



World Health
Organization
Syrian Arab Republic



HeRAMS Annual Report

2021

Syrian Arab Red Crescent
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, Syrian Arab Red Crescent. The report covers the months of January 2021 to December 2021. 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 Syrian Arab Red Crescent (SARC) is an independent humanitarian organization of public utility, and it's permanent and continuous, and it has a legal entity and enjoys financial and administrative independence.

SARC was founded in 1942 according to the decree No/540/ 1942 and the decree No/117/ 1966 that regulating the organization's work.

SARC has been recognized by the International Committee of the Red Cross in Geneva (ICRC) in 1946, committed to Geneva Conventions and the seven basic principles of the International Movement of Red Cross and Red Crescent.

SARC has a headquarters in Damascus and fourteen branches in the fourteen governorates of Syria, and 75 of sub branches.

The International Red Cross and Red Crescent Movement is the world's largest humanitarian network. The Movement is neutral and impartial, and provides protection and assistance to people affected by disasters and conflicts.

The Movement has three main components:

- The International Committee of the Red Cross (ICRC)
- The International Federation of Red Cross and Red Crescent Societies (IFRC)
- 191 member Red Cross and Red Crescent Societies

The Movement also works in cooperation with governments, donors and other aid organizations to assist vulnerable people around the world.

The ICRC, the Federation and the National Societies are independent bodies. Each has its own individual status and exercises no authority over the others.

Contents

Key indicators

1. Completeness of health centres' reporting	6
2. Functionality status	7
3. Accessibility to health centres	9
4. Level of damage to health centres' buildings	11
5. Infrastructure patterns of the functional public health centres	13
5.1 Water	13
5.2 Electricity generators	14
5.3 Refrigerator for vaccine	15
6. Availability of human resources for health	15
7. Availability of health services	19
8. Utilization of health services	20
8.1 General clinical services	21
8.2 Emergency services	24
8.3 Child health	25
8.4 Nutrition	26
8.5 Communicable diseases	28
8.6 Noncommunicable diseases	33
8.7 Oral health and dental care	35
8.8 Mental health care	36
9. Availability of medical equipment	38
10. Availability of priority medicines	39

Key indicators

1,514,350
of Consultations
(during 2021)

61
SARC Health Centres

100%
Completeness rate

80%
Fully functioning

15%
Partially functioning

5%
Non-functioning

0%
Fully damaged

3%
Partially damaged

97%
Intact

416
of medical
doctors

215
of nurses &
midwives

1. Completeness of health centres' reporting

Figure 1: Completeness of Reporting, 4th Quarter 2021

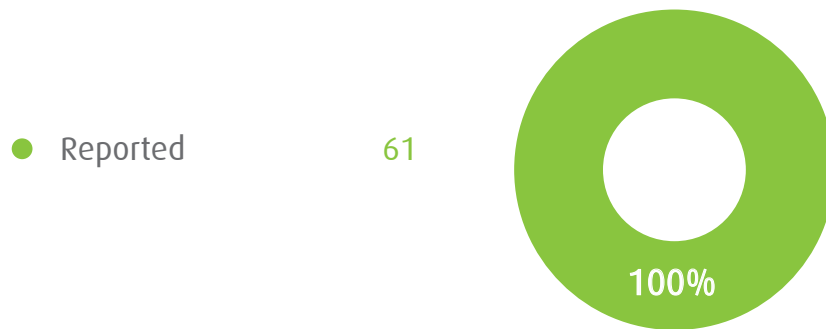


Figure 2: Classification of health centres

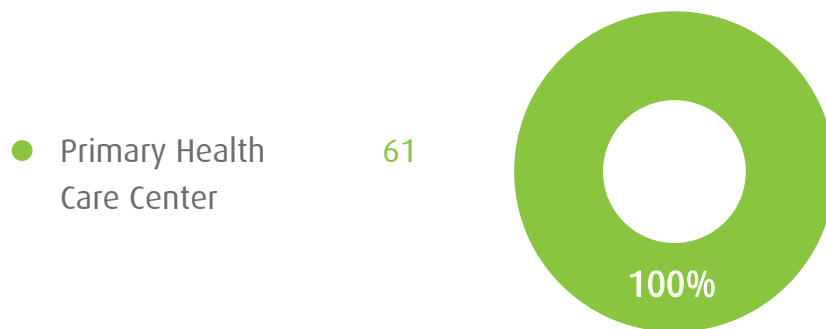
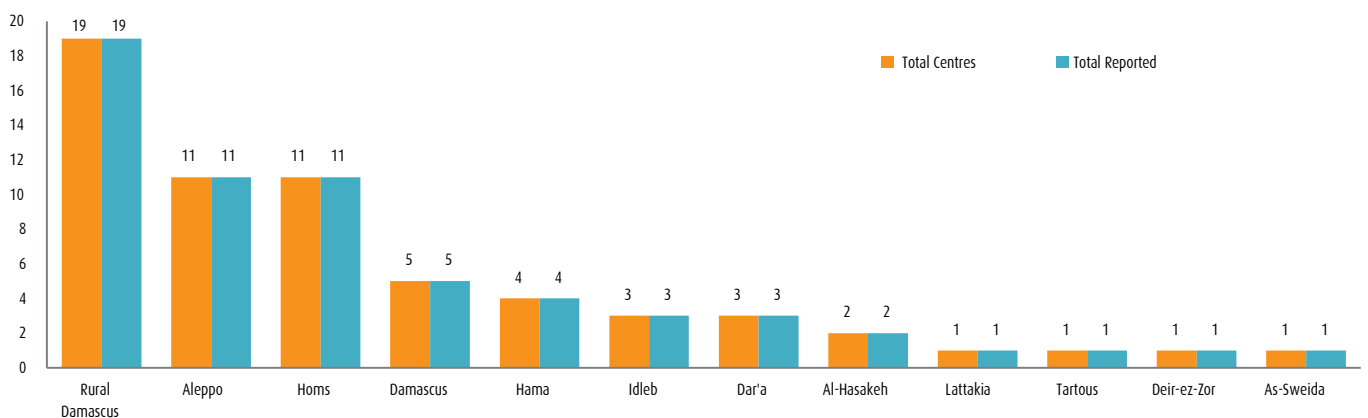


Figure 3: Completeness of reporting of health centres at governorate level, 4th Quarter 2021



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 4: Functionality status, 4th Quarter 2021

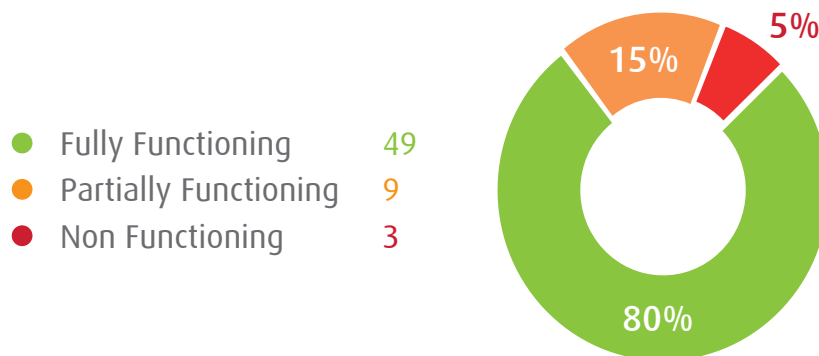


Figure 5: Functionality status, per governorate, 4th Quarter 2021



Map1: Functionality status, per governorate, 4th Quarter 2021

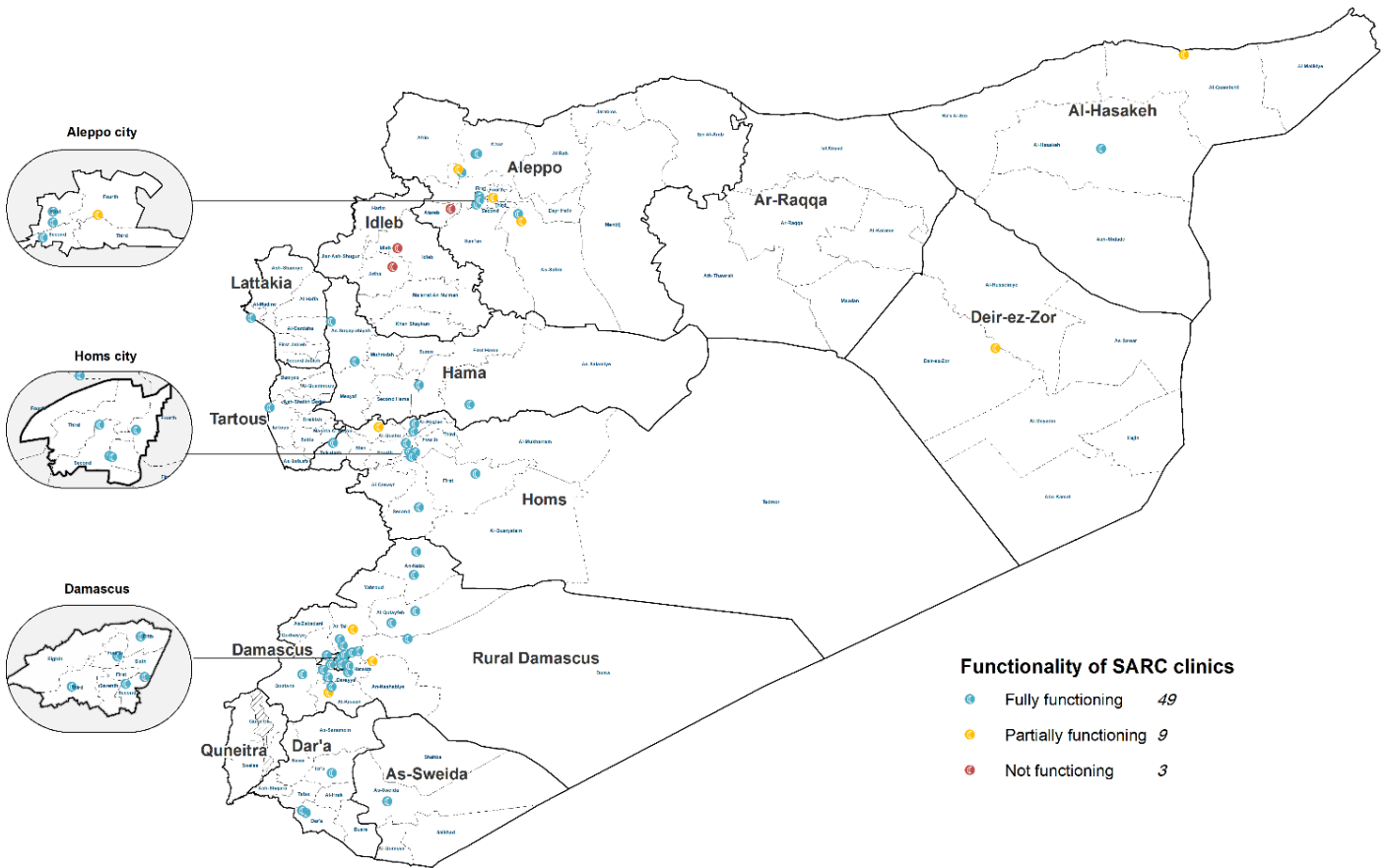
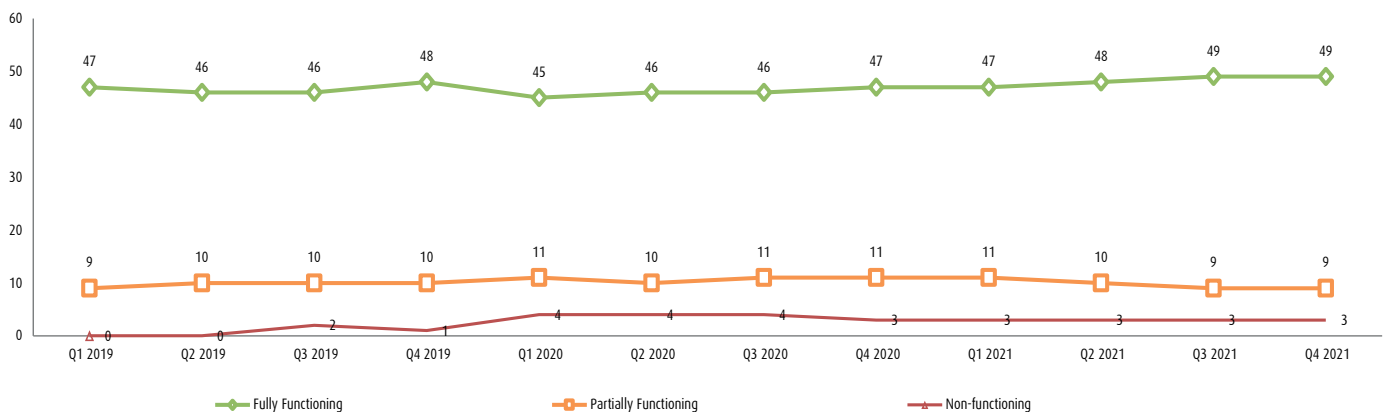


Figure 6: Trend analysis of functionality status, between 2019 and 2021



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 7: Accessibility status, 4th Quarter 2021

