

Health Resources Availability Monitoring System

HeRAMS



HHFAD Hospital doctor providing services.

First Quarter, 2019 Report

Turkey Health Cluster for Syria

JANUARY -MARCH 2019

Health Resources Availability Monitoring System (HeRAMS) is a health cluster 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 northwest Syria. The report is produced with the data provided mainly by Turkey hub health cluster members and partners which includes national and international non-governmental organizations.

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Acronyms

ANC	Antenatal care
BEmONC	Basic Emergency Obstetric and Newborn Care
CEmOC	Comprehensive emergency obstetric care
CHW	Community Health Worker
CPHC	Comprehensive Primacy Health Center
HeRAMS	Health Resources Availability Monitoring System
HF	Health Facility
HIV	Human Immunodeficiency Virus
HW	Health Worker
IMCI	Integrated Management of Childhood Illness
MW	Mid Wife
MUAC	Mid-Upper Arm Circumference
PHC	Primary Health Care
STD	Standard
STI	Sexually transmitted infection

1. Distribution of Health facilities

Primary Health Care facilities are classified into different categories based on “The Essential Primary Health Care Package”. The following table provides the distribution of type of the functional primary and secondary health care facilities (static and mobile).

Table 1. Distribution of functioning Health facilities per Governorates Q1 2019 vs. Q4 2018

Governorates	Hospitals		PHCs		Mobile clinic		Specialized Care Centre		Other Facilities		Grand Total	
	Q4-18	Q1-19	Q4-18	Q1-19	Q4-18	Q1-19	Q4-18	Q1-19	Q4-18	Q1-19	Q4-18	Q1-19
Idleb	58	56	92	93	39	22	27	29	35	44	251	244
Aleppo	22	21	73	72	39	26	16	18	10	7	160	144
Hama	4	3	6	6	2	2	0	4	0	1	12	16
Al-Hasakeh	0	0	2	1	0	0	0	0	0	0	2	1
Lattakia	1	1	0	0	0	0	0	0	0	0	1	1
Total	85	81	173	172	80	50	43	51	45	52	426	406

There are **509** Health facilities assessed, managed and supported by **72** health partners in this quarter, compared to **517** Health facilities in Q4-2018, **406** HF are functional compared to **426** in the previous quarter. **81 (20%)** are Hospitals, **172 (42%)** are fixed PHCs, **50 (12%)** are mobile clinics, **51 (13%)** specialized care Centre*, while **52 (13%)** others health facilities**.

- Out of total functioning health facilities reported, **60%** of facilities are in Idleb, **35%** in Aleppo, **4%** in Hama, while less than **1%** in each of Al-Hasakeh and Lattakia.

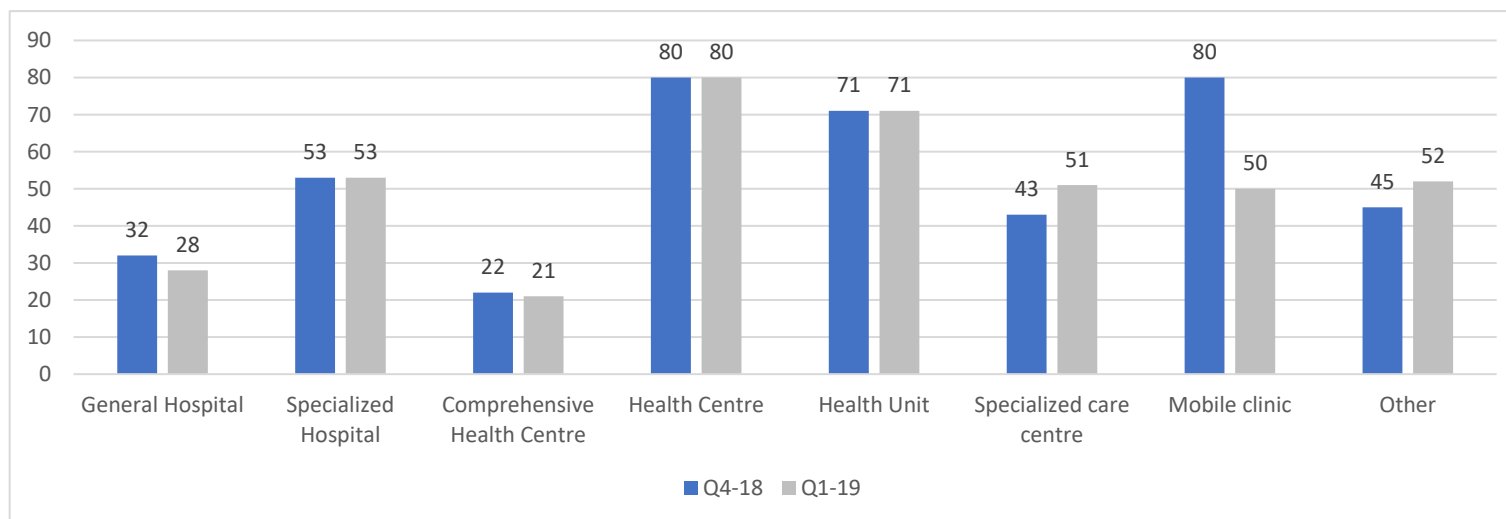
As compare to the previous quarter:

- Decrease in the number of the supported hospitals from **85** to **81**.
- Significant decrease in the total number mobile clinics from **80** to **50**. As per review most of them was mobile team.
- Increase in the specialized care centre from **43** to **51**.
- increase in the total number of the facilities categorize as Others health facilities (from **45** to **52**.)

* Specialized care centre: health center provides one health service (Physical Rehabilitation centers, Leishmaniosis centers., Nutrition center, Dialysis center Etc.)

**Others health facilities: Ambulance network, Blood Bank, Central Lab.

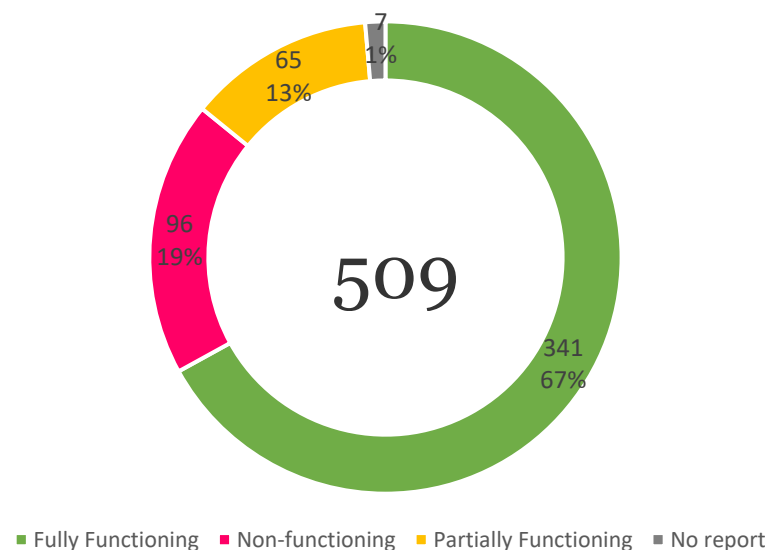
Figure 1. Distribution of functioning Health facilities Q1 2019 vs. Q4 2018



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 **509** assessed health facilities, **67% (341)** ↓ were reported fully functioning compared to **70% (362)** in the previous quarter, **13% (65)** ↑ partially functioning compared to **12% (64)** in the previous quarter, **19% (96)** ↑ out of service (means that **32%** ↑ of the facilities were non-functioning or partially functioning compared to **30%** in the previous quarter). Note that **7** facilities not updated their report. See Figure 2.

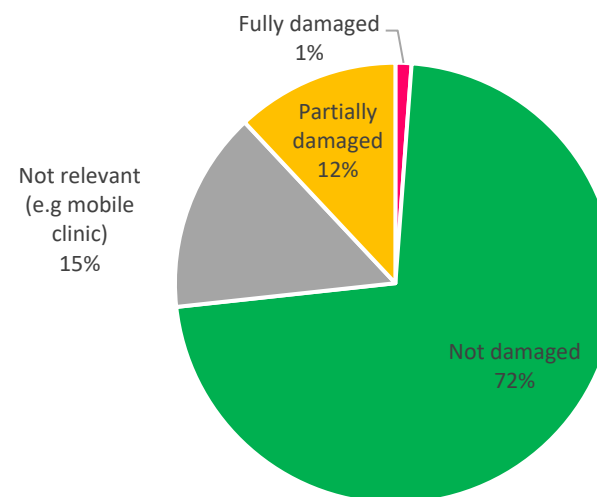
Figure 2. Functionality status of Health facilities



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**, out of the total facilities assessed **13% (67)** health facilities were reported damaged [**6** fully damaged and **61** partially damaged], **72% (367)** were reported intact. See figure 3.

Figure 3 Level of Damage

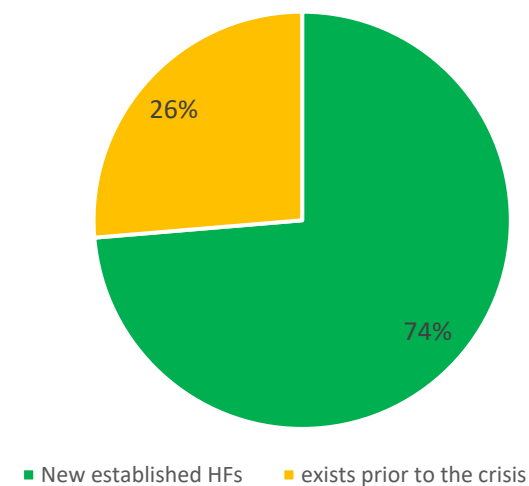


4. Health facilities based on date of establishment

The health facilities have been assessed according to whether the health facility exists prior to the crisis or established after the crisis. **74%** health facilities were newly established, while **26%** of health facilities existed prior to the crisis in 2011. See figure 4.

