[HeRAMS]
Health Resources Availability Mapping System


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.
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.

![Distribution of functioning Health facilities](image)

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.

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.
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.

5. Health facilities resources

Figure 5: Accessability to patients

- 93% Fully accessible
- 6% Partially accessible
- 1% Not accessible

Figure 6: Electricity

- 56% Fully Functioning
- 36% Non-functioning
- 7% Partially Functioning
- 1% Not available

Figure 7: Water Sources

- 99% Available
- 1% Not available

7% of functioning facilities reported difficulties in accessibility mainly due to security reasons. 48% of the functioning facilities works without/with an interrupted electricity services. 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 of health staff, lack of finance, 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 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.*

*B*asic *E*mergency 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%.
11. Gap on health staff

**Figure 31:** Follow up of treatment mental health patients

23% of the facilities provide the service.

**Figure 32:** Percentage of HFs without general medical doctors

**Figure 33:** Percentage of HFs without nurses

**Figure 34:** Percentage of HFs without internists

**Figure 35:** Percentage of HFs without Paediatrician
Figure 36: Percentage of HFs without Gynaecologist

- Specialized Hospital: 35%
- Specialized Care Facility: 35%
- Mobile clinic: 35%
- Health Unit: 35%
- Health Centre: 35%
- General Hospital: 35%
- Comprehensive Health Centre: 33%

Figure 37: Percentage of HFs without Midwives

- Specialized Hospital: 28%
- Specialized Care Facility: 28%
- Mobile clinic: 28%
- Health Unit: 28%
- Health Centre: 28%
- General Hospital: 28%
- Comprehensive Health Centre: 9%
Figure 38: Percentage of hospitals without surgeons

![Bar chart showing percentage of hospitals without surgeons.](chart.png)

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

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<th>Governorates/Districts</th>
<th>Population*</th>
<th>#Hospitals</th>
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*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 Idleb

northern Syria Turkey hub

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