

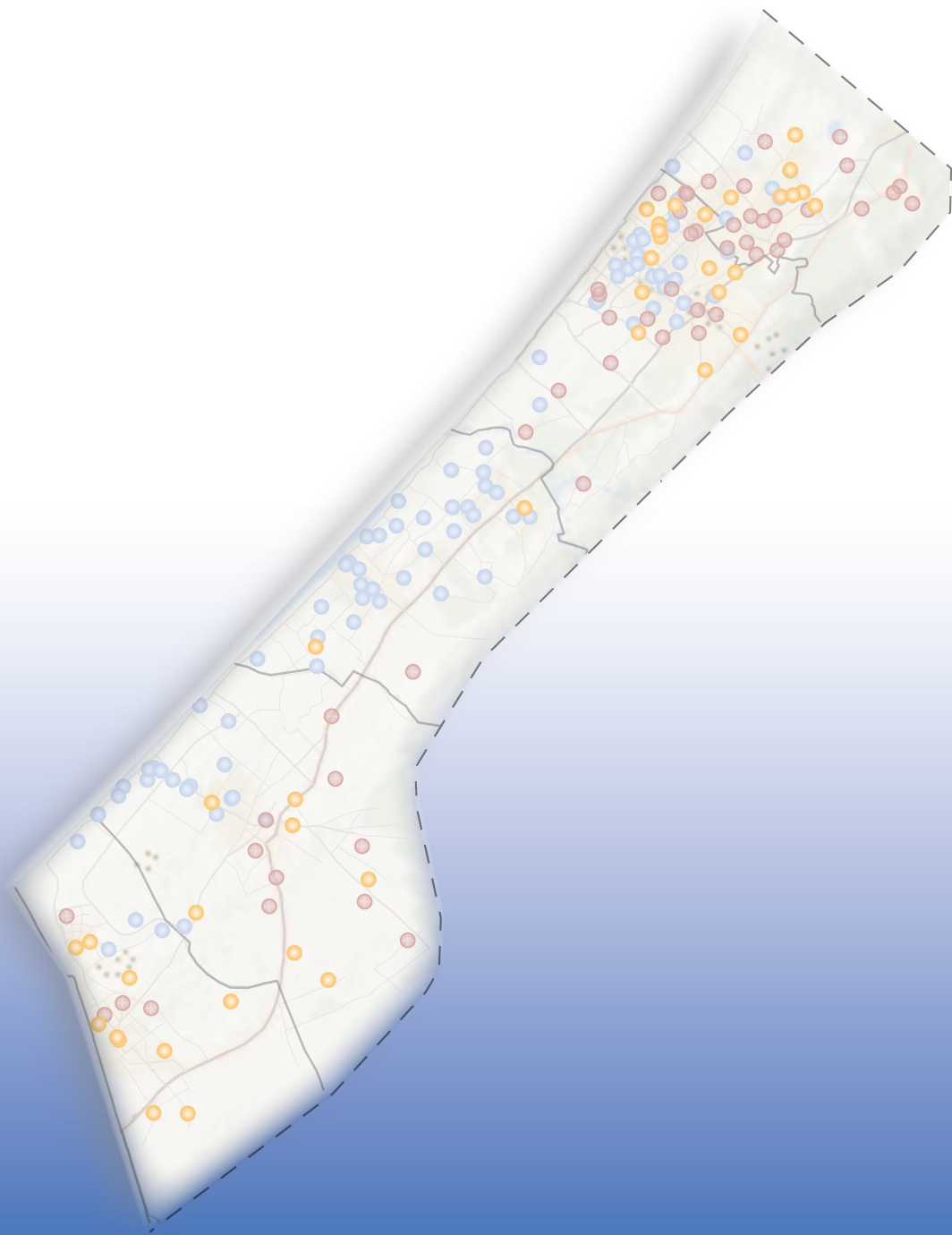


# HeRAMS occupied Palestinian territory

## Gaza

*Infographics*

April 2026



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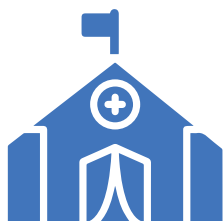
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- 1 All HSDUs:** This infographic includes data from all Health Service Delivery Units (HSDUs) monitored by HeRAMS, offering a comprehensive snapshot of service availability across the Gaza Strip. It encompasses hospitals, field hospitals, governmental primary health care centers (PHCs) and UNRWA health centers.
- 2 All hospitals:** This infographic presents data from general and specialized hospitals operated by governmental and non-governmental organizations. Field hospitals established in response to the ongoing conflict are excluded from this infographic and instead presented in a standalone infographic.
- 3 Governmental hospitals:** This infographic is a subset of the "All Hospitals" infographic, focusing exclusively on governmental hospitals.
- 4 Field hospitals:** This infographic provides special insights on services provided by field hospitals deployed in across the Gaza Strip.
- 5 All health centers:** This infographic provides insights on all health centers in Gaza (which include governmental primary healthcare centers, UNRWA health centers, and NNGOs' health centers). This infographic focuses on a limited number of services deemed priority for health centers.
- 6 Government primary healthcare centers:** This infographic provides insights on governmental primary healthcare centers and focuses on a limited number of services deemed priority for PHCs.
- 7 UNRWA health centers:** This infographic provides insights on UNRWA health centers and focuses on a limited number of services deemed priority for health centers.
- 8 NGO health centers:** This infographic provides insights on national non-governmental organizations health centers and focuses on a limited number of services deemed priority for health centers.



# HeRAMS occupied Palestinian territory

## Infographic interpretation guide

### Purpose

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

### Background

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

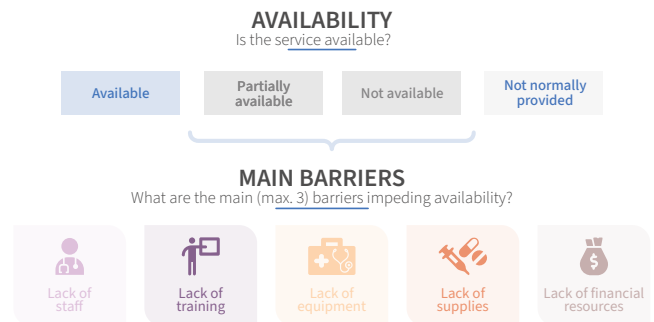
### The HeRAMS data model

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

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

**Availability:** is defined as the service being present in sufficient quality and quantity to meet the daily demands of the health service delivery unit (HSDU) <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.
- **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

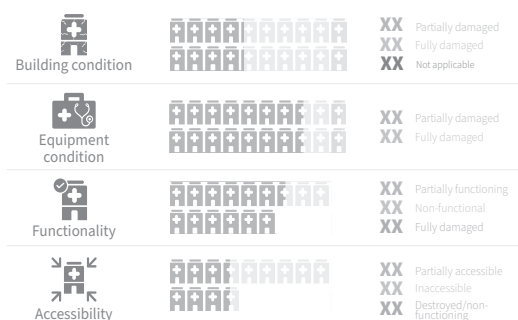
### Overall considerations

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



analysis is limited to HSDUs reporting causes, with each HSDU able to report up to three. Results presented in this infographic are limited to the top three causes reported.

### Functionality

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

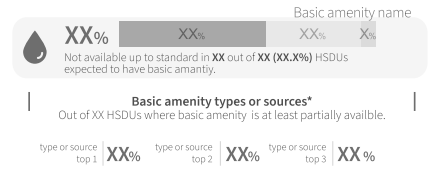
**The subsequent analyses are limited to operational HSDUs, defined as those that are at least partially functioning.**

### Partner support

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

## Basic amenities

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



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

## Health information management systems

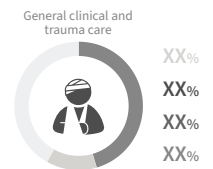
This section provides information on the availability of facility-based disease reporting and electronic health information systems. Availability is defined by completeness, timeliness, and accuracy of reports.

## Health services

Health services are divided into five domains:

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

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



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

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

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

Acceptance of referrals

20% 52% 28%

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

80% 75% 45%



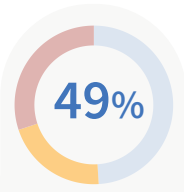
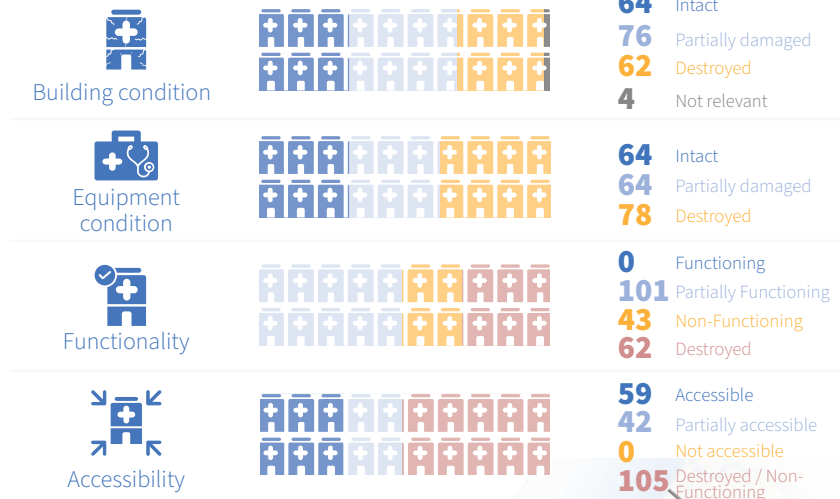


# HeRAMS occupied Palestinian territory Gaza Strip SNAPSHOT APRIL 2026

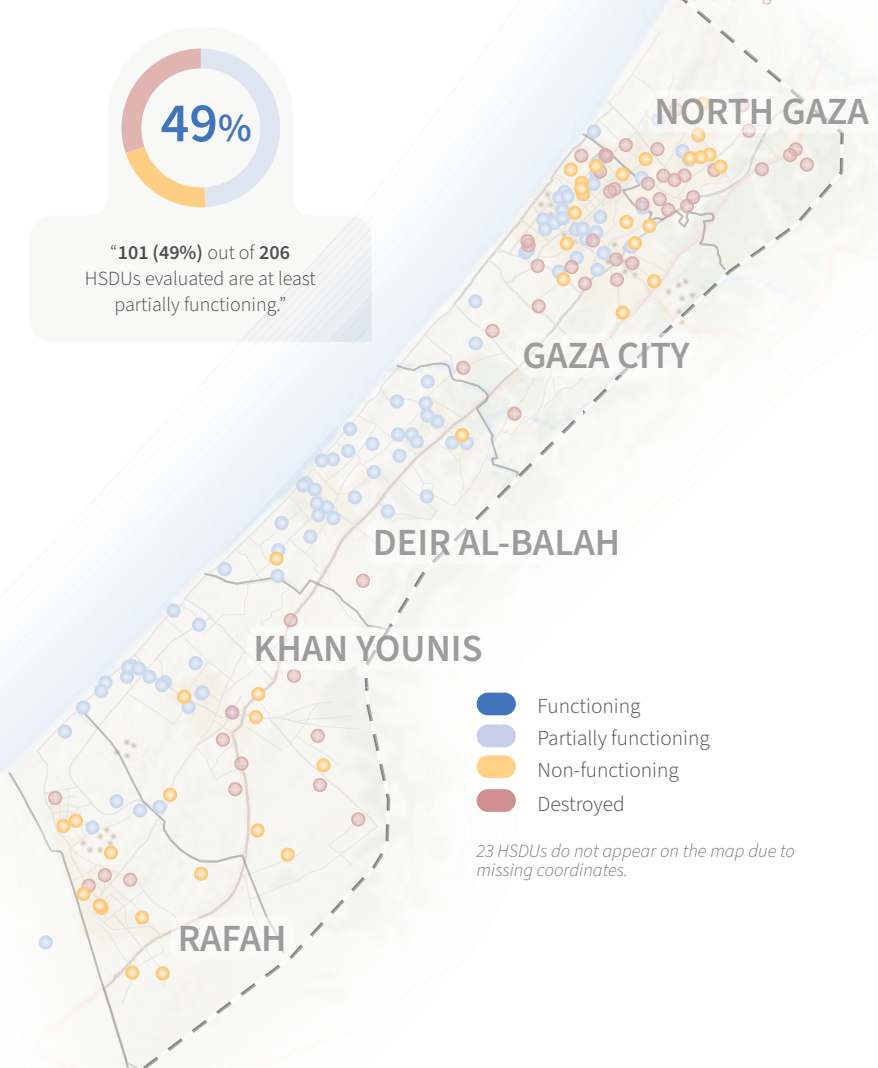
All health service delivery units (HSDUs)

## HSDU STATUS

Out of 206 HSDUs evaluated.



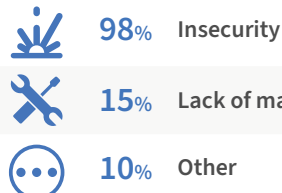
"101 (49%) out of 206 HSDUs evaluated are at least partially functioning."



## MAIN CAUSES OF...

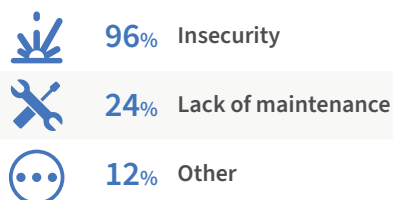
### Building damage

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



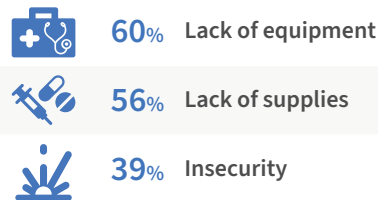
### Equipment damage

The 3 primary causes of equipment damage as reported by 64 partially damaged and 78 fully damaged HSDUs.



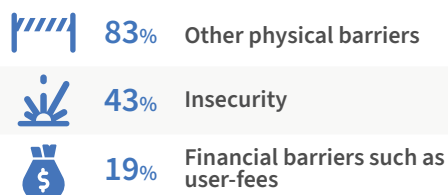
### Functionality constraints

The 3 primary causes of functionality constraints as reported by 101 partially functioning and 43 non-functioning HSDUs.



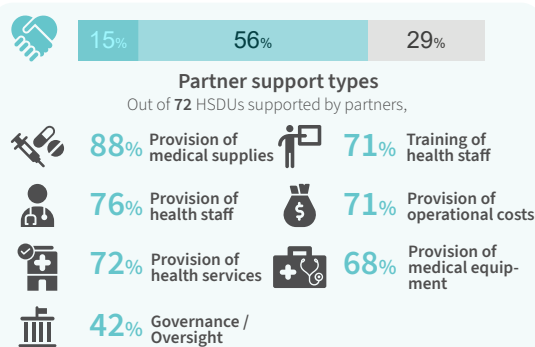
### Accessibility constraints

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



### Partner Support\*\*

Major support (blue), Partially support (light blue), No support (grey)



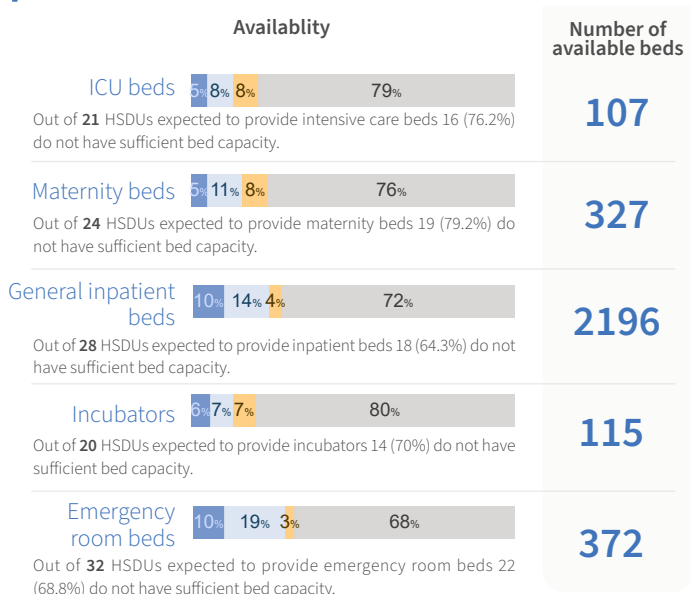
\* This infographic includes data from all Health Service Delivery Units (HSDUs) monitored by HeRAMS, offering a comprehensive snapshot of service availability across the Gaza Strip. It encompasses hospitals, field hospitals, primary health care centers (PHCs) and UNRWA health centers.

\*\* Out of 101 HSDUs: HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

# BASIC AMENITIES\*

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

## Inpatient bed capacity

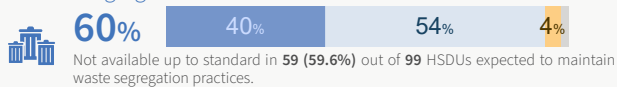


### Main barriers\*

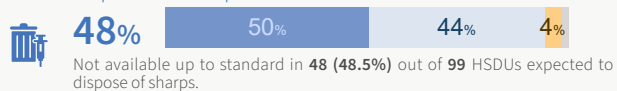


## Waste management

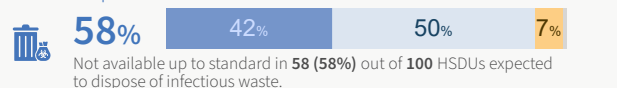
### Waste segregation



### Final disposal of sharps



### Final disposal of infectious waste

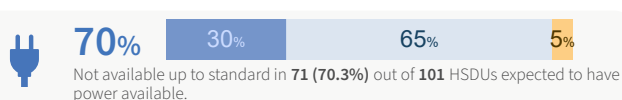


### Waste disposal methods

Out of 95 HSDUs where final disposal of sharps or infectious waste are at least partially available.



## Power

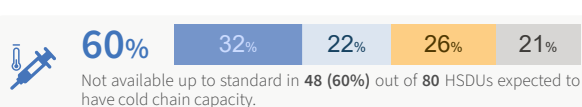


### Power sources

Out of 96 HSDUs where power is at least partially available.



## Cold chain



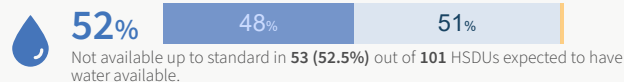
### Cold chain sources

Out of 54 HSDUs where cold chain is at least partially available.



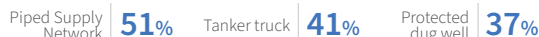
## WASH

### Water

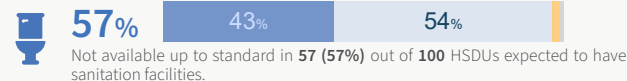


### Main water sources

Out of 100 HSDUs where water is at least partially available.



### Sanitation facilities



Out of 98 HSDUs where sanitation facilities is at least partially available.

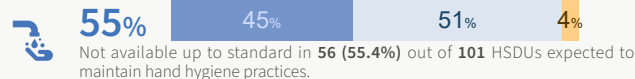
### Sanitation facilities types\*



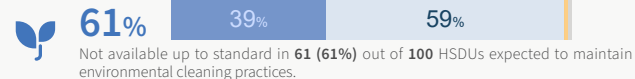
### Sanitation facilities accessibility\*



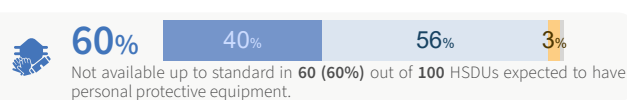
### Hand hygiene



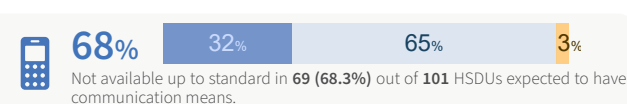
### Environmental cleaning



## Personal Protective Equipment (PPE)



## Communication

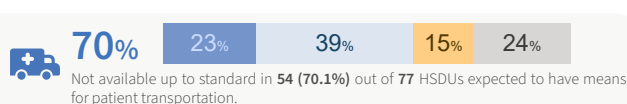


### Communication equipment types

Out of 98 HSDUs where communication is at least partially available.



## Transportation of patients



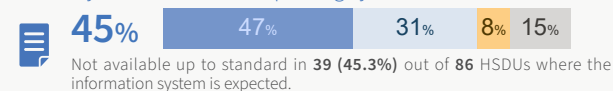
### Transportation types

Out of 62 HSDUs where transportation of patients is at least partially available.

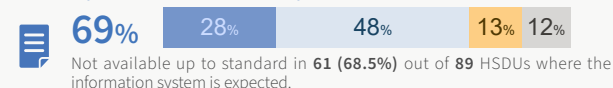


## Health information management systems

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



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

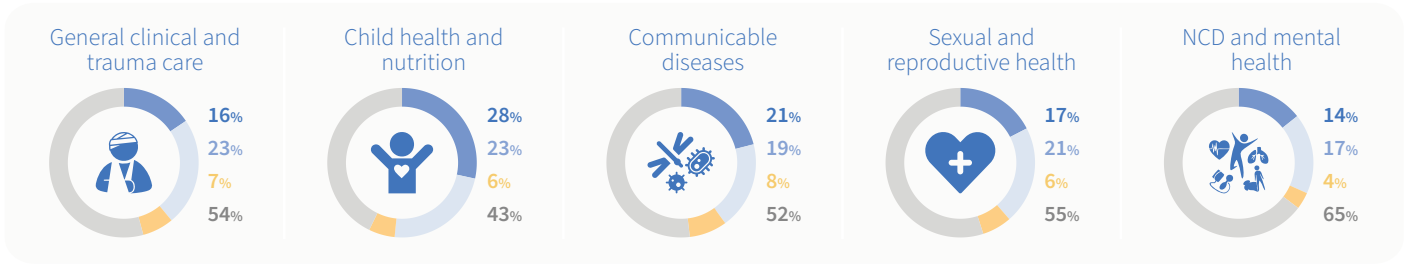


\* Out of 101 HSDUs, HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

# ESSENTIAL HEALTH SERVICES\*

## Service domain overview

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



● Available ● Partially available ● Not available



Lack of staff

Lack of training



Lack of supplies



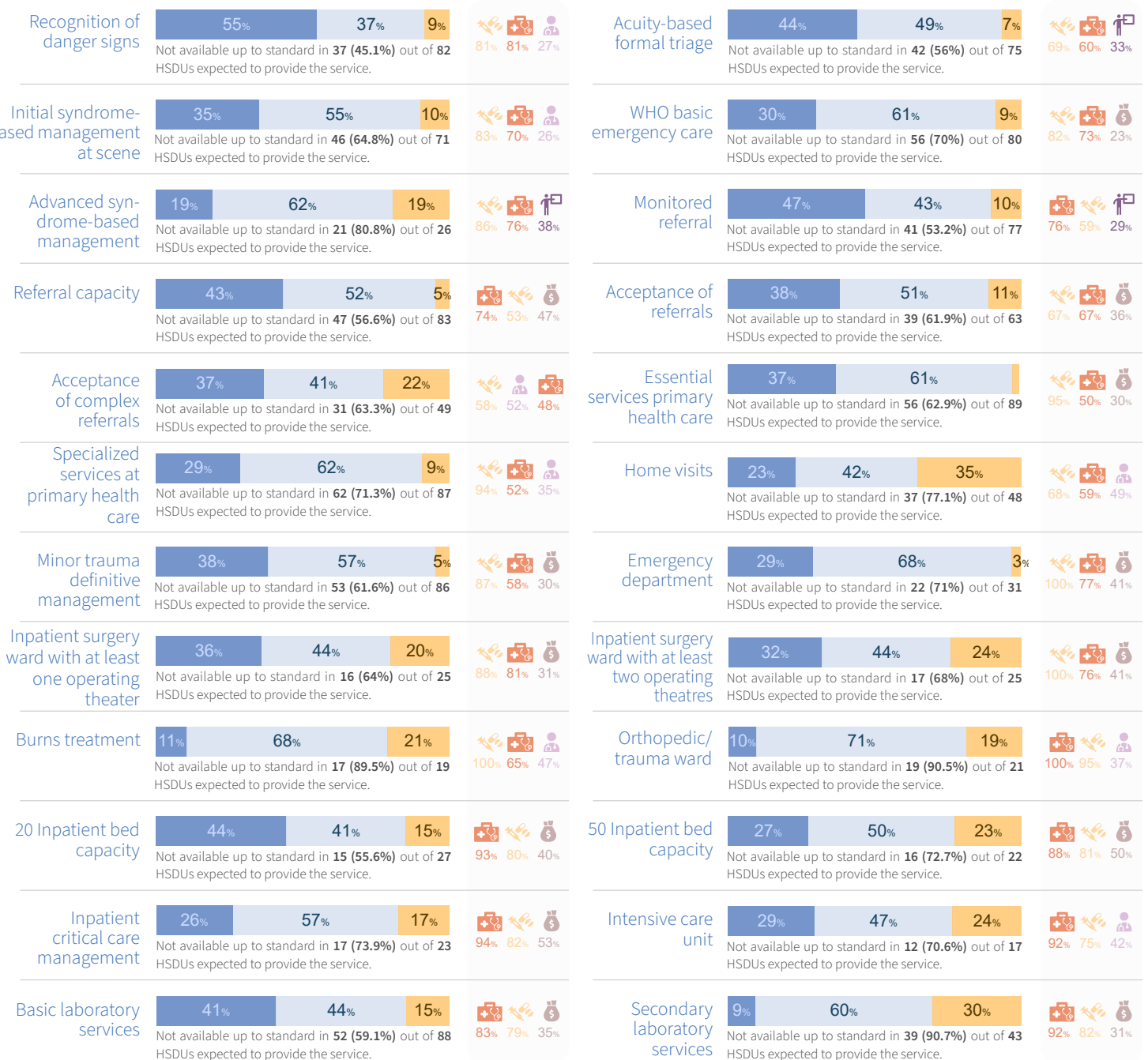
Lack of equipment



Lack of financial resources



## General clinical and emergency care services



\* Out of 101 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.