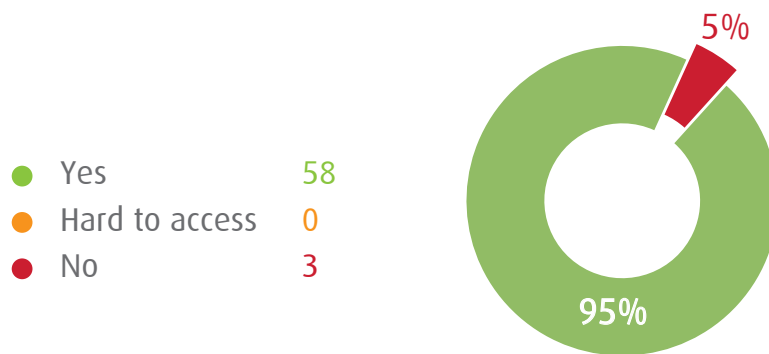


Figure 8: Accessibility status per governorate, 4th Quarter 2021



Map2: Accessibility status per governorate, 4th Quarter 2021

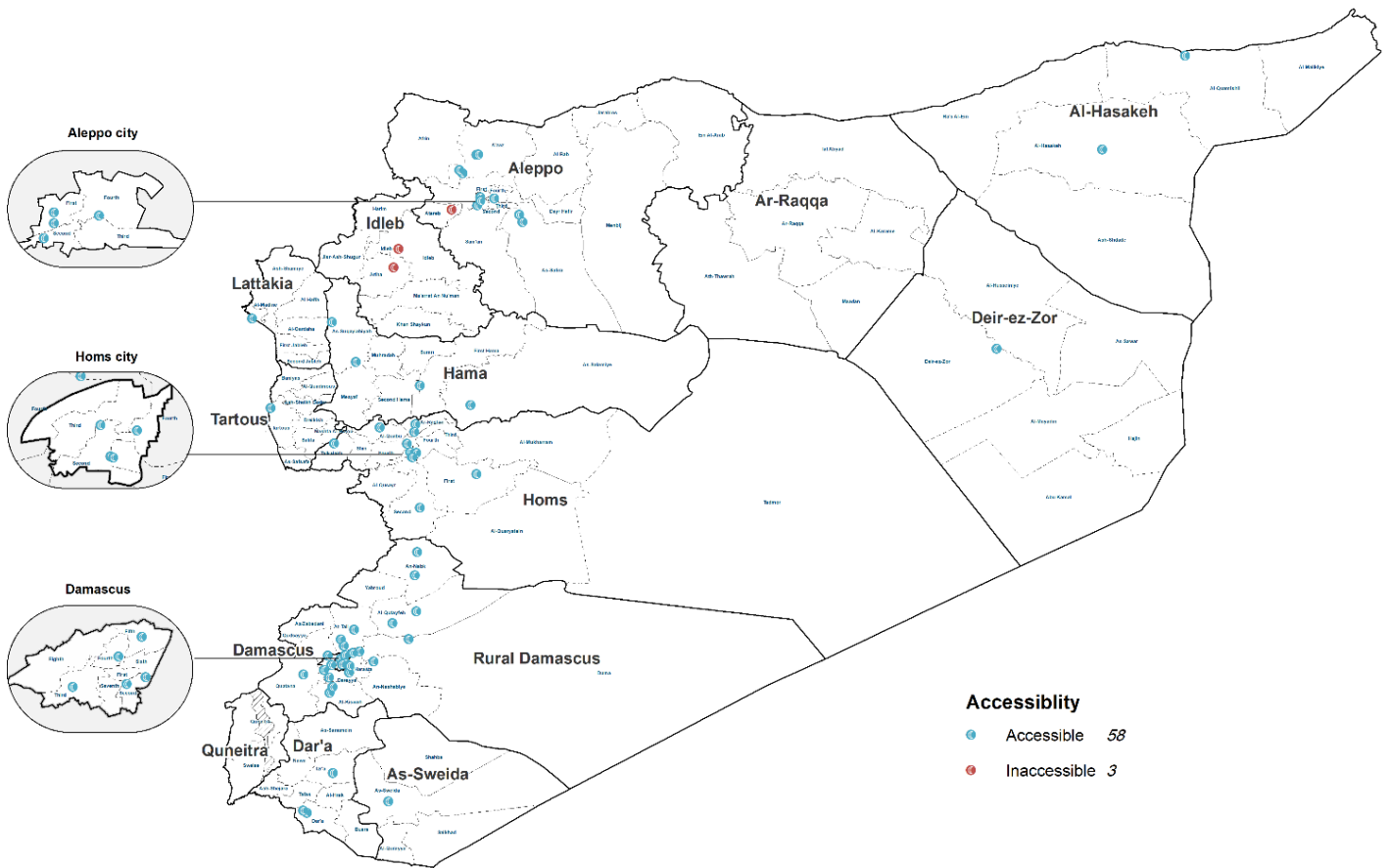
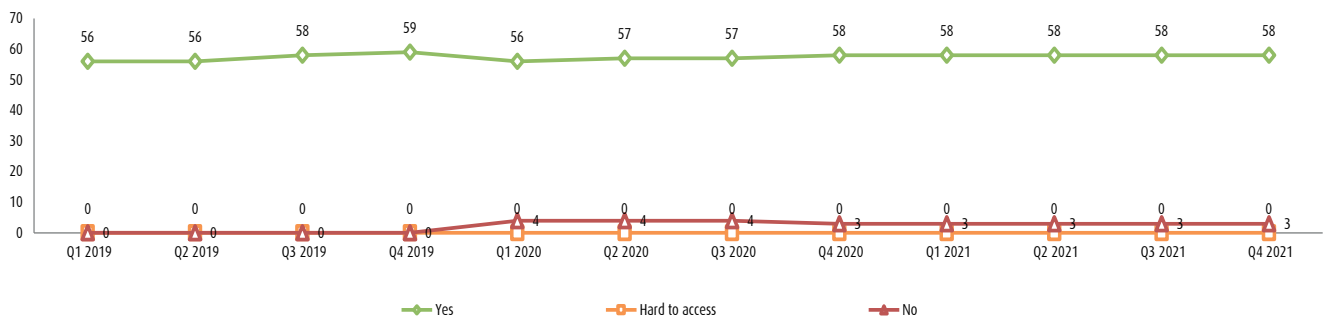


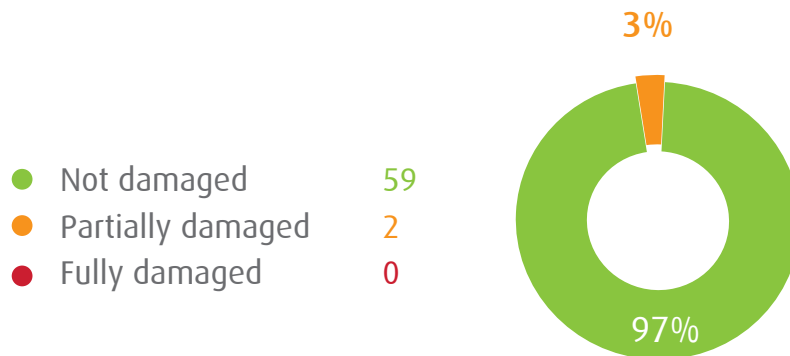
Figure 9: Trend analysis of accessibility to health centres, between 2019 and 2021



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 10: level of damage, 4th Quarter 2021



Map3: Level of damage of the health centres' buildings by governorate, 4th Quarter 2021

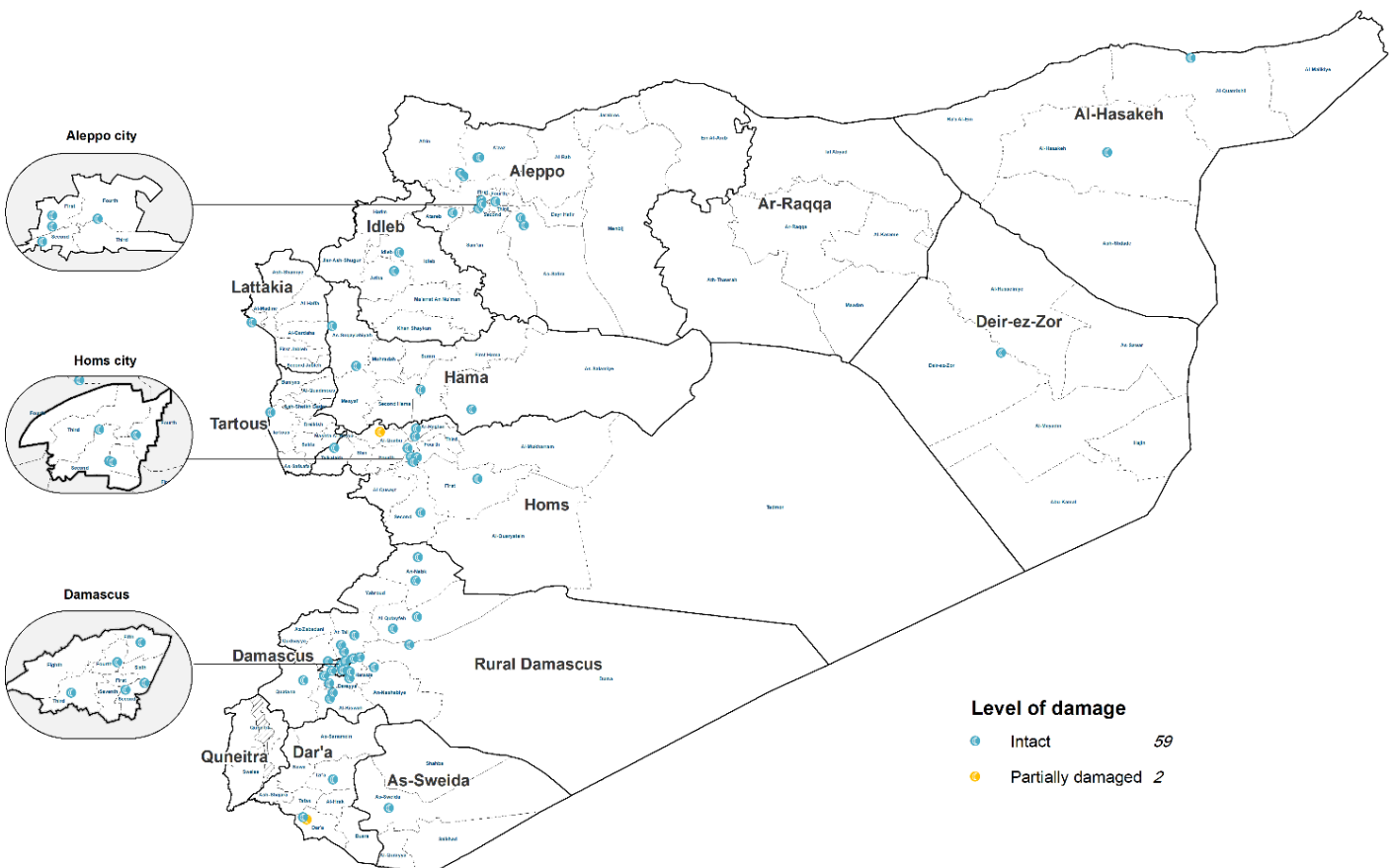


Figure 11: Level of damage of the health centres' buildings by governorate, 4th Quarter 2021

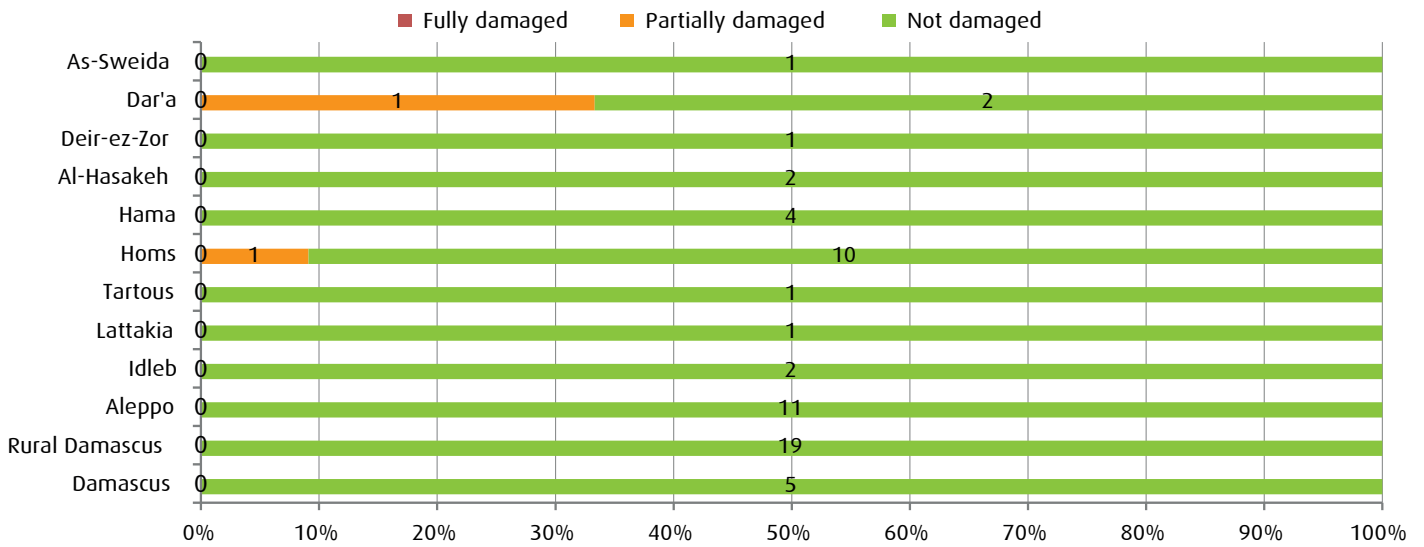
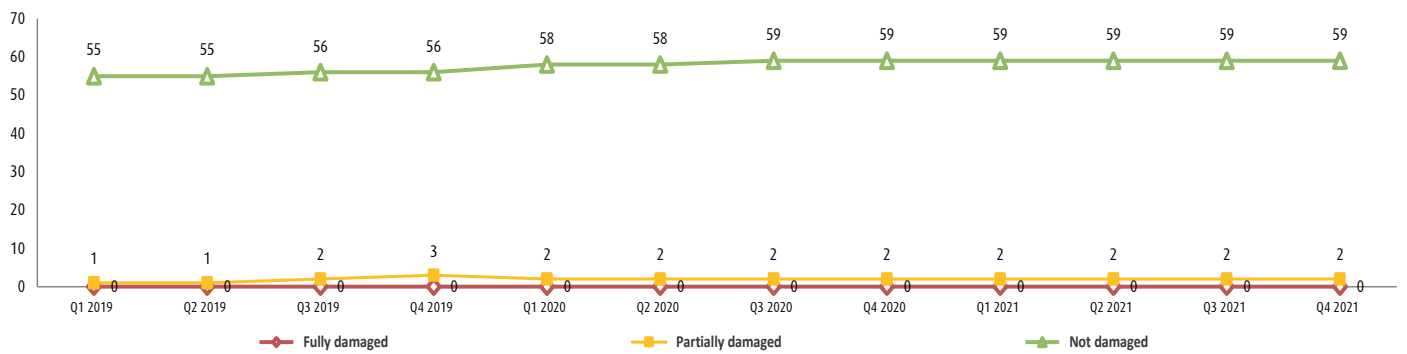


Figure 12: Trend analysis of health centres' level of damage, between 2019 and 2021



5. Infrastructure patterns of the functional health centres

5.1. Water

Figure 13: Main sources of water, 4th Quarter 2021

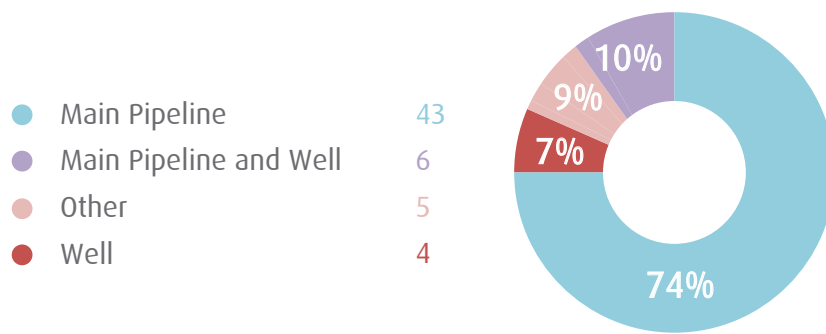


Figure 14: Distribution of water sources/ types at functional health centres, per governorate, 4th Quarter 2021
(Unit: Number of health facility)

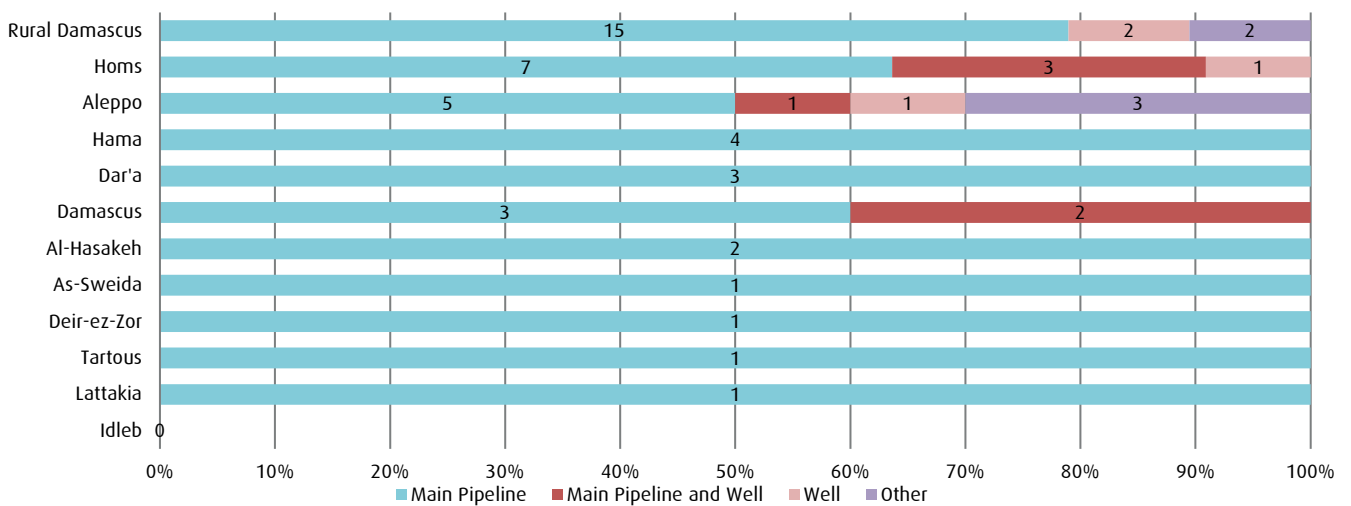
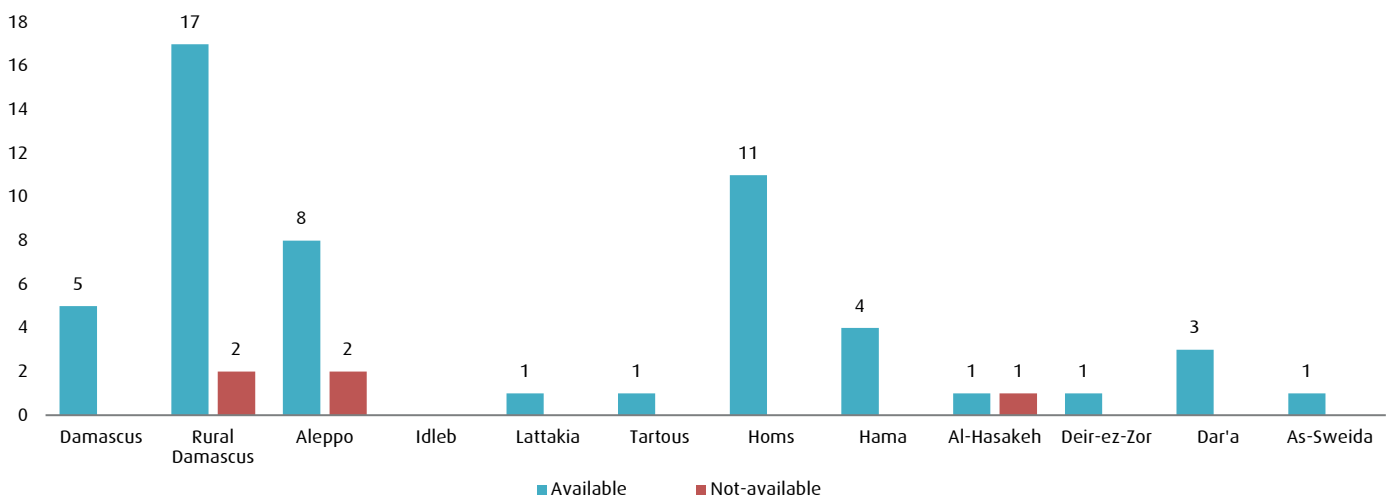


