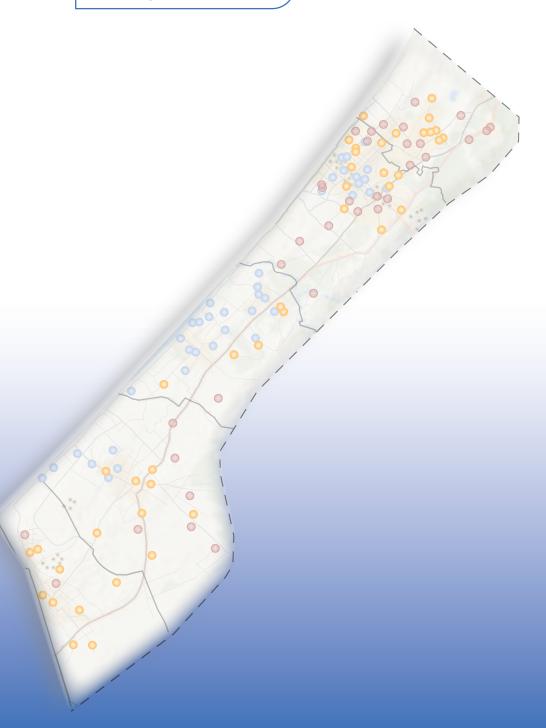


Gaza

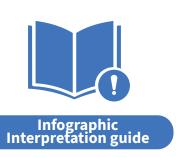
**Infographics** 

October 2025





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- Governmental hospitals: This infographic is a subset of the "All Hospitals" infographic, focusing exclusively on governmental hospitals.
- Field hospitals: This infographic provides special insights on services provided by field hospitals deployed in across the Gaza Strip.

<sup>1</sup> 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.

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.

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.

<sup>6</sup> UNRWA health centers: This infographic provides insights on UNRWA health centers and focuses on a limited number of services deemed priority for health centers.



# 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) <sup>1</sup>. 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.
- AVAILABILITY
  Is the service available?

  Available

  Partially available

  Not available

  Not normally provided

  MAIN BARRIERS

  What are the main (max. 3) barriers impeding availability?

  Lack of training

  Lack of equipment

  Lack of supplies

  Lack of financi resources
- 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.

<sup>1</sup> 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



Building condition

THE PROPERTY OF THE PROPER

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.

analysis is limited to HSDUs reporting

# 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.



XX% XX%

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 Partially available Not available 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 XX% XX% 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

Acceptance of

52% 28% referrals Not available up to standard in 20 (80%) out of the 25 HSDUs expected to provide the service

🎺 뤟 🥇 80% 75% 45% the 20 HSDUs (80%) where the service is partially or not available, 16 (80%) report lack of medical supplies as primary barrier.



# **Gaza Strip SNAPSHOT OCTOBER 2025**

All health service delivery units (HSDUs)

# **HSDU STATUS**

Out of 127 HSDUs evaluated.

**Building condition** 

+4

Equipment condition

Functionality

Accessibility

25 Intact 65 36

1 Not relevant

22 Intact 51

0 Functioning

43

36 24 Accessible

19

NORTH GAZA

Destroyed / Non Functioning

"43 (34%) out of 127 HSDUs evaluated are at least partially functioning."

DEIR AL-BALAH

# KHAN YOUNIS

RAFAH

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

Functioning Partially functioning

Non-functioning Destroyed

### \*\* Out of 43 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.

# MAIN CAUSES OF...

# **Building damage**

The 3 primary causes of building damage as reported by **65** partially damaged and 36 fully damaged HSDUs.

> 99% Insecurity

> > Lack of maintenance

8% Other

# **Equipment damage**

The 3 primary causes of equipment damage as reported by **51** partially damaged and **54** fully damaged HSDUs.

97% Insecurity

Lack of maintenance

10% Other

# Functionality constraints

The 3 primary causes of functionality constraints as reported by 43 partially functioning and 48 non-functioning HSDUs.

60% Insecurity

Lack of equipment

38% Lack of supplies

# **Accessibility constraints**

The 3 primary causes of accessibility constraints as reported by 19 partially accessible HSDUs.

> **79**% Other physical barriers

68% Insecurity

Financial barriers such as 11% user-fees

Partner Support\*

 Major support
 Partially support No support

49% Partner support types

Out of 22 HSDUs supported by partners.





Provision of health staff 64% **55**%



Provision of medical equipment



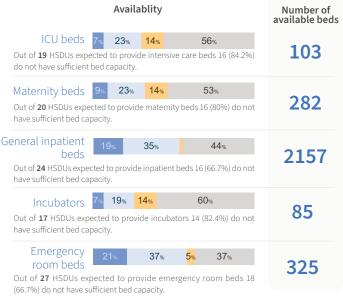


Provision of

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.

# **♥ BASIC AMENITIES**\*

# Inpatient bed capacity



### Main barriers'







# **76**%

# Waste management





# Final disposal of sharps





Not available up to standard in 22 (51.2%) out of 43 HSDUs expected to

# Final disposal of infectious waste









Not available up to standard in 23 (53.5%) out of 43 HSDUs expected to dispose of infectious waste

# Waste disposal methods

Out of 40 HSDUs where final disposal of sharps or infectious waste are at least partially available.

medical waste disposal off-site



**25**%

Others 20%

### **Power**



**65**%



Not available up to standard in 28 (65.1%) out of 43 HSDUs expected to have

# Power sources

Out of 42 HSDUs where power is at least partially available.

Generator 100% Solar | 64% Other 2%

# Cold chain

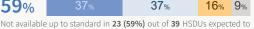


**59**%

have cold chain capacity







# Cold chain sources

Out of 32 HSDUs where cold chain is at least partially available.

Generator 88% Solar 66%

# **WASH**

# Water



### Main water sources

Out of 41 HSDUs where water is at least partially available.

Piped Supply Network 59% Protected dug well 41% Tanker truck 34%

# Sanitation facilities

Available
 Partially available
 Not available
 Not normally provided



Not available up to standard in 24 (55.8%) out of 43 HSDUs expected to have sanitation facilities.

Out of 43 HSDUs where sanitation facilities is at least partially available.

# Sanitation facilities types\*

Composting toilet 23% 86% latrine or Ventilated Improved Pit

### Sanitation facilities accessibility\*

Gender-separate toilet 40%

### Hand hygiene

Flush/pour flush

to piped sewer system or septic



63% 12%

14%

Not available up to standard in **32 (74.4%)** out of **43** HSDUs expected to maintain hand hygiene practices.

### Environmental cleaning



84%

81% Not available up to standard in **36 (83.7%)** out of **43** HSDUs expected to maintain environmental cleaning practices.

# Personal Protective Equipment (PPE)



**81**%

19%

79%

Not available up to standard in 35 (81.4%) out of 43 HSDUs expected to have

# Communication



88%



personal protective equipment.

86%

Not available up to standard in 38 (88.4%) out of 43 HSDUs expected to have

# Communication equipment types

Out of 42 HSDUs where communication is at least partially available.

Mobile phone 90% Computer 74% Telephone 17%

# **Transportation of patients**



**68**%

49%

Not available up to standard in 28 (68.3%) out of 41 HSDUs expected to have means for patient transportation

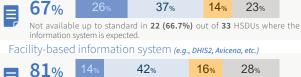
# **Transportation types**

Out of 34 HSDUs where transportation of patients is at least partially available.

PRCS Ambulance 56% Facility 41%

# Health information management systems

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



Not available up to standard in 25 (80.6%) out of 31 HSDUs where the information system is expected.