Available Partially available Not available



Lack of staff



Lack of supplies



Lack of financial resources



Lack of training

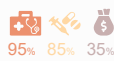


Lack of equipment

### Tertiary laboratory services



Not available up to standard in **20 (95.2%)** out of **21** HSDUs expected to provide the service.



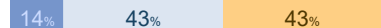
### Blood bank services



Not available up to standard in **15 (71.4%)** out of **21** HSDUs expected to provide the service.



### Hemodialysis unit



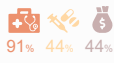
Not available up to standard in **6 (85.7%)** out of **7** HSDUs expected to provide the service.



### Basic X-ray service



Not available up to standard in **34 (73.9%)** out of **46** HSDUs expected to provide the service.



### Comprehensive X-ray service



Not available up to standard in **24 (82.8%)** out of **29** HSDUs expected to provide the service.



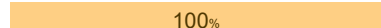
### CT scan



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



### MRI



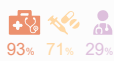
Not available up to standard in **7 (100%)** out of **7** HSDUs expected to provide the service.



### Procedures for mass casualty scenarios



Not available up to standard in **14 (63.6%)** out of **22** HSDUs expected to provide the service.



## Child health and nutrition services

### Pediatric first aid



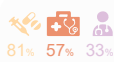
Not available up to standard in **50 (58.1%)** out of **86** HSDUs expected to provide the service.



### Integrated management of newborn and childhood illnesses (IMNCI)



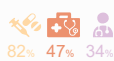
Not available up to standard in **42 (53.2%)** out of **79** HSDUs expected to provide the service.



### IMNCI Under 5 Clinic



Not available up to standard in **38 (45.8%)** out of **83** HSDUs expected to provide the service.



### Management of children classified as severe or very severe diseases



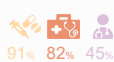
Not available up to standard in **17 (73.9%)** out of **23** HSDUs expected to provide the service.



### Inpatient surgical care for newborns and children



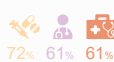
Not available up to standard in **11 (78.6%)** out of **14** HSDUs expected to provide the service.



### Expanded programme on immunization



Not available up to standard in **18 (40.9%)** out of **44** HSDUs expected to provide the service.



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



Not available up to standard in **34 (43%)** out of **79** HSDUs expected to provide the service.



### Growth monitoring



Not available up to standard in **36 (44.4%)** out of **81** HSDUs expected to provide the service.



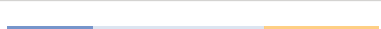
### Integrated management of acute malnutrition



Not available up to standard in **35 (46.1%)** out of **76** HSDUs expected to provide the service.



### Stabilization center for severe acute malnutrition



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

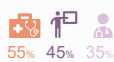


## Communicable diseases

### Syndromic surveillance



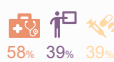
Not available up to standard in **31 (39.2%)** out of **79** HSDUs expected to provide the service.



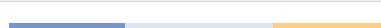
### Event-based surveillance



Not available up to standard in **33 (41.8%)** out of **79** HSDUs expected to provide the service.



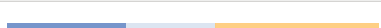
### Diagnosis and treatment of tuberculosis cases



Not available up to standard in **31 (68.9%)** out of **45** HSDUs expected to provide the service.



### Multidrug-resistant tuberculosis



Not available up to standard in **17 (68%)** out of **25** HSDUs expected to provide the service.



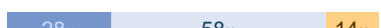
### Information, education, and communication on local priority diseases



Not available up to standard in **38 (53.5%)** out of **71** HSDUs expected to provide the service.



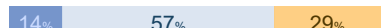
### Locally relevant diseases



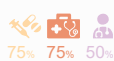
Not available up to standard in **46 (71.9%)** out of **64** HSDUs expected to provide the service.



### Isolation unit or room



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



### Management of severe/complicated diseases



Not available up to standard in **11 (91.7%)** out of **12** HSDUs expected to provide the service.



## Sexual and reproductive health

### Free access to condoms



Not available up to standard in **34 (46.6%)** out of **73** HSDUs expected to provide the service.



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



Not available up to standard in **30 (62.5%)** out of **48** HSDUs expected to provide the service.



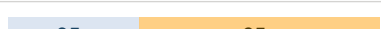
### Syndromic management of sexually transmitted infections (STIs)



Not available up to standard in **32 (76.2%)** out of **42** HSDUs expected to provide the service.



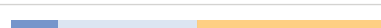
### HIV counselling and testing



Not available up to standard in **17 (100%)** out of **17** HSDUs expected to provide the service.



### Prevention of mother-to-child HIV transmission



Not available up to standard in **14 (87.5%)** out of **16** HSDUs expected to provide the service.



### Antiretroviral treatment



Not available up to standard in **13 (72.2%)** out of **18** HSDUs expected to provide the service.



### Family planning - pregnancy test



Not available up to standard in **39 (48.8%)** out of **80** HSDUs expected to provide the service.



### Family planning - contraceptive methods



Not available up to standard in **52 (65%)** out of **80** HSDUs expected to provide the service.



Available Partially available Not available



Lack of staff



Lack of supplies



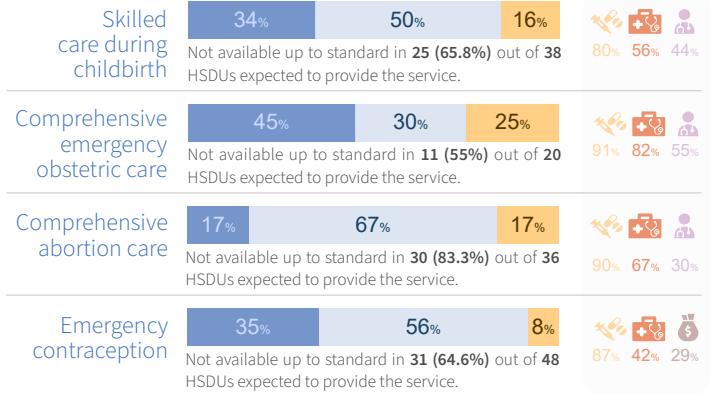
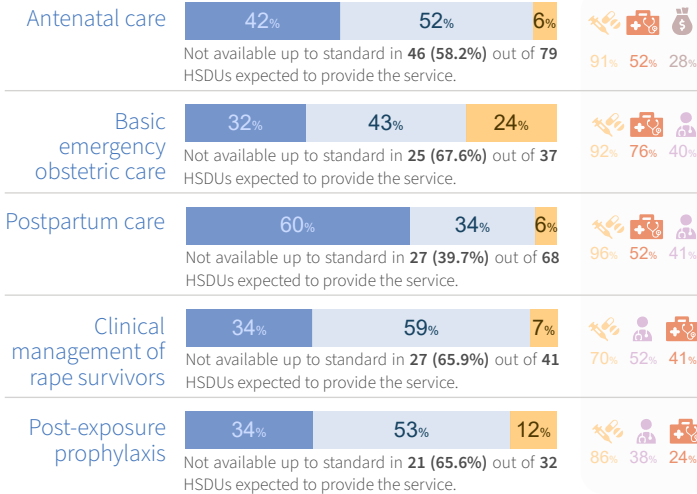
Lack of financial resources



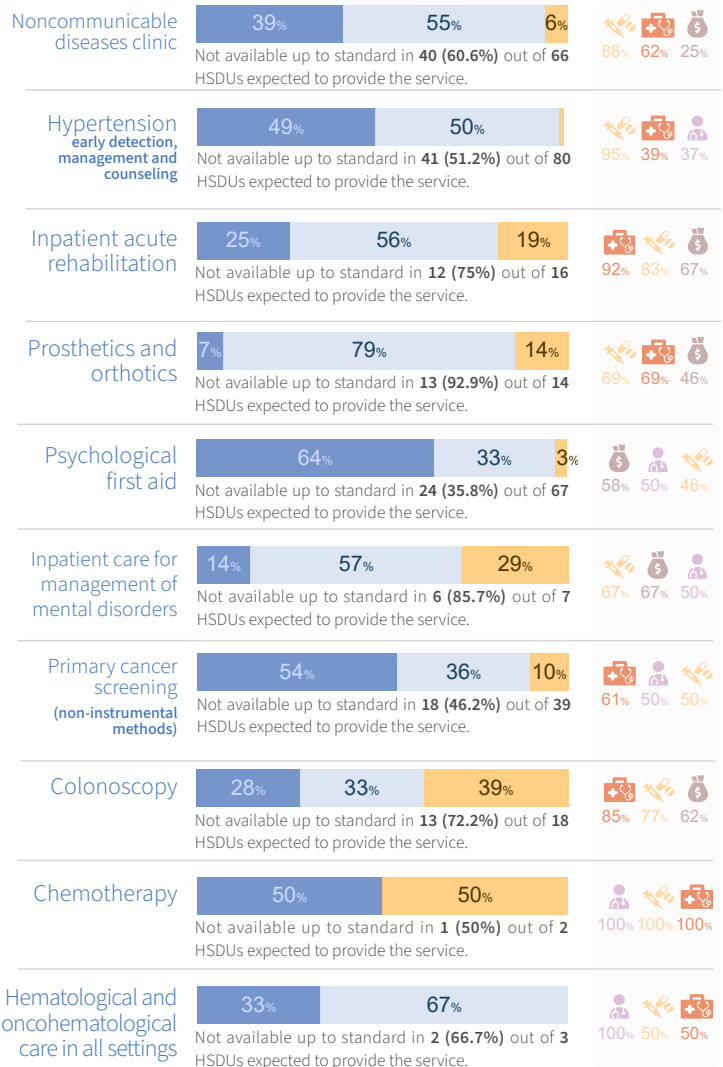
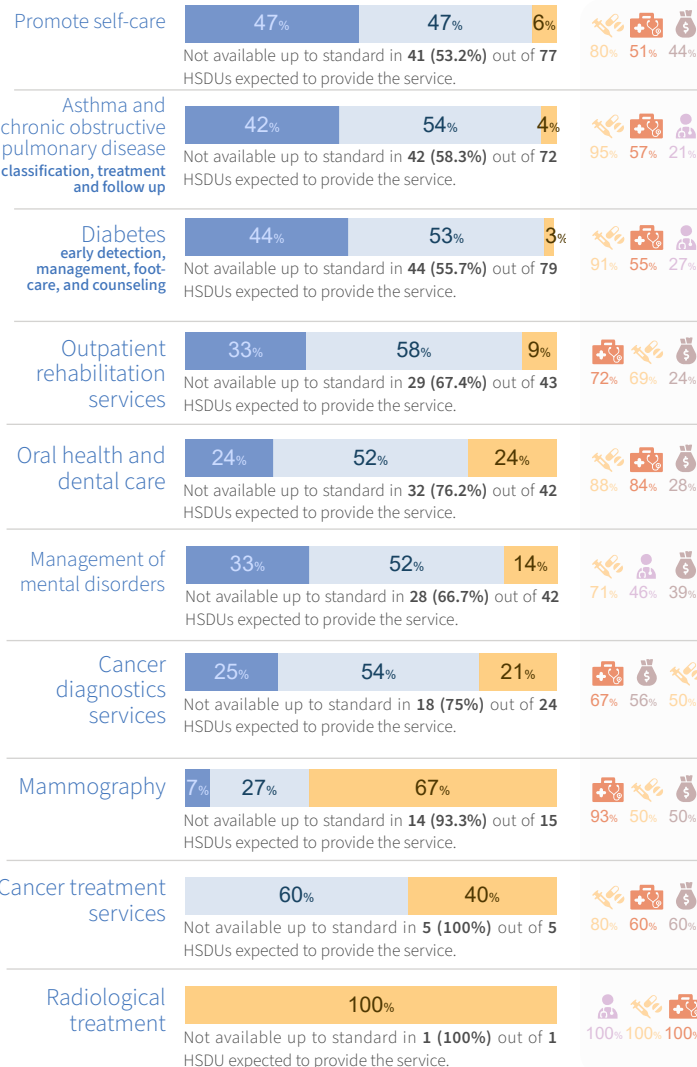
Lack of training



Lack of equipment



## Noncommunicable diseases and mental health



This analysis was produced based on the information reported into HeRAMS up to 30 April 2026 and while the the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

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

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

### Notes:

- 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 where the indicator was at least partially available.
- The analysis of individual services excludes HSDUs reporting a service as "not normally provided." Consequently, the total number of HSDUs included in the analysis varies by service.



Data source: HeRAMS occupied Palestinian territory  
 Date data: 30 April 2026  
 Date created: 10 May 2026  
 Contact: herams@who.int



World Health Organization





# HeRAMS occupied Palestinian territory

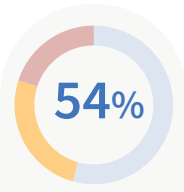
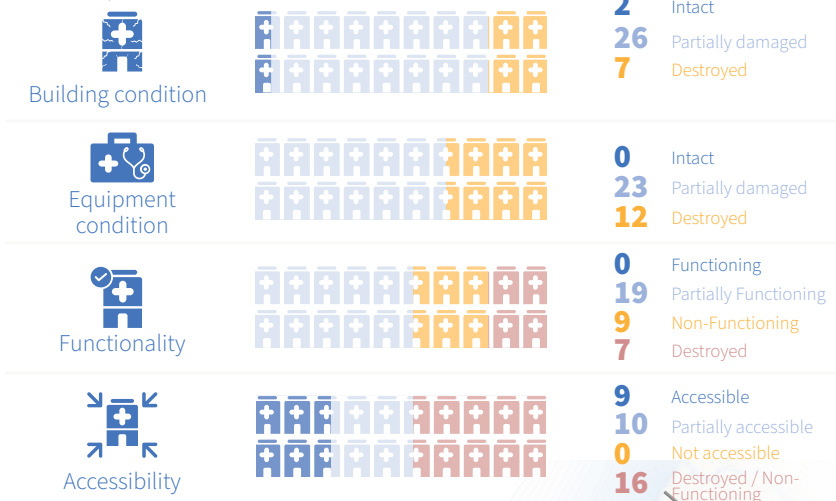
## Gaza Strip

### SNAPSHOT APRIL 2026

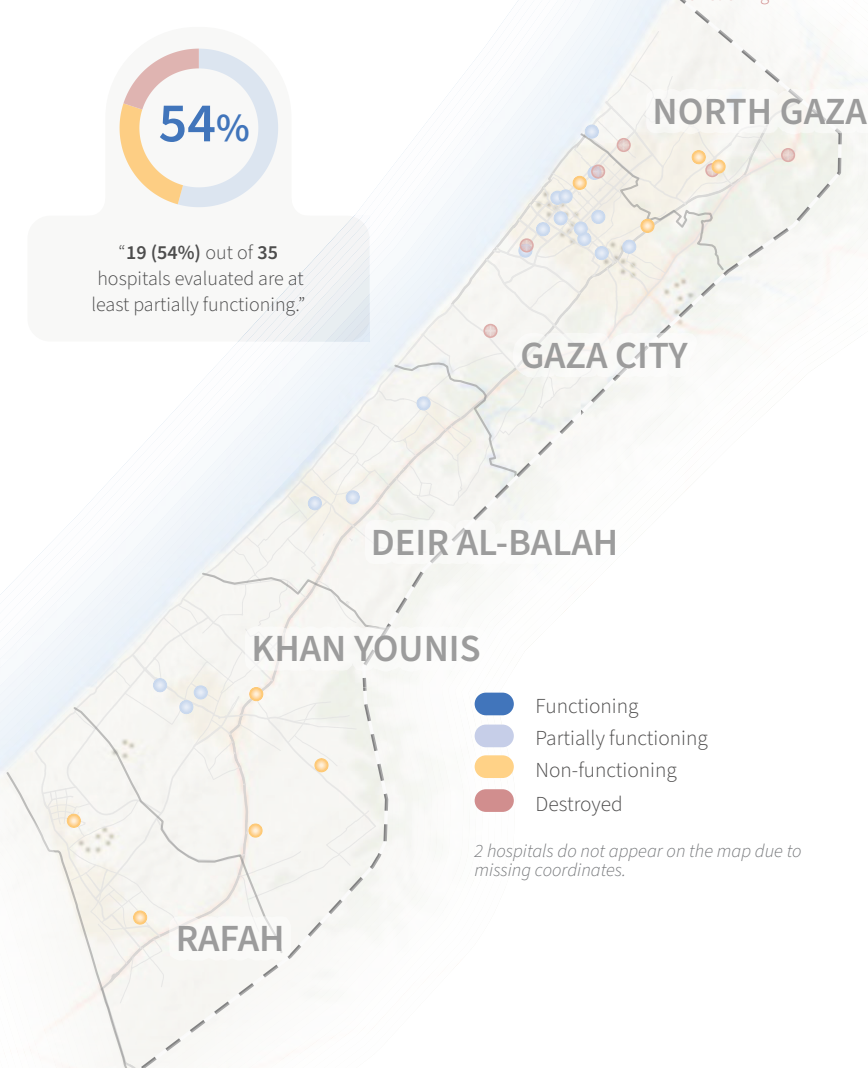
All hospitals\* (excluding field hospitals)

#### HOSPITAL STATUS

Out of 35 hospitals evaluated.



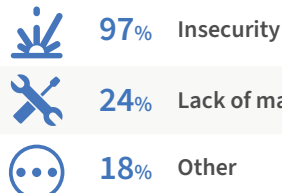
"19 (54%) out of 35 hospitals evaluated are at least partially functioning."



#### MAIN CAUSES OF...

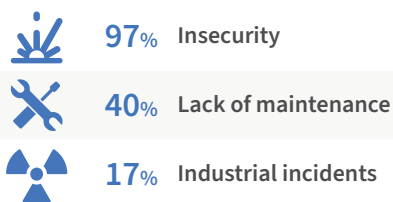
##### Building damage

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



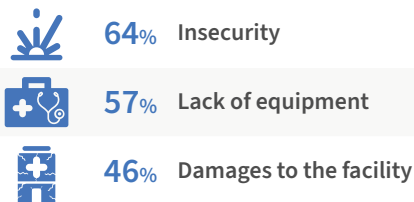
##### Equipment damage

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



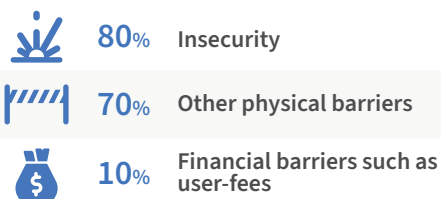
##### Functionality constraints

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

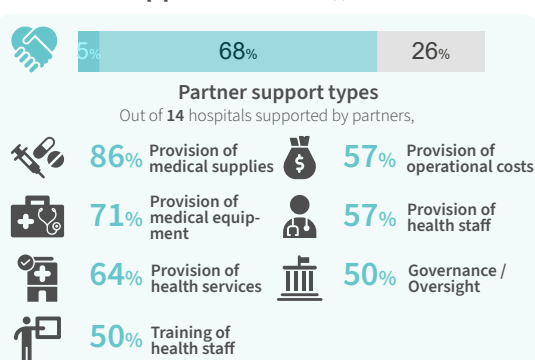


##### Accessibility constraints

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



##### Partner Support\*\*



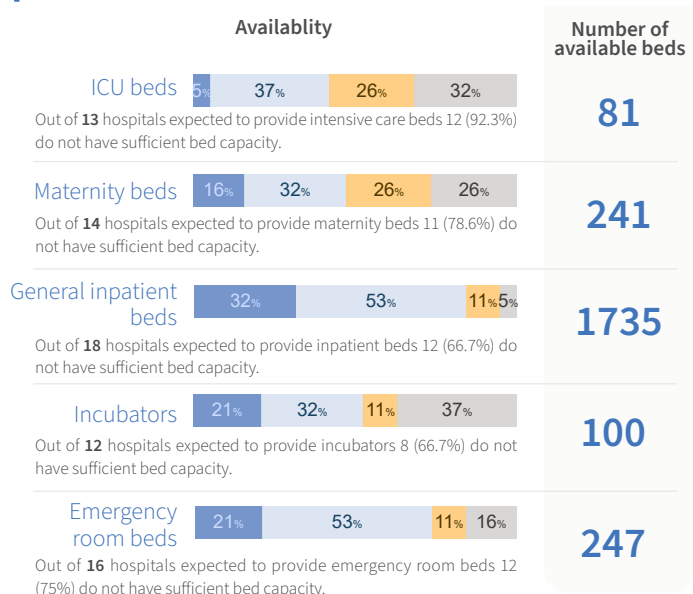
\* This infographic presents data from general and specialized hospitals operated by governmental and non-governmental organizations. Field hospitals established in response to the ongoing conflict are excluded from this infographic and instead presented in a standalone infographic.

\*\* Out of 19 hospitals: Hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services. This total excludes hospitals that were reported as closed by administrative decision. There is one hospital "Al-Naser hospital" that was permanently closed and merged with another existing hospital "Al-Naser AlRantisi hospital".

# BASIC AMENITIES\*

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

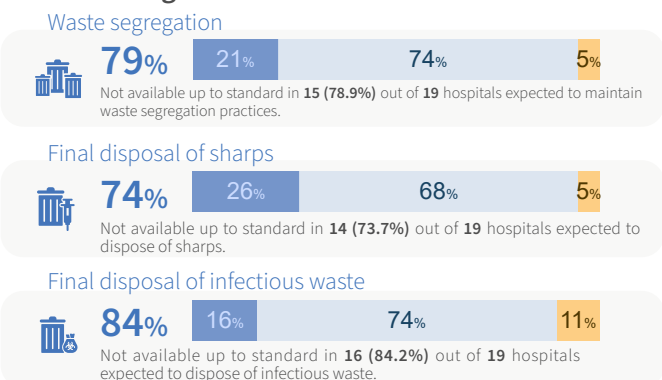
## Inpatient bed capacity



### Main barriers\*



## Waste management

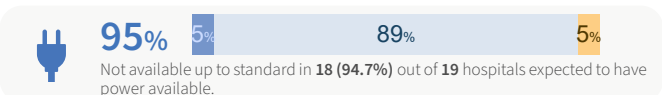


### Waste disposal methods

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



## Power

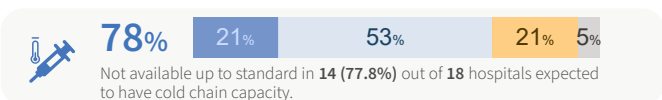


### Power sources

Out of 18 hospitals where power is at least partially available.



