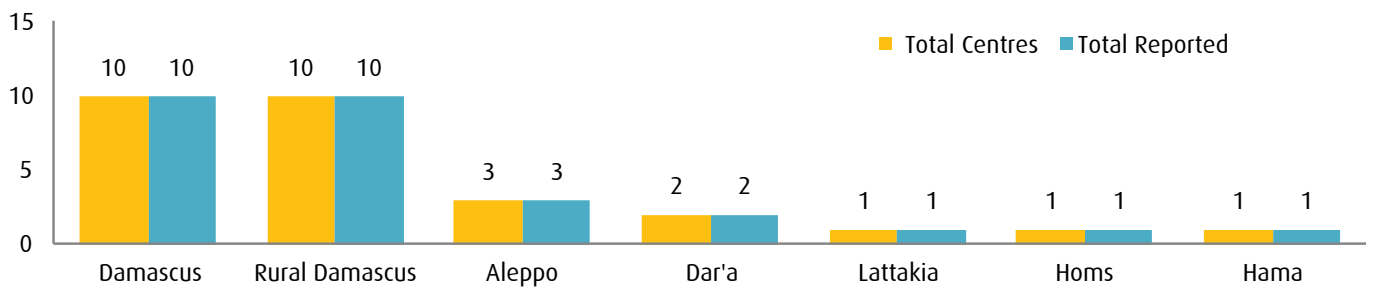


Figure 2: Completeness of reporting of health centres at governorate level, 4th Quarter 2019



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 2019

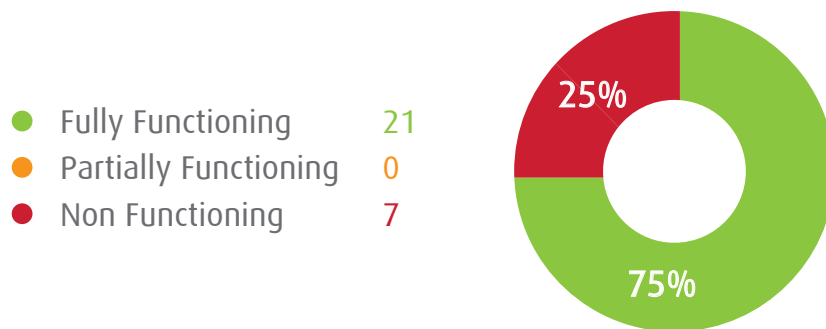
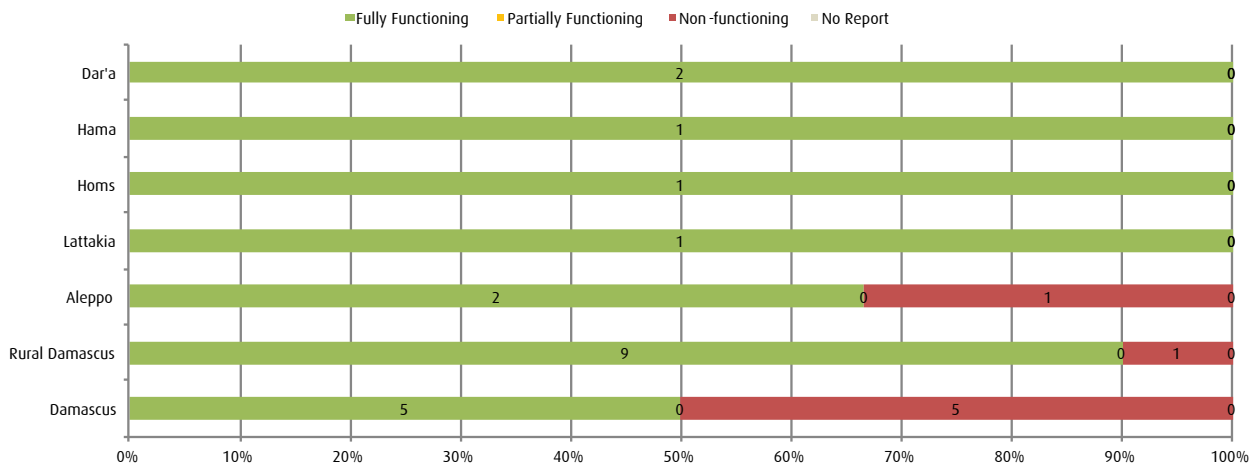


Figure 4: Functionality status, per governorate, 4th Quarter 2019



Map1: Functionality status, per governorate, 4th Quarter 2019

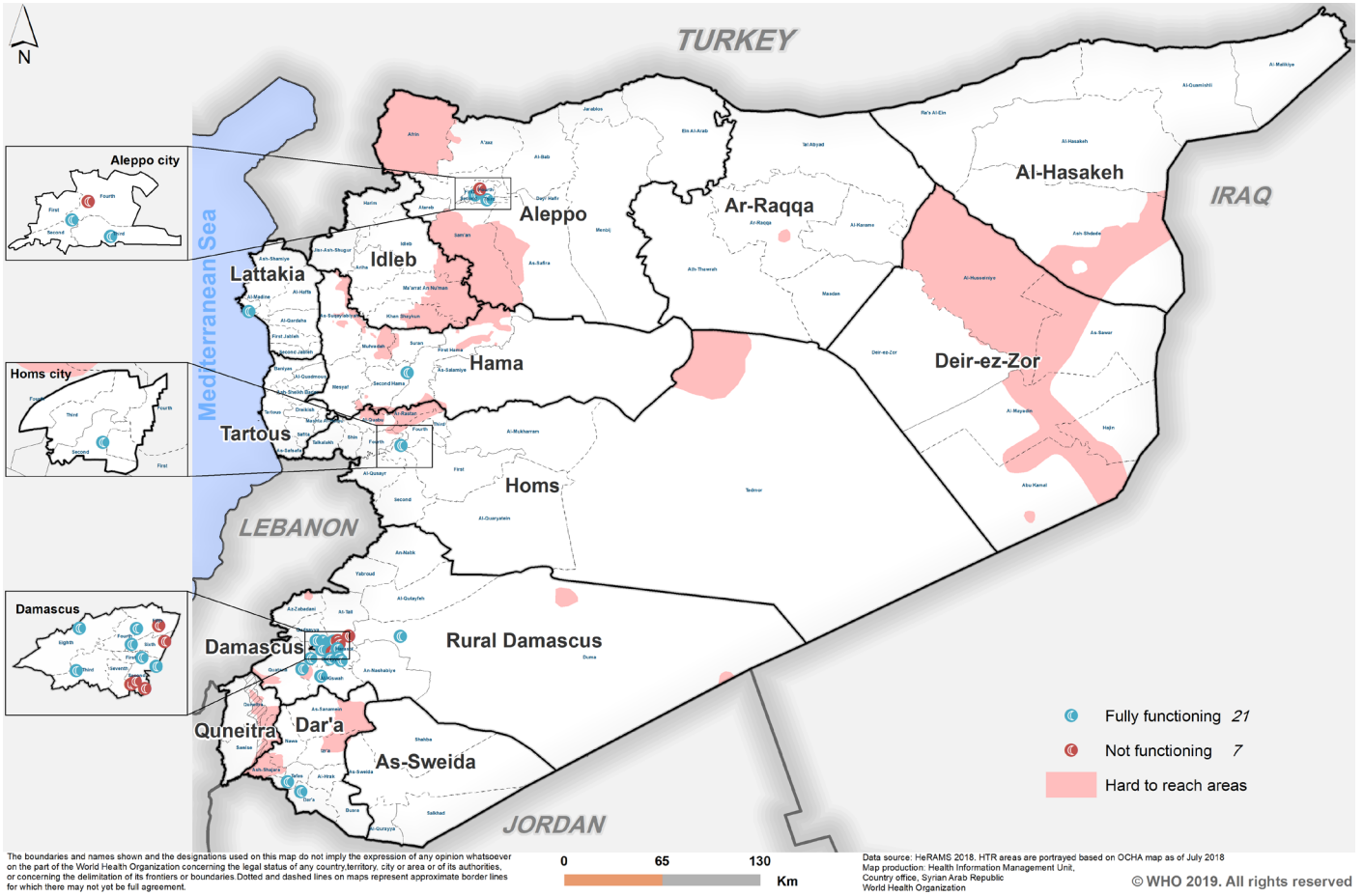
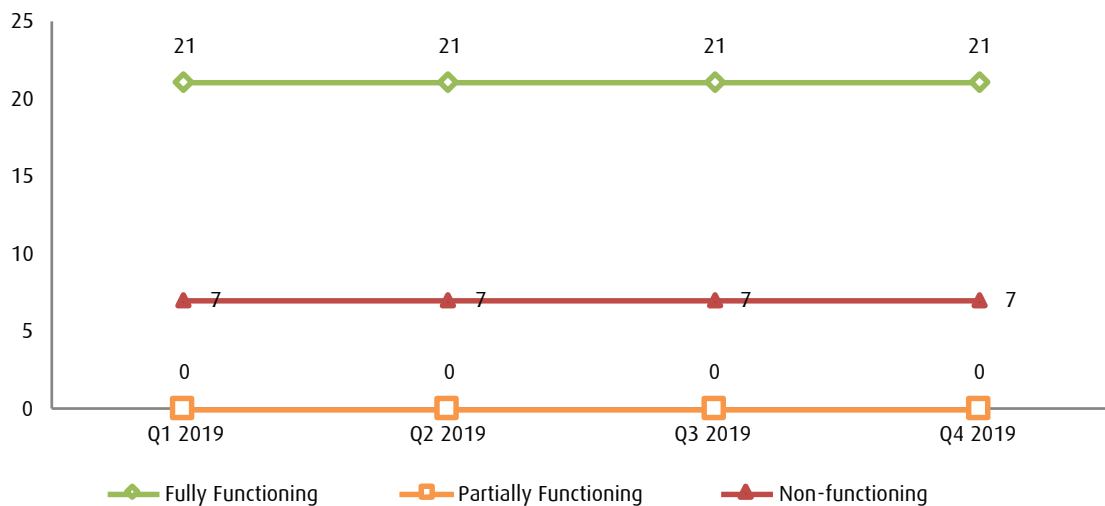


Figure 5: Trend analysis of functionality status, between 1st to 4th Quarter 2019



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 2019

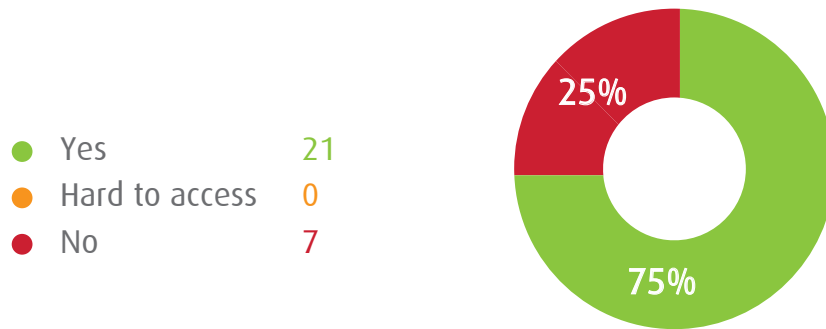
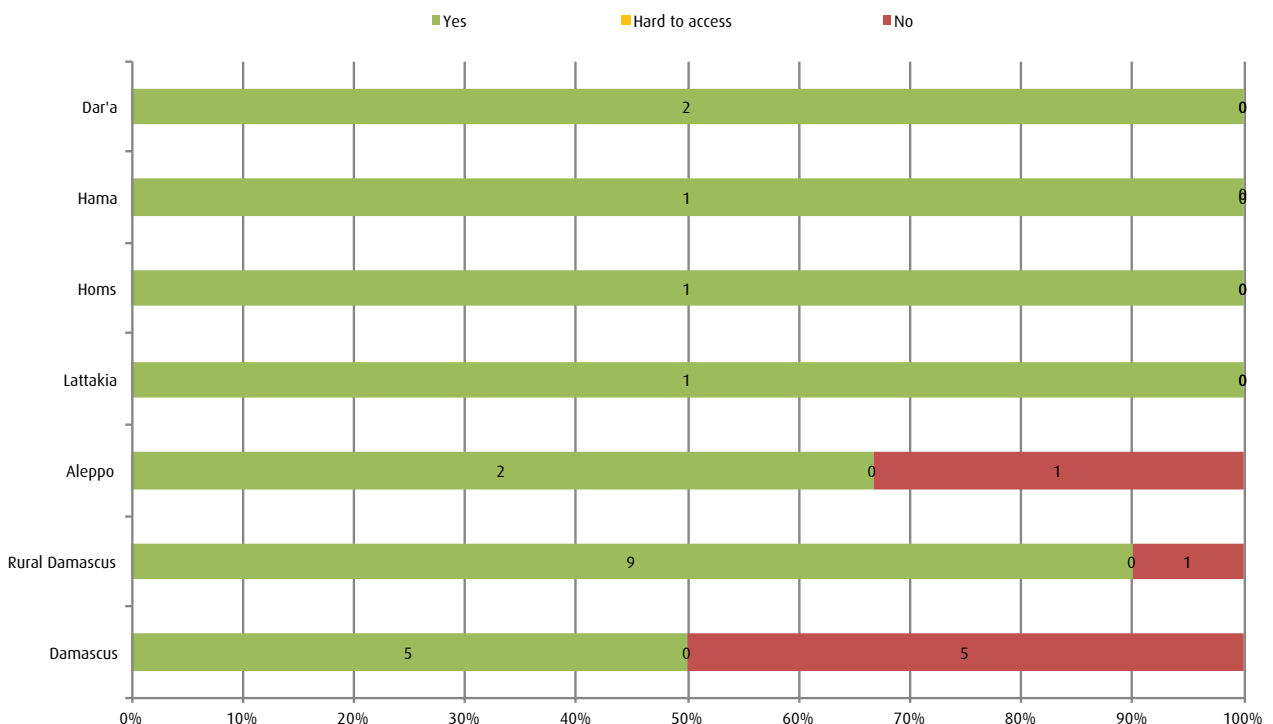