Figure 15: Functionality status of the water sources at functional health centres, 4th Quarter 2021



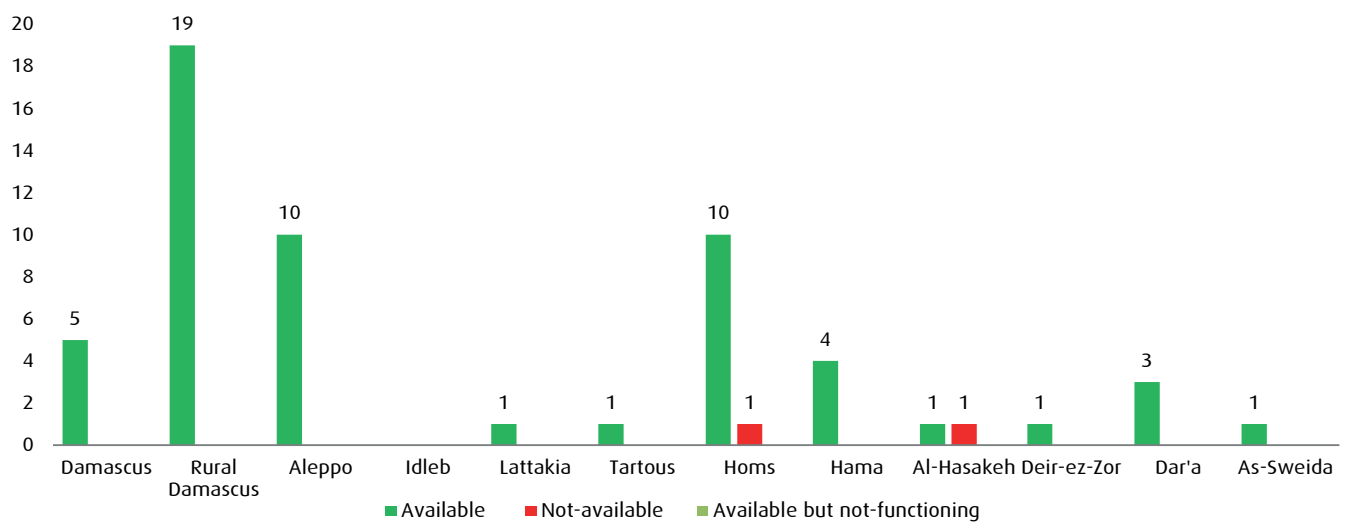
5.2 Electricity generators

Figure 16: Availability of electricity generators in the functional health centres per governorate, 4th Quarter 2021



5.3 Refrigerator for vaccine

Figure 17: Availability of refrigerators in the functional health centres, per governorate, 4th Quarter 2021



6. Availability of human resources for health

Figure 18: Proportion of health staff in health centres, Dec 2021

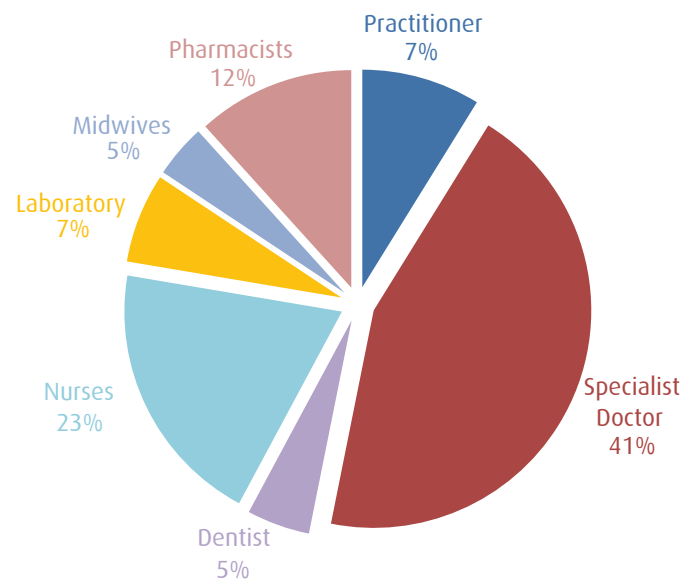


Figure 19: Distribution of health staff at health centres, per governorate, Dec 2021

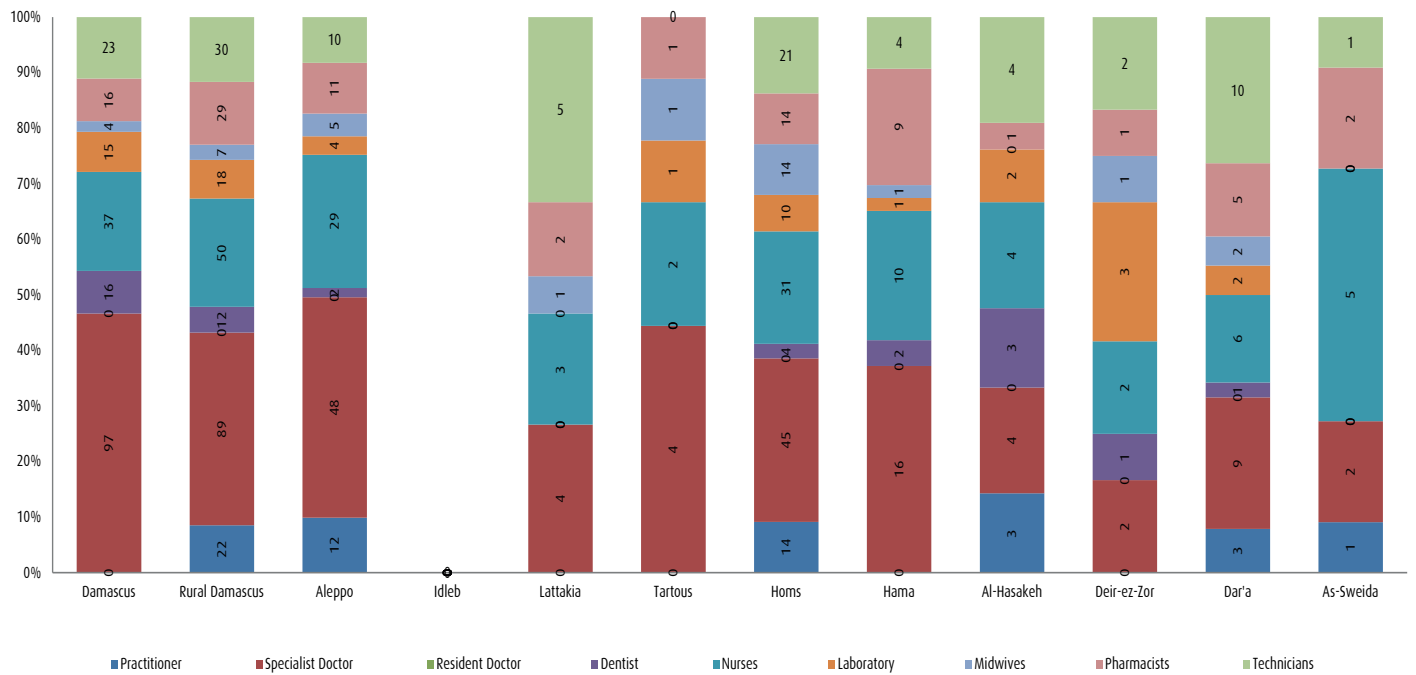


Table 1: Availability of human resources of functioning health centres, per governorate, Dec 2021

Governorate	Practitioner	Specialist Doctor	Resident Doctor	Dentist	Nurses	Laboratory	Midwives	Pharmacists	University*	Technicians	Others
Damascus	0	97	0	16	37	15	4	16	32	23	72
Rural Damascus	22	89	0	12	50	18	7	29	62	30	370
Aleppo	12	48	0	2	29	4	5	11	22	10	70
Idleb	0	0	0	0	0	0	0	0	0	0	0
Lattakia	0	4	0	0	3	0	1	2	4	5	0
Tartous	0	4	0	0	2	1	1	1	2	0	3
Homs	14	45	0	4	31	10	14	14	18	21	109
Hama	0	16	0	2	10	1	1	9	13	4	23
Al-Hasakeh	3	4	0	3	4	2	0	1	7	4	11
Deir-ez-Zor	0	2	0	1	2	3	1	1	3	2	8
Dar'a	3	9	0	1	6	2	2	5	10	10	38
As-Sweida	1	2	0	0	5	0	0	2	3	1	5
Grand Total	55	320	0	41	179	56	36	91	176	110	709

* 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 2021

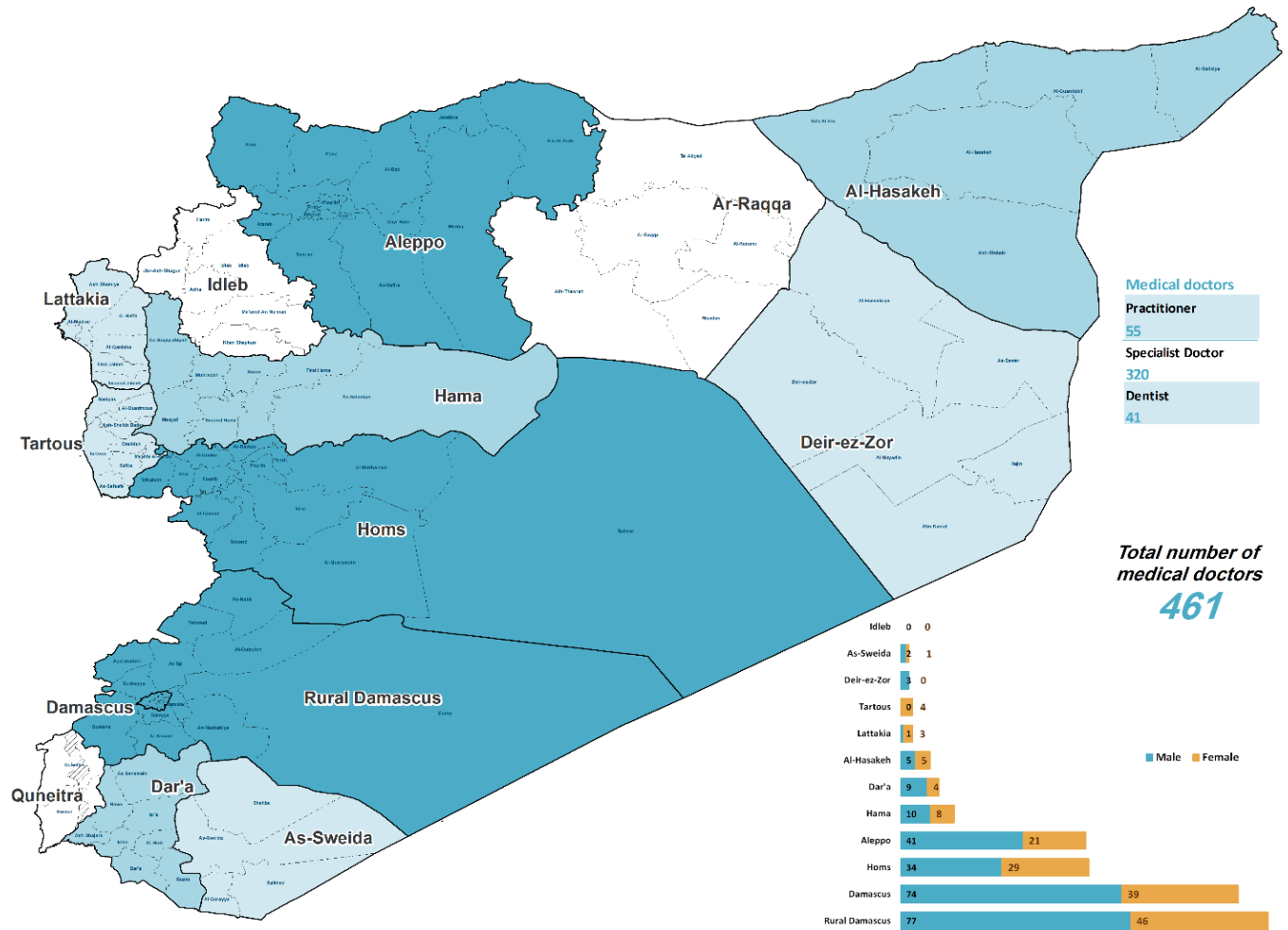


Figure 20: Proportion of medical doctors [a total of general practitioners, specialist, resident doctors, and dentists] by gender, per governorate, Dec 2021

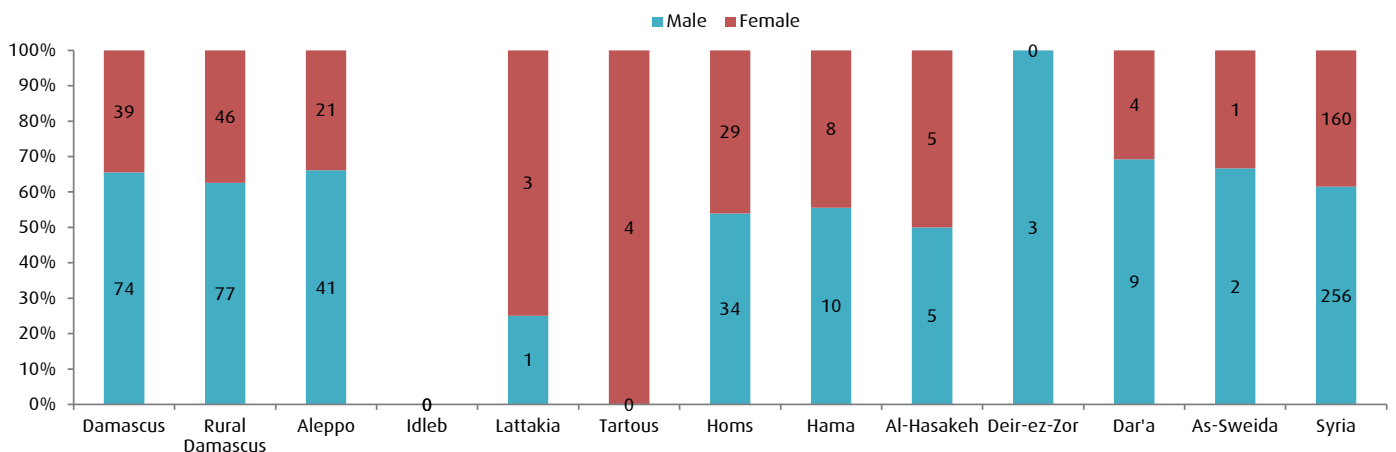


Figure 21: Trend analysis of medical doctors [a total of general practitioners, specialists, resident doctors, and dentists] in health centres, between 2019 and 2021