## Cold chain



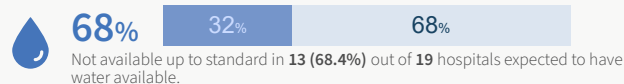
### Cold chain sources

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



## WASH

### Water



### Main water sources

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



### Sanitation facilities



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

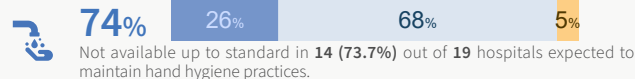
### Sanitation facilities types\*



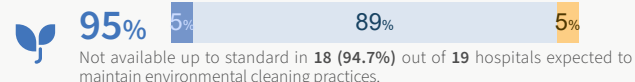
### Sanitation facilities accessibility\*



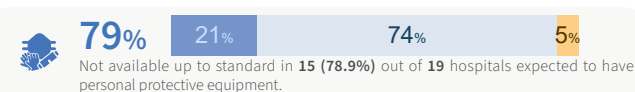
### Hand hygiene



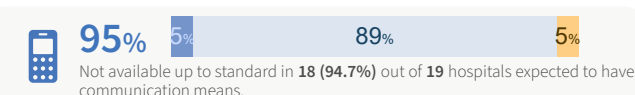
### Environmental cleaning



## Personal Protective Equipment (PPE)



## Communication

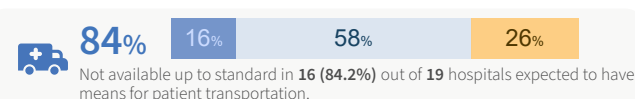


### Communication equipment types

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



## Transportation of patients



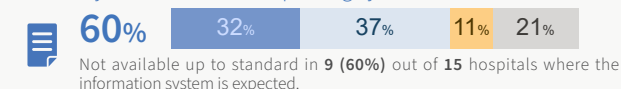
### Transportation types

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

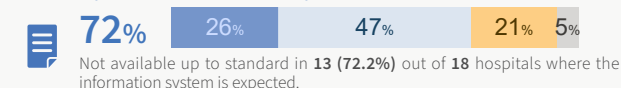


## Health information management systems

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



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

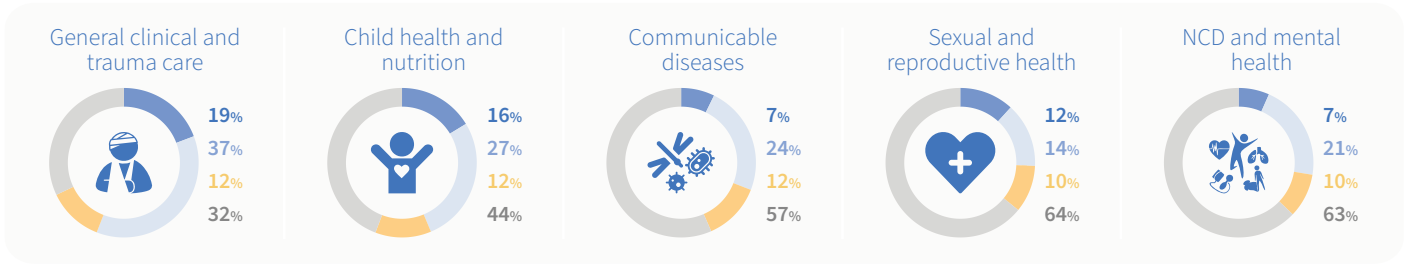


\* Out of 19 hospitals, hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

# ESSENTIAL HEALTH SERVICES\*

## Service domain overview

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



● Available ● Partially available ● Not available



Lack of staff

Lack of training



Lack of supplies



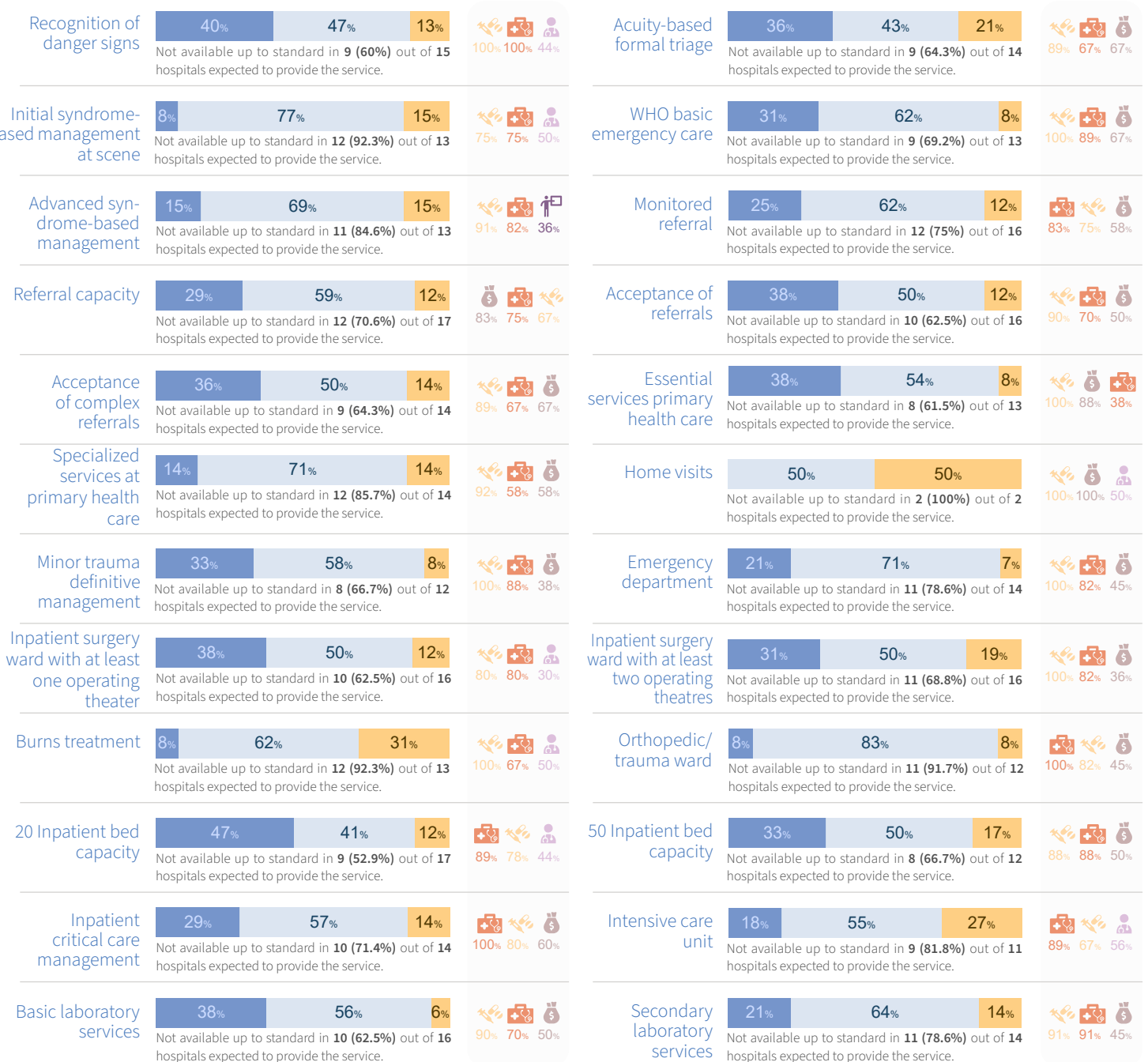
Lack of equipment



Lack of financial resources



## General clinical and emergency care services



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

Available Partially available Not available



Lack of staff



Lack of supplies



Lack of financial resources

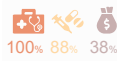


Lack of training



Lack of equipment

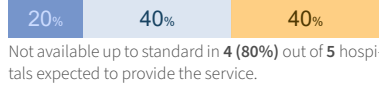
### Tertiary laboratory services



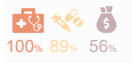
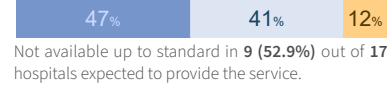
### Blood bank services



### Hemodialysis unit



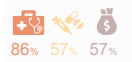
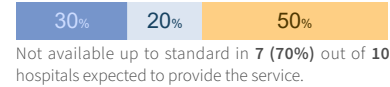
### Basic X-ray service



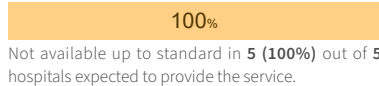
### Comprehensive X-ray service



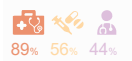
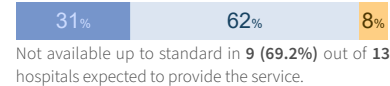
### CT scan



### MRI



### Procedures for mass casualty scenarios

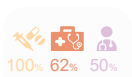
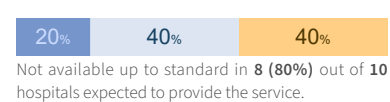


## Child health and nutrition services

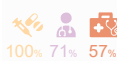
### Pediatric first aid



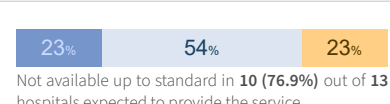
### Integrated management of newborn and childhood illnesses (IMNCI)



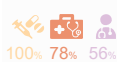
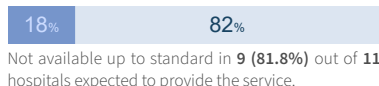
### IMNCI Under 5 Clinic



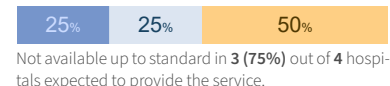
### Management of children classified as severe or very severe diseases



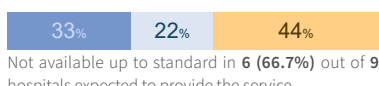
### Inpatient surgical care for newborns and children



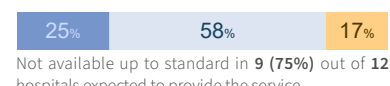
### Expanded programme on immunization



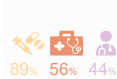
### Information, education, and communication on infant, young, and child feeding



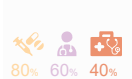
### Growth monitoring



### Integrated management of acute malnutrition

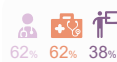
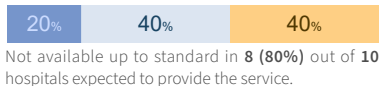


### Stabilization center for severe acute malnutrition

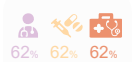


## Communicable diseases

### Syndromic surveillance



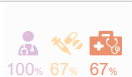
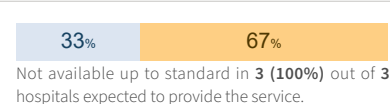
### Event-based surveillance



### Diagnosis and treatment of tuberculosis cases



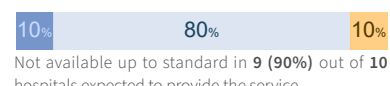
### Multidrug-resistant of tuberculosis



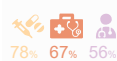
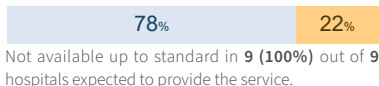
### Information, education, and communication on local priority diseases



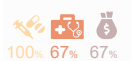
### Locally relevant diseases



### Isolation unit or room

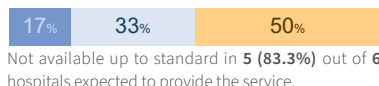


### Management of severe/complicated diseases

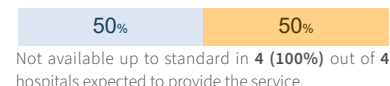


## Sexual and reproductive health

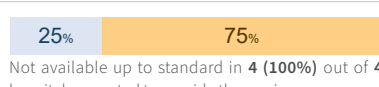
### Free access to condoms



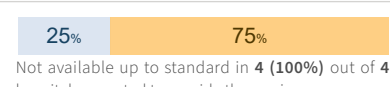
### Information, education, and communication on STI/HIV



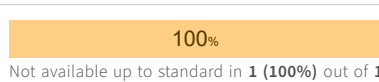
### Syndromic management of sexually transmitted infections (STIs)



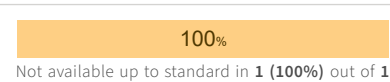
### HIV counselling and testing



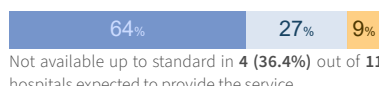
### Prevention of mother-to-child HIV transmission



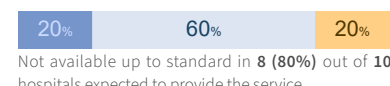
### Antiretroviral treatment



### Family planning - pregnancy test



### Family planning - contraceptive methods



Available Partially available Not available



Lack of staff



Lack of supplies



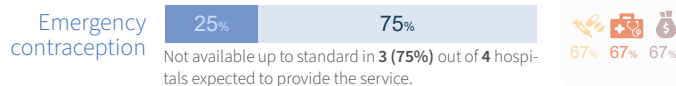
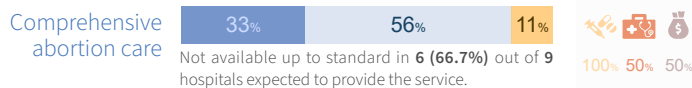
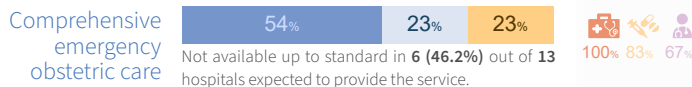
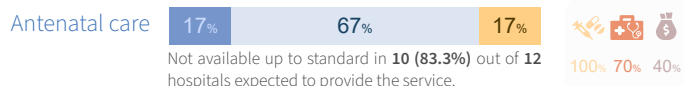
Lack of financial resources



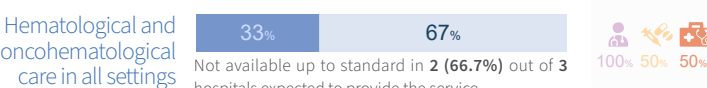
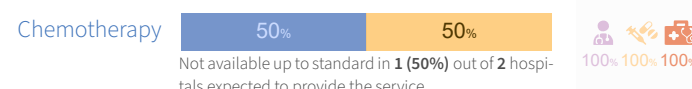
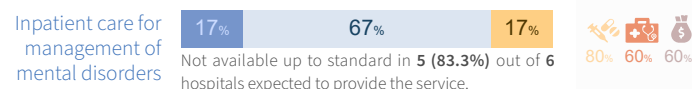
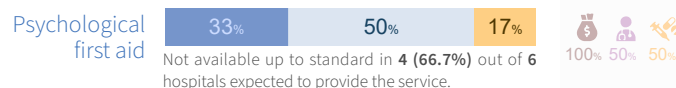
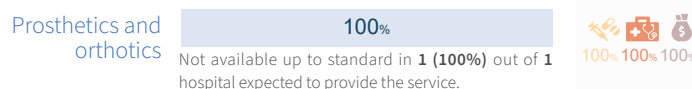
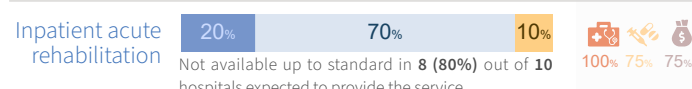
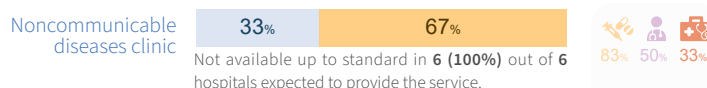
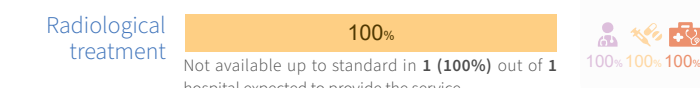
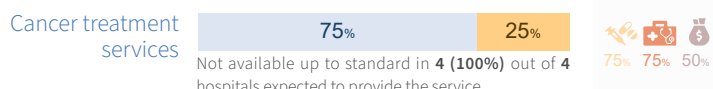
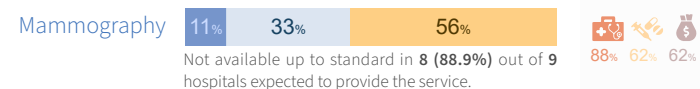
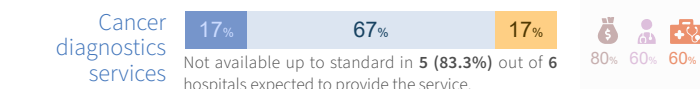
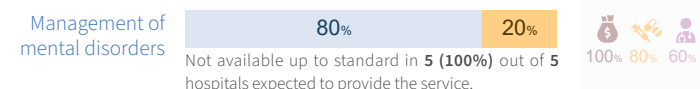
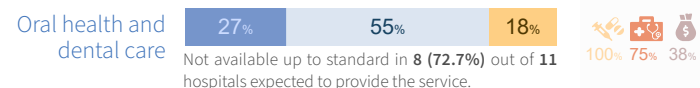
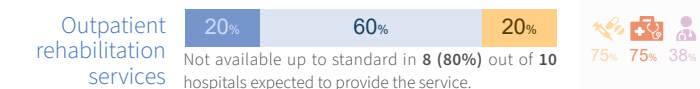
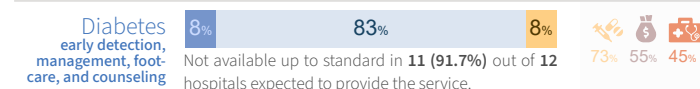
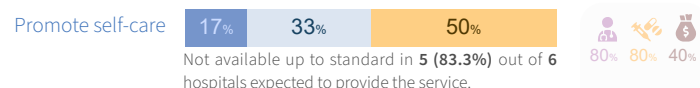
Lack of training



Lack of equipment



## Noncommunicable diseases and mental health



This analysis was produced based on the information reported into HeRAMS up to 30 April 2026 and while the the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

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

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



Data source: HeRAMS occupied Palestinian territory  
 Date data: 30 April 2026  
 Date created: 10 May 2026  
 Contact: herams@who.int



World Health Organization





# HeRAMS occupied Palestinian territory

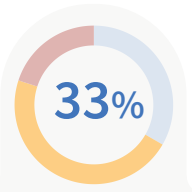
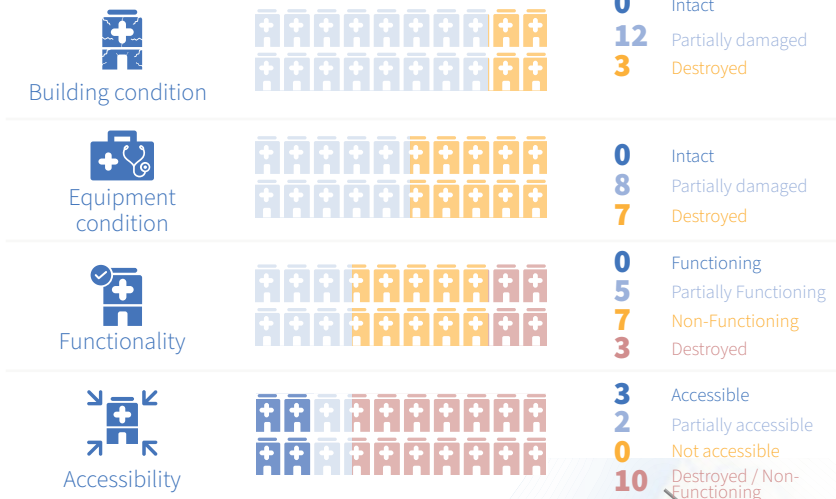
## Gaza Strip

### SNAPSHOT APRIL 2026

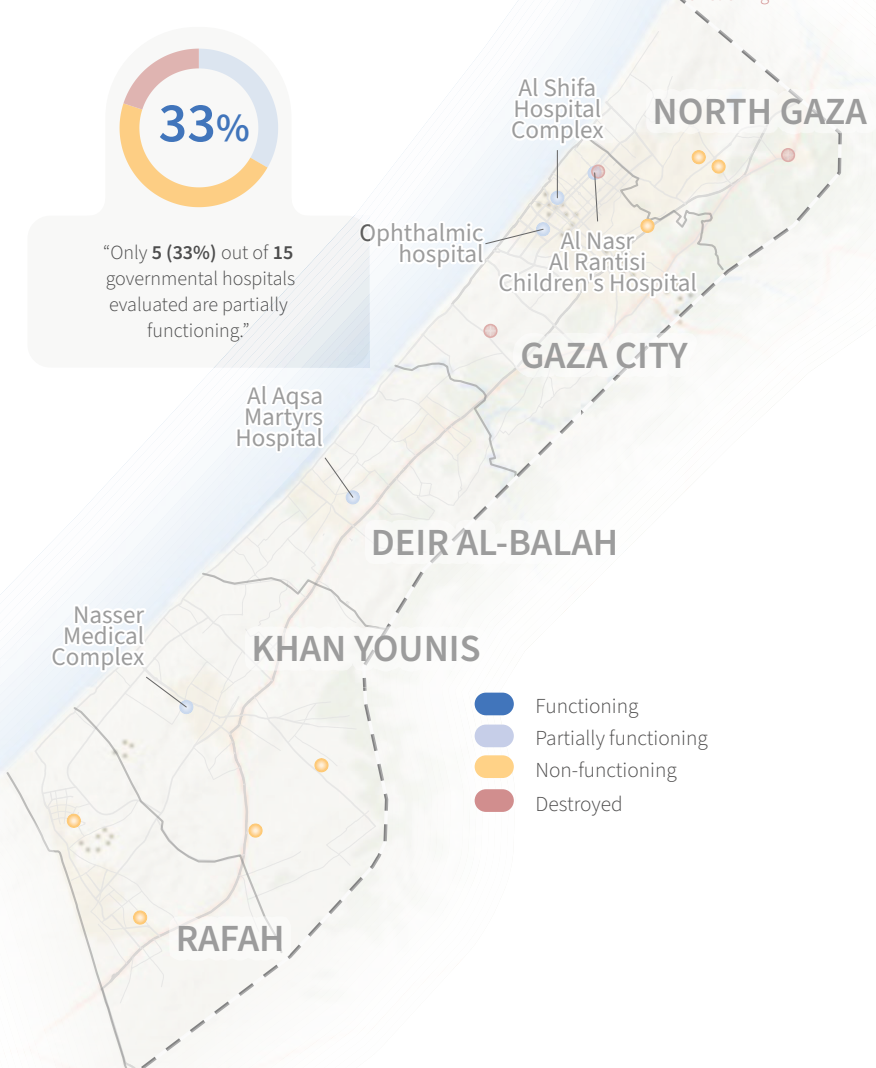
Governmental hospitals\*

## GOVERNMENTAL HOSPITAL STATUS

Out of 15 governmental hospitals evaluated.



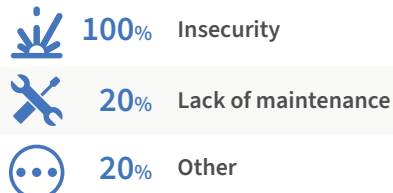
"Only 5 (33%) out of 15 governmental hospitals evaluated are partially functioning."



## MAIN CAUSES OF...

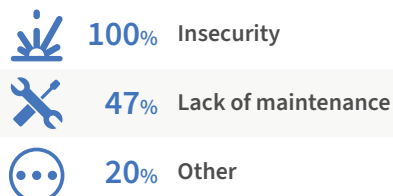
### Building damage

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



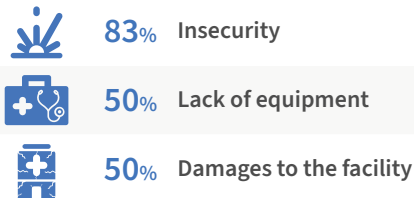
### Equipment damage

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



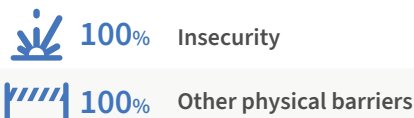
### Functionality constraints

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



### Accessibility constraints

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



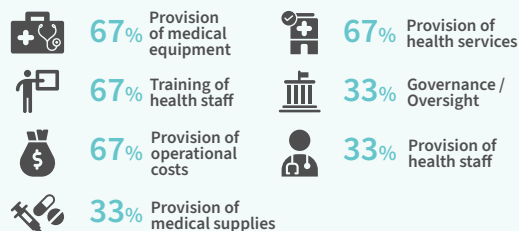
## Partner Support\*\*

Major support (Blue), Partially support (Light Blue), No support (Grey)



### Partner support types

Out of 3 governmental hospitals supported by partners,



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

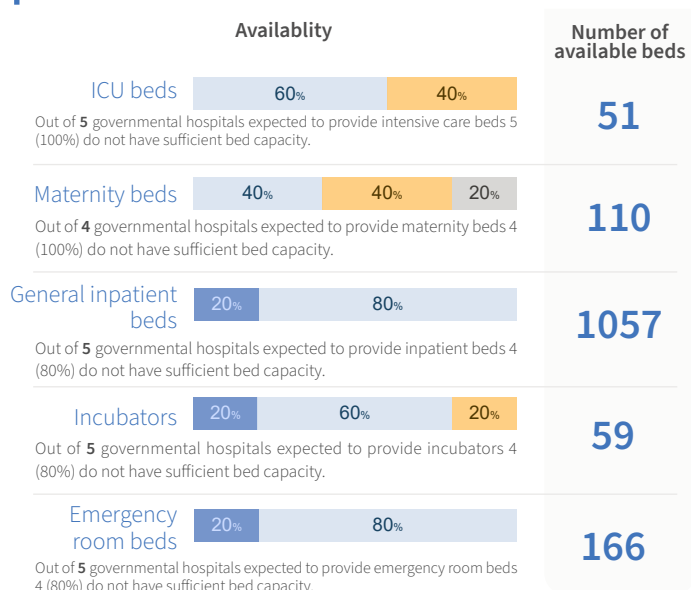
\*\* Out of 5 governmental hospitals: Governmental hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any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

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

# BASIC AMENITIES\*

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

## Inpatient bed capacity

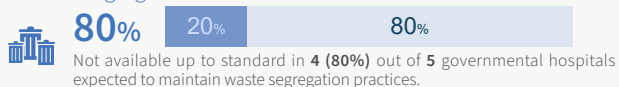


### Main barriers\*

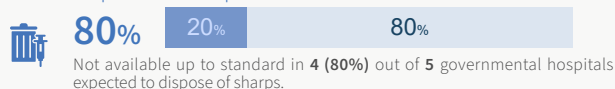


## Waste management

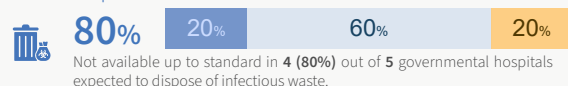
### Waste segregation



### Final disposal of sharps

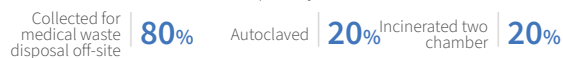


### Final disposal of infectious waste

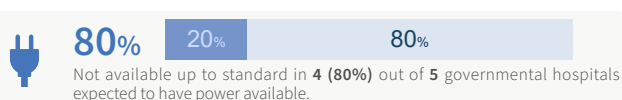


### Waste disposal methods

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



## Power

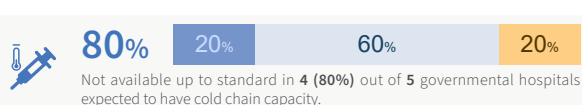


### Power sources

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



## Cold chain



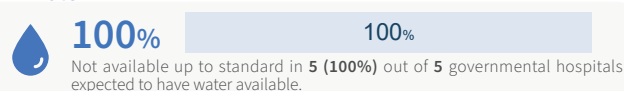
### Cold chain sources

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



## WASH

### Water

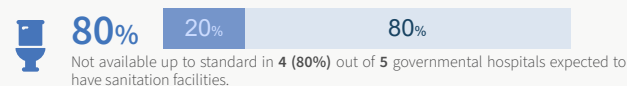


### Main water sources

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

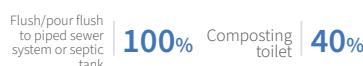


### Sanitation facilities



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

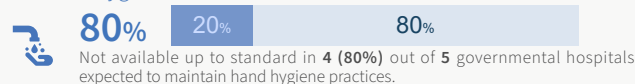
### Sanitation facilities types\*



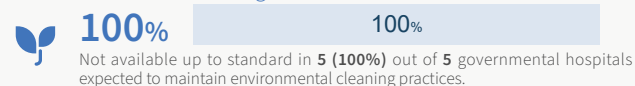
### Sanitation facilities accessibility\*