Figure 7: Accessibility status per governorate, 4th Quarter 2019



Map2: Accessibility status per governorate, 4th Quarter 2019

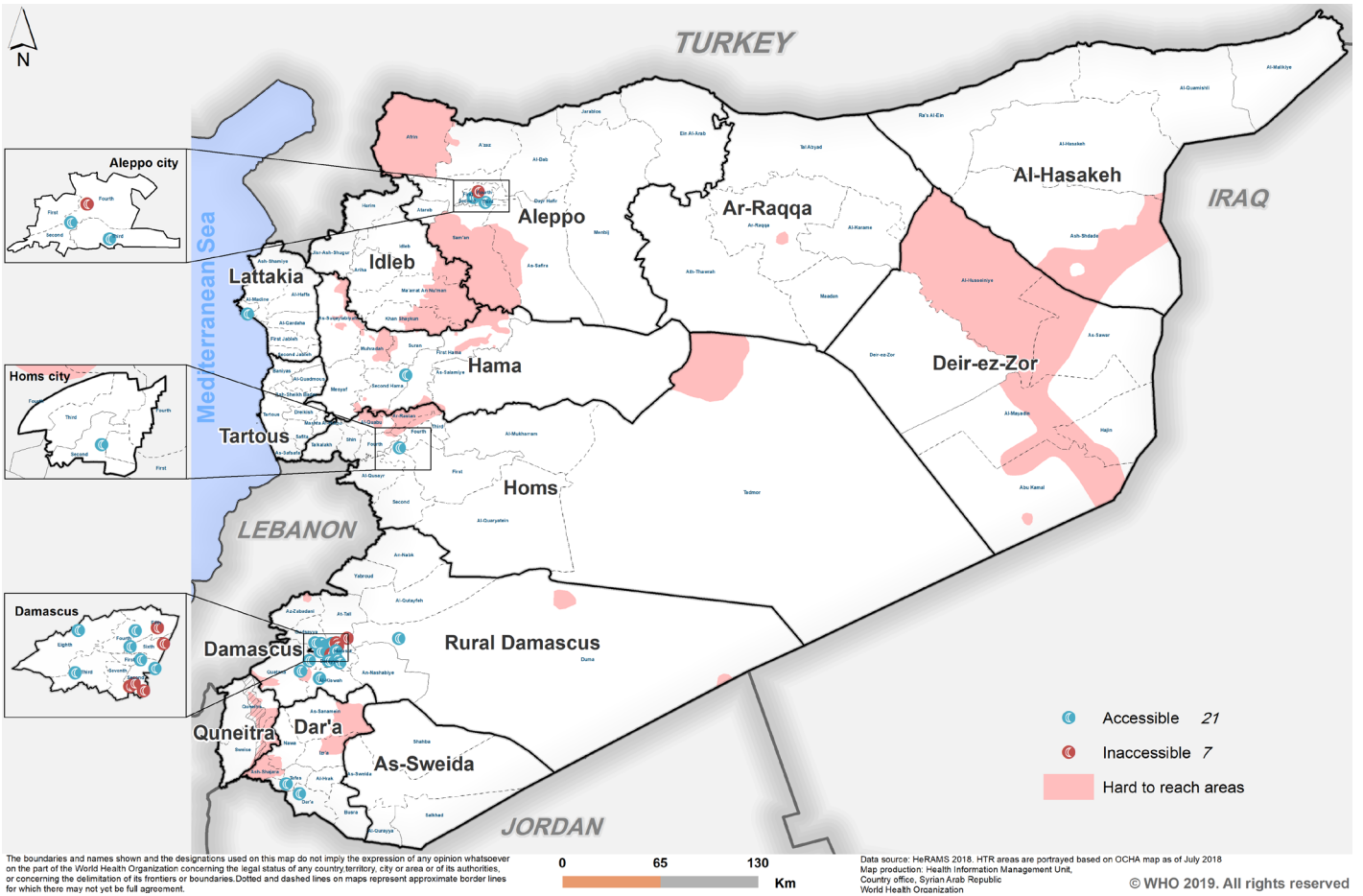
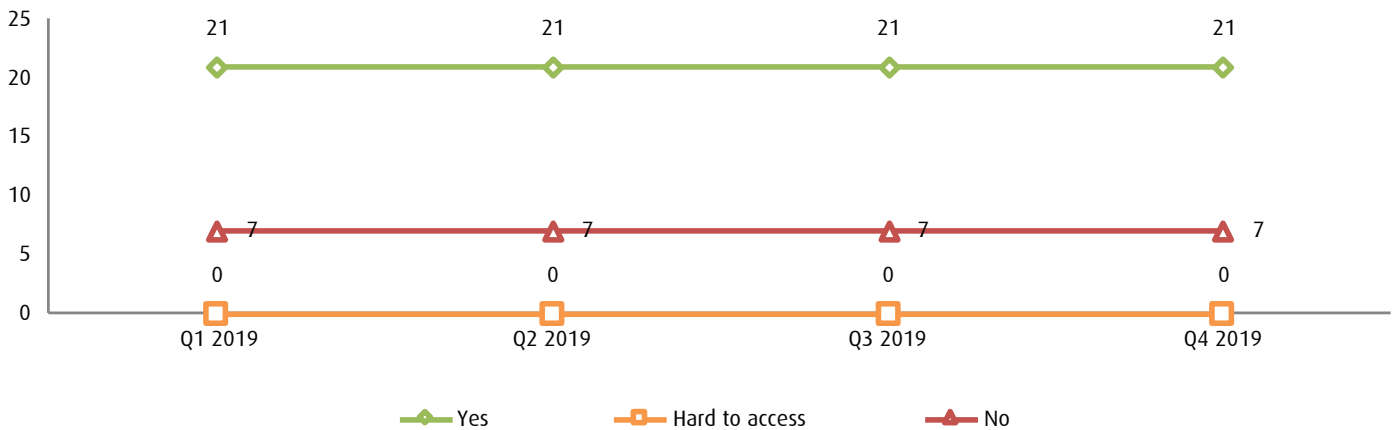


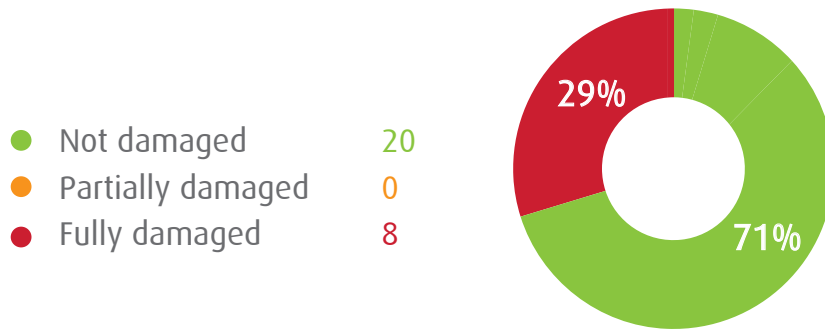
Figure 8: Trend analysis of accessibility to health centres, between 1st to 4th Quarter 2019



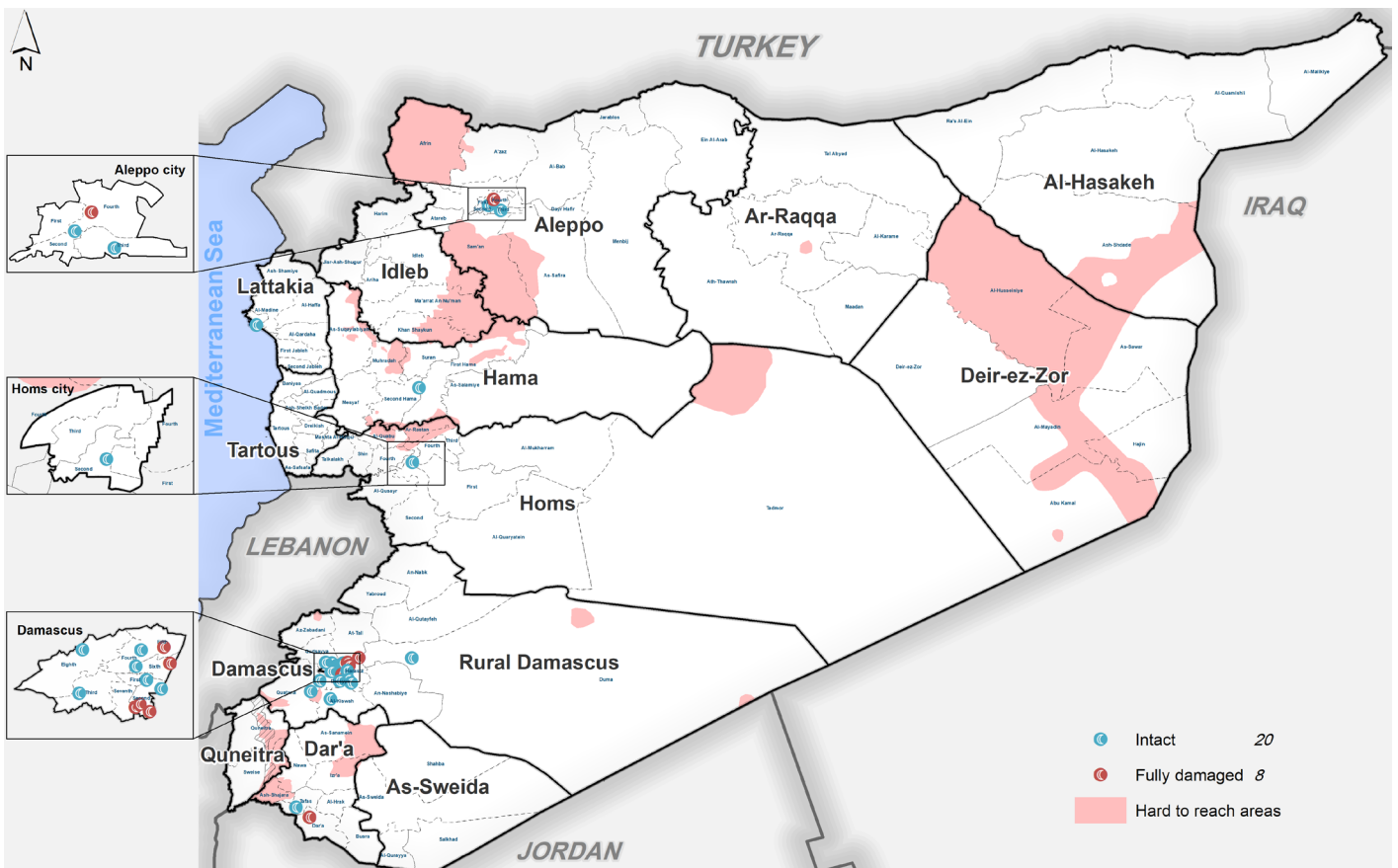
4. Level of damage to health centres' buildings

- **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 2019



Map3: Level of damage of the health centres' buildings by governorate, 4th Quarter 2019



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Data source: HeRAMS 2018. HTR areas are portrayed based on OCHA map as of July 2018
Map production: Health Information Management Unit, Country office, Syrian Arab Republic, World Health Organization

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Figure 10: Level of damage of the health centres' buildings by governorate, 4th Quarter 2019

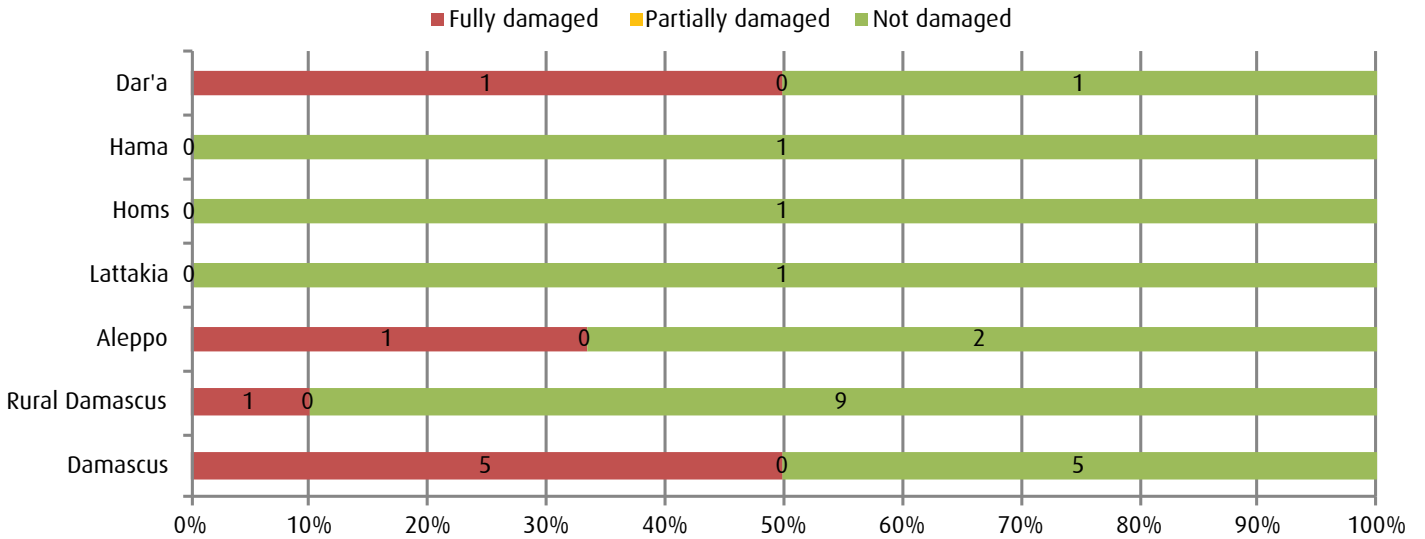
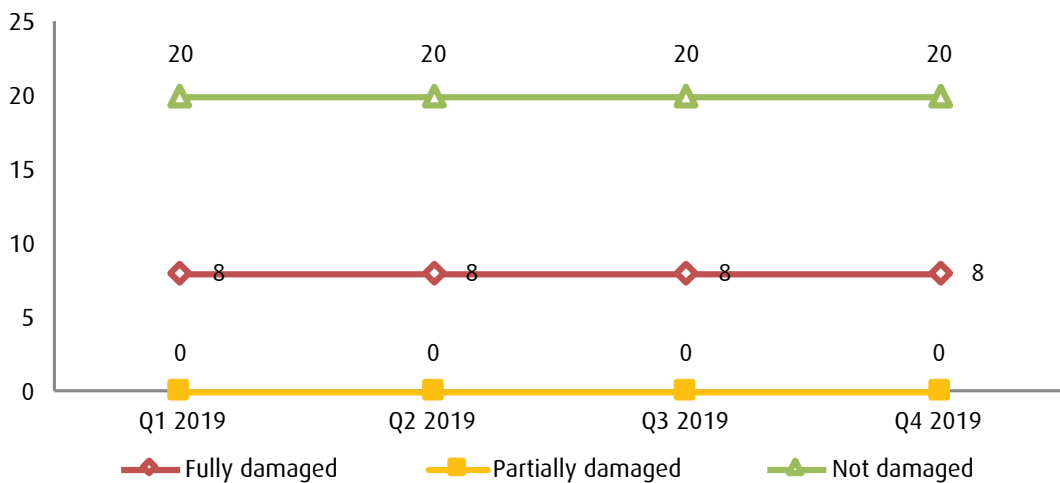


Figure 11: Level of damage of the health centres' buildings by governorate, between 1st to 4th Quarter 2019



5. Infrastructure patterns of the functional health centres

5.1. Water

Figure 12: Main sources of water, 4th Quarter 2019

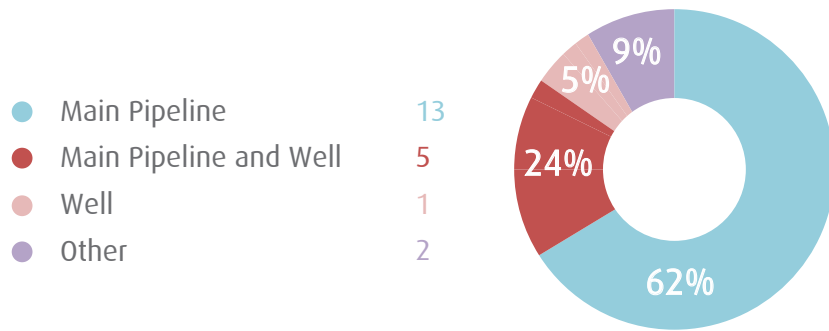


Figure 13: Distribution of water sources/ types at functional health centres, per governorate, 4th Quarter 2019