<sup>\*</sup> Out of 43 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



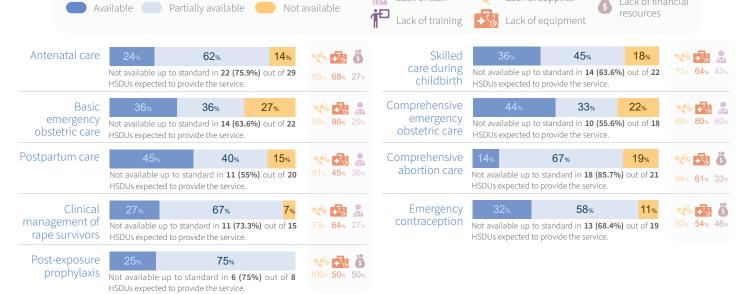


# General clinical and emergency care services

Recognition of danger signs	43% 51% 6%  Not available up to standard in 20 (57.1%) out of 35 HSDUs expected to provide the service.	95% 90% 30%	Acuity-based formal triage	27% 60% 13%  Not available up to standard in 22 (73.3%) out of 30 HSDUs expected to provide the service.	91% <b>73</b> % 36%
Initial syndrome- based management at scene	19% 71% 10%  Not available up to standard in 25 (80.6%) out of 31 HSDUs expected to provide the service.	88% 76% 32%	WHO basic emergency care	26% 71% 3%  Not available up to standard in 26 (74.3%) out of 35 HSDUs expected to provide the service.	96% 92% 31%
Advanced syndrome-based management	17% 74% 9%  Not available up to standard in 19 (82.6%) out of 23 HSDUs expected to provide the service.	89% 79% 32%	Monitored referral	43% 49% 8%  Not available up to standard in 21 (56.8%) out of 37 HSDUs expected to provide the service.	86% 71% 33%
Referral capacity	42% 50% 8%  Not available up to standard in 22 (57.9%) out of 38 HSDUs expected to provide the service.	86% 64% 55%	Acceptance of referrals	37% 53% 10%  Not available up to standard in 19 (63.3%) out of 30 HSDUs expected to provide the service.	79% 74% 42%
Acceptance of complex referrals	38% 42% 19%  Not available up to standard in 16 (61.5%) out of 26 HSDUs expected to provide the service.	88% 75% 44%	Essential services primary health care	18% 79% 3%  Not available up to standard in 28 (82.4%) out of 34 HSDUs expected to provide the service.	100% 50% 36%
Specialized services at primary health care	9% 86% 6%  Not available up to standard in 32 (91.4%) out of 35 HSDUs expected to provide the service.	97% 56% 38%	Home visits	31% 69%  Not available up to standard in 13 (100%) out of 13  HSDUs expected to provide the service.	77% 69% 54%
Minor trauma definitive management	29% 66% 6%  Not available up to standard in 25 (71.4%) out of 35 HSDUs expected to provide the service.	100% 68% 24%	Emergency department	23% 69% 8%  Not available up to standard in 20 (76.9%) out of 26 HSDUs expected to provide the service.	100% 75% 40%
Inpatient surgery ward with at least one operating theater	42% 42% 17%  Not available up to standard in 14 (58.3%) out of 24 HSDUs expected to provide the service.	<b>★ ★ ⑤</b> 86% 79% 29%	Inpatient surgery ward with at least two operating theatres	39% 48% 13%  Not available up to standard in 14 (60.9%) out of 23  HSDUs expected to provide the service.	100% 71% 36%
Burns treatment	10% 70% 20%  Not available up to standard in 18 (90%) out of 20 HSDUs expected to provide the service.	100% 67% 44%	Orthopedic/ trauma ward	15% 75% 10%  Not available up to standard in 17 (85%) out of 20 HSDUs expected to provide the service.	106% 94% 35%
20 Inpatient bed capacity	50% 42% 8%  Not available up to standard in 12 (50%) out of 24  HSDUs expected to provide the service.	92% 83% 42%	50 Inpatient bed capacity	37% 42% 21%  Not available up to standard in 12 (63.2%) out of 19  HSDUs expected to provide the service.	100% 92% 58%
Inpatient critical care management	23% 55% 23%  Not available up to standard in 17 (77.3%) out of 22  HSDUs expected to provide the service.	94% 88% 47%	Intensive care unit	25% 56% 19%  Not available up to standard in 12 (75%) out of 16 HSDUs expected to provide the service.	92% 75% 42%
Basic laboratory services	32% 66% 3%  Not available up to standard in 26 (68.4%) out of 38 HSDUs expected to provide the service.	96% 77% 31%	Secondary laboratory services	14% 64% 21%  Not available up to standard in 24 (85.7%) out of 28 HSDUs expected to provide the service.	92% 88% 38%

<sup>\*</sup> Out of 43 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.





Lack of staff

Lack of supplies

Lack of financial



# Noncommunicable diseases and mental health

Promote self-care	28% 56% 16%  Not available up to standard in 18 (72%) out of 25 HSDUs expected to provide the service.	89% 50% 44%	Noncommunicable diseases clinic	32% 50% 18%  Not available up to standard in 15 (68.2%) out of 22 HSDUs expected to provide the service.	93% 60% 40%
Asthma and chronic obstructive pulmonary disease classification, treatment and follow up	33% 60% 7%  Not available up to standard in 20 (66.7%) out of 30 HSDUs expected to provide the service.	90% 60% 30%	Hypertension early detection, management and counseling	38% 59% 3%  Not available up to standard in 20 (62.5%) out of 32  HSDUs expected to provide the service.	95% 35% 30%
Diabetes early detection, management, foot- care, and counseling	42% 55% 3%  Not available up to standard in 18 (58.1%) out of 31 HSDUs expected to provide the service.	83% 44% 33%	Inpatient acute rehabilitation	21% 64% 14%  Not available up to standard in 11 (78.6%) out of 14  HSDUs expected to provide the service.	82% 82% 45%
Outpatient rehabilitation services	15% 70% 15%  Not available up to standard in 17 (85%) out of 20 HSDUs expected to provide the service.	82% <b>71%</b> 18%	Prosthetics and orthotics	78%  Not available up to standard in 9 (100%) out of 9 HSDUs expected to provide the service.	100% 56% 22%
Oral health and dental care	20% 56% 24%  Not available up to standard in 20 (80%) out of 25 HSDUs expected to provide the service.	100% 85% 25%	Psychological first aid	52% 33% 14%  Not available up to standard in 10 (47.6%) out of 21 HSDUs expected to provide the service.	60% 50% 30%
Management of mental disorders	21% 63% 16%  Not available up to standard in 15 (78.9%) out of 19 HSDUs expected to provide the service.	87% 40% 33%	Inpatient care for management of mental disorders	71% 29%  Not available up to standard in 7 (100%) out of 7 HSDUs expected to provide the service.	71% 57% 43%
Cancer diagnostics services	10% 70% 20%  Not available up to standard in 9 (90%) out of 10 HSDUs expected to provide the service.	78% 78% 56%	Primary cancer screening (non-instrumental methods)	43% 43% 14%  Not available up to standard in 8 (57.1%) out of 14 HSDUs expected to provide the service.	62% 62% 62%
Mammography	23% 77%  Not available up to standard in 13 (100%) out of 13 HSDUs expected to provide the service.	92% 54% 46%	Colonoscopy	27% 40% 33%  Not available up to standard in 11 (73.3%) out of 15 HSDUs expected to provide the service.	91% 82% 55%
Cancer treatment services	25% 50% 25%  Not available up to standard in 3 (75%) out of 4 HSDUs expected to provide the service.	67% 67% 33%	Chemotherapy	50% 50%  Not available up to standard in 1 (50%) out of 2 HSDUs expected to provide the service.	100% 100% 100%
Radiological treatment	100%  Not available up to standard in 1 (100%) out of 1  HSDU expected to provide the service.	100% 100% 100%	Hematological and oncohematological care in all settings	67% 33%  Not available up to standard in 1 (33.3%) out of 3 HSDUs expected to provide the service.	100% 100% 100%

This analysis was produced based on the information reported into HeRAMS up to 31 October 2025 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not fina 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, governmental 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.

- 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.
- The analysis of basic amenities follows the same approach as barriers and was restricted to HSDUs indicator was at least partially available.

  The analysis of individual services excludes HSDUs reporting a service as "not normally provided quently, the total number of HSDUs included in the analysis varies by service.













# **Gaza Strip SNAPSHOT OCTOBER 2025**

All hospitals\* (excluding field hospitals)

# **HOSPITAL STATUS**

Out of 35 hospitals evaluated



**Building condition** 

+4

Equipment condition

Functionality

2 Intact

24

0 18

**Functioning** 

6

8 10

Destroyed / Non Functioning

Accessibility

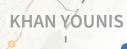


"18 (51%) out of 35 hospitals evaluated are at least partially functioning."

RAFAH

# NORTH GAZA

# DEIR AL-BALAH



Functioning Partially functioning Non-functioning Destroyed

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

## This infographic presents data from general and specialized hospitals operated by governmental and non-governmental org<mark>anizations. Field hospitals established in response to the ongoing conflict are excluded from this</mark> infographic and instead presented in a standalone infographic.

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".

# MAIN CAUSES OF...

# **Building damage**

The 3 primary causes of building damage as reported by 27 partially damaged and 6 fully damaged hospitals.

> 97% Insecurity

Lack of maintenance

18% Other

# **Equipment damage**

The 3 primary causes of equipment damage as reported by 24 partially damaged and 11 fully damaged hospitals.

97% Insecurity

40% Lack of maintenance

17% Industrial incidents

# Functionality constraints

The 3 primary causes of functionality constraints as reported by 18 partially functioning and 11 non-functioning hospitals.

69% Insecurity

Lack of equipment

41% Damages to the facility

# **Accessibility constraints**

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

> 80% Insecurity

Other physical barriers

Financial barriers such as 10% user-fees

Partner Support\*

Major support
 Partially support



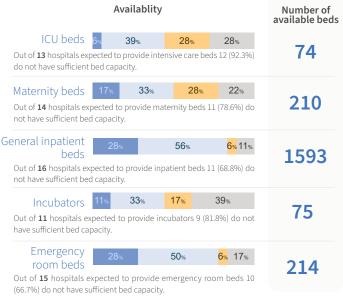


Provision of 50% operational costs

<sup>\*\*</sup> Out of 18 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.

# **♥ BASIC AMENITIES**\*

# Inpatient bed capacity



### Main barriers'







# Waste management





# Final disposal of sharps









Not available up to standard in 14 (77.8%) out of 18 hospitals expected to

# Final disposal of infectious waste









Not available up to standard in 16 (88.9%) out of 18 hospitals expected to dispose of infectious wa

# Waste disposal methods

Out of 17 hospitals where final disposal of sharps or infectious waste are at least partially available.

medical waste disposal off-site



Incinerated other 24%

Others 18%

### **Power**









28%

11%

Not available up to standard in 15 (83.3%) out of 18 hospitals expected to have power available.