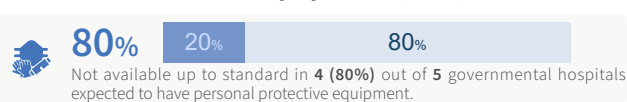
### Hand hygiene



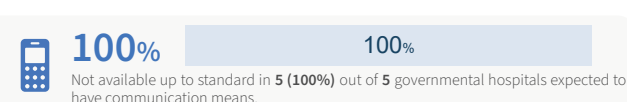
### Environmental cleaning



## Personal Protective Equipment (PPE)



## Communication

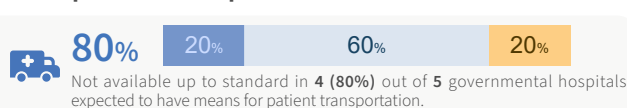


### Communication equipment types

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



## Transportation of patients



### Transportation types

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

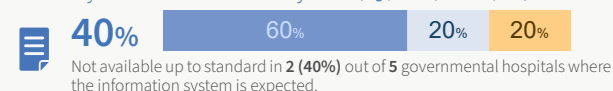


## Health information management systems

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



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

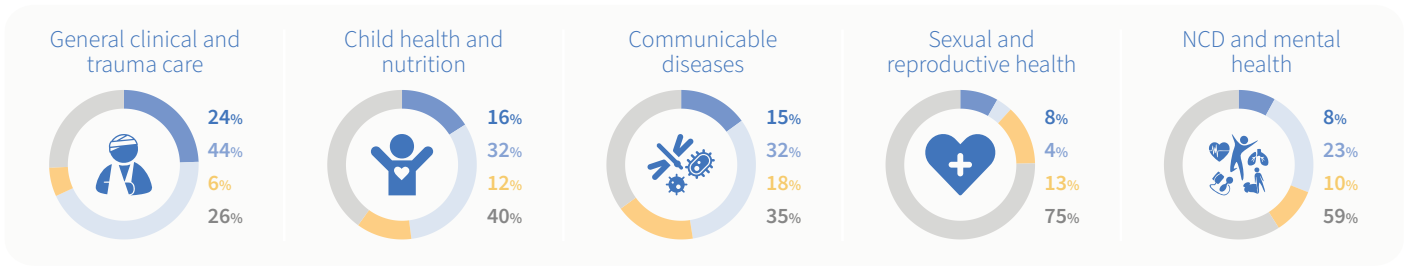


\* Out of 5 governmental hospitals, governmental hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any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

# ESSENTIAL HEALTH SERVICES\*

## Service domain overview

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



● Available ● Partially available ● Not available



Lack of staff  
Lack of training



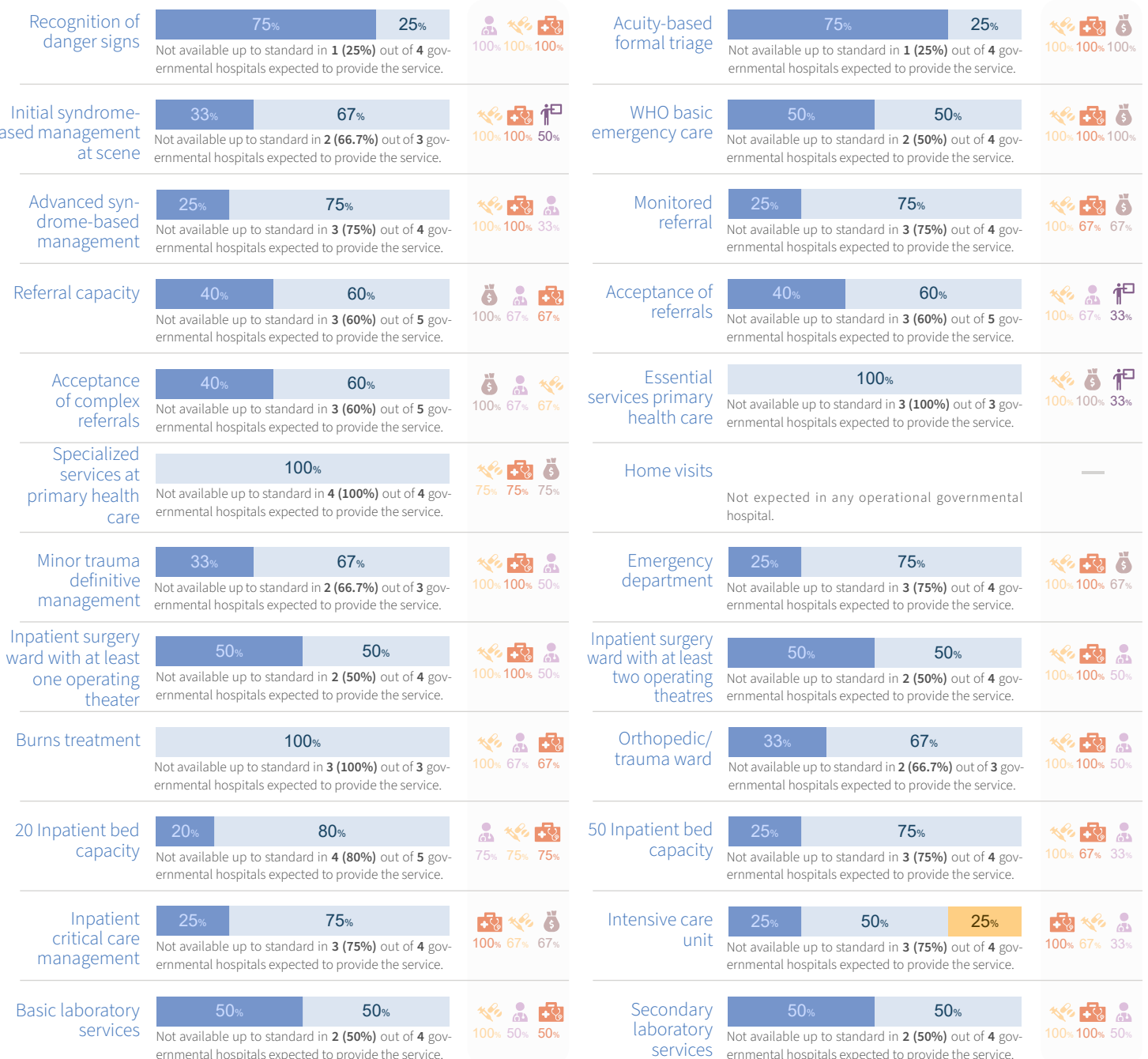
Lack of supplies  
Lack of equipment



Lack of financial resources



## General clinical and emergency care services



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

Available Partially available Not available



Lack of staff



Lack of supplies



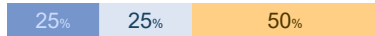
Lack of financial resources



Lack of equipment

Lack of training

### Tertiary laboratory services



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



### Blood bank services



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



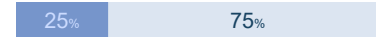
### Hemodialysis unit



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



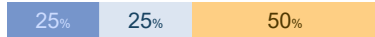
### Basic X-ray service



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



### Comprehensive X-ray service



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



### CT scan



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



### MRI



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



### Procedures for mass casualty scenarios



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



## Child health and nutrition services

### Pediatric first aid



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



### Integrated management of newborn and childhood illnesses (IMNCI)



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



### IMNCI Under 5 Clinic



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



### Management of children classified as severe or very severe diseases



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



### Inpatient surgical care for newborns and children



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



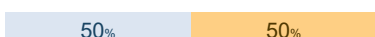
### Expanded programme on immunization



Not expected in any operational governmental hospital.



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



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



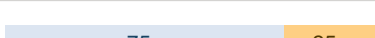
### Growth monitoring



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



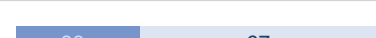
### Integrated management of acute malnutrition



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



### Stabilization center for severe acute malnutrition



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



## Communicable diseases

### Syndromic surveillance



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



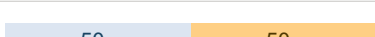
### Event-based surveillance



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



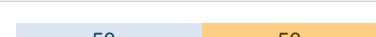
### Diagnosis and treatment of tuberculosis cases



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



### Multidrug-resistant tuberculosis



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



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



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



### Locally relevant diseases



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



### Isolation unit or room



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



### Management of severe/complicated diseases



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



## Sexual and reproductive health

### Free access to condoms



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



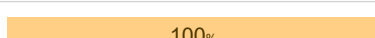
### Information, education, and communication on STI/HIV



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



### Syndromic management of sexually transmitted infections (STIs)



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



### HIV counselling and testing



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



### Prevention of mother-to-child HIV transmission



Not expected in any operational governmental hospital.



### Antiretroviral treatment



Not expected in any operational governmental hospital.



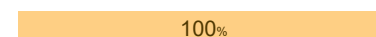
### Family planning - pregnancy test



Available up to standard in **1 (100%)** governmental hospital expected to provide the service.



### Family planning - contraceptive methods



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



Available Partially available Not available



Lack of staff



Lack of supplies



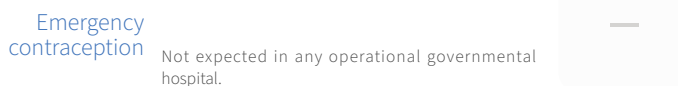
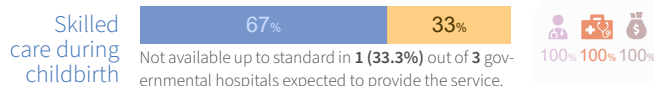
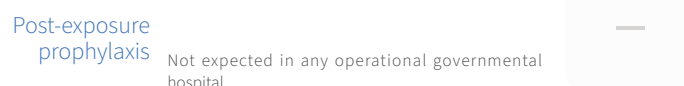
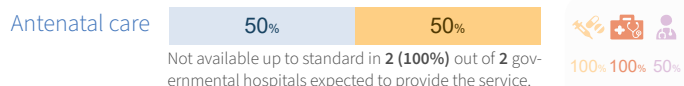
Lack of financial resources



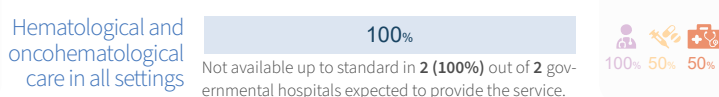
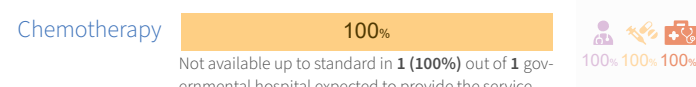
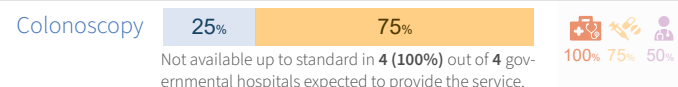
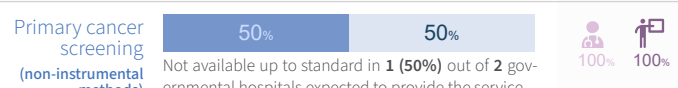
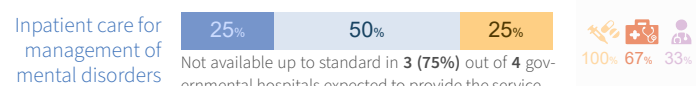
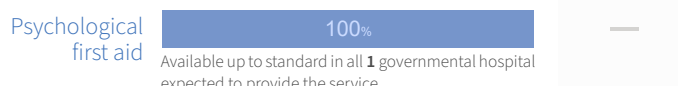
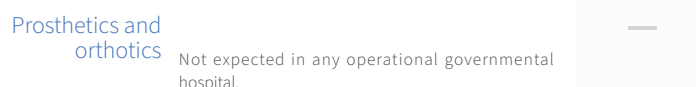
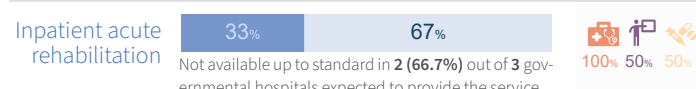
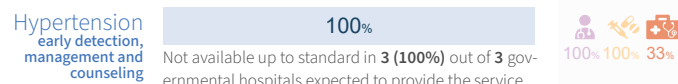
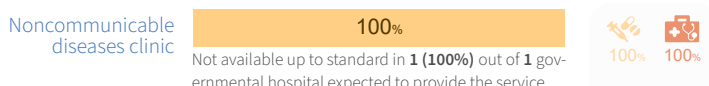
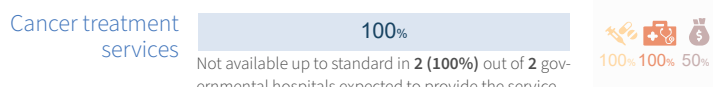
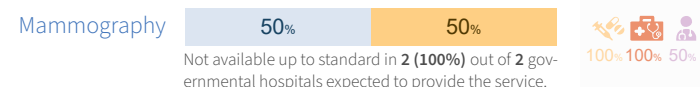
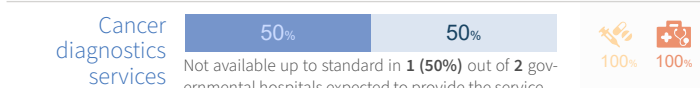
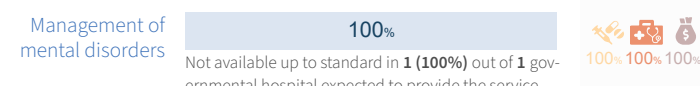
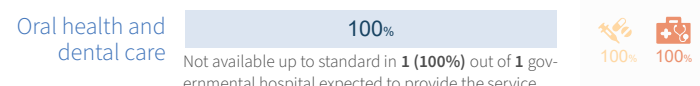
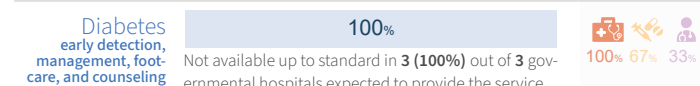
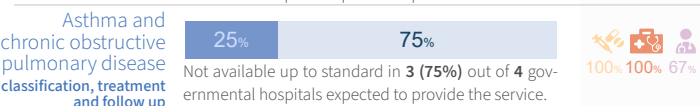
Lack of training



Lack of equipment



## Noncommunicable diseases and mental health



This analysis was produced based on the information reported into HeRAMS up to 30 April 2026 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

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

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

### Notes:

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



Data source: HeRAMS occupied Palestinian territory  
 Date data: 30 April 2026  
 Date created: 10 May 2026  
 Contact: herams@who.int



World Health Organization



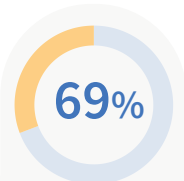
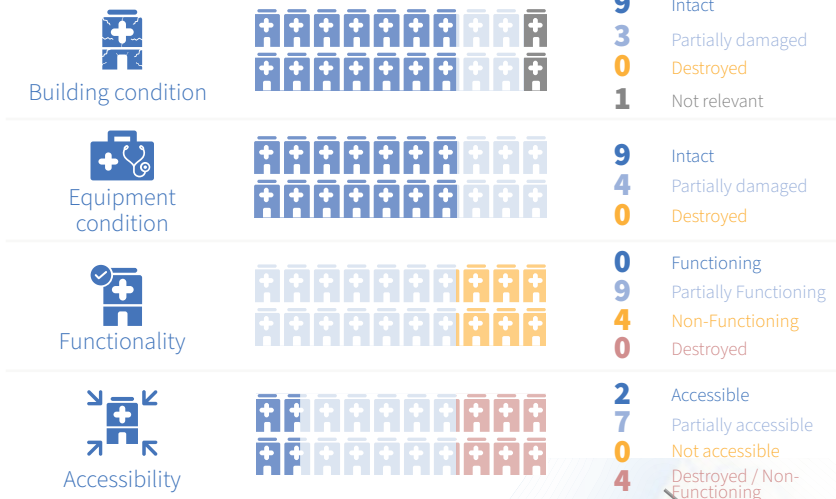


# HeRAMS occupied Palestinian territory Gaza Strip SNAPSHOT APRIL 2026

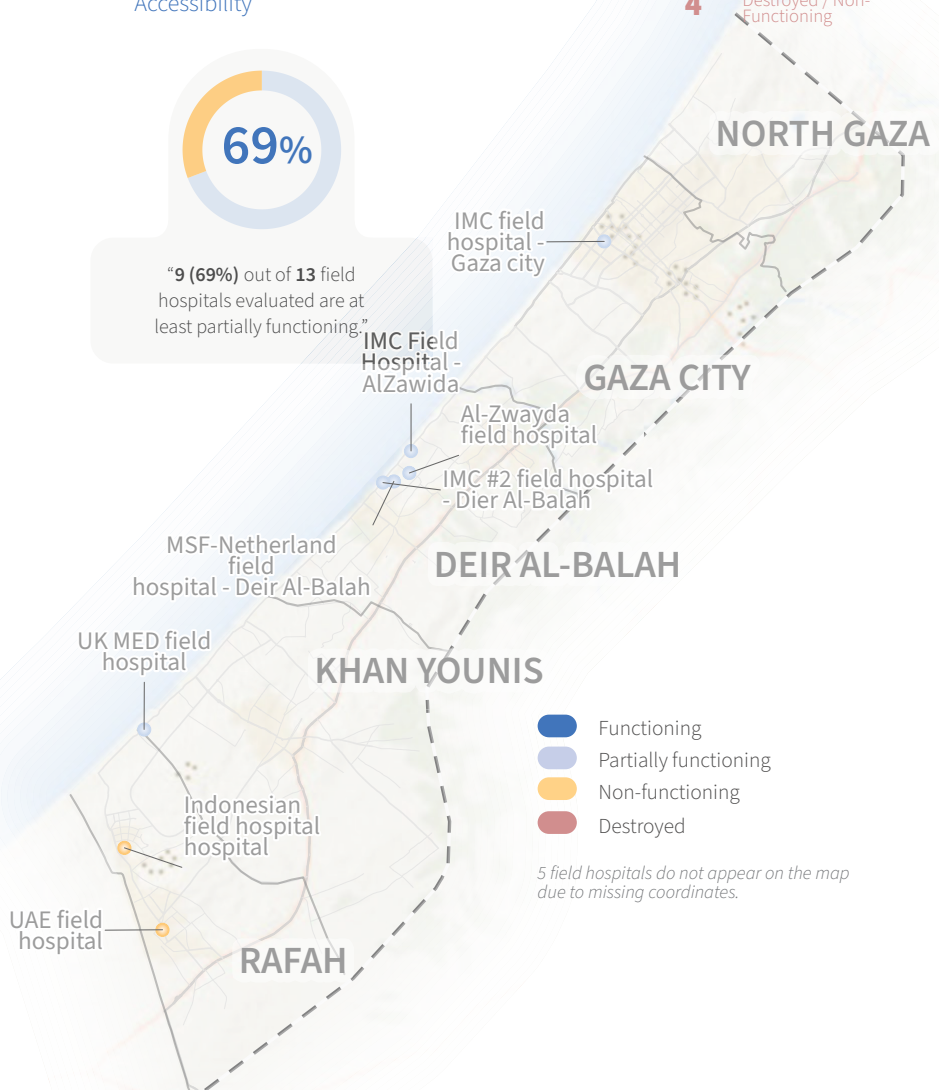
Field hospitals\*

## FIELD HOSPITAL STATUS

Out of 13 field hospitals evaluated.



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



## MAIN CAUSES OF...

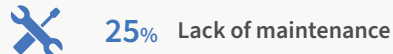
### Building damage

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



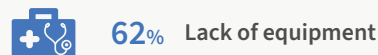
### Equipment damage

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



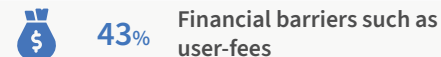
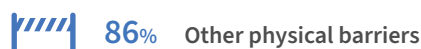
### Functionality constraints

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



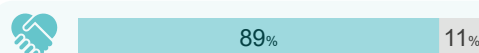
### Accessibility constraints

The 3 primary causes of accessibility constraints as reported by 7 partially accessible field hospitals.



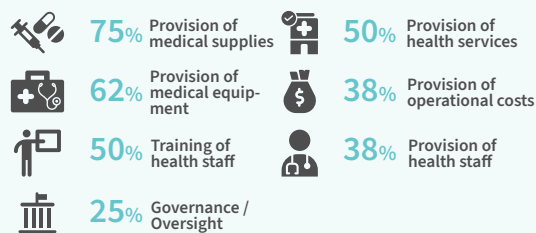
### Partner Support\*\*

Major support (teal) Partially support (light blue) No support (grey)



#### Partner support types

Out of 8 field hospitals supported by partners,



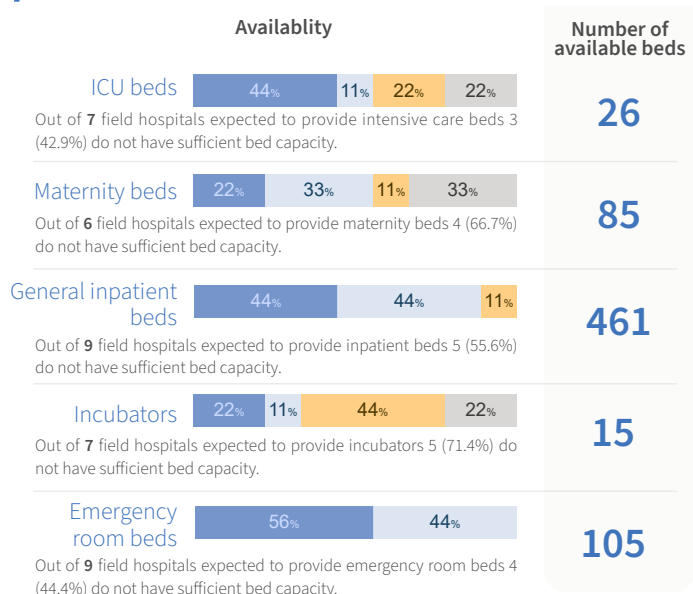
\* This infographic provides special insights on services provided by field hospitals deployed in across the Gaza Strip. Three functioning reporting entities have opted not to share their data in compliance with data privacy laws enforced by their respective NGOs or were unable to provide information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

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

# BASIC AMENITIES\*

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

## Inpatient bed capacity



### Main barriers\*

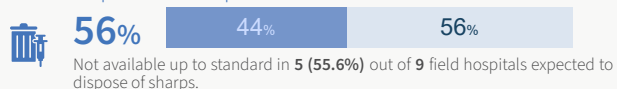


## Waste management

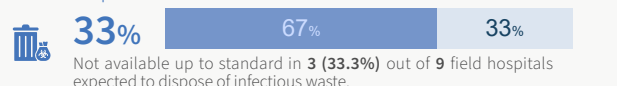
### Waste segregation



### Final disposal of sharps



### Final disposal of infectious waste

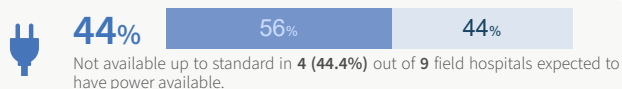


### Waste disposal methods

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



## Power



### Power sources

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



## Cold chain



### Cold chain sources

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



## WASH

### Water

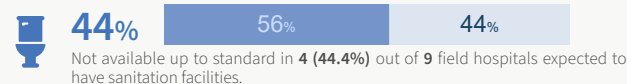


### Main water sources

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



### Sanitation facilities



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

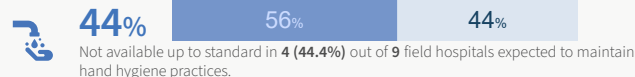
### Sanitation facilities types\*



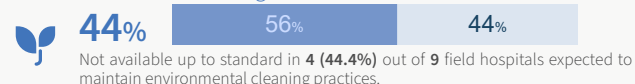
### Sanitation facilities accessibility\*