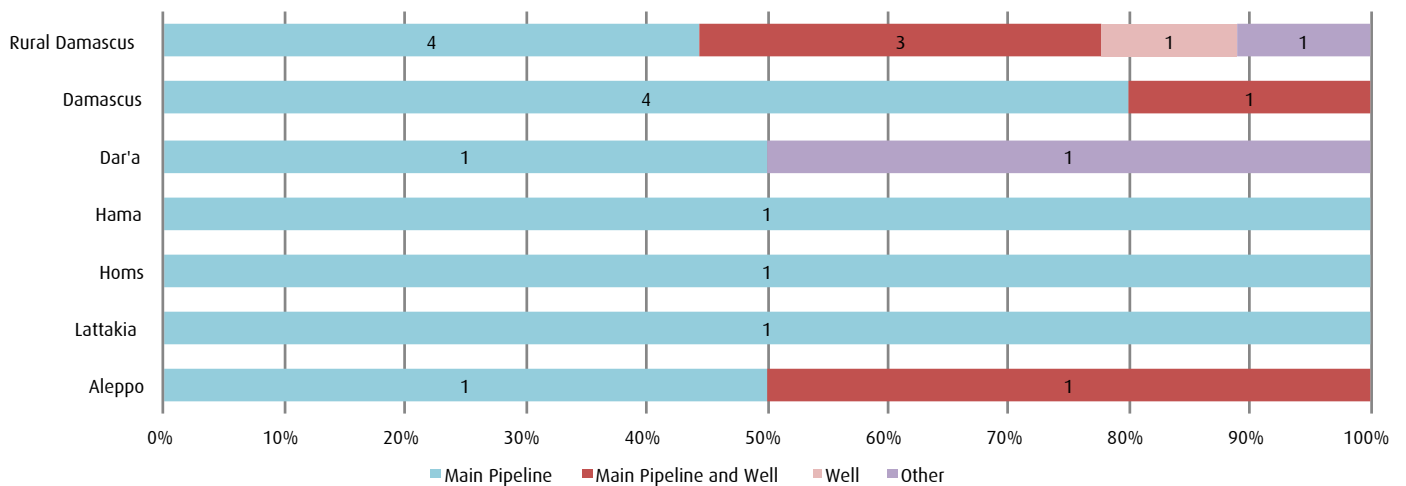
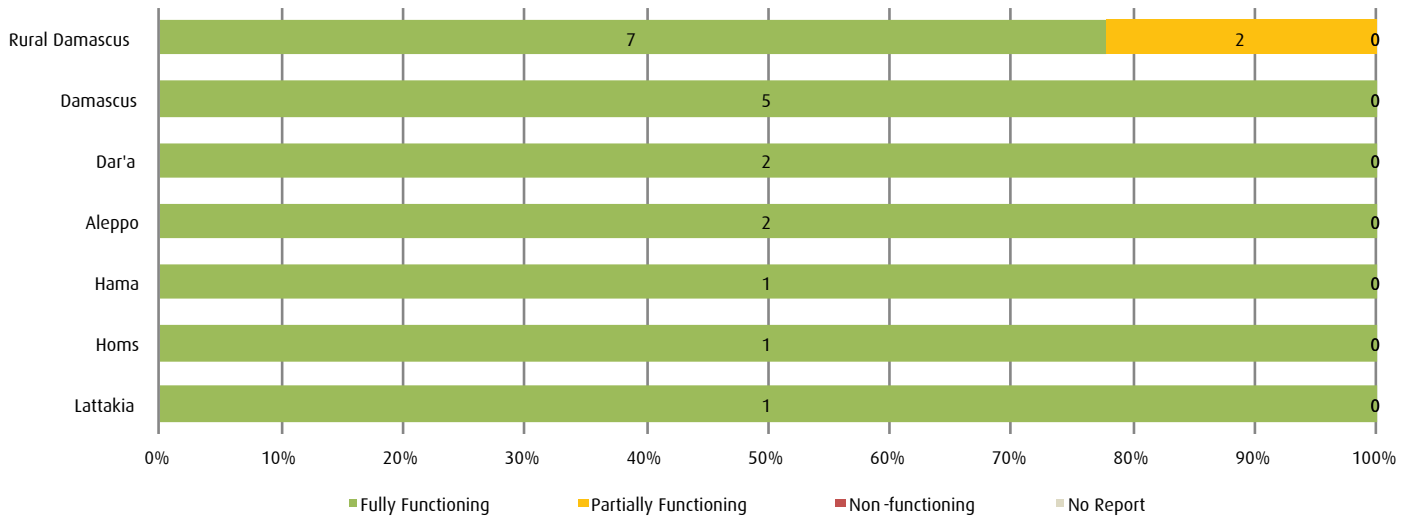
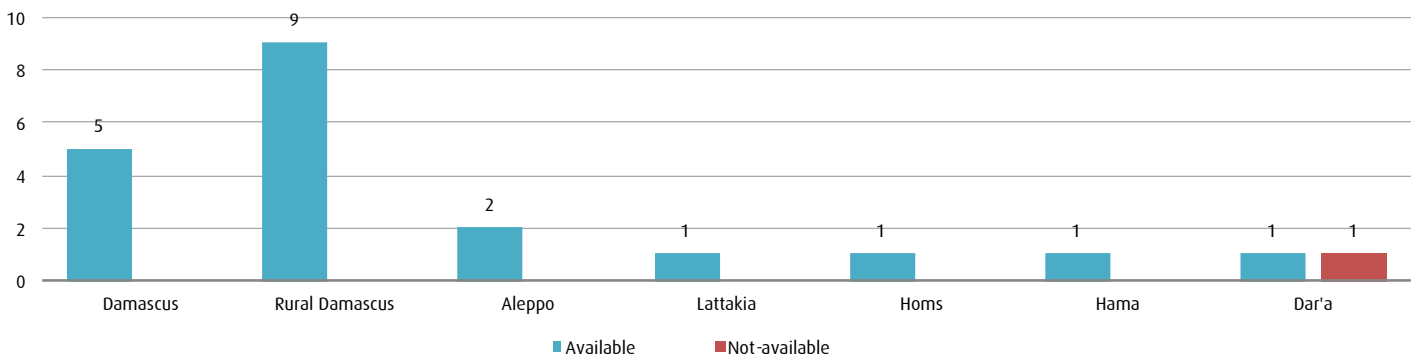


Figure 14: Functionality status of the water sources at functional health centres, 4th Quarter 2019



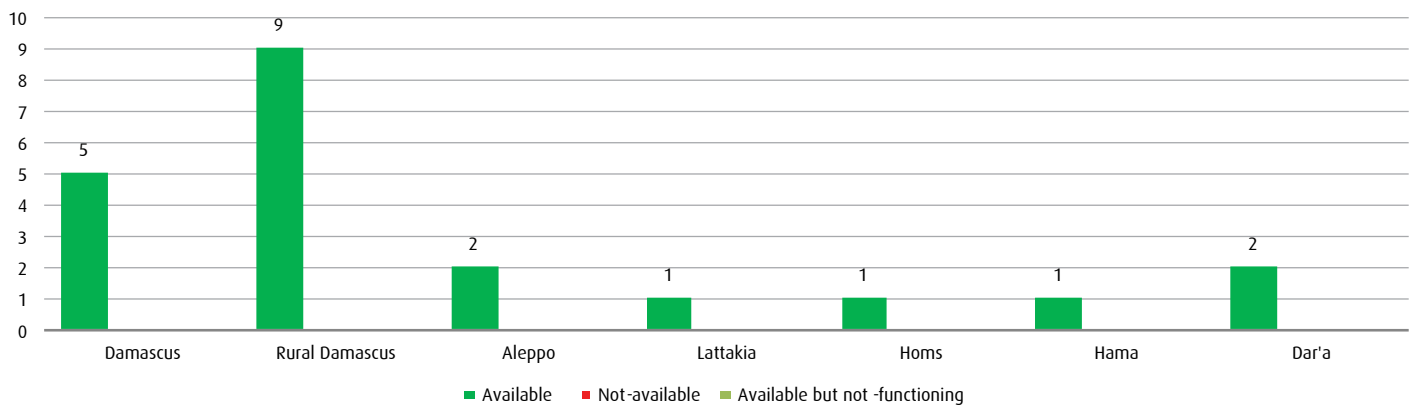
5.2 Electricity generators

Figure 15: Availability of electricity generators in the functional health centres per governorate, 4th Quarter 2019



5.3 Refrigerator for vaccine

Figure 16: Availability of refrigerators in the functional health centres, per governorate, 4th Quarter 2019



6. Availability of human resources for health

Figure 17: Proportion of health staff in health centres, Dec 2019

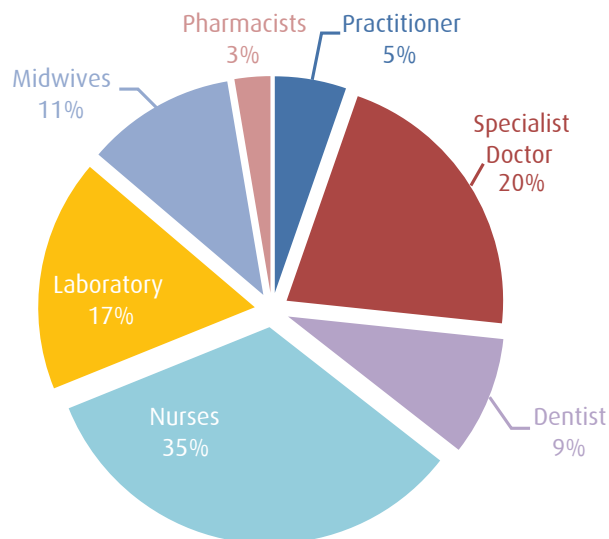
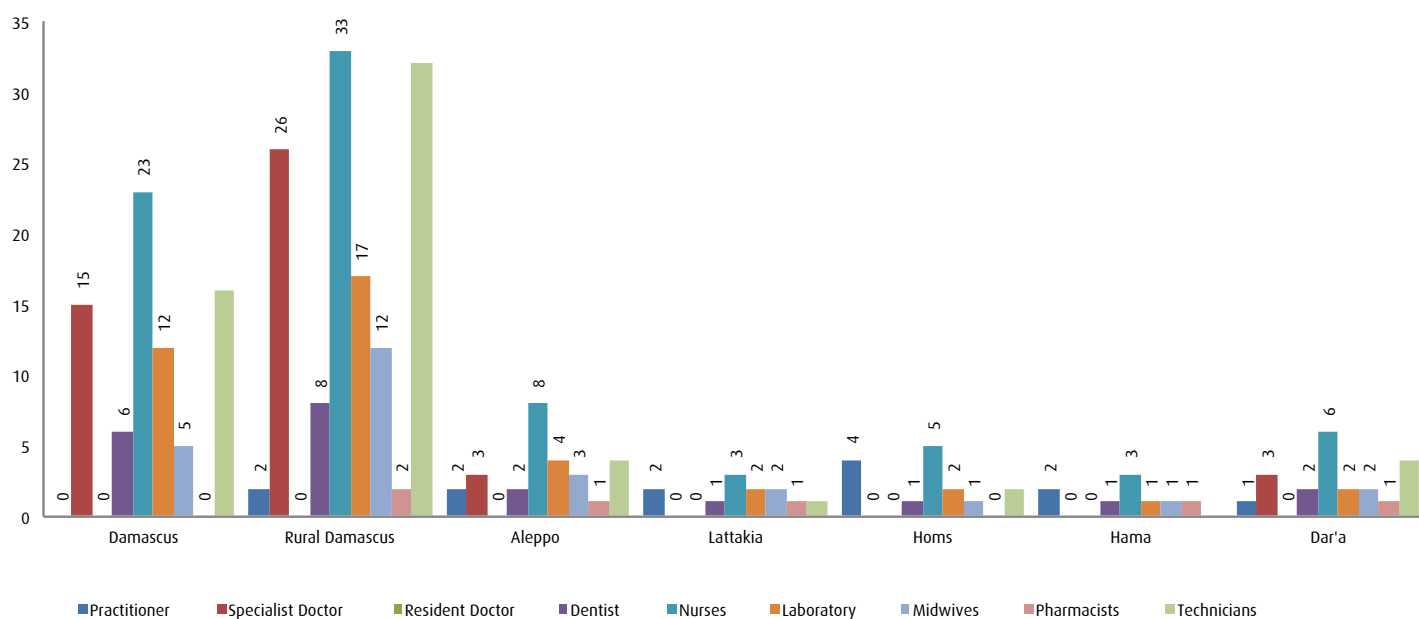


Figure 18: Distribution of health staff at health centres, per governorate, Dec 2019

Table 1: Availability of human resources of functioning health centres, per governorate, Dec 2019

Governorate	Practitioner	Specialist Doctor	Resident Doctor	Dentist	Nurses	Laboratory	Midwives	Pharmacists	University*	Technicians	Others
Damascus	0	15	0	6	23	12	5	0	7	16	15
Rural Damascus	2	26	0	8	33	17	12	2	6	32	28
Aleppo	2	3	0	2	8	4	3	1	3	4	4
Lattakia	2	0	0	1	3	2	2	1	2	1	2
Homs	4	0	0	1	5	2	1	0	1	2	3
Hama	2	0	0	1	3	1	1	1	1	0	3
Dar'a	1	3	0	2	6	2	2	1	0	4	8
Grand Total	13	47	0	21	81	40	26	6	20	59	63

* 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 2019

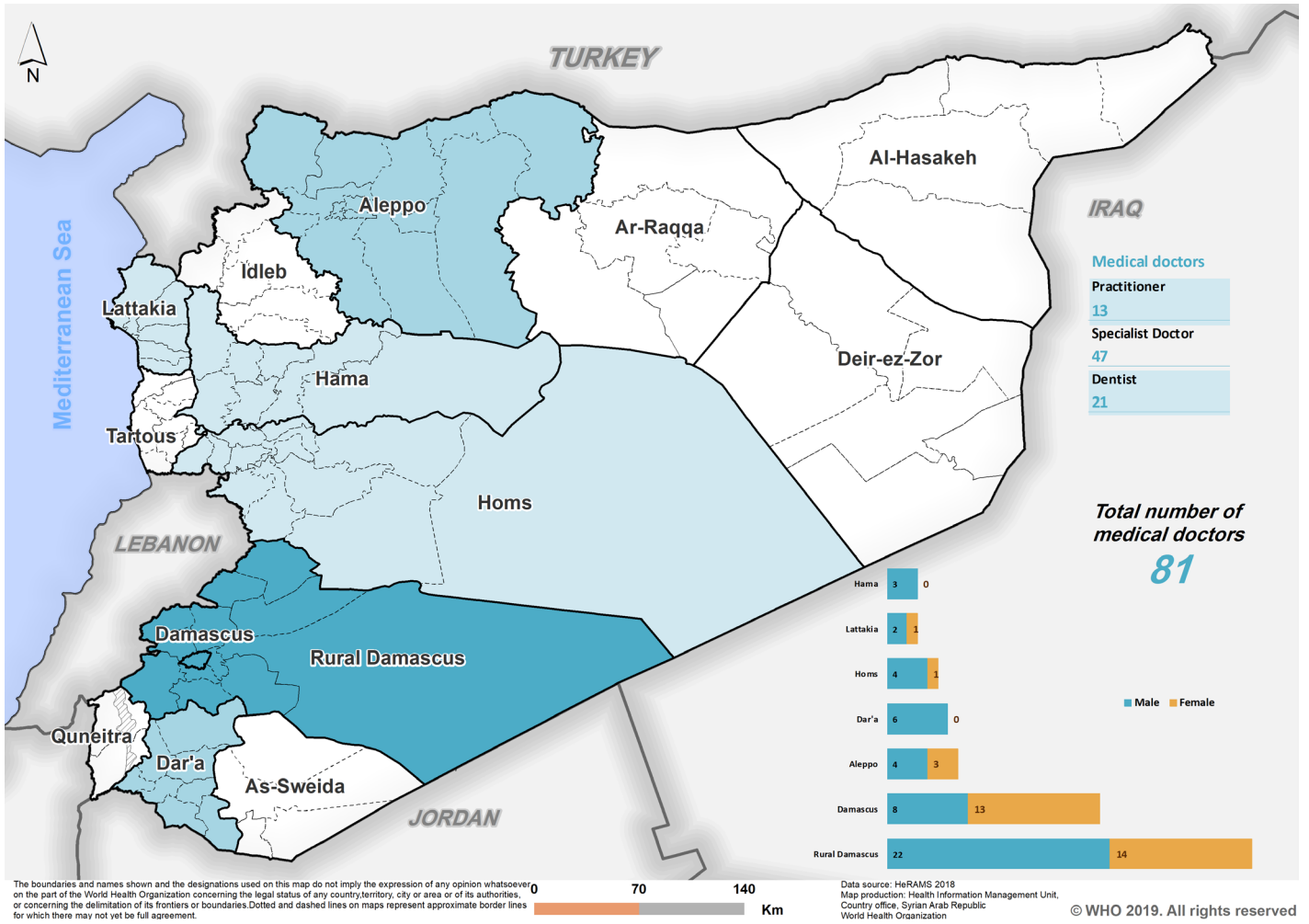


Figure 19: Proportion of medical doctors [a total of general practitioners, specialist, resident doctors, and dentists] by gender, per governorate, Dec 2019