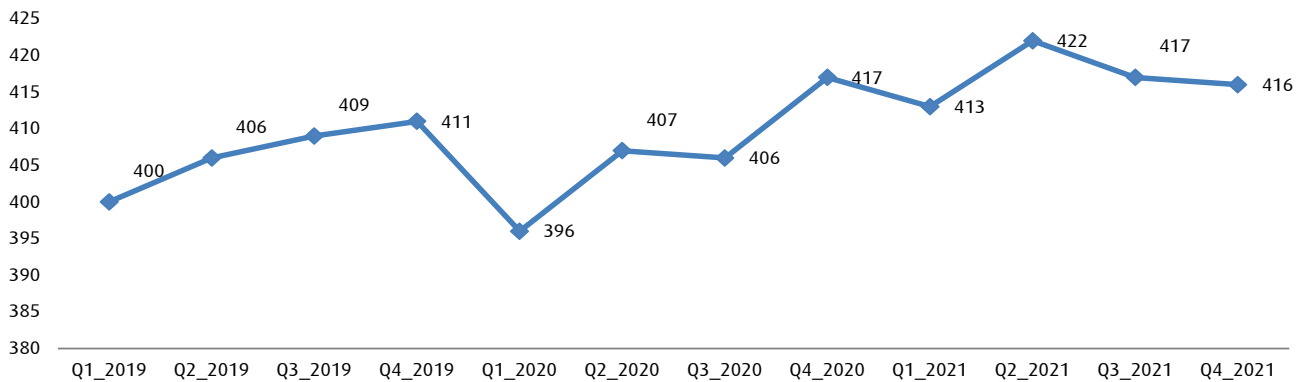


Figure 22: Trend analysis of number of nurses in health centres, between 2019 and 2021

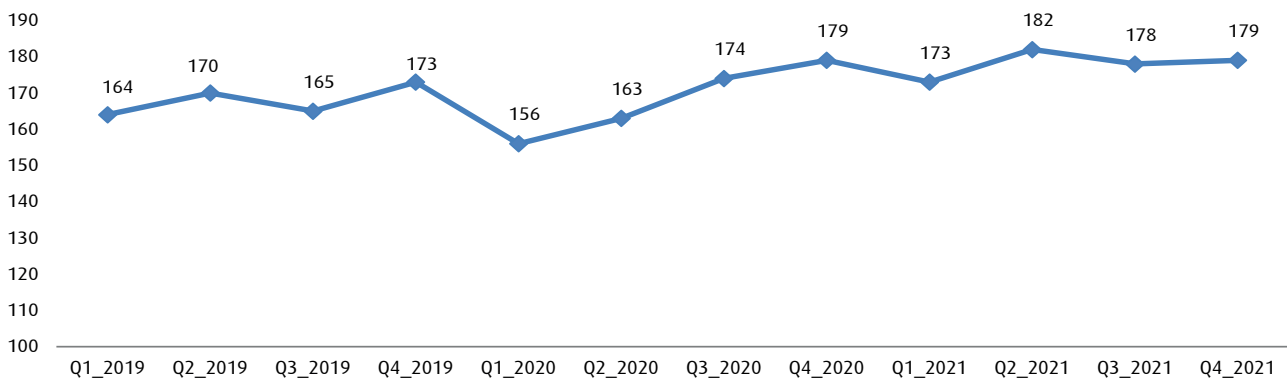
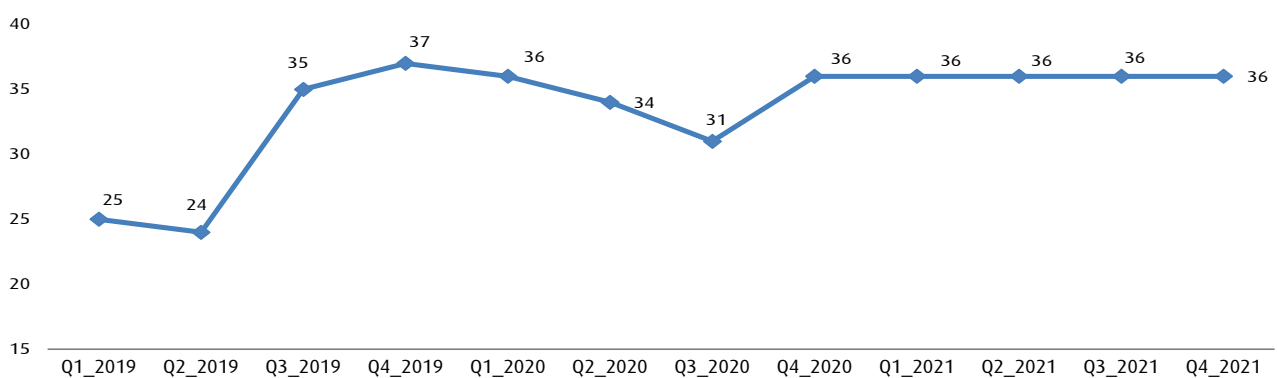


Figure 23: Trend analysis of number of midwives in health centres, between 2019 and 2021

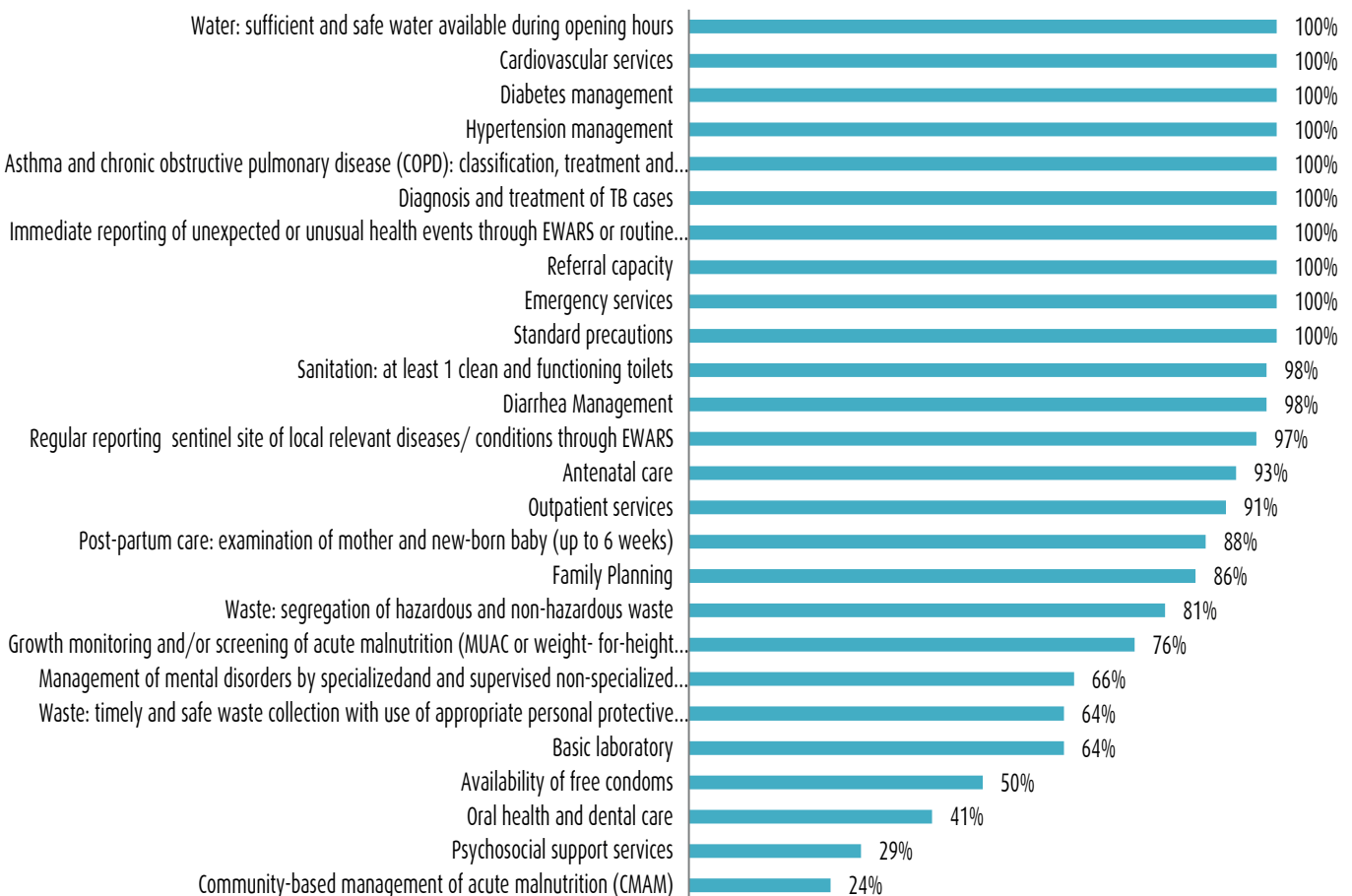


7. Availability of health services

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 24: Availability of health services in functional health centres, 4th Quarter 2021



8. Utilization of health services

Figure 25: Estimated caseload of functional health centres (consultations), during 2021

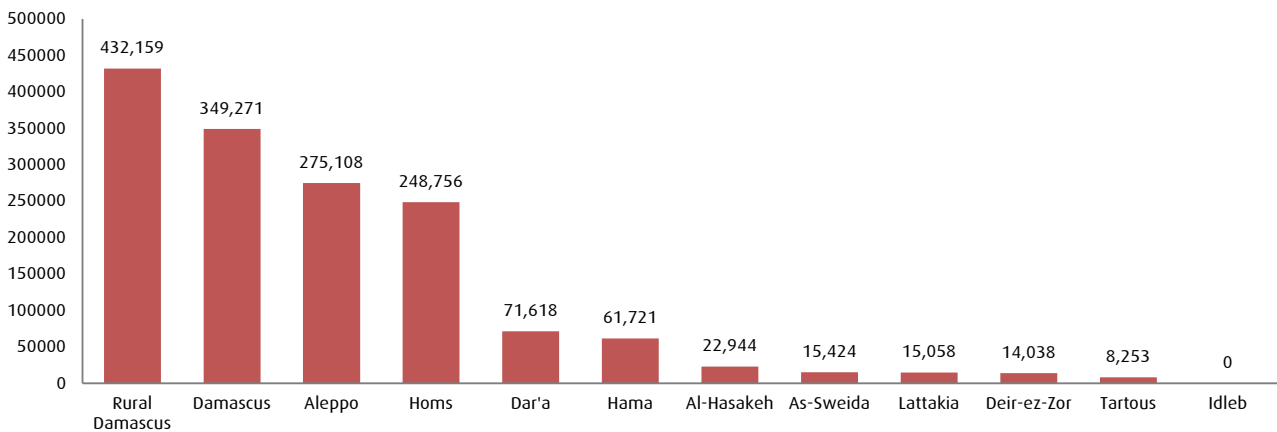


Figure 26: Trend analysis of estimated caseload in health centres (consultations), per Quarters (2018=1,742,925)(2019=1,684,646)(2020=1,332,174) (2021=1,514,350)

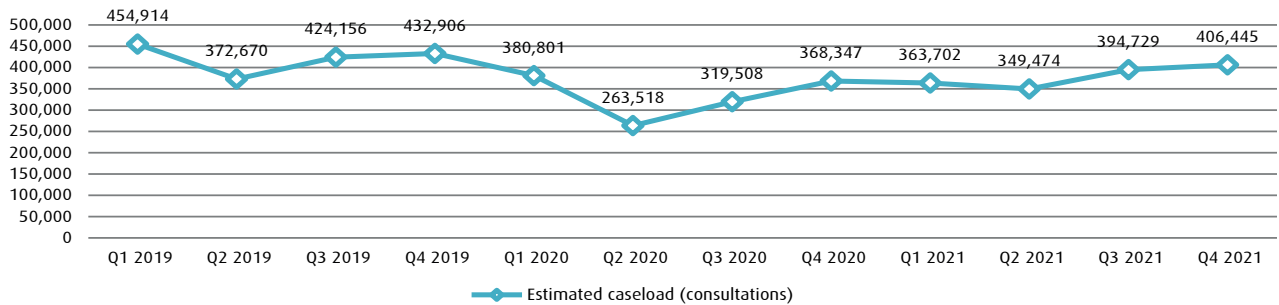
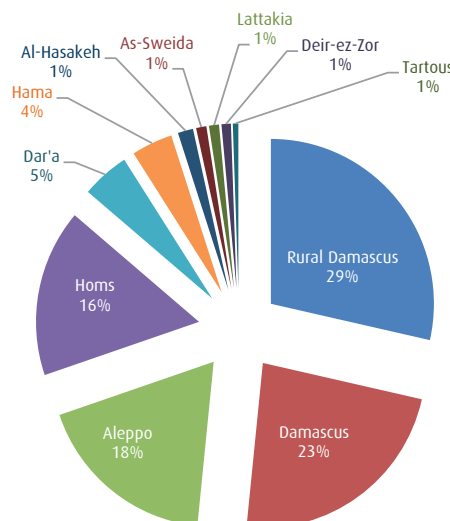


Figure 27: Proportions of workload, per governorate, during 2021



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 28: The number of outpatients (Pediatric Clinic) in health centres, during 2021

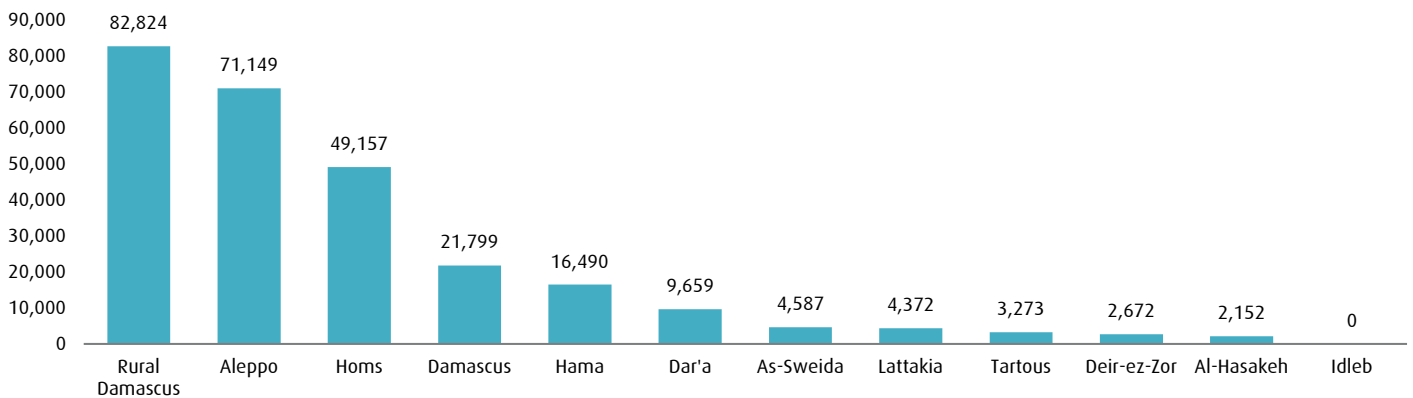
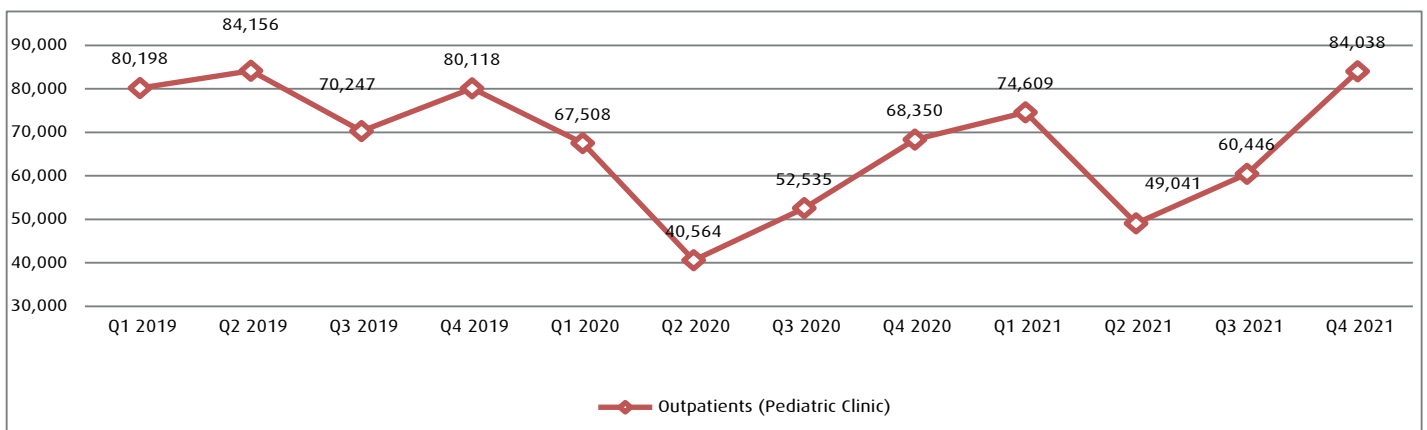


Figure 29: Trend analysis of outpatients (Pediatric Clinic) in health centres, per Quarters (2018=287,945)(2019=314,719)(2020=228,957) (2021=268,134)



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 30: The number of laboratories tests in laboratories in health centres, during 2021