# Power sources

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

Generator 100% Solar **76**% Other 6%

# Cold chain



**81**%



44% Not available up to standard in 13 (81.2%) out of 16 hospitals expected to have cold chain capacity

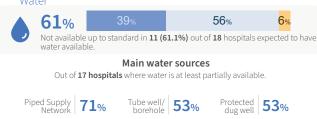
# Cold chain sources

Out of 11 hospitals where cold chain is at least partially available

Generator 100% Solar **82**%

# **WASH**





### Sanitation facilities

Available
 Partially available
 Not available
 Not normally provided



Not available up to standard in 13 (72.2%) out of 18 hospitals expected to have sanitation facilities.

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

# Sanitation facilities types\*

Flush/pour flush Composting toilet 39% to piped sewer system or septic

latrine or Ventilated Improved Pit

72%

Sanitation facilities accessibility\*

11%

Dedicated staff toilet 100%





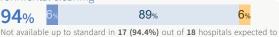


Not available up to standard in 14 (77.8%) out of 18 hospitals expected to maintain hand hygiene practices.

83%

### Environmental cleaning





# Personal Protective Equipment (PPE)

maintain environmental cleaning practices.



83%

78%

Not available up to standard in 15 (83.3%) out of 18 hospitals expected to have personal protective equipment.

# Communication



94%







Not available up to standard in 17 (94.4%) out of 18 hospitals expected to have

# Communication equipment types

Out of 17 hospitals where communication is at least partially available.

Mobile phone 94% Computer 94% Telephone 24%

# **Transportation of patients**



83%

Not available up to standard in 15 (83.3%) out of 18 hospitals expected to have means for patient transportation.

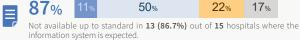
# **Transportation types**

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

Facility Ambulance 64% PRCS Ambulance 57%

# Health information management systems

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



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



**76**%

50%

6%

Not available up to standard in 13 (76.5%) out of 17 hospitals where the information system is expected.

<sup>\*</sup> Out of 18 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

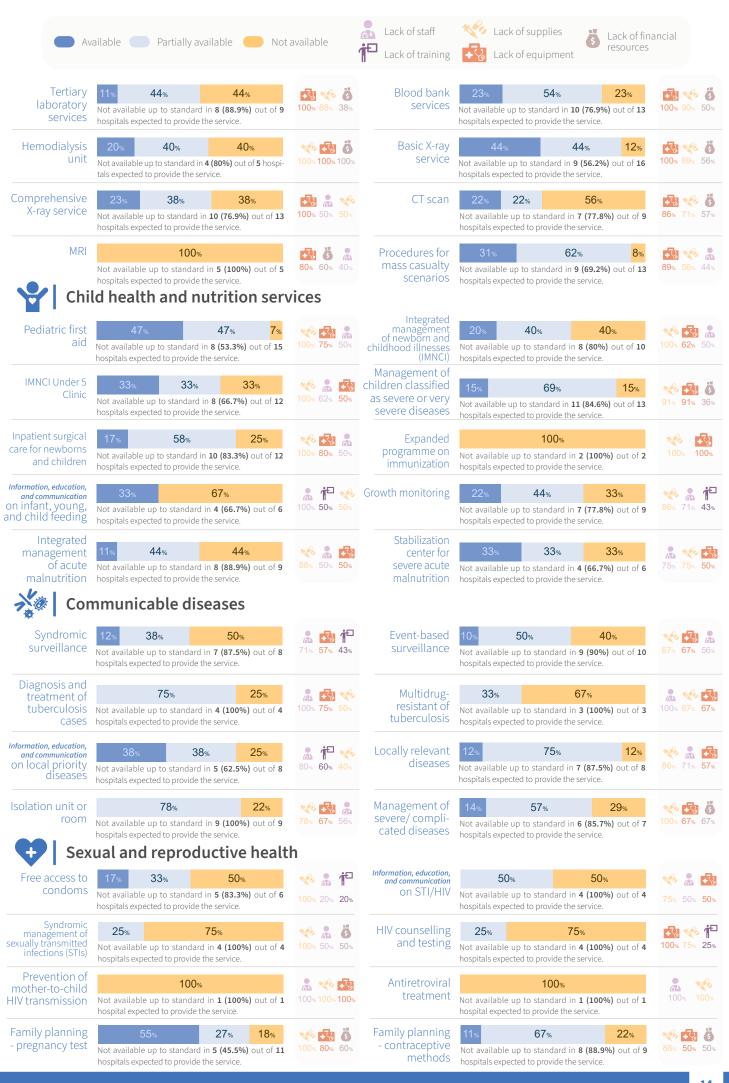


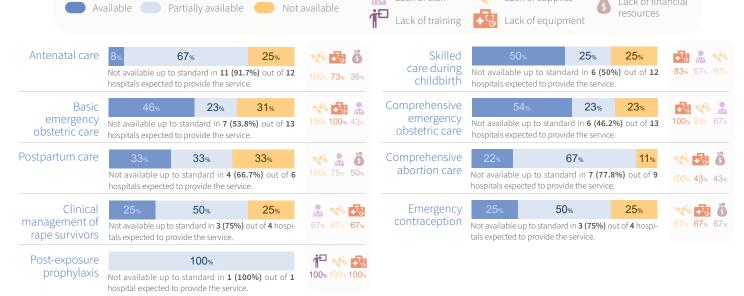


# General clinical and emergency care services

Recognition of danger signs	33% 60% 7%  Not available up to standard in 10 (66.7%) out of 15 hospitals expected to provide the service.	100% 100% 50%	Acuity-based formal triage	31% 38% 31%  Not available up to standard in 9 (69.2%) out of 13 hospitals expected to provide the service.	89% 67% 67%
Initial syndrome- based management at scene	14% 71% 14%  Not available up to standard in 12 (85.7%) out of 14 hospitals expected to provide the service.	75% 75% 50%	WHO basic emergency care	31% 62% 8%  Not available up to standard in 9 (69.2%) out of 13 hospitals expected to provide the service.	100% 89% 67%
Advanced syndrome-based management	15% 69% 15%  Not available up to standard in 11 (84.6%) out of 13 hospitals expected to provide the service.	91% 82% 36%	Monitored referral	27% 60% 13%  Not available up to standard in 11 (73.3%) out of 15 hospitals expected to provide the service.	82% 73% 55%
Referral capacity	31% 56% 12%  Not available up to standard in 11 (68.8%) out of 16 hospitals expected to provide the service.	82% 73% 64%	Acceptance of referrals	27% 53% 20%  Not available up to standard in 11 (73.3%) out of 15 hospitals expected to provide the service.	82% 64% 45%
Acceptance of complex referrals	21% 57% 21%  Not available up to standard in 11 (78.6%) out of 14 hospitals expected to provide the service.	82% 64% 55%	Essential services primary health care	25% 67% 8%  Not available up to standard in 9 (75%) out of 12 hospitals expected to provide the service.	100% 78% 44%
Specialized services at primary health care	8% 77% 15%  Not available up to standard in 12 (92.3%) out of 13 hospitals expected to provide the service.	92% 67% 58%	Home visits	50% 50%  Not available up to standard in 2 (100%) out of 2 hospitals expected to provide the service.	100% 100% 50%
Minor trauma definitive management	33% 58% 8%  Not available up to standard in 8 (66.7%) out of 12 hospitals expected to provide the service.	100% 88% 38%	Emergency department	21% 71% 7%  Not available up to standard in 11 (78.6%) out of 14 hospitals expected to provide the service.	100% 82% 55%
Inpatient surgery ward with at least one operating theater	38% 44% 19%  Not available up to standard in 10 (62.5%) out of 16 hospitals expected to provide the service.	80% 80% 30%	Inpatient surgery ward with at least two operating theatres	33% 53% 13%  Not available up to standard in 10 (66.7%) out of 15 hospitals expected to provide the service.	100% 80% 30%
Burns treatment	69% 31%  Not available up to standard in 13 (100%) out of 13 hospitals expected to provide the service.	100% 69% 46%	Orthopedic/ trauma ward	8% 83% 8%  Not available up to standard in <b>11 (91.7%)</b> out of <b>12</b> hospitals expected to provide the service.	100% 82% 45%
20 Inpatient bed capacity	50% 38% 12%  Not available up to standard in 8 (50%) out of 16 hospitals expected to provide the service.	88% 75% 50%	50 Inpatient bed capacity	33% 42% 25%  Not available up to standard in 8 (66.7%) out of 12 hospitals expected to provide the service.	100% 88% 50%
Inpatient critical care management	29% 50% 21%  Not available up to standard in 10 (71.4%) out of 14 hospitals expected to provide the service.	100% 90% 50%	Intensive care unit	18% 55% 27%  Not available up to standard in 9 (81.8%) out of 11 hospitals expected to provide the service.	89% 67% 56%
Basic laboratory services	40% 53% 7%  Not available up to standard in 9 (60%) out of 15 hospitals expected to provide the service.	89% 67% 56%	Secondary laboratory services	29% 64% 7%  Not available up to standard in 10 (71.4%) out of 14 hospitals expected to provide the service.	90% 90% 40%