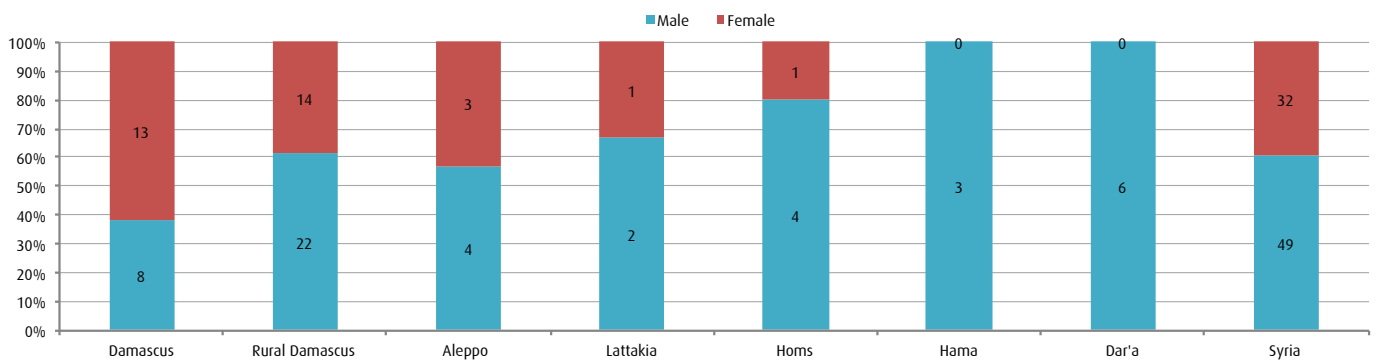


Figure 20: Trend analysis of medical doctors [a total of general practitioners, specialists, resident doctors, and dentists] in health centres, between 1st and 4th Quarter 2019

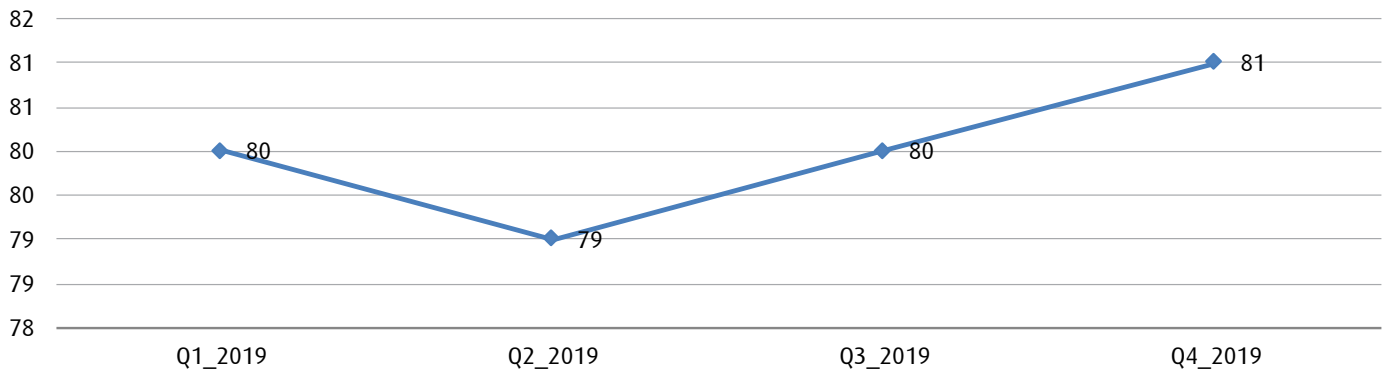


Figure 21: Trend analysis of number of nurses in health centres, between 1st and 4th Quarter 2019

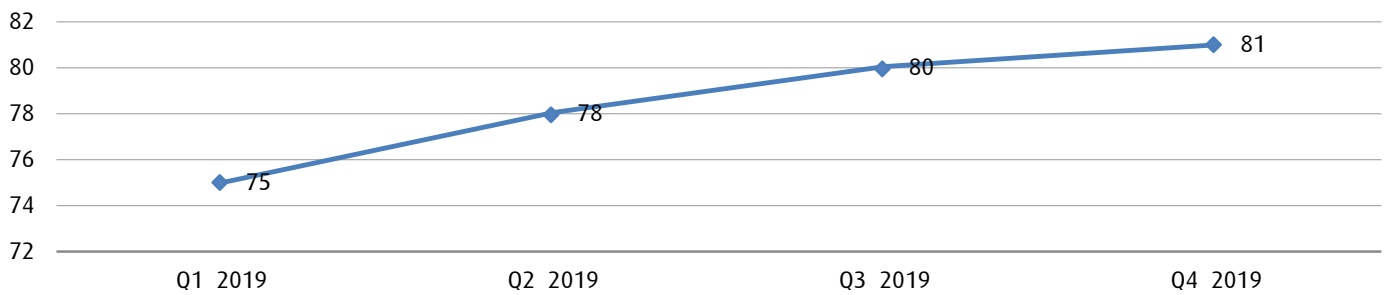
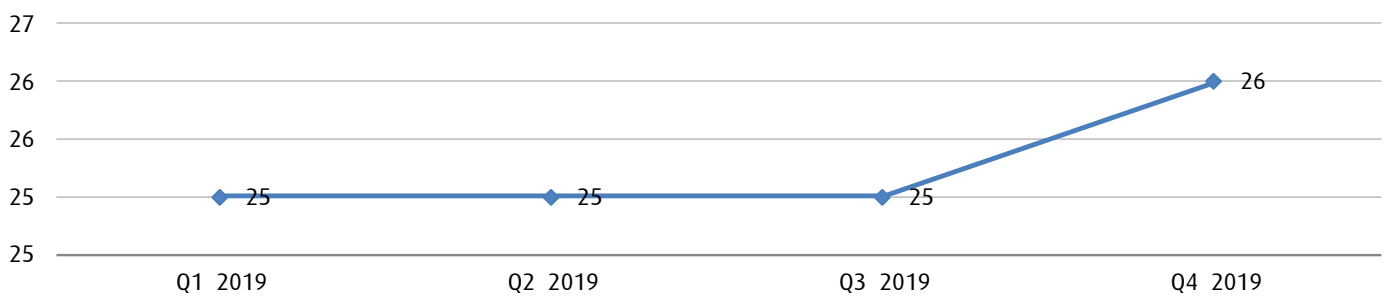


Figure 22: Trend analysis of number of midwives in health centres, between 1st and 4th Quarter 2019



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 2019



8. Utilization of health services

Figure 24: Estimated caseload of functional health centres (consultations), during 2019

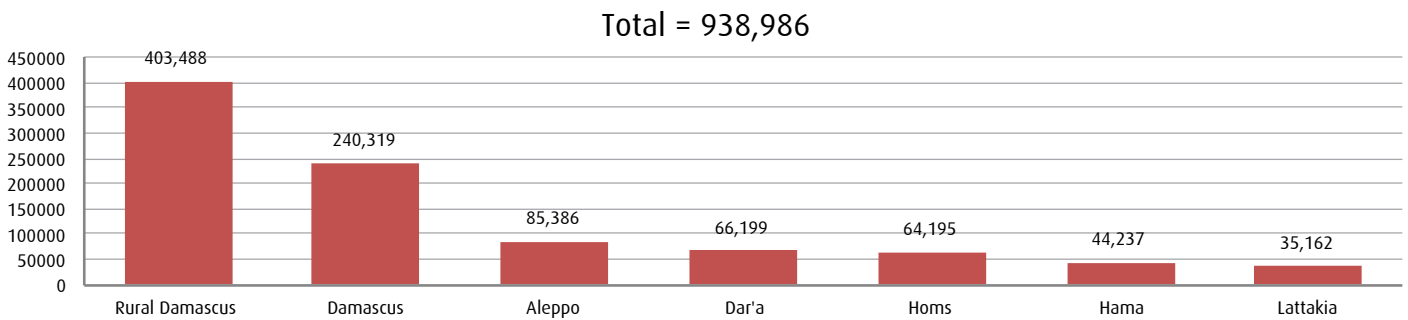


Figure 25: Trend analysis of estimated caseload in health centres (consultations), between 1st to 4th Quarter 2019 (during 2019 = 938,986)

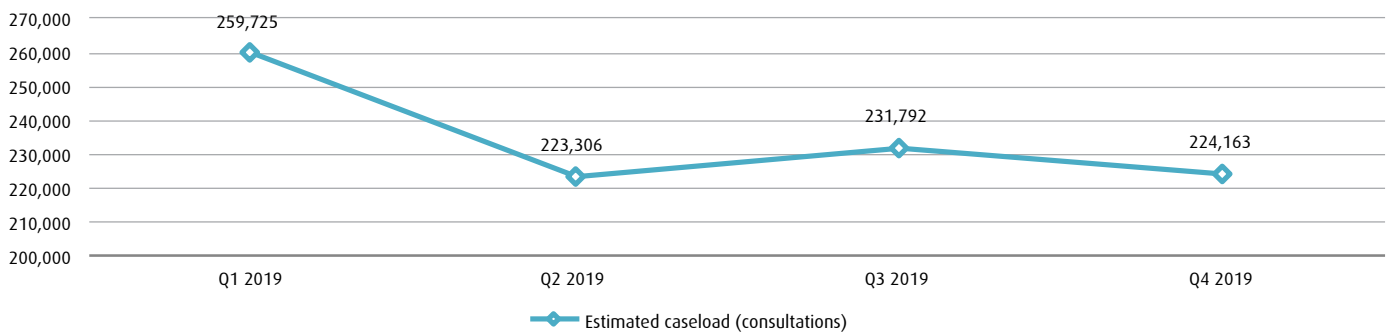
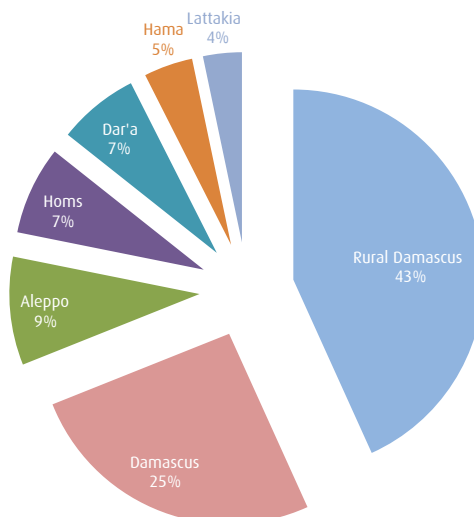


Figure 26: Proportions of workload, per governorate, during 2019



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 2019

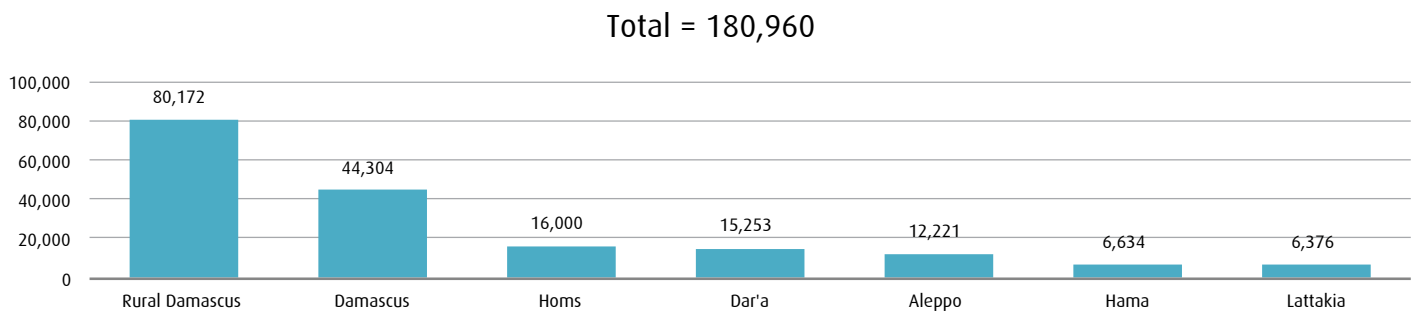
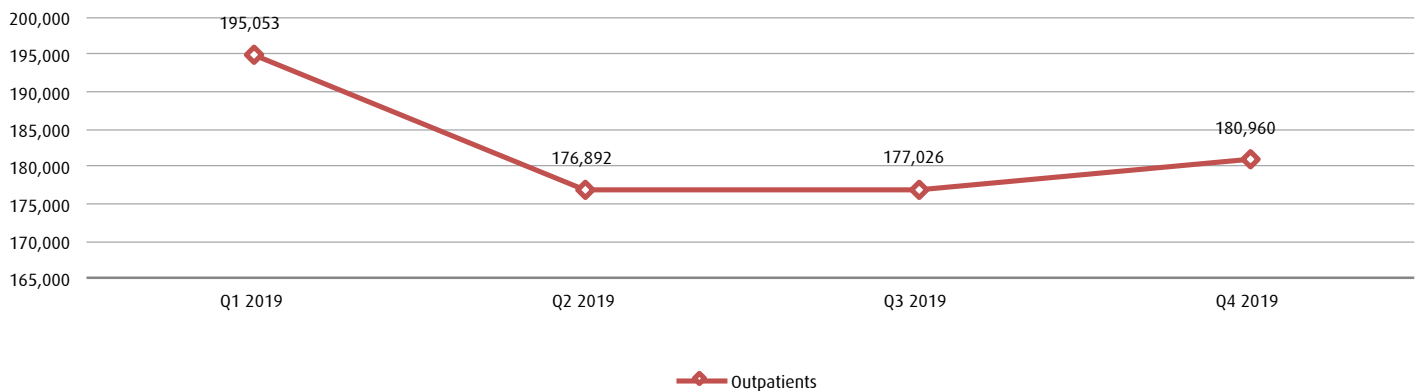


Figure 28: Trend analysis of outpatients in health centres, between 1st to 4th Quarter 2019 (during 2019 = 729,931)



