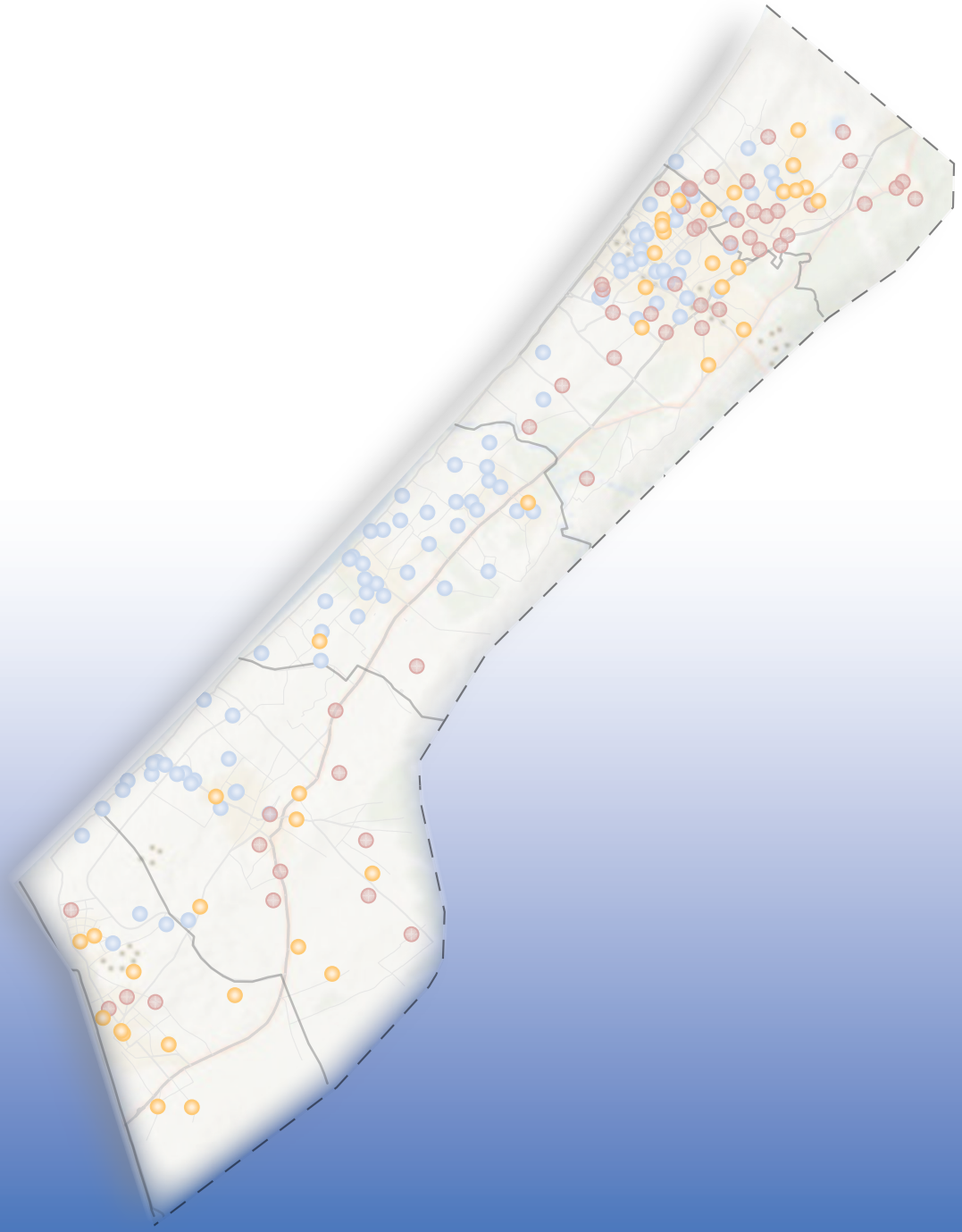
HeRAMS occupied Palestinian territory

Gaza

Infographics July 2026



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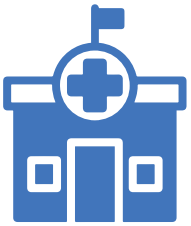

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1 **All HSDUs:** This infographic includes data from all Health Service Delivery Units (HSDUs) monitored by HeRAMS, offering a comprehensive snapshot of service availability across the Gaza Strip. It encompasses hospitals, field hospitals, governmental primary health care centers (PHCs) and UNRWA health centers.

2 **All hospitals:** This infographic presents data from general and specialized hospitals operated by governmental and non-governmental organizations. Field hospitals established in response to the ongoing conflict are excluded from this infographic and instead presented in a standalone infographic.

3 **Governmental hospitals**: This infographic is a subset of the "All Hospitals" infographic, focusing exclusively on governmental hospitals.

4 **Field hospitals:** This infographic provides special insights on services provided by field hospitals deployed in across the Gaza Strip.

5 **All health centers:** This infographic provides insights on all health centers in Gaza (which include governmental primary healthcare centers, UNRWA health centers, and NNGOs' health centers). This infographic focuses on a limited number of services deemed priority for health centers.

6 **Government primary healthcare centers:** This infographic provides insights on governmental primary healthcare centers and focuses on a limited number of services deemed priority for PHCs.

7 **UNRWA health centers:** This infographic provides insights on UNRWA health centers and focuses on a limited number of services deemed priority for health centers.

8 **NGO health centers:** This infographic provides insights on national non-governmental organizations health centers and focuses on a limited number of services deemed priority for health centers.

HeRAMS occupied Palestinian territory

Infographic interpretation guide

Purpose

This guide provides practical guidance on HeRAMS infographic products produced for the occupied Palestinian territory. Its purpose is to streamline understanding, and support readers in navigating the various components of these products.

Background

Disruptions to health systems can impede availability and access to essential health services. A lack of reliable information prevents sound decision-making, increasing a community's vulnerability to morbidity and mortality, especially in rapidly changing environments that require continued monitoring. The Health Resources and Services Availability Monitoring System (HeRAMS) aims to provide decision-makers and health stakeholders with vital and up-to-date information on the availability of essential health resources and services, helping them to identify gaps and determine priorities for intervention. This is accomplished by evaluating the availability of health services using standardized definitions adapted to the local context.

The HeRAMS data model

HeRAMS provides a high-level, indicator-based snapshot of the health system status. Definitions are aligned with established standards to facilitate data integration and harmonization. Each indicator is assessed through two key questions:

1. What is the availability level of the service?
2. If partially or not available, what barriers are impeding service delivery?

Availability: is defined as the service being present in sufficient quality and quantity to meet the daily demands of the health service delivery unit (HSDU) [1]. A resource or service is considered "available" only if the HSDU has the necessary resources to deliver it in accordance with national standards. Availability is categorized as follows:

- **Available:** The service is present in sufficient quality and quantity to fully meet the daily demands of the HSDU, and the necessary staff and resources are in place to deliver it in accordance with national standards.
- **Partially available:** The HSDU is able to provide some parts of the service but due to current constraints, has insufficient capacity or resources to meet daily demand, or is unable to provide the full service in accordance with national standards.
- **Not available:** The HSDU is expected to provide the service but, due to current constraints (such as insufficient resources or staff), is unable to deliver it at all.
- **Not normally provided:** The service falls outside of the current package of services the HSDU aims to provide.

Expected versus not expected

Focal points specify for each service whether an HSDU anticipates providing it. "Expected" indicates that the HSDU plans to offer the service, regardless of its current availability status—whether available, partially available, or unavailable. Conversely, "not expected" means the HSDU does not plan to provide the service, even if all obstacles were removed, and the service is considered "not normally provided." This categorization is based on the HSDU's perspective and current circumstances and may differ from assumptions based on national service packages.

1 Rather than health facility, HeRAMS uses the term health service delivery unit (HSDU) to include any modality through which healthcare services may be provided such as health centres, clinics, hospitals, mobile clinics, temporary or emergency structures, and in some cases individual providers such as community health workers.

When an indicator is not available up to standard (partially or not available), **barriers** impeding service availability are systematically collected using the following categories:

- **Lack of staff**
- **Lack of training**
- **Lack of equipment**
- **Lack of (medical) supplies**
- **Lack of financial resources**

Reporting frequency and methodology

Information in HeRAMS is dynamically maintained through a collaborative network of trained focal points who are responsible for updating the status of health service delivery units (HSDUs) as new information emerges. The HeRAMS project in occupied Palestinian Territory is an ongoing process, with continuous reporting, data validation and verification. As such, the analyses presented in these infographics are preliminary and intended solely to inform operations. Each infographic clearly states the cut-of date as of which data was included.

Infographic content

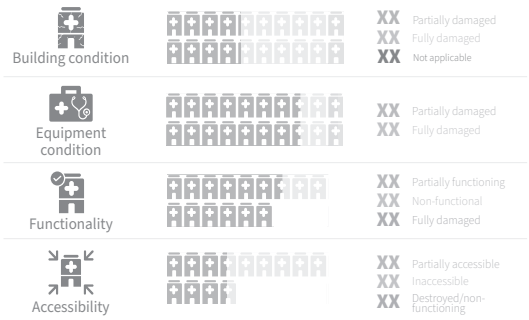
Overall considerations

The initial section of the infographic provides an overview of the overall status of HSDUs and includes all reporting HSDUs in HeRAMS, while subsequent analyses focus exclusively on HSDUs that are at least partially functioning. The analysis of individual services excludes HSDUs reporting a service as "not normally provided." As a result, the total number of HSDUs included in the analysis of each service may vary. Any changes are clearly indicated through supporting text labels accompanying the charts.

Information on barriers hindering service availability is collected only when a service is reported as "partially available" or "not available," with each HSDU able to report up to three barriers. The analyses are restricted to HSDUs reporting barriers, and results are limited to the top three barriers reported. The number of HSDUs included is clearly indicated through supporting text labels, and footnotes provide important details, such as non-reporting HSDUs, specific exclusions, or other relevant considerations.

Operational status

To determine whether the HSDU is currently capable of providing health services, the initial section of the HeRAMS questionnaire focuses on infrastructure status, overall functionality, and patient's ability to access the HSDU. HSDUs reported as destroyed or non-functioning are considered "not operational" meaning they are unable to provide any health service in their current state. Thus, these HSDUs are excluded from further analysis resulting in a difference in the total number of HSDUs included in subsequent sections of the infographic. To understand why an HSDU is not fully operational, underlying causes are systematically collected. The analysis is limited to HSDUs reporting causes, with each HSDU able to report up to three. Results presented in this infographic are limited to the top three causes reported.



Functionality

This section assesses the HSDU's overall functionality, defined by the absence of major or systemic issues impeding the ability to deliver the full range of expected services. An HSDU may still be considered fully functional if some services are partially or temporarily unavailable. An HSDU is considered partially functional when its capacity to deliver services is significantly affected, potentially due to infrastructure damage, resource shortages, or a surge in service demand.

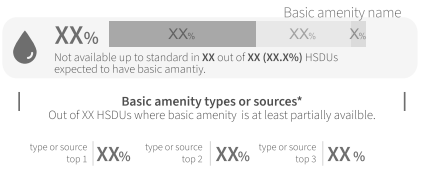
The subsequent analyses are limited to operational HSDUs, defined as those that are at least partially functioning.

Partner support

Partner support refers to assistance from entities outside the owning organization, categorized as major, partial, or no support. Major support indicates that the HSDU would not function without it. Partial support indicates that the HSDU can continue to sustain its services independently of the support. For HSDUs receiving support, the type of assistance provided is recorded using standardized categories. Though information on support provided by individual partners is available in HeRAMS, it is excluded from these infographics.

Basic amenities

Basic amenities include cross-cutting amenities essential for an HSDU to operate effectively. The percentage of HSDUs where an amenity is not available up to standard is indicated next to the bar chart. While information on barriers is available, it is excluded from the infographics.



For water, sanitation, waste management, power, cold chain, and communication, additional questions gather information about the sources or types of available amenities. These sub-questions apply only to HSDUs where the amenity is at least partially available, and HSDUs can report up to three sources or types for each amenity. The analysis follows the same logic as for barriers and is systematically limited to HSDUs where the amenity is at least partially available with results limited to the top three amenities present across all HSDUs.

Health information management systems

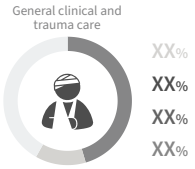
This section provides information on the availability of facility-based disease reporting and electronic health information systems. Availability is defined by completeness, timeliness, and accuracy of reports.

Health services

Health services are divided into five domains:

- General clinical services
- Child health and nutrition
- Communicable diseases
- Sexual and reproductive health
- Noncommunicable diseases and mental health

Service availability across a domain is summarized in a **donut chart** and includes all services within that domain. A detailed list of individual services and their definitions is available here. In this figure, all responses to the respective service domain are aggregated to calculate the availability of services within that domain.



For a more detailed analysis of individual services, **bar charts** provide a breakdown of availability levels by service. Unlike the service domain overviews, the analysis of individual services is limited to the HSDUs reported to provide the service, resulting in varying counts of HSDUs included for each service. The total number of HSDUs included is stated in the text label below the service.

Additionally, the top three reported **barriers** are represented as icons next to the bar charts, with the percentage of HSDUs reporting each barrier displayed below. Analyses of barriers are further restricted to HSDUs where the service is not available up to standards. Similar to previous sections, results are limited to the top three barriers reported.

Example: Out of 25 HSDUs reported to provide the services, only 5 (20%) are currently able to provide service up to standard. Among the 20 HSDUs (80%) where the service is partially or not available, 16 (80%) report lack of medical supplies as primary barrier.

HeRAMS occupied Palestinian territory

Gaza Strip

SNAPSHOT JULY 2026

All health service delivery units (HSDUs)

HSDU STATUS

Out of **209** HSDUs evaluated.

Building condition

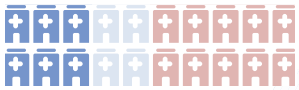
66 Intact
76 Partially damaged
62 Destroyed
5 Not relevant

Equipment condition

68 Intact
64 Partially damaged
77 Destroyed

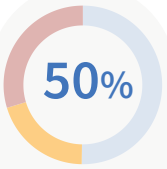
Functionality

0 Functioning
105 Partially Functioning
42 Non-Functioning
62 Destroyed



Accessibility

63 Accessible
42 Partially accessible
0 Not accessible
104 Destroyed / Non-Functioning



50%

"**105 (50%)** out of **209** HSDUs evaluated are at least partially functioning."

22 HSDUs do not appear on the map due to missing coordinates.

MAIN CAUSES OF...

Building damage

The 3 primary causes of building damage as reported by **76** partially damaged and **62** fully damaged HSDUs.

- **98%** Insecurity
- **17%** Lack of maintenance
- **10%** Other

Equipment damage

The 3 primary causes of equipment damage as reported by **64** partially damaged and **77** fully damaged HSDUs.

- **96%** Insecurity
- **27%** Lack of maintenance
- **12%** Other

Functionality constraints

The 3 primary causes of functionality constraints as reported by **105** partially functioning and **42** non-functioning HSDUs.

- **62%** Lack of equipment
- **56%** Lack of supplies
- **37%** Insecurity

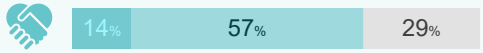
Accessibility constraints

The 3 primary causes of accessibility constraints as reported by **42** partially accessible HSDUs.

- **86%** Other physical barriers
- **43%** Insecurity
- **21%** Financial barriers such as user-fees

Partner Support**

Major support · Partially support · No support



Partner support types

Out of **75** HSDUs supported by partners,

- **85%** Provision of medical supplies
- **71%** Provision of operational costs
- **73%** Provision of health staff
- **69%** Provision of medical equipment
- **71%** Training of health staff
- **69%** Provision of health services
- **44%** Governance / Oversight

* *This infographic includes data from all Health Service Delivery Units (HSDUs) monitored by HeRAMS, offering a comprehensive snapshot of service availability across the Gaza Strip. It encompasses hospitals, field hospitals, primary health care centers (PHCs) and UNRWA health centers.*

** Out of **105** HSDUs: HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

BASIC AMENITIES*

Available | Partially available | Not available | Not normally provided

Inpatient bed capacity

	Availablity	Number of available beds
ICU beds	5% 7% 9% 80%	104
Out of **21** HSDUs expected to provide intensive care beds 16 (76.2%) do not have sufficient bed capacity.		
Maternity beds	6% 10% 7% 77%	343
Out of **24** HSDUs expected to provide maternity beds 18 (75%) do not have sufficient bed capacity.		
General inpatient beds	10% 12% 4% 73%	2217
Out of **28** HSDUs expected to provide inpatient beds 17 (60.7%) do not have sufficient bed capacity.		
Incubators	6% 7% 7% 81%	123
Out of **20** HSDUs expected to provide incubators 14 (70%) do not have sufficient bed capacity.		
Emergency room beds	10% 19% 69%	383
Out of **33** HSDUs expected to provide emergency room beds 22 (66.7%) do not have sufficient bed capacity.		

Main barriers*

Lack of medical equipment **97%** | Lack of medical supplies **83%** | Lack of financial resources **53%**

Waste management

Waste segregation

59% (40% | 55% | 3%)

Not available up to standard in **61 (59.2%)** out of **103** HSDUs expected to maintain waste segregation practices.

Final disposal of sharps

43% (56% | 38% | 4%)

Not available up to standard in **44 (42.7%)** out of **103** HSDUs expected to dispose of sharps.

Final disposal of infectious waste

56% (44% | 49% | 7%)

Not available up to standard in **58 (55.8%)** out of **104** HSDUs expected to dispose of infectious waste.

Waste disposal methods

Out of **99 HSDUs** where final disposal of sharps or infectious waste are at least partially available.

Collected for medical waste disposal off-site **76%** | Autoclaved **13%** | Incinerated other **10%**

Power

69% (31% | 63% | 6%)

Not available up to standard in **72 (68.6%)** out of **105** HSDUs expected to have power available.

Power sources

Out of **99 HSDUs** where power is at least partially available.

Generator **82%** | Solar **53%** | Other **6%**

Cold chain

60% (32% | 21% | 27% | 20%)

Not available up to standard in **50 (59.5%)** out of **84** HSDUs expected to have cold chain capacity.

Cold chain sources

Out of **56 HSDUs** where cold chain is at least partially available.

Generator **88%** | Solar **52%**

WASH

Water

52% (48% | 51%)

Not available up to standard in **55 (52.4%)** out of **105** HSDUs expected to have water available.

Main water sources

Out of **104 HSDUs** where water is at least partially available.

Piped Supply Network **50%** | Tanker truck **44%** | Protected dug well **37%**

Sanitation facilities

55% (45% | 52%)

Not available up to standard in **57 (54.8%)** out of **104** HSDUs expected to have sanitation facilities.

Out of **102 HSDUs** where sanitation facilities is at least partially available.

Sanitation facilities types*

Flush/pour flush to piped sewer system or septic tank **87%** | Composting toilet **13%** | Covered Pit latrine or Ventilated Improved Pit **10%**

Sanitation facilities accessibility*

Dedicated staff toilet **87%** | Gender-separate toilet **81%** | Toilets for people with limited mobility **25%**

Hand hygiene

55% (45% | 51% | 4%)

Not available up to standard in **58 (55.2%)** out of **105** HSDUs expected to maintain hand hygiene practices.

Environmental cleaning

60% (40% | 58%)

Not available up to standard in **62 (59.6%)** out of **104** HSDUs expected to maintain environmental cleaning practices.

Personal Protective Equipment (PPE)

60% (40% | 56% | 3%)

Not available up to standard in **62 (59.6%)** out of **104** HSDUs expected to have personal protective equipment.

Communication

70% (30% | 66% | 5%)

Not available up to standard in **74 (70.5%)** out of **105** HSDUs expected to have communication means.

Communication equipment types

Out of **100 HSDUs** where communication is at least partially available.

Mobile phone **96%** | Computer **78%** | Telephone **12%**

Transportation of patients

70% (23% | 39% | 14% | 24%)

Not available up to standard in **56 (70%)** out of **80** HSDUs expected to have means for patient transportation.

Transportation types

Out of **65 HSDUs** where transportation of patients is at least partially available.

PRCS Ambulance **46%** | Facility Ambulance **31%** | Car **31%**

Health information management systems

Facility-based diseases reporting systems *(e.g., EWARS, etc.)*

46% (47% | 32% | 7% | 14%)

Not available up to standard in **41 (45.6%)** out of **90** HSDUs where the information system is expected.

Facility-based information system *(e.g., DHIS2, Avicena, etc.)*

68% (29% | 42% | 18% | 11%)

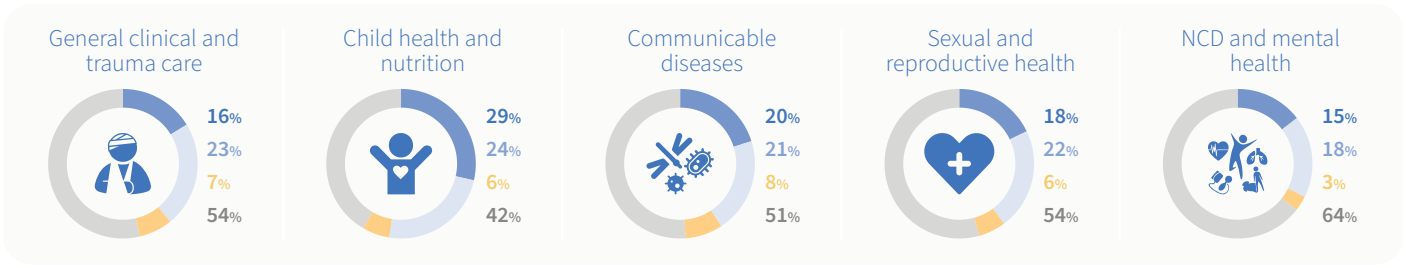
Not available up to standard in **63 (67.7%)** out of **93** HSDUs where the information system is expected.