Out of the new established health facilities **37%** were established in new building, **25%** working in residential buildings, **13%** in governmental buildings, **5%** in schools and **20%** in other public buildings.

Figure 4 New established HFs

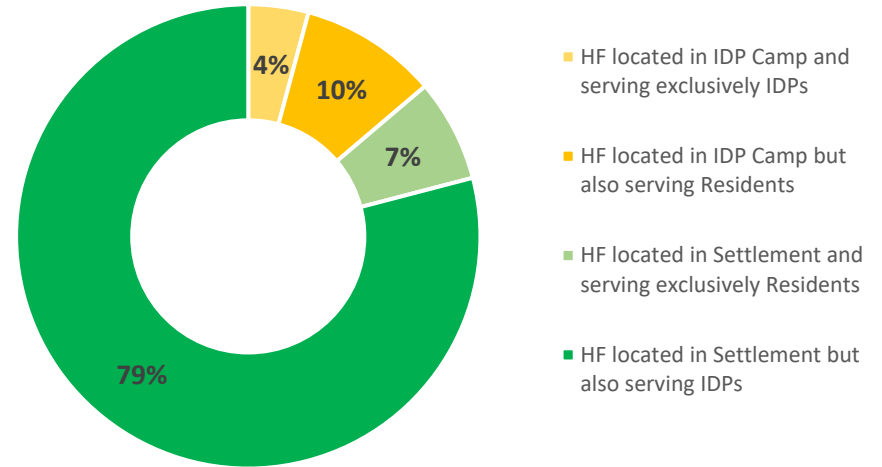


5. Health facilities delivery points

Out of the functioning facilities **86%** health facilities are in settlements/communities while **14%** are in IDP camps.

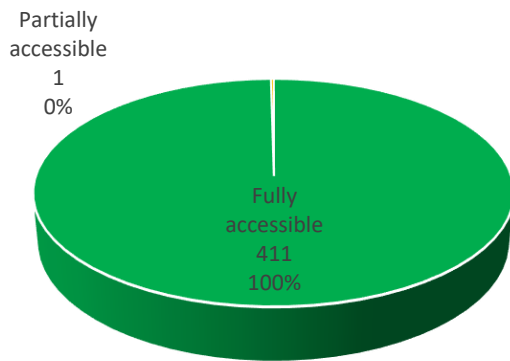
It's worth to mention that **79%** of HFs located in settlements/communities and **10%** of IDP the facilities are serving both IDPs and residents.

Figure 5 Delivery point types



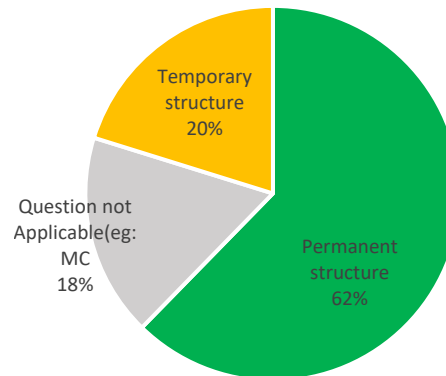
6. Health facilities resources

Figure 6: Accessibility to patients



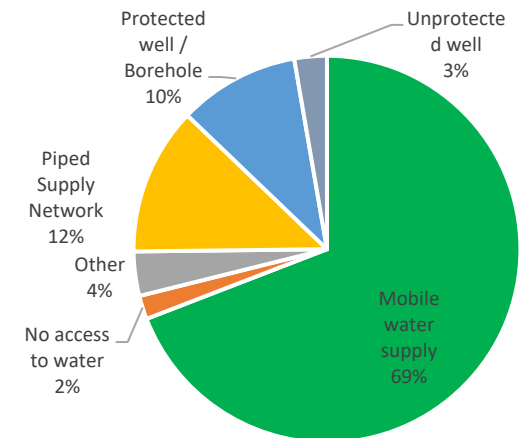
1 of functioning facilities reported difficulties in accessibility mainly due to security and distance.

Figure 7: Modality of health facilities



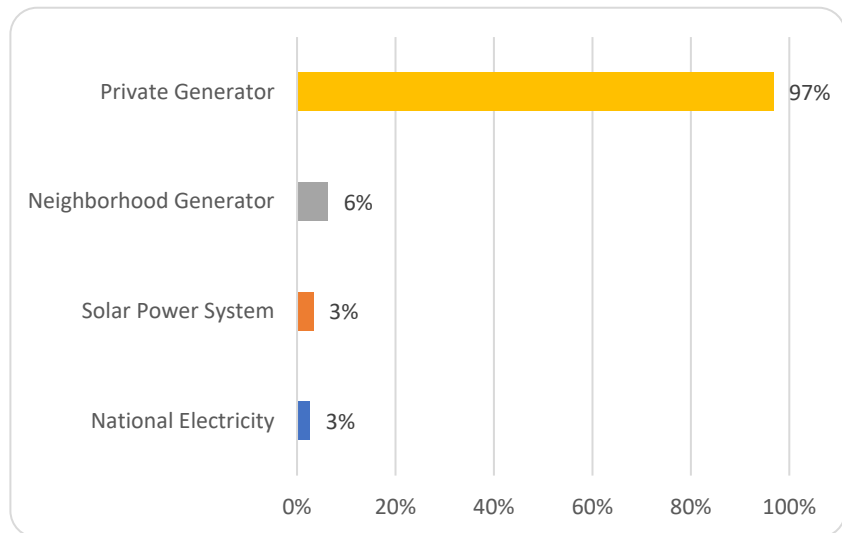
20% of functioning facilities are in temporary structure building.

Figure 8: Water Sources



13% of the facilities are without/with an interrupted water supply

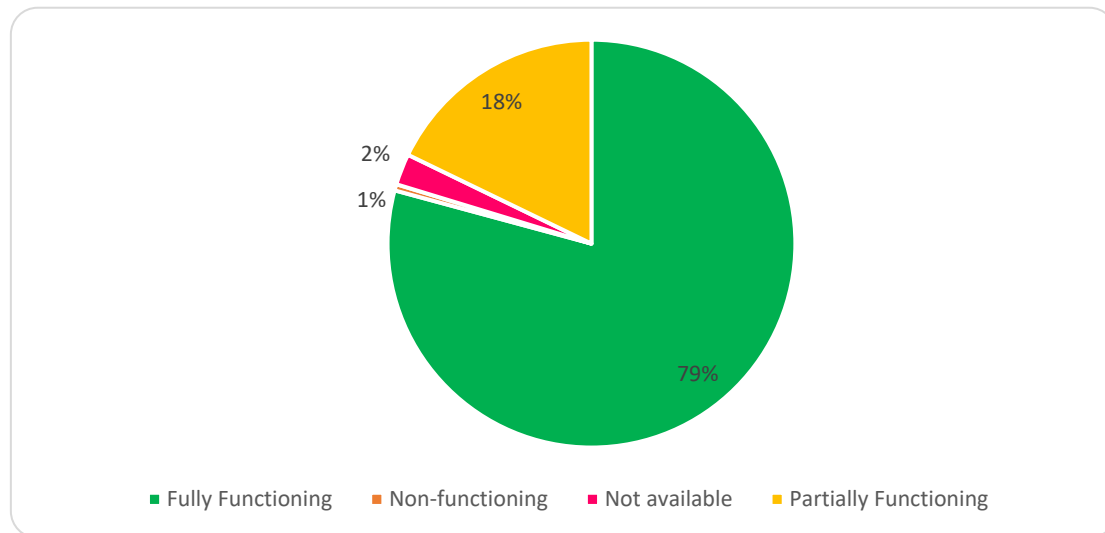
Figure 9: Source of Electricity



Percentage of fixed health facilities per source of electricity.

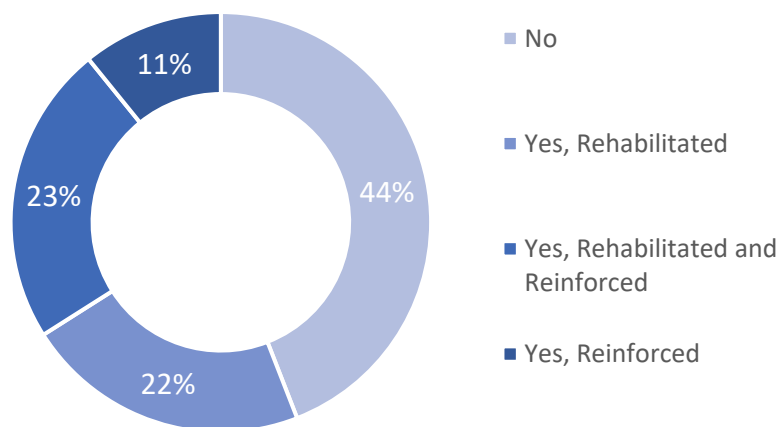
*Some facilities have more than one source

Figure 10: Electricity



79 (22%) Of the functioning fixed facilities works without/with an interrupted electricity supply