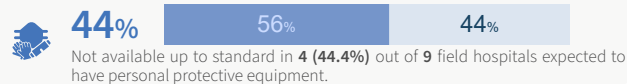
### Hand hygiene



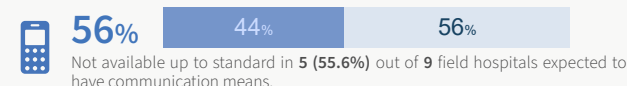
### Environmental cleaning



## Personal Protective Equipment (PPE)



## Communication

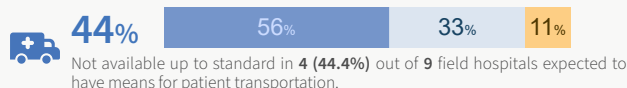


### Communication equipment types

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



## Transportation of patients



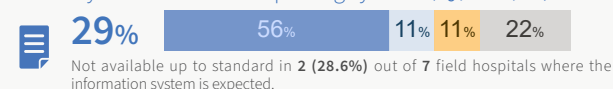
### Transportation types

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

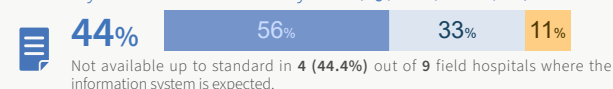


## Health information management systems

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



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

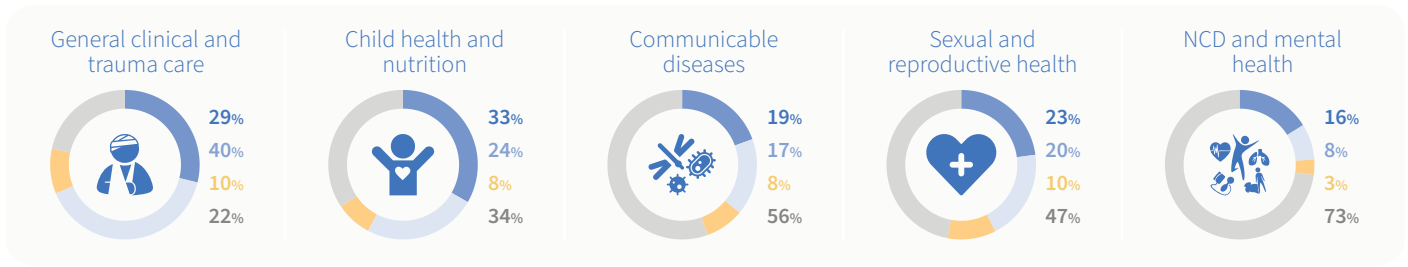


\* Out of 9 field hospitals, field hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

# ESSENTIAL HEALTH SERVICES\*

## Service domain overview

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



● Available ● Partially available ● Not available



Lack of staff



Lack of training



Lack of supplies



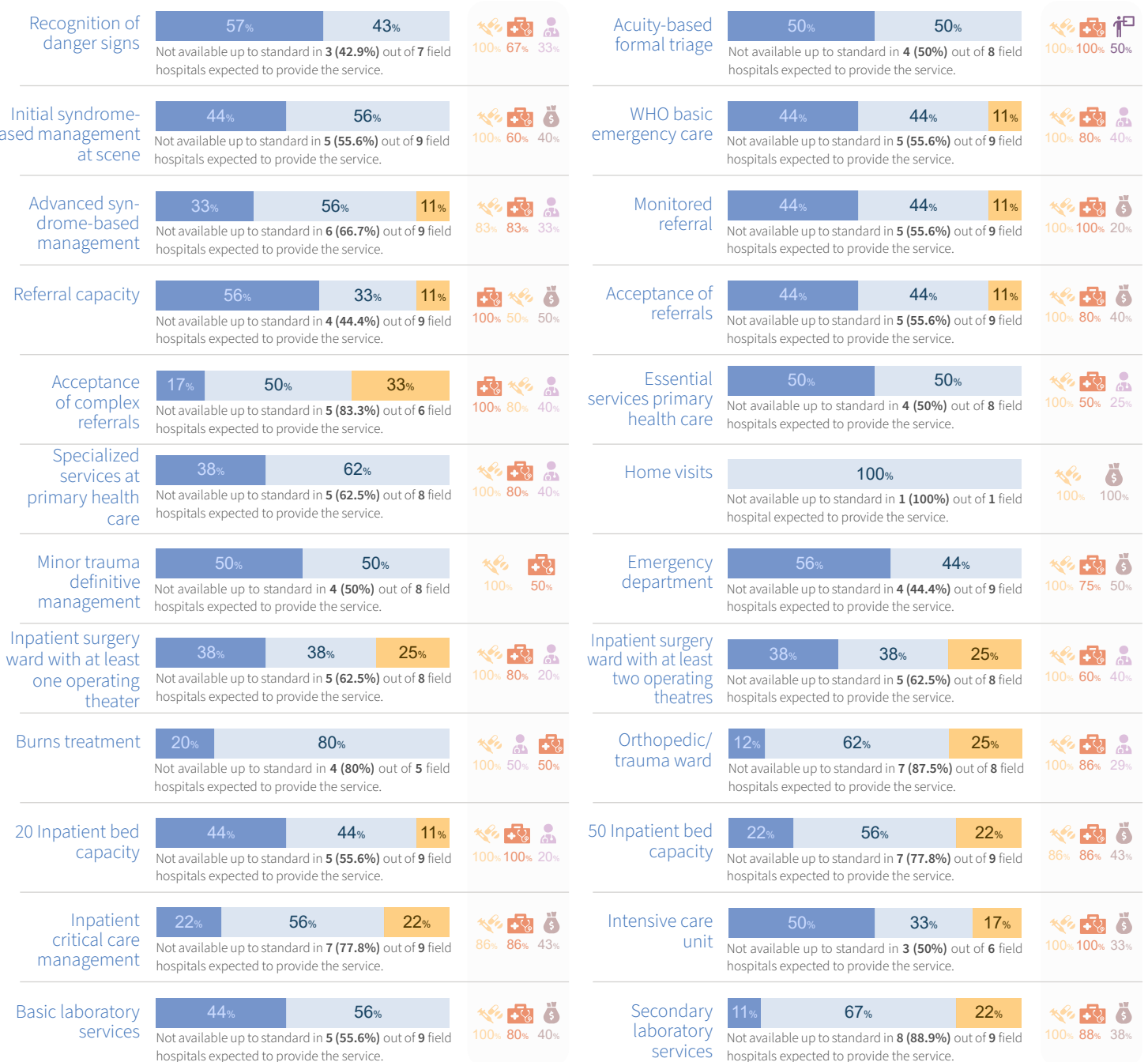
Lack of equipment



Lack of financial resources



## General clinical and emergency care services



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

Available Partially available Not available



Lack of staff



Lack of supplies



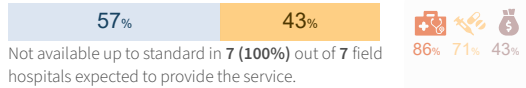
Lack of financial resources



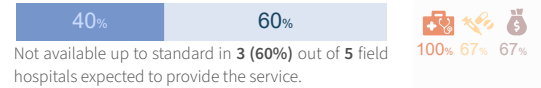
Lack of equipment

Lack of training

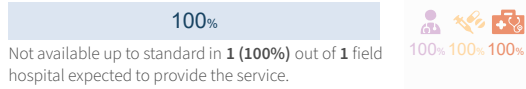
### Tertiary laboratory services



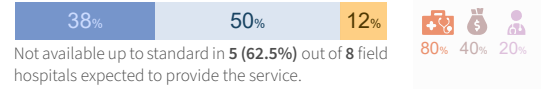
### Blood bank services



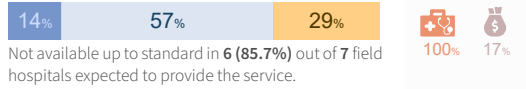
### Hemodialysis unit



### Basic X-ray service



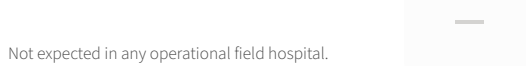
### Comprehensive X-ray service



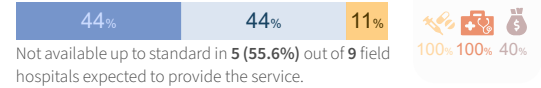
### CT scan



### MRI

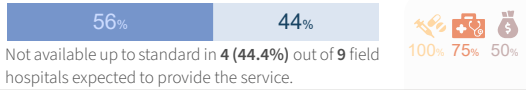


### Procedures for mass casualty scenarios

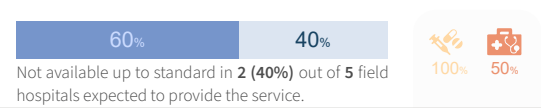


## Child health and nutrition services

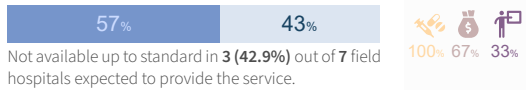
### Pediatric first aid



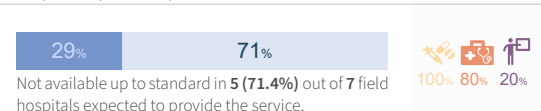
### Integrated management of newborn and childhood illnesses (IMNCI)



### IMNCI Under 5 Clinic



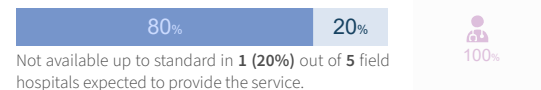
### Management of children classified as severe or very severe diseases



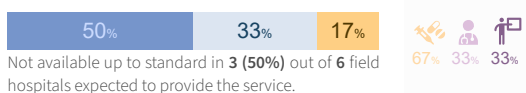
### Inpatient surgical care for newborns and children



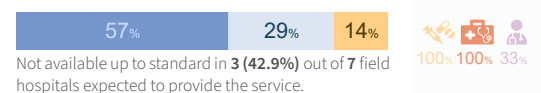
### Expanded programme on immunization



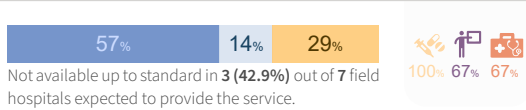
### Information, education, and communication on infant, young, and child feeding



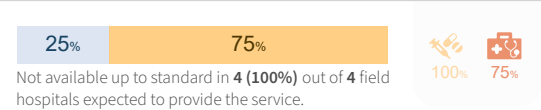
### Growth monitoring



### Integrated management of acute malnutrition

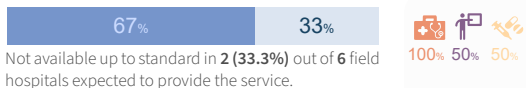


### Stabilization center for severe acute malnutrition

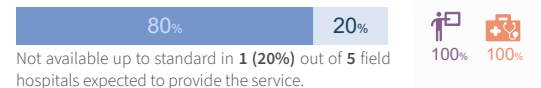


## Communicable diseases

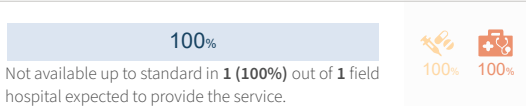
### Syndromic surveillance



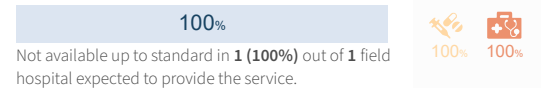
### Event-based surveillance



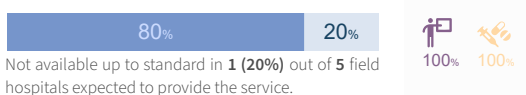
### Diagnosis and treatment of tuberculosis cases



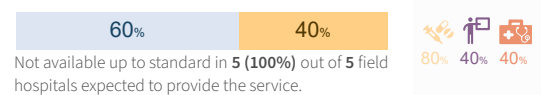
### Multidrug-resistant tuberculosis



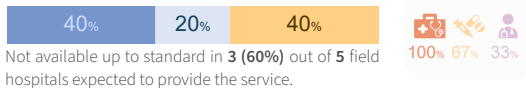
### Information, education, and communication on local priority diseases



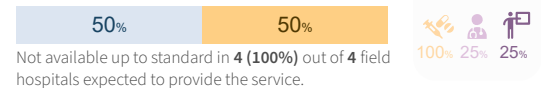
### Locally relevant diseases



### Isolation unit or room

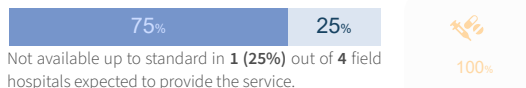


### Management of severe/complicated diseases

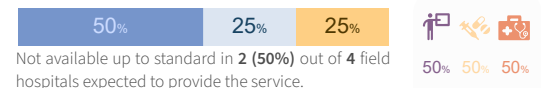


## Sexual and reproductive health

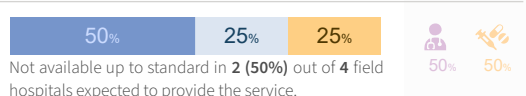
### Free access to condoms



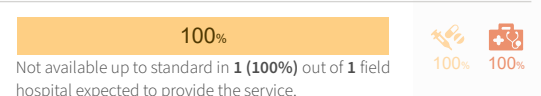
### Information, education, and communication on STI/HIV



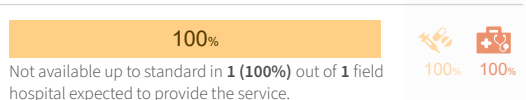
### Syndromic management of sexually transmitted infections (STIs)



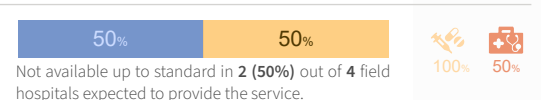
### HIV counselling and testing



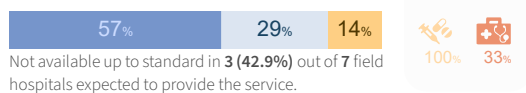
### Prevention of mother-to-child HIV transmission



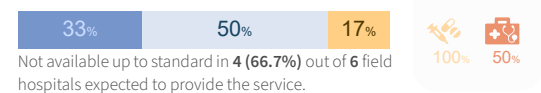
### Antiretroviral treatment



### Family planning - pregnancy test



### Family planning - contraceptive methods



Available Partially available Not available



Lack of staff



Lack of supplies



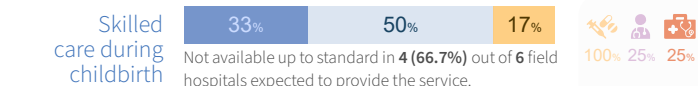
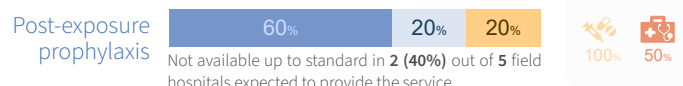
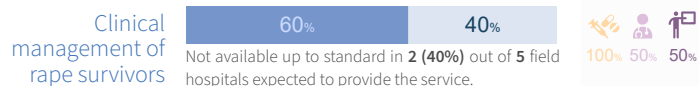
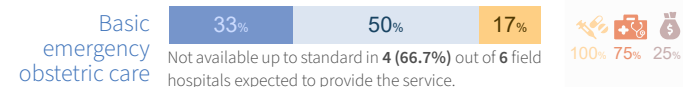
Lack of financial resources



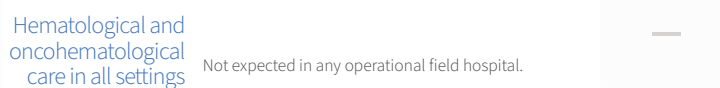
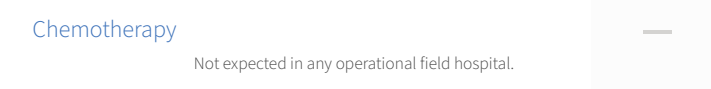
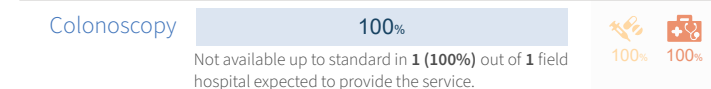
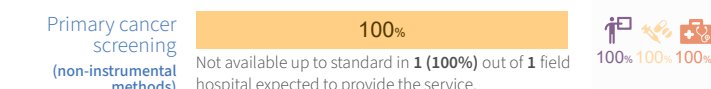
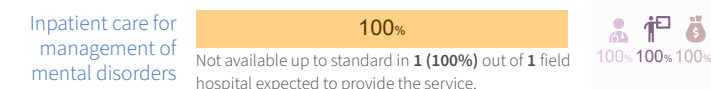
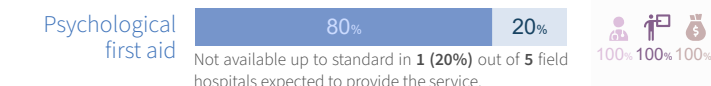
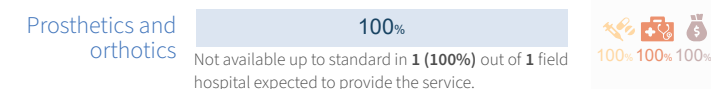
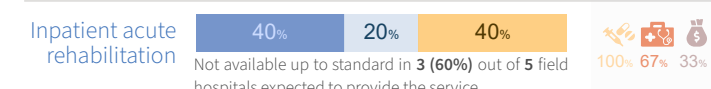
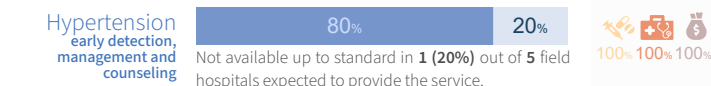
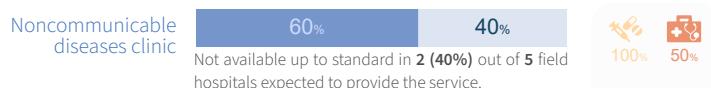
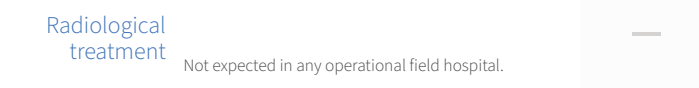
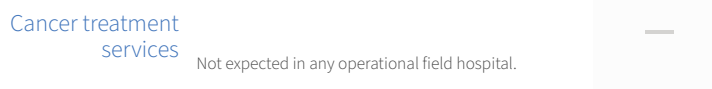
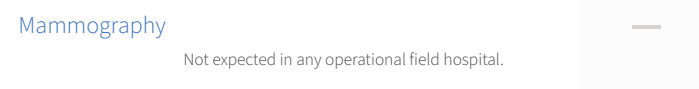
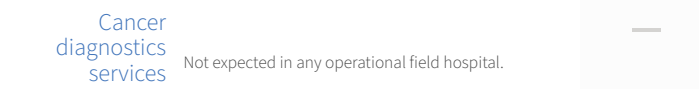
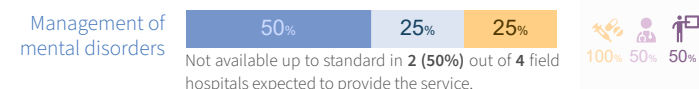
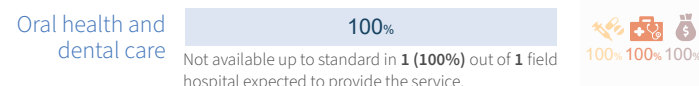
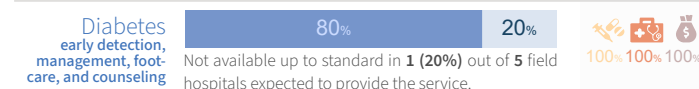
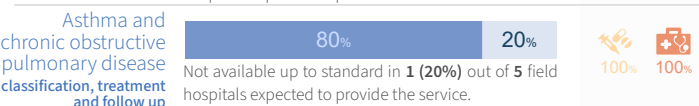
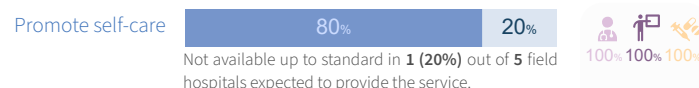
Lack of training



Lack of equipment



## Noncommunicable diseases and mental health



This analysis was produced based on the information reported into HeRAMS up to 30 April 2026 and while the the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

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

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 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 hospitals where the indicator was at least partially available.
- The analysis of individual services excludes field hospitals reporting a service as "not normally provided." Consequently, the total number of field hospitals included in the analysis varies by service.



Data source: HeRAMS occupied Palestinian territory  
 Date data: 30 April 2026  
 Date created: 10 May 2026  
 Contact: herams@who.int



World Health Organization





# HeRAMS occupied Palestinian territory

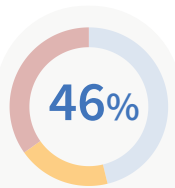
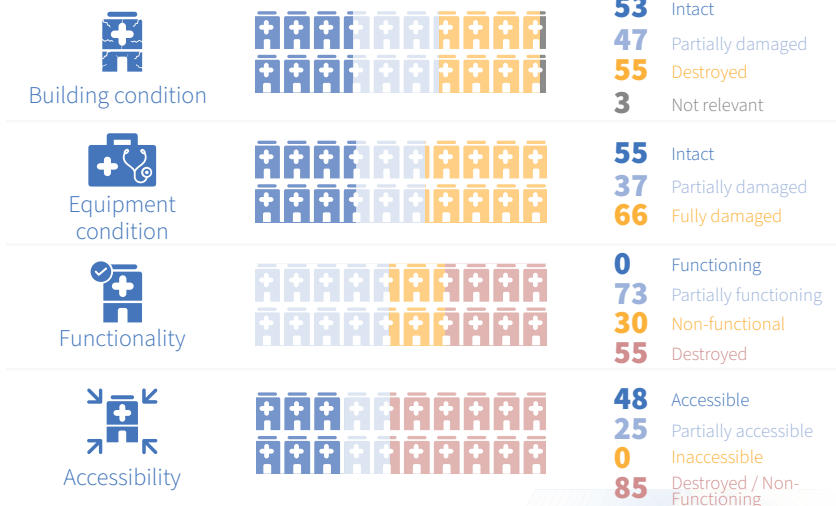
## Gaza Strip

### SNAPSHOT APRIL 2026

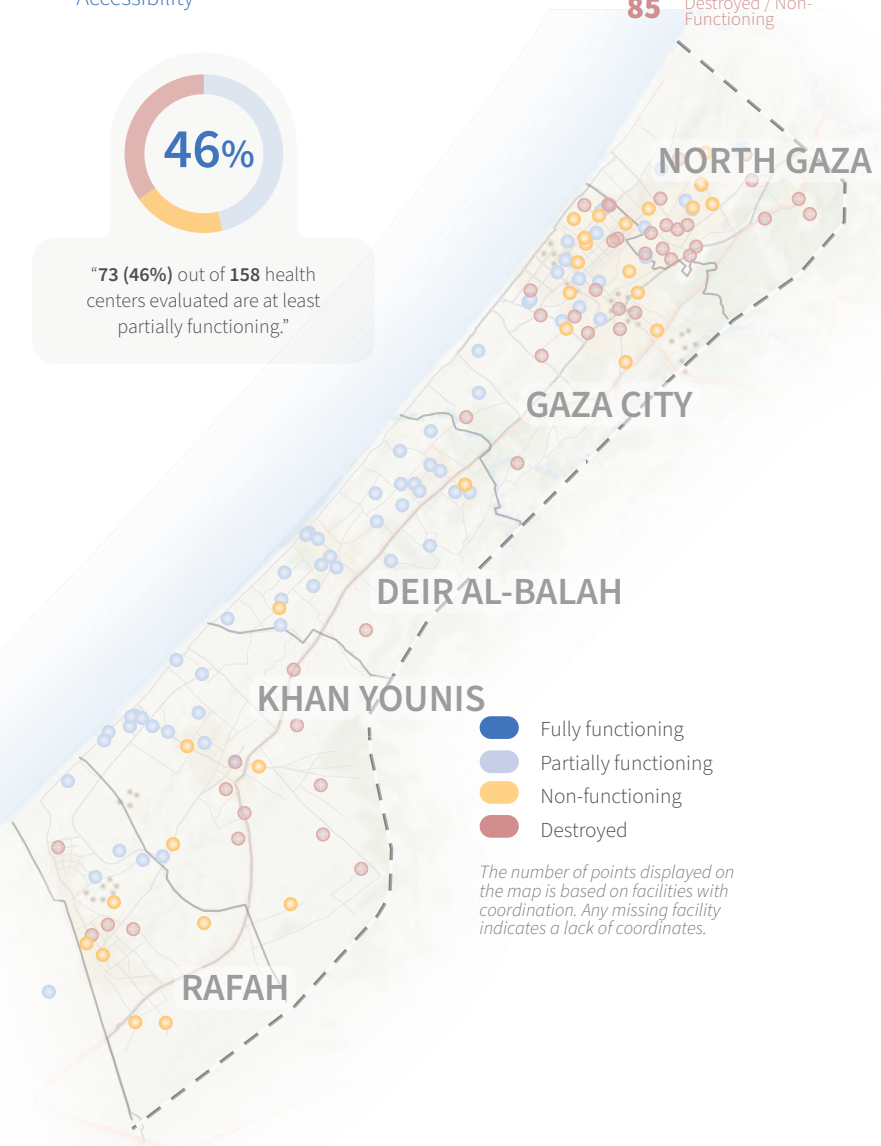
All health centers\*

## HEALTH CENTER STATUS\*\*

Out of 158 health centers evaluated.



"73 (46%) out of 158 health centers evaluated are at least partially functioning."



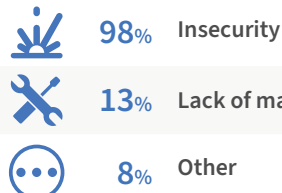
- Fully functioning
- Partially functioning
- Non-functioning
- Destroyed

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

## MAIN CAUSES OF...

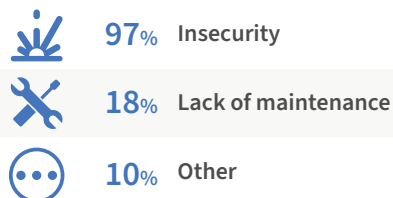
### Building damage

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



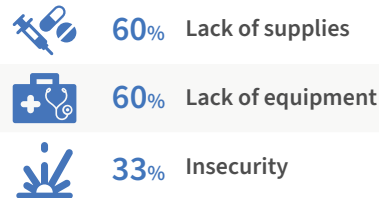
### Equipment damage

The 3 primary causes of equipment damage as reported by 37 partially damaged and 66 fully damaged health centers.