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Lack of staff

Lack of supplies

Lack of financial



# Noncommunicable diseases and mental health

<b>●</b> ■/ •					
Promote self-care	14% 43% 43%	<b>*</b> 3 6	Noncommunicable diseases clinic	20% 80%	<b>₩</b> .
	Not available up to standard in <b>6 (85.7%)</b> out of <b>7</b> hospitals expected to provide the service.	83% 67% 33%	uiseases cililic	Not available up to standard in <b>5 (100%)</b> out of <b>5</b> hospitals expected to provide the service.	80% 60% 40%
Asthma and chronic obstructive pulmonary disease classification, treatment and follow up	20% 60% 20%  Not available up to standard in 8 (80%) out of 10 hospitals expected to provide the service.	75% 62% 50%	Hypertension early detection, management and counseling	8% 83% 8%  Not available up to standard in 11 (91.7%) out of 12 hospitals expected to provide the service.	91% 64% 27%
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.	70% 50% 40%	Inpatient acute rehabilitation	22% 67% 11%  Not available up to standard in 7 (77.8%) out of 9 hospitals expected to provide the service.	100% 71% 71%
Outpatient rehabilitation services	25% 50% 25%  Not available up to standard in 6 (75%) out of 8 hospitals expected to provide the service.	67% 67% 33%	Prosthetics and orthotics	Not expected in any operational hospital.	_
Oral health and dental care	27% 45% 27%  Not available up to standard in 8 (72.7%) out of 11 hospitals expected to provide the service.	100% 75% 38%	Psychological first aid	33% 33% 33%  Not available up to standard in 2 (66.7%) out of 3 hospitals expected to provide the service.	100%100% 50%
Management of mental disorders	67%  Not available up to standard in 3 (100%) out of 3 hospitals expected to provide the service.	100% 67% 67%	Inpatient care for management of mental disorders	83% 17%  Not available up to standard in 6 (100%) out of 6 hospitals expected to provide the service.	83% 50% 50%
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%	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% 50%
Mammography	33% 67%  Not available up to standard in 9 (100%) out of 9 hospitals expected to provide the service.	89% 56% 56%	Colonoscopy	29% 36% 36%  Not available up to standard in 10 (71.4%) out of 14 hospitals expected to provide the service.	90% 80% 60%
Cancer treatment services	25% 50% 25%  Not available up to standard in 3 (75%) out of 4 hospitals expected to provide the service.	67% 67% 33%	Chemotherapy	50% 50%  Not available up to standard in 1 (50%) out of 2 hospitals expected to provide the service.	100% 100% 100%
Radiological treatment	100%  Not available up to standard in 1 (100%) out of 1 hospital expected to provide the service.	100% 100% 100%	Hematological and oncohematological care in all settings	67% 33%  Not available up to standard in 1 (33.3%) out of 3 hospitals expected to provide the service.	100% 100% 100%

This analysis was produced based on the information reported into HeRAMS up to 31 October 2025 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 sinc merged into a single facility. Field hospitals established in response to the ongoing conflict and deterioratin health conditions are not included in this report, as they are temporary entities. Data from these field hospita will be reported separately in an infographic specific to field hospitals.

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

- 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.
- I he 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













Functionality

# **HeRAMS** occupied Palestinian territory

# **Gaza Strip SNAPSHOT OCTOBER 2025**

Governmental hospitals\*

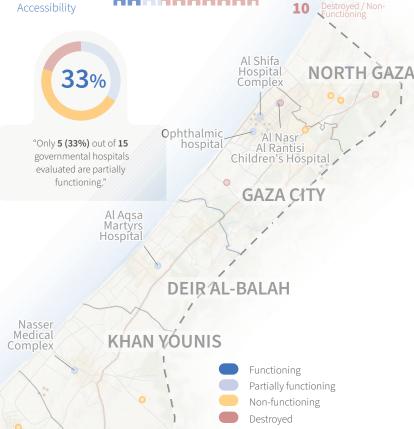
# **GOVERNMENTAL HOSPITAL STATUS**

Out of 15 governmental hospitals evaluated. 0 12 **Building condition** +4 0 Intact 8 Equipment condition 0 Functioning 5

3 2

3

Destroyed / Non Functioning



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

RAFAH

# 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

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

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

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

Other physical barriers

# Partner Support\*

 Major support
 Partially support No support

40% Partner support types Out of 2 governmental hospitals supported by partners.

Provision of operational costs \$

60%

100% Training of health staff 50% Governance Oversight

(A)

Provision of health staff

Provision of medical equipment 50%

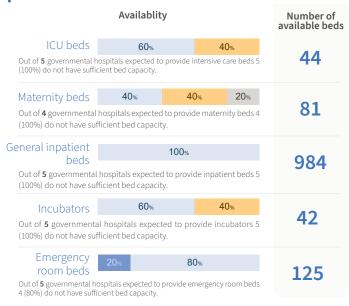
Provision of health services 50%

<sup>\*\*</sup> 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.

# **♥ BASIC AMENITIES\***

# Inpatient bed capacity



### Main barriers'







60%

# Waste management

# Waste segregation



100%

Not available up to standard in 5 (100%) out of 5 governmental hospitals expected to maintain waste segregation practices.

# Final disposal of sharps



100%

100%

Not available up to standard in  $\bf 5$  (100%) out of  $\bf 5$  governmental hospitals expected to dispose of sharps.

# Final disposal of infectious waste



**100**%



20%

Not available up to standard in **5 (100%)** 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.

medical waste disposal off-site

60%

Others 40%

Autoclaved 20%

### **Power**



**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%

40%

40%

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

# Cold chain sources

Out of 3 governmental hospitals where cold chain is at least partially available.

Generator 100% Solar 67%

# **WASH**

### Water



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

Available
 Partially available
 Not available
 Not normally provided



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

# Sanitation facilities types\*

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

### Sanitation facilities accessibility\*

Dedicated staff toilet 100% 80%

### Hand hygiene



20%

80% Not available up to standard in **5 (100%)** out of **5** governmental hospitals expected to maintain hand hygiene practices.

### Environmental cleaning



100%

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

# Personal Protective Equipment (PPE)



100%

100%

Not available up to standard in 5 (100%) 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

# Communication equipment types

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

Computer 100% Mobile phone 80% Telephone 20%

# Transportation of patients



80%

60%

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 | 100% Ambulance | 50% Private | 25%

# Health information management systems

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



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



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

20%

20%

<sup>\*</sup> 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

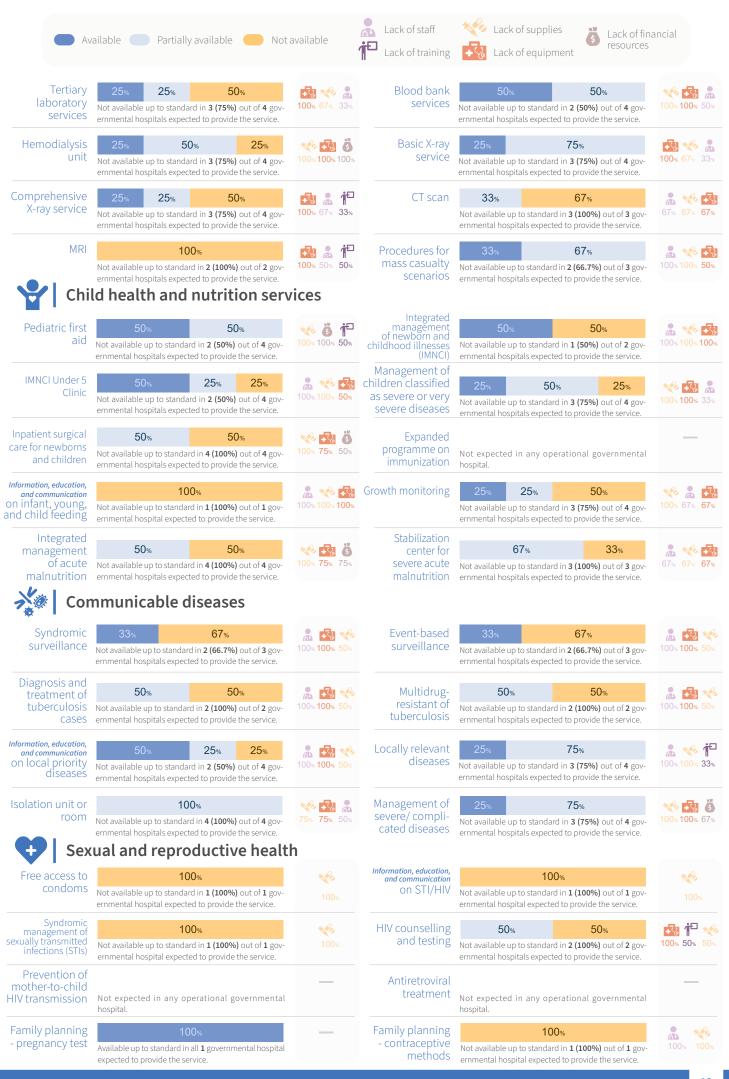




# General clinical and emergency care services

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%	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%
Initial syndrome- based management at scene	50% 50%  Not available up to standard in 2 (50%) out of 4 governmental hospitals expected to provide the service.	100% 100% 50%	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%
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%	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%
Referral capacity	40% 60%  Not available up to standard in 3 (60%) out of 5 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%
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%	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%
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%	Home visits	Not expected in any operational governmental hospital.	_
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%	Emergency department	25% 75%  Not available up to standard in 3 (75%) out of 4 governmental hospitals expected to provide the service.	100% 100% 100%
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%	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%
Burns treatment	67% 33%  Not available up to standard in 3 (100%) out of 3 governmental hospitals expected to provide the service.	100% 67% 67%	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%
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%	50 Inpatient bed capacity	75% 25%  Not available up to standard in 4 (100%) out of 4 governmental hospitals expected to provide the service.	100% 75% 50%
Inpatient critical care management	50% 25% 25%  Not available up to standard in 2 (50%) out of 4 governmental hospitals expected to provide the service.	100% 100% 50%	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%
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%	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%