Figure 11: Health facilities rehabilitated or/and reinforced

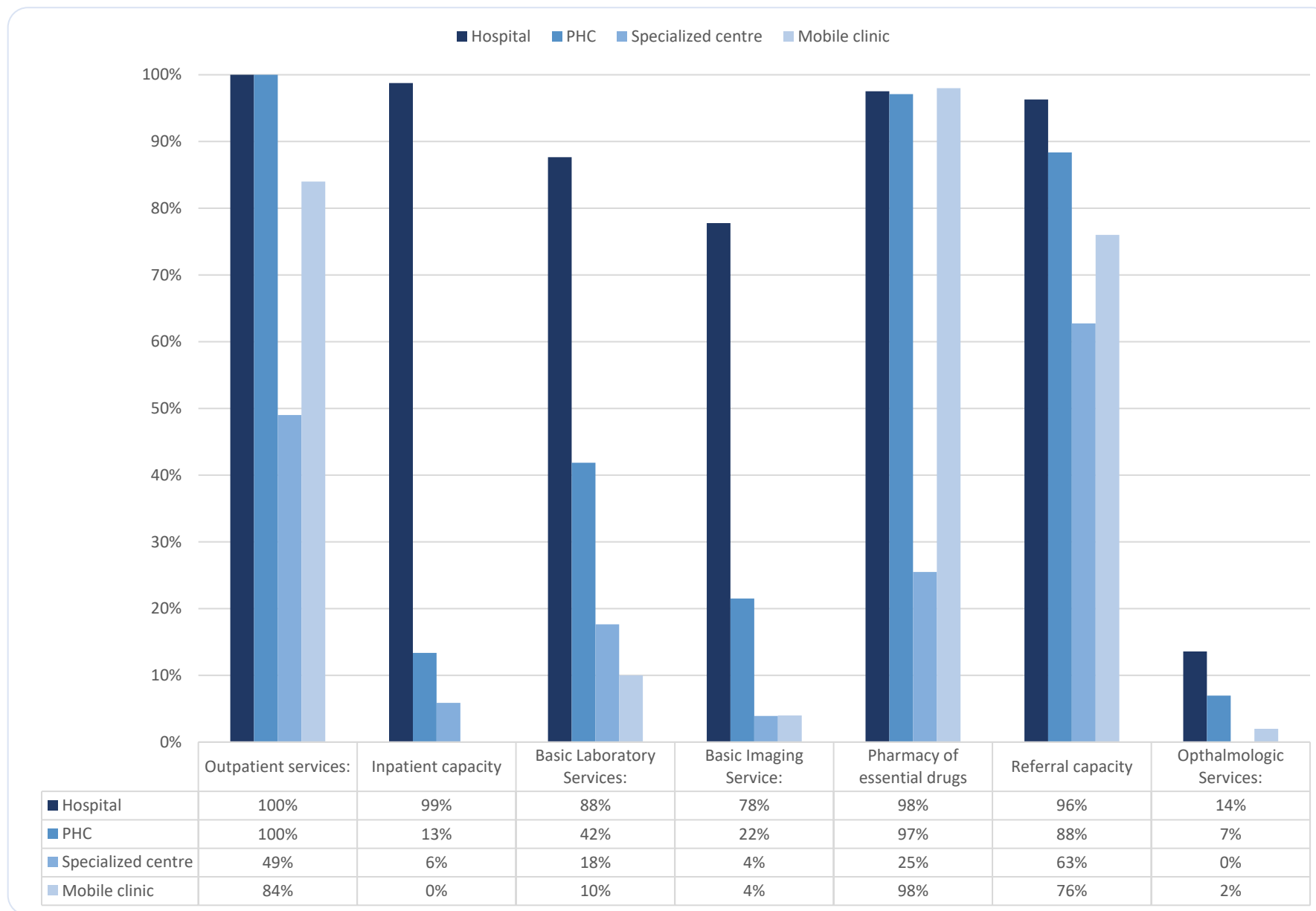


56% of the facilities rehabilitated or/and *reinforced.

*Reinforced: underground HFs or Strengthened for protection against the attacks

7. Provision of General Clinical Services

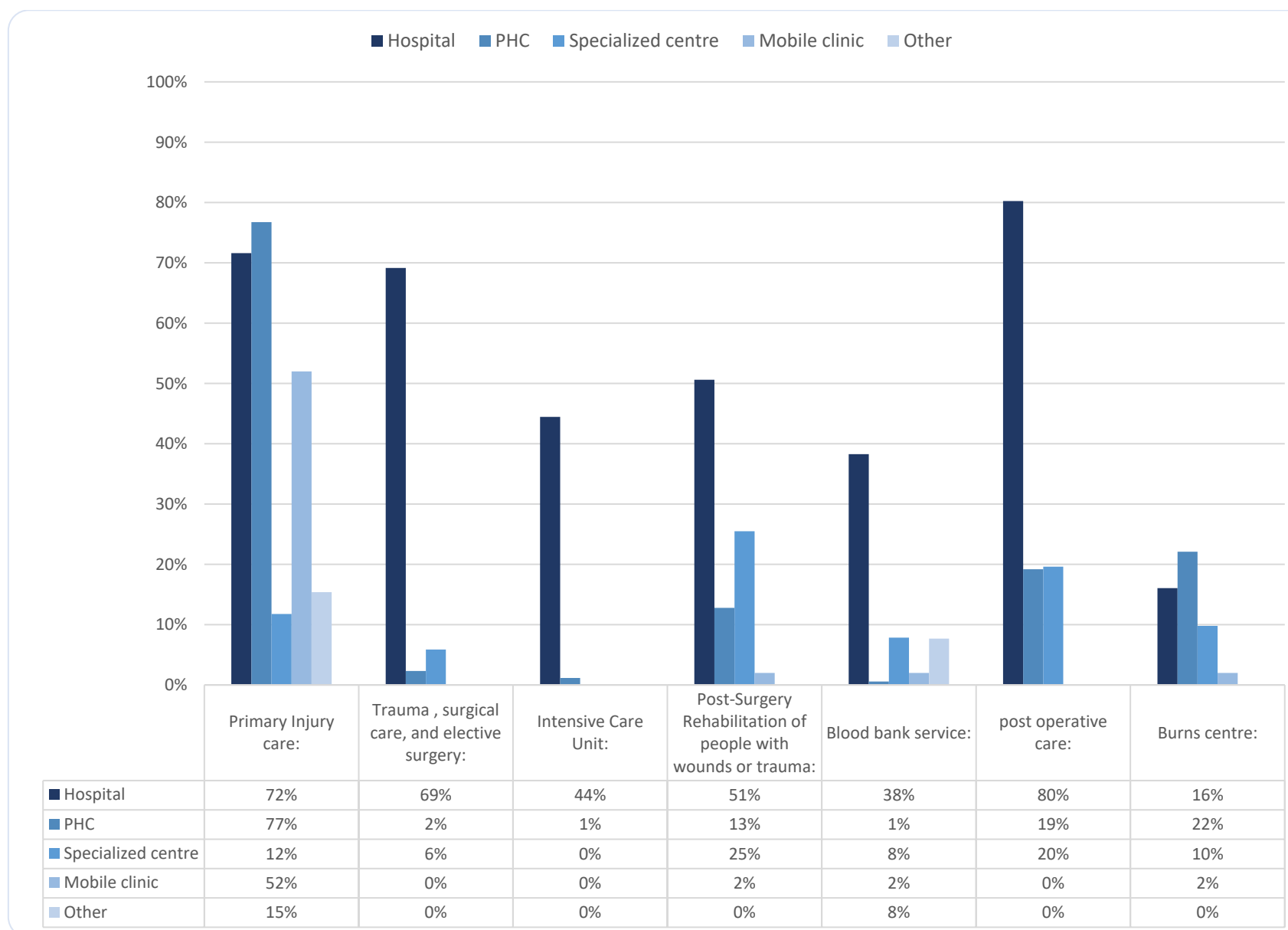
Figure 12: Availability of health facilities providing General Clinical Services



Basic Laboratory =CBC, urine analysis, stool microscopy, sputum microscopy; **Basic Imaging**=X-Ray and Ultrasound; **Referral capacity**= Referral procedures, means of communication, safe transportation