* Out of **105** HSDUs, HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

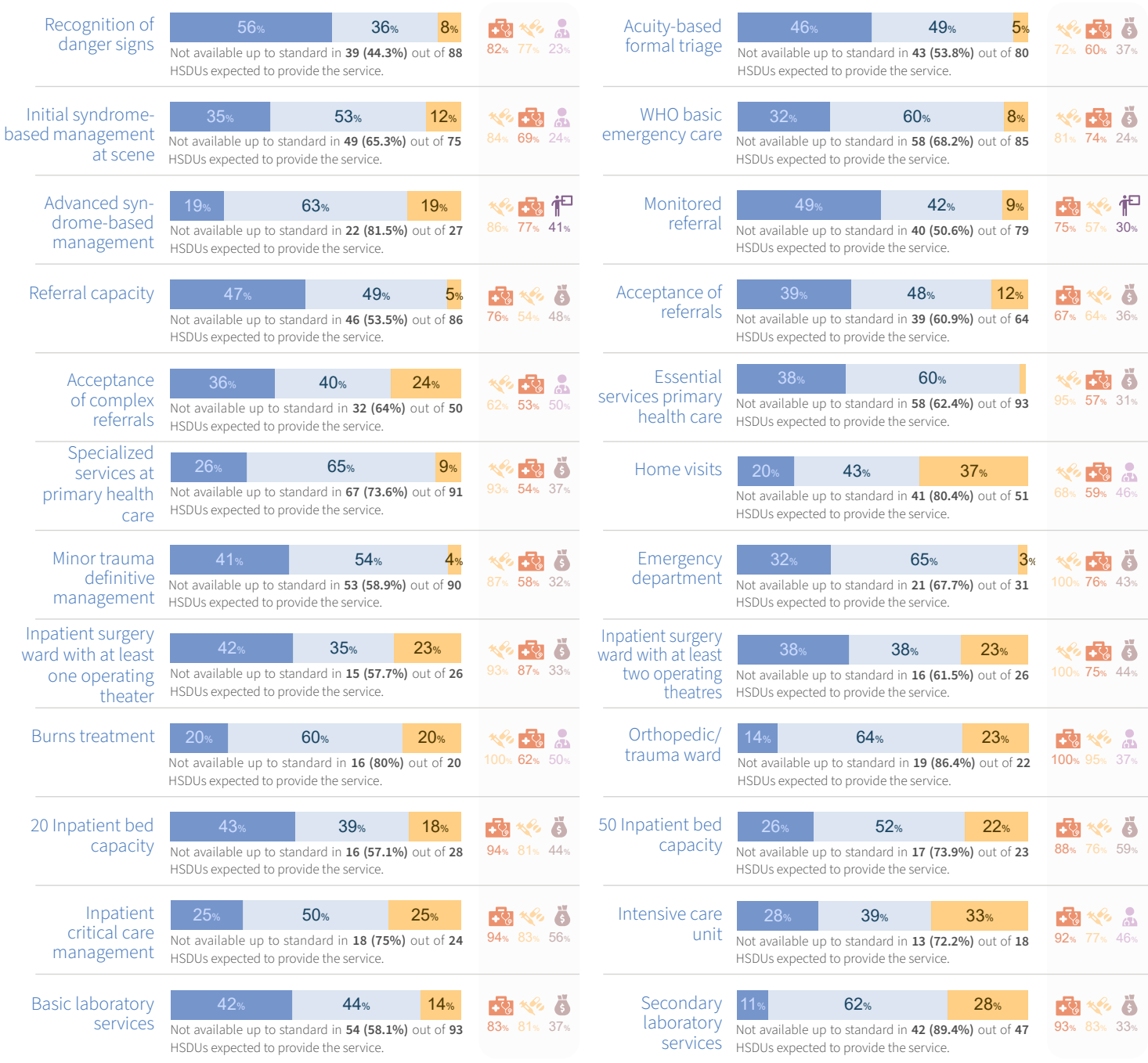
ESSENTIAL HEALTH SERVICES*

Service domain overview

Available | Partially available | Not available | Not normally provided



General clinical and emergency care services



* Out of **105** HSDUs : HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

Tertiary laboratory services	4%	54%	42%	Not available up to standard in **23 (95.8%)** out of **24** HSDUs expected to provide the service.	96% 87% 35%
Hemodialysis unit	12%	38%	50%	Not available up to standard in **7 (87.5%)** out of **8** HSDUs expected to provide the service.	100% 86% 86%
Comprehensive X-ray service	20%	33%	47%	Not available up to standard in **24 (80%)** out of **30** HSDUs expected to provide the service.	96% 38% 29%
MRI		100%		Not available up to standard in **8 (100%)** out of **8** HSDUs expected to provide the service.	88% 75% 25%
Blood bank services	30%	39%	30%	Not available up to standard in **16 (69.6%)** out of **23** HSDUs expected to provide the service.	94% 81% 56%
Basic X-ray service	29%	44%	27%	Not available up to standard in **34 (70.8%)** out of **48** HSDUs expected to provide the service.	94% 47% 41%
CT scan	23%	15%	62%	Not available up to standard in **10 (76.9%)** out of **13** HSDUs expected to provide the service.	90% 70% 50%
Procedures for mass casualty scenarios	39%	48%	13%	Not available up to standard in **14 (60.9%)** out of **23** HSDUs expected to provide the service.	93% 71% 36%

Child health and nutrition services

Pediatric first aid	41%	54%	4%	Not available up to standard in **53 (58.9%)** out of **90** HSDUs expected to provide the service.	87% 75% 26%
IMNCI Under 5 Clinic	54%	34%	11%	Not available up to standard in **40 (46%)** out of **87** HSDUs expected to provide the service.	82% 45% 32%
Inpatient surgical care for newborns and children	14%	71%	14%	Not available up to standard in **12 (85.7%)** out of **14** HSDUs expected to provide the service.	92% 83% 42%
Information, education, and communication on infant, young, and child feeding	57%	36%	7%	Not available up to standard in **36 (42.9%)** out of **84** HSDUs expected to provide the service.	58% 53% 39%
Integrated management of acute malnutrition	53%	36%	11%	Not available up to standard in **38 (46.9%)** out of **81** HSDUs expected to provide the service.	79% 42% 32%
Integrated management of newborn and childhood illnesses (IMNCI)	47%	41%	12%	Not available up to standard in **44 (53%)** out of **83** HSDUs expected to provide the service.	82% 57% 32%
Management of children classified as severe or very severe diseases	25%	58%	17%	Not available up to standard in **18 (75%)** out of **24** HSDUs expected to provide the service.	94% 89% 39%
Expanded programme on immunization	56%	29%	15%	Not available up to standard in **21 (43.8%)** out of **48** HSDUs expected to provide the service.	76% 62% 57%
Growth monitoring	53%	40%	7%	Not available up to standard in **41 (46.6%)** out of **88** HSDUs expected to provide the service.	73% 68% 32%
Stabilization center for severe acute malnutrition	27%	47%	27%	Not available up to standard in **11 (73.3%)** out of **15** HSDUs expected to provide the service.	91% 45% 36%

Communicable diseases

Syndromic surveillance	61%	32%	7%	Not available up to standard in **33 (39.3%)** out of **84** HSDUs expected to provide the service.	58% 45% 36%
Diagnosis and treatment of tuberculosis cases	26%	41%	33%	Not available up to standard in **34 (73.9%)** out of **46** HSDUs expected to provide the service.	71% 65% 38%
Information, education, and communication on local priority diseases	43%	43%	15%	Not available up to standard in **43 (57.3%)** out of **75** HSDUs expected to provide the service.	63% 42% 33%
Isolation unit or room	20%	60%	20%	Not available up to standard in **12 (80%)** out of **15** HSDUs expected to provide the service.	83% 75% 58%
Event-based surveillance	58%	31%	11%	Not available up to standard in **35 (42.2%)** out of **83** HSDUs expected to provide the service.	57% 43% 40%
Multidrug-resistant of tuberculosis	25%	25%	50%	Not available up to standard in **18 (75%)** out of **24** HSDUs expected to provide the service.	56% 50% 50%
Locally relevant diseases	23%	64%	13%	Not available up to standard in **53 (76.8%)** out of **69** HSDUs expected to provide the service.	77% 68% 26%
Management of severe/ compli-cated diseases	7%	71%	21%	Not available up to standard in **13 (92.9%)** out of **14** HSDUs expected to provide the service.	100% 54% 38%

Sexual and reproductive health

Free access to condoms	55%	39%	5%	Not available up to standard in **34 (44.7%)** out of **76** HSDUs expected to provide the service.	97% 24% 15%
Syndromic management of sexually transmitted infections (STIs)	26%	65%	9%	Not available up to standard in **34 (73.9%)** out of **46** HSDUs expected to provide the service.	97% 29% 18%
Prevention of mother-to-child HIV transmission	18%	35%	47%	Not available up to standard in **14 (82.4%)** out of **17** HSDUs expected to provide the service.	71% 50% 29%
Family planning - pregnancy test	52%	36%	12%	Not available up to standard in **40 (48.2%)** out of **83** HSDUs expected to provide the service.	92% 45% 28%
Information, education, and communication on STI/HIV	34%	45%	21%	Not available up to standard in **35 (66%)** out of **53** HSDUs expected to provide the service.	71% 46% 29%
HIV counselling and testing	33%	67%		Not available up to standard in **18 (100%)** out of **18** HSDUs expected to provide the service.	78% 56% 11%
Antiretroviral treatment	32%	16%	53%	Not available up to standard in **13 (68.4%)** out of **19** HSDUs expected to provide the service.	77% 38% 38%
Family planning - contraceptive methods	36%	60%	4%	Not available up to standard in **53 (63.9%)** out of **83** HSDUs expected to provide the service.	94% 40% 28%

Available | Partially available | Not available

Lack of staff | Lack of supplies | Lack of financial resources

Lack of training | Lack of equipment

Antenatal care

42% | 54% | 5%

Not available up to standard in **49 (58.3%)** out of **84** HSDUs expected to provide the service.

92% 55% 31%

Basic emergency obstetric care

31% | 47% | 22%

Not available up to standard in **25 (69.4%)** out of **36** HSDUs expected to provide the service.

92% 76% 36%

Postpartum care

60% | 34% | 5%

Not available up to standard in **29 (39.7%)** out of **73** HSDUs expected to provide the service.

97% 52% 41%

Clinical management of rape survivors

35% | 57% | 9%

Not available up to standard in **30 (65.2%)** out of **46** HSDUs expected to provide the service.

67% 50% 40%

Post-exposure prophylaxis

40% | 49% | 11%

Not available up to standard in **21 (60%)** out of **35** HSDUs expected to provide the service.

86% 38% 24%

Skilled care during childbirth

30% | 54% | 16%

Not available up to standard in **26 (70.3%)** out of **37** HSDUs expected to provide the service.

81% 58% 38%

Comprehensive emergency obstetric care

43% | 33% | 24%

Not available up to standard in **12 (57.1%)** out of **21** HSDUs expected to provide the service.

83% 75% 50%

Comprehensive abortion care

16% | 68% | 16%

Not available up to standard in **31 (83.8%)** out of **37** HSDUs expected to provide the service.

90% 65% 32%

Emergency contraception

37% | 58% | 6%

Not available up to standard in **33 (63.5%)** out of **52** HSDUs expected to provide the service.

88% 42% 30%

Noncommunicable diseases and mental health

Promote self-care

49% | 46% | 5%

Not available up to standard in **41 (51.2%)** out of **80** HSDUs expected to provide the service.

80% 51% 44%

Asthma and chronic obstructive pulmonary disease

classification, treatment and follow up

41% | 56% | 3%

Not available up to standard in **44 (58.7%)** out of **75** HSDUs expected to provide the service.

98% 59% 18%

Diabetes

early detection, management, foot-care, and counseling

47% | 51%

Not available up to standard in **44 (53%)** out of **83** HSDUs expected to provide the service.

93% 57% 27%

Outpatient rehabilitation services

36% | 53% | 11%

Not available up to standard in **29 (64.4%)** out of **45** HSDUs expected to provide the service.

72% 72% 21%

Oral health and dental care

25% | 52% | 23%

Not available up to standard in **33 (75%)** out of **44** HSDUs expected to provide the service.

88% 85% 30%

Management of mental disorders

28% | 57% | 15%

Not available up to standard in **33 (71.7%)** out of **46** HSDUs expected to provide the service.

76% 39% 36%

Cancer diagnostics services

17% | 62% | 21%

Not available up to standard in **20 (83.3%)** out of **24** HSDUs expected to provide the service.

70% 60% 55%

Mammography

13% | 27% | 60%

Not available up to standard in **13 (86.7%)** out of **15** HSDUs expected to provide the service.

100% 54% 38%

Cancer treatment services

80% | 20%

Not available up to standard in **5 (100%)** out of **5** HSDUs expected to provide the service.

80% 60% 60%

Radiological treatment

100%

Not available up to standard in **1 (100%)** out of **1** HSDU expected to provide the service.

100% 100% 100%

Noncommunicable diseases clinic

39% | 56% | 4%

Not available up to standard in **43 (60.6%)** out of **71** HSDUs expected to provide the service.

91% 65% 26%

Hypertension

early detection, management and counseling

51% | 48%

Not available up to standard in **41 (48.8%)** out of **84** HSDUs expected to provide the service.

98% 41% 34%

Inpatient acute rehabilitation

25% | 62% | 12%

Not available up to standard in **12 (75%)** out of **16** HSDUs expected to provide the service.

92% 83% 67%

Prosthetics and orthotics

7% | 80% | 13%

Not available up to standard in **14 (93.3%)** out of **15** HSDUs expected to provide the service.

71% 71% 50%

Psychological first aid

63% | 34% | 3%

Not available up to standard in **26 (36.6%)** out of **71** HSDUs expected to provide the service.

58% 50% 46%

Inpatient care for management of mental disorders

14% | 57% | 29%

Not available up to standard in **6 (85.7%)** out of **7** HSDUs expected to provide the service.

67% 67% 50%

Primary cancer screening

(non-instrumental methods)

50% | 40% | 10%

Not available up to standard in **20 (50%)** out of **40** HSDUs expected to provide the service.

70% 55% 45%

Colonoscopy

33% | 33% | 33%

Not available up to standard in **12 (66.7%)** out of **18** HSDUs expected to provide the service.

92% 75% 58%

Chemotherapy

33% | 33% | 33%

Not available up to standard in **2 (66.7%)** out of **3** HSDUs expected to provide the service.

100% 100% 100%

Hematological and oncohematological care in all settings

33% | 67%

Not available up to standard in **2 (66.7%)** out of **3** HSDUs expected to provide the service.

100% 50% 50%

This analysis was produced based on the information reported into HeRAMS up to 31 July 2026 and while the the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

This infographic includes data from all Health Service Delivery Units (HSDUs) monitored by HeRAMS, offering a comprehensive snapshot of service availability across the Gaza Strip. It encompasses hospitals, field hospitals, primary health care centers (PHCs) , and UNRWA health centers.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Notes:

1. The analysis of barriers impeding services availability, causes of damage, non-functionality and inaccessibility was limited to HSDUs where the respective indicator was not available up to standard. Only the top three most frequently reported barriers are presented for each indicator.
2. The analysis of basic amenities follows the same approach as barriers and was restricted to HSDUs where the indicator was at least partially available.
3. The analysis of individual services excludes HSDUs reporting a service as “not normally provided.” Consequently, the total number of HSDUs included in the analysis varies by service.

HeRAMS Platform

Public dashboard

Data source: HeRAMS occupied Palestinian territory
Date data: 31 July 2026
Date created: 11 August 2026
Contact: herams@who.int

World Health Organization

HeRAMS Health Resources and Services Availability Monitoring System

وزارة الصحة Ministry of Health

HeRAMS occupied Palestinian territory

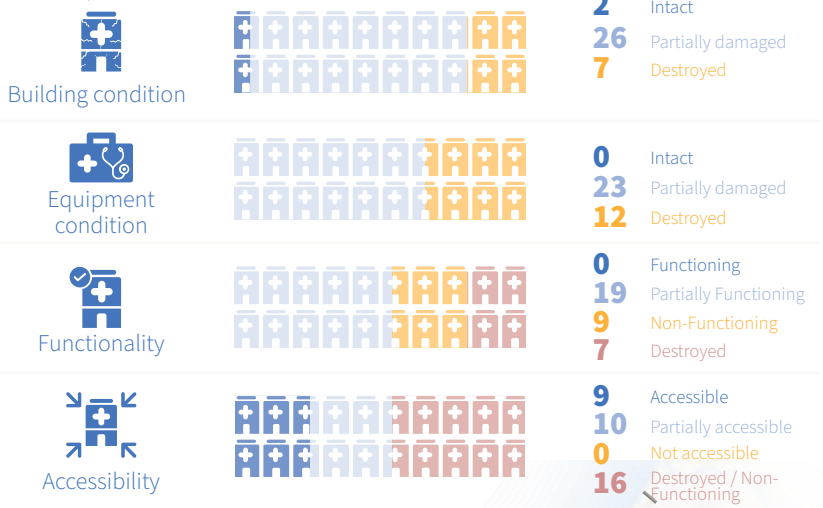
Gaza Strip

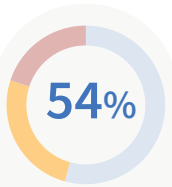
SNAPSHOT JULY 2026

All hospitals (excluding field hospitals)*

HOSPITAL STATUS

Out of **35** hospitals evaluated.





"**19 (54%)** out of **35** hospitals evaluated are at least partially functioning."

2 hospitals do not appear on the map due to missing coordinates.

MAIN CAUSES OF...

Building damage

The 3 primary causes of building damage as reported by **26** partially damaged and **7** fully damaged hospitals.

- 97% Insecurity
- 27% Lack of maintenance
- 18% Other

Equipment damage

The 3 primary causes of equipment damage as reported by **23** partially damaged and **12** fully damaged hospitals.

- 97% Insecurity
- 49% Lack of maintenance
- 17% Industrial incidents

Functionality constraints

The 3 primary causes of functionality constraints as reported by **19** partially functioning and **9** non-functioning hospitals.

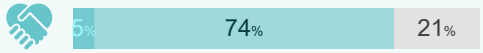
- 64% Insecurity
- 61% Lack of equipment
- 46% Damages to the facility

Accessibility constraints

The 3 primary causes of accessibility constraints as reported by **10** partially accessible hospitals.

- 80% Insecurity
- 70% Other physical barriers
- 20% Financial barriers such as user-fees

Partner Support**



Partner support types

Out of **15** hospitals supported by partners,

- 87% Provision of medical supplies
- 60% Provision of health services
- 73% Provision of medical equipment
- 53% Provision of health staff
- 60% Provision of operational costs
- 47% Governance / Oversight
- 47% Training of health staff

* *This infographic presents data from general and specialized hospitals operated by governmental and non-governmental organizations. Field hospitals established in response to the ongoing conflict are excluded from this infographic and instead presented in a standalone infographic.*

** Out of **19** hospitals: Hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

This total excludes hospitals that were reported as closed by administrative decision. There is one hospital "Al-Naser hospital" that was permanently closed and merged with another existing hospital "Al-Naser AlRantisi hospital".

BASIC AMENITIES*

Available | Partially available | Not available | Not normally provided

Inpatient bed capacity

	Availablity	Number of available beds
ICU beds	5% / 32% / 32% / 32%	78
Out of **13** hospitals expected to provide intensive care beds 12 (92.3%) do not have sufficient bed capacity.		
Maternity beds	21% / 32% / 21% / 26%	254
Out of **14** hospitals expected to provide maternity beds 10 (71.4%) do not have sufficient bed capacity.		
General inpatient beds	37% / 47% / 11% / 5%	1745
Out of **18** hospitals expected to provide inpatient beds 11 (61.1%) do not have sufficient bed capacity.		
Incubators	21% / 32% / 11% / 37%	108
Out of **12** hospitals expected to provide incubators 8 (66.7%) do not have sufficient bed capacity.		
Emergency room beds	26% / 53% / 5% / 16%	251
Out of **16** hospitals expected to provide emergency room beds 11 (68.8%) do not have sufficient bed capacity.		

Main barriers*

- Lack of medical supplies: **94%**
- Lack of medical equipment: **94%**
- Lack of financial resources: **50%**

Waste management

Waste segregation

74% — 26% / 68% / 5%

Not available up to standard in **14 (73.7%)** out of **19** hospitals expected to maintain waste segregation practices.

Final disposal of sharps

63% — 37% / 58% / 5%

Not available up to standard in **12 (63.2%)** out of **19** hospitals expected to dispose of sharps.

Final disposal of infectious waste

79% — 21% / 68% / 11%

Not available up to standard in **15 (78.9%)** out of **19** hospitals expected to dispose of infectious waste.

Waste disposal methods

Out of **18 hospitals** where final disposal of sharps or infectious waste are at least partially available.

- Collected for medical waste disposal off-site: **83%**
- Incinerated other: **22%**
- Autoclaved: **11%**

Power

89% — 11% / 79% / 11%

Not available up to standard in **17 (89.5%)** out of **19** hospitals expected to have power available.

Power sources

Out of **17 hospitals** where power is at least partially available.

- Generator: **100%**
- Solar: **65%**
- Other: **6%**

Cold chain

78% — 21% / 53% / 21% / 5%

Not available up to standard in **14 (77.8%)** out of **18** hospitals expected to have cold chain capacity.

Cold chain sources

Out of **14 hospitals** where cold chain is at least partially available.

- Generator: **100%**
- Solar: **64%**

WASH

Water

63% — 37% / 63%

Not available up to standard in **12 (63.2%)** out of **19** hospitals expected to have water available.

Main water sources

Out of **19 hospitals** where water is at least partially available.

- Piped Supply Network: **63%**
- Protected dug well: **53%**
- Tube well/ borehole: **47%**

Sanitation facilities

74% — 26% / 68% / 5%

Not available up to standard in **14 (73.7%)** out of **19** hospitals expected to have sanitation facilities.

Out of **18 hospitals** where sanitation facilities is at least partially available.

Sanitation facilities types*

- Flush/pour flush to piped sewer system or septic tank: **100%**
- Composting toilet: **44%**
- Other: **11%**

Sanitation facilities accessibility*

- Dedicated staff toilet: **94%**
- Gender-separate toilet: **83%**
- Toilets for people with limited mobility: **44%**

Hand hygiene

74% — 26% / 68% / 5%

Not available up to standard in **14 (73.7%)** out of **19** hospitals expected to maintain hand hygiene practices.

Environmental cleaning

95% — 5% / 89% / 5%

Not available up to standard in **18 (94.7%)** out of **19** hospitals expected to maintain environmental cleaning practices.

Personal Protective Equipment (PPE)

79% — 21% / 74% / 5%

Not available up to standard in **15 (78.9%)** out of **19** hospitals expected to have personal protective equipment.

Communication

89% — 11% / 84% / 5%

Not available up to standard in **17 (89.5%)** out of **19** hospitals expected to have communication means.

Communication equipment types

Out of **18 hospitals** where communication is at least partially available.

- Mobile phone: **100%**
- Computer: **94%**
- Telephone: **28%**

Transportation of patients

84% — 16% / 58% / 26%

Not available up to standard in **16 (84.2%)** out of **19** hospitals expected to have means for patient transportation.

Transportation types

Out of **14 hospitals** where transportation of patients is at least partially available.

- Facility Ambulance: **57%**
- PRCS Ambulance: **57%**
- Car: **36%**

Health information management systems

Facility-based diseases reporting systems *(e.g., EWARS, etc.)*

67% — 26% / 42% / 11% / 21%

Not available up to standard in **10 (66.7%)** out of **15** hospitals where the information system is expected.

Facility-based information system *(e.g., DHIS2, Avicena, etc.)*

72% — 26% / 47% / 21% / 5%

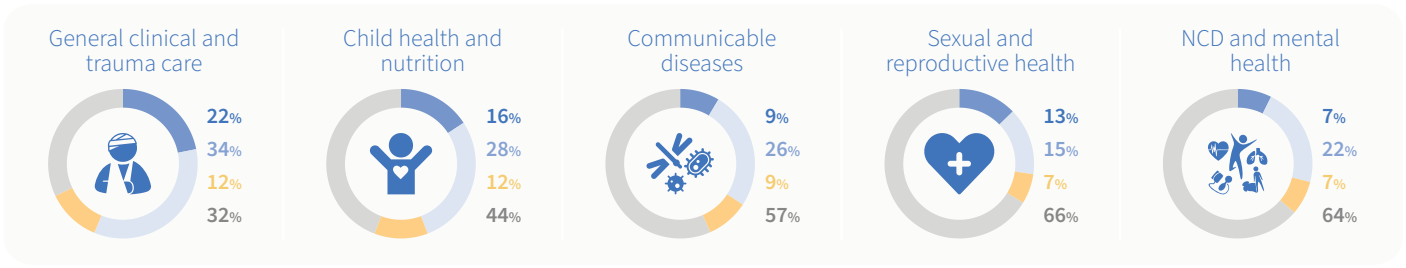
Not available up to standard in **13 (72.2%)** out of **18** hospitals where the information system is expected.

