

1. COMPLETENESS OF REPORTING

The completeness of reporting of public health centres in NES governorates were 100%, where all 275 public health centres continued to report to HeRAMS in 3rd Quarter 2017¹.

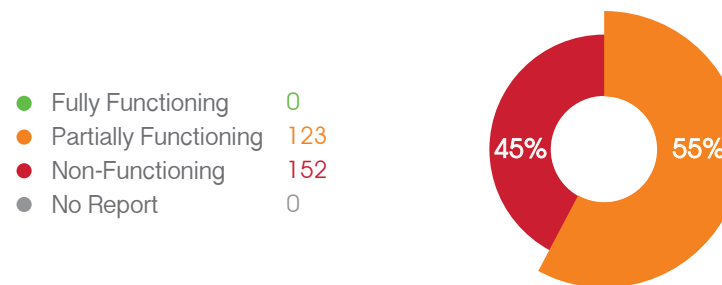
2. FUNCTIONALITY STATUS

Functionality of the public health centres has been assessed at three levels: fully functioning, partially functioning, or not functioning. By end of the 3rd Quarter 2017 and out of 275 assessed public health centres, **45% (123)** were reported partially functioning, and **55% (152)** were non-functioning (completely out of service) [Figure 1].

Distribution of public health centres by functionality status is presented in Map 1, which also portrays the HTR areas².

Trend analysis of functionality status of public health centres from 2014 to 2017 is presented in Figure 2.

Figure 1: Functionality Status - Q3 2017



Map 1: Distribution and functionality status of the public health centres, 3rd Quarter 2017

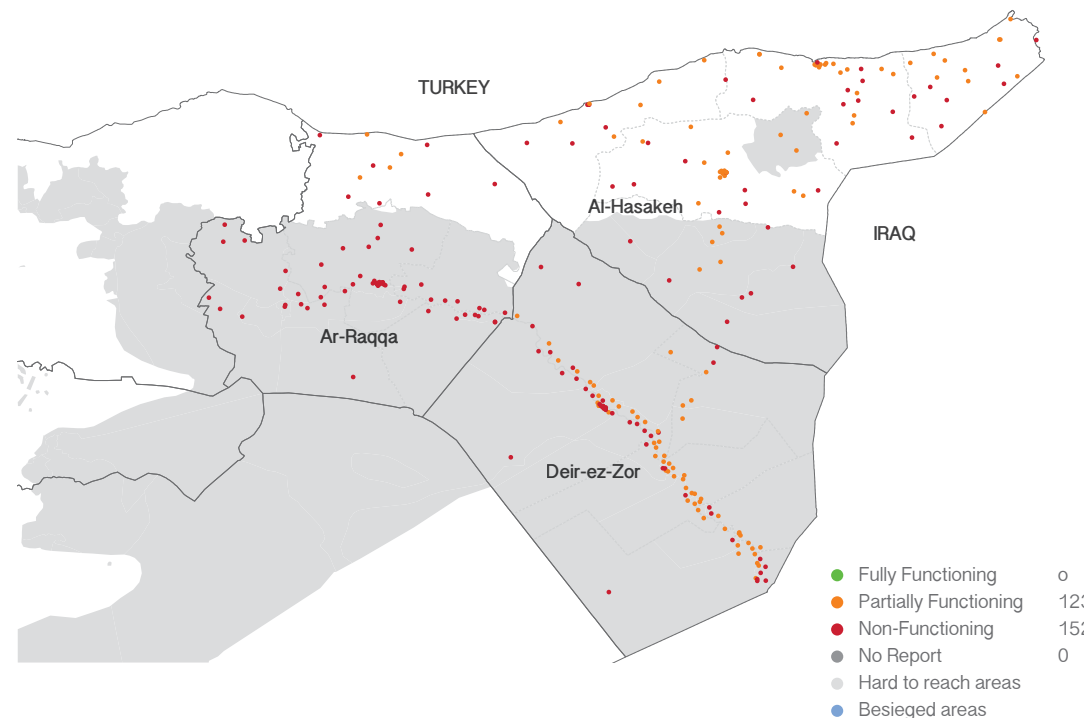
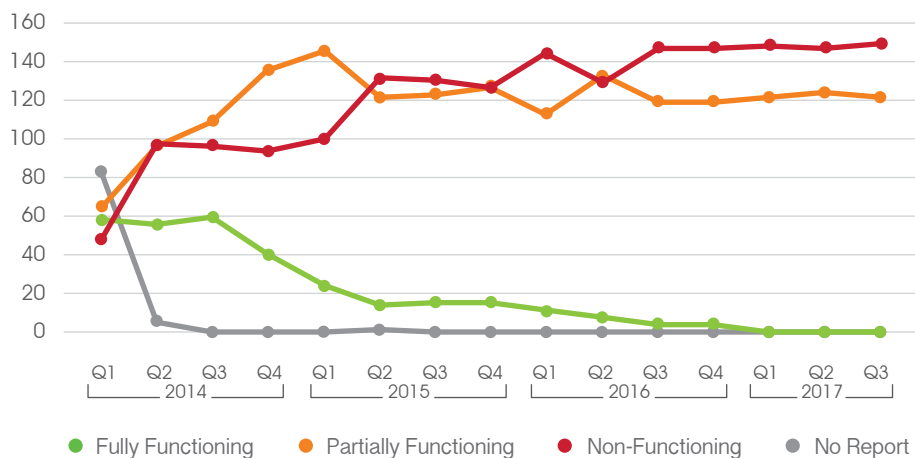