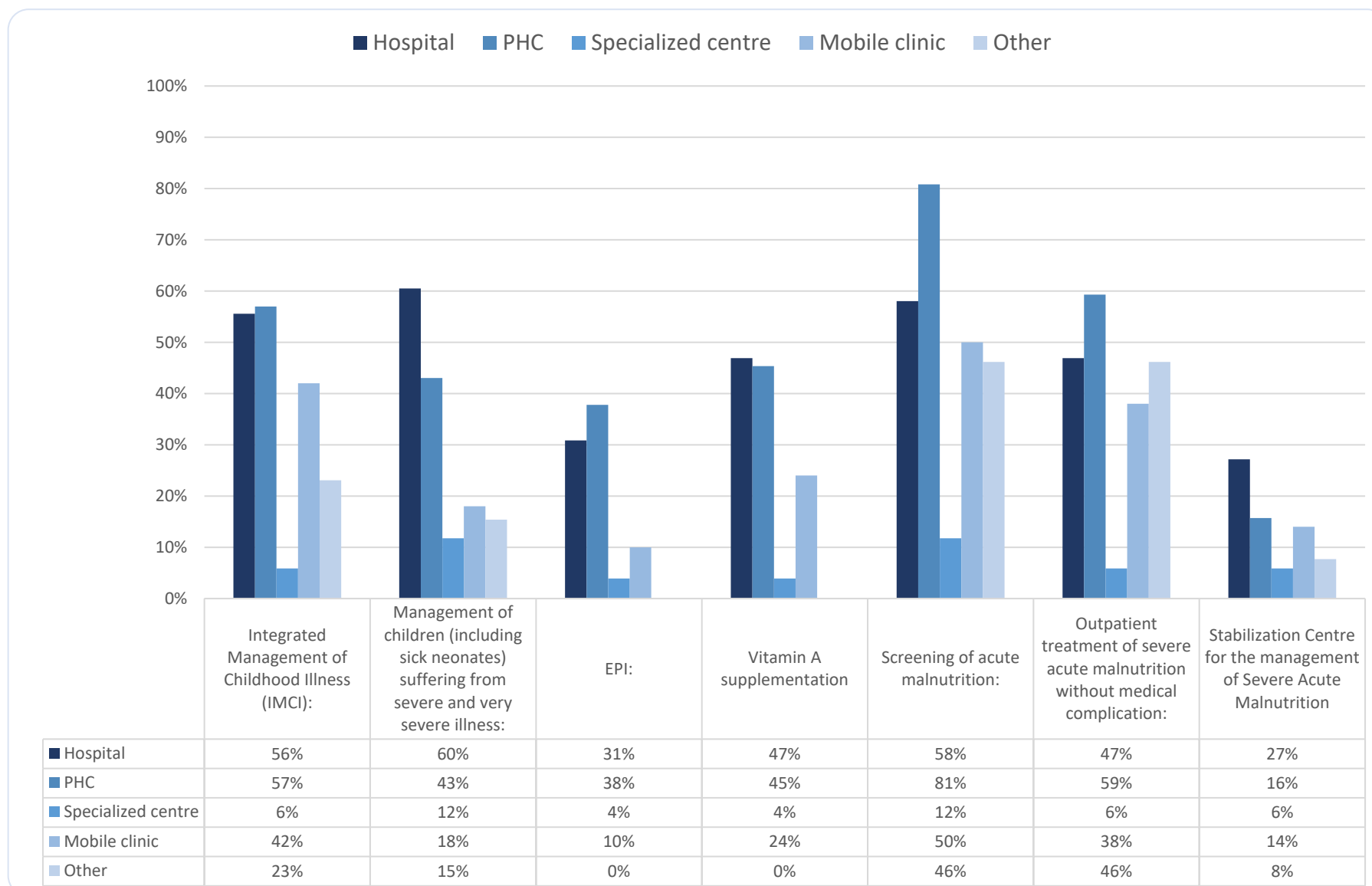
8. Provision of Surgery and secondary health care health Services

Figure 13: Availability of health facilities providing Surgery and health care health Services *



9. Provision of child health services

Figure 14: Availability of health facilities providing child health services



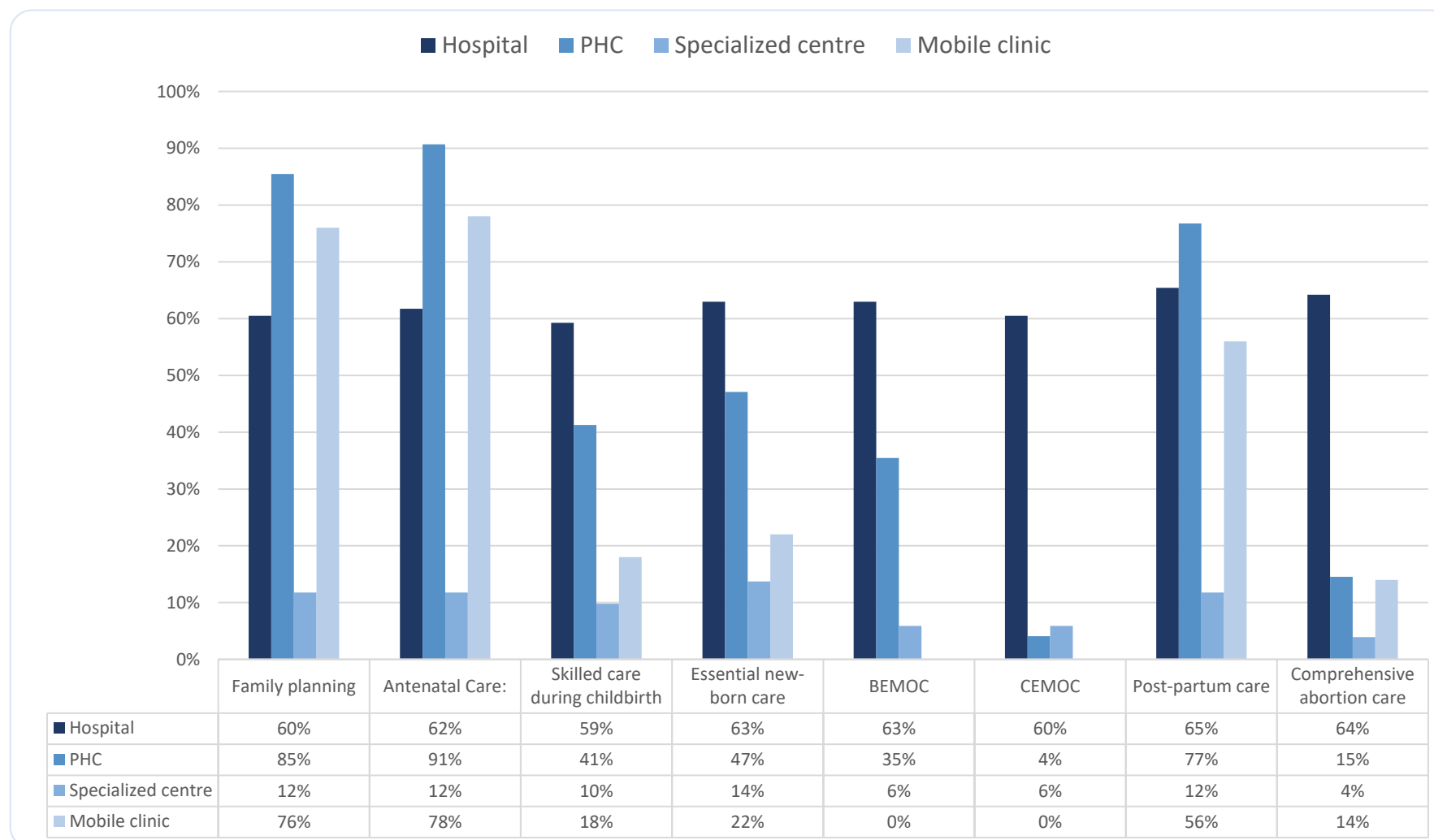
Integrated Management of Childhood Illness (IMCI) is an integrated approach to child health that focuses on the well-being of the whole child. IMCI aims to reduce death, illness and disability, and to promote improved growth and development among children under five years of age.

Screening of acute malnutrition: MUAC or Weight for Height, and/or bilateral pitting edema

EPI: Routine vaccination against all national target diseases and adequate cold chain in place

10. Provision of Maternal and Newborn Health services

Figure 15: Availability of health facilities providing Maternal and Newborn Health services



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

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

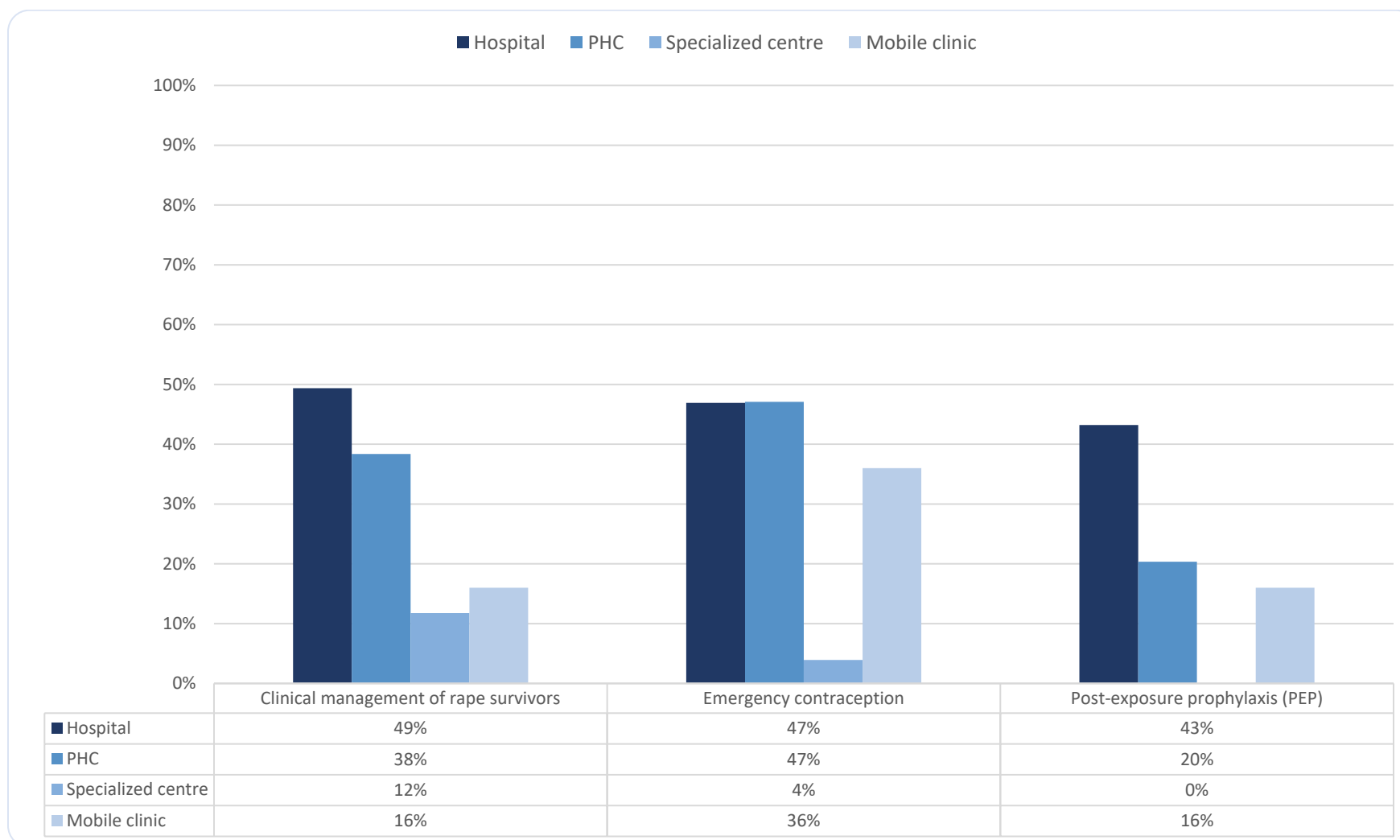
Basic Emergency Essential Obstetric Care (BEMOC) package includes Parenteral antibiotics + oxytocic/anticonvulsant drugs + manual removal of placenta + removal of retained products with manual vacuum aspiration (MVA) + assisted vaginal delivery 24/24 & 7/7

Comprehensive emergency obstetric care (CEMOC) includes BEmONC +surgery+ anesthesia+ blood transfusion.