* Out of **19** hospitals, hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

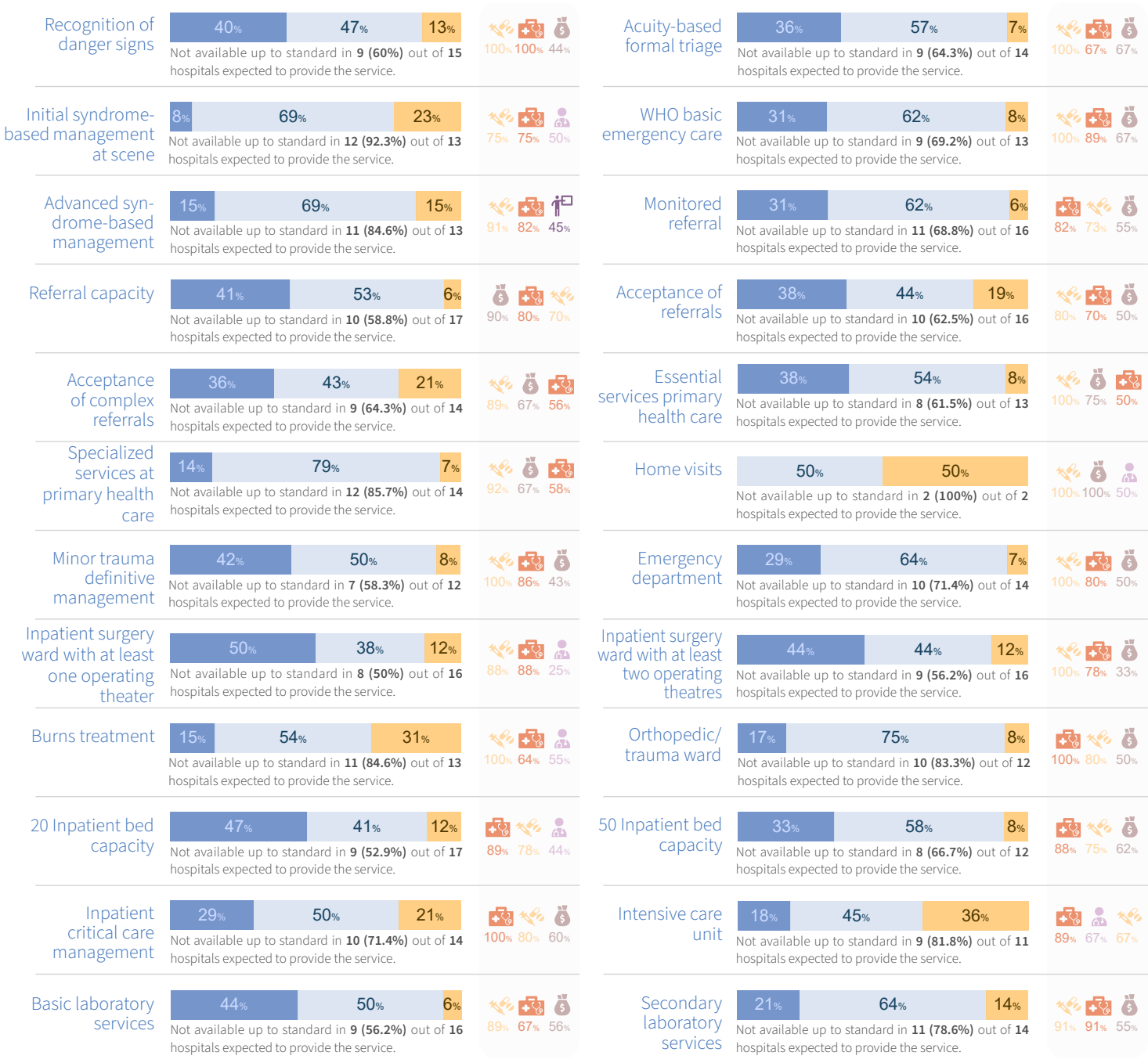
ESSENTIAL HEALTH SERVICES*

Service domain overview

Available | Partially available | Not available | Not normally provided



General clinical and emergency care services



* Out of **19** hospitals : hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

Tertiary laboratory services
11% | 44% | 44%
Not available up to standard in **8 (88.9%)** out of **9** hospitals expected to provide the service.
100% 88% 38%

Hemodialysis unit
20% | 40% | 40%
Not available up to standard in **4 (80%)** out of **5** hospitals expected to provide the service.
100% 100% 100%

Comprehensive X-ray service
36% | 29% | 36%
Not available up to standard in **9 (64.3%)** out of **14** hospitals expected to provide the service.
100% 56% 44%

MRI
100%
Not available up to standard in **5 (100%)** out of **5** hospitals expected to provide the service.
80% 60% 40%

Blood bank services
38% | 38% | 23%
Not available up to standard in **8 (61.5%)** out of **13** hospitals expected to provide the service.
100% 100% 62%

Basic X-ray service
53% | 35% | 12%
Not available up to standard in **8 (47.1%)** out of **17** hospitals expected to provide the service.
100% 88% 62%

CT scan
30% | 20% | 50%
Not available up to standard in **7 (70%)** out of **10** hospitals expected to provide the service.
86% 57% 57%

Procedures for mass casualty scenarios
38% | 54% | 8%
Not available up to standard in **8 (61.5%)** out of **13** hospitals expected to provide the service.
88% 50% 50%

Child health and nutrition services

Pediatric first aid
44% | 56%
Not available up to standard in **9 (56.2%)** out of **16** hospitals expected to provide the service.
100% 78% 44%

IMNCI Under 5 Clinic
42% | 33% | 25%
Not available up to standard in **7 (58.3%)** out of **12** hospitals expected to provide the service.
100% 71% 57%

Inpatient surgical care for newborns and children
10% | 80% | 10%
Not available up to standard in **9 (90%)** out of **10** hospitals expected to provide the service.
100% 78% 56%

Information, education, and communication **on infant, young, and child feeding**
33% | 33% | 33%
Not available up to standard in **6 (66.7%)** out of **9** hospitals expected to provide the service.
83% 50% 50%

Integrated management of acute malnutrition
18% | 55% | 27%
Not available up to standard in **9 (81.8%)** out of **11** hospitals expected to provide the service.
89% 56% 44%

Integrated management of newborn and childhood illnesses (IMNCI)
20% | 40% | 40%
Not available up to standard in **8 (80%)** out of **10** hospitals expected to provide the service.
100% 62% 50%

Management of children classified as severe or very severe diseases
23% | 54% | 23%
Not available up to standard in **10 (76.9%)** out of **13** hospitals expected to provide the service.
90% 90% 40%

Expanded programme on immunization
25% | 25% | 50%
Not available up to standard in **3 (75%)** out of **4** hospitals expected to provide the service.
100% 100% 33%

Growth monitoring
25% | 58% | 17%
Not available up to standard in **9 (75%)** out of **12** hospitals expected to provide the service.
89% 56% 56%

Stabilization center for severe acute malnutrition
33% | 56% | 11%
Not available up to standard in **6 (66.7%)** out of **9** hospitals expected to provide the service.
83% 67% 33%

Communicable diseases

Syndromic surveillance
30% | 30% | 40%
Not available up to standard in **7 (70%)** out of **10** hospitals expected to provide the service.
71% 57% 43%

Diagnosis and treatment of tuberculosis cases
20% | 60% | 20%
Not available up to standard in **4 (80%)** out of **5** hospitals expected to provide the service.
100% 75% 50%

Information, education, and communication **on local priority diseases**
27% | 55% | 18%
Not available up to standard in **8 (72.7%)** out of **11** hospitals expected to provide the service.
75% 50% 50%

Isolation unit or room
10% | 80% | 10%
Not available up to standard in **9 (90%)** out of **10** hospitals expected to provide the service.
89% 67% 67%

Event-based surveillance
27% | 36% | 36%
Not available up to standard in **8 (72.7%)** out of **11** hospitals expected to provide the service.
62% 62% 62%

Multidrug-resistant of tuberculosis
50% | 50%
Not available up to standard in **2 (100%)** out of **2** hospitals expected to provide the service.
100% 100% 50%

Locally relevant diseases
10% | 90%
Not available up to standard in **9 (90%)** out of **10** hospitals expected to provide the service.
89% 56% 44%

Management of severe/ complicated diseases
14% | 71% | 14%
Not available up to standard in **6 (85.7%)** out of **7** hospitals expected to provide the service.
100% 67% 67%

Sexual and reproductive health

Free access to condoms
20% | 40% | 40%
Not available up to standard in **4 (80%)** out of **5** hospitals expected to provide the service.
100% 25%

Syndromic management of sexually transmitted infections (STIs)
33% | 67%
Not available up to standard in **3 (100%)** out of **3** hospitals expected to provide the service.
100% 67% 33%

Prevention of mother-to-child HIV transmission
Not expected in any operational hospital.

Family planning - pregnancy test
70% | 30%
Not available up to standard in **3 (30%)** out of **10** hospitals expected to provide the service.
100% 100% 67%

Information, education, and communication **on STI/HIV**
50% | 50%
Not available up to standard in **4 (100%)** out of **4** hospitals expected to provide the service.
75% 50% 50%

HIV counselling and testing
33% | 67%
Not available up to standard in **3 (100%)** out of **3** hospitals expected to provide the service.
100% 67% 33%

Antiretroviral treatment
Not expected in any operational hospital.

Family planning - contraceptive methods
22% | 67% | 11%
Not available up to standard in **7 (77.8%)** out of **9** hospitals expected to provide the service.
100% 57% 57%

Available | Partially available | Not available

Lack of staff | Lack of supplies | Lack of financial resources

Lack of training | Lack of equipment

Antenatal care

17% | 75% | 8%

Not available up to standard in **10 (83.3%)** out of **12** hospitals expected to provide the service.

100% 70% 40%

Basic emergency obstetric care

54% | 23% | 23%

Not available up to standard in **6 (46.2%)** out of **13** hospitals expected to provide the service.

100% 100% 33%

Postpartum care

25% | 38% | 38%

Not available up to standard in **6 (75%)** out of **8** hospitals expected to provide the service.

100% 67% 50%

Clinical management of rape survivors

25% | 50% | 25%

Not available up to standard in **3 (75%)** out of **4** hospitals expected to provide the service.

67% 67% 67%

Post-exposure prophylaxis

Not expected in any operational hospital.

—

Skilled care during childbirth

58% | 25% | 17%

Not available up to standard in **5 (41.7%)** out of **12** hospitals expected to provide the service.

80% 60% 60%

Comprehensive emergency obstetric care

54% | 31% | 15%

Not available up to standard in **6 (46.2%)** out of **13** hospitals expected to provide the service.

83% 67% 67%

Comprehensive abortion care

44% | 56%

Not available up to standard in **5 (55.6%)** out of **9** hospitals expected to provide the service.

100% 40% 40%

Emergency contraception

25% | 75%

Not available up to standard in **3 (75%)** out of **4** hospitals expected to provide the service.

67% 67% 67%

Noncommunicable diseases and mental health

Promote self-care

17% | 50% | 33%

Not available up to standard in **5 (83.3%)** out of **6** hospitals expected to provide the service.

80% 80% 40%

Asthma and chronic obstructive pulmonary disease

classification, treatment and follow up

25% | 62% | 12%

Not available up to standard in **6 (75%)** out of **8** hospitals expected to provide the service.

100% 67% 50%

Diabetes

early detection, management, foot-care, and counseling

9% | 82% | 9%

Not available up to standard in **10 (90.9%)** out of **11** hospitals expected to provide the service.

80% 50% 50%

Outpatient rehabilitation services

30% | 50% | 20%

Not available up to standard in **7 (70%)** out of **10** hospitals expected to provide the service.

86% 86% 29%

Oral health and dental care

27% | 55% | 18%

Not available up to standard in **8 (72.7%)** out of **11** hospitals expected to provide the service.

100% 75% 38%

Management of mental disorders

80% | 20%

Not available up to standard in **5 (100%)** out of **5** hospitals expected to provide the service.

100% 80% 60%

Cancer diagnostics services

17% | 67% | 17%

Not available up to standard in **5 (83.3%)** out of **6** hospitals expected to provide the service.

80% 60% 60%

Mammography

22% | 33% | 44%

Not available up to standard in **7 (77.8%)** out of **9** hospitals expected to provide the service.

100% 71% 43%

Cancer treatment services

100%

Not available up to standard in **4 (100%)** out of **4** hospitals expected to provide the service.

75% 75% 50%

Radiological treatment

100%

Not available up to standard in **1 (100%)** out of **1** hospital expected to provide the service.

100% 100% 100%

Noncommunicable diseases clinic

50% | 50%

Not available up to standard in **6 (100%)** out of **6** hospitals expected to provide the service.

100% 50% 33%

Hypertension

early detection, management and counseling

18% | 73% | 9%

Not available up to standard in **9 (81.8%)** out of **11** hospitals expected to provide the service.

100% 67% 22%

Inpatient acute rehabilitation

20% | 80%

Not available up to standard in **8 (80%)** out of **10** hospitals expected to provide the service.

100% 75% 75%

Prosthetics and orthotics

100%

Not available up to standard in **1 (100%)** out of **1** hospital expected to provide the service.

100% 100% 100%

Psychological first aid

33% | 67%

Not available up to standard in **4 (66.7%)** out of **6** hospitals expected to provide the service.

100% 50% 50%

Inpatient care for management of mental disorders

17% | 67% | 17%

Not available up to standard in **5 (83.3%)** out of **6** hospitals expected to provide the service.

80% 60% 60%

Primary cancer screening

(non-instrumental methods)

14% | 57% | 29%

Not available up to standard in **6 (85.7%)** out of **7** hospitals expected to provide the service.

83% 67% 67%

Colonoscopy

36% | 29% | 36%

Not available up to standard in **9 (64.3%)** out of **14** hospitals expected to provide the service.

100% 78% 56%

Chemotherapy

33% | 33% | 33%

Not available up to standard in **2 (66.7%)** out of **3** hospitals expected to provide the service.

100% 100% 100%

Hematological and oncohematological care in all settings

33% | 67%

Not available up to standard in **2 (66.7%)** out of **3** hospitals expected to provide the service.

100% 50% 50%

This analysis was produced based on the information reported into HeRAMS up to 31 July 2026 and while the the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

This report includes data from 35 general and specialized hospitals operated by governmental and non-governmental organizations (NGOs). Originally, there were 36 hospitals, but Al-Nasr and Al-Rantisi hospitals have since merged into a single facility. Field hospitals established in response to the ongoing conflict and deteriorating health conditions are not included in this report, as they are temporary entities. Data from these field hospitals will be reported separately in an infographic specific to field hospitals.

Notes:

1. The analysis of barriers impeding services availability, causes of damage, non-functionality and inaccessibility was limited to hospitals where the respective indicator was not available up to standard. Only the top three most frequently reported barriers are presented for each indicator.
2. The analysis of basic amenities follows the same approach as barriers and was restricted to hospitals where the indicator was at least partially available.
3. The analysis of individual services excludes hospitals reporting a service as "not normally provided." Consequently, the total number of hospitals included in the analysis varies by service.

HeRAMS Platform

Public dashboard

Data source: HeRAMS occupied Palestinian territory
Date data: 31 July 2026
Date created: 11 August 2026
Contact: herams@who.int

World Health Organization

HeRAMS Health Resources and Services Availability Monitoring System

وزارة الصحة Ministry of Health

HeRAMS occupied Palestinian territory

Gaza Strip

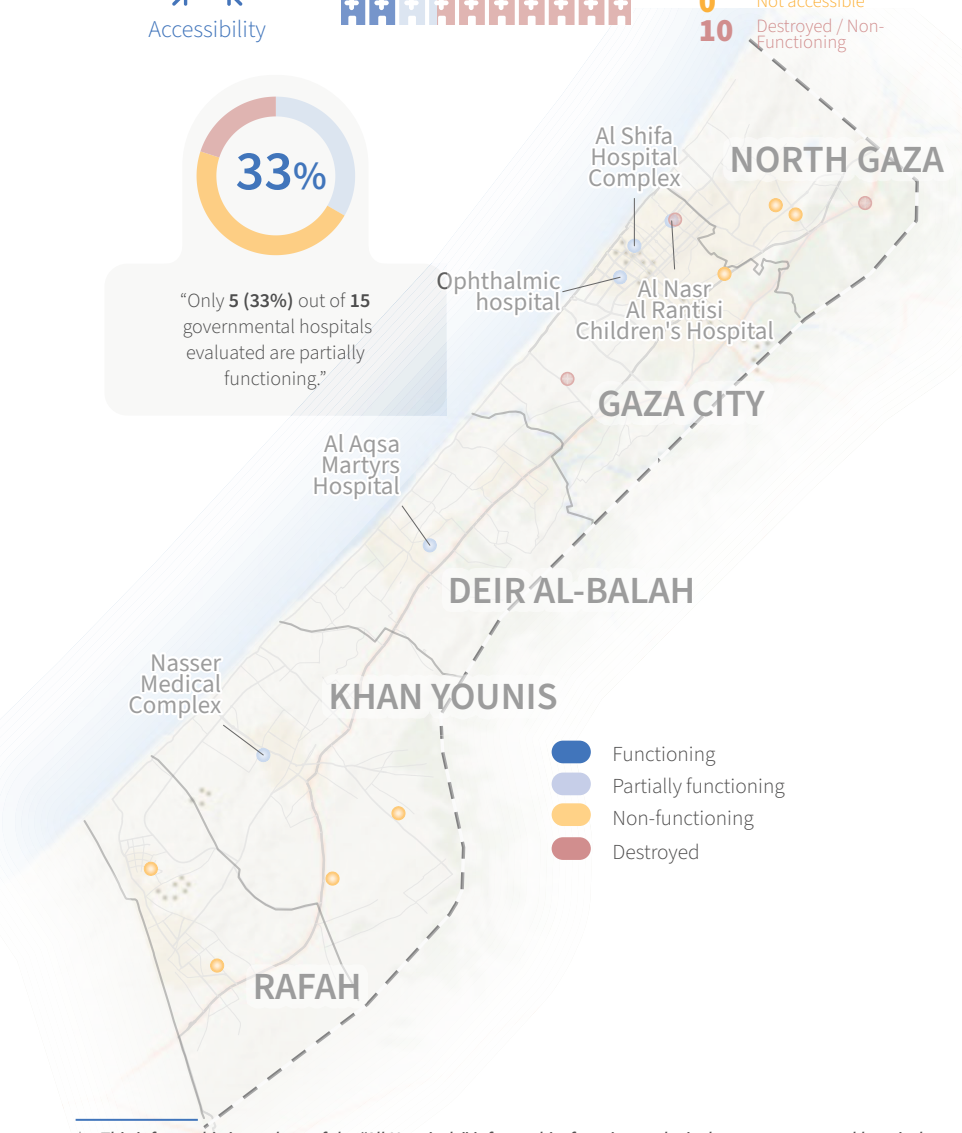
SNAPSHOT JULY 2026

*Governmental hospitals**

GOVERNMENTAL HOSPITAL STATUS

Out of **15** governmental hospitals evaluated.

Building condition	0	Intact
	12	Partially damaged
	3	Destroyed
Equipment condition	0	Intact
	8	Partially damaged
	7	Destroyed
Functionality	0	Functioning
	5	Partially Functioning
	7	Non-Functioning
	3	Destroyed
Accessibility	3	Accessible
	2	Partially accessible
	0	Not accessible
	10	Destroyed / Non-Functioning



MAIN CAUSES OF...

Building damage

The 3 primary causes of building damage as reported by **12** partially damaged and **3** fully damaged governmental hospitals.

- 100% Insecurity
- 20% Lack of maintenance
- 20% Other

Equipment damage

The 3 primary causes of equipment damage as reported by **8** partially damaged and **7** fully damaged governmental hospitals.

- 100% Insecurity
- 60% Lack of maintenance
- 20% Other

Functionality constraints

The 3 primary causes of functionality constraints as reported by **5** partially functioning and **7** non-functioning governmental hospitals.

- 83% Insecurity
- 50% Lack of equipment
- 50% Damages to the facility

Accessibility constraints

The 2 primary causes of accessibility constraints as reported by **2** partially accessible governmental hospitals.

- 100% Insecurity
- 100% Other physical barriers

Partner Support**

Major support · Partially support · No support

80% | 20%

Partner support types

Out of **4** governmental hospitals supported by partners,

- 75% Provision of operational costs
- 50% Provision of health services
- 50% Provision of medical equipment
- 50% Provision of medical supplies
- 50% Training of health staff
- 25% Governance / Oversight
- 25% Provision of health staff

* *This infographic is a subset of the "All Hospitals" infographic, focusing exclusively on governmental hospitals.*

** Out of **5** governmental hospitals: Governmental hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

This total excludes hospitals that were reported as closed by administrative decision. There is one hospital "Al-Naser hospital" that was permanently closed and merged with another existing hospital "Al-Naser AlRantisi hospital".

BASIC AMENITIES*

Available | Partially available | Not available | Not normally provided

Inpatient bed capacity

	Availablity	Number of available beds
ICU beds	60% / 40%	51
Maternity beds	40% / 40% / 20%	110
General inpatient beds	20% / 80%	1060
Incubators	20% / 60% / 20%	59
Emergency room beds	20% / 80%	163

Out of **5** governmental hospitals expected to provide intensive care beds 5 (100%) do not have sufficient bed capacity.

Out of **4** governmental hospitals expected to provide maternity beds 4 (100%) do not have sufficient bed capacity.

Out of **5** governmental hospitals expected to provide inpatient beds 4 (80%) do not have sufficient bed capacity.

Out of **5** governmental hospitals expected to provide incubators 4 (80%) do not have sufficient bed capacity.

Out of **5** governmental hospitals expected to provide emergency room beds 4 (80%) do not have sufficient bed capacity.

Main barriers*

Lack of medical equipment **100%** | Lack of medical supplies **80%** | Lack of financial resources **60%**

Waste management

Waste segregation

80% | 20% | 80%

Not available up to standard in **4 (80%)** out of **5** governmental hospitals expected to maintain waste segregation practices.

Final disposal of sharps

80% | 20% | 80%

Not available up to standard in **4 (80%)** out of **5** governmental hospitals expected to dispose of sharps.

Final disposal of infectious waste

80% | 20% | 60% | 20%

Not available up to standard in **4 (80%)** out of **5** governmental hospitals expected to dispose of infectious waste.

Waste disposal methods

Out of **5 governmental hospitals** where final disposal of sharps or infectious waste are at least partially available.

Collected for medical waste disposal off-site **80%** | Autoclaved **20%** | Incinerated two chamber **20%**

Power

80% | 20% | 80%

Not available up to standard in **4 (80%)** out of **5** governmental hospitals expected to have power available.

Power sources

Out of **5 governmental hospitals** where power is at least partially available.

Generator **100%** | Solar **80%**

Cold chain

80% | 20% | 60% | 20%

Not available up to standard in **4 (80%)** out of **5** governmental hospitals expected to have cold chain capacity.

Cold chain sources

Out of **4 governmental hospitals** where cold chain is at least partially available.

Generator **100%** | Solar **50%**

WASH

Water

100% | 100%

Not available up to standard in **5 (100%)** out of **5** governmental hospitals expected to have water available.

Main water sources

Out of **5 governmental hospitals** where water is at least partially available.

Piped Supply Network **60%** | Tube well/ borehole **60%** | Tanker truck **60%**

Sanitation facilities

80% | 20% | 80%

Not available up to standard in **4 (80%)** out of **5** governmental hospitals expected to have sanitation facilities.

Out of **5 governmental hospitals** where sanitation facilities is at least partially available.

Sanitation facilities types*

Flush/pour flush to piped sewer system or septic tank **100%** | Composting toilet **40%**

Sanitation facilities accessibility*

Dedicated staff toilet **100%** | Gender-separate toilet **80%**

Hand hygiene

80% | 20% | 80%

Not available up to standard in **4 (80%)** out of **5** governmental hospitals expected to maintain hand hygiene practices.

Environmental cleaning

100% | 100%

Not available up to standard in **5 (100%)** out of **5** governmental hospitals expected to maintain environmental cleaning practices.

Personal Protective Equipment (PPE)

80% | 20% | 80%

Not available up to standard in **4 (80%)** out of **5** governmental hospitals expected to have personal protective equipment.

Communication

100% | 100%

Not available up to standard in **5 (100%)** out of **5** governmental hospitals expected to have communication means.

Communication equipment types

Out of **5 governmental hospitals** where communication is at least partially available.

Mobile phone **100%** | Computer **100%** | Telephone **40%**

Transportation of patients

80% | 20% | 60% | 20%

Not available up to standard in **4 (80%)** out of **5** governmental hospitals expected to have means for patient transportation.

Transportation types

Out of **4 governmental hospitals** where transportation of patients is at least partially available.

Facility Ambulance **75%** | PRCS Ambulance **50%** | Private ambulance **25%**

Health information management systems

Facility-based diseases reporting systems *(e.g., EWARS, etc.)*

60% | 40% | 60%

Not available up to standard in **3 (60%)** out of **5** governmental hospitals where the information system is expected.

Facility-based information system *(e.g., DHIS2, Avicena, etc.)*

40% | 60% | 20% | 20%

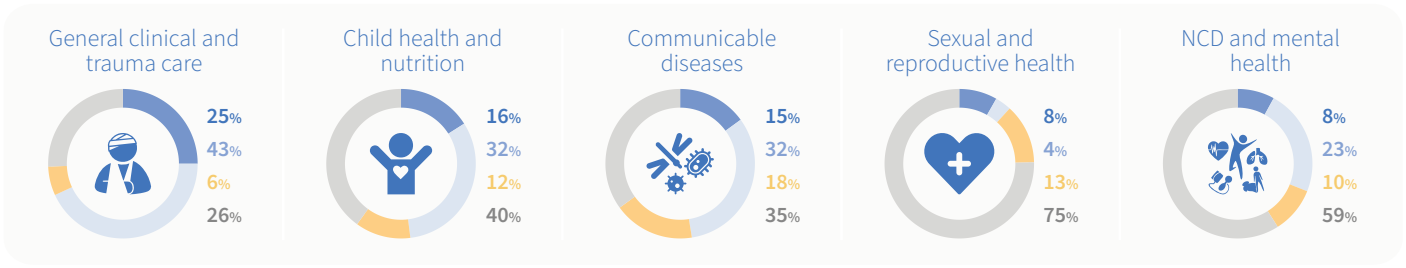
Not available up to standard in **2 (40%)** out of **5** governmental hospitals where the information system is expected.