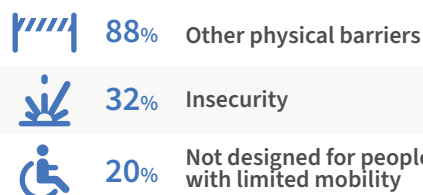
### Functionality constraints

The 3 primary causes of functionality constraints as reported by 73 partially functioning and 30 non-functioning health centers.



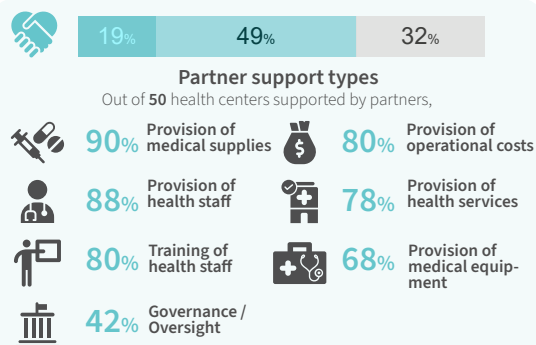
### Accessibility constraints

The 3 primary causes of accessibility constraints as reported by 25 partially accessible health centers.



### Partner Support\*\*

● Major support ● Partially support ● No support



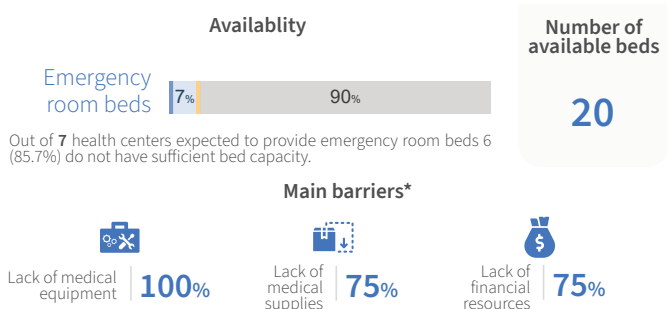
\* This infographic provides insights on all health centers in Gaza (which include governmental primary healthcare centers, UNRWA health centers, and NNGOs' health centers). This infographic focuses on a limited number of services deemed priority for health centers.

\*\* Out of 73 health centers: Health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

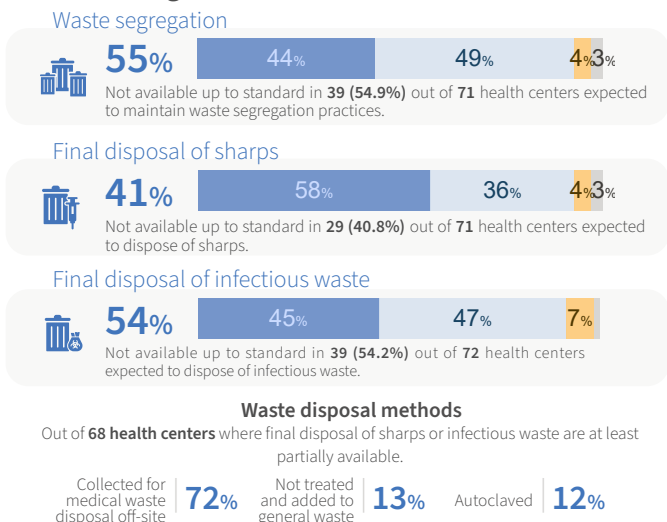
# BASIC AMENITIES\*

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

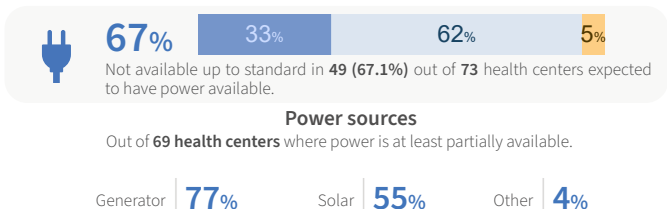
## Inpatient bed capacity



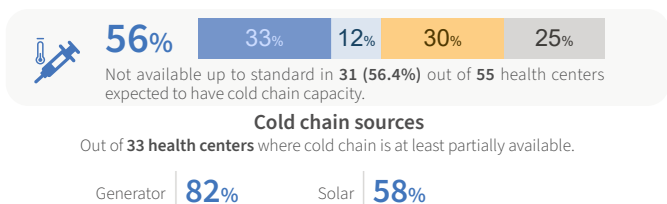
## Waste management



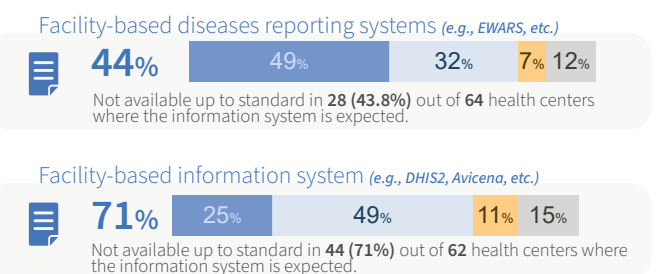
## Power



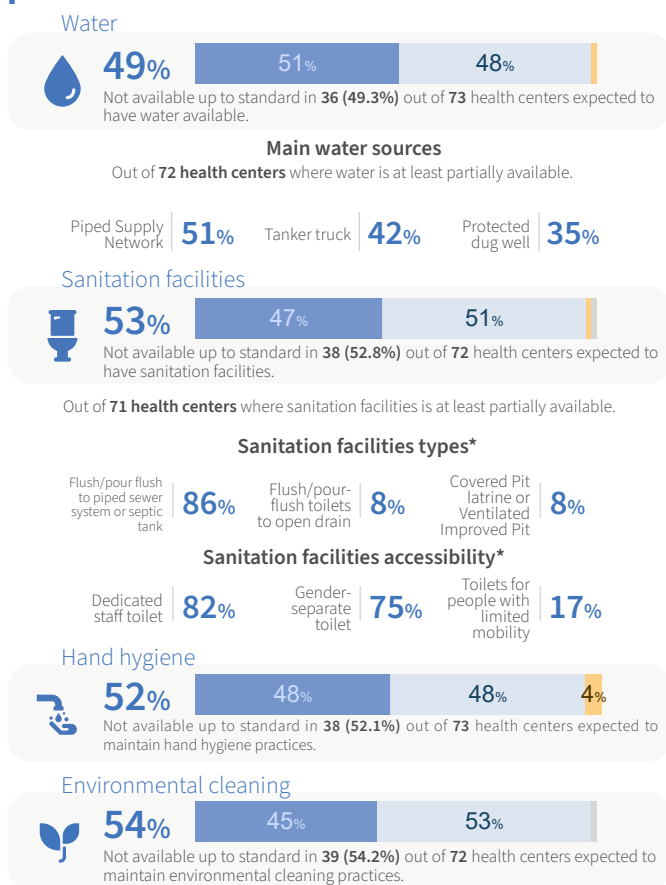
## Cold chain



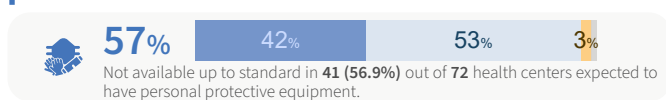
## Health Information Management Systems



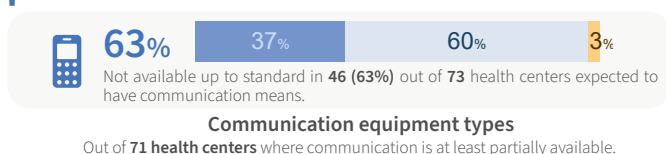
## WASH



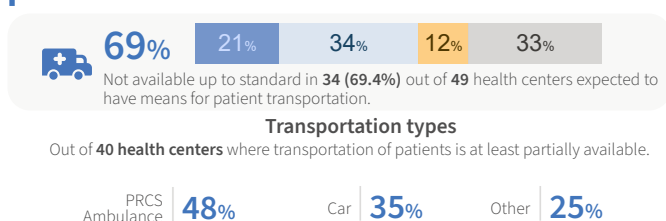
## Personal Protective Equipment (PPE)



## Communication



## Transportation of patients

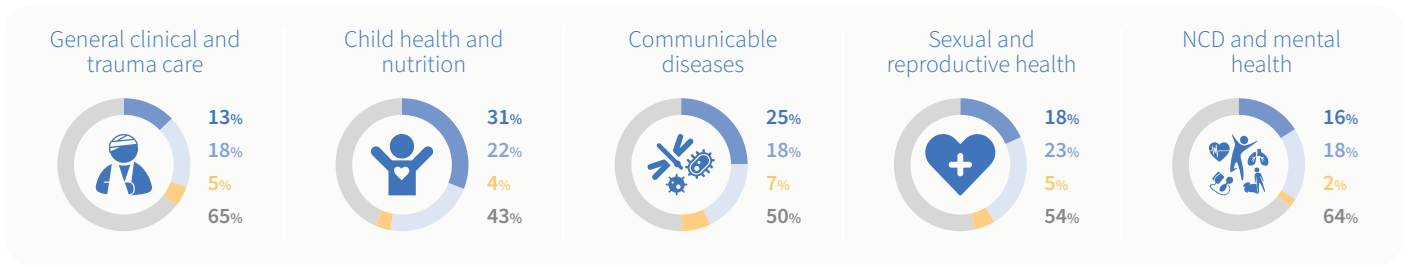


\* Out of 73 health centers: health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

# ESSENTIAL HEALTH SERVICES\*

## Service domain overview

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



● Available ● Partially available ● Not available



Lack of staff



Lack of training



Lack of supplies



Lack of equipment

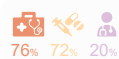
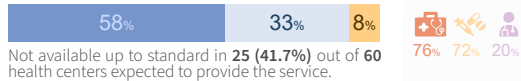


Lack of financial resources

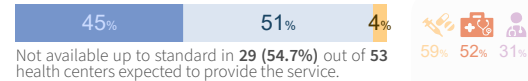


## General clinical and emergency care services

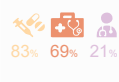
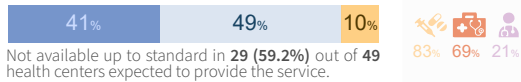
Recognition of danger signs



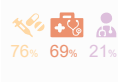
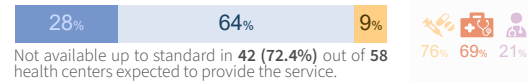
Acuity-based formal triage



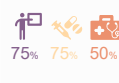
Initial syndrome-based management at scene



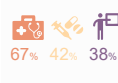
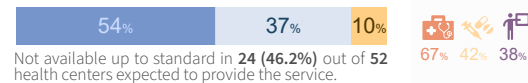
WHO basic emergency care



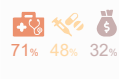
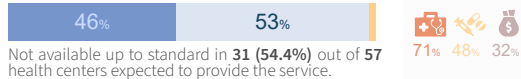
Advanced Syndrome-based management



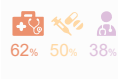
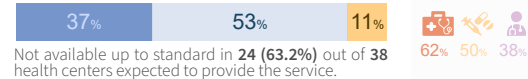
Monitored referral



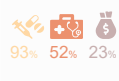
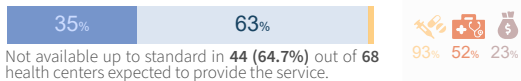
Referral capacity



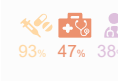
Acceptance of referrals



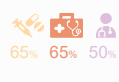
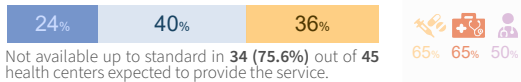
Essential services primary health care



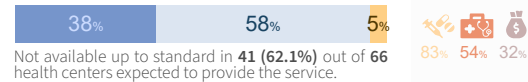
Specialized services at primary health care



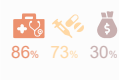
Home visits



Minor trauma definitive management



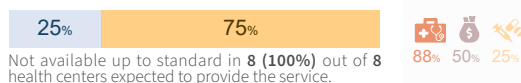
Basic laboratory services



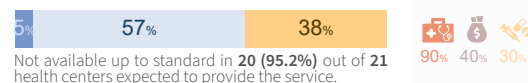
Secondary laboratory services



Comprehensive X-ray service



Basic X-ray service



\* Out of 73 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.

Available Partially available Not available



Lack of staff



Lack of supplies



Lack of financial resources



Lack of training

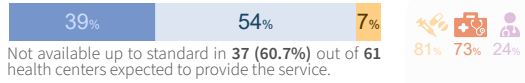


Lack of equipment



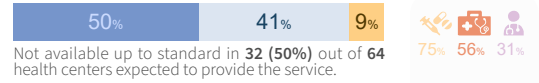
## Child health and nutrition services

Pediatric first aid



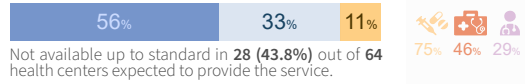
81% 73% 24%

Integrated management of newborn and childhood illnesses (IMNCI)



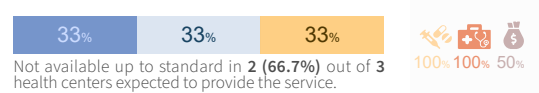
75% 56% 31%

IMNCI under 5 clinic



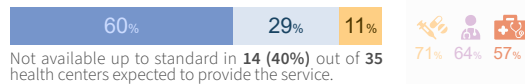
75% 46% 29%

Management of children classified as severe or very severe diseases



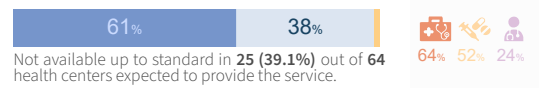
100% 100% 50%

Expanded programme on immunization



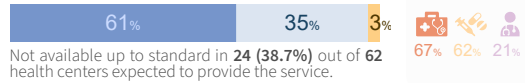
71% 64% 57%

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



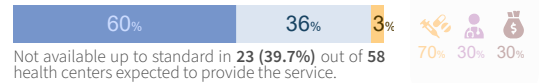
64% 52% 24%

Growth monitoring



67% 62% 21%

Integrated management of acute malnutrition

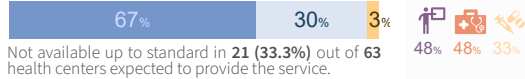


70% 30% 30%



## Communicable diseases

Syndromic surveillance



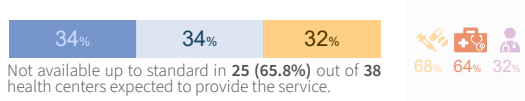
48% 48% 33%

Event-based surveillance



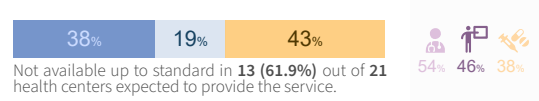
54% 42% 33%

Diagnosis and treatment of tuberculosis cases



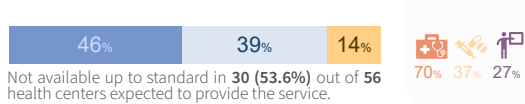
68% 64% 32%

Multidrug-resistant of tuberculosis



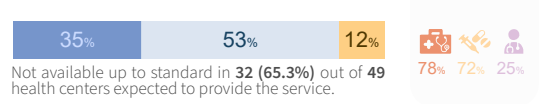
54% 46% 38%

Information, education, and communication on local priority diseases



70% 37% 27%

Locally relevant diseases

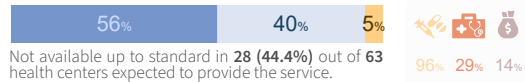


78% 72% 25%



## Sexual and reproductive health

Free access to condoms



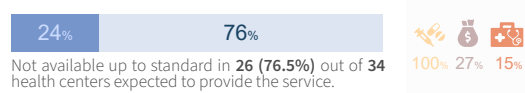
96% 29% 14%

Information, education, and communication on STI/HIV



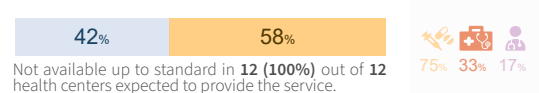
67% 42% 21%

Syndromic management of sexually transmitted infections (STIs)



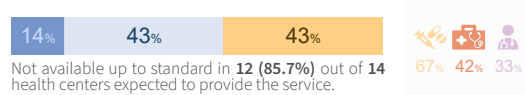
100% 27% 15%

HIV counselling and testing



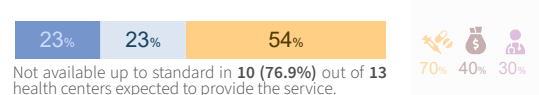
75% 33% 17%

Prevention of mother-to-child HIV transmission



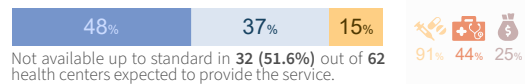
67% 42% 33%

Antiretroviral treatment



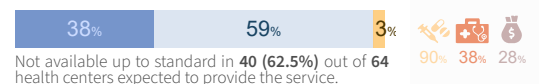
70% 40% 30%

Family planning - pregnancy test



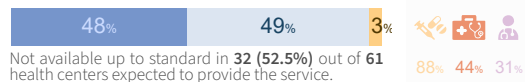
91% 44% 25%

Family planning - contraceptive methods



90% 38% 28%

Antenatal care



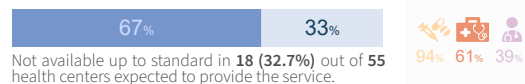
88% 44% 31%

Skilled care during childbirth



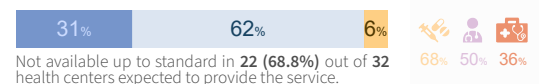
80% 53% 40%

Postpartum care



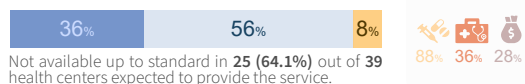
94% 61% 39%

Clinical management of rape survivors



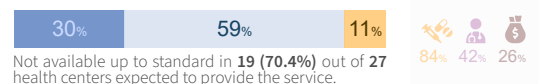
68% 50% 36%

Emergency contraception



88% 36% 28%

Post-exposure prophylaxis



84% 42% 26%

Available Partially available Not available



Lack of staff



Lack of supplies



Lack of financial resources



Lack of training



Lack of equipment

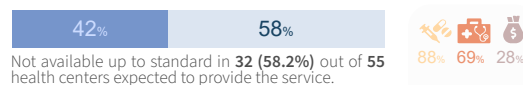


## Noncommunicable diseases and mental health

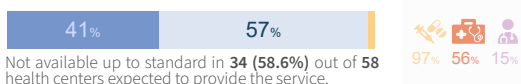
Promote self-care



Noncommunicable diseases clinic



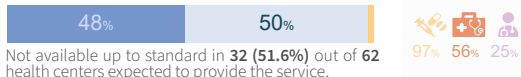
Asthma and chronic obstructive pulmonary disease classification, treatment and follow up



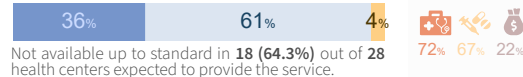
Hypertension early detection, management and counseling



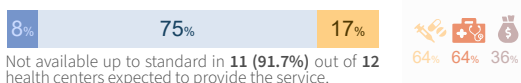
Diabetes early detection, management, foot-care, and counseling



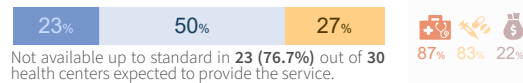
Outpatient rehabilitation services



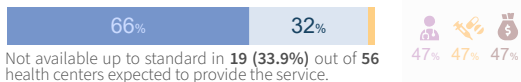
Prosthetics and orthotics



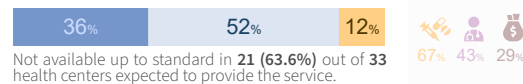
Oral health and dental care



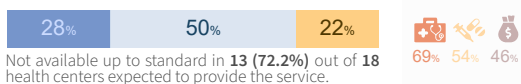
Psychological first aid



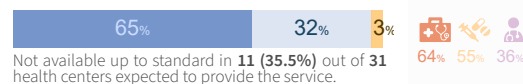
Management of mental disorders



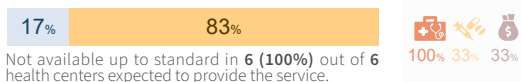
Cancer diagnostics services



Primary cancer screening (non-instrumental methods)



Mammography



This analysis was produced based on the information reported into HeRAMS up to 30 April 2026 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

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

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

### Notes:

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



Data source: HeRAMS occupied Palestinian territory  
Date data: 30 April 2026  
Date created: 10 May 2026  
Contact: herams@who.int



World Health Organization



HeRAMS  
Health Resources and Services  
Availability Monitoring System



# HeRAMS occupied Palestinian territory

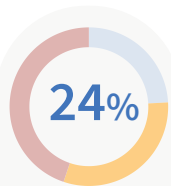
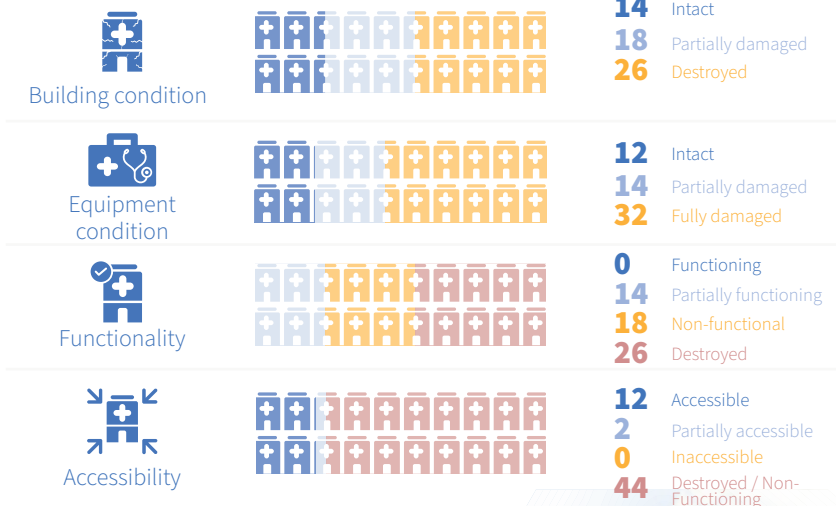
## Gaza Strip

### SNAPSHOT APRIL 2026

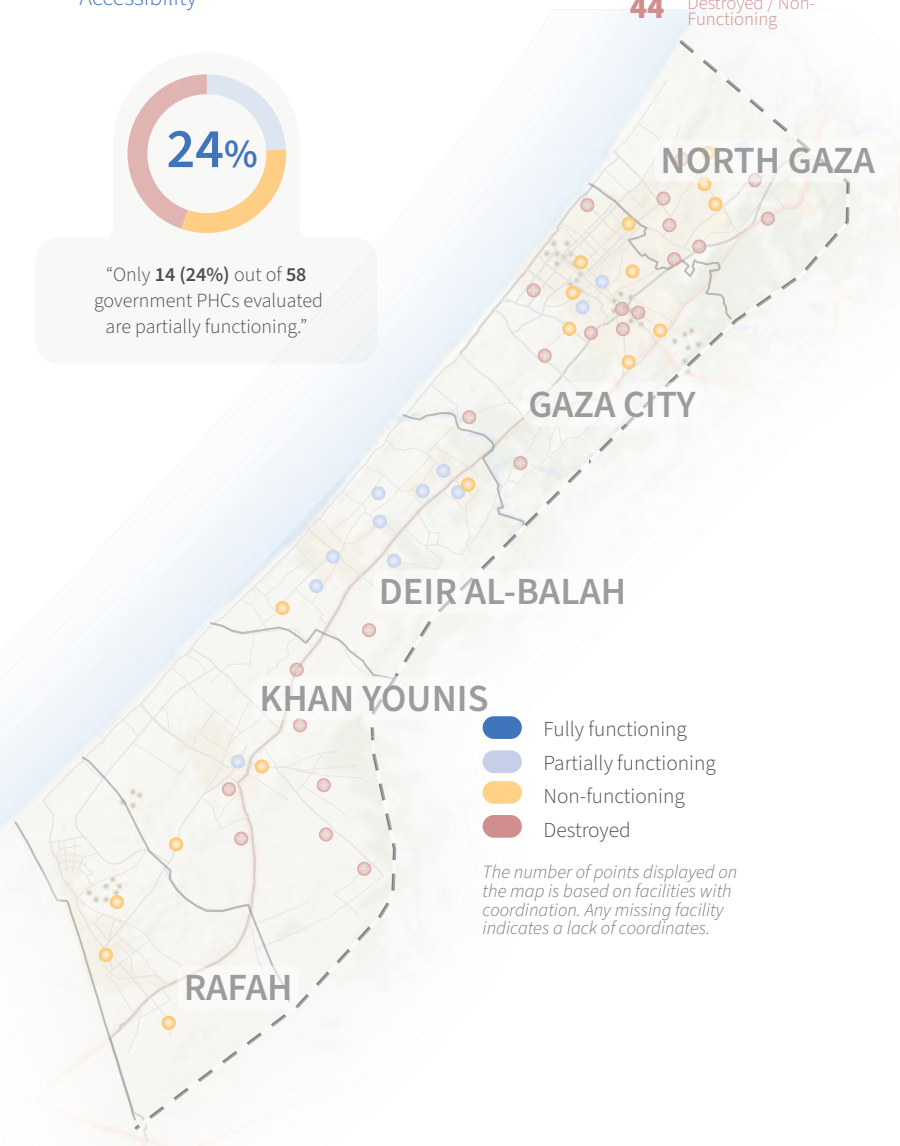
Government primary healthcare centers (PHCs)\*

#### PHC STATUS\*\*

Out of 58 government PHCs evaluated.