Comprehensive abortion care Safe induced abortion, uterine evacuation using MVA or medical methods, antibiotic prophylaxis, treatment of abortion complications, counselling for abortion and Comprehensive abortion care post-abortion contraception

11. Provision of services in response to sexual violence

Figure 16: Availability of health facilities providing services to response to sexual violence

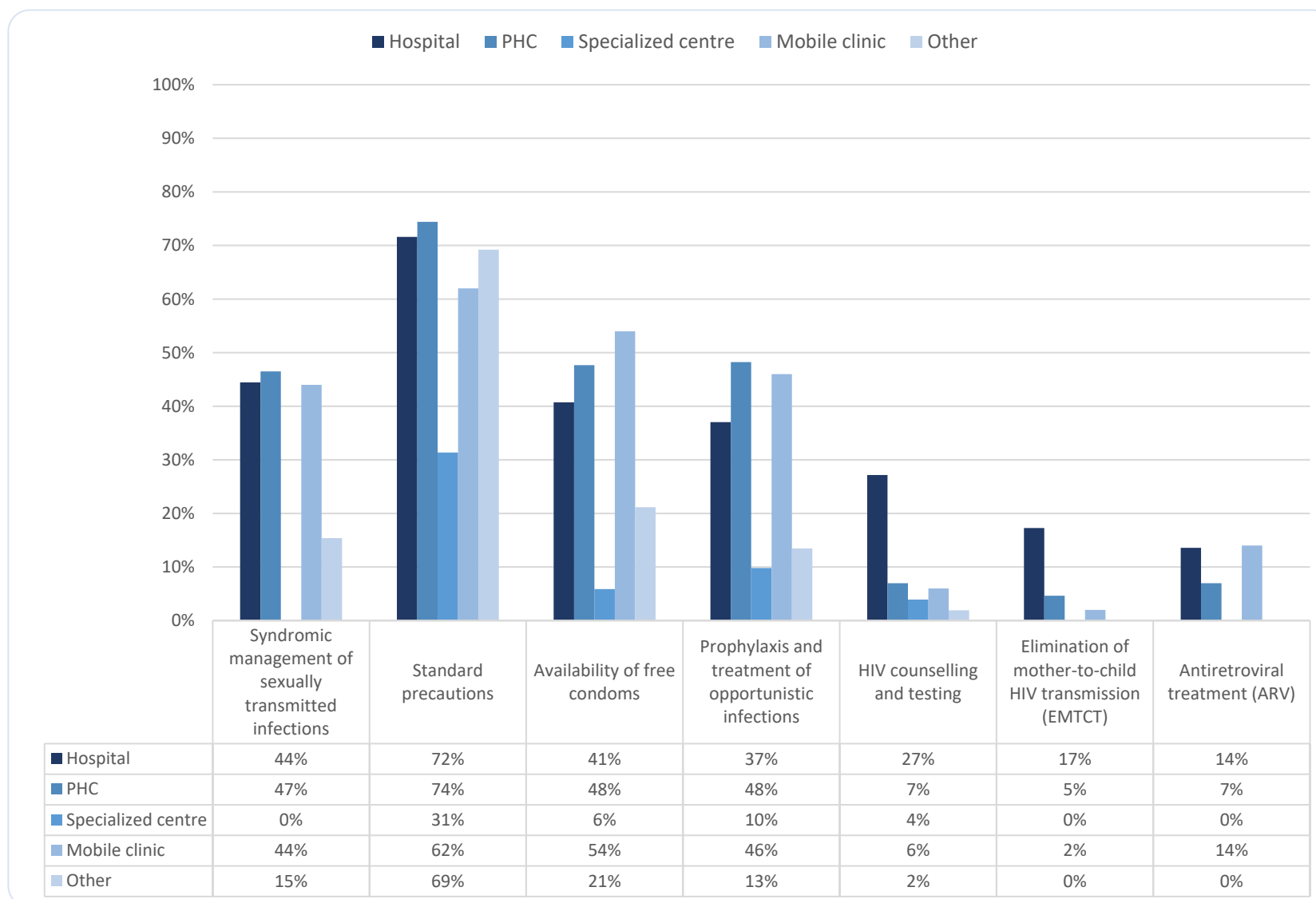


Clinical management of rape survivors: Including psychological support

Post-exposure prophylaxis (PEP): Post exposition prophylaxis of STIs including hepatitis B and HIV infection

12. Provision of STI & HIV/AIDS

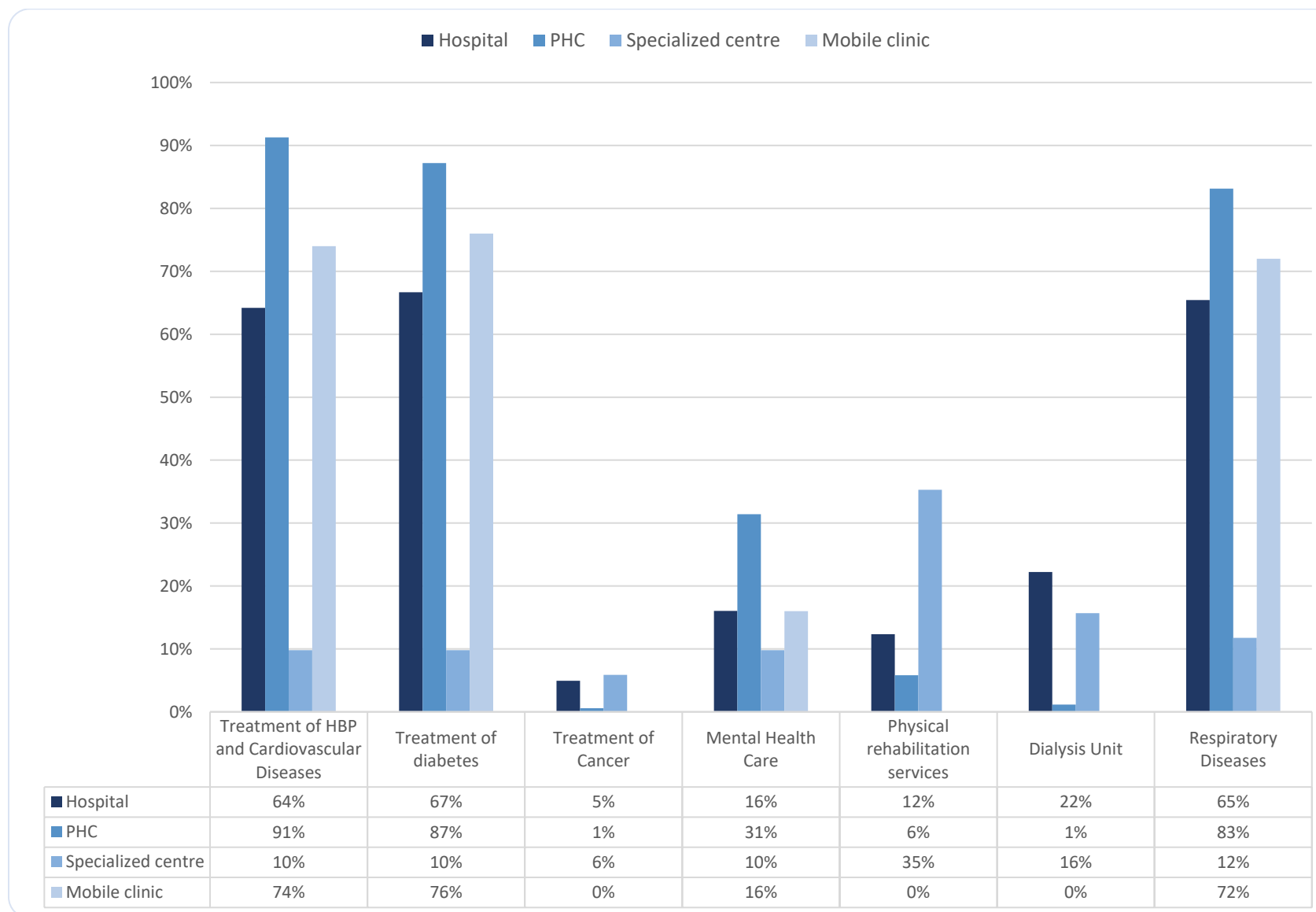
Figure 17: Availability of health facilities providing STI & HIV/AIDS services