* Out of **5** governmental hospitals, governmental hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

ESSENTIAL HEALTH SERVICES*

Service domain overview

Available | Partially available | Not available | Not normally provided



General clinical and emergency care services

Recognition of danger signs
75% | 25%
Not available up to standard in **1 (25%)** out of **4** governmental hospitals expected to provide the service.
100% 100% 100%

Initial syndrome-based management at scene
33% | 67%
Not available up to standard in **2 (66.7%)** out of **3** governmental hospitals expected to provide the service.
100% 100% 50%

Advanced syndrome-based management
25% | 75%
Not available up to standard in **3 (75%)** out of **4** governmental hospitals expected to provide the service.
100% 100% 33%

Referral capacity
60% | 40%
Not available up to standard in **2 (40%)** out of **5** governmental hospitals expected to provide the service.
100% 100% 50%

Acceptance of complex referrals
40% | 60%
Not available up to standard in **3 (60%)** out of **5** governmental hospitals expected to provide the service.
100% 67% 67%

Specialized services at primary health care
100%
Not available up to standard in **4 (100%)** out of **4** governmental hospitals expected to provide the service.
75% 75% 75%

Minor trauma definitive management
33% | 67%
Not available up to standard in **2 (66.7%)** out of **3** governmental hospitals expected to provide the service.
100% 100% 50%

Inpatient surgery ward with at least one operating theater
50% | 50%
Not available up to standard in **2 (50%)** out of **4** governmental hospitals expected to provide the service.
100% 100% 50%

Burns treatment
100%
Not available up to standard in **3 (100%)** out of **3** governmental hospitals expected to provide the service.
100% 67% 67%

20 Inpatient bed capacity
20% | 80%
Not available up to standard in **4 (80%)** out of **5** governmental hospitals expected to provide the service.
75% 75% 75%

Inpatient critical care management
25% | 75%
Not available up to standard in **3 (75%)** out of **4** governmental hospitals expected to provide the service.
100% 67% 67%

Basic laboratory services
50% | 50%
Not available up to standard in **2 (50%)** out of **4** governmental hospitals expected to provide the service.
100% 50% 50%

Acuity-based formal triage
75% | 25%
Not available up to standard in **1 (25%)** out of **4** governmental hospitals expected to provide the service.
100% 100% 100%

WHO basic emergency care
50% | 50%
Not available up to standard in **2 (50%)** out of **4** governmental hospitals expected to provide the service.
100% 100% 100%

Monitored referral
25% | 75%
Not available up to standard in **3 (75%)** out of **4** governmental hospitals expected to provide the service.
100% 67% 67%

Acceptance of referrals
40% | 60%
Not available up to standard in **3 (60%)** out of **5** governmental hospitals expected to provide the service.
100% 67% 33%

Essential services primary health care
100%
Not available up to standard in **3 (100%)** out of **3** governmental hospitals expected to provide the service.
100% 100% 33%

Home visits
Not expected in any operational governmental hospital.
—

Emergency department
25% | 75%
Not available up to standard in **3 (75%)** out of **4** governmental hospitals expected to provide the service.
100% 100% 67%

Inpatient surgery ward with at least two operating theatres
50% | 50%
Not available up to standard in **2 (50%)** out of **4** governmental hospitals expected to provide the service.
100% 100% 50%

Orthopedic/ trauma ward
33% | 67%
Not available up to standard in **2 (66.7%)** out of **3** governmental hospitals expected to provide the service.
100% 100% 50%

50 Inpatient bed capacity
25% | 75%
Not available up to standard in **3 (75%)** out of **4** governmental hospitals expected to provide the service.
100% 67% 33%

Intensive care unit
25% | 50% | 25%
Not available up to standard in **3 (75%)** out of **4** governmental hospitals expected to provide the service.
100% 67% 33%

Secondary laboratory services
50% | 50%
Not available up to standard in **2 (50%)** out of **4** governmental hospitals expected to provide the service.
100% 100% 50%

* Out of **5** governmental hospitals : governmental hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

Available | Partially available | Not available

Lack of staff | Lack of supplies | Lack of financial resources

Lack of training | Lack of equipment

Tertiary laboratory services

25% | 25% | 50%

Not available up to standard in **3 (75%)** out of **4** governmental hospitals expected to provide the service.

100% 67% 33%

Hemodialysis unit

25% | 50% | 25%

Not available up to standard in **3 (75%)** out of **4** governmental hospitals expected to provide the service.

100% 100% 100%

Comprehensive X-ray service

25% | 25% | 50%

Not available up to standard in **3 (75%)** out of **4** governmental hospitals expected to provide the service.

100% 67% 33%

MRI

100%

Not available up to standard in **2 (100%)** out of **2** governmental hospitals expected to provide the service.

100% 50% 50%

Blood bank services

50% | 50%

Not available up to standard in **2 (50%)** out of **4** governmental hospitals expected to provide the service.

100% 100% 50%

Basic X-ray service

25% | 75%

Not available up to standard in **3 (75%)** out of **4** governmental hospitals expected to provide the service.

100% 67% 33%

CT scan

33% | 67%

Not available up to standard in **3 (100%)** out of **3** governmental hospitals expected to provide the service.

67% 67% 67%

Procedures for mass casualty scenarios

33% | 67%

Not available up to standard in **2 (66.7%)** out of **3** governmental hospitals expected to provide the service.

100% 100% 50%

Child health and nutrition services

Pediatric first aid

50% | 50%

Not available up to standard in **2 (50%)** out of **4** governmental hospitals expected to provide the service.

100% 100% 50%

IMNCI Under 5 Clinic

50% | 25% | 25%

Not available up to standard in **2 (50%)** out of **4** governmental hospitals expected to provide the service.

100% 100% 50%

Inpatient surgical care for newborns and children

100%

Not available up to standard in **3 (100%)** out of **3** governmental hospitals expected to provide the service.

100% 67% 33%

Information, education, and communication **on infant, young, and child feeding**

50% | 50%

Not available up to standard in **2 (100%)** out of **2** governmental hospitals expected to provide the service.

50% 50% 50%

Integrated management of acute malnutrition

75% | 25%

Not available up to standard in **4 (100%)** out of **4** governmental hospitals expected to provide the service.

100% 75% 75%

Integrated management of newborn and childhood illnesses (IMNCI)

50% | 50%

Not available up to standard in **1 (50%)** out of **2** governmental hospitals expected to provide the service.

100% 100% 100%

Management of children classified as severe or very severe diseases

25% | 50% | 25%

Not available up to standard in **3 (75%)** out of **4** governmental hospitals expected to provide the service.

100% 100% 33%

Expanded programme on immunization

Not expected in any operational governmental hospital.

—

Growth monitoring

25% | 50% | 25%

Not available up to standard in **3 (75%)** out of **4** governmental hospitals expected to provide the service.

100% 67% 67%

Stabilization center for severe acute malnutrition

33% | 67%

Not available up to standard in **2 (66.7%)** out of **3** governmental hospitals expected to provide the service.

100% 50% 50%

Communicable diseases

Syndromic surveillance

33% | 67%

Not available up to standard in **2 (66.7%)** out of **3** governmental hospitals expected to provide the service.

100% 100% 50%

Diagnosis and treatment of tuberculosis cases

50% | 50%

Not available up to standard in **2 (100%)** out of **2** governmental hospitals expected to provide the service.

100% 100% 50%

Information, education, and communication **on local priority diseases**

50% | 25% | 25%

Not available up to standard in **2 (50%)** out of **4** governmental hospitals expected to provide the service.

100% 100% 50%

Isolation unit or room

100%

Not available up to standard in **4 (100%)** out of **4** governmental hospitals expected to provide the service.

75% 75% 50%

Event-based surveillance

33% | 67%

Not available up to standard in **2 (66.7%)** out of **3** governmental hospitals expected to provide the service.

100% 100% 50%

Multidrug-resistant of tuberculosis

50% | 50%

Not available up to standard in **2 (100%)** out of **2** governmental hospitals expected to provide the service.

100% 100% 50%

Locally relevant diseases

25% | 75%

Not available up to standard in **3 (75%)** out of **4** governmental hospitals expected to provide the service.

100% 100% 33%

Management of severe/ complicated diseases

25% | 75%

Not available up to standard in **3 (75%)** out of **4** governmental hospitals expected to provide the service.

100% 100% 67%

Sexual and reproductive health

Free access to condoms

100%

Not available up to standard in **1 (100%)** out of **1** governmental hospital expected to provide the service.

100%

Syndromic management of sexually transmitted infections (STIs)

100%

Not available up to standard in **1 (100%)** out of **1** governmental hospital expected to provide the service.

100%

Prevention of mother-to-child HIV transmission

Not expected in any operational governmental hospital.

—

Family planning - pregnancy test

100%

Available up to standard in all **1** governmental hospital expected to provide the service.

—

Information, education, and communication **on STI/HIV**

100%

Not available up to standard in **1 (100%)** out of **1** governmental hospital expected to provide the service.

100%

HIV counselling and testing

50% | 50%

Not available up to standard in **2 (100%)** out of **2** governmental hospitals expected to provide the service.

100% 50% 50%

Antiretroviral treatment

Not expected in any operational governmental hospital.

—

Family planning - contraceptive methods

100%

Not available up to standard in **1 (100%)** out of **1** governmental hospital expected to provide the service.

100% 100%

Available | Partially available | Not available

Lack of staff | Lack of supplies | Lack of financial resources

Lack of training | Lack of equipment

Antenatal care

50% | 50%

Not available up to standard in **2 (100%)** out of **2** governmental hospitals expected to provide the service.

100% 100% 50%

Basic emergency obstetric care

67% | 33%

Not available up to standard in **1 (33.3%)** out of **3** governmental hospitals expected to provide the service.

100% 100% 100%

Postpartum care

100%

Not available up to standard in **1 (100%)** out of **1** governmental hospital expected to provide the service.

100% 100%

Clinical management of rape survivors

100%

Not available up to standard in **1 (100%)** out of **1** governmental hospital expected to provide the service.

100% 100% 100%

Post-exposure prophylaxis

Not expected in any operational governmental hospital.

—

Skilled care during childbirth

67% | 33%

Not available up to standard in **1 (33.3%)** out of **3** governmental hospitals expected to provide the service.

100% 100% 100%

Comprehensive emergency obstetric care

67% | 33%

Not available up to standard in **1 (33.3%)** out of **3** governmental hospitals expected to provide the service.

100% 100%

Comprehensive abortion care

100%

Not available up to standard in **1 (100%)** out of **1** governmental hospital expected to provide the service.

100% 100%

Emergency contraception

Not expected in any operational governmental hospital.

—

Noncommunicable diseases and mental health

Promote self-care

50% | 50%

Not available up to standard in **1 (50%)** out of **2** governmental hospitals expected to provide the service.

100% 100%

Asthma and chronic obstructive pulmonary disease

classification, treatment and follow up

25% | 75%

Not available up to standard in **3 (75%)** out of **4** governmental hospitals expected to provide the service.

100% 100% 67%

Diabetes

early detection, management, foot-care, and counseling

100%

Not available up to standard in **3 (100%)** out of **3** governmental hospitals expected to provide the service.

100% 67% 33%

Outpatient rehabilitation services

50% | 50%

Not available up to standard in **1 (50%)** out of **2** governmental hospitals expected to provide the service.

100% 100%

Oral health and dental care

100%

Not available up to standard in **1 (100%)** out of **1** governmental hospital expected to provide the service.

100% 100%

Management of mental disorders

100%

Not available up to standard in **1 (100%)** out of **1** governmental hospital expected to provide the service.

100% 100% 100%

Cancer diagnostics services

50% | 50%

Not available up to standard in **1 (50%)** out of **2** governmental hospitals expected to provide the service.

100% 100%

Mammography

50% | 50%

Not available up to standard in **2 (100%)** out of **2** governmental hospitals expected to provide the service.

100% 100% 50%

Cancer treatment services

100%

Not available up to standard in **2 (100%)** out of **2** governmental hospitals expected to provide the service.

100% 100% 50%

Radiological treatment

100%

Not available up to standard in **1 (100%)** out of **1** governmental hospital expected to provide the service.

100% 100% 100%

Noncommunicable diseases clinic

100%

Not available up to standard in **1 (100%)** out of **1** governmental hospital expected to provide the service.

100% 100%

Hypertension

early detection, management and counseling

100%

Not available up to standard in **3 (100%)** out of **3** governmental hospitals expected to provide the service.

100% 100% 33%

Inpatient acute rehabilitation

33% | 67%

Not available up to standard in **2 (66.7%)** out of **3** governmental hospitals expected to provide the service.

100% 50% 50%

Prosthetics and orthotics

Not expected in any operational governmental hospital.

—

Psychological first aid

100%

Available up to standard in all **1** governmental hospital expected to provide the service.

—

Inpatient care for management of mental disorders

25% | 50% | 25%

Not available up to standard in **3 (75%)** out of **4** governmental hospitals expected to provide the service.

100% 67% 33%

Primary cancer screening

(non-instrumental methods)

50% | 50%

Not available up to standard in **1 (50%)** out of **2** governmental hospitals expected to provide the service.

100% 100%

Colonoscopy

25% | 75%

Not available up to standard in **4 (100%)** out of **4** governmental hospitals expected to provide the service.

100% 75% 50%

Chemotherapy

100%

Not available up to standard in **1 (100%)** out of **1** governmental hospital expected to provide the service.

100% 100% 100%

Hematological and oncohematological care in all settings

100%

Not available up to standard in **2 (100%)** out of **2** governmental hospitals expected to provide the service.

100% 50% 50%

This analysis was produced based on the information reported into HeRAMS up to 31 July 2026 and while the the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

This report is a subset of the "All Hospitals" report, focusing exclusively on governmental hospitals data that is a subset from 15 general and specialized hospitals operated by governmental and non-governmental organizations (NGOs). Originally, there were 16 hospitals, but Al-Nasr and Al-Rantisi hospitals have since merged into a single facility.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Notes:

1. The analysis of barriers impeding services availability, causes of damage, non-functionality and inaccessibility was limited to governmental hospitals where the respective indicator was not available up to standard. Only the top three most frequently reported barriers are presented for each indicator.
2. The analysis of basic amenities follows the same approach as barriers and was restricted to governmental hospitals where the indicator was at least partially available.
3. The analysis of individual services excludes governmental hospitals reporting a service as "not normally provided." Consequently, the total number of governmental hospitals included in the analysis varies by service.

HeRAMS Platform

Public dashboard

Data source: HeRAMS occupied Palestinian territory
Date data: 31 July 2026
Date created: 11 August 2026
Contact: herams@who.int

World Health Organization

HeRAMS Health Resources and Services Availability Monitoring System

وزارة الصحة Ministry of Health

HeRAMS occupied Palestinian territory

Gaza Strip

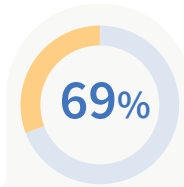
SNAPSHOT JULY 2026

*Field hospitals**

FIELD HOSPITAL STATUS

Out of **13** field hospitals evaluated.

Building condition	9	Intact
	3	Partially damaged
	0	Destroyed
	1	Not relevant
Equipment condition	9	Intact
	4	Partially damaged
	0	Destroyed
Functionality	0	Functioning
	9	Partially Functioning
	4	Non-Functioning
	0	Destroyed
Accessibility	3	Accessible
	6	Partially accessible
	0	Not accessible
	4	Destroyed / Non-Functioning



"**9 (69%)** out of **13** field hospitals evaluated are at least partially functioning."

4 field hospitals do not appear on the map due to missing coordinates.

MAIN CAUSES OF...

Building damage

The primary cause of building damage as reported by **3** partially damaged field hospitals.

- 100% Insecurity

Equipment damage

The 3 primary causes of equipment damage as reported by **4** partially damaged field hospitals.

- 75% Insecurity
- 25% Lack of maintenance
- 25% Other

Functionality constraints

The 3 primary causes of functionality constraints as reported by **9** partially functioning and **4** non-functioning field hospitals.

- 62% Lack of supplies
- 62% Lack of equipment
- 31% Insecurity

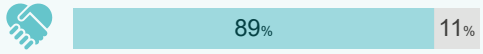
Accessibility constraints

The 3 primary causes of accessibility constraints as reported by **6** partially accessible field hospitals.

- 100% Other physical barriers
- 50% Financial barriers such as user-fees
- 33% Insecurity

Partner Support**

Major support · Partially support · No support



Partner support types

Out of **8** field hospitals supported by partners,

75%	Provision of medical supplies	50%	Provision of health services
62%	Provision of medical equipment	38%	Provision of operational costs
50%	Training of health staff	38%	Provision of health staff
25%	Governance / Oversight		

* *This infographic provides special insights on services provided by field hospitals deployed in across the Gaza Strip. Three functioning reporting entities have opted not to share their data in compliance with data privacy laws enforced by their respective NGOs or were unable to provide information beyond the hospital status section. This restriction is in place to protect sensitive information and adhere to organizational policies on data confidentiality. Consequently, while these entities do exist and provide health services, their data has not been included in this report.*

** Out of **9** field hospitals: Field hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

BASIC AMENITIES*

Available | Partially available | Not available | Not normally provided

Inpatient bed capacity

	Availablity	Number of available beds
ICU beds	44% / 11% / 22% / 22%	26
Maternity beds	22% / 33% / 11% / 33%	88
General inpatient beds	44% / 44% / 11%	472
Incubators	22% / 11% / 44% / 22%	15
Emergency room beds	56% / 44%	109

Out of **7** field hospitals expected to provide intensive care beds 3 (42.9%) do not have sufficient bed capacity.

Out of **6** field hospitals expected to provide maternity beds 4 (66.7%) do not have sufficient bed capacity.

Out of **9** field hospitals expected to provide inpatient beds 5 (55.6%) do not have sufficient bed capacity.

Out of **7** field hospitals expected to provide incubators 5 (71.4%) do not have sufficient bed capacity.

Out of **9** field hospitals expected to provide emergency room beds 4 (44.4%) do not have sufficient bed capacity.

Main barriers*

Lack of medical equipment **100%** | Lack of medical supplies **67%** | Lack of staff **50%**

Waste management

Waste segregation

56% (44% / 56%)

Not available up to standard in **5 (55.6%)** out of **9** field hospitals expected to maintain waste segregation practices.

Final disposal of sharps

44% (56% / 44%)

Not available up to standard in **4 (44.4%)** out of **9** field hospitals expected to dispose of sharps.

Final disposal of infectious waste

33% (67% / 33%)

Not available up to standard in **3 (33.3%)** out of **9** field hospitals expected to dispose of infectious waste.

Waste disposal methods

Out of **9 field hospitals** where final disposal of sharps or infectious waste are at least partially available.

Collected for medical waste disposal off-site **78%** | Others **33%** | Incinerated two chamber **22%**

Power

44% (56% / 44%)

Not available up to standard in **4 (44.4%)** out of **9** field hospitals expected to have power available.

Power sources

Out of **9 field hospitals** where power is at least partially available.

Generator **100%** | Solar **22%**

Cold chain

43% (44% / 33% / 22%)

Not available up to standard in **3 (42.9%)** out of **7** field hospitals expected to have cold chain capacity.

Cold chain sources

Out of **7 field hospitals** where cold chain is at least partially available.

Generator **100%**

WASH

Water

44% (56% / 44%)

Not available up to standard in **4 (44.4%)** out of **9** field hospitals expected to have water available.

Main water sources

Out of **9 field hospitals** where water is at least partially available.

Tanker truck **56%** | Protected dug well **33%** | Other **22%**

Sanitation facilities

44% (56% / 44%)

Not available up to standard in **4 (44.4%)** out of **9** field hospitals expected to have sanitation facilities.

Out of **9 field hospitals** where sanitation facilities is at least partially available.

Sanitation facilities types*

Flush/pour flush to piped sewer system or septic tank **67%** | Covered Pit latrine or Ventilated Improved Pit **22%** | Composting toilet **22%**

Sanitation facilities accessibility*

Gender-separate toilet **100%** | Dedicated staff toilet **100%** | Toilets for people with limited mobility **44%**

Hand hygiene

44% (56% / 44%)

Not available up to standard in **4 (44.4%)** out of **9** field hospitals expected to maintain hand hygiene practices.

Environmental cleaning

44% (56% / 44%)

Not available up to standard in **4 (44.4%)** out of **9** field hospitals expected to maintain environmental cleaning practices.

Personal Protective Equipment (PPE)

44% (56% / 44%)

Not available up to standard in **4 (44.4%)** out of **9** field hospitals expected to have personal protective equipment.

Communication

56% (44% / 56%)

Not available up to standard in **5 (55.6%)** out of **9** field hospitals expected to have communication means.

Communication equipment types

Out of **9 field hospitals** where communication is at least partially available.

Mobile phone **100%** | Computer **78%** | Other **11%**

Transportation of patients

44% (56% / 33% / 11%)

Not available up to standard in **4 (44.4%)** out of **9** field hospitals expected to have means for patient transportation.

Transportation types

Out of **8 field hospitals** where transportation of patients is at least partially available.

Facility Ambulance **75%** | PRCS Ambulance **38%** | Car **12%**

Health information management systems

Facility-based diseases reporting systems *(e.g., EWARS, etc.)*

29% (56% / 11% / 11% / 22%)

Not available up to standard in **2 (28.6%)** out of **7** field hospitals where the information system is expected.

Facility-based information system *(e.g., DHIS2, Avicena, etc.)*

44% (56% / 33% / 11%)

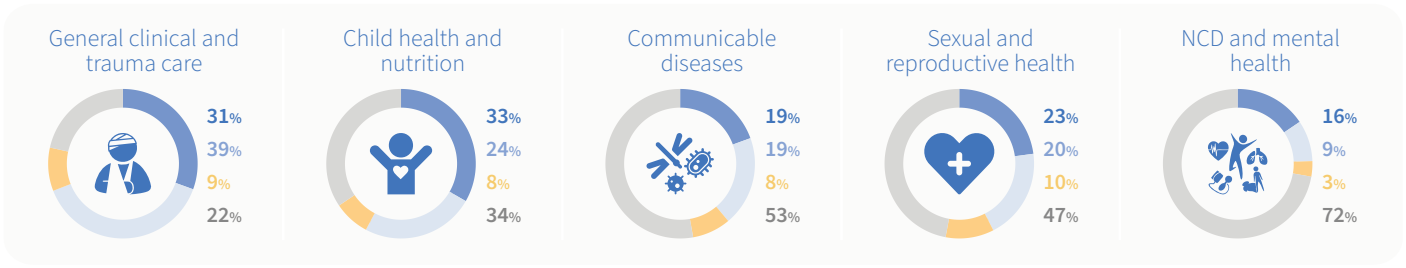
Not available up to standard in **4 (44.4%)** out of **9** field hospitals where the information system is expected.

* Out of **9** field hospitals, field hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

ESSENTIAL HEALTH SERVICES*

Service domain overview

Available | Partially available | Not available | Not normally provided



General clinical and emergency care services

Recognition of danger signs
57% | 43%
Not available up to standard in **3 (42.9%)** out of **7** field hospitals expected to provide the service.
100% 67% 33%

Initial syndrome-based management at scene
44% | 56%
Not available up to standard in **5 (55.6%)** out of **9** field hospitals expected to provide the service.
100% 60% 40%

Advanced syndrome-based management
33% | 56% | 11%
Not available up to standard in **6 (66.7%)** out of **9** field hospitals expected to provide the service.
83% 83% 33%

Referral capacity
56% | 33% | 11%
Not available up to standard in **4 (44.4%)** out of **9** field hospitals expected to provide the service.
100% 50% 50%

Acceptance of complex referrals
17% | 50% | 33%
Not available up to standard in **5 (83.3%)** out of **6** field hospitals expected to provide the service.
100% 80% 40%

Specialized services at primary health care
38% | 62%
Not available up to standard in **5 (62.5%)** out of **8** field hospitals expected to provide the service.
100% 80% 40%

Minor trauma definitive management
62% | 38%
Not available up to standard in **3 (37.5%)** out of **8** field hospitals expected to provide the service.
100% 67%

Inpatient surgery ward with at least one operating theater
38% | 38% | 25%
Not available up to standard in **5 (62.5%)** out of **8** field hospitals expected to provide the service.
100% 80% 20%

Burns treatment
20% | 80%
Not available up to standard in **4 (80%)** out of **5** field hospitals expected to provide the service.
100% 50% 50%

20 Inpatient bed capacity
44% | 44% | 11%
Not available up to standard in **5 (55.6%)** out of **9** field hospitals expected to provide the service.
100% 100% 20%

Inpatient critical care management
22% | 56% | 22%
Not available up to standard in **7 (77.8%)** out of **9** field hospitals expected to provide the service.
86% 86% 43%

Basic laboratory services
56% | 44%
Not available up to standard in **4 (44.4%)** out of **9** field hospitals expected to provide the service.
100% 75% 50%

Acuity-based formal triage
62% | 38%
Not available up to standard in **3 (37.5%)** out of **8** field hospitals expected to provide the service.
100% 100% 33%

WHO basic emergency care
44% | 44% | 11%
Not available up to standard in **5 (55.6%)** out of **9** field hospitals expected to provide the service.
100% 80% 40%

Monitored referral
44% | 44% | 11%
Not available up to standard in **5 (55.6%)** out of **9** field hospitals expected to provide the service.
100% 100% 20%

Acceptance of referrals
44% | 44% | 11%
Not available up to standard in **5 (55.6%)** out of **9** field hospitals expected to provide the service.
100% 80% 40%

Essential services primary health care
50% | 50%
Not available up to standard in **4 (50%)** out of **8** field hospitals expected to provide the service.
100% 50% 25%

Home visits
100%
Not available up to standard in **1 (100%)** out of **1** field hospital expected to provide the service.
100% 100%

Emergency department
56% | 44%
Not available up to standard in **4 (44.4%)** out of **9** field hospitals expected to provide the service.
100% 75% 50%

Inpatient surgery ward with at least two operating theatres
38% | 38% | 25%
Not available up to standard in **5 (62.5%)** out of **8** field hospitals expected to provide the service.
100% 60% 40%

Orthopedic/ trauma ward
12% | 62% | 25%
Not available up to standard in **7 (87.5%)** out of **8** field hospitals expected to provide the service.
100% 86% 29%

50 Inpatient bed capacity
22% | 56% | 22%
Not available up to standard in **7 (77.8%)** out of **9** field hospitals expected to provide the service.
86% 86% 43%

Intensive care unit
50% | 33% | 17%
Not available up to standard in **3 (50%)** out of **6** field hospitals expected to provide the service.
100% 100% 33%

Secondary laboratory services
22% | 67% | 11%
Not available up to standard in **7 (77.8%)** out of **9** field hospitals expected to provide the service.
100% 86% 43%

* Out of **9** field hospitals : field hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

Available | Partially available | Not available

Lack of staff | Lack of supplies | Lack of financial resources

Lack of training | Lack of equipment

Tertiary laboratory services

57% | 43%

Not available up to standard in **7 (100%)** out of **7** field hospitals expected to provide the service.