<sup>\*</sup> 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.







prophylaxis

# Noncommunicable diseases and mental health

Not expected in any operational governmental

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%	Noncommunicable diseases clinic	100%  Not available up to standard in 1 (100%) out of 1 governmental hospital 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%	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%	
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%	Inpatient acute rehabilitation	33% 67%  Not available up to standard in 2 (66.7%) out of 3 governmental hospitals expected to provide the service.	0	
Outpatient rehabilitation services	50%  Not available up to standard in 1 (50%) out of 2 governmental hospitals expected to provide the service.	100% 100%	Prosthetics and orthotics	Not expected in any operational governmental hospital.	_	
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%	Psychological first aid	Not expected in any operational governmental hospital.	_	
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%	Inpatient care for management of mental disorders	75% 25%  Not available up to standard in 4 (100%) out of 4 governmental hospitals expected to provide the service.	100% 75% 50%	
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%	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%	
Mammography	50%  Not available up to standard in 2 (100%) out of 2 governmental hospitals expected to provide the service.	100%100% 50%	Colonoscopy	50%  Not available up to standard in 4 (100%) out of 4 governmental hospitals expected to provide the service.	100% 75% 50%	
Cancer treatment services	50% 50%  Not available up to standard in 1 (50%) out of 2 governmental hospitals expected to provide the service.	100% 100%	Chemotherapy	100%  Not available up to standard in 1 (100%) out of 1 governmental hospital expected to provide the service.	100% 100% 100%	
Radiological treatment	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	50% 50%  Not available up to standard in 1 (50%) out of 2 governmental hospitals expected to provide the service.	100% 100% 100%	

This analysis was produced based on the information reported into HeRAMS up to 31 October 2025 and while the the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not fina and is produced solably 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 organization: (NGOs). Originally, there were 16 hospitals, but Al-Nasr and Al-Rantisi hospitals have since merged into a single facility.

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- 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 too three most frequently reported barriers are presented for each indicator.
- 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 pr













# **Gaza Strip SNAPSHOT OCTOBER 2025**

Field hospitals\*

# **FIELD HOSPITAL STATUS**

Out of 11 field hospitals evaluated



**Building condition** 

+4

Equipment

Functionality

Accessibility

7 3

0

2

6

1 Not relevant

8 Intact 3

0

Functioning 8

0 Destroyed / Non Functioning 3

# MAIN CAUSES OF...

# **Building damage**

The primary cause of building damage as reported by 3 partially



# **Equipment damage**

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



100% Insecurity

# NORTH GAZA

# "8 (73%) out of 11 field hospitals evaluated are at least partially functioning." IMC Field

Hospital AlZawida. Al-Zwayda field hospital

IMC #2 field hospital - Dier Al-Balah

MSF-France field hospital Deir Al-Balah

DEIR AL-BALAH

# KHAN YOUNIS



Functioning

Partially functioning Non-functioning Destroyed

GAZA CIT

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

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.

# **Functionality constraints**

The 3 primary causes of functionality constraints as reported by 8 partially functioning and 3 non-functioning field hospitals.



64% Lack of supplies



Lack of equipment



45% Lack of staff

# **Accessibility constraints**

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

83%

Other physical barriers

33% Insecurity

33%

Information barriers

Partner Support\*

Major support
 Partially support

No support

38%



60% Training of health staff



Provision of



Provision of medical supplies 60%



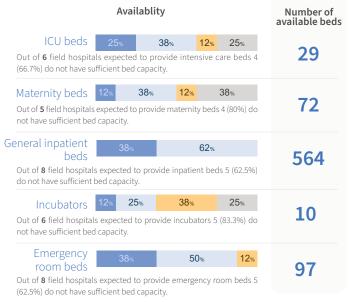


Provision of 20% operational

<sup>\*\*</sup> Out of 8 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**\*

# Inpatient bed capacity



### Main barriers'







# Waste management

# Waste segregation





Not available up to standard in 4 (50%) out of 8 field hospitals expected to maintain waste segregation practices.

# Final disposal of sharps



**50**%

50%

Not available up to standard in 4 (50%) out of 8 field hospitals expected to

# Final disposal of infectious waste



**38**%





Not available up to standard in 3 (37.5%) out of 8 field hospitals

# Waste disposal methods

Out of 8 field hospitals where final disposal of sharps or infectious waste are at least partially available.

medical waste disposal off-site



Others 25% Incinerated two chamber 12%

# **Power**



**62**%



Not available up to standard in 5 (62.5%) out of 8 field hospitals expected to have power available.

# Power sources

Out of 8 field hospitals where power is at least partially available.

Generator 100% Solar 38%

# Cold chain



83%







therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services

Not available up to standard in 5 (83.3%) out of 6 field hospitals expected to have cold chain capacity

# Cold chain sources

Out of 5 field hospitals where cold chain is at least partially available.

Generator 100% Solar 20%

# **WASH**

### Water



### Main water sources

Out of 8 field hospitals where water is at least partially available.

Piped Supply Network 12% Tanker truck 38% Other | 12%

### Sanitation facilities



have sanitation facilities

Available
 Partially available
 Not available
 Not normally provided

62% Not available up to standard in 5 (62.5%) out of 8 field hospitals expected to

Out of 8 field hospitals where sanitation facilities is at least partially available.

# Sanitation facilities types\*

Flush/pour flush to piped sewer system or septic **50**%

Covered Pit latrine or Ventilated Improved Pit 38%

Other | 38%

### Sanitation facilities accessibility\*

100%

88%

Toilets for people with limited **25**% mobility

### Hand hygiene



62% **62**%

Not available up to standard in  ${\bf 5}$  (62.5%) out of  ${\bf 8}$  field hospitals expected to maintain hand hygiene practices.

# Environmental cleaning



**62**%

Not available up to standard in **5 (62.5%)** out of **8** field hospitals expected to maintain environmental cleaning practices.

# Personal Protective Equipment (PPE)



**62**%

62%

62%

Not available up to standard in 5 (62.5%) out of 8 field hospitals expected to have personal protective equipment.

# Communication



**75**%

75%

Not available up to standard in 6 (75%) out of 8 field hospitals expected to have

# Communication equipment types

Out of 8 field hospitals where communication is at least partially available.

Mobile phone 88% Computer 75% Other | 12%

# Transportation of patients



**62**%

Not available up to standard in 5 (62.5%) out of 8 field hospitals expected to have means for patient transportation

# **Transportation types**

Out of **7 field hospitals** where transportation of patients is at least partially available.

Facility 71% PRCS Ambulance 57%

# Health information management systems

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



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



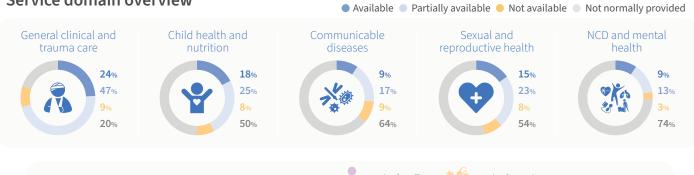
50%

**12%** 12% Not available up to standard in 5 (71.4%) out of 7 field hospitals where the

<sup>\*</sup> Out of 8 field hospitals, field hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are