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 2019

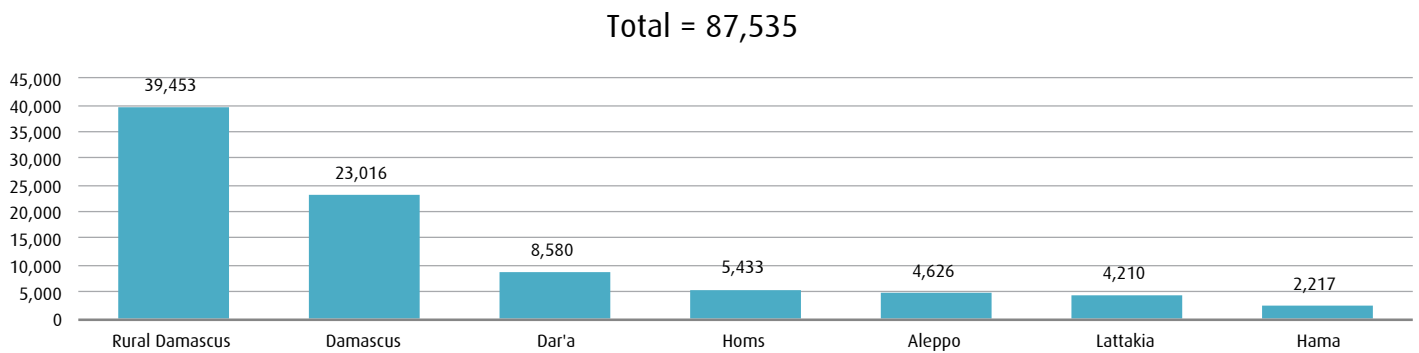
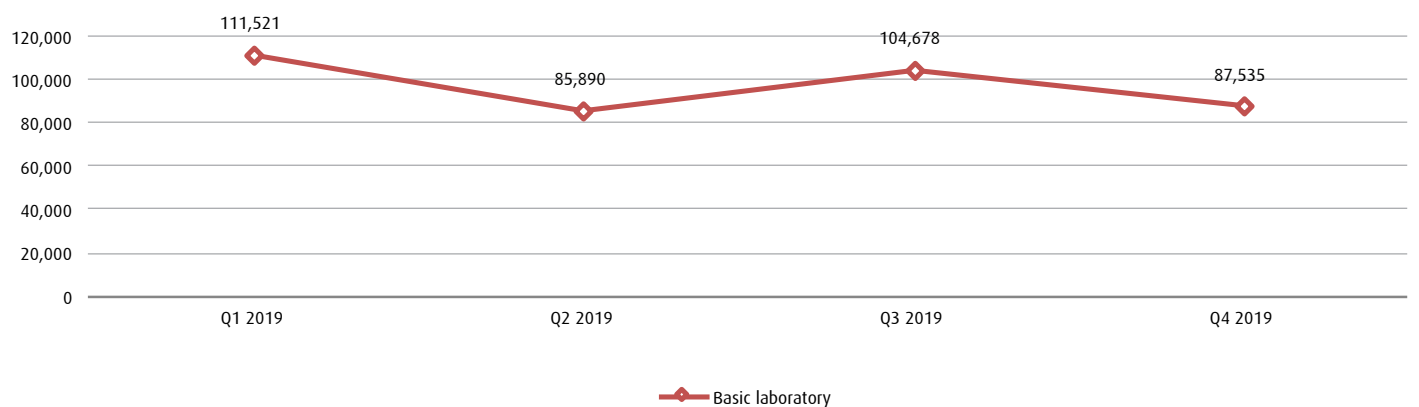


Figure 30: Trend analysis of laboratories tests in laboratories in health centres, between 1st to 4th Quarter 2019 (during 2019 = 389,624)



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 2019

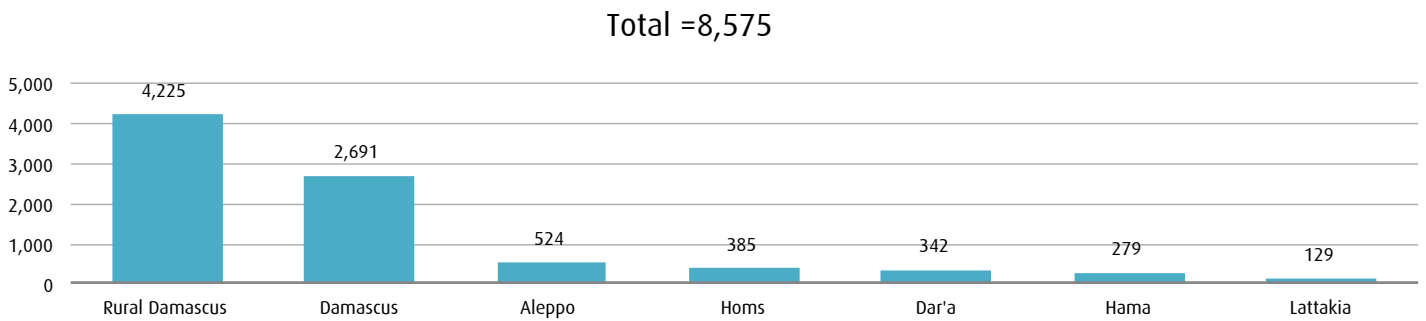
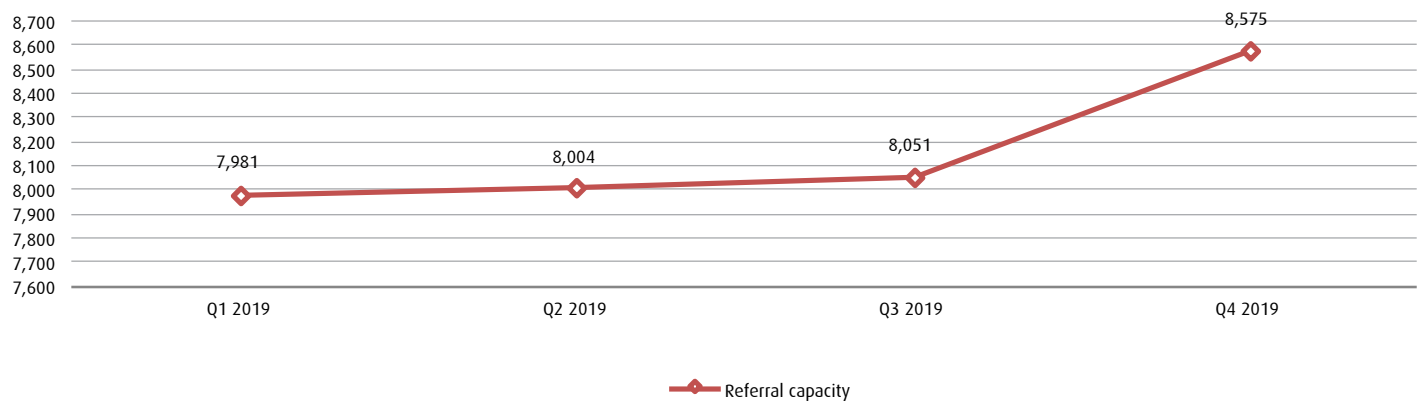


Figure 32: Trend analysis of referred cases, between 1st to 4th Quarter 2019 (during 2019 = 32,611)



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 2019

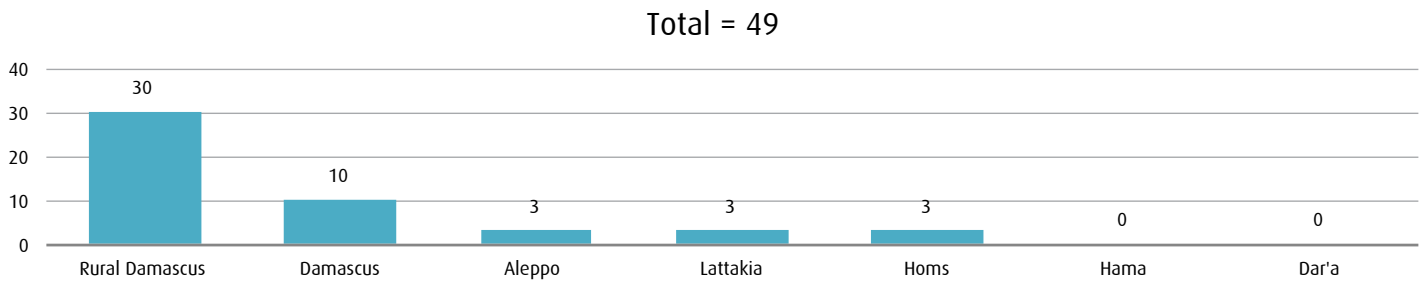
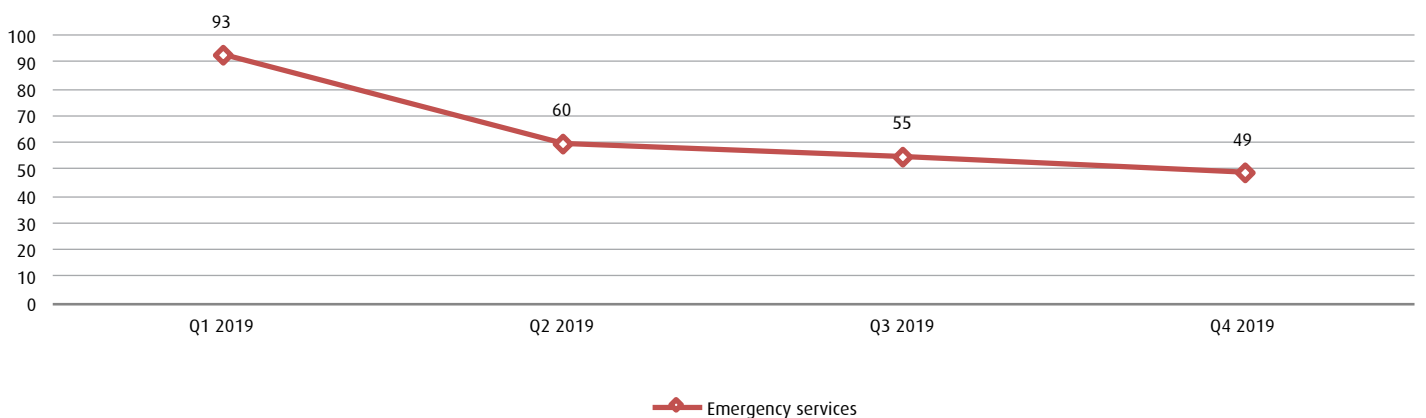


Figure 34: Trend analysis of emergency services cases in health centres, between 1st to 4th Quarter 2019 (during 2019 = 257)



8.3 Child health

i. Diarrhea Management

Figure 35: The number of diarrhea cases (children) in health centres, 4th Quarter 2019

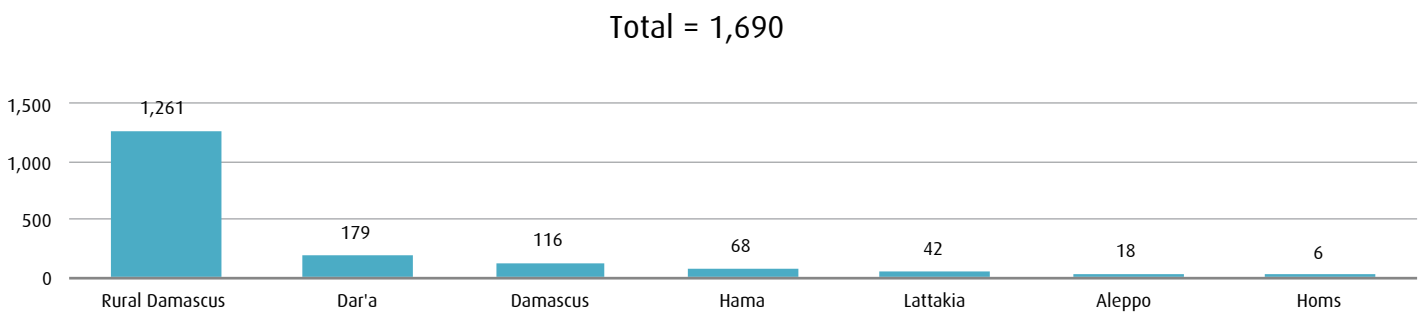
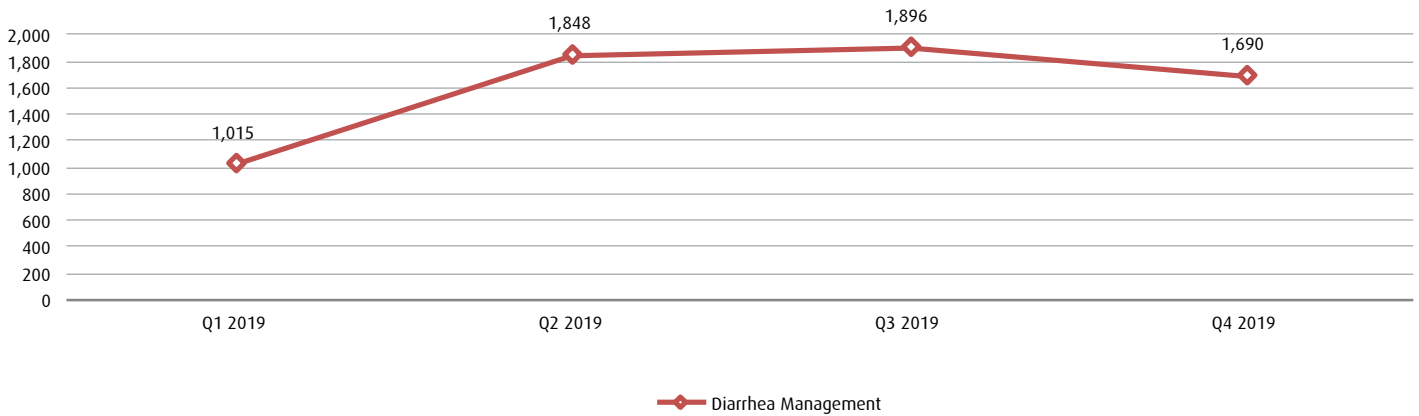


Figure 36: Trend analysis of reported children with diarrhea in health centres, between 1st to 4th Quarter 2019 (during 2019 = 6,449)



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 25: The number of growth monitoring and/or screening of acute malnutrition cases, 4th Quarter 2019

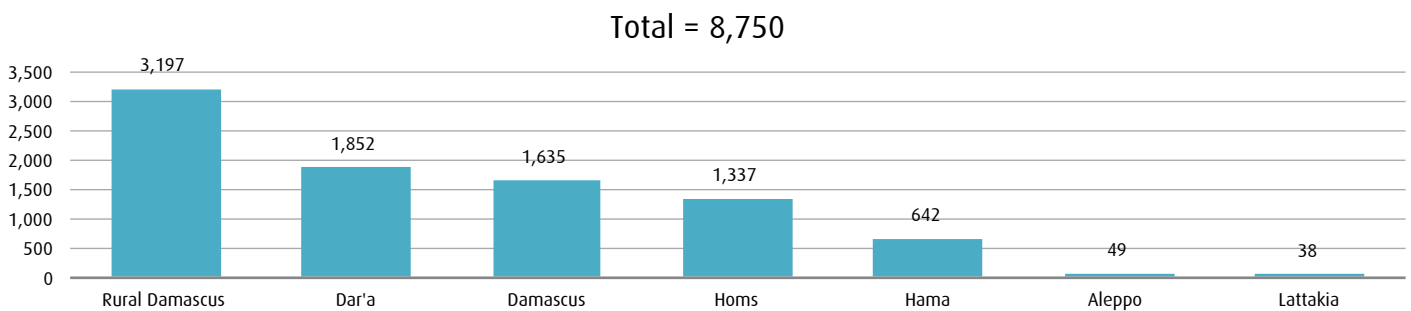
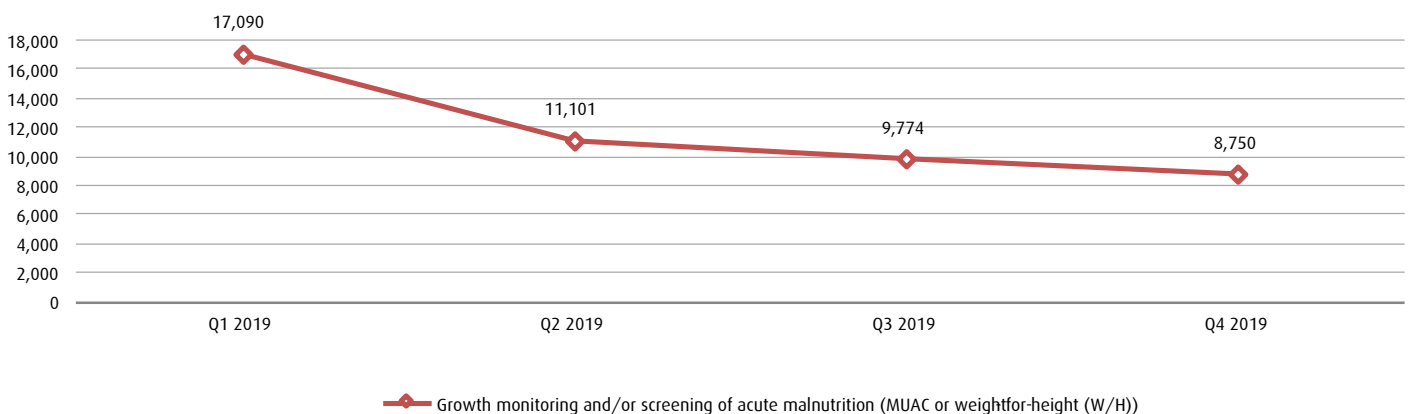