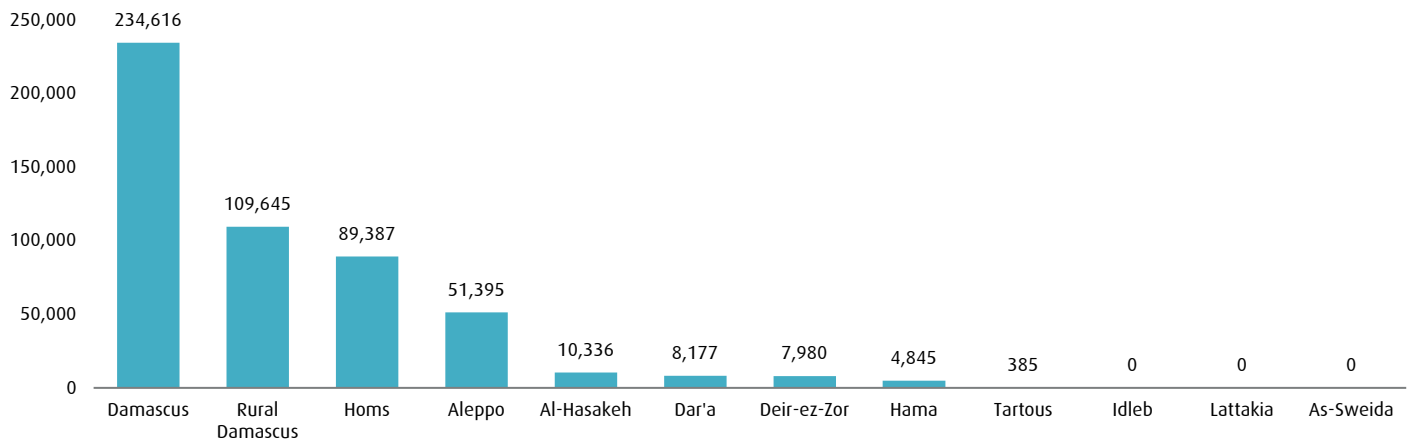
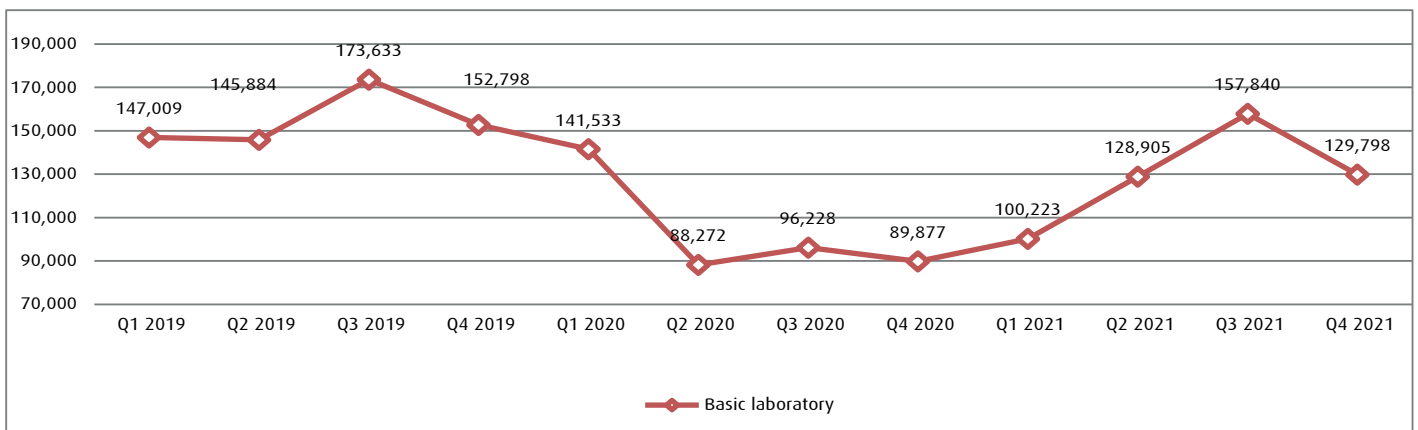


Figure 31: Trend analysis of laboratories tests in laboratories in health centres, per Quarters (2018=649,936)(2019=619,324)(2020=415,910) (2021=516,766)



iii. Referral capacity

The referral capacity including: “referral procedures, means of communication, and access to transportation” was measured at a health centre level.

Figure 32: The number of referred cases per governorate, during 2021

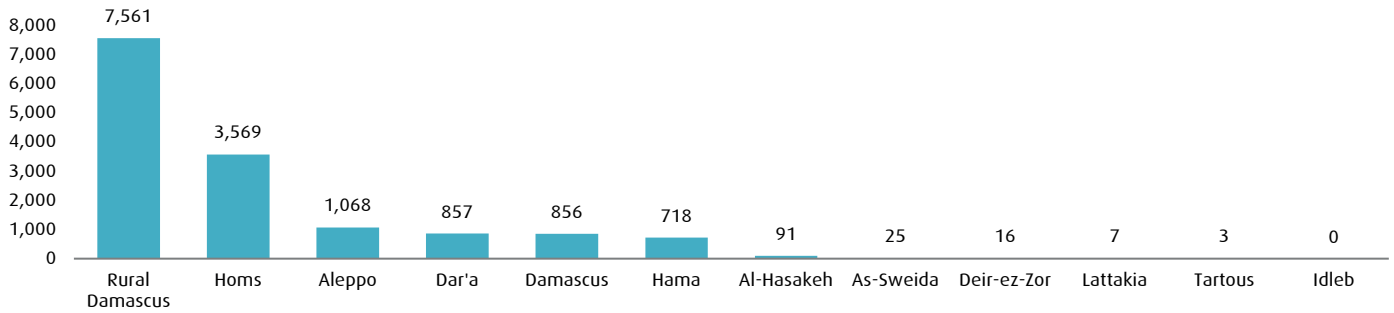
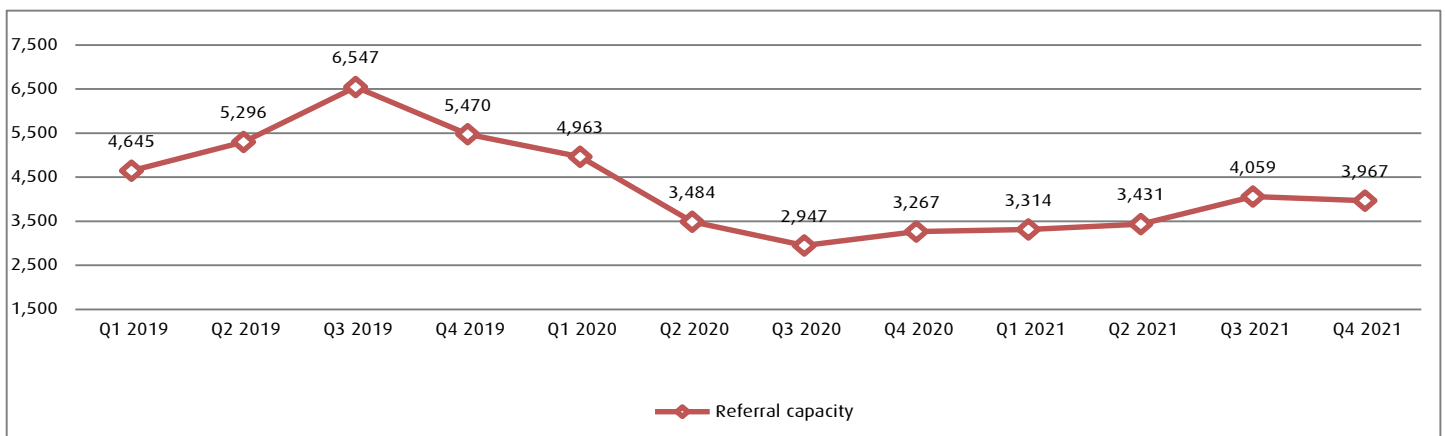


Figure 33: Trend analysis of referred cases, per Quarters (2018=15,916)(2019=21,958)(2020=14,661) (2021=14,771)



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 34: The number of emergency services cases reported in health centres, per governorate, during 2021

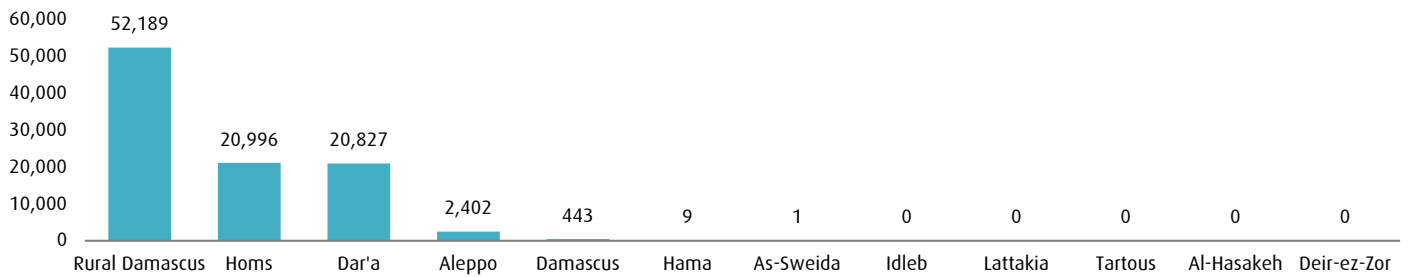
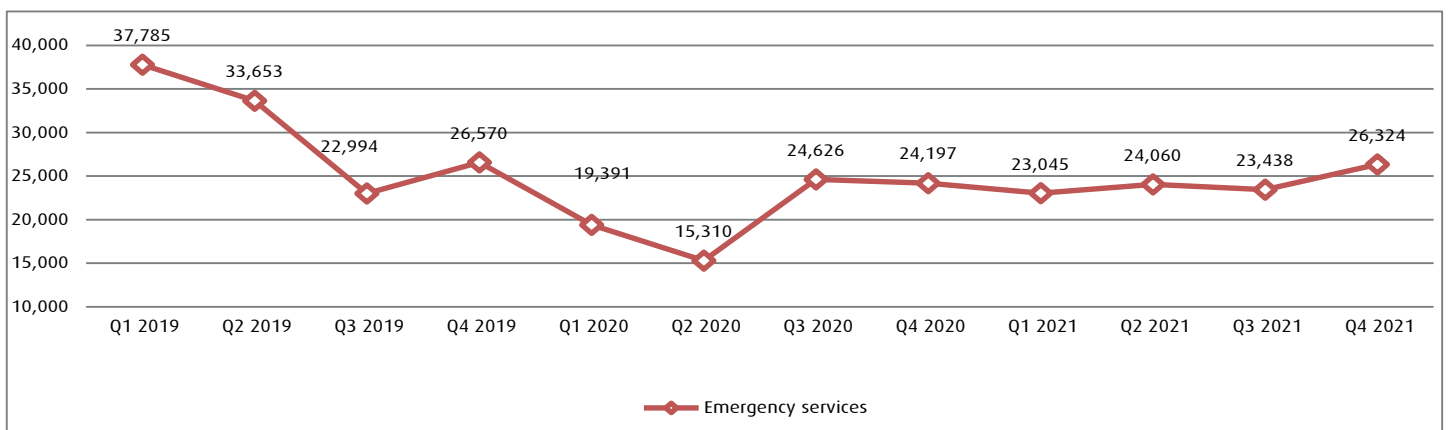


Figure 35: Trend analysis of emergency services cases in health centres, per Quarters (2018=162,945)(2019=121,002)(2020=83,524) (2021=96,867)



8.3 Child health

i. Diarrhea Management

Figure 36: The number of diarrhea cases (children) in health centres, during 2021

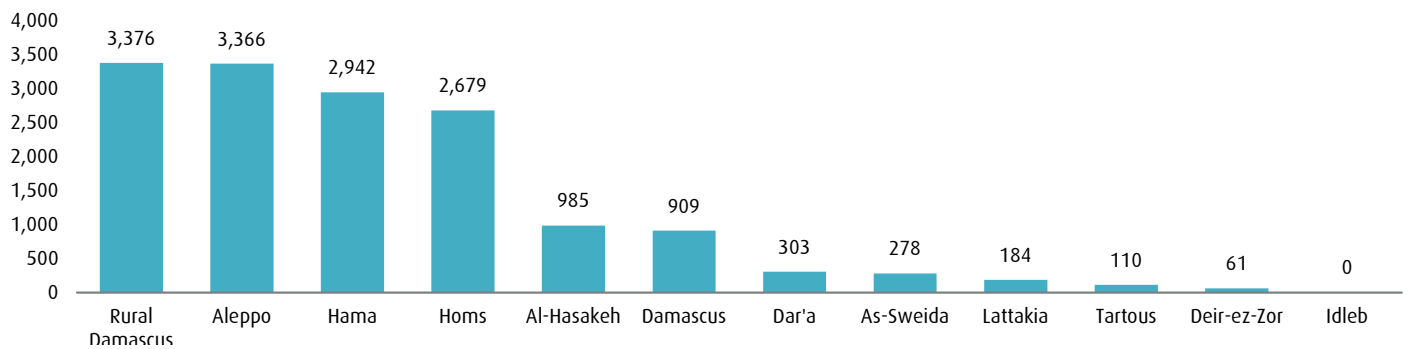
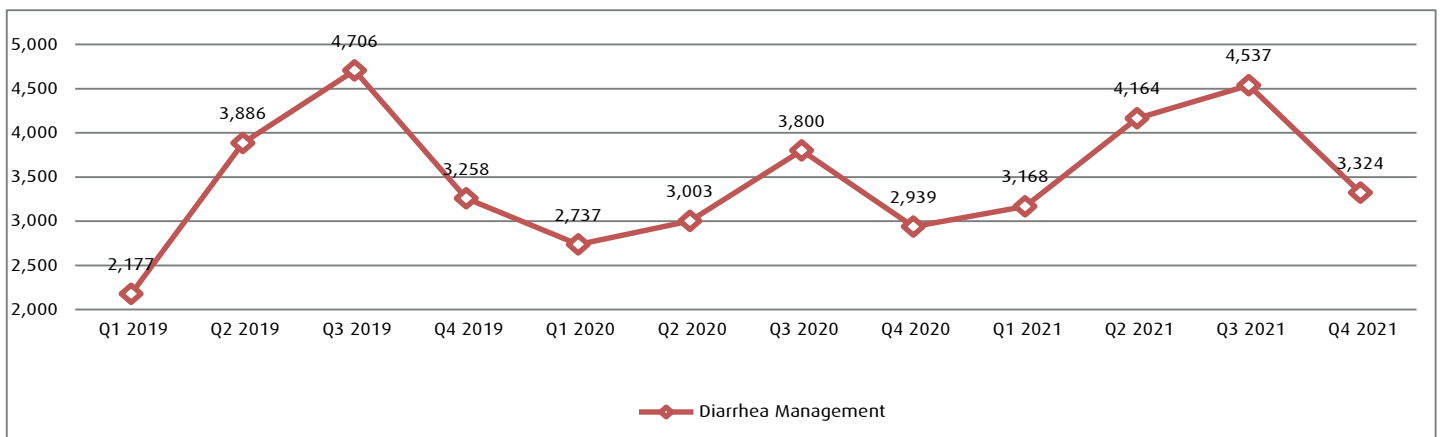


Figure 37: Trend analysis of reported children with diarrhea in health centres, per Quarters (2018=12,129)(2019=14,027)(2020=12,479) (2021=15,193)



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 38: The number of growth monitoring and/or screening of acute malnutrition cases, during 2021