# **ESSENTIAL HEALTH SERVICES\***

# Service domain overview





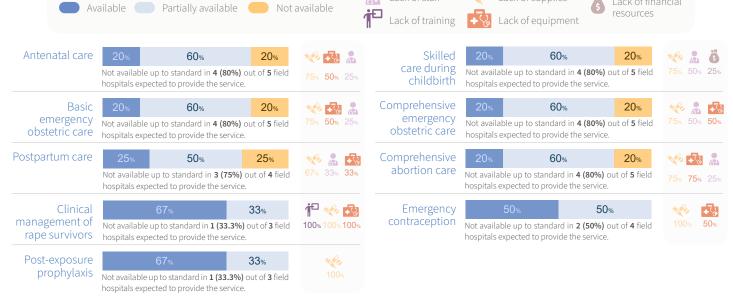


# General clinical and emergency care services

Recognition of danger signs	50% 50%  Not available up to standard in 3 (50%) out of 6 field hospitals expected to provide the service.	100% 67% 33%	Acuity-based formal triage	43% 57%  Not available up to standard in 4 (57.1%) out of 7 field hospitals expected to provide the service.	100% 75% 50%
Initial syndrome- based management at scene	25% 75%  Not available up to standard in 6 (75%) out of 8 field hospitals expected to provide the service.	100% 50% 33%	WHO basic emergency 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%
Advanced syndrome-based management	25% 75%  Not available up to standard in 6 (75%) out of 8 field hospitals expected to provide the service.	83% <b>67%</b> 33%	Monitored referral	38% 62%  Not available up to standard in 5 (62.5%) out of 8 field hospitals expected to provide the service.	80% 80% 20%
Referral capacity	38% 50% 12%  Not available up to standard in 5 (62.5%) out of 8 field hospitals expected to provide the service.	100% 40% 40%	Acceptance of referrals	50% 50%  Not available up to standard in 4 (50%) out of 8 field hospitals expected to provide the service.	100% 75% 50%
Acceptance of complex referrals	33% 33% 33%  Not available up to standard in 4 (66.7%) out of 6 field hospitals expected to provide the service.	100% 100% 50%	Essential services primary health care	33% 67%  Not available up to standard in 4 (66.7%) out of 6 field hospitals expected to provide the service.	100% 50% 25%
Specialized services at primary health care	29% 71%  Not available up to standard in 5 (71.4%) out of 7 field hospitals expected to provide the service.	100% 80% 40%	Home visits	100%  Not available up to standard in 1 (100%) out of 1 field hospital expected to provide the service.	100% 100%
Minor trauma definitive management	14% 71% 14%  Not available up to standard in 6 (85.7%) out of 7 field hospitals expected to provide the service.	100% 50%	Emergency department	25% 62% 12%  Not available up to standard in 6 (75%) out of 8 field hospitals expected to provide the service.	100% 67% 33%
Inpatient surgery ward with at least one operating theater	50% 38% 12%  Not available up to standard in 4 (50%) out of 8 field hospitals expected to provide the service.	100% 75% 25%	Inpatient surgery ward with at least two operating theatres	50% 38% 12%  Not available up to standard in 4 (50%) out of 8 field hospitals expected to provide the service.	100% 50% 50%
Burns treatment	33% 67%  Not available up to standard in 4 (66.7%) out of 6 field hospitals expected to provide the service.	100% 50% 50%	Orthopedic/ trauma ward	25% 62% 12%  Not available up to standard in 6 (75%) out of 8 field hospitals expected to provide the service.	100% 100% 17%
20 Inpatient bed capacity	50% 50%  Not available up to standard in 4 (50%) out of 8 field hospitals expected to provide the service.	100% 100% 25%	50 Inpatient bed capacity	43% 43% 14%  Not available up to standard in 4 (57.1%) out of 7 field hospitals expected to provide the service.	100% 100% 75%
Inpatient critical care management	12% 62% 25%  Not available up to standard in 7 (87.5%) out of 8 field hospitals expected to provide the service.	86% 86% 43%	Intensive care unit	40% 60%  Not available up to standard in 3 (60%) out of 5 field hospitals expected to provide the service.	100% 100% 33%
Basic laboratory services	25% 75%  Not available up to standard in 6 (75%) out of 8 field hospitals expected to provide the service.	100% 83% 33%	Secondary laboratory services	62% 38%  Not available up to standard in 8 (100%) out of 8 field hospitals expected to provide the service.	88% 88% 38%

<sup>\*</sup> Out of **8** 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.





Lack of staff

Lack of supplies

Lack of financial



# Noncommunicable diseases and mental health

~ .					
Promote self-care	67% 33%  Not available up to standard in 1 (33.3%) out of 3 field hospitals expected to provide the service.	100% 100% 100%	Noncommunicable diseases clinic	67% 33%  Not available up to standard in 1 (33.3%) out of 3 field hospitals expected to provide the service.	100%
Asthma and chronic obstructive pulmonary disease classification, treatment and follow up	50% 50%  Not available up to standard in 2 (50%) out of 4 field hospitals expected to provide the service.	100% 50% 50%	Hypertension early detection, management and counseling	50%  Not available up to standard in 2 (50%) out of 4 field hospitals expected to provide the service.	100%
Diabetes early detection, management, foot- care, and counseling	50% 50% Not available up to standard in 2 (50%) out of 4 field hospitals expected to provide the service.	100%	Inpatient acute rehabilitation	20% 60% 20%  Not available up to standard in 4 (80%) out of <b>5</b> field hospitals expected to provide the service.	100% 50%
Outpatient rehabilitation services	25% 50% 25%  Not available up to standard in 3 (75%) out of 4 field hospitals expected to provide the service.	67% 67% 33%	Prosthetics and orthotics	100%  Not available up to standard in 2 (100%) out of 2 field 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 field hospital expected to provide the service.	100% 100% 100%	Psychological first aid	50% 25% 25%  Not available up to standard in 2 (50%) out of 4 field hospitals expected to provide the service.	100% 50%
Management of mental disorders	25% 50% 25%  Not available up to standard in 3 (75%) out of 4 field hospitals expected to provide the service.	67% 67% 33%	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%
Cancer diagnostics services	Not expected in any operational field hospital.	_	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%
Mammography	Not expected in any operational field hospital.	_	Colonoscopy	100%  Not available up to standard in 1 (100%) out of 1 field hospital expected to provide the service.	100% 100%
Cancer treatment services	Not expected in any operational field hospital.	_	Chemotherapy	Not expected in any operational field hospital.	_
Radiological treatment	Not expected in any operational field hospital.		Hematological and oncohematological care in all settings	Not expected in any operational field hospital.	_

- 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.
- The analysis of basic amenities follows the same approach as barriers and was restricted to field hospital: where the indicator was at least partially available.

  The analysis of individual services excludes field hospitals reporting a service as "not normally provided." Con sequently, the total number of field hospitals included in the analysis varies by service.













# **Gaza Strip SNAPSHOT OCTOBER 2025**

Government primary healthcare centers (PHCs)\*

# PHC STATUS\*\*

Out of 55 government PHCs evaluated



**Building condition** 

Equipment

**Functionality** 

Accessibility

12 Intact 19

11 Intact 12

0 **Functioning** 

10

24

10 Accessible

0

NORTH GAZA

# MAIN CAUSES OF...

# **Building damage**

The 3 primary causes of building damage as reported by **19** partially damaged and **24** fully damaged government PHCs.

100% Insecurity

Other Geohazard events

# **Equipment damage**

The 3 primary causes of equipment damage as reported by 12 partially damaged and 32 fully damaged government PHCs.

95% Insecurity

Lack of maintenance

**5**% Other

# Functionality constraints

The 3 primary causes of functionality constraints as reported by 10 partially functioning and 21 non-functioning government PHCs.

55% Insecurity

Damages to the facility

35% Lack of equipment

# **Accessibility constraints**

No accessiblity constraitns reported

"Only 10 (18%) out of 55 government PHCs evaluated are partially functioning."

RAFAH

DEIR AL-BALAH

# KHAN YOUNIS

Fully functioning Partially functioning

Non-functioning

Destroyed

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

# Major supportPartially support Partner Support\*\* No support 50% Partner support types

Provision of medical supplies

40% Training of health staff

40%

40% Governance / Oversight

Provision of operational costs Provision of

health staff



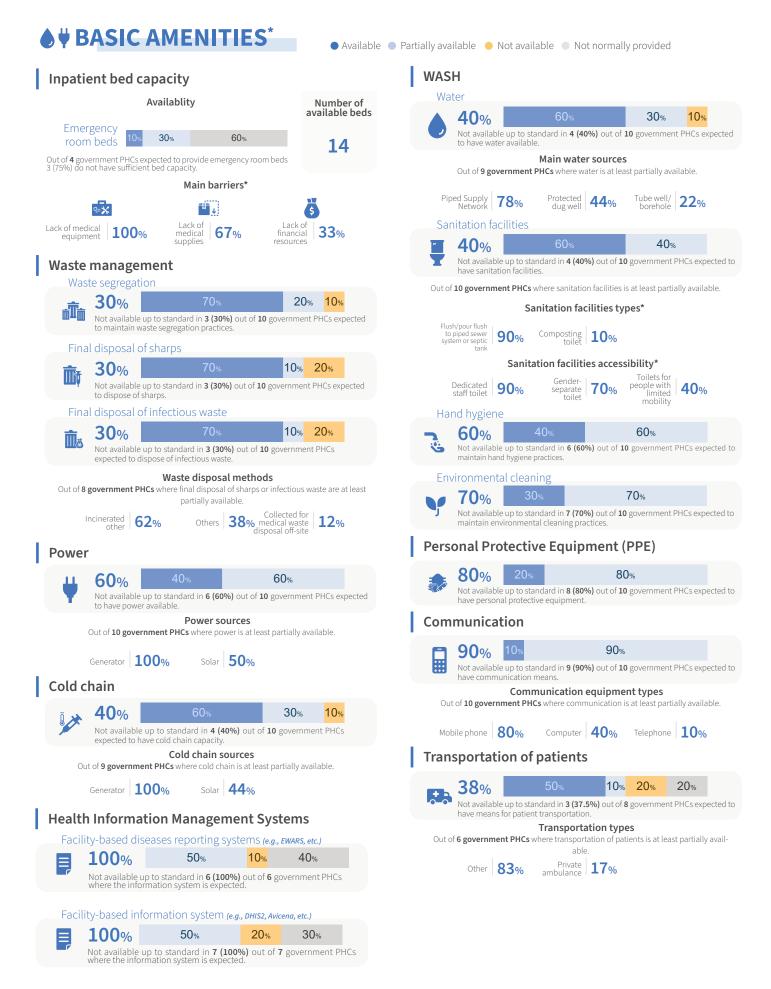
Provision equipment



40% Provision of health services

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

<sup>\*\*</sup> Out of 10 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.