86% 71% 43%

Hemodialysis unit

100%

Not available up to standard in **1 (100%)** out of **1** field hospital expected to provide the service.

100% 100% 100%

Comprehensive X-ray service

14% | 57% | 29%

Not available up to standard in **6 (85.7%)** out of **7** field hospitals expected to provide the service.

100% 17%

MRI

Not expected in any operational field hospital.

—

Blood bank services

40% | 60%

Not available up to standard in **3 (60%)** out of **5** field hospitals expected to provide the service.

100% 67% 67%

Basic X-ray service

50% | 38% | 12%

Not available up to standard in **4 (50%)** out of **8** field hospitals expected to provide the service.

100% 50% 25%

CT scan

Not expected in any operational field hospital.

—

Procedures for mass casualty scenarios

44% | 44% | 11%

Not available up to standard in **5 (55.6%)** out of **9** field hospitals expected to provide the service.

100% 100% 40%

Child health and nutrition services

Pediatric first aid

56% | 44%

Not available up to standard in **4 (44.4%)** out of **9** field hospitals expected to provide the service.

100% 75% 50%

IMNCI Under 5 Clinic

57% | 43%

Not available up to standard in **3 (42.9%)** out of **7** field hospitals expected to provide the service.

100% 67% 33%

Inpatient surgical care for newborns and children

50% | 50%

Not available up to standard in **1 (50%)** out of **2** field hospitals expected to provide the service.

100% 100%

Information, education, and communication **on infant, young, and child feeding**

50% | 33% | 17%

Not available up to standard in **3 (50%)** out of **6** field hospitals expected to provide the service.

67% 33% 33%

Integrated management of acute malnutrition

57% | 14% | 29%

Not available up to standard in **3 (42.9%)** out of **7** field hospitals expected to provide the service.

100% 67% 67%

Integrated management of newborn and childhood illnesses (IMNCI)

60% | 40%

Not available up to standard in **2 (40%)** out of **5** field hospitals expected to provide the service.

100% 50%

Management of children classified as severe or very severe diseases

29% | 71%

Not available up to standard in **5 (71.4%)** out of **7** field hospitals expected to provide the service.

100% 80% 20%

Expanded programme on immunization

80% | 20%

Not available up to standard in **1 (20%)** out of **5** field hospitals expected to provide the service.

100% 100%

Growth monitoring

57% | 29% | 14%

Not available up to standard in **3 (42.9%)** out of **7** field hospitals expected to provide the service.

100% 100% 33%

Stabilization center for severe acute malnutrition

25% | 75%

Not available up to standard in **4 (100%)** out of **4** field hospitals expected to provide the service.

100% 75%

Communicable diseases

Syndromic surveillance

67% | 33%

Not available up to standard in **2 (33.3%)** out of **6** field hospitals expected to provide the service.

100% 50% 50%

Diagnosis and treatment of tuberculosis cases

100%

Not available up to standard in **1 (100%)** out of **1** field hospital expected to provide the service.

100% 100%

Information, education, and communication **on local priority diseases**

80% | 20%

Not available up to standard in **1 (20%)** out of **5** field hospitals expected to provide the service.

100% 100%

Isolation unit or room

40% | 20% | 40%

Not available up to standard in **3 (60%)** out of **5** field hospitals expected to provide the service.

100% 67% 33%

Event-based surveillance

80% | 20%

Not available up to standard in **1 (20%)** out of **5** field hospitals expected to provide the service.

100% 100%

Multidrug-resistant of tuberculosis

100%

Not available up to standard in **1 (100%)** out of **1** field hospital expected to provide the service.

100% 100%

Locally relevant diseases

67% | 33%

Not available up to standard in **6 (100%)** out of **6** field hospitals expected to provide the service.

83% 33% 33%

Management of severe/ compli-cated diseases

60% | 40%

Not available up to standard in **5 (100%)** out of **5** field hospitals expected to provide the service.

100% 20% 20%

Sexual and reproductive health

Free access to condoms

75% | 25%

Not available up to standard in **1 (25%)** out of **4** field hospitals expected to provide the service.

100%

Syndromic management of sexually transmitted infections (STIs)

50% | 25% | 25%

Not available up to standard in **2 (50%)** out of **4** field hospitals expected to provide the service.

50% 50%

Prevention of mother-to-child HIV transmission

100%

Not available up to standard in **1 (100%)** out of **1** field hospital expected to provide the service.

100% 100%

Family planning - pregnancy test

57% | 29% | 14%

Not available up to standard in **3 (42.9%)** out of **7** field hospitals expected to provide the service.

100% 33%

Information, education, and communication **on STI/HIV**

50% | 25% | 25%

Not available up to standard in **2 (50%)** out of **4** field hospitals expected to provide the service.

50% 50% 50%

HIV counselling and testing

100%

Not available up to standard in **1 (100%)** out of **1** field hospital expected to provide the service.

100% 100%

Antiretroviral treatment

50% | 50%

Not available up to standard in **2 (50%)** out of **4** field hospitals expected to provide the service.

100% 50%

Family planning - contraceptive methods

33% | 50% | 17%

Not available up to standard in **4 (66.7%)** out of **6** field hospitals expected to provide the service.

100% 50%

Available | Partially available | Not available

Lack of staff | Lack of supplies | Lack of financial resources

Lack of training | Lack of equipment

Antenatal care

33% | 50% | 17%

Not available up to standard in **4 (66.7%)** out of **6** field hospitals expected to provide the service.

100% 75% 25%

Basic emergency obstetric care

33% | 50% | 17%

Not available up to standard in **4 (66.7%)** out of **6** field hospitals expected to provide the service.

100% 75% 25%

Postpartum care

40% | 40% | 20%

Not available up to standard in **3 (60%)** out of **5** field hospitals expected to provide the service.

100% 67%

Clinical management of rape survivors

60% | 40%

Not available up to standard in **2 (40%)** out of **5** field hospitals expected to provide the service.

100% 50% 50%

Post-exposure prophylaxis

60% | 20% | 20%

Not available up to standard in **2 (40%)** out of **5** field hospitals expected to provide the service.

100% 50%

Skilled care during childbirth

33% | 50% | 17%

Not available up to standard in **4 (66.7%)** out of **6** field hospitals expected to provide the service.

100% 25% 25%

Comprehensive emergency obstetric care

33% | 50% | 17%

Not available up to standard in **4 (66.7%)** out of **6** field hospitals expected to provide the service.

100% 75% 25%

Comprehensive abortion care

33% | 50% | 17%

Not available up to standard in **4 (66.7%)** out of **6** field hospitals expected to provide the service.

100% 100% 25%

Emergency contraception

40% | 40% | 20%

Not available up to standard in **3 (60%)** out of **5** field hospitals expected to provide the service.

100% 67%

Noncommunicable diseases and mental health

Promote self-care

80% | 20%

Not available up to standard in **1 (20%)** out of **5** field hospitals expected to provide the service.

100% 100% 100%

Asthma and chronic obstructive pulmonary disease

classification, treatment and follow up

80% | 20%

Not available up to standard in **1 (20%)** out of **5** field hospitals expected to provide the service.

100% 100%

Diabetes

early detection, management, foot-care, and counseling

80% | 20%

Not available up to standard in **1 (20%)** out of **5** field hospitals expected to provide the service.

100% 100% 100%

Outpatient rehabilitation services

40% | 40% | 20%

Not available up to standard in **3 (60%)** out of **5** field hospitals expected to provide the service.

67% 67% 33%

Oral health and dental care

100%

Not available up to standard in **1 (100%)** out of **1** field hospital expected to provide the service.

100% 100% 100%

Management of mental disorders

50% | 25% | 25%

Not available up to standard in **2 (50%)** out of **4** field hospitals expected to provide the service.

100% 50% 50%

Cancer diagnostics services

Not expected in any operational field hospital.

—

Mammography

Not expected in any operational field hospital.

—

Cancer treatment services

Not expected in any operational field hospital.

—

Radiological treatment

Not expected in any operational field hospital.

—

Noncommunicable diseases clinic

33% | 67%

Not available up to standard in **4 (66.7%)** out of **6** field hospitals expected to provide the service.

100% 50%

Hypertension

early detection, management and counseling

80% | 20%

Not available up to standard in **1 (20%)** out of **5** field hospitals expected to provide the service.

100% 100% 100%

Inpatient acute rehabilitation

40% | 20% | 40%

Not available up to standard in **3 (60%)** out of **5** field hospitals expected to provide the service.

100% 67% 33%

Prosthetics and orthotics

100%

Not available up to standard in **1 (100%)** out of **1** field hospital expected to provide the service.

100% 100% 100%

Psychological first aid

80% | 20%

Not available up to standard in **1 (20%)** out of **5** field hospitals expected to provide the service.

100% 100% 100%

Inpatient care for management of mental disorders

100%

Not available up to standard in **1 (100%)** out of **1** field hospital expected to provide the service.

100% 100% 100%

Primary cancer screening

(non-instrumental methods)

100%

Not available up to standard in **1 (100%)** out of **1** field hospital expected to provide the service.

100% 100% 100%

Colonoscopy

100%

Not available up to standard in **1 (100%)** out of **1** field hospital expected to provide the service.

100% 100%

Chemotherapy

Not expected in any operational field hospital.

—

Hematological and oncohematological care in all settings

Not expected in any operational field hospital.

—

This analysis was produced based on the information reported into HeRAMS up to 31 July 2026 and while the the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

There are currently 16 field hospitals serving Gaza. Of those, three functioning reporting entities have opted not to share their data in compliance with data privacy laws enforced by their respective NGOs or were unable to provide information beyond the hospital status section. This restriction is in place to protect sensitive information and adhere to organizational policies on data confidentiality. Consequently, while these entities do exist and provide health services, their data has not been included in this report.

Notes:

1. The analysis of barriers impeding services availability, causes of damage, non-functionality and inaccessibility was limited to field hospitals where the respective indicator was not available up to standard. Only the top three most frequently reported barriers are presented for each indicator.
2. The analysis of basic amenities follows the same approach as barriers and was restricted to field hospitals where the indicator was at least partially available.
3. The analysis of individual services excludes field hospitals reporting a service as "not normally provided." Consequently, the total number of field hospitals included in the analysis varies by service.

HeRAMS Platform

Public dashboard

Data source: HeRAMS occupied Palestinian territory
Date data: 31 July 2026
Date created: 11 August 2026
Contact: herams@who.int

World Health Organization

HeRAMS Health Resources and Services Availability Monitoring System

وزارة الصحة Ministry of Health

HeRAMS occupied Palestinian territory

Gaza Strip

SNAPSHOT JULY 2026

*All health centers**

HEALTH CENTER STATUS**

Out of **161** health centers evaluated.

Building condition	**55**	Intact
	47	Partially damaged
	55	Destroyed
	4	Not relevant
Equipment condition	**59**	Intact
	37	Partially damaged
	65	Fully damaged
Functionality	**0**	Functioning
	77	Partially functioning
	29	Non-functional
	55	Destroyed
Accessibility	**51**	Accessible
	26	Partially accessible
	0	Inaccessible
	84	Destroyed / Non-Functioning

"**77 (48%)** out of **161** health centers evaluated are at least partially functioning."

The number of points displayed on the map is based on facilities with coordination. Any missing facility indicates a lack of coordinates.

MAIN CAUSES OF...

Building damage

The 3 primary causes of building damage as reported by **47** partially damaged and **55** fully damaged health centers.

- **98%** Insecurity
- **14%** Lack of maintenance
- **8%** Other

Equipment damage

The 3 primary causes of equipment damage as reported by **37** partially damaged and **65** fully damaged health centers.

- **97%** Insecurity
- **20%** Lack of maintenance
- **10%** Other

Functionality constraints

The 3 primary causes of functionality constraints as reported by **77** partially functioning and **29** non-functioning health centers.

- **62%** Lack of equipment
- **60%** Lack of supplies
- **31%** Insecurity

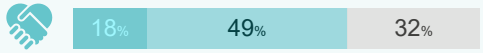
Accessibility constraints

The 3 primary causes of accessibility constraints as reported by **26** partially accessible health centers.

- **88%** Other physical barriers
- **31%** Insecurity
- **19%** Not designed for people with limited mobility

Partner Support**

Major support · Partially support · No support



Partner support types

Out of **52** health centers supported by partners,

- **87%** Provision of medical supplies
- **79%** Provision of operational costs
- **85%** Provision of health staff
- **75%** Provision of health services
- **81%** Training of health staff
- **69%** Provision of medical equipment
- **46%** Governance / Oversight

* *This infographic provides insights on all health centers in Gaza (which include governmental primary healthcare centers, UNRWA health centers, and NNGOs' health centers). This infographic focuses on a limited number of services deemed priority for health centers.*

** Out of **77** health centers: Health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

BASIC AMENITIES*

Available | Partially available | Not available | Not normally provided

Inpatient bed capacity

Availablity

Emergency room beds: 8% | 90%

Out of **8** health centers expected to provide emergency room beds 7 (87.5%) do not have sufficient bed capacity.

Number of available beds

23

Main barriers*

Lack of medical equipment | **100%**

Lack of medical supplies | **75%**

Lack of financial resources | **75%**

Waste management

Waste segregation

56% | 43% | 52% | 3% 3%

Not available up to standard in **42 (56%)** out of **75** health centers expected to maintain waste segregation practices.

Final disposal of sharps

37% | 61% | 32% | 4% 3%

Not available up to standard in **28 (37.3%)** out of **75** health centers expected to dispose of sharps.

Final disposal of infectious waste

53% | 47% | 45% | 6%

Not available up to standard in **40 (52.6%)** out of **76** health centers expected to dispose of infectious waste.

Waste disposal methods

Out of **72 health centers** where final disposal of sharps or infectious waste are at least partially available.

Collected for medical waste disposal off-site | **74%**

Autoclaved | **15%**

Not treated and added to general waste | **12%**

Power

66% | 34% | 61% | 5%

Not available up to standard in **51 (66.2%)** out of **77** health centers expected to have power available.

Power sources

Out of **73 health centers** where power is at least partially available.

Generator | **75%**

Solar | **53%**

Other | **7%**

Cold chain

56% | 34% | 12% | 31% | 23%

Not available up to standard in **33 (55.9%)** out of **59** health centers expected to have cold chain capacity.

Cold chain sources

Out of **35 health centers** where cold chain is at least partially available.

Generator | **80%**

Solar | **57%**

Health Information Management Systems

Facility-based diseases reporting systems *(e.g., EWARS, etc.)*

43% | 51% | 32% | 5% 12%

Not available up to standard in **29 (42.6%)** out of **68** health centers where the information system is expected.

Facility-based information system *(e.g., DHIS2, Avicena, etc.)*

70% | 26% | 42% | 18% | 14%

Not available up to standard in **46 (69.7%)** out of **66** health centers where the information system is expected.

WASH

Water

51% | 49% | 49%

Not available up to standard in **39 (50.6%)** out of **77** health centers expected to have water available.

Main water sources

Out of **76 health centers** where water is at least partially available.

Piped Supply Network | **51%**

Tanker truck | **46%**

Protected dug well | **33%**

Sanitation facilities

51% | 48% | 49%

Not available up to standard in **39 (51.3%)** out of **76** health centers expected to have sanitation facilities.

Out of **75 health centers** where sanitation facilities is at least partially available.

Sanitation facilities types*

Flush/pour flush to piped sewer system or septic tank | **87%**

Covered Pit latrine or Ventilated Improved Pit | **9%**

Flush/pour-flush toilets to open drain | **7%**

Sanitation facilities accessibility*

Dedicated staff toilet | **84%**

Gender-separate toilet | **79%**

Toilets for people with limited mobility | **17%**

Hand hygiene

52% | 48% | 48% | 4%

Not available up to standard in **40 (51.9%)** out of **77** health centers expected to maintain hand hygiene practices.

Environmental cleaning

53% | 47% | 52%

Not available up to standard in **40 (52.6%)** out of **76** health centers expected to maintain environmental cleaning practices.

Personal Protective Equipment (PPE)

57% | 43% | 53% | 3%

Not available up to standard in **43 (56.6%)** out of **76** health centers expected to have personal protective equipment.

Communication

68% | 32% | 62% | 5%

Not available up to standard in **52 (67.5%)** out of **77** health centers expected to have communication means.

Communication equipment types

Out of **73 health centers** where communication is at least partially available.

Mobile phone | **95%**

Computer | **74%**

Telephone | **10%**

Transportation of patients

69% | 21% | 35% | 12% | 32%

Not available up to standard in **36 (69.2%)** out of **52** health centers expected to have means for patient transportation.

Transportation types

Out of **43 health centers** where transportation of patients is at least partially available.

PRCS Ambulance | **44%**

Car | **33%**

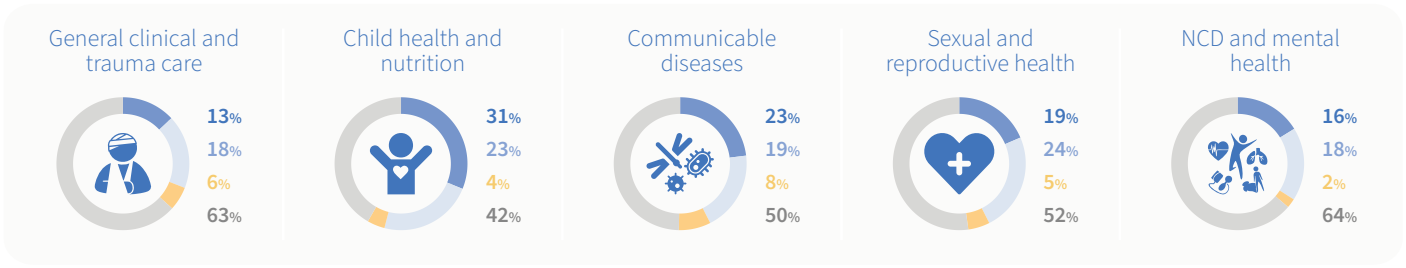
Other | **30%**

* Out of **77** health centers: health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

ESSENTIAL HEALTH SERVICES*

Service domain overview

Available · Partially available · Not available · Not normally provided



General clinical and emergency care services

Recognition of danger signs

Not available up to standard in **27 (40.9%)** out of **66** health centers expected to provide the service.

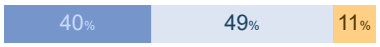
78% 67% 19%

Acuity-based formal triage

Not available up to standard in **31 (53.4%)** out of **58** health centers expected to provide the service.

61% 55% 29%

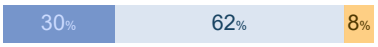
Initial syndrome-based management at scene



Not available up to standard in **32 (60.4%)** out of **53** health centers expected to provide the service.

84% 69% 22%

WHO basic emergency care



Not available up to standard in **44 (69.8%)** out of **63** health centers expected to provide the service.

75% 70% 23%

Advanced Syndrome-based management

Not available up to standard in **5 (100%)** out of **5** health centers expected to provide the service.

80% 60% 60%

Monitored referral

Not available up to standard in **24 (44.4%)** out of **54** health centers expected to provide the service.

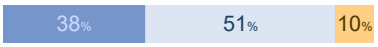
67% 42% 38%

Referral capacity

Not available up to standard in **32 (53.3%)** out of **60** health centers expected to provide the service.

72% 50% 34%

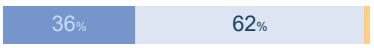
Acceptance of referrals



Not available up to standard in **24 (61.5%)** out of **39** health centers expected to provide the service.

62% 50% 38%

Essential services primary health care



Not available up to standard in **46 (63.9%)** out of **72** health centers expected to provide the service.

93% 59% 26%

Specialized services at primary health care

Not available up to standard in **50 (72.5%)** out of **69** health centers expected to provide the service.

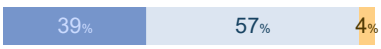
92% 50% 34%

Home visits

Not available up to standard in **38 (79.2%)** out of **48** health centers expected to provide the service.

66% 63% 47%

Minor trauma definitive management



Not available up to standard in **43 (61.4%)** out of **70** health centers expected to provide the service.

84% 53% 33%

Basic laboratory services

Not available up to standard in **41 (60.3%)** out of **68** health centers expected to provide the service.

88% 78% 32%

Secondary laboratory services

Not available up to standard in **24 (100%)** out of **24** health centers expected to provide the service.

96% 75% 21%

Comprehensive X-ray service

Not available up to standard in **9 (100%)** out of **9** health centers expected to provide the service.

89% 56% 33%

Basic X-ray service

Not available up to standard in **22 (95.7%)** out of **23** health centers expected to provide the service.

91% 41% 32%

* Out of **77** health centers: health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

Child health and nutrition services

Pediatric first aid
38% | 55% | 6%
Not available up to standard in **40 (61.5%)** out of **65** health centers expected to provide the service.
82% 75% 25%

Integrated management of newborn and childhood illnesses (IMNCI)
50% | 41% | 9%
Not available up to standard in **34 (50%)** out of **68** health centers expected to provide the service.
76% 56% 29%

IMNCI under 5 clinic
56% | 34% | 10%
Not available up to standard in **30 (44.1%)** out of **68** health centers expected to provide the service.
77% 43% 27%

Management of children classified as severe or very severe diseases
25% | 50% | 25%
Not available up to standard in **3 (75%)** out of **4** health centers expected to provide the service.
100% 100% 67%

Expanded programme on immunization
56% | 31% | 13%
Not available up to standard in **17 (43.6%)** out of **39** health centers expected to provide the service.
71% 59% 59%

Information, education, and communication **on Infant, Young, and Child Feeding**
61% | 36% | 3%
Not available up to standard in **27 (39.1%)** out of **69** health centers expected to provide the service.
63% 56% 30%

Growth monitoring
58% | 38% | 4%
Not available up to standard in **29 (42%)** out of **69** health centers expected to provide the service.
69% 66% 24%

Integrated management of acute malnutrition
59% | 35% | 6%
Not available up to standard in **26 (41.3%)** out of **63** health centers expected to provide the service.
73% 35% 35%

Communicable diseases

Syndromic surveillance
65% | 32% | 3%
Not available up to standard in **24 (35.3%)** out of **68** health centers expected to provide the service.
54% 46% 38%

Event-based surveillance
61% | 31% | 7%
Not available up to standard in **26 (38.8%)** out of **67** health centers expected to provide the service.
54% 42% 35%

Diagnosis and treatment of tuberculosis cases
28% | 38% | 35%
Not available up to standard in **29 (72.5%)** out of **40** health centers expected to provide the service.
69% 66% 31%

Multidrug-resistant of tuberculosis
29% | 19% | 52%
Not available up to standard in **15 (71.4%)** out of **21** health centers expected to provide the service.
47% 47% 47%

Information, education, and communication **on local priority diseases**
42% | 42% | 15%
Not available up to standard in **34 (57.6%)** out of **59** health centers expected to provide the service.
71% 41% 26%

Locally relevant diseases
28% | 58% | 13%
Not available up to standard in **38 (71.7%)** out of **53** health centers expected to provide the service.
79% 74% 24%

Sexual and reproductive health

Free access to condoms
57% | 40% | 3%
Not available up to standard in **29 (43.3%)** out of **67** health centers expected to provide the service.
97% 28% 14%

Information, education, and communication **on STI/HIV**
36% | 47% | 18%
Not available up to standard in **29 (64.4%)** out of **45** health centers expected to provide the service.
72% 45% 28%

Syndromic management of sexually transmitted infections (STIs)
26% | 72% | 3%
Not available up to standard in **29 (74.4%)** out of **39** health centers expected to provide the service.
100% 28% 21%

HIV counselling and testing
36% | 64%
Not available up to standard in **14 (100%)** out of **14** health centers expected to provide the service.
79% 43% 14%

Prevention of mother-to-child HIV transmission
19% | 38% | 44%
Not available up to standard in **13 (81.2%)** out of **16** health centers expected to provide the service.
69% 46% 31%

Antiretroviral treatment
27% | 20% | 53%
Not available up to standard in **11 (73.3%)** out of **15** health centers expected to provide the service.
73% 45% 36%

Family planning - pregnancy test
48% | 38% | 14%
Not available up to standard in **34 (51.5%)** out of **66** health centers expected to provide the service.
91% 44% 24%

Family planning - contraceptive methods
38% | 60%
Not available up to standard in **42 (61.8%)** out of **68** health centers expected to provide the service.
93% 36% 26%

Antenatal care
47% | 50% | 3%
Not available up to standard in **35 (53%)** out of **66** health centers expected to provide the service.
89% 49% 29%

Skilled care during childbirth
11% | 74% | 16%
Not available up to standard in **17 (89.5%)** out of **19** health centers expected to provide the service.
82% 59% 35%

Postpartum care
67% | 33%
Not available up to standard in **20 (33.3%)** out of **60** health centers expected to provide the service.
95% 60% 40%

Clinical management of rape survivors
32% | 59% | 8%
Not available up to standard in **25 (67.6%)** out of **37** health centers expected to provide the service.
64% 48% 36%

Emergency contraception
37% | 58% | 5%
Not available up to standard in **27 (62.8%)** out of **43** health centers expected to provide the service.
89% 37% 30%

Post-exposure prophylaxis
37% | 53% | 10%
Not available up to standard in **19 (63.3%)** out of **30** health centers expected to provide the service.
84% 42% 26%

Available | Partially available | Not available

Lack of staff | Lack of supplies | Lack of financial resources

Lack of training | Lack of equipment

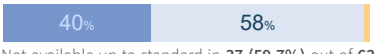
Noncommunicable diseases and mental health

Promote self-care

Not available up to standard in **35 (50.7%)** out of **69** health centers expected to provide the service.