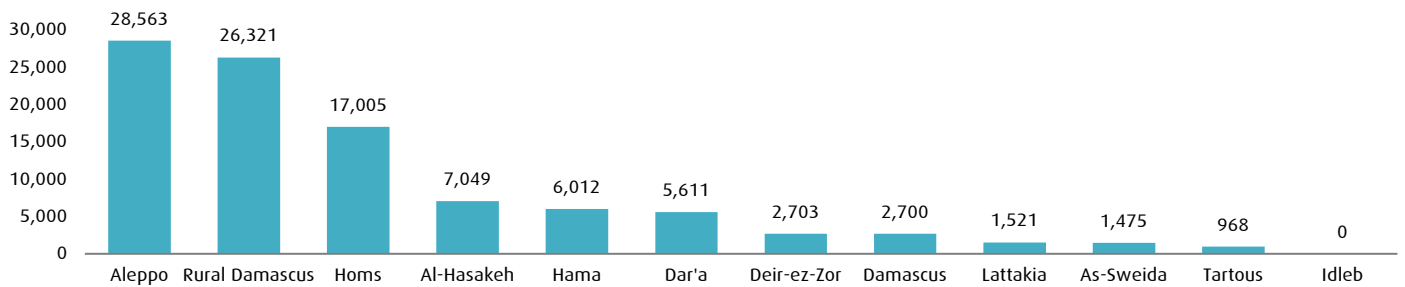
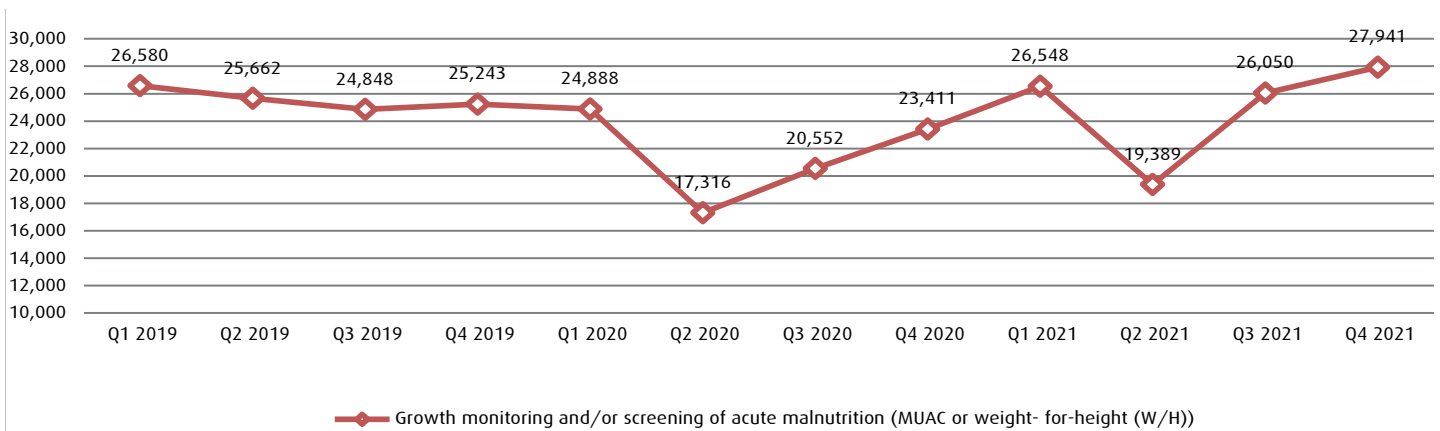


Figure 39: Trend analysis of growth monitoring and/or screening of acute malnutrition cases in health centres, per Quarters (2018=67,366)(2019=102,333) (2020=86,167) (2021=99,928)



ii. Community-based management of acute malnutrition (CMAM) with outpatient programme for severe acute malnutrition without medical complications with ready-to-use therapeutic foods available was assessed at a health centre level.

Figure 40: The number of management of acute malnutrition (CMAM) cases, during 2021

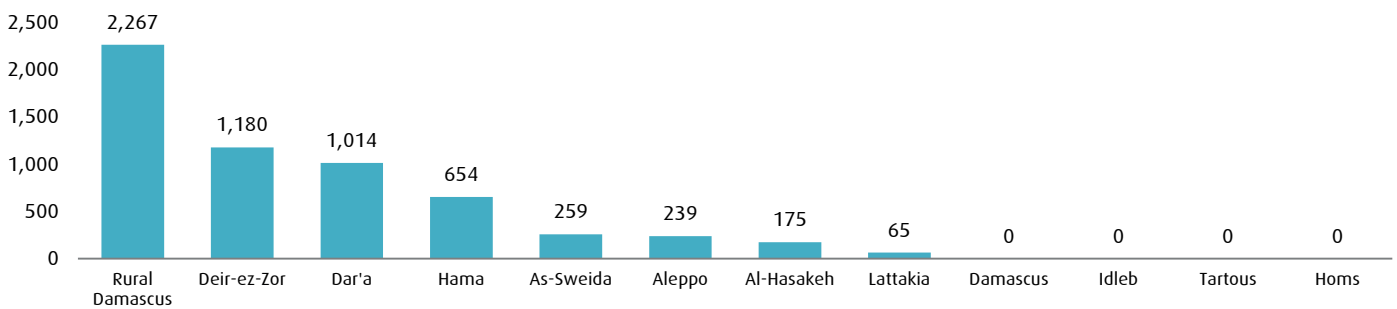
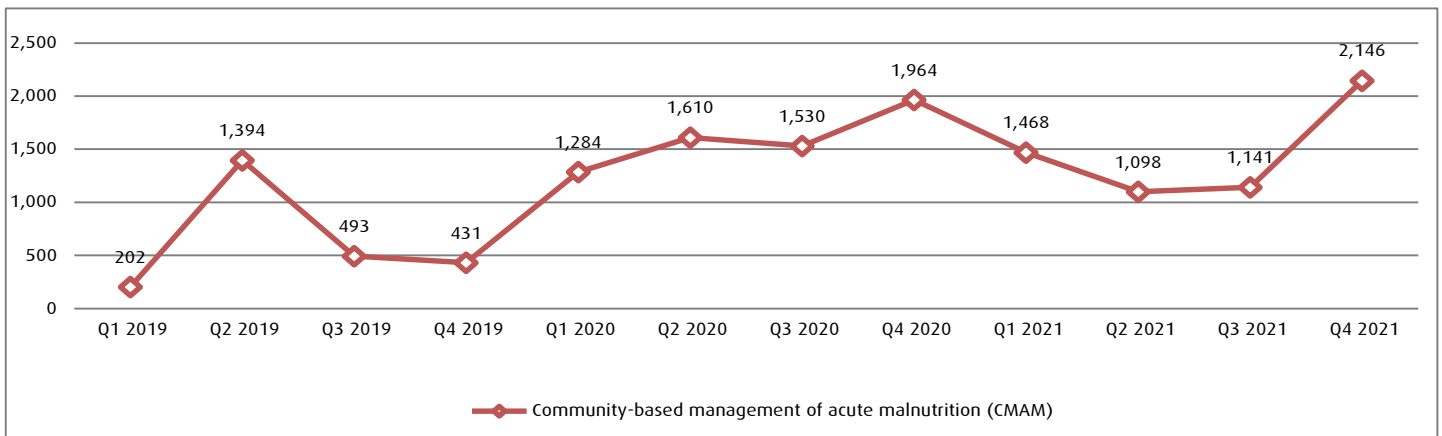


Figure 41: Trend analysis of management of acute malnutrition (CMAM) in health centres, per Quarters (2018=1,047)(2019=2,520)(2020=6,388) (2021=5,853)



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 42: The number of immediate reporting of unexpected or unusual health events through EWARS or routine surveillance, during 2021

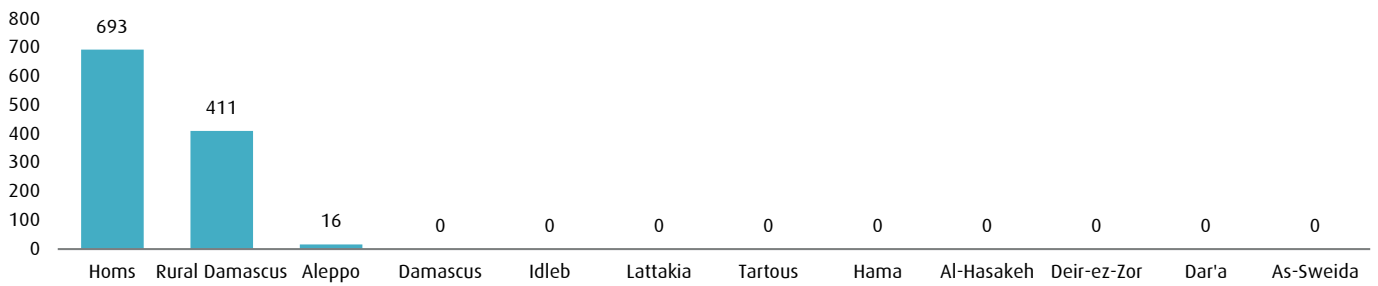
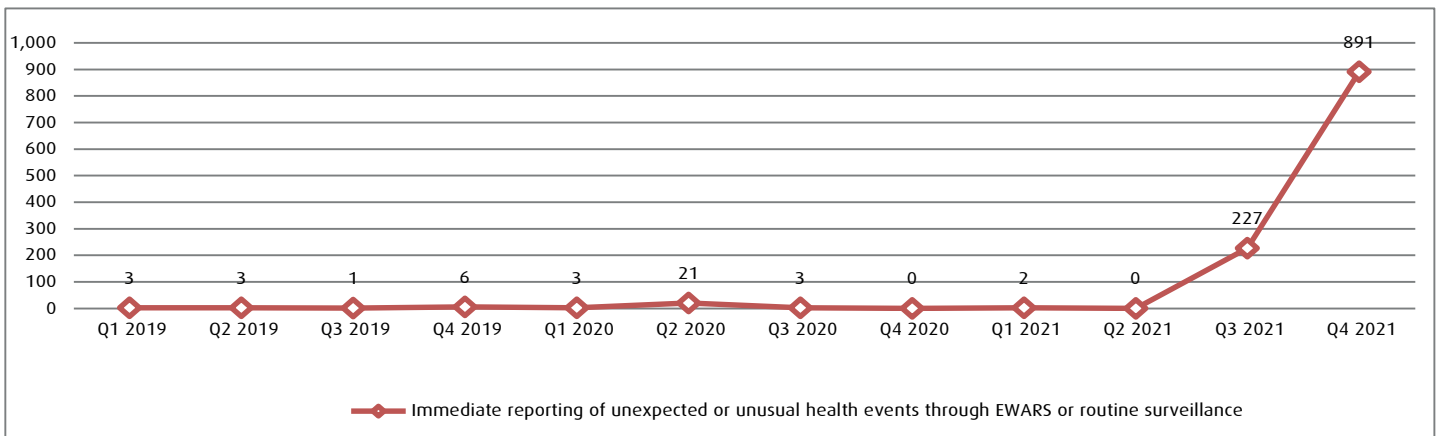


Figure 43: Trend analysis of immediate reporting of unexpected or unusual health events through EWARS or routine surveillance in health centres, per Quarters (2018=377)(2019=13)(2020=27) (2021=1,120)



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 44: The number of diagnosis and treatment of TB cases, during 2021

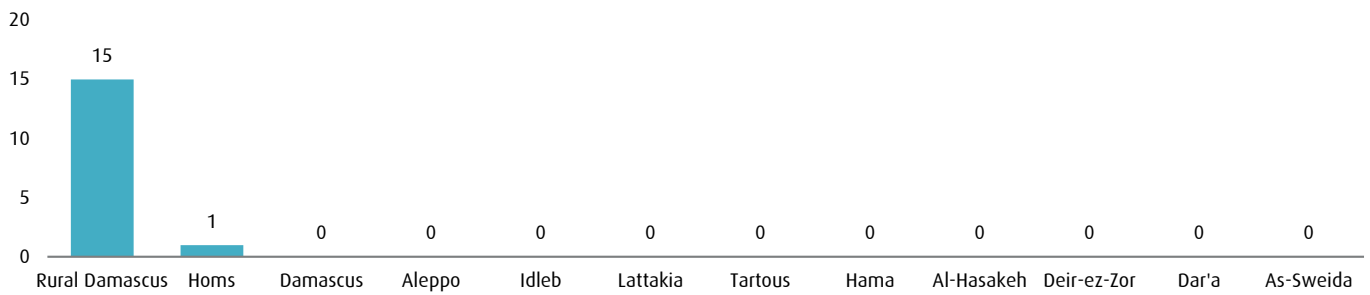
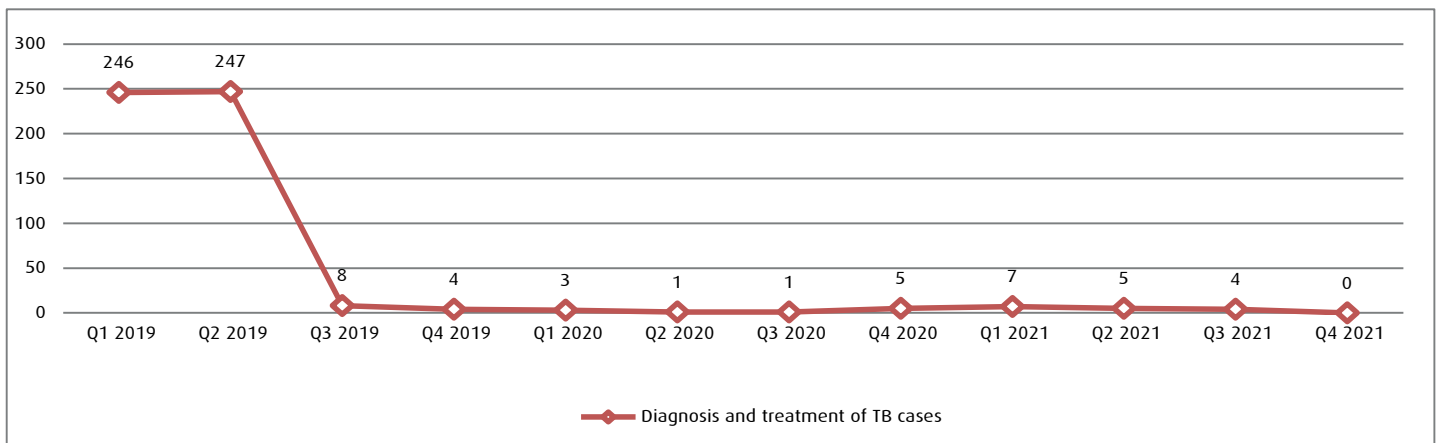


Figure 45: Trend analysis of diagnosis and treatment of TB cases in health centres, per Quarters (2018=590)(2019=505)(2020=10) (2021=16)



i. Family Planning

The family planning service was assessed at a health centre level.

Figure 46: The number of women received family planning services in health centres, during 2021

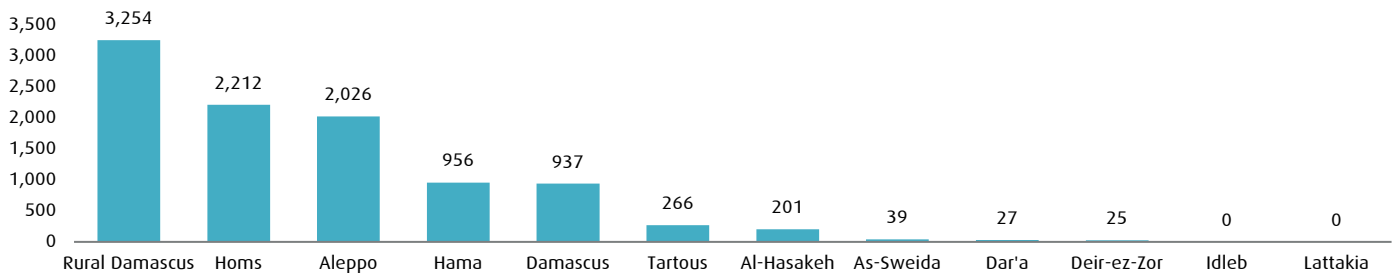
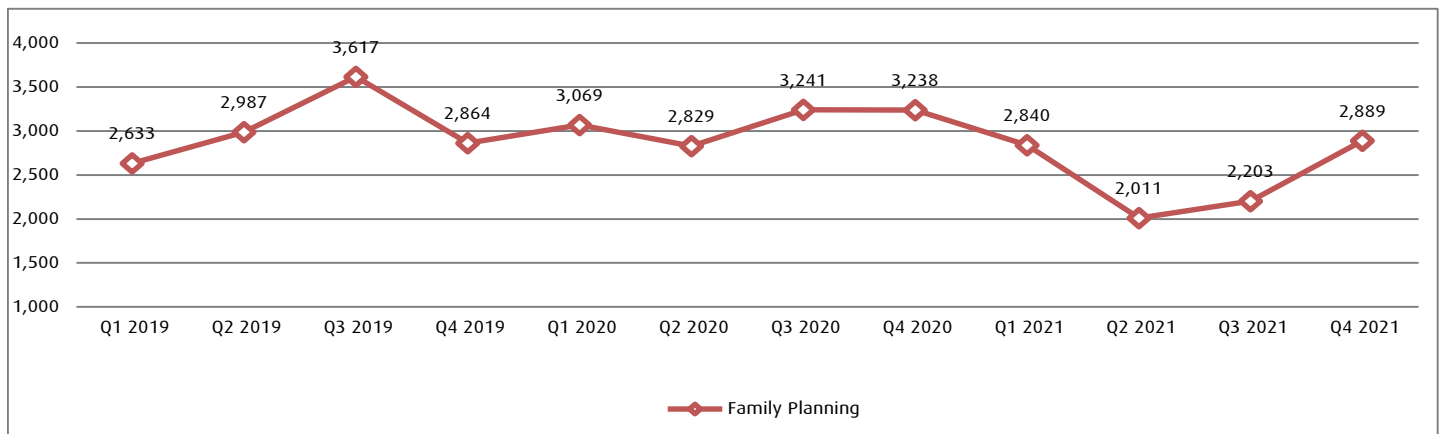