Figure 38: Trend analysis of growth monitoring and/or screening of acute malnutrition cases in health centres, between 1st to 4th Quarter 2019 (during 2019 = 46,715)



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 2019

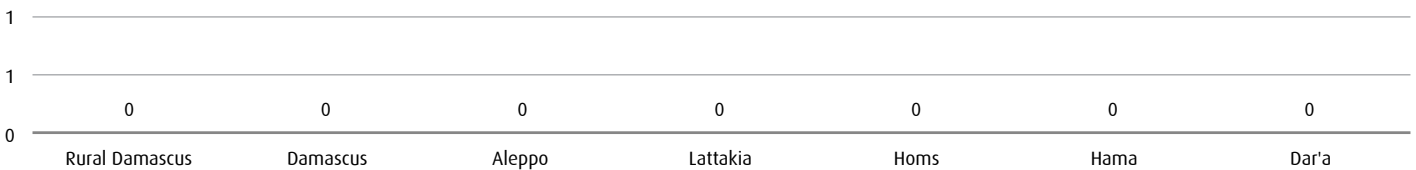
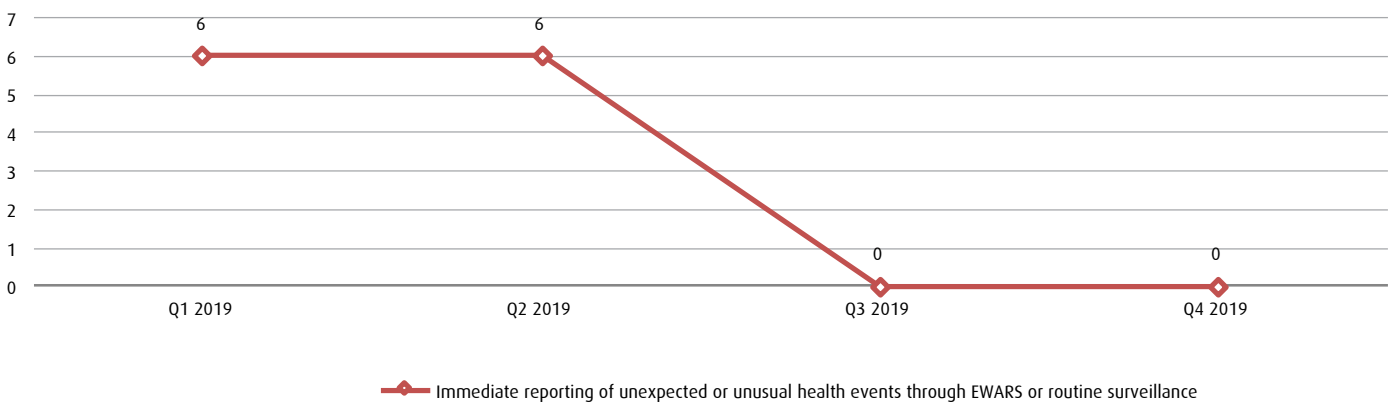


Figure 40: Trend analysis of immediate reporting of unexpected or unusual health events through EWARS or routine surveillance in health centres, between 1st to 4th Quarter 2019 (during 2019 = 12)



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 2019

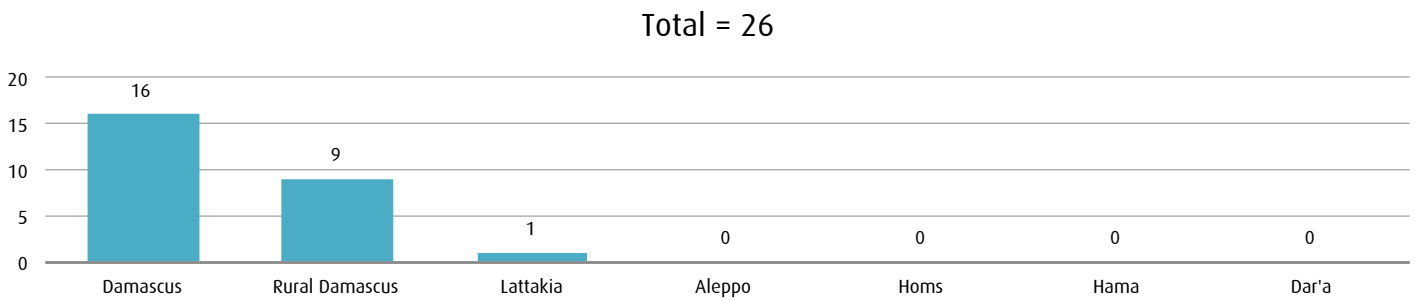
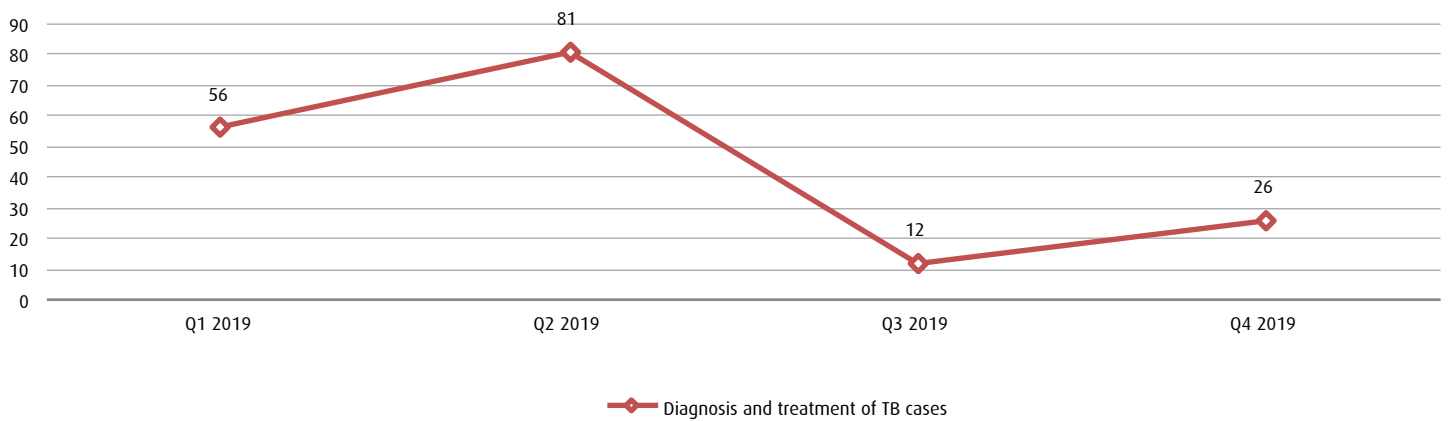


Figure 42: Trend analysis of diagnosis and treatment of TB cases in health centres, between 1st to 4th Quarter 2019 (during 2019 = 175)



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 2019

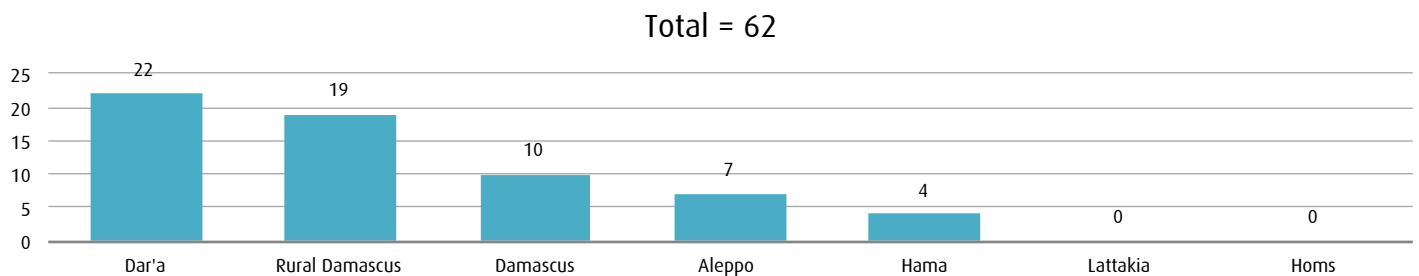
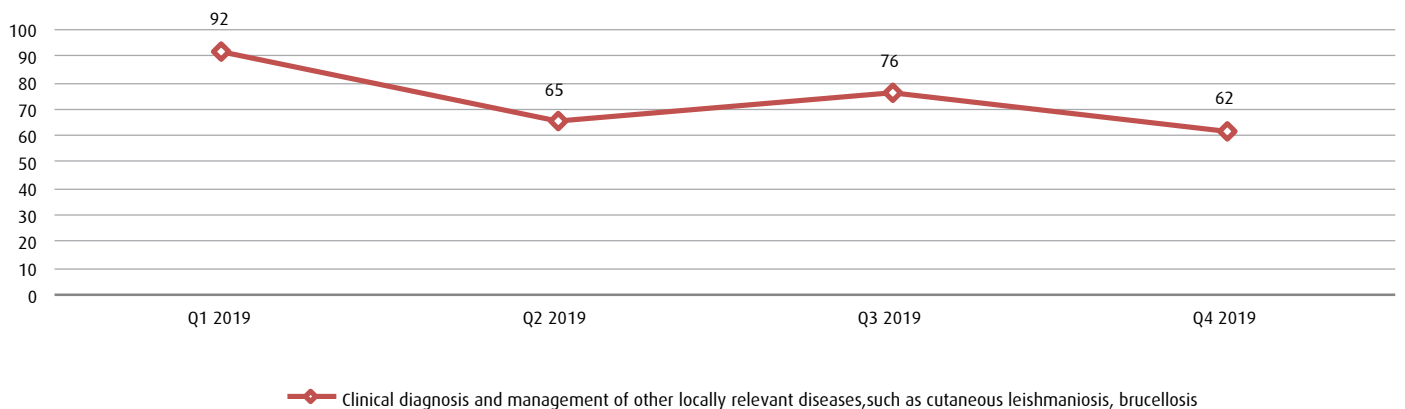


Figure 44: Trend analysis of diagnosis and management of other locally relevant diseases cases in health centres in health centres, between 1st to 4th Quarter 2019 (during 2019 = 295)



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 2019

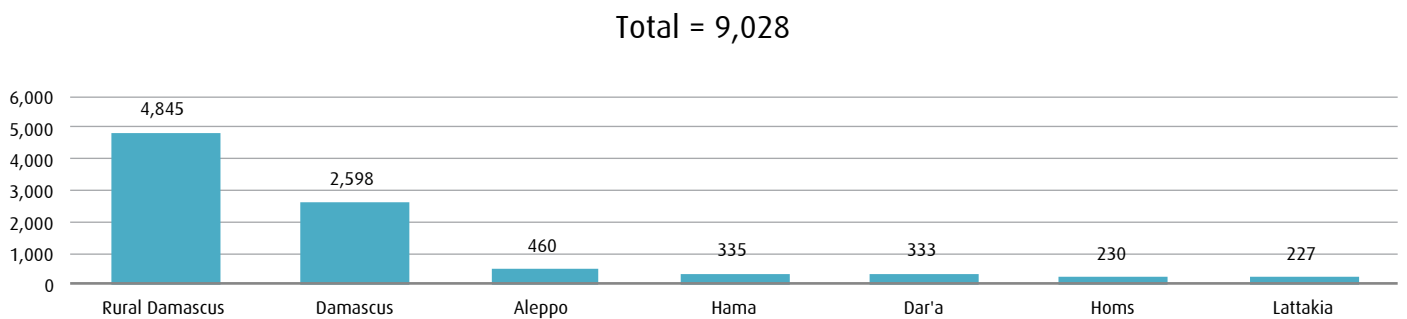
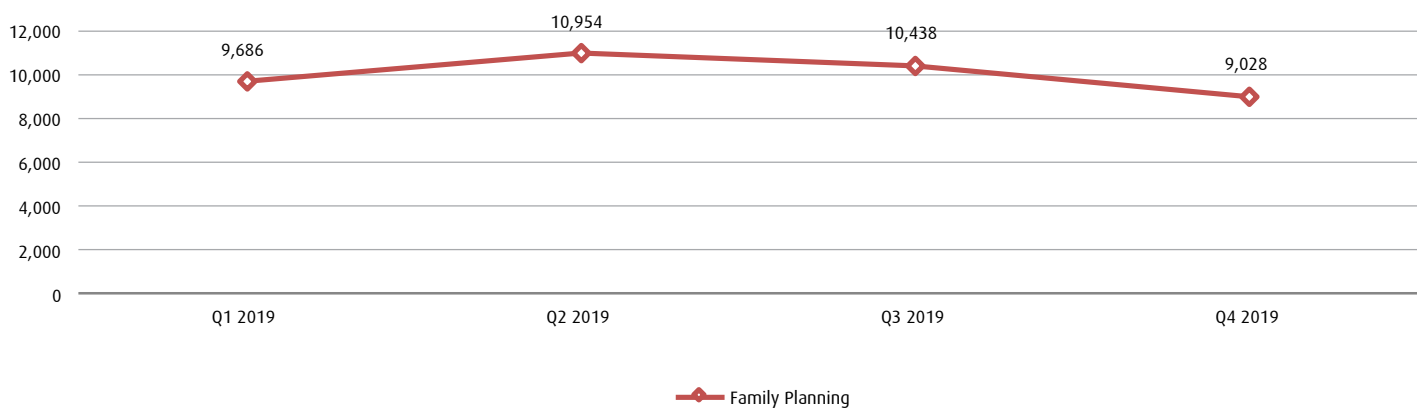


Figure 46: Trend analysis of number of pregnant women received family planning services in health centres, between 1st to 4th Quarter 2019 (during 2019 = 40,106)