80% 57% 46%

Asthma and chronic obstructive pulmonary disease
classification, treatment and follow up



Not available up to standard in **37 (59.7%)** out of **62** health centers expected to provide the service.

97% 57% 16%

Diabetes
early detection, management, foot-care, and counseling

Not available up to standard in **33 (49.3%)** out of **67** health centers expected to provide the service.

97% 58% 24%

Prosthetics and orthotics

Not available up to standard in **12 (92.3%)** out of **13** health centers expected to provide the service.

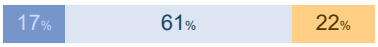
67% 67% 42%

Psychological first aid

Not available up to standard in **21 (35%)** out of **60** health centers expected to provide the service.

48% 48% 48%

Cancer diagnostics services



Not available up to standard in **15 (83.3%)** out of **18** health centers expected to provide the service.

73% 60% 47%

Mammography

Not available up to standard in **6 (100%)** out of **6** health centers expected to provide the service.

100% 33% 33%

Noncommunicable diseases clinic

Not available up to standard in **33 (55.9%)** out of **59** health centers expected to provide the service.

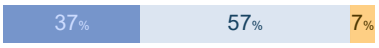
88% 70% 30%

Hypertension
early detection, management and counseling

Not available up to standard in **31 (45.6%)** out of **68** health centers expected to provide the service.

97% 45% 26%

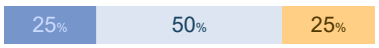
Outpatient rehabilitation services



Not available up to standard in **19 (63.3%)** out of **30** health centers expected to provide the service.

68% 68% 21%

Oral health and dental care



Not available up to standard in **24 (75%)** out of **32** health centers expected to provide the service.

88% 83% 25%

Management of mental disorders

Not available up to standard in **26 (70.3%)** out of **37** health centers expected to provide the service.

73% 35% 27%

Primary cancer screening
(non-instrumental methods)

Not available up to standard in **13 (40.6%)** out of **32** health centers expected to provide the service.

69% 62% 31%

This analysis was produced based on the information reported into HeRAMS up to 31 July 2026 and while the the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

This infographic includes data from all Primary Health Care Centers (PHCs) monitored by HeRAMS, offering a comprehensive snapshot of service availability across the Gaza Strip. It encompasses PHCs from MoH, UNRWA, and NNGO organizations.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Notes:

1. The analysis of barriers impeding services availability, causes of damage, non-functionality and inaccessibility was limited to health centers where the respective indicator was not available up to standard. Only the top three most frequently reported barriers are presented for each indicator.
2. The analysis of basic amenities follows the same approach as barriers and was restricted to health centers where the indicator was at least partially available.
3. **The health services presented here constitute a sub-set of services monitored in HeRAMS. For the purpose of this infographic, inclusion was limited those considered priorities for health centers in the current context.** Additionally, the analysis of individual services excludes health centers reporting a service as "not normally provided." Consequently, the total number of health centers included in the analysis varies by service.

HeRAMS Platform | Public dashboard

Data source: HeRAMS occupied Palestinian territory
Date data: 31 July 2026
Date created: 11 August 2026
Contact: herams@who.int

World Health Organization | HeRAMS Health Resources and Services Availability Monitoring System | وزارة الصحة Ministry of Health

HeRAMS occupied Palestinian territory

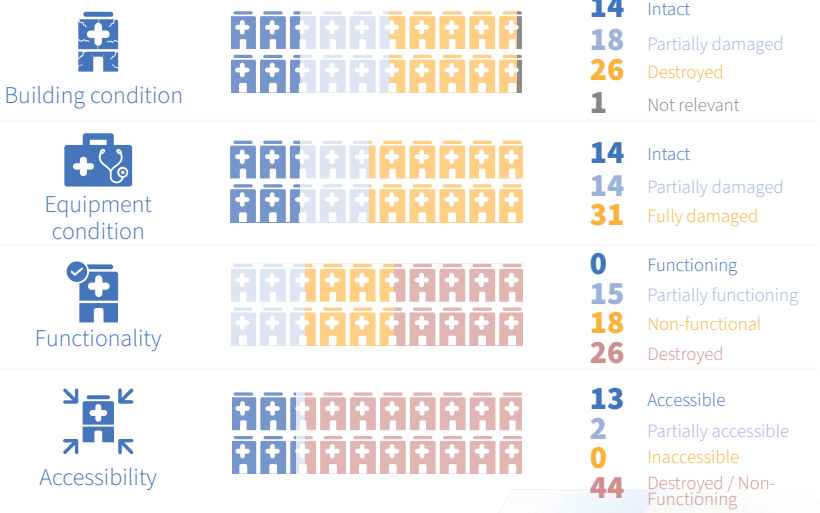
Gaza Strip

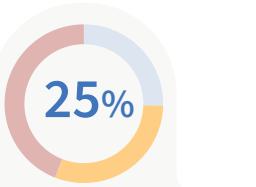
SNAPSHOT JULY 2026

*Government primary healthcare centers (PHCs)**

PHC STATUS**

Out of **59** government PHCs evaluated.





"Only **15 (25%)** out of **59** government PHCs evaluated are partially functioning."

The number of points displayed on the map is based on facilities with coordination. Any missing facility indicates a lack of coordinates.

MAIN CAUSES OF...

Building damage

The 3 primary causes of building damage as reported by **18** partially damaged and **26** fully damaged government PHCs.

- 100% Insecurity
- 5% Other
- 2% Geohazard events

Equipment damage

The 3 primary causes of equipment damage as reported by **14** partially damaged and **31** fully damaged government PHCs.

- 96% Insecurity
- 7% Lack of maintenance
- 4% Other

Functionality constraints

The 3 primary causes of functionality constraints as reported by **15** partially functioning and **18** non-functioning government PHCs.

- 45% Insecurity
- 39% Damages to the facility
- 36% Lack of supplies

Accessibility constraints

The 2 primary causes of accessibility constraints as reported by **2** partially accessible government PHCs.

- 50% Insecurity
- 50% Other physical barriers

Partner Support**

Major support · Partially support · No support

Partner support types

Out of **7** government PHCs supported by partners,

- 86% Provision of medical supplies
- 43% Provision of operational costs
- 57% Training of health staff
- 43% Provision of health staff
- 43% Governance / Oversight
- 29% Provision of medical equipment
- 29% Provision of health services

* *This infographic provides insights on governmental health centers and focuses on a limited number of services deemed priority for PHCs.*

** Out of **15** government PHCs: Government PHCs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

BASIC AMENITIES*

Available | Partially available | Not available | Not normally provided

Inpatient bed capacity

Availablity

Emergency room beds: 7% | 27% | 67%

Out of **5** government PHCs expected to provide emergency room beds 4 (80%) do not have sufficient bed capacity.

Number of available beds

17

Main barriers*

Lack of medical equipment **100%** | Lack of medical supplies **75%** | Lack of financial resources **50%**

Waste management

Waste segregation

40% | 60% | 33% | 7%

Not available up to standard in **6 (40%)** out of **15** government PHCs expected to maintain waste segregation practices.

Final disposal of sharps

40% | 60% | 27% | 13%

Not available up to standard in **6 (40%)** out of **15** government PHCs expected to dispose of sharps.

Final disposal of infectious waste

40% | 60% | 27% | 13%

Not available up to standard in **6 (40%)** out of **15** government PHCs expected to dispose of infectious waste.

Waste disposal methods

Out of **13 government PHCs** where final disposal of sharps or infectious waste are at least partially available.

Incinerated other **46%** | Autoclaved **31%** | Collected for medical waste disposal off-site **31%**

Power

67% | 33% | 60% | 7%

Not available up to standard in **10 (66.7%)** out of **15** government PHCs expected to have power available.

Power sources

Out of **14 government PHCs** where power is at least partially available.

Generator **100%** | Solar **36%** | Other **7%**

Cold chain

47% | 53% | 20% | 27%

Not available up to standard in **7 (46.7%)** out of **15** government PHCs expected to have cold chain capacity.

Cold chain sources

Out of **11 government PHCs** where cold chain is at least partially available.

Generator **100%** | Solar **36%**

Health Information Management Systems

Facility-based diseases reporting systems *(e.g., EWARS, etc.)*

89% | 7% | 47% | 7% | 40%

Not available up to standard in **8 (88.9%)** out of **9** government PHCs where the information system is expected.

Facility-based information system *(e.g., DHIS2, Avicena, etc.)*

85% | 13% | 40% | 33% | 13%

Not available up to standard in **11 (84.6%)** out of **13** government PHCs where the information system is expected.

WASH

Water

47% | 53% | 40% | 7%

Not available up to standard in **7 (46.7%)** out of **15** government PHCs expected to have water available.

Main water sources

Out of **14 government PHCs** where water is at least partially available.

Piped Supply Network **71%** | Protected dug well **36%** | Tanker truck **36%**

Sanitation facilities

40% | 60% | 40%

Not available up to standard in **6 (40%)** out of **15** government PHCs expected to have sanitation facilities.

Out of **15 government PHCs** where sanitation facilities is at least partially available.

Sanitation facilities types*

Flush/pour flush to piped sewer system or septic tank **93%** | Composting toilet **20%** | Other **7%**

Sanitation facilities accessibility*

Dedicated staff toilet **100%** | Gender-separate toilet **80%** | Toilets for people with limited mobility **33%**

Hand hygiene

53% | 47% | 53%

Not available up to standard in **8 (53.3%)** out of **15** government PHCs expected to maintain hand hygiene practices.

Environmental cleaning

67% | 33% | 67%

Not available up to standard in **10 (66.7%)** out of **15** government PHCs expected to maintain environmental cleaning practices.

Personal Protective Equipment (PPE)

73% | 27% | 73%

Not available up to standard in **11 (73.3%)** out of **15** government PHCs expected to have personal protective equipment.

Communication

87% | 13% | 73% | 13%

Not available up to standard in **13 (86.7%)** out of **15** government PHCs expected to have communication means.

Communication equipment types

Out of **13 government PHCs** where communication is at least partially available.

Mobile phone **85%** | Computer **62%** | Telephone **8%**

Transportation of patients

36% | 47% | 13% | 13% | 27%

Not available up to standard in **4 (36.4%)** out of **11** government PHCs expected to have means for patient transportation.

Transportation types

Out of **9 government PHCs** where transportation of patients is at least partially available.

Other **67%** | Private ambulance **22%** | Facility Ambulance **11%**

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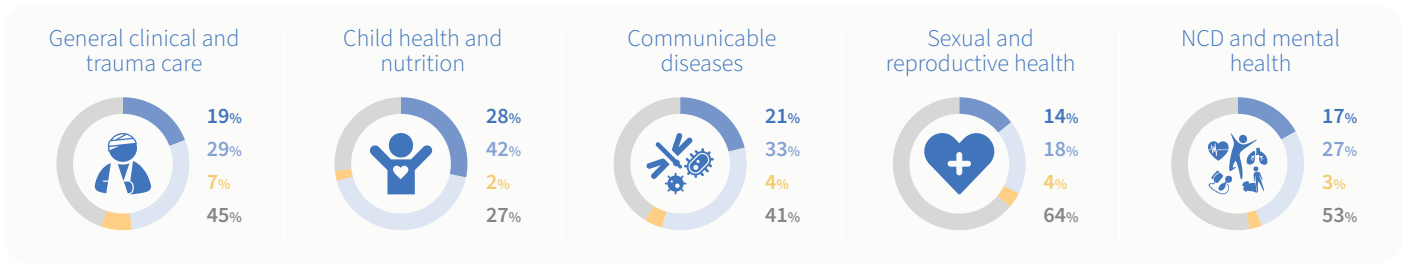
ESSENTIAL HEALTH SERVICES*

Service domain overview

Available | Partially available | Not available | Not normally provided



General clinical and emergency care services

Recognition of danger signs

Not available up to standard in **6 (50%)** out of **12** government PHCs expected to provide the service.

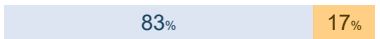
83% 67% 33%

Acuity-based formal triage

Not available up to standard in **8 (80%)** out of **10** government PHCs expected to provide the service.

88% 75% 50%

Initial syndrome-based management at scene



Not available up to standard in **6 (100%)** out of **6** government PHCs expected to provide the service.

100% 83% 33%

WHO basic emergency care

Not available up to standard in **9 (75%)** out of **12** government PHCs expected to provide the service.

89% 89% 22%

Advanced Syndrome-based management

Not available up to standard in **3 (100%)** out of **3** government PHCs expected to provide the service.

100% 100% 33%

Monitored referral

Not available up to standard in **2 (20%)** out of **10** government PHCs expected to provide the service.

100% 100% 100%

Referral capacity

Not available up to standard in **4 (36.4%)** out of **11** government PHCs expected to provide the service.

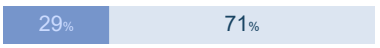
100% 75% 50%

Acceptance of referrals

Available up to standard in all **1** government PHC expected to provide the service.

—

Essential services primary health care



Not available up to standard in **10 (71.4%)** out of **14** government PHCs expected to provide the service.

100% 70% 30%

Specialized services at primary health care

Not available up to standard in **10 (76.9%)** out of **13** government PHCs expected to provide the service.

100% 50% 40%

Home visits

Not available up to standard in **6 (75%)** out of **8** government PHCs expected to provide the service.

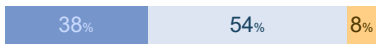
83% 83% 83%

Minor trauma definitive management

Not available up to standard in **6 (42.9%)** out of **14** government PHCs expected to provide the service.

100% 67% 50%

Basic laboratory services



Not available up to standard in **8 (61.5%)** out of **13** government PHCs expected to provide the service.

100% 75% 38%

Secondary laboratory services

Not available up to standard in **1 (100%)** out of **1** government PHC expected to provide the service.

100% 100% 100%

Comprehensive X-ray service

Not available up to standard in **5 (100%)** out of **5** government PHCs expected to provide the service.

80% 60% 40%

Basic X-ray service

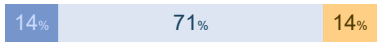
Not available up to standard in **7 (100%)** out of **7** government PHCs expected to provide the service.

71% 71% 29%

* Out of **15** government PHCs: government PHCs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

Child health and nutrition services

Pediatric first aid



Not available up to standard in **12 (85.7%)** out of **14** government PHCs expected to provide the service.

100% 67% 17%

Integrated management of newborn and childhood illnesses (IMNCI)

Not available up to standard in **8 (66.7%)** out of **12** government PHCs expected to provide the service.

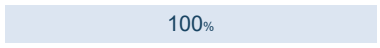
100% 75% 12%

IMNCI under 5 clinic

Not available up to standard in **7 (53.8%)** out of **13** government PHCs expected to provide the service.

100% 43% 14%

Management of children classified as severe or very severe diseases



Not available up to standard in **1 (100%)** out of **1** government PHC expected to provide the service.

100% 100% 100%

Expanded programme on immunization

Not available up to standard in **9 (64.3%)** out of **14** government PHCs expected to provide the service.

67% 67% 33%

Information, education, and communication on Infant, Young, and Child Feeding

Not available up to standard in **6 (50%)** out of **12** government PHCs expected to provide the service.

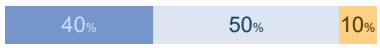
67% 67% 17%

Growth monitoring

Not available up to standard in **5 (41.7%)** out of **12** government PHCs expected to provide the service.

100% 60% 40%

Integrated management of acute malnutrition



Not available up to standard in **6 (60%)** out of **10** government PHCs expected to provide the service.

100% 67% 67%

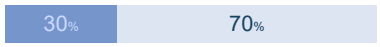
Communicable diseases

Syndromic surveillance

Not available up to standard in **5 (45.5%)** out of **11** government PHCs expected to provide the service.

100% 80% 20%

Event-based surveillance



Not available up to standard in **7 (70%)** out of **10** government PHCs expected to provide the service.

100% 71% 43%

Diagnosis and treatment of tuberculosis cases

Not available up to standard in **7 (77.8%)** out of **9** government PHCs expected to provide the service.

100% 86% 29%

Multidrug-resistant of tuberculosis

Not available up to standard in **2 (66.7%)** out of **3** government PHCs expected to provide the service.

100% 100% 50%

Information, education, and communication on local priority diseases

Not available up to standard in **5 (50%)** out of **10** government PHCs expected to provide the service.

100% 80% 60%

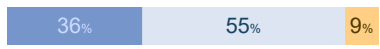
Locally relevant diseases

Not available up to standard in **8 (80%)** out of **10** government PHCs expected to provide the service.

100% 100% 38%

Sexual and reproductive health

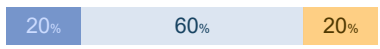
Free access to condoms



Not available up to standard in **7 (63.6%)** out of **11** government PHCs expected to provide the service.

100% 29% 29%

Information, education, and communication on STI/HIV



Not available up to standard in **4 (80%)** out of **5** government PHCs expected to provide the service.

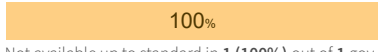
100% 100% 75%

Syndromic management of sexually transmitted infections (STIs)

Not available up to standard in **2 (100%)** out of **2** government PHCs expected to provide the service.

100% 100% 100%

HIV counselling and testing



Not available up to standard in **1 (100%)** out of **1** government PHC expected to provide the service.

100% 100% 100%

Prevention of mother-to-child HIV transmission

Not available up to standard in **2 (100%)** out of **2** government PHCs expected to provide the service.

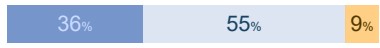
100% 100% 50%

Antiretroviral treatment

Not available up to standard in **2 (100%)** out of **2** government PHCs expected to provide the service.

100% 100% 100%

Family planning - pregnancy test



Not available up to standard in **7 (63.6%)** out of **11** government PHCs expected to provide the service.

100% 43% 43%

Family planning - contraceptive methods

Not available up to standard in **6 (54.5%)** out of **11** government PHCs expected to provide the service.

100% 50% 33%

Antenatal care

Not available up to standard in **5 (50%)** out of **10** government PHCs expected to provide the service.

100% 80% 60%

Skilled care during childbirth

Not available up to standard in **1 (50%)** out of **2** government PHCs expected to provide the service.

100% 100% 100%

Postpartum care

Not available up to standard in **2 (25%)** out of **8** government PHCs expected to provide the service.

100% 100% 100%

Clinical management of rape survivors

Not available up to standard in **2 (100%)** out of **2** government PHCs expected to provide the service.

100% 100% 50%

Emergency contraception

Not available up to standard in **4 (57.1%)** out of **7** government PHCs expected to provide the service.

100% 100% 75%

Post-exposure prophylaxis

Not available up to standard in **1 (50%)** out of **2** government PHCs expected to provide the service.

100% 100% 100%

Available | Partially available | Not available

Lack of staff | Lack of supplies | Lack of financial resources

Lack of training | Lack of equipment

Noncommunicable diseases and mental health

Promote self-care

18% | 64% | 18%

Not available up to standard in **9 (81.8%)** out of **11** government PHCs expected to provide the service.

89% 89% 56%

Asthma and chronic obstructive pulmonary disease

classification, treatment and follow up

42% | 58%

Not available up to standard in **7 (58.3%)** out of **12** government PHCs expected to provide the service.

100% 71% 29%

Diabetes

early detection, management, foot-care, and counseling

64% | 36%

Not available up to standard in **5 (35.7%)** out of **14** government PHCs expected to provide the service.

100% 40% 40%

Prosthetics and orthotics

Not expected in any operational government PHC.

—

Psychological first aid

12% | 75% | 12%

Not available up to standard in **7 (87.5%)** out of **8** government PHCs expected to provide the service.

100% 43% 29%

Cancer diagnostics services

100%

Not available up to standard in **4 (100%)** out of **4** government PHCs expected to provide the service.

100% 75% 75%

Mammography

Not expected in any operational government PHC.

—

Noncommunicable diseases clinic

25% | 75%

Not available up to standard in **6 (75%)** out of **8** government PHCs expected to provide the service.

100% 83% 83%

Hypertension

early detection, management and counseling

64% | 36%

Not available up to standard in **5 (35.7%)** out of **14** government PHCs expected to provide the service.

100% 60% 20%

Outpatient rehabilitation services

100%

Not available up to standard in **1 (100%)** out of **1** government PHC expected to provide the service.

100% 100%

Oral health and dental care

30% | 50% | 20%

Not available up to standard in **7 (70%)** out of **10** government PHCs expected to provide the service.

100% 86% 29%

Management of mental disorders

83% | 17%

Not available up to standard in **6 (100%)** out of **6** government PHCs expected to provide the service.

100% 33% 33%

Primary cancer screening

(non-instrumental methods)

50% | 50%

Not available up to standard in **2 (50%)** out of **4** government PHCs expected to provide the service.

100% 100% 100%

This analysis was produced based on the information reported into HeRAMS up to 31 July 2026 and while the the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

There are currently 59 primary health care centers run by Ministry of Health (MOH) reporting to HeRAMS. Given the fragility and instability of the Gaza Strip, the actual number of primary health centers available and providing service can fluctuate over time. About 30% of all health care service provision is provided by MOH in the Gaza Strip.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Notes:

1. The analysis of barriers impeding services availability, causes of damage, non-functionality and inaccessibility was limited to government PHCs where the respective indicator was not available up to standard. Only the top three most frequently reported barriers are presented for each indicator.
2. The analysis of basic amenities follows the same approach as barriers and was restricted to government PHCs where the indicator was at least partially available.
3. **The health services presented here constitute a sub-set of services monitored in HeRAMS. For the purpose of this infographic, inclusion was limited those considered priorities for government PHCs in the current context.** Additionally, the analysis of individual services excludes government PHCs reporting a service as "not normally provided." Consequently, the total number of government PHCs included in the analysis varies by service.

HeRAMS Platform | Public dashboard

Data source: HeRAMS occupied Palestinian territory
Date data: 31 July 2026
Date created: 11 August 2026
Contact: herams@who.int

World Health Organization | HeRAMS Health Resources and Services Availability Monitoring System | وزارة الصحة Ministry of Health

HeRAMS occupied Palestinian territory

Gaza Strip

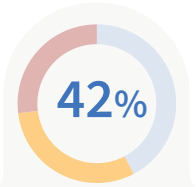
SNAPSHOT JULY 2026

*UNRWA health centers**

HEALTH CENTER STATUS**

Out of **26** health centers evaluated.