<sup>\*</sup> Out of 10 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.

# **ESSENTIAL HEALTH SERVICES\***

### Service domain overview Available Partially available Not available Not normally provided Child health and General clinical and Communicable Sexual and NCD and mental nutrition reproductive health health trauma care diseases 17% 20% 23% 16% 37% 21% 32% 45% 28% 40% 71% 48% Lack of staff Lack of supplies Lack of financial Available Partially available Not available resources Lack of training Lack of equipment



# General clinical and emergency care services



<sup>\*</sup> Out of 10 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.









D 1: 1 : C: 1			Integrated management		
Pediatric first aid	Not available up to standard in 7 (77.8%) out of 9 government PHCs expected to provide the service.	100% 71%	of newborn and childhood illnesses (IMNCI)	Not available up to standard in 6 (75%) out of 8 government PHCs expected to provide the service.	100% 67%
IMNCI under 5 clinic	A4% 56%  Not available up to standard in 5 (55.6%) out of 9 government PHCs expected to provide the service.	100% 40%	Management of children classified as severe or very severe diseases	Not expected in any operational government PHC.	_
Expanded programme on immunization	78%  Not available up to standard in 7 (77.8%) out of 9 government PHCs expected to provide the service.	71% 57% 43%	Information, education, and communication on Infant, Young, and Child Feeding	25% 75%  Not available up to standard in 6 (75%) out of 8 government PHCs expected to provide the service.	67% 67% 17%
Growth monitoring	50%  Not available up to standard in 3 (50%) out of 6 government PHCs expected to provide the service.	100% 33% 33%	Integrated management of acute malnutrition	100%  Not available up to standard in 4 (100%) out of 4 government PHCs expected to provide the service.	100% 50% 50%
Cor	nmunicable diseases				
Syndromic surveillance	57% 43%  Not available up to standard in 3 (42.9%) out of 7 government PHCs expected to provide the service.	100% 67%	Event-based surveillance	Not available up to standard in <b>5 (71.4%)</b> out of <b>7</b> government PHCs expected to provide the service.	100% 60% 40%
Diagnosis and treatment of tuberculosis cases	29% 71%  Not available up to standard in 5 (71.4%) out of 7 government PHCs expected to provide the service.	100% 80%	Multidrug- resistant of tuberculosis	100%  Available up to standard in all 1 government PHC expected to provide the service.	_
Information, education, and communication on local priority diseases	57% 43%  Not available up to standard in 3 (42.9%) out of 7 government PHCs expected to provide the service.	100% 100% 33%	Locally relevant diseases	14% 86%  Not available up to standard in 6 (85.7%) out of 7 government PHCs expected to provide the service.	100% 100% 33%
Sex Sex	rual and reproductive healt	h			
Free access to condoms	14% 71% 14%  Not available up to standard in 6 (85.7%) out of 7 government PHCs expected to provide the service.	100% 33% 17%	Information, education, and communication ON STI/HIV	100%  Not available up to standard in 2 (100%) out of 2 government PHCs expected to provide the service.	100% 100% 50%
Syndromic management of sexually transmitted infections (STIs)	100%  Not available up to standard in 1 (100%) out of 1 government PHC expected to provide the service.	100% 100% 100%	HIV counselling and testing	Not expected in any operational government PHC.	_
Prevention of mother-to-child HIV transmission	100%  Not available up to standard in 1 (100%) out of 1 government PHC expected to provide the service.	100% 100%	Antiretroviral treatment	100%  Not available up to standard in 1 (100%) out of 1 government PHC expected to provide the service.	100%100%100
Family planning - pregnancy test	86% 14%  Not available up to standard in 7 (100%) out of 7 government PHCs expected to provide the service.	100% 43% 43%	Family planning - contraceptive methods	14% 86%  Not available up to standard in 6 (85.7%) out of 7 government PHCs expected to provide the service.	100% 50% 33%

🎺 🔂 🎳

100% 67% 33%

**₹ 5** 

100% 100% 67%

Skilled care during

Clinical

management of

Post-exposure

prophylaxis

childbirth

Not expected in any operational government PHC.

100%

100%

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

nanagement of rape survivors

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

60%

33%

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

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

50%

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

Antenatal care

Postpartum care

Emergency

contraception

+8

100% 100%

100% 100% 100%









# Noncommunicable diseases and mental health

Promote self-care	88% 12%  Not available up to standard in 8 (100%) out of 8 government PHCs expected to provide the service.	88% 88% 62%	Noncommunicable diseases clinic	29% 71%  Not available up to standard in 5 (71.4%) out of 7 government PHCs expected to provide the service.	100% 100% 80%
Asthma and chronic obstructive pulmonary disease classification, treatment and follow up	33% 67%  Not available up to standard in 6 (66.7%) out of 9 government PHCs expected to provide the service.	100% 67% 17%	Hypertension early detection, management and counseling	67% 33%  Not available up to standard in 3 (33.3%) out of 9 government PHCs expected to provide the service.	100% 33% 33%
Diabetes early detection, management, foot- care, and counseling	67% 33%  Not available up to standard in 3 (33.3%) out of 9 government PHCs expected to provide the service.	100% 33% 33%	Outpatient rehabilitation services	100%  Not available up to standard in 1 (100%) out of 1 government PHC expected to provide the service.	100% 100%
Prosthetics and orthotics	Not expected in any operational government PHC.	_	Oral health and dental care	17% 67% 17%  Not available up to standard in 5 (83.3%) out of 6 government PHCs expected to provide the service.	100% 80% 20%
Psychological first aid	71% 14%  Not available up to standard in 6 (85.7%) out of 7 government PHCs expected to provide the service.	100% 33% 17%	Management of mental disorders	80% 20%  Not available up to standard in 5 (100%) out of 5 government PHCs expected to provide the service.	100% 20% 20%
Cancer diagnostics services	100%  Not available up to standard in 3 (100%) out of 3 government PHCs expected to provide the service.	100% 67% 67%	Primary cancer screening (non-instrumental methods)	67% 33%  Not available up to standard in 1 (33.3%) out of 3 government PHCs expected to provide the service.	100% 100% 100%
Mammography	Not expected in any operational government PHC.	_			



- 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 mally provided." Consequently, the total number of government PHCs included in the analysis varies by service.













# **Gaza Strip SNAPSHOT OCTOBER 2025**

UNRWA health centers\*

# **HEALTH CENTER STATUS\*\***



**Building condition** 

Equipment

**Functionality** 

Accessibility

4 Intact 16

3 Intact 12

11

0 **Functioning** 

7

4 Accessible

3

"Only 7 (27%) out of 26 health centers evaluated are partially functioning.

# NORTH GAZA

# DEIR AL-BALAH



RAFAH

Fully functioning Partially functioning Non-functioning Destroyed

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

# MAIN CAUSES OF...

# **Building damage**

The 2 primary causes of building damage as reported by **16** partially damaged and 6 fully damaged health centers.

> 100% Insecurity

Lack of maintenance

# **Equipment damage**

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

100% Insecurity

30% Lack of maintenance

**13**% Other

# Functionality constraints

The 3 primary causes of functionality constraints as reported by **7** partially functioning and 13 non-functioning health centers.

75% Insecurity

50% Lack of supplies

45% Lack of equipment

# **Accessibility constraints**

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

100%

Insecurity

100%

Other physical barriers



33%

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.

<sup>\*\*</sup> Out of 7 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\***

# Inpatient bed capacity

### Availablity

Emergency room beds

100%

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

### Main barriers'

# No barriers reported

# Waste management

Waste segregation

**57**% 57% Not available up to standard in  $\bf 4$  (57.1%) out of  $\bf 7$  health centers expected to maintain waste segregation practices.

### Final disposal of sharps



14% Not available up to standard in 1 (14.3%) out of 7 health centers expected to dispose of sharps

### Final disposal of infectious waste



**14**%

14%

29%

Number of available beds

0

Not available up to standard in 1 (14.3%) out of 7 health centers expected to dispose of infectious

### Waste disposal methods

Out of 7 health centers where final disposal of sharps or infectious waste are at least partially available.

Collected for medical waste disposal off-site

100%

# **Power**



**29**%

Not available up to standard in 2 (28.6%) out of 7 health centers expected to

# Power sources

Out of 7 health centers where power is at least partially available.

Generator 100% Solar 86%

# Cold chain



**14**%

Not available up to standard in 1 (14.3%) out of 7 health centers expected to have cold chain capacity.

### Cold chain sources

Out of 7 health centers where cold chain is at least partially available

Solar 100% Generator 43%

# **Health Information Management Systems**

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



Available up to standard in all **7** health centers where the information

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



100%

Not expected in any operational health center.