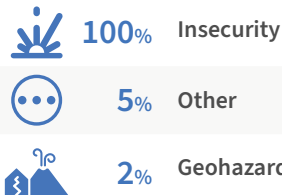
"Only 14 (24%) out of 58 government PHCs evaluated are partially functioning."



#### MAIN CAUSES OF...

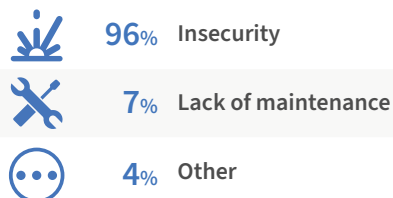
##### Building damage

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



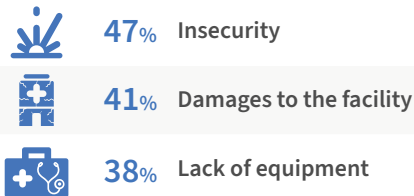
##### Equipment damage

The 3 primary causes of equipment damage as reported by 14 partially damaged and 32 fully damaged government PHCs.



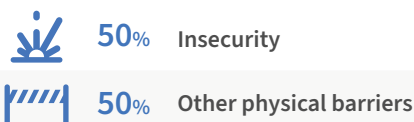
##### Functionality constraints

The 3 primary causes of functionality constraints as reported by 14 partially functioning and 18 non-functioning government PHCs.



##### Accessibility constraints

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



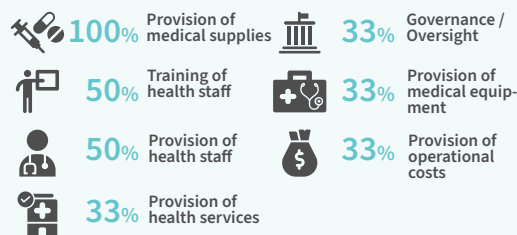
#### Partner Support\*\*

● Major support ● Partially support  
● No support



##### Partner support types

Out of 6 government PHCs supported by partners,



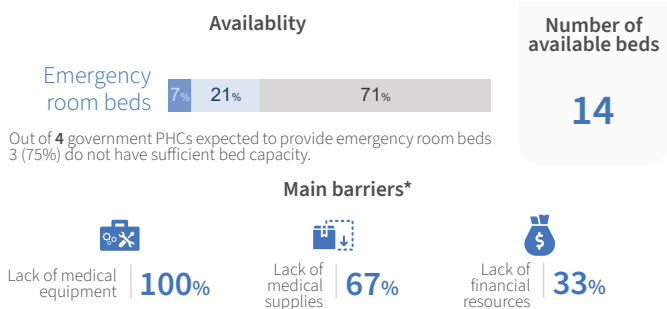
\* This infographic provides insights on governmental health centers and focuses on a limited number of services deemed priority for PHCs.

\*\* Out of 14 government PHCs: Government PHCs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

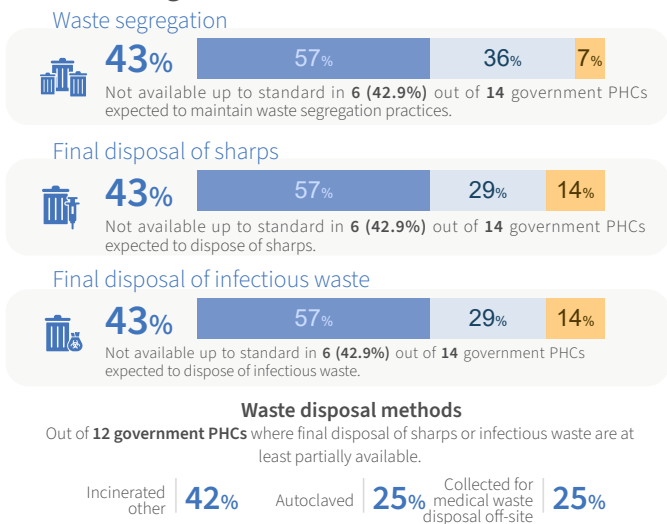
# BASIC AMENITIES\*

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

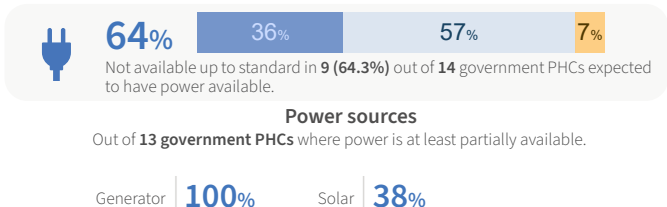
## Inpatient bed capacity



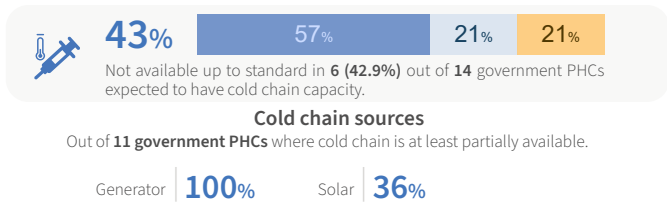
## Waste management



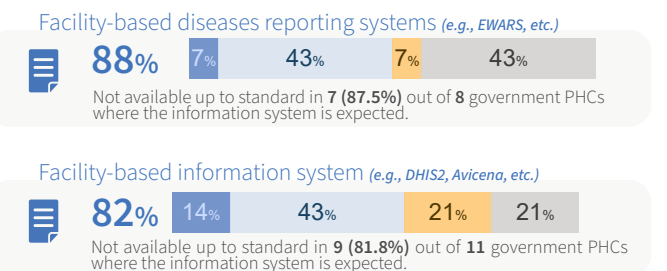
## Power



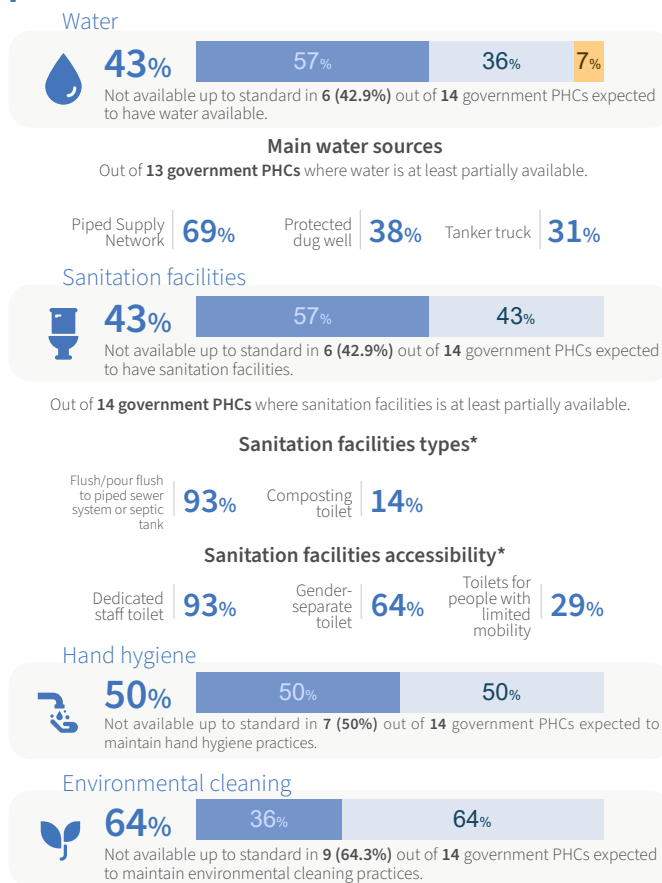
## Cold chain



## Health Information Management Systems



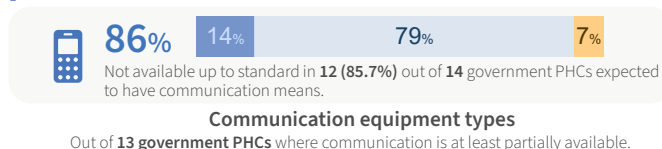
## WASH



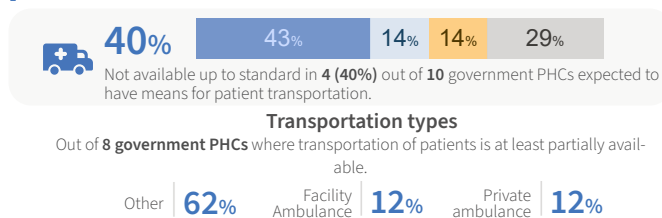
## Personal Protective Equipment (PPE)



## Communication



## Transportation of patients

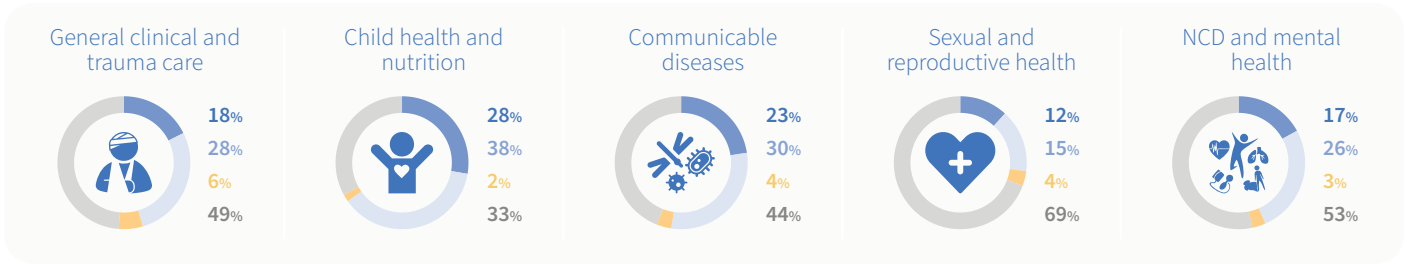


\* Out of 14 government PHCs: government PHCs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

# ESSENTIAL HEALTH SERVICES\*

## Service domain overview

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



● Available ● Partially available ● Not available



Lack of staff



Lack of training



Lack of supplies



Lack of equipment

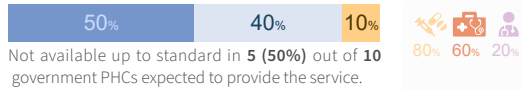


Lack of financial resources

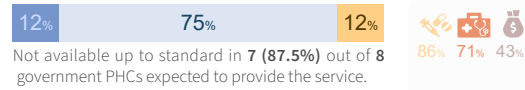


## General clinical and emergency care services

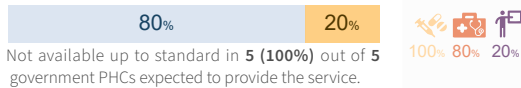
Recognition of danger signs



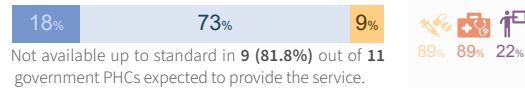
Acuity-based formal triage



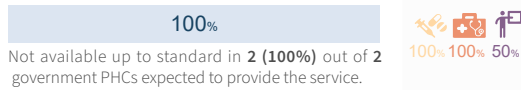
Initial syndrome-based management at scene



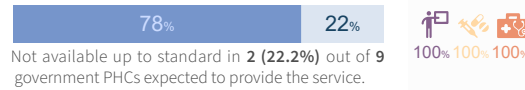
WHO basic emergency care



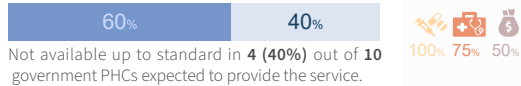
Advanced Syndrome-based management



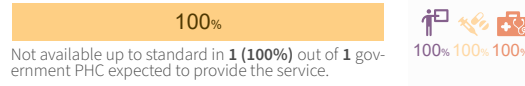
Monitored referral



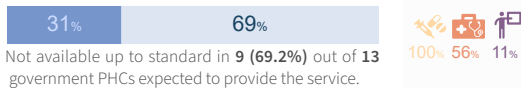
Referral capacity



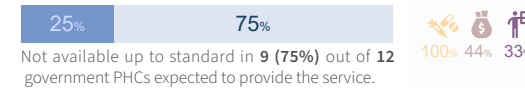
Acceptance of referrals



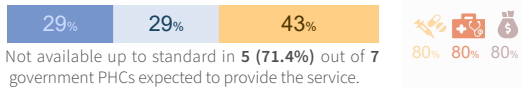
Essential services primary health care



Specialized services at primary health care



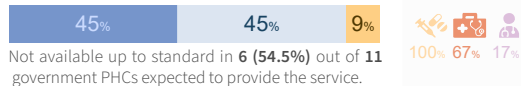
Home visits



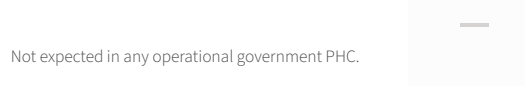
Minor trauma definitive management



Basic laboratory services



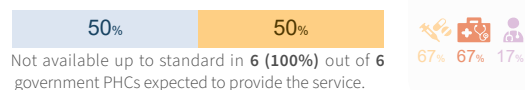
Secondary laboratory services



Comprehensive X-ray service



Basic X-ray service



\* Out of 14 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.

Available Partially available Not available



Lack of staff



Lack of supplies



Lack of financial resources

Lack of training



Lack of equipment



## Child health and nutrition services

|   |  |
|---|--|
| <p>Pediatric first aid</p> <p>15% 69% 15%</p> <p>Not available up to standard in <b>11 (84.6%)</b> out of <b>13</b> government PHCs expected to provide the service.</p> <p>100% 64% 9%</p>           | <p>Integrated management of newborn and childhood illnesses (IMNCI)</p> <p>36% 64%</p> <p>Not available up to standard in <b>7 (63.6%)</b> out of <b>11</b> government PHCs expected to provide the service.</p> <p>100% 71% 14%</p>             |
| <p>IMNCI under 5 clinic</p> <p>50% 50%</p> <p>Not available up to standard in <b>6 (50%)</b> out of <b>12</b> government PHCs expected to provide the service.</p> <p>100% 50% 17%</p>                | <p>Management of children classified as severe or very severe diseases</p> <p>Not expected in any operational government PHC.</p>  |
| <p>Expanded programme on immunization</p> <p>42% 58%</p> <p>Not available up to standard in <b>7 (58.3%)</b> out of <b>12</b> government PHCs expected to provide the service.</p> <p>71% 57% 43%</p> | <p>Information, education, and communication on Infant, Young, and Child Feeding</p> <p>45% 55%</p> <p>Not available up to standard in <b>6 (54.5%)</b> out of <b>11</b> government PHCs expected to provide the service.</p> <p>67% 67% 17%</p> |
| <p>Growth monitoring</p> <p>67% 33%</p> <p>Not available up to standard in <b>3 (33.3%)</b> out of <b>9</b> government PHCs expected to provide the service.</p> <p>100% 33% 33%</p>                  | <p>Integrated management of acute malnutrition</p> <p>43% 57%</p> <p>Not available up to standard in <b>4 (57.1%)</b> out of <b>7</b> government PHCs expected to provide the service.</p> <p>100% 50% 50%</p>                                   |



## Communicable diseases

|   |  |
|---|--|
| <p>Syndromic surveillance</p> <p>60% 40%</p> <p>Not available up to standard in <b>4 (40%)</b> out of <b>10</b> government PHCs expected to provide the service.</p> <p>100% 75% 25%</p>  | <p>Event-based surveillance</p> <p>33% 67%</p> <p>Not available up to standard in <b>6 (66.7%)</b> out of <b>9</b> government PHCs expected to provide the service.</p> <p>100% 67% 33%</p>            |
| <p>Diagnosis and treatment of tuberculosis cases</p> <p>25% 62% 12%</p> <p>Not available up to standard in <b>6 (75%)</b> out of <b>8</b> government PHCs expected to provide the service.</p> <p>100% 83% 17%</p>                          | <p>Multidrug-resistant of tuberculosis</p> <p>50% 50%</p> <p>Not available up to standard in <b>1 (50%)</b> out of <b>2</b> government PHCs expected to provide the service.</p> <p>100% 100% 100%</p> |
| <p>Information, education, and communication on local priority diseases</p> <p>56% 33% 11%</p> <p>Not available up to standard in <b>4 (44.4%)</b> out of <b>9</b> government PHCs expected to provide the service.</p> <p>100% 75% 50%</p> | <p>Locally relevant diseases</p> <p>22% 78%</p> <p>Not available up to standard in <b>7 (77.8%)</b> out of <b>9</b> government PHCs expected to provide the service.</p> <p>100% 100% 29%</p>          |



## Sexual and reproductive health

|  |  |
|--|--|
| <p>Free access to condoms</p> <p>30% 50% 20%</p> <p>Not available up to standard in <b>7 (70%)</b> out of <b>10</b> government PHCs expected to provide the service.</p> <p>100% 29% 29%</p>                                   | <p>Information, education, and communication on STI/HIV</p> <p>33% 67%</p> <p>Not available up to standard in <b>2 (66.7%)</b> out of <b>3</b> government PHCs expected to provide the service.</p> <p>100% 100% 50%</p> |
| <p>Syndromic management of sexually transmitted infections (STIs)</p> <p>100%</p> <p>Not available up to standard in <b>1 (100%)</b> out of <b>1</b> government PHC expected to provide the service.</p> <p>100% 100% 100%</p> | <p>HIV counselling and testing</p> <p>Not expected in any operational government PHC.</p>  |
| <p>Prevention of mother-to-child HIV transmission</p> <p>100%</p> <p>Not available up to standard in <b>1 (100%)</b> out of <b>1</b> government PHC expected to provide the service.</p> <p>100% 100%</p>                      | <p>Antiretroviral treatment</p> <p>100%</p> <p>Not available up to standard in <b>1 (100%)</b> out of <b>1</b> government PHC expected to provide the service.</p> <p>100% 100% 100%</p>                                 |
| <p>Family planning - pregnancy test</p> <p>20% 60% 20%</p> <p>Not available up to standard in <b>8 (80%)</b> out of <b>10</b> government PHCs expected to provide the service.</p> <p>100% 50% 38%</p>                         | <p>Family planning - contraceptive methods</p> <p>30% 60% 10%</p> <p>Not available up to standard in <b>7 (70%)</b> out of <b>10</b> government PHCs expected to provide the service.</p> <p>100% 43% 43%</p>            |
| <p>Antenatal care</p> <p>50% 38% 12%</p> <p>Not available up to standard in <b>4 (50%)</b> out of <b>8</b> government PHCs expected to provide the service.</p> <p>100% 50% 50%</p>  | <p>Skilled care during childbirth</p> <p>100%</p> <p>Available up to standard in all <b>1</b> government PHC expected to provide the service.</p>  |
| <p>Postpartum care</p> <p>83% 17%</p> <p>Not available up to standard in <b>1 (16.7%)</b> out of <b>6</b> government PHCs expected to provide the service.</p> <p>100% 100% 100%</p>   | <p>Clinical management of rape survivors</p> <p>100%</p> <p>Not available up to standard in <b>1 (100%)</b> out of <b>1</b> government PHC expected to provide the service.</p> <p>100% 100%</p>                         |
| <p>Emergency contraception</p> <p>50% 33% 17%</p> <p>Not available up to standard in <b>3 (50%)</b> out of <b>6</b> government PHCs expected to provide the service.</p> <p>100% 100% 67%</p>                                  | <p>Post-exposure prophylaxis</p> <p>50% 50%</p> <p>Not available up to standard in <b>1 (50%)</b> out of <b>2</b> government PHCs expected to provide the service.</p> <p>100% 100% 100%</p>                             |

Available Partially available Not available



Lack of staff



Lack of supplies



Lack of financial resources



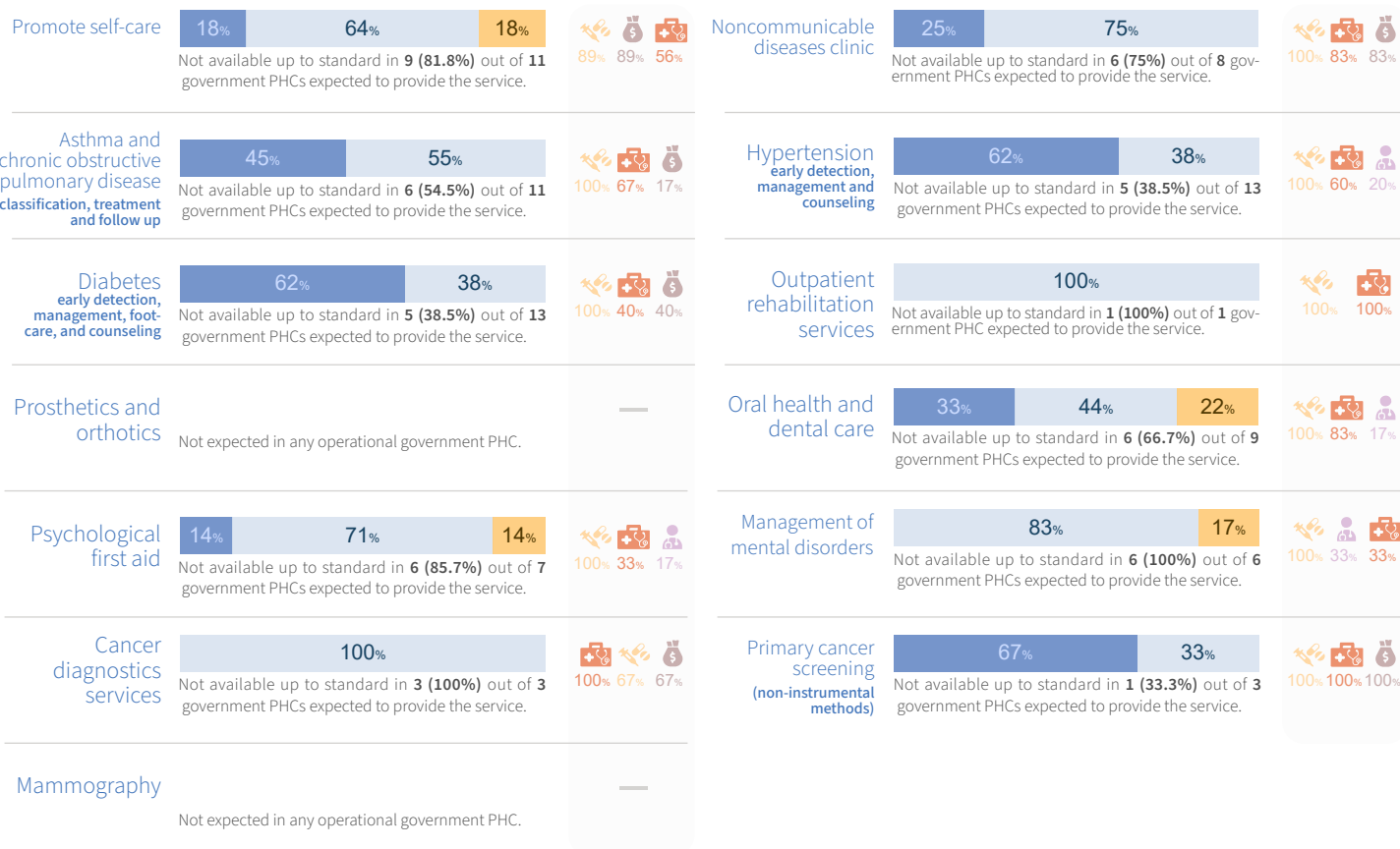
Lack of training



Lack of equipment



## Noncommunicable diseases and mental health



This analysis was produced based on the information reported into HeRAMS up to 30 April 2026 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

There are currently 58 primary health care centers run by Ministry of Health (MOH) reporting to HeRAMS. Given the fragility and instability of the Gaza Strip, the actual number of primary health centers available and providing service can fluctuate over time. About 30% of all health care service provision is provided by MOH in the Gaza Strip.

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

### Notes:

- 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.
- 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.
- The health services presented here constitute a sub-set of services monitored in HeRAMS. For the purpose of this infographic, inclusion was limited those considered priorities for government PHCs in the current context. Additionally, the analysis of individual services excludes government PHCs reporting a service as "not normally provided." Consequently, the total number of government PHCs included in the analysis varies by service.