Building condition	**3**	Intact
	16	Partially damaged
	7	Destroyed
Equipment condition	**3**	Intact
	12	Partially damaged
	11	Fully damaged
Functionality	**0**	Functioning
	11	Partially functioning
	8	Non-functional
	7	Destroyed
Accessibility	**3**	Accessible
	8	Partially accessible
	0	Inaccessible
	15	Destroyed / Non-Functioning



"**11 (42%)** out of **26** health centers evaluated are at least partially functioning."

MAIN CAUSES OF...

Building damage

The 3 primary causes of building damage as reported by **16** partially damaged and **7** fully damaged health centers.

- **96%** Insecurity
- **26%** Lack of maintenance
- **4%** Other

Equipment damage

The 3 primary causes of equipment damage as reported by **12** partially damaged and **11** fully damaged health centers.

- **100%** Insecurity
- **39%** Lack of maintenance
- **13%** Other

Functionality constraints

The 3 primary causes of functionality constraints as reported by **11** partially functioning and **8** non-functioning health centers.

- **63%** Lack of supplies
- **63%** Lack of equipment
- **58%** Insecurity

Accessibility constraints

The 3 primary causes of accessibility constraints as reported by **8** partially accessible health centers.

- **100%** Other physical barriers
- **25%** Insecurity
- **12%** Acceptability constraints

Partner Support**

Major support · Partially support · No support

100%

Partner support types

No types of support reported

* *This infographic provides insights on UNRWA health centers and focuses on a limited number of services deemed priority for health centers.*

** Out of **11** health centers: Health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided

Inpatient bed capacity

Availablity	Number of available beds
Emergency room beds: 100%	0

emergency room beds are not expected in any operational health center.

Main barriers*

No barriers reported

Waste management

Waste segregation

55% (45% | 55%)

Not available up to standard in **6 (54.5%)** out of **11** health centers expected to maintain waste segregation practices.

Final disposal of sharps

9% (91% | 9%)

Not available up to standard in **1 (9.1%)** out of **11** health centers expected to dispose of sharps.

Final disposal of infectious waste

45% (55% | 45%)

Not available up to standard in **5 (45.5%)** out of **11** health centers expected to dispose of infectious waste.

Waste disposal methods

Out of **11 health centers** where final disposal of sharps or infectious waste are at least partially available.

Collected for medical waste disposal off-site **100%**

Power

27% (73% | 27%)

Not available up to standard in **3 (27.3%)** out of **11** health centers expected to have power available.

Power sources

Out of **11 health centers** where power is at least partially available.

Generator **100%** | Solar **55%**

Cold chain

18% (82% | 18%)

Not available up to standard in **2 (18.2%)** out of **11** health centers expected to have cold chain capacity.

Cold chain sources

Out of **9 health centers** where cold chain is at least partially available.

Solar **89%** | Generator **56%**

Health Information Management Systems

Facility-based diseases reporting systems *(e.g., EWARS, etc.)*

9% (91% | 9%)

Not available up to standard in **1 (9.1%)** out of **11** health centers where the information system is expected.

Facility-based information system *(e.g., DHIS2, Avicena, etc.)*

67% (9% | 9% | 9% | 73%)

Not available up to standard in **2 (66.7%)** out of **3** health centers where the information system is expected.

WASH

Water

18% (82% | 18%)

Not available up to standard in **2 (18.2%)** out of **11** health centers expected to have water available.

Main water sources

Out of **11 health centers** where water is at least partially available.

Tanker truck **73%** | Piped Supply Network **55%** | Protected dug well **45%**

Sanitation facilities

55% (45% | 55%)

Not available up to standard in **6 (54.5%)** out of **11** health centers expected to have sanitation facilities.

Out of **11 health centers** where sanitation facilities is at least partially available.

Sanitation facilities types*

Flush/pour flush to piped sewer system or septic tank **100%** | Covered Pit latrine or Ventilated Improved Pit **9%**

Sanitation facilities accessibility*

Dedicated staff toilet **100%** | Gender-separate toilet **91%** | Toilets for people with limited mobility **27%**

Hand hygiene

100% (73% | 27%)

Not available up to standard in **11 (100%)** out of **11** health centers expected to maintain hand hygiene practices.

Environmental cleaning

100% (100%)

Not available up to standard in **11 (100%)** out of **11** health centers expected to maintain environmental cleaning practices.

Personal Protective Equipment (PPE)

100% (91% | 9%)

Not available up to standard in **11 (100%)** out of **11** health centers expected to have personal protective equipment.

Communication

64% (36% | 45% | 18%)

Not available up to standard in **7 (63.6%)** out of **11** health centers expected to have communication means.

Communication equipment types

Out of **9 health centers** where communication is at least partially available.

Mobile phone **100%** | Computer **89%** | Telephone **22%**

Transportation of patients

73% (27% | 73%)

Not available up to standard in **8 (72.7%)** out of **11** health centers expected to have means for patient transportation.

Transportation types

Out of **11 health centers** where transportation of patients is at least partially available.

PRCS Ambulance **91%** | Other **55%** | Car **27%**

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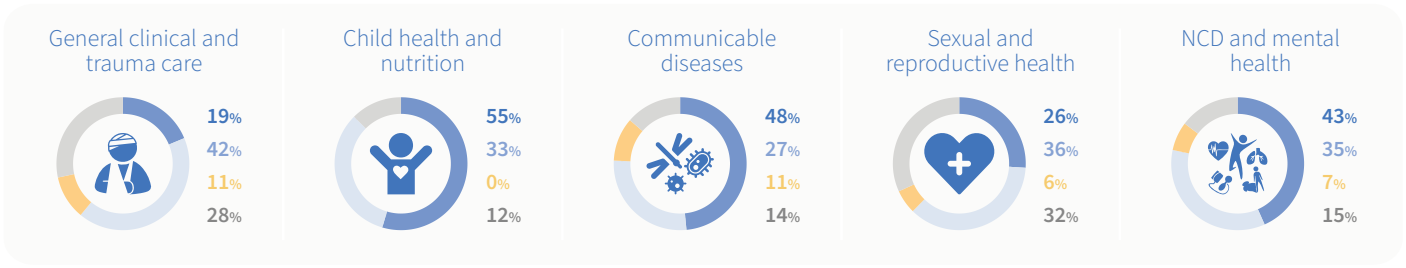
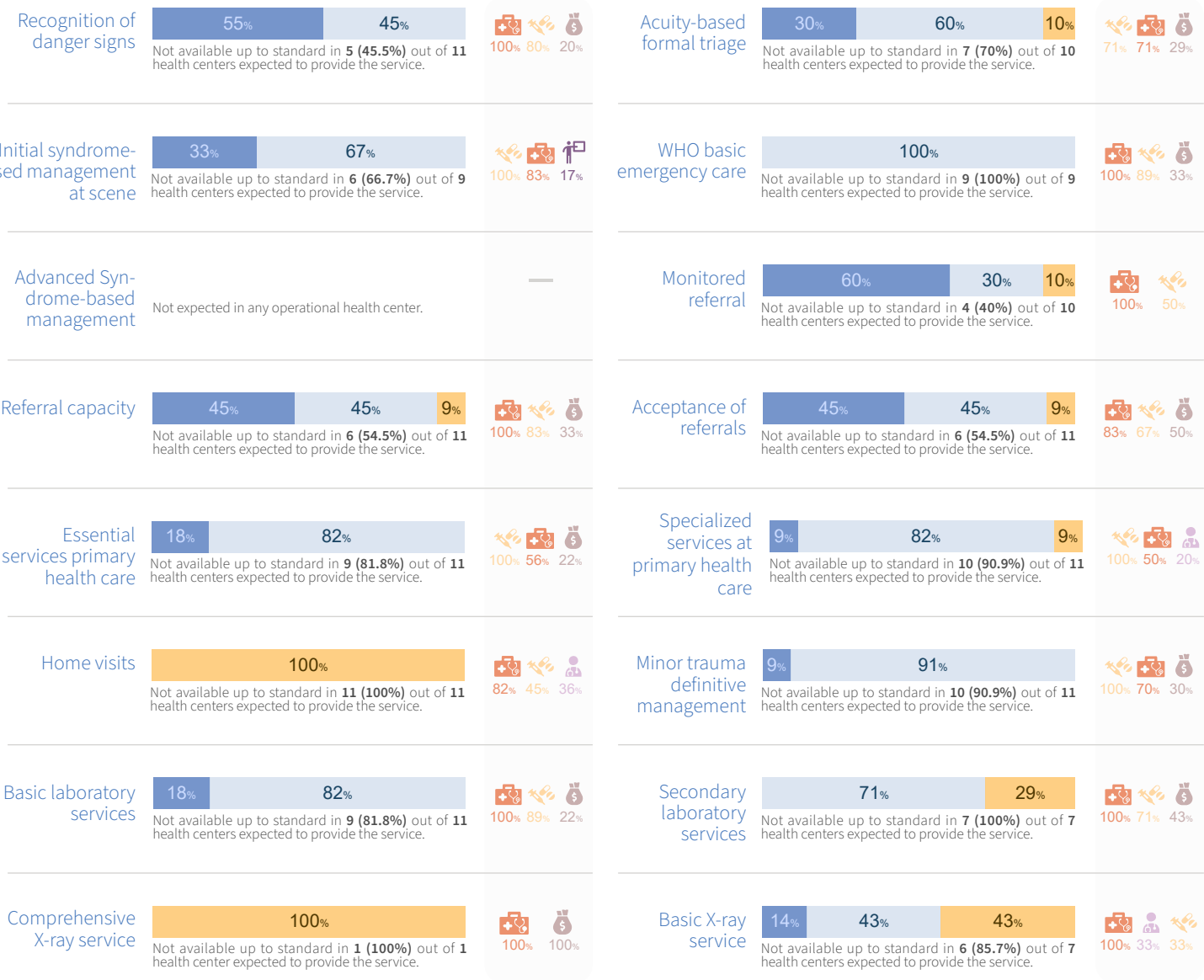
ESSENTIAL HEALTH SERVICES*

Service domain overview

Available · Partially available · Not available · Not normally provided



General clinical and emergency care services



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Child health and nutrition services

Pediatric first aid
9% | 91%
Not available up to standard in **10 (90.9%)** out of **11** health centers expected to provide the service.
100% 90% 20%

Integrated management of newborn and childhood illnesses (IMNCI)
64% | 36%
Not available up to standard in **4 (36.4%)** out of **11** health centers expected to provide the service.
100% 100%

IMNCI under 5 clinic
55% | 45%
Not available up to standard in **5 (45.5%)** out of **11** health centers expected to provide the service.
100% 60%

Management of children classified as severe or very severe diseases
Not expected in any operational health center.
—

Expanded programme on immunization
100%
Available up to standard in all **11** health centers expected to provide the service.
—

Information, education, and communication **on Infant, Young, and Child Feeding**
100%
Available up to standard in all **11** health centers expected to provide the service.
—

Growth monitoring
36% | 64%
Not available up to standard in **7 (63.6%)** out of **11** health centers expected to provide the service.
100% 71% 14%

Integrated management of acute malnutrition
73% | 27%
Not available up to standard in **3 (27.3%)** out of **11** health centers expected to provide the service.
100% 33% 33%

Communicable diseases

Syndromic surveillance
91% | 9%
Not available up to standard in **1 (9.1%)** out of **11** health centers expected to provide the service.
100% 100% 100%

Event-based surveillance
100%
Available up to standard in all **11** health centers expected to provide the service.
—

Diagnosis and treatment of tuberculosis cases
9% | 45% | 45%
Not available up to standard in **10 (90.9%)** out of **11** health centers expected to provide the service.
100% 70% 50%

Multidrug-resistant of tuberculosis
33% | 67%
Not available up to standard in **3 (100%)** out of **3** health centers expected to provide the service.
67% 67% 67%

Information, education, and communication **on local priority diseases**
60% | 40%
Not available up to standard in **4 (40%)** out of **10** health centers expected to provide the service.
100% 100% 25%

Locally relevant diseases
36% | 64%
Not available up to standard in **7 (63.6%)** out of **11** health centers expected to provide the service.
100% 71% 29%

Sexual and reproductive health

Free access to condoms
64% | 36%
Not available up to standard in **4 (36.4%)** out of **11** health centers expected to provide the service.
100% 25%

Information, education, and communication **on STI/HIV**
22% | 56% | 22%
Not available up to standard in **7 (77.8%)** out of **9** health centers expected to provide the service.
86% 57% 43%

Syndromic management of sexually transmitted infections (STIs)
20% | 80%
Not available up to standard in **8 (80%)** out of **10** health centers expected to provide the service.
100% 38% 25%

HIV counselling and testing
Not expected in any operational health center.
—

Prevention of mother-to-child HIV transmission
100%
Not available up to standard in **2 (100%)** out of **2** health centers expected to provide the service.
100% 50% 50%

Antiretroviral treatment
100%
Not available up to standard in **1 (100%)** out of **1** health center expected to provide the service.
100%

Family planning - pregnancy test
36% | 18% | 45%
Not available up to standard in **7 (63.6%)** out of **11** health centers expected to provide the service.
100% 71% 29%

Family planning - contraceptive methods
27% | 73%
Not available up to standard in **8 (72.7%)** out of **11** health centers expected to provide the service.
88% 38% 38%

Antenatal care
45% | 45% | 9%
Not available up to standard in **6 (54.5%)** out of **11** health centers expected to provide the service.
100% 67% 33%

Skilled care during childbirth
20% | 80%
Not available up to standard in **4 (80%)** out of **5** health centers expected to provide the service.
100% 75%

Postpartum care
90% | 10%
Not available up to standard in **1 (10%)** out of **10** health centers expected to provide the service.
100% 100%

Clinical management of rape survivors
11% | 89%
Not available up to standard in **8 (88.9%)** out of **9** health centers expected to provide the service.
62% 38% 38%

Emergency contraception
50% | 50%
Not available up to standard in **5 (50%)** out of **10** health centers expected to provide the service.
100% 40% 20%

Post-exposure prophylaxis
20% | 80%
Not available up to standard in **4 (80%)** out of **5** health centers expected to provide the service.
100% 50% 50%

Available | Partially available | Not available

Lack of staff | Lack of supplies | Lack of financial resources

Lack of training | Lack of equipment

Noncommunicable diseases and mental health

Promote self-care

64% | 36%

Not available up to standard in **4 (36.4%)** out of **11** health centers expected to provide the service.

100% 75% 25%

Asthma and chronic obstructive pulmonary disease

classification, treatment and follow up

64% | 36%

Not available up to standard in **4 (36.4%)** out of **11** health centers expected to provide the service.

100% 75%

Diabetes

early detection, management, foot-care, and counseling

64% | 36%

Not available up to standard in **4 (36.4%)** out of **11** health centers expected to provide the service.

100% 100%

Prosthetics and orthotics

9% | 82% | 9%

Not available up to standard in **10 (90.9%)** out of **11** health centers expected to provide the service.

80% 60% 50%

Psychological first aid

100%

Available up to standard in all **11** health centers expected to provide the service.

—

Cancer diagnostics services

100%

Not available up to standard in **2 (100%)** out of **2** health centers expected to provide the service.

100% 50% 50%

Mammography

100%

Not available up to standard in **4 (100%)** out of **4** health centers expected to provide the service.

100% 50% 25%

Noncommunicable diseases clinic

55% | 45%

Not available up to standard in **5 (45.5%)** out of **11** health centers expected to provide the service.

80% 80% 20%

Hypertension

early detection, management and counseling

64% | 36%

Not available up to standard in **4 (36.4%)** out of **11** health centers expected to provide the service.

100% 75%

Outpatient rehabilitation services

27% | 73%

Not available up to standard in **8 (72.7%)** out of **11** health centers expected to provide the service.

88% 75% 12%

Oral health and dental care

27% | 55% | 18%

Not available up to standard in **8 (72.7%)** out of **11** health centers expected to provide the service.

88% 88% 12%

Management of mental disorders

55% | 45%

Not available up to standard in **5 (45.5%)** out of **11** health centers expected to provide the service.

100% 80% 20%

Primary cancer screening

(non-instrumental methods)

67% | 17% | 17%

Not available up to standard in **2 (33.3%)** out of **6** health centers expected to provide the service.

100% 50% 50%

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In the Gaza Strip, about 70% of health care centers are operated by UNRWA. Currently, 26 UNRWA health care centers are reporting to HeRAMS. The availability and operational status of these health centers may change over time due to factors including funding, security concerns, and other unforeseen circumstances.

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Notes:

1. The analysis of barriers impeding services availability, causes of damage, non-functionality and inaccessibility was limited to health centers where the respective indicator was not available up to standard. Only the top three most frequently reported barriers are presented for each indicator.
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HeRAMS Platform | Public dashboard

Data source: HeRAMS occupied Palestinian territory
Date data: 31 July 2026
Date created: 11 August 2026
Contact: herams@who.int

World Health Organization | HeRAMS Health Resources and Services Availability Monitoring System | وزارة الصحة Ministry of Health

HeRAMS occupied Palestinian territory

Gaza Strip

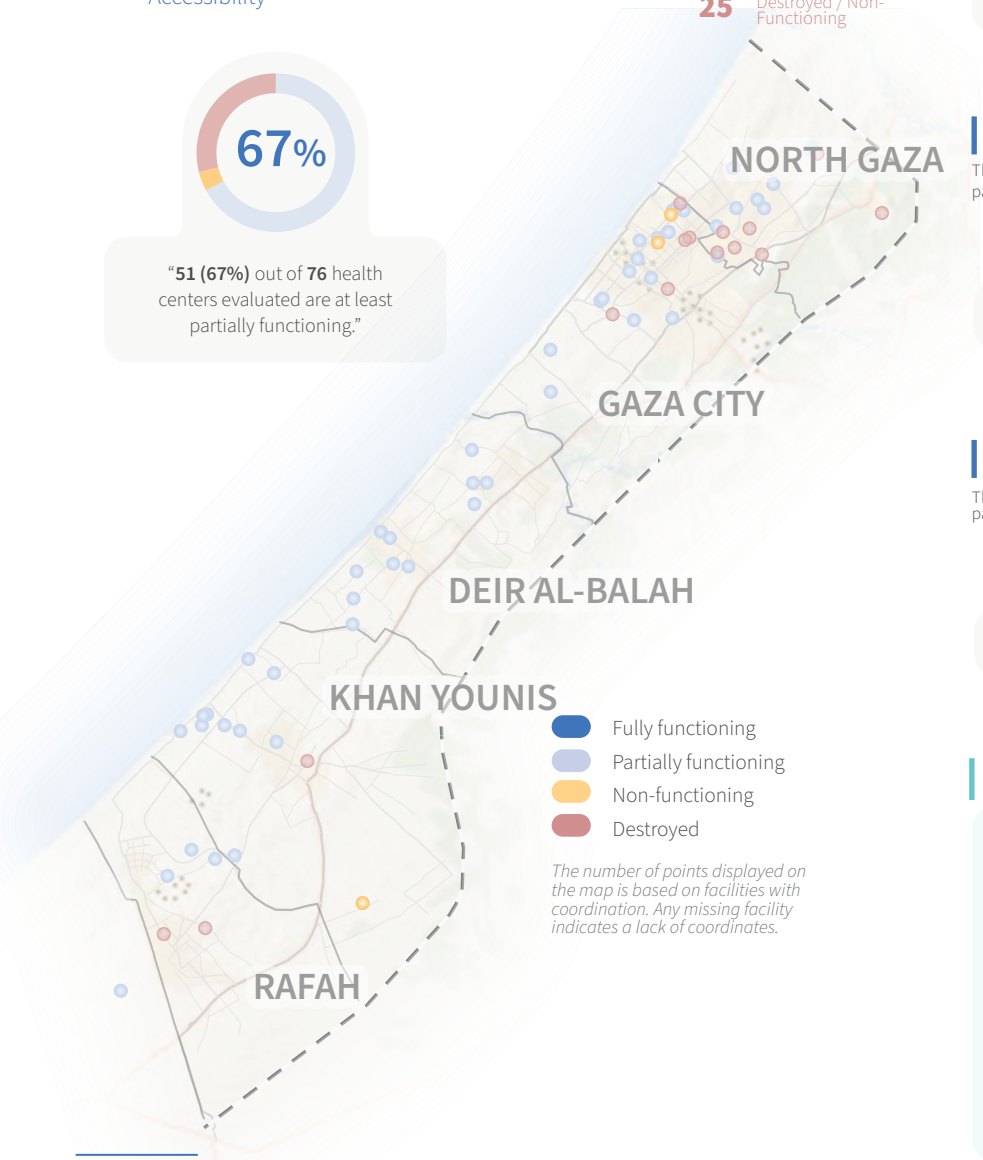
SNAPSHOT JULY 2026

*Non-governmental organizations (NGOs) health centers**

NGO HEALTH CENTER STATUS**

Out of **76** health centers evaluated.

Building condition	**38**	Intact
	13	Partially damaged
	22	Destroyed
	3	Not relevant
Equipment condition	**42**	Intact
	11	Partially damaged
	23	Fully damaged
Functionality	**0**	Functioning
	51	Partially functioning
	3	Non-functional
	22	Destroyed
Accessibility	**35**	Accessible
	16	Partially accessible
	0	Inaccessible
	25	Destroyed / Non-Functioning



MAIN CAUSES OF...

Building damage

The 3 primary causes of building damage as reported by **13** partially damaged and **22** fully damaged health centers.

- **97%** Insecurity
- **20%** Lack of maintenance
- **14%** Other

Equipment damage

The 3 primary causes of equipment damage as reported by **11** partially damaged and **23** fully damaged health centers.

- **97%** Insecurity
- **24%** Lack of maintenance
- **15%** Other

Functionality constraints

The 3 primary causes of functionality constraints as reported by **51** partially functioning and **3** non-functioning health centers.

- **78%** Lack of equipment
- **74%** Lack of supplies
- **46%** Lack of financial resources to

Accessibility constraints

The 3 primary causes of accessibility constraints as reported by **16** partially accessible health centers.

- **88%** Other physical barriers
- **31%** Insecurity
- **31%** Information barriers

Partner Support**

Major support · Partially support · No support

Partner support types

Out of **45** health centers supported by partners,

- **91%** Provision of health staff
- **84%** Provision of operational costs
- **87%** Provision of medical supplies
- **82%** Provision of health services
- **84%** Training of health staff
- **76%** Provision of medical equipment
- **47%** Governance / Oversight

* *This infographic provides insights on non-governmental organization (NGO) health centers and focuses on a limited number of services deemed priority for health centers.*

** Out of **51** health centers: NGO health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

BASIC AMENITIES*

Available | Partially available | Not available | Not normally provided

Inpatient bed capacity

Availablity

Emergency room beds: 4% | 94%

Out of **3** health centers expected to provide emergency room beds 3 (100%) do not have sufficient bed capacity.

Number of available beds

6

Main barriers*

Lack of medical equipment | 100%

Lack of financial resources | 100%

Lack of medical supplies | 75%

Waste management

Waste segregation

61% | 37% | 57% | 4%

Not available up to standard in **30 (61.2%)** out of **49** health centers expected to maintain waste segregation practices.

Final disposal of sharps

43% | 55% | 39% | 4%

Not available up to standard in **21 (42.9%)** out of **49** health centers expected to dispose of sharps.

Final disposal of infectious waste

58% | 41% | 51% | 6%

Not available up to standard in **29 (58%)** out of **50** health centers expected to dispose of infectious waste.

Waste disposal methods

Out of **48 health centers** where final disposal of sharps or infectious waste are at least partially available.

Collected for medical waste disposal off-site | 79%

Not treated and added to general waste | 19%

Autoclaved | 15%

Power

75% | 25% | 69% | 6%

Not available up to standard in **38 (74.5%)** out of **51** health centers expected to have power available.

Power sources

Out of **48 health centers** where power is at least partially available.

Generator | 62%

Solar | 58%

Other | 8%

Cold chain

73% | 18% | 12% | 35% | 35%

Not available up to standard in **24 (72.7%)** out of **33** health centers expected to have cold chain capacity.

Cold chain sources

Out of **15 health centers** where cold chain is at least partially available.

Generator | 80%

Solar | 53%

Health Information Management Systems

Facility-based diseases reporting systems *(e.g., EWARS, etc.)*

42% | 55% | 33% | 6% | 6%

Not available up to standard in **20 (41.7%)** out of **48** health centers where the information system is expected.

Facility-based information system *(e.g., DHIS2, Avicena, etc.)*

66% | 33% | 49% | 16%

Not available up to standard in **33 (66%)** out of **50** health centers where the information system is expected.

WASH

Water

59% | 41% | 59%

Not available up to standard in **30 (58.8%)** out of **51** health centers expected to have water available.

Main water sources

Out of **51 health centers** where water is at least partially available.