Figure 47: Trend analysis of number of pregnant women received family planning services in health centres, per Quarters (2018=8,562)(2019=12,101)(2020=12,377) (2021=9,943)



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 48: The number of pregnant women received antenatal services in health centres, during 2021

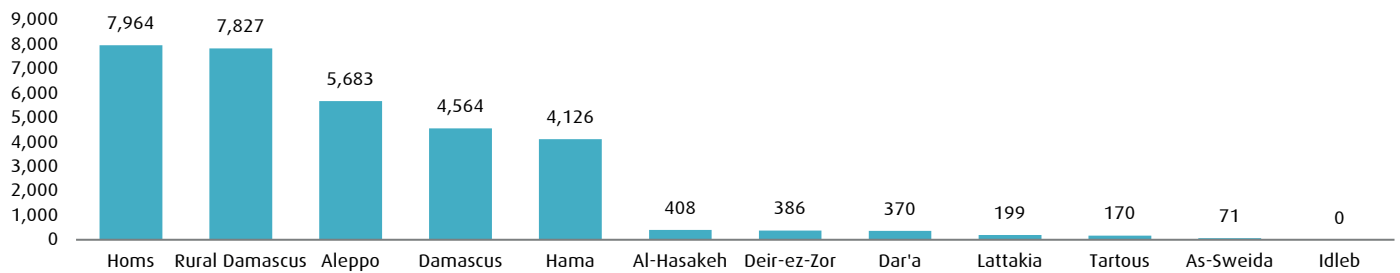
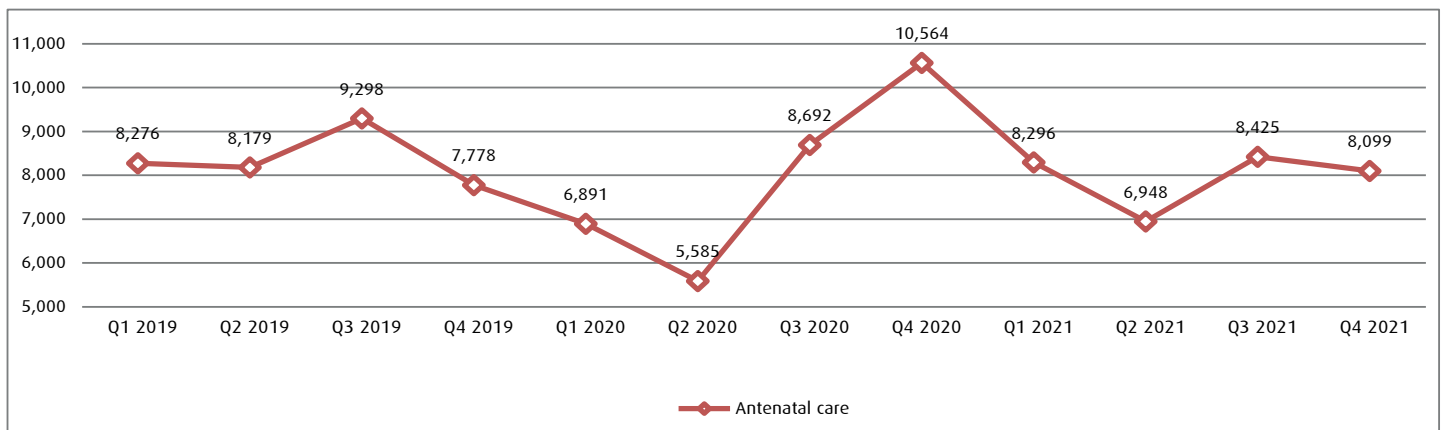


Figure 49: Trend analysis of number of pregnant women received antenatal services in health centres, per Quarters (2018=36,243)(2019=33,531)(2020=31,732) (2021=31,768)



b) Antenatal visits:

The number of antenatal visits was assessed at a health centre level.

Figure 50: The number of antenatal visits in health centres, during 2021

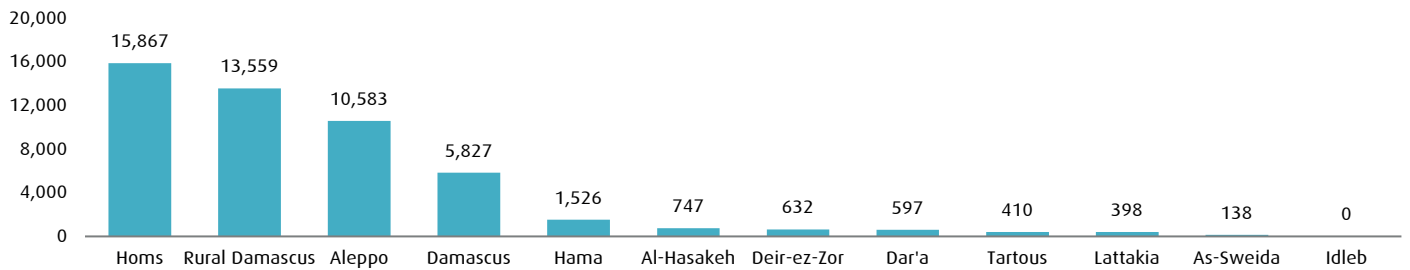
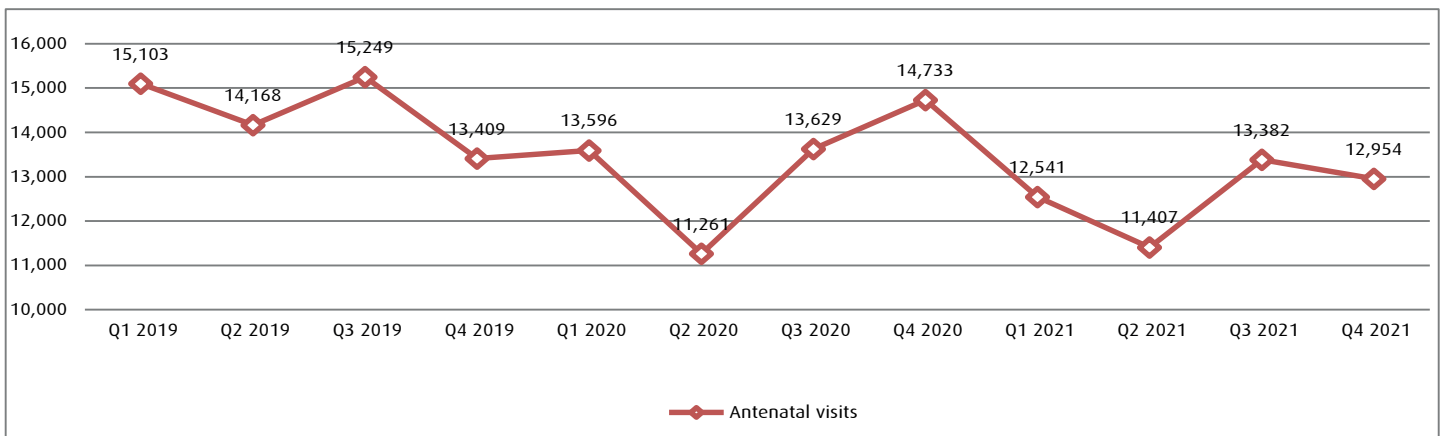


Figure 51: Trend analysis of antenatal visits in health centres, per Quarters (2018=56,536)(2019=57,929)(2020=53,219) (2021=50,284)

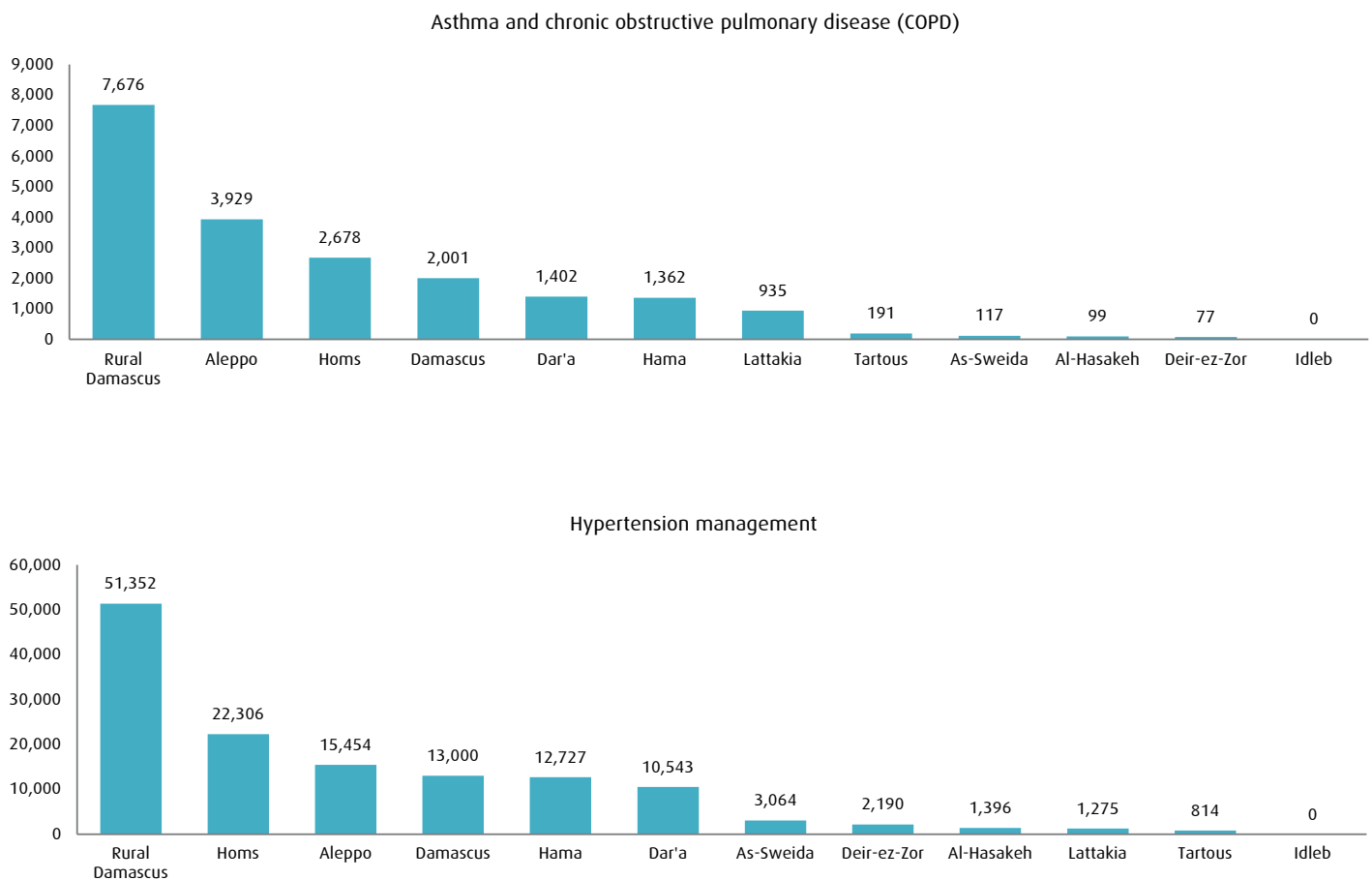


8.6 Noncommunicable diseases

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 52: The number of NCDs consultations (COPD, Hypertension, Diabetes, and Cardiovascular) in health centres, during 2021



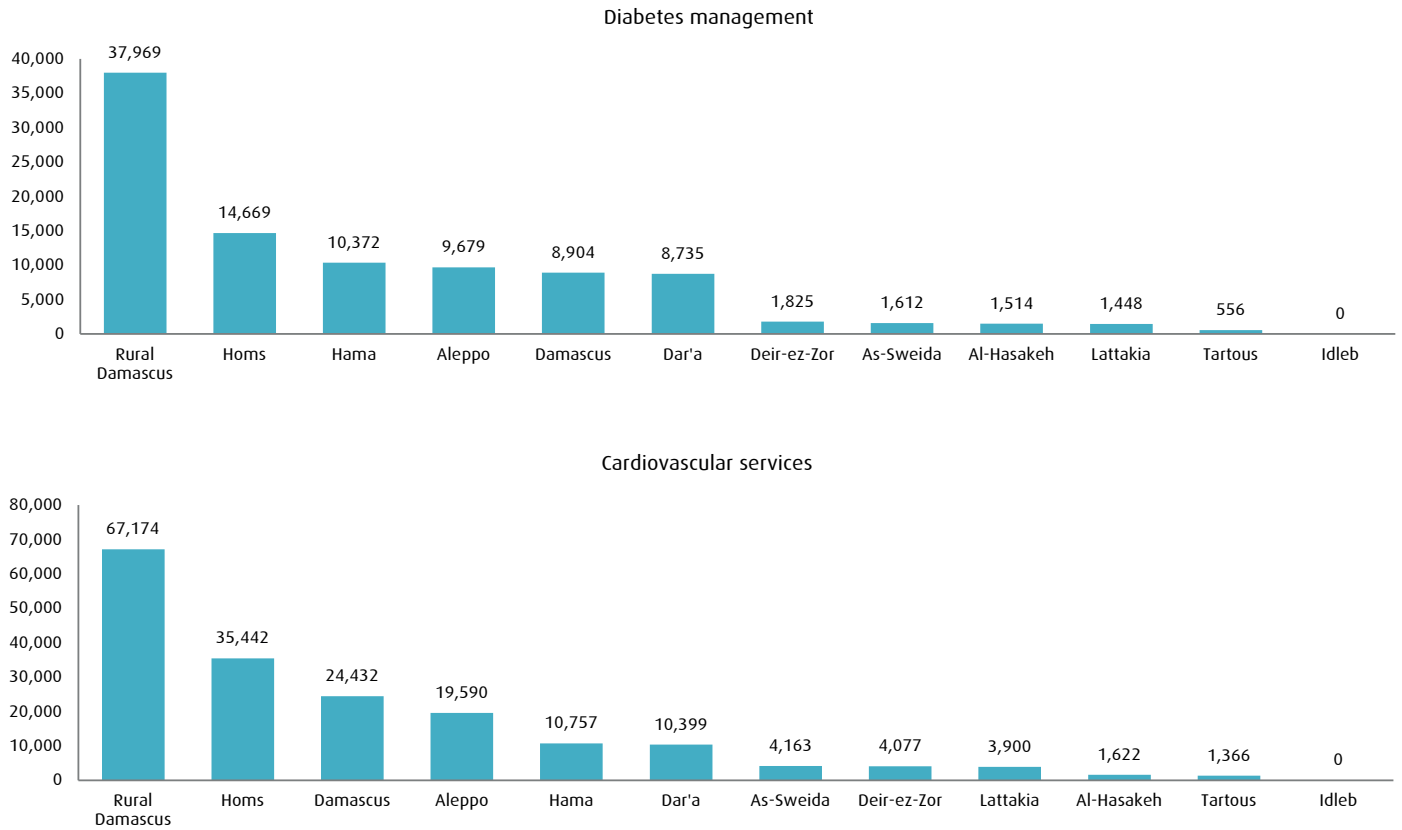
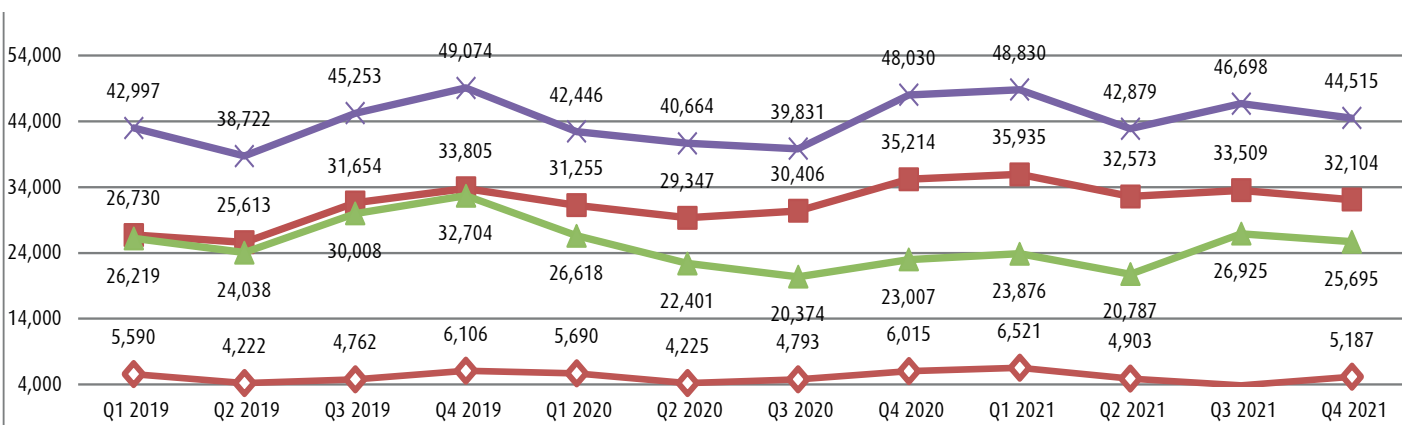