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 2019

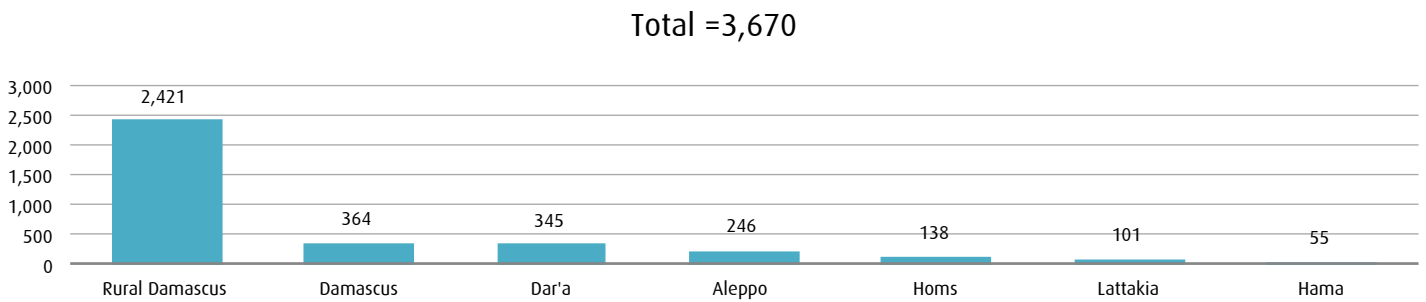
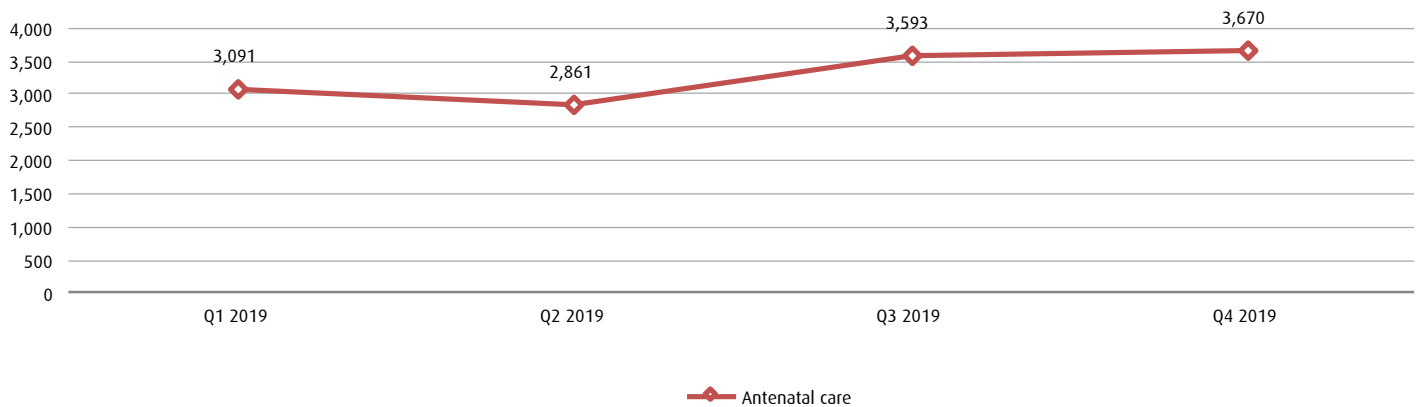


Figure 48: Trend analysis of number of pregnant women received antenatal services in health centres, between 1st to 4th Quarter 2019 (during 2019 = 13,215)



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 2019

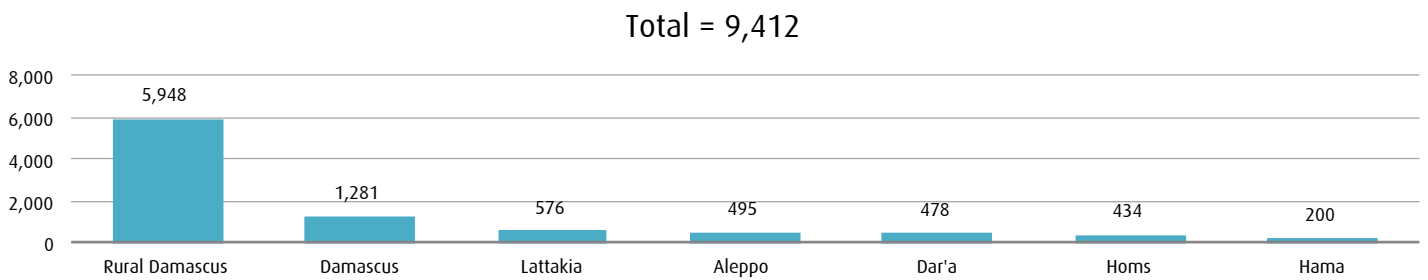
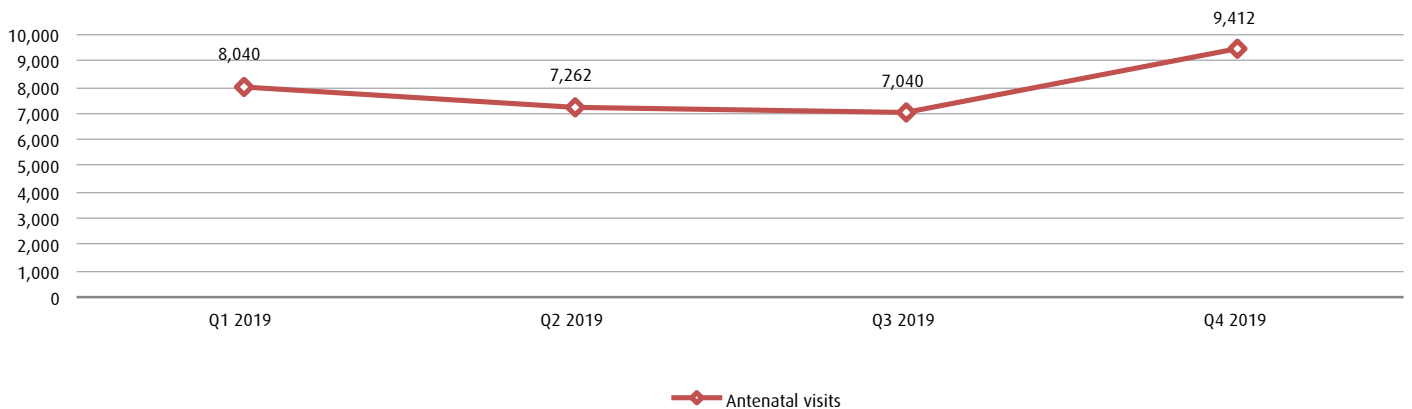


Figure 50: Trend analysis of antenatal visits in health centres, between 1st to 4th Quarter 2019 (during 2019 = 31,754)



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 2019

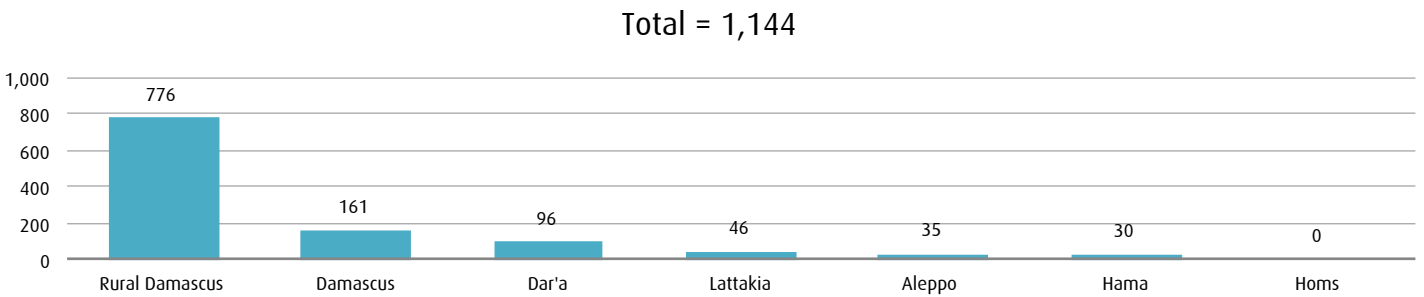
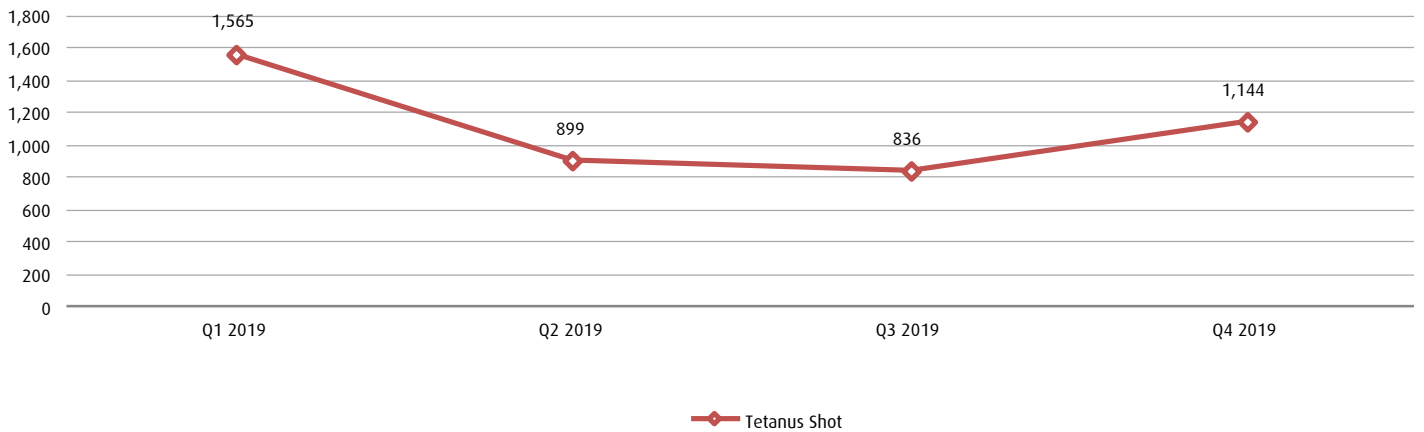


Figure 52: Trend analysis of Tetanus Shots in health centres, between 1st to 4th Quarter 2019 (during 2019 = 4,444)

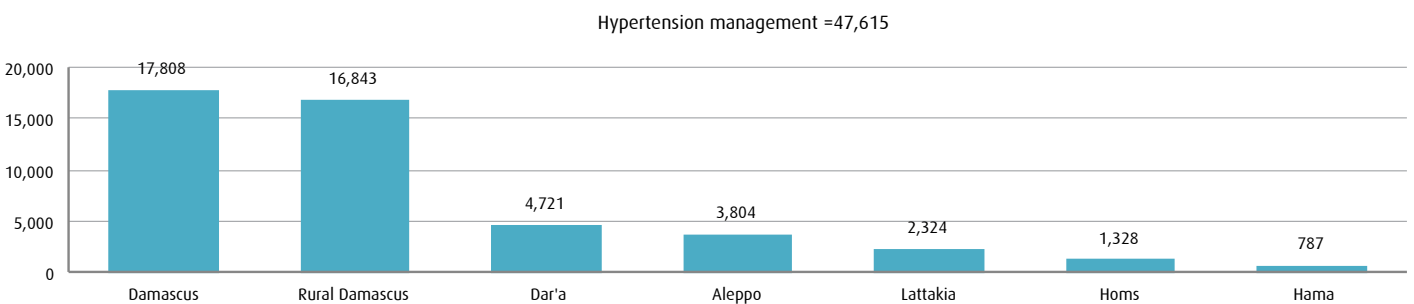
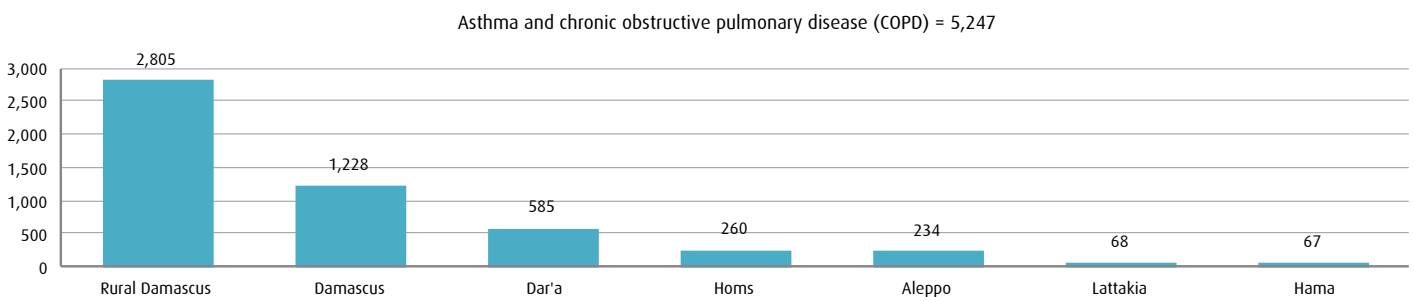


8.6 Noncommunicable diseases

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 53: The number of NCDs consultations (COPD, Hypertension, Diabetes, and Cardiovascular in health centres, 4th Quarter 2019



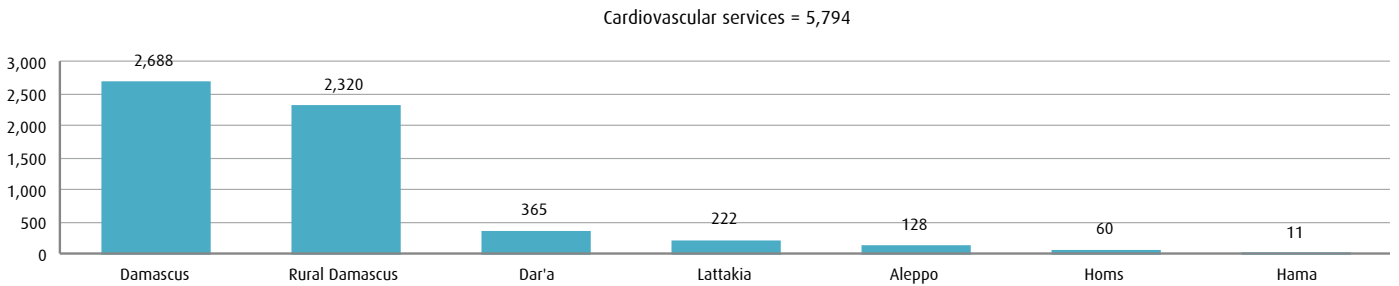
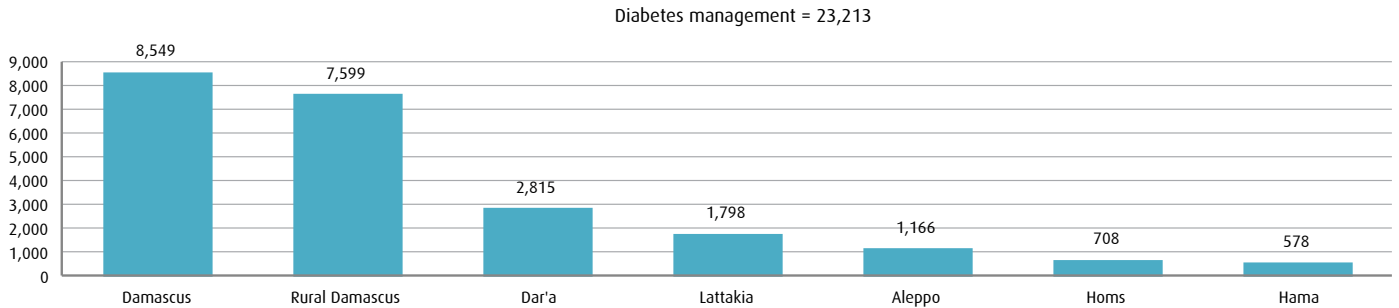
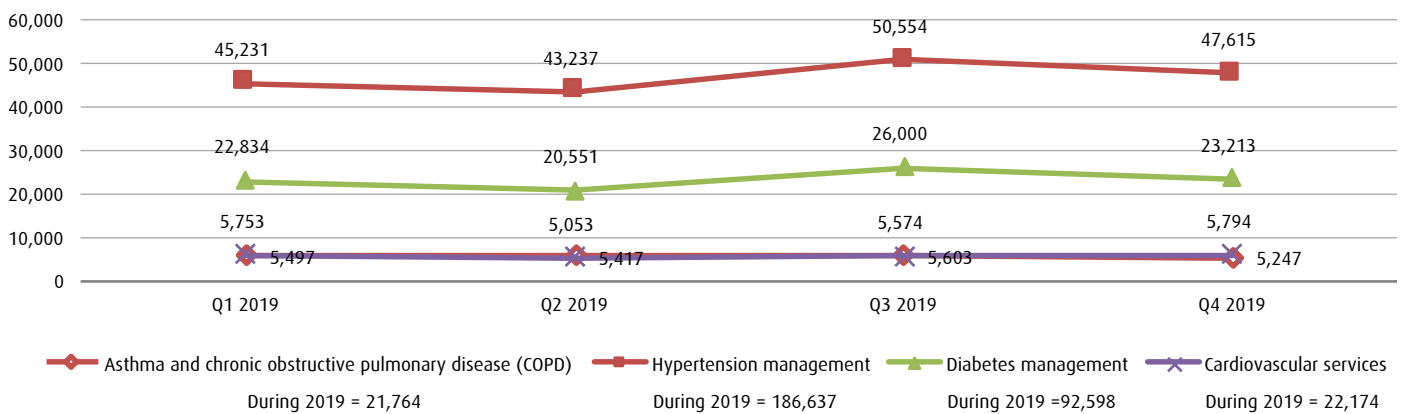