Piped Supply Network | 45%

Tanker truck | 43%

Protected dug well | 29%

Sanitation facilities

54% | 45% | 51%

Not available up to standard in **27 (54%)** out of **50** health centers expected to have sanitation facilities.

Out of **49 health centers** where sanitation facilities is at least partially available.

Sanitation facilities types*

Flush/pour flush to piped sewer system or septic tank | 82%

Covered Pit latrine or Ventilated Improved Pit | 12%

Flush/pour-flush toilets to open drain | 10%

Sanitation facilities accessibility*

Gender-separate toilet | 76%

Dedicated staff toilet | 76%

Toilets for people with limited mobility | 10%

Hand hygiene

41% | 59% | 41%

Not available up to standard in **21 (41.2%)** out of **51** health centers expected to maintain hand hygiene practices.

Environmental cleaning

38% | 61% | 37%

Not available up to standard in **19 (38%)** out of **50** health centers expected to maintain environmental cleaning practices.

Personal Protective Equipment (PPE)

42% | 57% | 39%

Not available up to standard in **21 (42%)** out of **50** health centers expected to have personal protective equipment.

Communication

63% | 37% | 63%

Not available up to standard in **32 (62.7%)** out of **51** health centers expected to have communication means.

Communication equipment types

Out of **51 health centers** where communication is at least partially available.

Mobile phone | 96%

Computer | 75%

Telephone | 8%

Transportation of patients

80% | 12% | 33% | 14% | 41%

Not available up to standard in **24 (80%)** out of **30** health centers expected to have means for patient transportation.

Transportation types

Out of **23 health centers** where transportation of patients is at least partially available.

Car | 48%

PRCS Ambulance | 35%

Facility Ambulance | 22%

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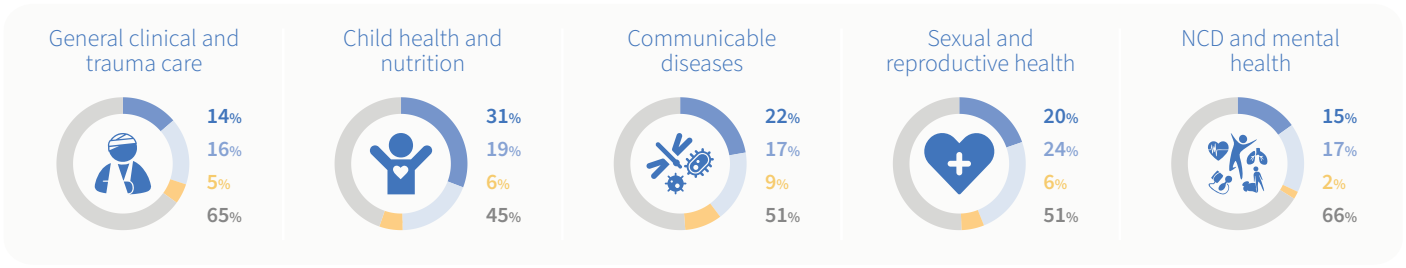
ESSENTIAL HEALTH SERVICES*

Service domain overview

Available · Partially available · Not available · Not normally provided



General clinical and emergency care services

Recognition of danger signs

Not available up to standard in **16 (37.2%)** out of **43** health centers expected to provide the service.

75% 56% 25%

Acuity-based formal triage

Not available up to standard in **16 (42.1%)** out of **38** health centers expected to provide the service.

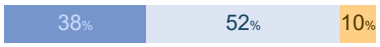
44% 44% 38%

Initial syndrome-based management at scene

Not available up to standard in **20 (52.6%)** out of **38** health centers expected to provide the service.

75% 60% 30%

WHO basic emergency care



Not available up to standard in **26 (61.9%)** out of **42** health centers expected to provide the service.

65% 54% 35%

Advanced Syndrome-based management

Not available up to standard in **2 (100%)** out of **2** health centers expected to provide the service.

100% 50% 50%

Monitored referral

Not available up to standard in **18 (52.9%)** out of **34** health centers expected to provide the service.

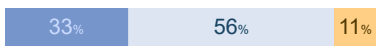
56% 44% 39%

Referral capacity

Not available up to standard in **22 (57.9%)** out of **38** health centers expected to provide the service.

64% 32% 32%

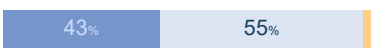
Acceptance of referrals



Not available up to standard in **18 (66.7%)** out of **27** health centers expected to provide the service.

56% 44% 44%

Essential services primary health care



Not available up to standard in **27 (57.4%)** out of **47** health centers expected to provide the service.

89% 56% 26%

Specialized services at primary health care

Not available up to standard in **30 (66.7%)** out of **45** health centers expected to provide the service.

87% 53% 50%

Home visits

Not available up to standard in **21 (72.4%)** out of **29** health centers expected to provide the service.

71% 62% 48%

Minor trauma definitive management

Not available up to standard in **27 (60%)** out of **45** health centers expected to provide the service.

74% 44% 41%

Basic laboratory services

Not available up to standard in **24 (54.5%)** out of **44** health centers expected to provide the service.

88% 67% 33%

Secondary laboratory services

Not available up to standard in **16 (100%)** out of **16** health centers expected to provide the service.

94% 75% 19%

Comprehensive X-ray service

Not available up to standard in **3 (100%)** out of **3** health centers expected to provide the service.

100% 67% 33%

Basic X-ray service

Not available up to standard in **9 (100%)** out of **9** health centers expected to provide the service.

100% 56% 22%

* Out of **51** health centers: NGO health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

Child health and nutrition services

Pediatric first aid
55% | 40% | 5%
Not available up to standard in **18 (45%)** out of **40** health centers expected to provide the service.
67% 67% 56%

IMNCI under 5 clinic
59% | 25% | 16%
Not available up to standard in **18 (40.9%)** out of **44** health centers expected to provide the service.
61% 44% 39%

Expanded programme on immunization
43% | 21% | 36%
Not available up to standard in **8 (57.1%)** out of **14** health centers expected to provide the service.
88% 75% 50%

Growth monitoring
63% | 30% | 7%
Not available up to standard in **17 (37%)** out of **46** health centers expected to provide the service.
59% 53% 41%

Integrated management of newborn and childhood illnesses (IMNCI)
51% | 36% | 13%
Not available up to standard in **22 (48.9%)** out of **45** health centers expected to provide the service.
64% 45% 41%

Management of children classified as severe or very severe diseases
33% | 33% | 33%
Not available up to standard in **2 (66.7%)** out of **3** health centers expected to provide the service.
100% 100% 50%

Information, education, and communication **on Infant, Young, and Child Feeding**
54% | 41% | 4%
Not available up to standard in **21 (45.7%)** out of **46** health centers expected to provide the service.
62% 52% 33%

Integrated management of acute malnutrition
60% | 33% | 7%
Not available up to standard in **17 (40.5%)** out of **42** health centers expected to provide the service.
59% 47% 24%

Communicable diseases

Syndromic surveillance
61% | 35% | 4%
Not available up to standard in **18 (39.1%)** out of **46** health centers expected to provide the service.
56% 39% 33%

Diagnosis and treatment of tuberculosis cases
40% | 20% | 40%
Not available up to standard in **12 (60%)** out of **20** health centers expected to provide the service.
75% 67% 42%

Information, education, and communication **on local priority diseases**
36% | 44% | 21%
Not available up to standard in **25 (64.1%)** out of **39** health centers expected to provide the service.
64% 32% 28%

Event-based surveillance
59% | 30% | 11%
Not available up to standard in **19 (41.3%)** out of **46** health centers expected to provide the service.
53% 37% 37%

Multidrug-resistant of tuberculosis
33% | 20% | 47%
Not available up to standard in **10 (66.7%)** out of **15** health centers expected to provide the service.
70% 50% 40%

Locally relevant diseases
28% | 50% | 22%
Not available up to standard in **23 (71.9%)** out of **32** health centers expected to provide the service.
74% 57% 39%

Sexual and reproductive health

Free access to condoms
60% | 38%
Not available up to standard in **18 (40%)** out of **45** health centers expected to provide the service.
94% 28% 11%

Syndromic management of sexually transmitted infections (STIs)
30% | 70%
Not available up to standard in **19 (70.4%)** out of **27** health centers expected to provide the service.
100% 16% 16%

Prevention of mother-to-child HIV transmission
25% | 25% | 50%
Not available up to standard in **9 (75%)** out of **12** health centers expected to provide the service.
56% 44% 33%

Family planning - pregnancy test
55% | 39% | 7%
Not available up to standard in **20 (45.5%)** out of **44** health centers expected to provide the service.
85% 35% 30%

Antenatal care
47% | 51%
Not available up to standard in **24 (53.3%)** out of **45** health centers expected to provide the service.
83% 42% 38%

Postpartum care
60% | 40%
Not available up to standard in **17 (40.5%)** out of **42** health centers expected to provide the service.
94% 53% 47%

Emergency contraception
31% | 62% | 8%
Not available up to standard in **18 (69.2%)** out of **26** health centers expected to provide the service.
83% 33% 28%

Information, education, and communication **on STI/HIV**
42% | 42% | 16%
Not available up to standard in **18 (58.1%)** out of **31** health centers expected to provide the service.
67% 33% 11%

HIV counselling and testing
38% | 62%
Not available up to standard in **13 (100%)** out of **13** health centers expected to provide the service.
77% 38% 15%

Antiretroviral treatment
33% | 17% | 50%
Not available up to standard in **8 (66.7%)** out of **12** health centers expected to provide the service.
62% 38% 38%

Family planning - contraceptive methods
39% | 59%
Not available up to standard in **28 (60.9%)** out of **46** health centers expected to provide the service.
93% 32% 25%

Skilled care during childbirth
75% | 25%
Not available up to standard in **12 (100%)** out of **12** health centers expected to provide the service.
83% 50% 42%

Clinical management of rape survivors
42% | 50% | 8%
Not available up to standard in **15 (57.7%)** out of **26** health centers expected to provide the service.
60% 60% 27%

Post-exposure prophylaxis
39% | 48% | 13%
Not available up to standard in **14 (60.9%)** out of **23** health centers expected to provide the service.
79% 57% 21%

Available | Partially available | Not available

Lack of staff | Lack of supplies | Lack of financial resources

Lack of training | Lack of equipment

Noncommunicable diseases and mental health

Promote self-care

53% | 47%

Not available up to standard in **22 (46.8%)** out of **47** health centers expected to provide the service.

73% 55% 36%

Asthma and chronic obstructive pulmonary disease

classification, treatment and follow up

33% | 64% | 3%

Not available up to standard in **26 (66.7%)** out of **39** health centers expected to provide the service.

96% 50% 19%

Diabetes

early detection, management, foot-care, and counseling

43% | 55%

Not available up to standard in **24 (57.1%)** out of **42** health centers expected to provide the service.

96% 54% 29%

Prosthetics and orthotics

50% | 50%

Not available up to standard in **2 (100%)** out of **2** health centers expected to provide the service.

100% 50%

Psychological first aid

66% | 32%

Not available up to standard in **14 (34.1%)** out of **41** health centers expected to provide the service.

64% 57% 21%

Cancer diagnostics services

25% | 58% | 17%

Not available up to standard in **9 (75%)** out of **12** health centers expected to provide the service.

56% 56% 33%

Mammography

50% | 50%

Not available up to standard in **2 (100%)** out of **2** health centers expected to provide the service.

100% 50%

Noncommunicable diseases clinic

45% | 55%

Not available up to standard in **22 (55%)** out of **40** health centers expected to provide the service.

86% 64% 23%

Hypertension

early detection, management and counseling

49% | 51%

Not available up to standard in **22 (51.2%)** out of **43** health centers expected to provide the service.

95% 36% 32%

Outpatient rehabilitation services

44% | 44% | 11%

Not available up to standard in **10 (55.6%)** out of **18** health centers expected to provide the service.

60% 50% 30%

Oral health and dental care

18% | 45% | 36%

Not available up to standard in **9 (81.8%)** out of **11** health centers expected to provide the service.

89% 67% 33%

Management of mental disorders

25% | 55% | 20%

Not available up to standard in **15 (75%)** out of **20** health centers expected to provide the service.

53% 47% 20%

Primary cancer screening

(non-instrumental methods)

59% | 41%

Not available up to standard in **9 (40.9%)** out of **22** health centers expected to provide the service.

56% 56% 33%

This analysis was produced based on the information reported into HeRAMS up to 31 July 2026 and while the the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

Currently, 76 NNGO health care centers are reporting to HeRAMS

Notes:

1. The analysis of barriers impeding services availability, causes of damage, non-functionality and inaccessibility was limited to NGO health centers where the respective indicator was not available up to standard. Only the top three most frequently reported barriers are presented for each indicator.
2. The analysis of basic amenities follows the same approach as barriers and was restricted to NGO health centers where the indicator was at least partially available.
3. **The health services presented here constitute a sub-set of services monitored in HeRAMS. For the purpose of this infographic, inclusion was limited those considered priorities for NGO health centers in the current context.** Additionally, the analysis of individual services excludes NGO health centers reporting a service as "not normally provided." Consequently, the total number of NGO health centers included in the analysis varies by service.

HeRAMS Platform | Public dashboard

Data source: HeRAMS occupied Palestinian territory
Date data: 31 July 2026
Date created: 11 August 2026
Contact: herams@who.int

World Health Organization

HeRAMS Health Resources and Services Availability Monitoring System

وزارة الصحة Ministry of Health

HeRAMS occupied Palestinian territory

HeRAMS service definitions

General clinical and trauma care services

TITLE	SERVICE DEFINITIONS
Recognition of danger signs	Recognition of danger signs in neonates, children, and adults, including early recognition of signs of serious infection, with timely referral to higher-level care.
Acuity-based formal triage	Acuity-based formal triage of children and adults at first entry to the facility with a validated instrument such as the WHO/ICRC interagency triage tool.
Initial syndrome-based management at scene	Initial syndrome-based management at scene by prehospital providers for difficulty breathing, shock, altered mental status, and polytrauma.
WHO basic emergency care	Basic syndrome-based management of difficulty breathing, shock, altered mental status, and poly-trauma for neonates, children, and adults. Interventions include manual airway maneuvers, oral/nasal airway placement, oxygen administration, bag-valve mask ventilation, temperature management, and administration of essential emergency medications, including empiric antibiotics for serious infection.
Advanced syndrome-based management	Advanced Syndrome-based management of difficulty breathing, shock, altered mental status, and polytrauma in a dedicated emergency unit, including for neonates, children, and adults. Interventions include intubation, mechanical ventilation, surgical airway, placement of chest drain, hemorrhage control, defibrillation, administration of IV fluids via peripheral and central venous line, with adjustment for age and condition, including malnutrition, and administration of essential emergency medications.
Monitored referral	Direct provider monitoring during transport to an appropriate healthcare facility and structured hando-ver to facility personnel.
Referral capacity	Referral procedures, means of communication, and access to transportation.
Acceptance of referrals	Acceptance of referrals with remote decision support for prehospital providers and primary healthcare facilities, and condition-specific protocol-based referral to higher levels.
Acceptance of complex referrals	Acceptance of complex referrals with remote decision support for prehospital providers and lower-level facilities.
Essential services primary health care	Essential services primary health care with availability of all essential drugs for primary care as per national guidelines with at least one general physician.
Specialized services at primary health care	Specialized services at primary health care with availability of specialized clinics and all essential drugs as per national guidelines, including noncommunicable diseases (NCD) and pain management.
Home visits	Including promotion of self-care practices and monitoring of NCD medication compliance.
Minor trauma definitive management	Pain management, tetanus toxoid and human antitoxin, minor surgery kits, suture absorbable/silk with needles, disinfectant solutions, bandages, gauzes, and cotton wool.
Emergency department	Dedicated emergency beds with basic and advanced life support skills, and full surgical wound care.
Inpatient surgical ward with at least one operating theatre	Inpatient surgical ward with at least one operating theatre (with or without gas).
Inpatient surgery ward with at least two operating theatres	Inpatient surgery ward with at least two operating theatres with pediatric and adult gaseous anesthetic.
Burns treatment	Extensive and/or severe burns clinical management.
Orthopedic/trauma ward	For advanced orthopedic and surgical care.
20 inpatient bed capacity	At least 20 inpatient bed capacity with 24/7 availability of medical doctors, nurses and midwifes.
50 inpatient bed capacity	At least 50 inpatient bed capacity with pediatric and ob-gyn wards with 24/7 availability of doctors and/or specialists (general surgeon, ob-gyn, pediatrician, others).
Inpatient critical care management	Inpatient critical care management with availability of mechanical ventilation, infusion pumps and third-line emergency drugs.
Intensive care unit with at least 4 beds	Intensive care unit with at least 4 beds.

TITLE	SERVICE DEFINITIONS
Basic laboratory services	Basic laboratory with general microscopy.
Secondary laboratory services	Secondary laboratory services including electrolyte and blood gas concentrations.
Tertiary laboratory services	Tertiary laboratory services with public health laboratory capacities.
Blood bank services	Blood bank services.
Hemodialysis unit	Hemodialysis unit.
Basic radiology services	X-ray and ultrasound.
Comprehensive X-ray service	X-ray with stratigraphy, intraoperative X-ray intensifier, ultrasound.
CT scan	A computed tomography scan (CT scan).
MRI	Magnetic resonance imaging (MRI).
Procedures for mass casualty scenarios	Procedures in place for early discharge of post-operatory patients through referral to secondary hospitals, in mass casualty scenarios.

Child health and nutrition services

TITLE	SERVICE DEFINITIONS
Pediatric first aid	Interventions include airway positioning, choking interventions, and basic external hemorrhage control.
Integrated management of newborn and childhood illnesses (IMNCI)	IMNCI for acute respiratory infection, and diarrhea by trained community health workers.
IMNCI under 5 clinic	Under-5 clinic conducted by IMNCI-trained health staff with available paracetamol, first-line antibiotics, oral rehydration salts and zinc dispersible tablets, with national IMNCI guidelines and flowcharts.
Management of children classified as severe or very severe diseases	Management of children classified as severe or very severe diseases with parenteral fluids, drugs, and oxygen, etc.
Inpatient surgical care for newborns and children	Inpatient surgical care for newborns and children.
Expanded programme on immunization	Routine immunization against all national target diseases with a functioning cold chain in place.
Information, education, and communication on infant, young, and child feeding	Information, education and communications for child caretakers, early initiation of breastfeeding, promotion of exclusive breastfeeding, and infant, young, and child feeding practices, active case finding, and referral of sick children.
Growth monitoring	Growth monitoring and/or screening of acute malnutrition with mid-upper arm circumference (MUAC), weight-for-height or oedema.
Integrated management of acute malnutrition (IMAM)	IMAM for severe acute malnutrition without medical complications with ready-to-use therapeutic foods available.
Stabilization center for severe acute malnutrition	For severe acute malnutrition with medical complications, with availability of F75, F100, ready-to-use therapeutic foods, and a dedicated trained team of doctors, nurses, and nurse aides, 24/7.

Communicable disease services

TITLE	SERVICE DEFINITIONS
Syndromic surveillance	Regular reporting sentinel site for syndromic surveillance of local relevant diseases/conditions.
Event-based surveillance	Immediate reporting of unexpected or unusual health events through an event-based surveillance system.
Diagnosis and treatment of tuberculosis cases	Diagnosis and treatment of tuberculosis cases or detection and referral of suspected cases and follow-up.
Multidrug-resistant of tuberculosis	Diagnosis, management, and follow-up of multidrug-resistant tuberculosis patients.
Information, education, and communication on local priority diseases	Information, education, and communication on the prevention and self-care of local priority diseases, such as acute diarrhea and acute respiratory infections.
Locally relevant diseases	Diagnosis and management of other locally relevant diseases such as measles, viral hepatitis, diphtheria, pertussis, with protocols available for identification, classification, stabilization, and referral of severe cases.
Isolation unit or room	Isolation unit or room for patients with highly infectious diseases.
Management of severe/complicated communicable diseases	Management of severe and/or complicated communicable diseases such as measles with pneumonia, others.

Sexual and reproductive health services

TITLE	SERVICE DEFINITIONS
Free access to condoms	Free access to condoms.
Syndromic management of sexually transmitted infections (STIs)	Syndromic management of STIs, national first-line antibiotics available.
Information, education, and communication on STI/HIV	Information, education, and communication on prevention of STI/HIV (human immunodeficiency virus) infections and behavior change communications.
HIV counseling and testing	HIV counseling and testing.
Prevention of mother-to-child HIV transmission	Prophylaxis and treatment of opportunistic infections, prevention of mother-to-child HIV transmission.
Antiretroviral treatment	Availability of antiretroviral treatment.
Family planning - pregnancy test	Availability of pregnancy test.
Family planning - contraceptive methods	Availability of contraceptive methods as per national guidelines.
Antenatal care	Assessment of pregnancy, birth and emergency plan, response to problems observed, advise/counsel on nutrition and breastfeeding, self-care and family planning, intermittent iron and folate supplementation in non-anemic pregnancy.
Skilled care during childbirth	Including early essential newborn care: preparing for birth, assessment of labor stage, WHO partograph monitoring, conditions management, drying baby, clean cord care, basic newborn resuscitation, skin-to-skin contact, oxytocin, early and exclusive breastfeeding, eye prophylaxis.
Basic emergency obstetric care	Parenteral antibiotics, oxytocic/anticonvulsant drugs, manual removal of placenta, removal of retained products with MVA, assisted vaginal delivery, HSDU functioning 24/7.
Comprehensive emergency obstetric care	Basic emergency obstetric care, caesarean section, safe blood transfusion.
Postpartum care	Examination of mother (up to 42 days) and newborn baby (up to 5 years), response to observed signs, breastfeeding support, counsel on complementary feeding, and family planning promotion.
Comprehensive abortion care	Safe induced abortion for all legal indications, uterine evacuation using MVA or medical methods where applicable, antibiotic prophylaxis, treatment of abortion complications, counseling for abortion, and post-abortion contraception.
Clinical management of rape survivors	Clinical management of rape survivors including psychological support and provided in dedicate rooms to ensure privacy.
Emergency contraception	Emergency contraception provided as standard to survivors of rape if recommended.
Post-exposure prophylaxis	Post-exposure prophylaxis for STIs and HIV infections.

TITLE	SERVICE DEFINITIONS
Promote self-care	Provide basic health care and psychosocial support, identify and refer severe cases for treatment, provide needed follow-up to patients discharged by the HSDU, and provide social services for people with chronic health conditions, disabilities, and mental health problems.
Noncommunicable diseases clinic	Brief advice on tobacco, alcohol, and substance abuse, healthy diet, screening and management of risks of cardiovascular disease, individual counseling on adherence to chronic therapies, availability of blood pressure apparatus, blood glucose and urine ketones test strips, and essential NCD drugs as per national list.
Asthma and chronic obstructive pulmonary disease	Asthma and chronic obstructive pulmonary disease classification, treatment, and follow-up.
Hypertension	Hypertension early detection, management, and counseling (including dietary advice), follow-up.
Diabetes	Diabetes early detection, management (oral anti-diabetic and insulin available), counseling (including dietary advice), foot care, and follow-up.
Cancer diagnostics services	Availability of cancer diagnostics services.
Primary cancer screening (non-instrumental methods)	Primary cancer screening using non-instrumental methods.
Mammography	Mammography service.
Colonoscopy	Colonoscopy service.
Cancer treatment services	Availability of cancer treatment services.
Chemotherapy treatment	Chemotherapy treatment and follow-up of adults and children in outpatient and inpatient settings.
Radiological treatment	Radiological treatment and follow-up of adults and children in outpatient and inpatient settings.
Hematological & oncohematological care in all settings	Treatment and follow-up of adults and children with hematological and oncohematological diseases in outpatient and inpatient settings.
Inpatient acute rehabilitation	Inpatient rehabilitation for people with acute injury or illness, delivered by rehabilitation professionals as part of multi-disciplinary acute care, including the provision of assistive devices such as crutches or wheelchairs.
Outpatient rehabilitation services	Outpatient services provided by a rehabilitation professional via an outpatient service often as part of follow-up care, including assistive device provision or maintenance.
Prosthetics and orthotics	Manufacture, fitting, and training to use prosthetic and orthotic devices.
Oral health and dental care	Oral health and dental care services.
Psychological first aid	Psychological first aid for distressed people, survivors of assault, abuse, neglect, domestic violence, and linking vulnerable individuals/families with resources, such as health services, livelihood assistance, etc.
Management of mental disorders	Management of mental disorders by specialized and/or trained and supervised non-specialized health-care providers, availability of fluoxetine, carbamazepine, haloperidol, biperiden, and diazepam.
Inpatient care for management of mental disorders	Inpatient care for management of mental disorders by specialized and/or trained and supervised non-specialized healthcare providers.


HeRAMS