Figure 53: Trend analysis of NCDs' consultations in health centres, per Quarters



◆ Asthma and chronic obstructive pulmonary disease (COPD)	■ Hypertension management	▲ Diabetes management	✕ Cardiovascular services
(2021=20,467)	(2021=134,121)	(2021=97,283)	(2021=182,922)
(2020=20,723)	(2020=126,222)	(2020=92,400)	(2020=170,971)
(2019=20,682)	(2019=117,802)	(2019=112,969)	(2019=176,046)
(2018=20,599)	(2018=106,275)	(2018=117,765)	(2018=170,856)

8.7 Oral health and dental care

Figure 54: The number of oral health and dental care cases in health centres, during 2021

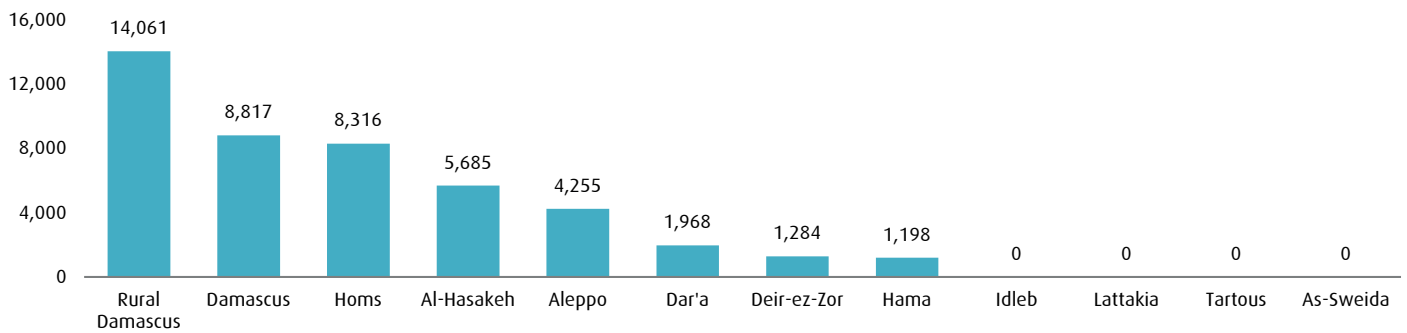
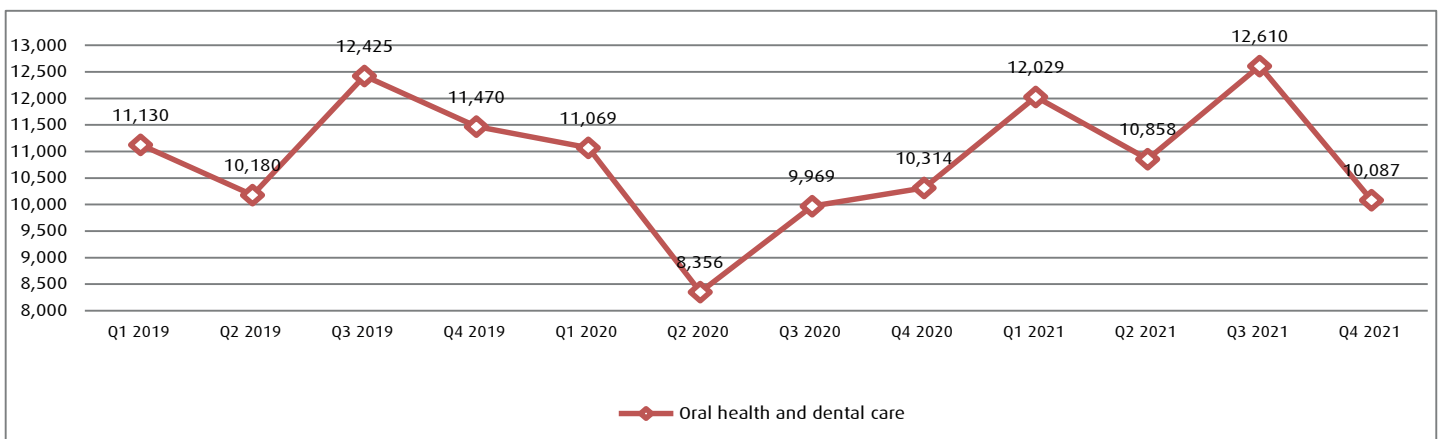


Figure 55: Trend analysis of oral health and dental care cases in health centres, per Quarters (2018=49,001)(2019=45,205)(2020=39,708) (2021=45,584)



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 56: The number of psychosocial support cases in health centres, during 2021

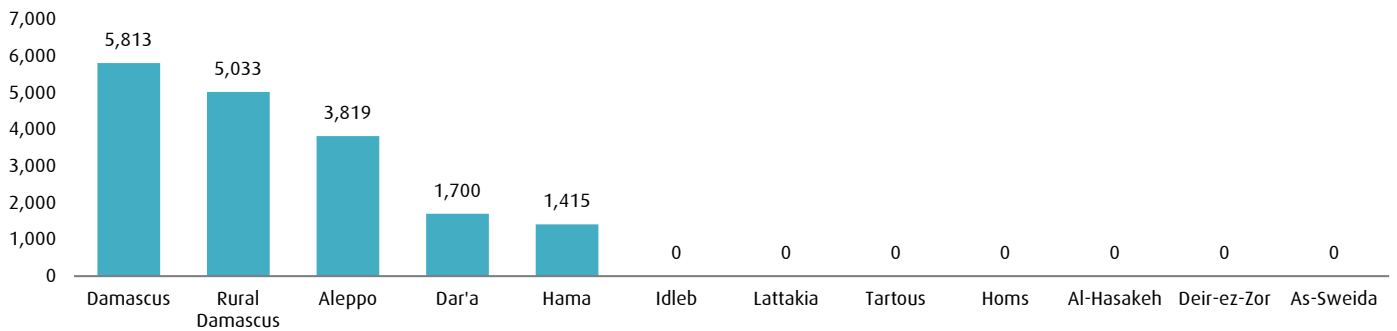
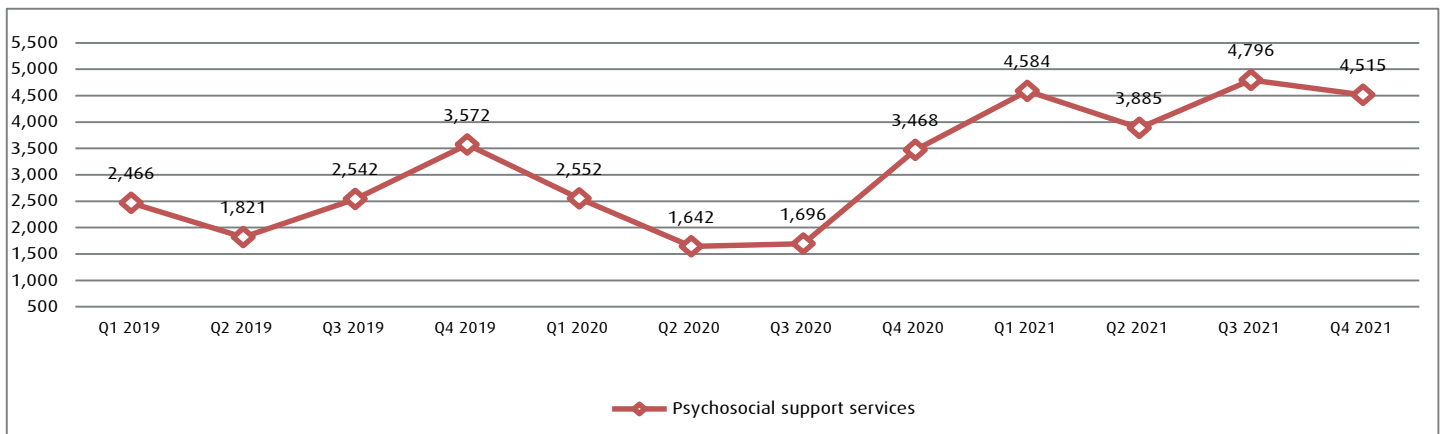


Figure 57: Trend analysis of patients received psychosocial support services in health centres, per Quarters (2018=7,270)(2019=10,401)(2020=9,358) (2021=17,780)



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 58: The number of management of mental disorders cases in health centres, during 2021

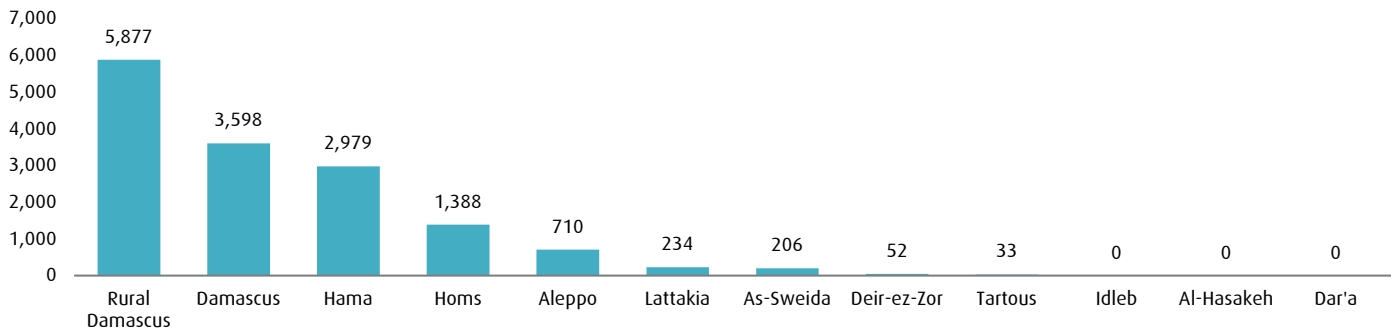
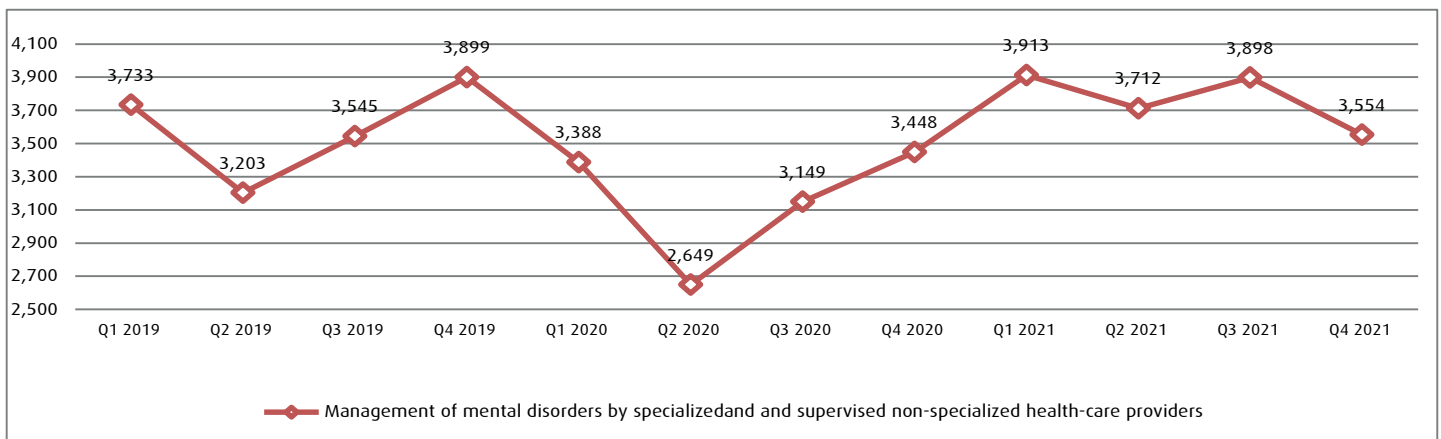


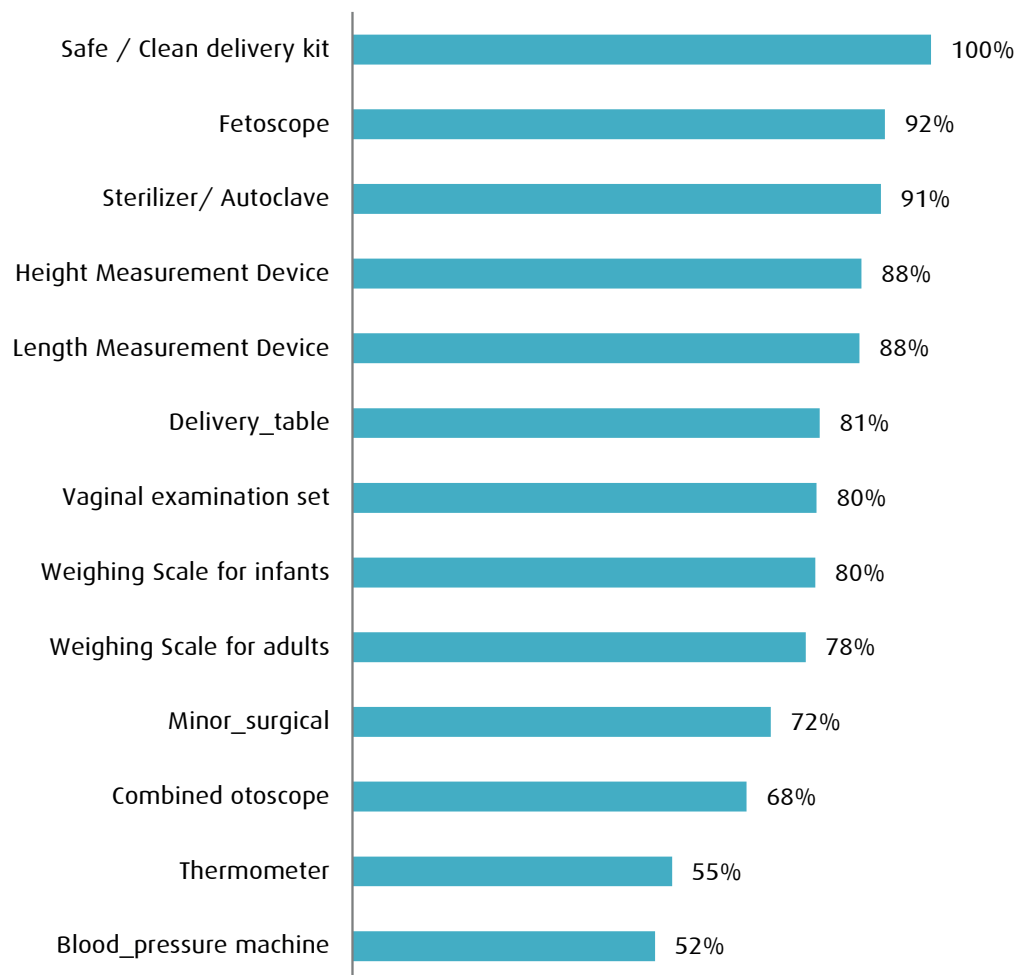
Figure 59: Trend analysis of patients received management of mental disorders services in health centres, per Quarters (2018=16,392)(2019=14,380)(2020=12,634) (2021=15,077)



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 60: Percentage of functional essential equipment/ total available equipment in functional health centres, 4th Quarter 2021



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 61: Availability of medicines and medical consumables at functional health centres, 4th Quarter 2021