*Standard precautions: Disposable needles & syringes, safety sharp disposal containers, Personal Protective Equipment (PPE), sterilizer, hand hygiene

13. Provision of treatment for non-communicable diseases and mental health

Figure 18: Availability of health facilities providing non-communicable diseases and mental health services

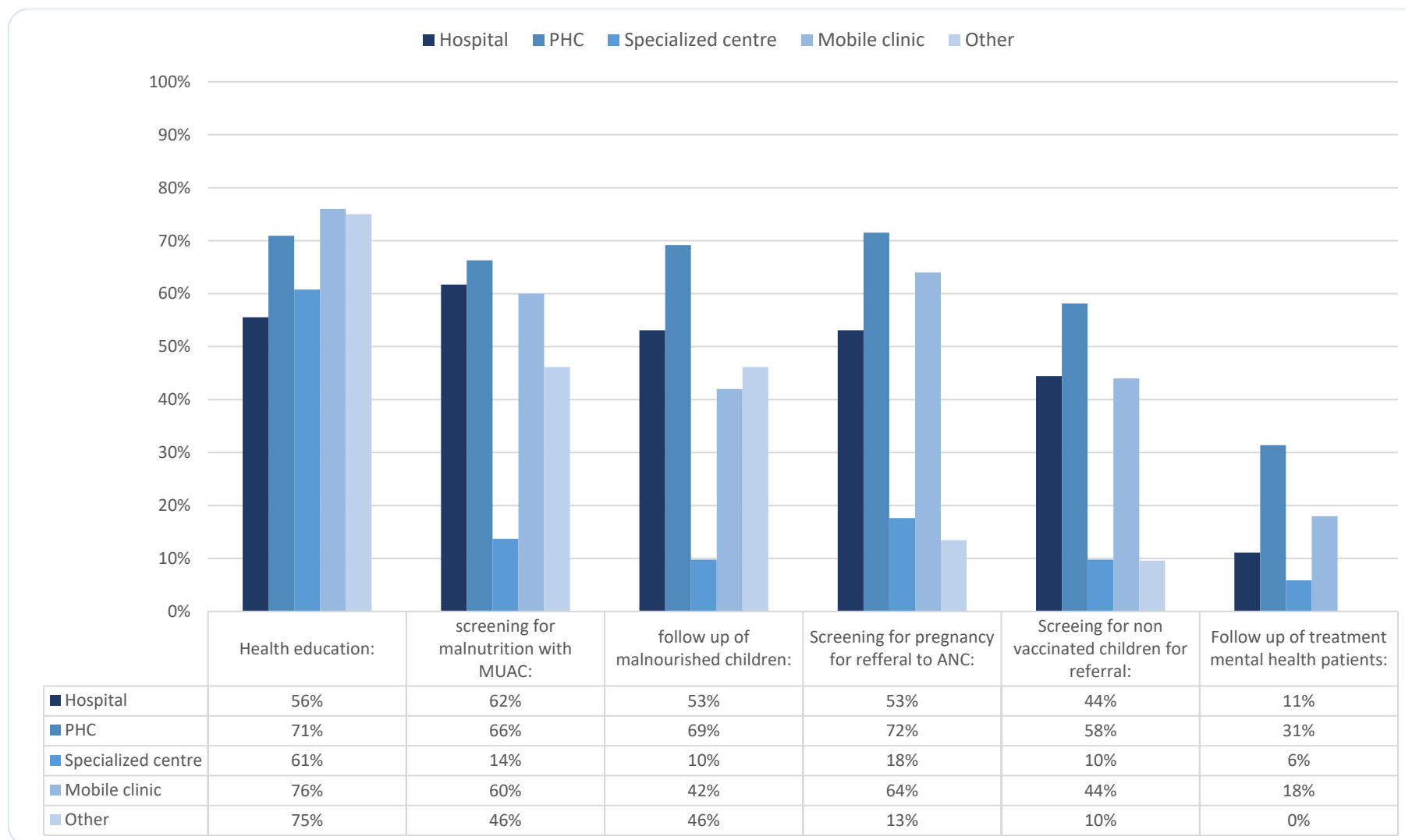


Physical rehabilitation service: Disabilities rehabilitation & support;

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

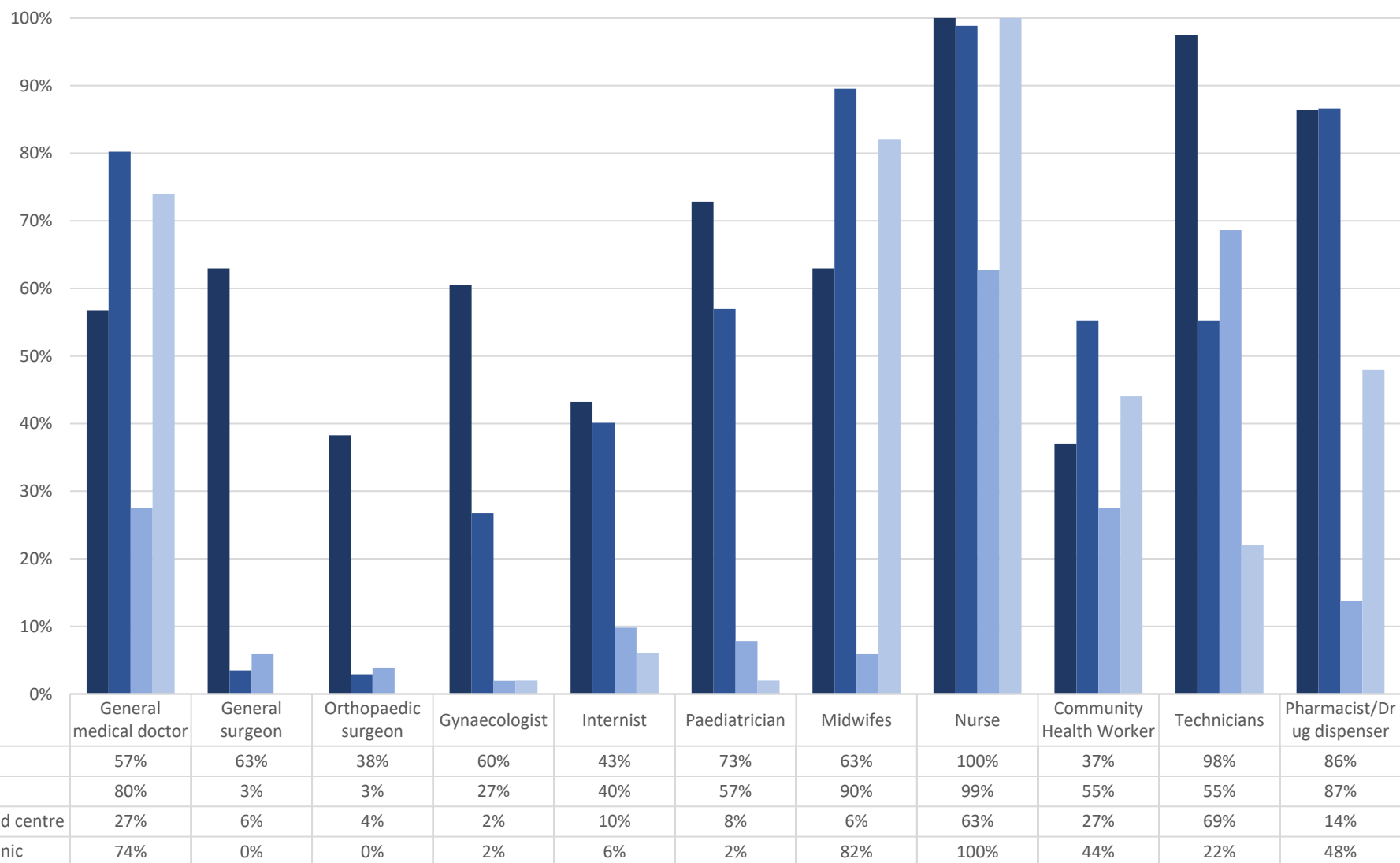
14. Provision of Outreach activities (Community base) health services

Figure 19: Availability of health facilities providing Outreach (Community base) health services