Figure 2: Trend analysis of functionality status of public health centres, from 2014 to Q3 2017



¹ This is to acknowledge that the data provided in this snapshot is a product of joint collaboration between the World Health Organization, and Ministry of Health in the Syrian Arab Republic.

² HTR and besieged areas are portrayed based on OCHA map as of September 2017, and other sources

3. ACCESSIBILITY STATUS

Accessibility to public health centres has been assessed at three levels: accessible, hard-to-access, or inaccessible health centre for patients. By end of the 3rd Quarter 2017, **81% (222)** health centres were reported accessible, **1% (3)** hard-to-access, **16% (44)** were inaccessible and 2% (6) health centres were unknown [Figure 3].

4. LEVEL OF DAMAGE

The condition of the public health centres' buildings has been assessed at three levels: fully damaged, partially damaged, and not damaged. By end of the 3rd Quarter 2017, 41% (112) health centres were reported damaged [**10%** fully damaged and **31%** partially damaged], **56% (155)** were reported intact, while the building's condition of **3% (8)** health centres were unknown [Figure 4].

It is essential to cross-analyze the infrastructural damage of the public health centres in relation to the functionality status (i.e. provision of services). Some health centres have resiliently continued to provide services regardless of the level of damage of the building and by optimizing intact parts of the building or in a few cases operating from other neighboring facilities. The national figures translate as follows:

- Out of the **86 partially damaged health centres**, 16 health centres were reported partially functioning and 70 out of service (non-functioning).
- The **26 fully damaged health centres** were reported non-functioning.
- Then again, health centres with **intact buildings (155 health centres)** does not directly reflect full functionality, only 107 are partially functioning, and 48 health centres are not functioning all together, due to limited access of patients and health staff to the facilities resulting from the dire security situation as well as critical shortage of supplies.

Trend analysis of the level of damage of the health centres' buildings from 2014 to 2017 is presented in Figure 5.

Figure3: Accessibility Status - Q3 2017

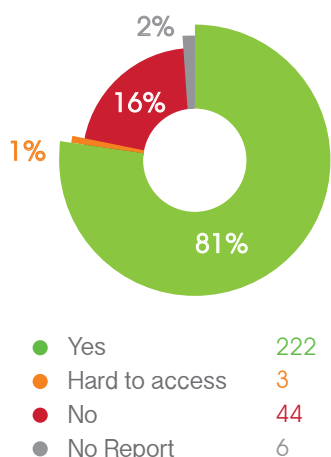


Figure4: Level of Damage - Q3 2017

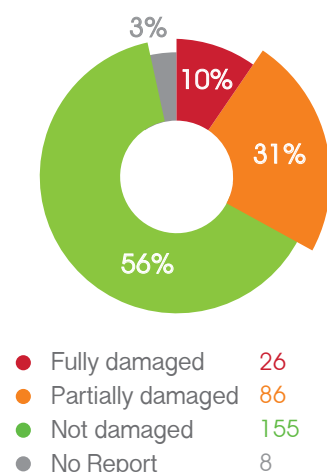


Figure5: Trend analysis of level of damage of public health centres, from 2014 to Q3 2017