# **WASH**

# Water



Available up to standard in all 7 health centers expected to have water supply

### Main water sources

Out of 7 health centers where water is at least partially available.

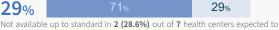
Piped Supply Network 57% Protected dug well 43% Tanker truck 57%

# Sanitation facilities

have sanitation facilities

Available
 Partially available
 Not available
 Not normally provided





Out of 7 health centers where sanitation facilities is at least partially available.

### Sanitation facilities types\*

Flush/pour flush 100% to piped sewer system or septic

Covered Pit latrine or Ventilated Improved Pit

# Sanitation facilities accessibility\*

Dedicated staff toilet 100%

separate toilet

43%

# Hand hygiene



57%

43%

Not available up to standard in 7 (100%) out of 7 health centers expected to maintain hand hygiene practices.

# Environmental cleaning



100%

Not available up to standard in 7 (100%) out of 7 health centers expected to maintain environmental cleaning practices.

# Personal Protective Equipment (PPE)



**100**%

100%

100%

Not available up to standard in  $\bf 7$  (100%) out of  $\bf 7$  health centers expected to have personal protective equipment.

# Communication



86%

86%

Not available up to standard in 6 (85.7%) out of 7 health centers expected to have communication means.

# Communication equipment types

Out of 7 health centers where communication is at least partially available.

Mobile phone 100% Computer 71% Telephone 29%

# **Transportation of patients**



**71**%

Not available up to standard in 5 (71.4%) out of 7 health centers expected to

### have means for patient transportation **Transportation types**

Out of **7 health centers** where transportation of patients is at least partially available.

PRCS 100% Other 57%

Car 29%

<sup>\*</sup> Out of 7 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\***

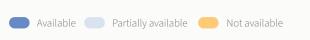
### Service domain overview Available Partially available Not available Not normally provided General clinical and Child health and Communicable Sexual and NCD and mental health nutrition reproductive health trauma care diseases 18% 53% 48% 19% 34% 60% 46% 12% 14% 28% 14% Lack of supplies Lack of staff Lack of financial Available Partially available Not available resources Lack of training Lack of equipment

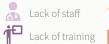


# General clinical and emergency care services



<sup>\*</sup> Out of 7 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.











Pediatric first aid	100%  Not available up to standard in 7 (100%) out of 7 health centers expected to provide the service.	100% 100% 14%	Integrated management of newborn and childhood illnesses (IMNCI)	43% 57%  Not available up to standard in 4 (57.1%) out of 7 health centers expected to provide the service.	100% 100%
IMNCI under 5 clinic	29% 71%  Not available up to standard in 5 (71.4%) out of 7 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 <b>7</b> health centers expected to provide the service.	_	Information, education, and communication on Infant, Young, and Child Feeding	100%  Available up to standard in all <b>7</b> health centers expected to provide the service.	_
owth monitoring	29% 71%  Not available up to standard in 5 (71.4%) out of 7 health centers expected to provide the service.	100% 80%	Integrated management of acute malnutrition	71% 29%  Not available up to standard in 2 (28.6%) out of 7 health centers expected to provide the service.	100% 50%
Cor	mmunicable diseases				
Syndromic surveillance	100% Available up to standard in all <b>7</b> health centers expected to provide the service.	_	Event-based surveillance	100% Available up to standard in all <b>7</b> health centers expected to provide the service.	_
Diagnosis and treatment of tuberculosis cases	57% 43%  Not available up to standard in 7 (100%) out of 7 health centers expected to provide the service.	100% 57% 43%	Multidrug- resistant of tuberculosis	100%  Not available up to standard in 1 (100%) out of 1 health center expected to provide the service.	100% 100%
formation, education, and communication on local priority diseases	57% 43%  Not available up to standard in 3 (42.9%) out of 7 health centers expected to provide the service.	100% 100%	Locally relevant diseases	29% 71%  Not available up to standard in 5 (71.4%) out of 7 health centers expected to provide the service.	100% 80% 20%
Sex	ual and reproductive healt	h			
Free access to condoms	43% 57%  Not available up to standard in 4 (57.1%) out of 7 health centers expected to provide the service.	100% 25%	Information, education, and communication On STI/HIV	17% 50% 33%  Not available up to standard in 5 (83.3%) out of 6 health centers expected to provide the service.	100% 40% 20%
Syndromic					

Sex	tuat and rep	roductive healt	"					
Free access to	43%	57%	<b>₹%</b>	Information, education, and communication	17%	50%	33%	🤏 👸 🚭
condoms	Not available up to sta health centers expected	andard in <b>4 (57.1%)</b> out of <b>7</b> to provide the service.	100% 25%	on STI/HIV		up to standard expected to prov	in <b>5 (83.3%)</b> out of <b>6</b> vide the service.	100% 40% 20%
Syndromic management of	86	<b>14</b> %	<b>₩</b> 65 €	HIV counselling				
sexually transmitted infections (STIs)	Not available up to st health centers expected	andard in <b>7 (100%)</b> out of <b>7</b> I to provide the service.	100% 43% 29%	and testing	Not expected in	n any operationa	l health center.	
Prevention of mother-to-child		100%	₩o Ā	Antiretroviral				
HIV transmission	Not available up to st health center expected	andard in <b>1 (100%)</b> out of <b>1</b> to provide the service.	100% 100%	treatment	Not expected in	n any operationa	l health center.	
Family planning	43%	57%	**************************************	Family planning	14%	86	3%	<b>₩</b> 🔂 👸
- pregnancy test	Not available up to st health centers expected	andard in <b>4 (57.1%)</b> out of <b>7</b> d to provide the service.	100% 100%	- contraceptive methods	Not available health centers	up to standard expected to pro	in <b>6 (85.7%)</b> out of <b>7</b> vide the service.	100% 33% 33%
Antenatal care	43%	57%	₩ <mark>₽</mark>	Skilled	20%	8	30%	<b>₽</b> ₩
	Not available up to st health centers expected	andard in <b>4 (57.1%)</b> out of <b>7</b> I to provide the service.	100% 75% 25%	care during childbirth	Not available u centers expect	p to standard in ed to provide the	<b>4 (80%)</b> out of <b>5</b> health e service.	100% 75%
Postpartum care	57%	43%	<b>₹</b> €0 <b>•</b> ₹₹3	Clinical	14%	86	<b>ì</b> %	<b>₹</b> .
		andard in <b>3 (42.9%)</b> out of <b>7</b> d to provide the service.	100% 100%	management of rape survivors	Not available health centers	up to standard expected to pro	in <b>6 (85.7%)</b> out of <b>7</b> vide the service.	67% 50% 17%
Emergency	29%	71%	<b>₹</b> 6 <b>₹</b> 3 <b>6</b> 5	Post-exposure		100%		<b>₹</b> 6 <b>5</b>
contraception	Not available up to sta health centers expected	andard in <b>5 (71.4%)</b> out of <b>7</b>	100% 40% 20%	prophylaxis	Not available health centers	up to standard expected to prov	in <b>3 (100%)</b> out of <b>3</b>	100% 67% 33%









# Noncommunicable diseases and mental health

Promote self-care	57% 43%  Not available up to standard in 3 (42.9%) out of 7 health centers expected to provide the service.	100% 67%	Noncommunicable diseases clinic	43% 57%  Not available up to standard in 4 (57.1%) out of 7 health centers expected to provide the service.	100% 75%
Asthma and chronic obstructive pulmonary disease classification, treatment and follow up	43% 57%  Not available up to standard in 4 (57.1%) out of 7 health centers expected to provide the service.	100% 75%	Hypertension early detection, management and counseling	43% 57%  Not available up to standard in 4 (57.1%) out of 7 health centers expected to provide the service.	100% 75%
Diabetes early detection, management, foot- care, and counseling	57% 43%  Not available up to standard in 3 (42.9%) out of 7 health centers expected to provide the service.	100% 100%	Outpatient rehabilitation services	100%  Not available up to standard in 7 (100%) out of 7 health centers expected to provide the service.	100% 71% 14%
Prosthetics and orthotics	71% 29%  Not available up to standard in 7 (100%) out of 7 health centers expected to provide the service.	100% 43% 29%	Oral health and dental care	14% 57% 29%  Not available up to standard in 6 (85.7%) out of 7 health centers expected to provide the service.	100% 100% 17%
Psychological first aid	100%  Available up to standard in all <b>7</b> health centers expected to provide the service.	_	Management of mental disorders	43% 57%  Not available up to standard in 4 (57.1%) out of 7 health centers expected to provide the service.	100% 75% 25%
Cancer diagnostics services	100%  Not available up to standard in 1 (100%) out of 1 health center expected to provide the service.	100% 100% 100%	Primary cancer screening (non-instrumental methods)	100%  Available up to standard in all 3 health centers expected to provide the service.	_
Mammography	100%	<b>→</b> • • • • • • • • • • • • • • • • • • •			

100% 50% 25%

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

- 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** service definitions



General clinical and trauma care services

# TITLE

Intensive care unit with at least 4 beds

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 polytrauma 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 handover 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.

# 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

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.



# 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

HILE	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, skinto-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

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.