Figure 54: Trend analysis of NCDs' consultations in health centres, between 1st to 4th Quarter 2019



8.7 Oral health and dental care

Figure 55: The number of oral health and dental care cases in health centres, 4th Quarter 2019

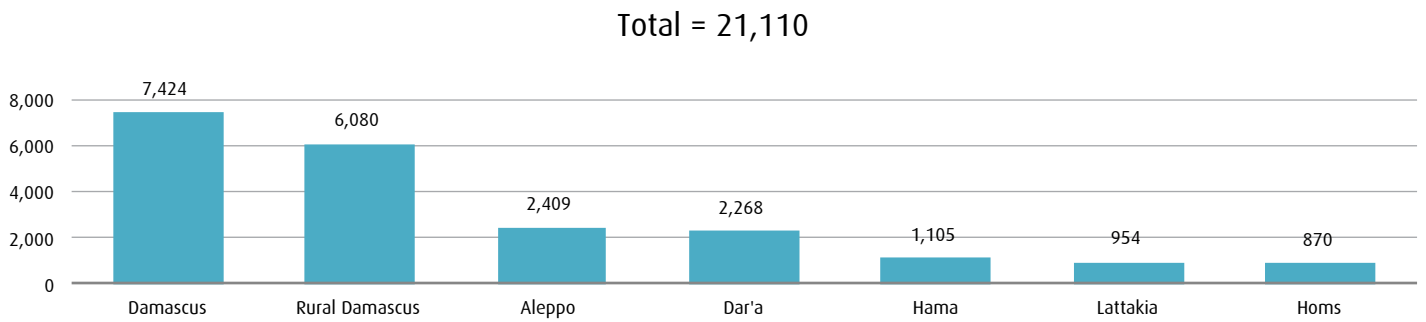
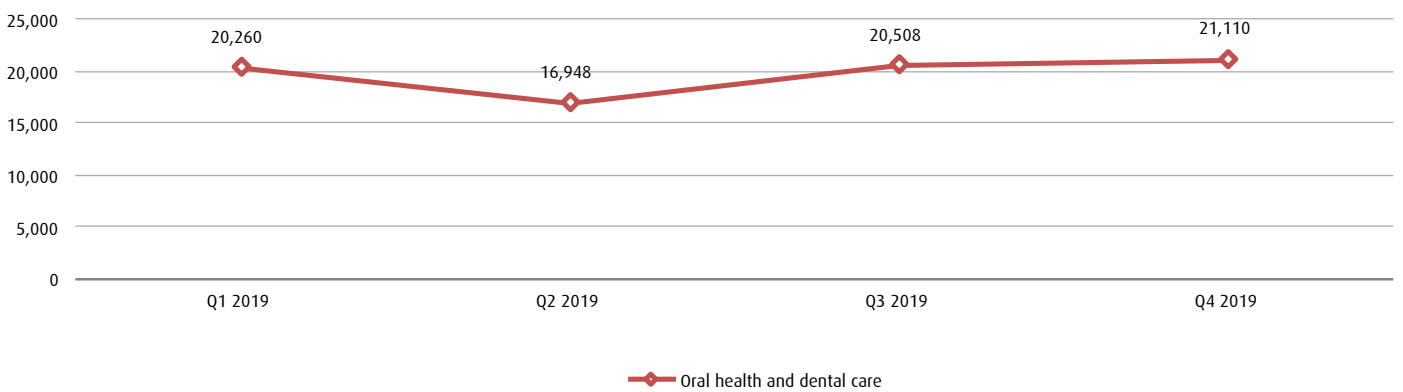


Figure 56: Trend analysis of oral health and dental care cases in health centres, between 1st to 4th Quarter 2019 (during 2019 = 78,826)



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 2019

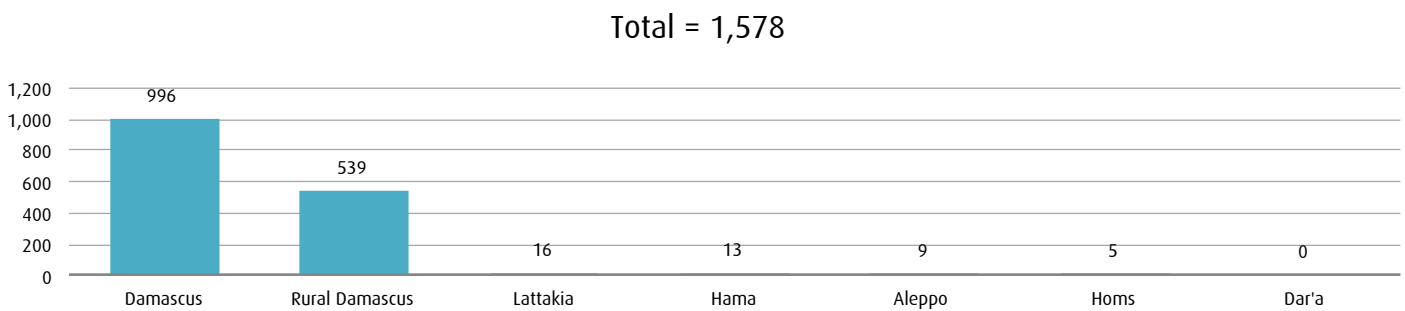
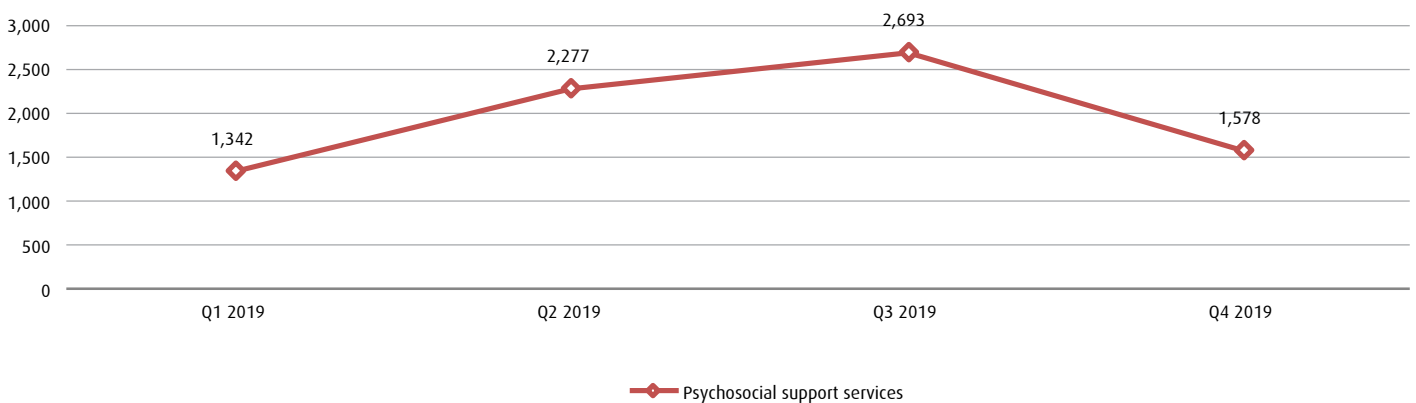


Figure 58: Trend analysis of patients received psychosocial support services in health centres, between 1st to 4th Quarter 2019 (during 2019 = 7,890)



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 2019

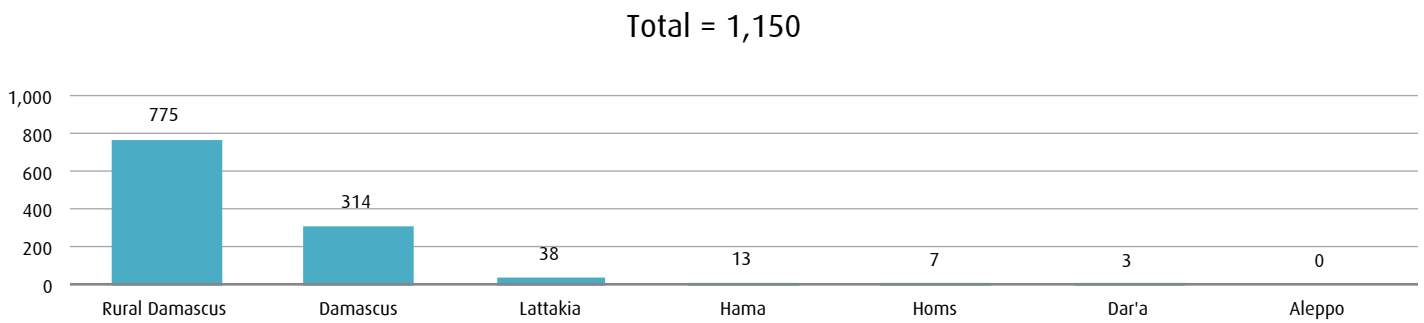
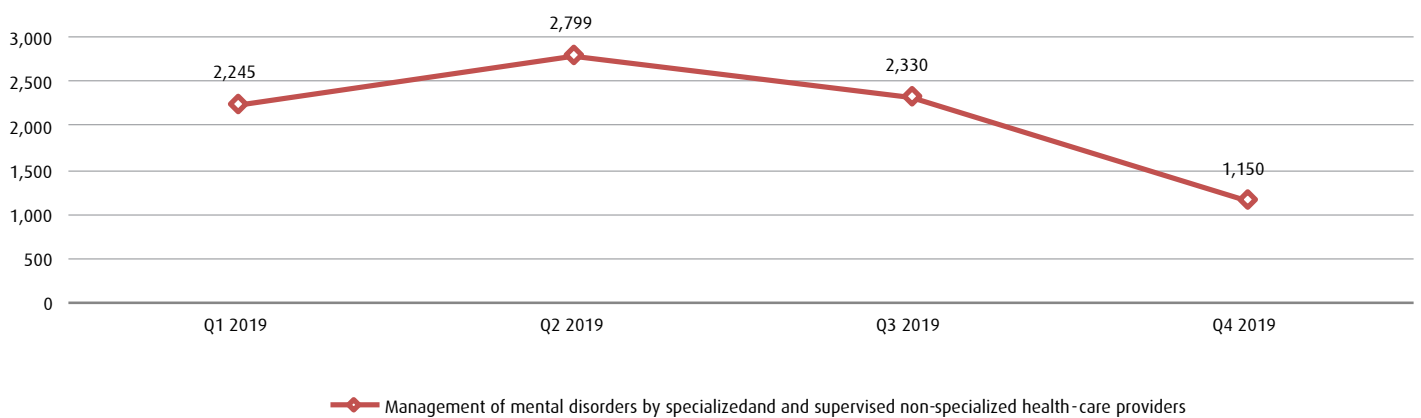


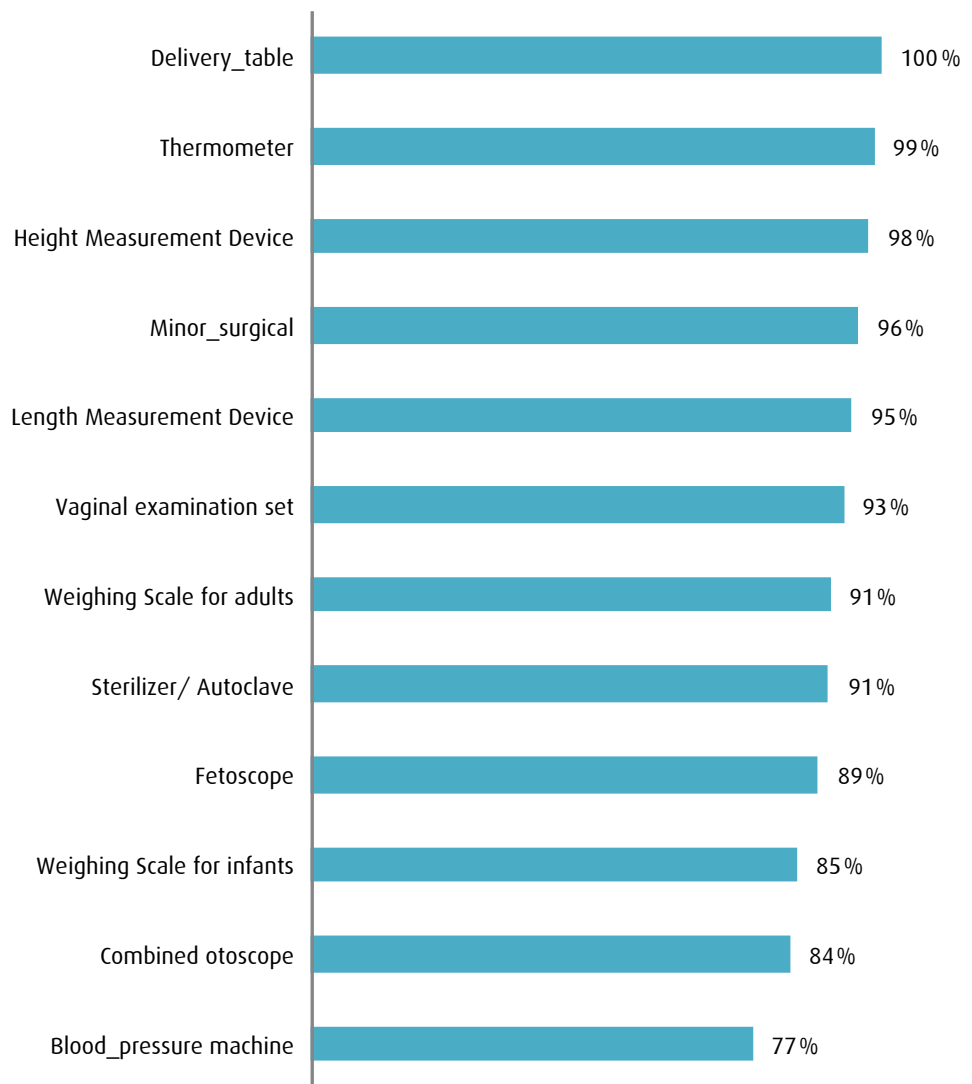
Figure 60: Trend analysis of patients received management of mental disorders services in health centres, between 1st to 4th Quarter 2019 (during 2019 = 8,524)



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 2019



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 2019