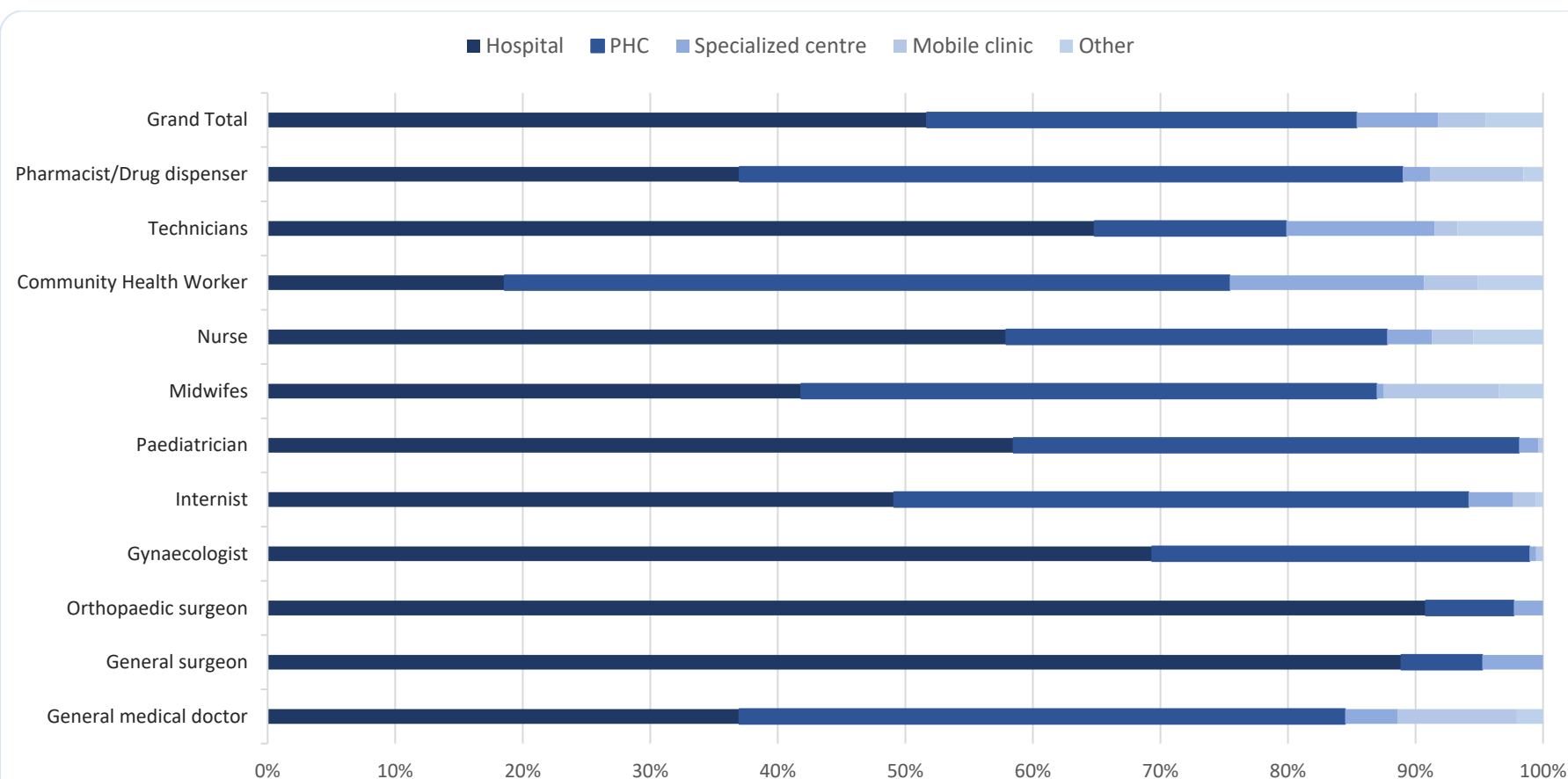
15. Availability of Health Staff

Figure 20: Percentages of Health Facilities by available Health Staff



* e.g.: 57% of the hospitals have general medical doctor.

Figure 21: Number of Health Staff per Types of Health Facility



	General medical doctor	General surgeon	Orthopaedic surgeon	Gynaecologist	Internist	Paediatrician	Midwives	Nurse	Community Health Worker	Technicians	Pharmacist /Drug dispenser	Grand Total
■ Hospital	162	112	79	129	84	155	218	1,406	171	937	121	3,574
■ PHC	208	8	6	55	77	105	235	725	523	217	170	2,329
■ Specialized centre	18	6	2	1	6	4	3	86	140	168	7	441
■ Mobile clinic	41	-	-	1	3	1	47	78	39	26	24	260
■ Other	9	-	-	-	1	-	18	133	47	97	5	310

Table 2: Distribution of health staff by districts/populations (Aleppo/Idleb)

Governorates	District	Population*	Hospital	PHC**	Specialized centre	Mobile clinic	Other_HFs	Total_HFs	General medical doctor	General surgeon	Orthopaedic surgeon	Gynaecologist	Internist	Paediatrician	Midwife	Nurse	CHWs	Technicians	Pharmacist/ dispenser
Aleppo	Afrin	189,497	2	18	2	3	1	26	31	2	3	9	11	12	33	92	53	61	24
	Al Bab	192,653	1	6	3	2		12	6	0	0	3	1	7	17	47	17	12	8
	A'zaz	434,595	8	19	5	4	4	40	40	6	7	20	23	25	47	188	80	147	28
	Jarablus	94,184	1	3	3	1		8	8	0	1	4	0	8	8	33	18	24	5
	Jebel Saman	508,391	9	26	5	16	2	58	60	15	11	18	12	35	65	267	150	96	40
Total		1,419,320	21	72	18	26	7	144	145	23	22	54	47	87	170	627	318	340	105
Idleb	Al Ma'ra	423,478	10	18	8	6	9	51	46	26	15	33	26	33	92	356	198	183	45
	Ariha	250,121	8	7	3	4	1	23	17	13	10	11	8	21	33	141	49	106	17
	Harim	821,640	19	37	8	7	11	82	106	16	19	36	43	51	91	512	166	395	71
	Idleb	579,054	13	20	8	3	22	66	78	24	15	36	33	45	83	481	95	266	49
	Jisr-Ash-Shugur	259,774	6	11	2	2	1	22	31	13	6	11	12	21	36	212	84	105	25
Total		2,334,067	56	93	29	22	44	244	278	92	65	127	122	171	335	1702	592	1055	207
Grand Total		3,753,386	77	165	47	48	51	388	423	115	87	181	169	258	505	2,329	910	1,395	312

*Source for population: Estimated population data of HNO, population of Jebel Saman district is for the area of operation by Turkey hub.

**PHC: Total of the 3 levels of fixed PHCs (*Comprehensive Health Centre, Health Centre and health unit*)

***Health staff figures represent total of health staff reported working in the health facilities, and not represent total number of health staff as one staff may work on more than one health facilities.

16. Global health indicators and benchmarks for Aleppo and Idleb

a. Number of health workers (medical doctors + nurse + midwife) per 10,000 population, by administrative unit (benchmark >22 HWs for 10,000 population)

Governorates	District	Population	Number of Available health workers	Available for every 10,000 pop	STD No of HWs benchmark >22 HWs for 10,000 population	Gap in Health Workers	%Gap
Aleppo	Afrin	189,497	193	10	436	243	56%
	Al Bab	192,653	81	4	443	362	82%
	A'zaz	434,595	356	8	1,000	644	64%
	Jarablus	94,184	62	7	217	155	71%
	Jebel Saman	508,391	483	10	1,169	686	59%
Aleppo Total		1,419,320	1,175	8	3,264	2,089	64%
Idleb	Al Ma'ra	423,478	627	15	974	347	36%
	Ariha	250,121	254	10	575	321	56%
	Harim	821,640	874	11	1,890	1,016	54%
	Idleb	579,054	795	14	1,332	537	40%
	Jisr-Ash-Shugur	259,774	342	13	597	255	43%
Idleb Total		2,334,067	2,892	12	5,368	2,476	46%
Grand Total		3,753,386	4,067	11	8,633	4,566	53%

b. Number of Community health workers per 10,000 population, by administrative unit (benchmark ≥ 10 CHWs for 10,000 population)

Governorates	District	Population	Number of Available CHWs	Available CHWs for every 10,000 pop	STD No of CHWs benchmark ≥ 10 CHWs for 10,000 population	Gap in CHWs	%Gap
Aleppo	Afrin	189,497	53	3	189	136	72%
	Al Bab	192,653	17	1	193	176	91%
	A'zaz	434,595	80	2	435	355	82%
	Jarablus	94,184	18	2	94	76	81%
	Jebel Saman	508,391	150	3	508	358	70%
Aleppo Total		1,419,320	318	2	1,419	1,101	78%
Idleb	Al Ma'ra	423,478	198	5	423	225	53%
	Ariha	250,121	49	2	250	201	80%
	Harim	821,640	166	2	822	656	80%
	Idleb	579,054	95	2	579	484	84%
	Jisr-Ash-Shugur	259,774	84	3	260	176	68%
Idleb Total		2,334,067	592	3	2,334	1,742	75%
Grand Total		3,753,386	910	2	3,753	2,843	76%

**c. Number of hospital beds per 10,000 population (inpatients & maternity), by administrative unit
(benchmark ≥ 10 beds for 10,000 population)**

Governorates	District	Population	#Hospitals	#PHCs	Total number of beds	Total hospital beds	STD no. of beds	Gap	%Gap
Aleppo	Afrin	189,497	2	18	66	45	189	144	76%
	Al Bab	192,653	1	6	28	17	193	176	91%
	A'zaz	434,595	8	19	378	359	435	76	17%
	Jarablus	94,184	1	3	49	39	94	55	59%
	Jebel Saman	508,391	9	26	261	219	508	289	57%
Total		1,419,320	21	72	782	679	1,419	740	52%
Idleb	Al Ma'ra	423,478	10	18	358	306	423	117	28%
	Ariha	250,121	8	7	139	134	250	116	46%
	Harim	821,640	19	37	630	547	822	275	33%
	Idleb	579,054	13	20	409	342	579	237	41%
	Jisr-Ash-Shugur	259,774	6	11	193	171	260	89	34%
Total		2,334,067	56	93	1,729	1,500	2,334	834	36%
Grand Total		3,753,386	77	165	2,511	2,179	3,753	1,574	42%

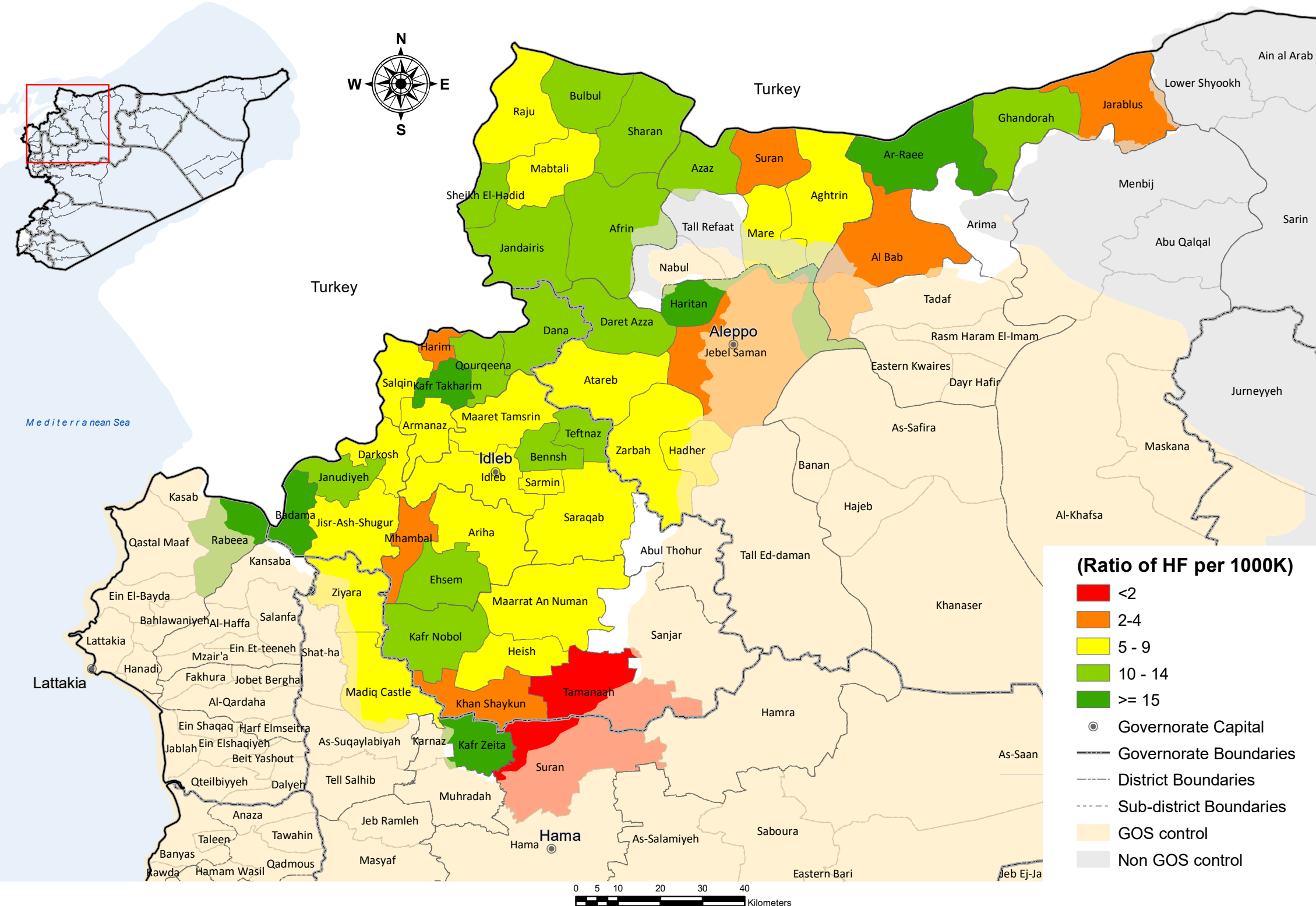
d. Number of HF with Basic Emergency Obstetric Care/ 500,000 population, by administrative unit benchmark ≥ 4 BEmOC/500, 000)

Governorates	District	Population	HFs with Available BEmOC	STD no. of BEmOC HFs benchmark ≥ 4 BEmOC/500, 000	Ratio_ Available BeMOC for 125,000 pop
Aleppo	Afrin	189,497	9	2	5.9
	Al Bab	192,653	5	2	3.2
	A'zaz	434,595	11	3	3.2
	Jarablus	94,184	2	1	2.7
	Jebel Saman	508,391	12	4	3.0
Aleppo Total		1,419,320	39	11	3.4
Idleb	Al Ma'ra	423,478	18	3	5.3
	Ariha	250,121	8	2	4.0
	Harim	821,640	15	7	2.3
	Idleb	579,054	16	5	3.5
	Jisr-Ash-Shugur	259,774	11	2	5.3
Idleb Total		2,334,067	68	19	3.6
Grand Total		3,753,386	107	30	3.6

e. Number of HF with Comprehensive Emergency Obstetric Care/500,000 population, by administrative unit (benchmark ≥ 1 CEmOC/500,000)

Governorates	District	Population	HFs with Available CEmOC	Ratio_ Available CeMOC for 500,000 pop
Aleppo	Afrin	189,497	2	5.3
	Al Bab	192,653	1	2.6
	A'zaz	434,595	4	4.6
	Jarablus	94,184	1	5.3
	Jebel Saman	508,391	9	8.9
Aleppo Total		1,419,320	17	6.0
Idleb	Al Ma'ra	423,478	9	10.6
	Ariha	250,121	6	12.0
	Harim	821,640	9	5.5
	Idleb	579,054	9	7.8
	Jisr-Ash-Shugur	259,774	4	7.7
Idleb Total		2,334,067	37	7.9
Grand Total		3,753,386	54	7.2

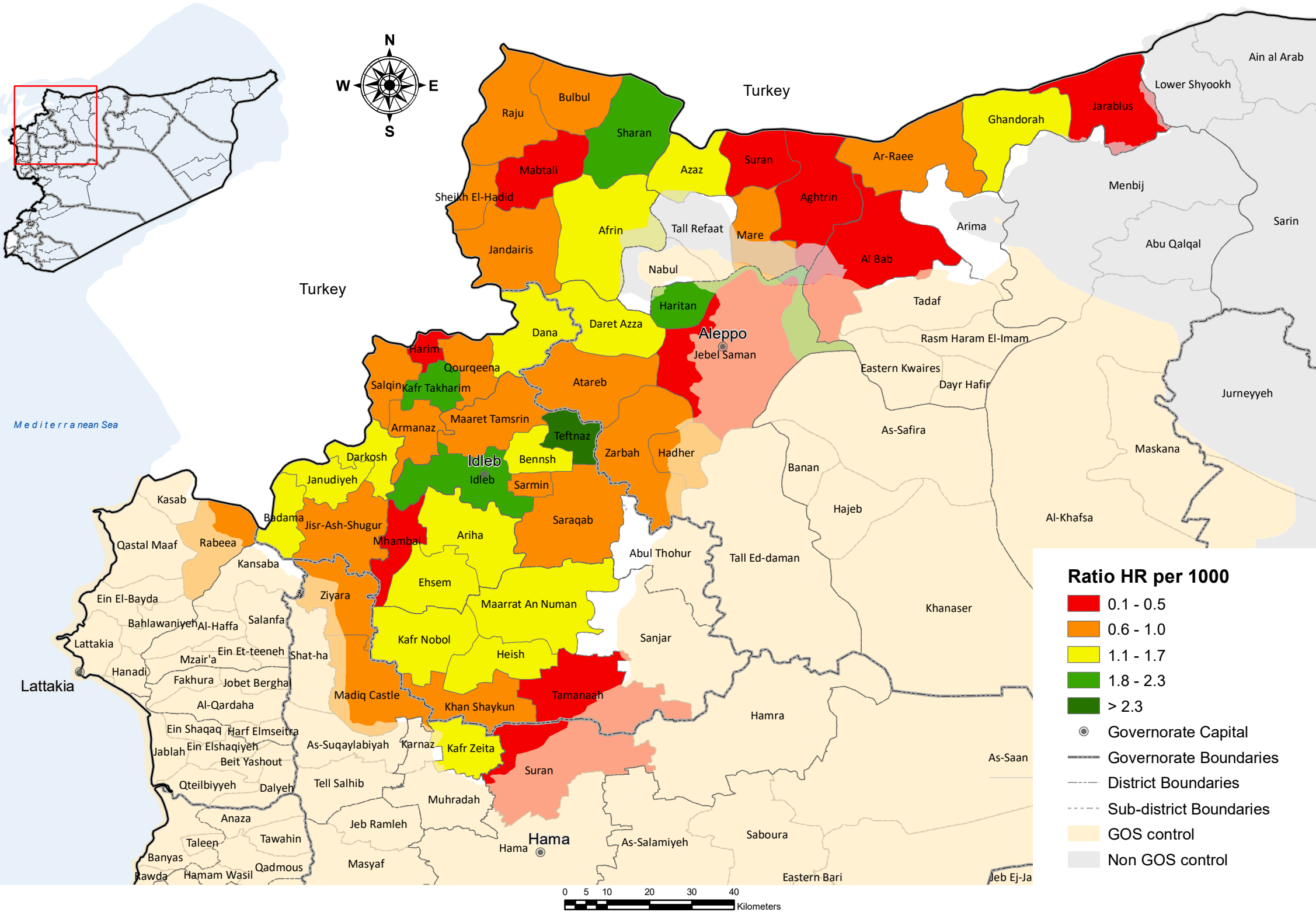
Syrian Arab Republic: Ratio of health facilities per 100,000 population



Threshold: at least 10 fixed HFs per 100,000 population

- The boundaries shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
 Source of area of control Syria live Map

Syrian Arab Republic: Ratio of Human Resources per 1000 population



Threshold: "SDG in dex threshold" of 4.45 doctors, nurses and midwives per 1000 population , 2.3/1000 for basic health care.

- The boundaries shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Source of area of control Syria live Map