HeRAMS Platform



Public dashboard

Data source: HeRAMS occupied Palestinian territory  
Date data: 30 April 2026  
Date created: 10 May 2026  
Contact: [herams@who.int](mailto:herams@who.int)



World Health Organization



HeRAMS  
Health Resources and Services  
Availability Monitoring System

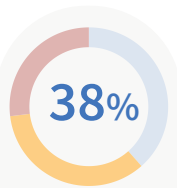
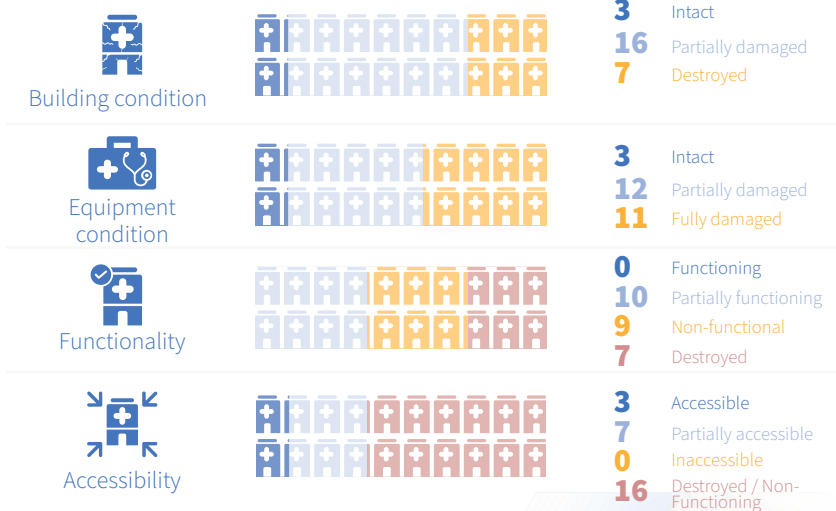


# HeRAMS occupied Palestinian territory Gaza Strip SNAPSHOT APRIL 2026

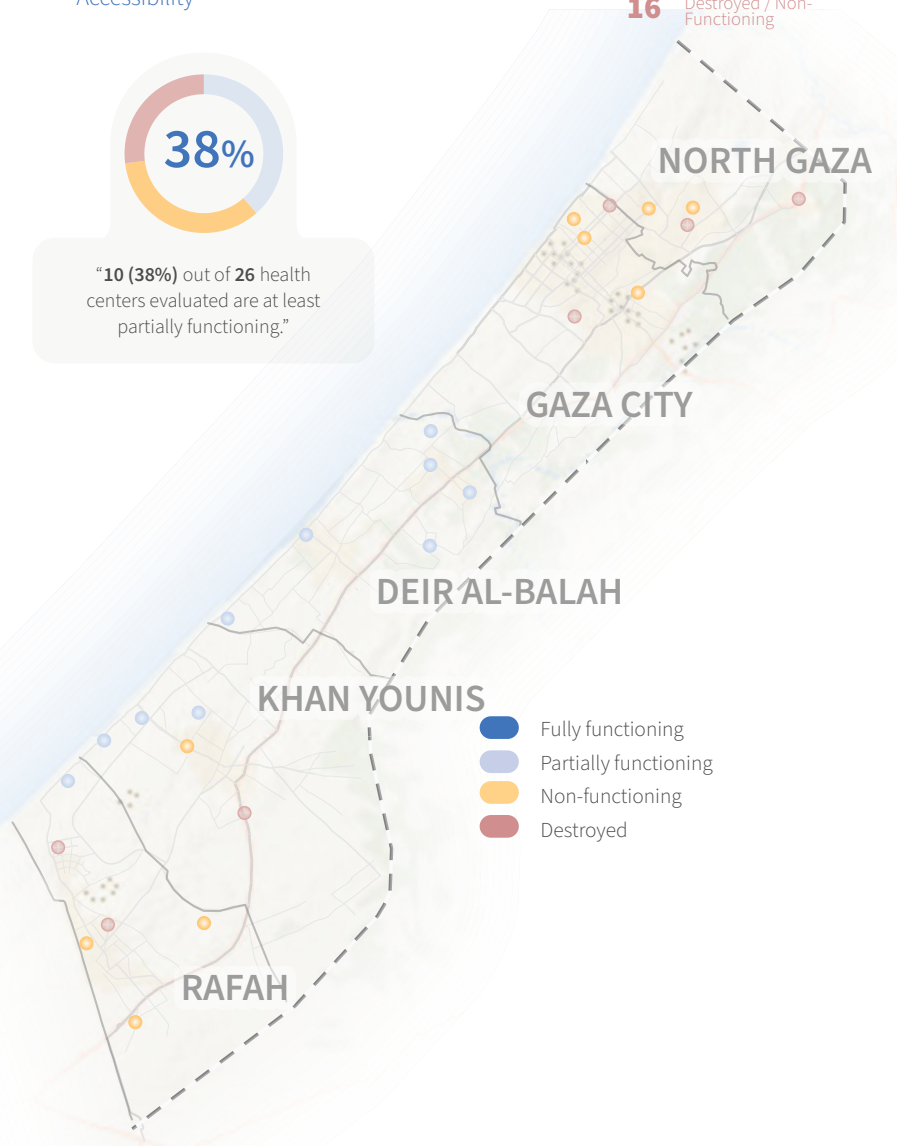
UNRWA health centers\*

## HEALTH CENTER STATUS\*\*

Out of 26 health centers evaluated.



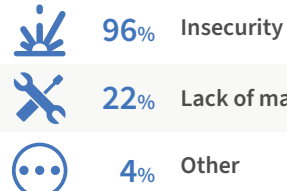
"10 (38%) out of 26 health centers evaluated are at least partially functioning."



## MAIN CAUSES OF...

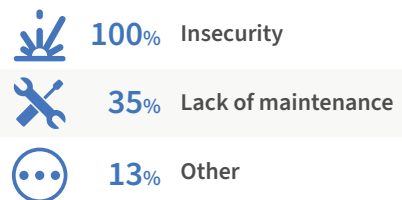
### Building damage

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



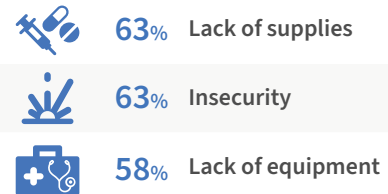
### Equipment damage

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



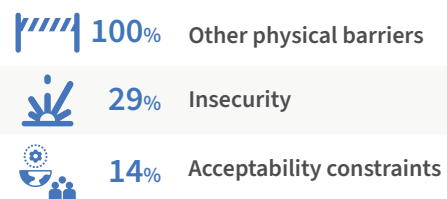
### Functionality constraints

The 3 primary causes of functionality constraints as reported by 10 partially functioning and 9 non-functioning health centers.



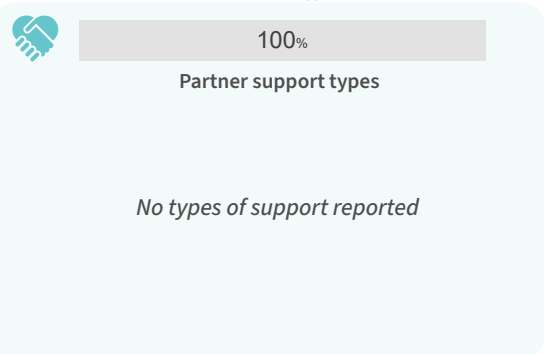
### Accessibility constraints

The 3 primary causes of accessibility constraints as reported by 7 partially accessible health centers.



### Partner Support\*\*

Major support (dark teal), Partially support (light teal), No support (grey)



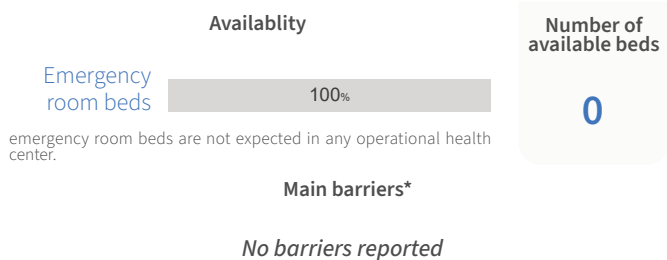
\* This infographic provides insights on UNRWA health centers and focuses on a limited number of services deemed priority for health centers.

\*\* Out of 10 health centers: Health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

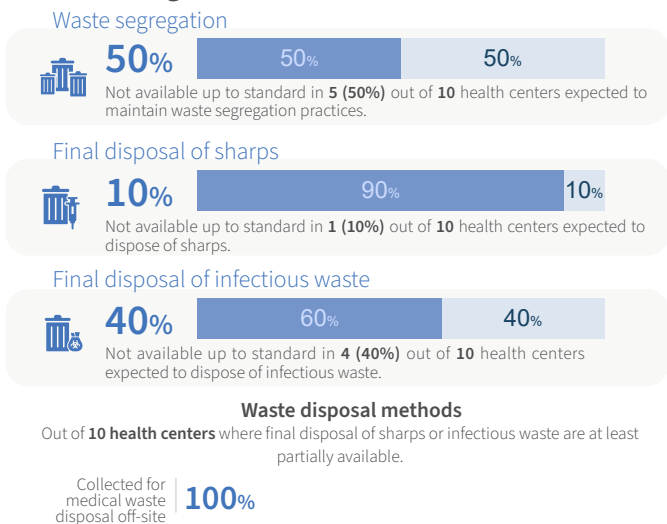
# BASIC AMENITIES\*

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

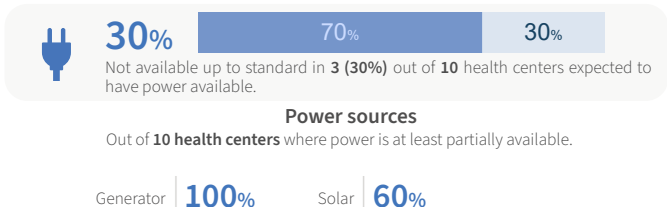
## Inpatient bed capacity



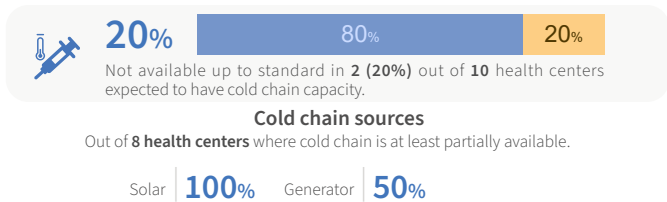
## Waste management



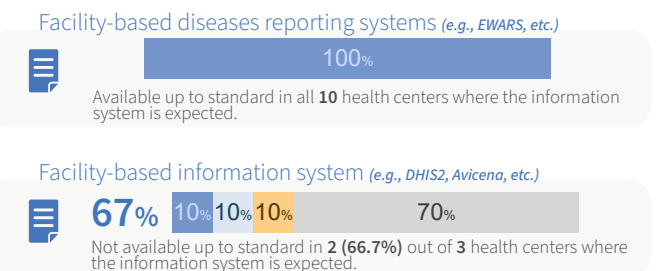
## Power



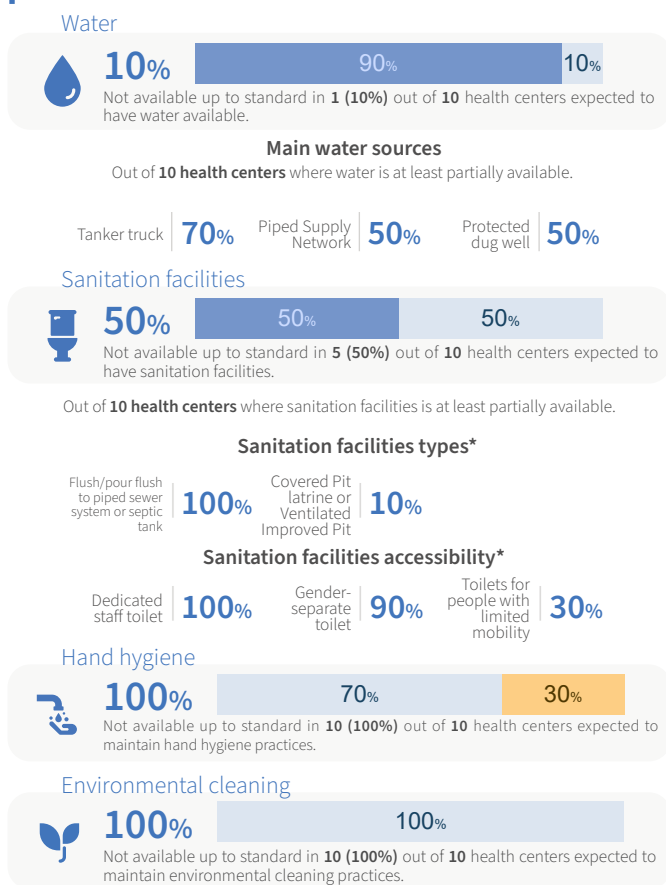
## Cold chain



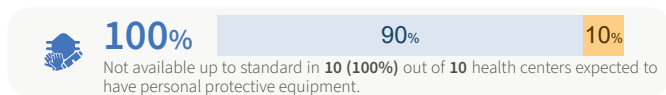
## Health Information Management Systems



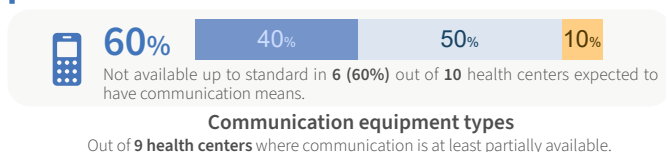
## WASH



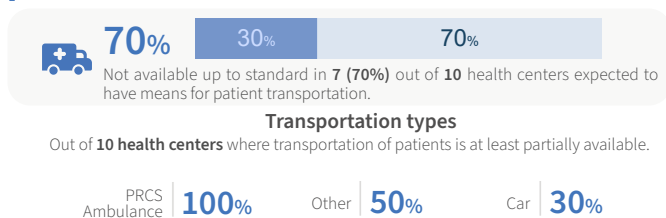
## Personal Protective Equipment (PPE)



## Communication



## Transportation of patients

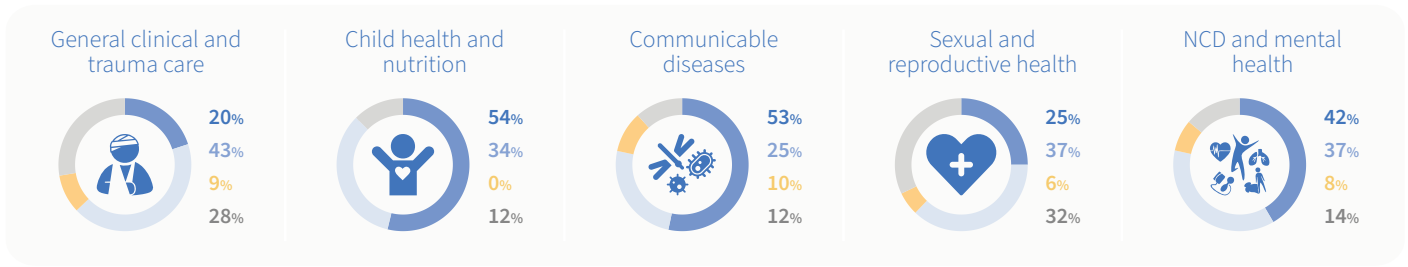


\* Out of 10 health centers: health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

# ESSENTIAL HEALTH SERVICES\*

## Service domain overview

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



● Available ● Partially available ● Not available



Lack of staff



Lack of training



Lack of supplies



Lack of equipment

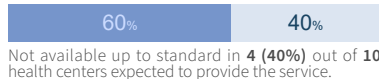


Lack of financial resources

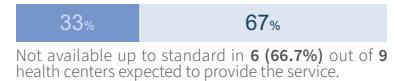


## General clinical and emergency care services

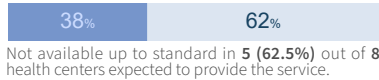
Recognition of danger signs



Acuity-based formal triage



Initial syndrome-based management at scene



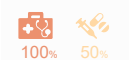
WHO basic emergency care



Advanced Syndrome-based management

Not expected in any operational health center.

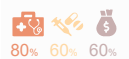
Monitored referral



Referral capacity



Acceptance of referrals



Essential services primary health care



Specialized services at primary health care



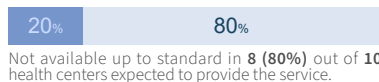
Home visits



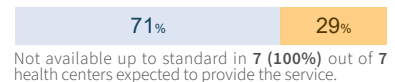
Minor trauma definitive management



Basic laboratory services



Secondary laboratory services



Comprehensive X-ray service



Basic X-ray service



\* Out of 10 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.

Available Partially available Not available



Lack of staff



Lack of supplies



Lack of financial resources

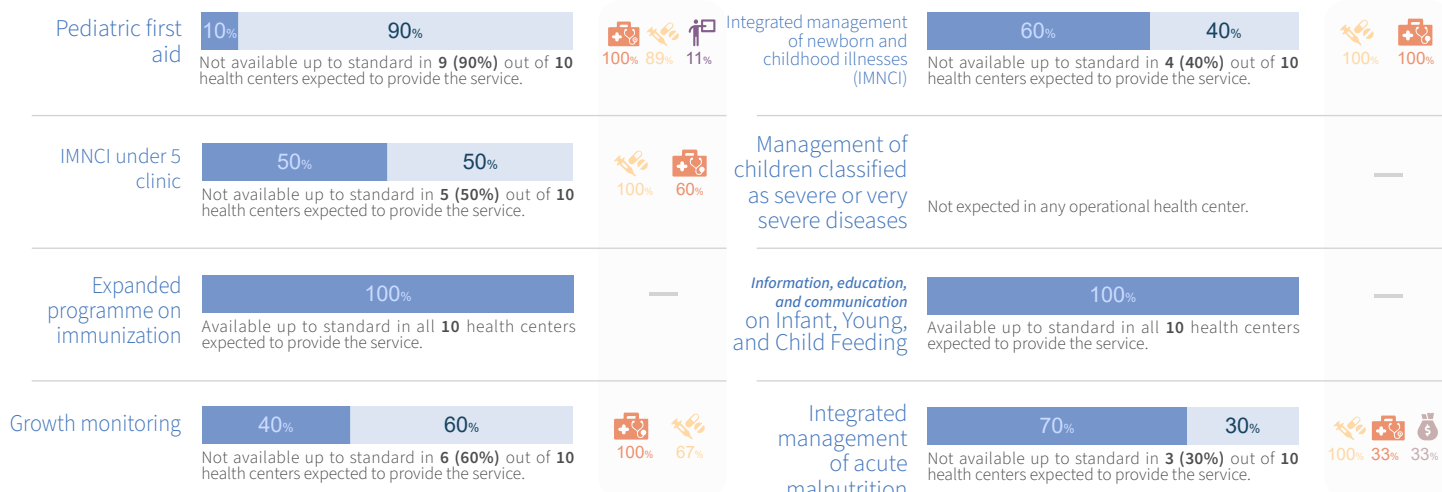
Lack of training



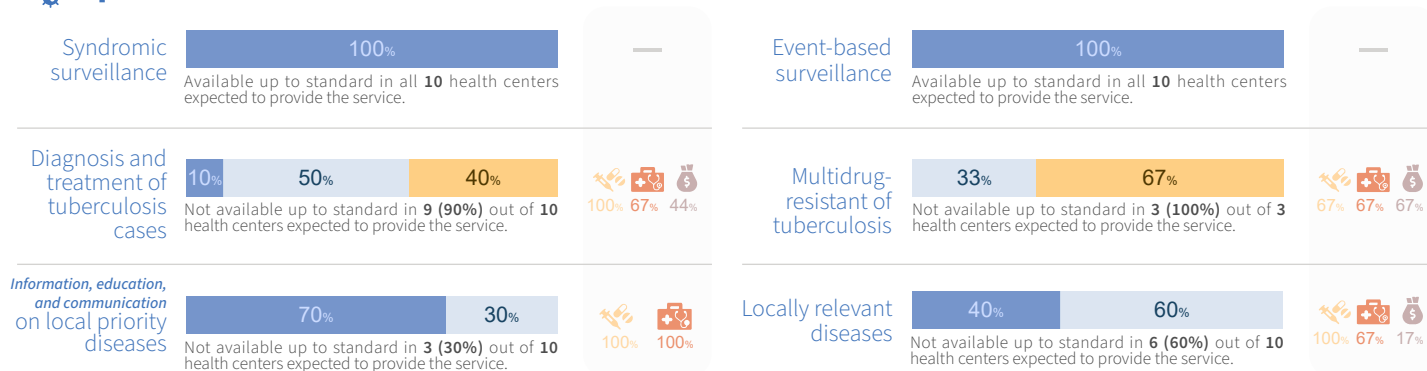
Lack of equipment



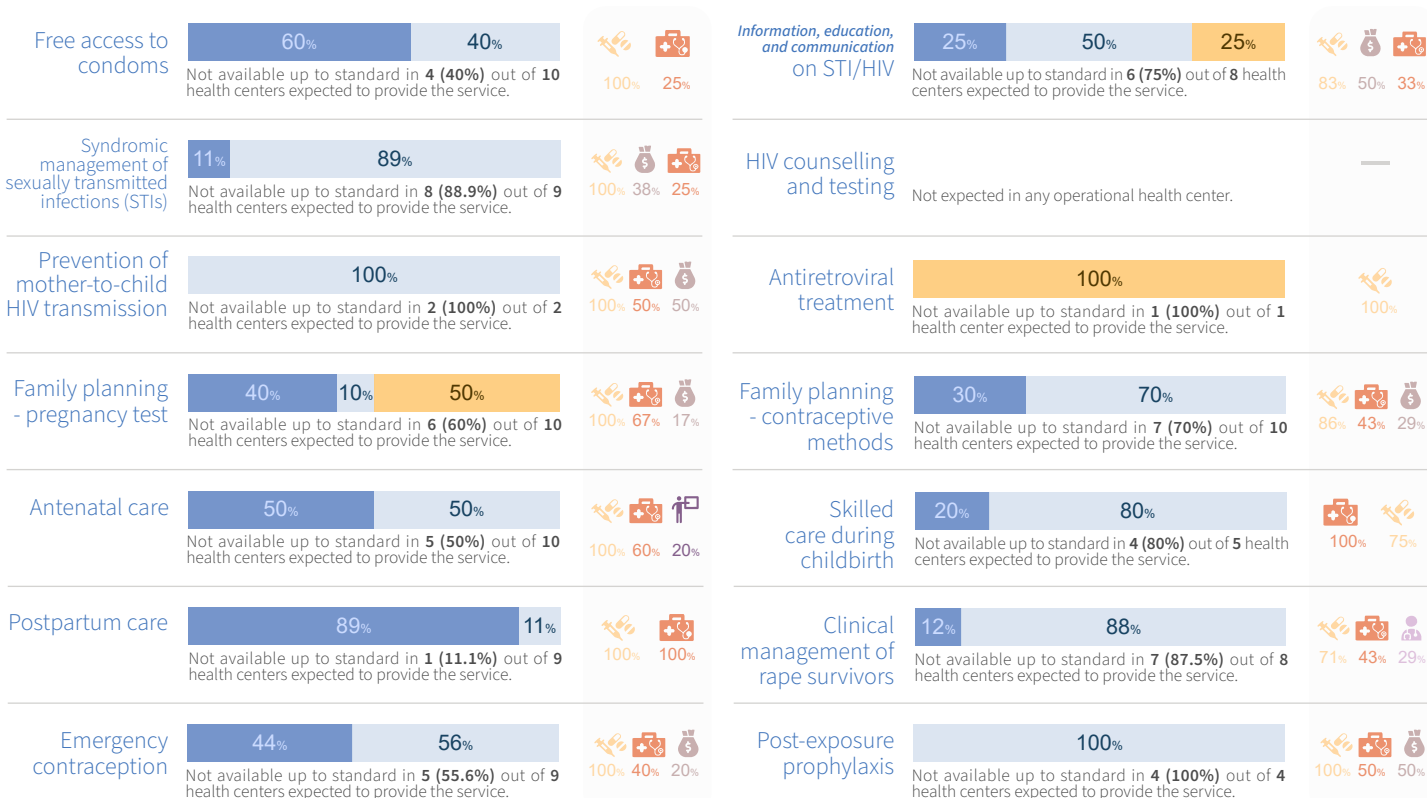
## Child health and nutrition services



## Communicable diseases



## Sexual and reproductive health



Available Partially available Not available



Lack of staff



Lack of supplies



Lack of financial resources



Lack of training



Lack of equipment

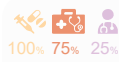


## Noncommunicable diseases and mental health

Promote self-care



Not available up to standard in **4 (40%)** out of **10** health centers expected to provide the service.



Noncommunicable diseases clinic



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



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



Not available up to standard in **4 (40%)** out of **10** health centers expected to provide the service.



Hypertension early detection, management and counseling



Not available up to standard in **4 (40%)** out of **10** health centers expected to provide the service.



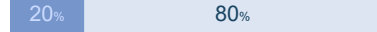
Diabetes early detection, management, foot-care, and counseling



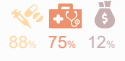
Not available up to standard in **4 (40%)** out of **10** health centers expected to provide the service.



Outpatient rehabilitation services



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



Prosthetics and orthotics



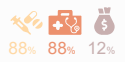
Not available up to standard in **9 (90%)** out of **10** health centers expected to provide the service.



Oral health and dental care



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



Psychological first aid



Available up to standard in all **10** health centers expected to provide the service.



Management of mental disorders



Not available up to standard in **4 (40%)** out of **10** health centers expected to provide the service.



Cancer diagnostics services



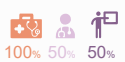
Not available up to standard in **2 (100%)** out of **2** health centers expected to provide the service.



Primary cancer screening (non-instrumental methods)



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



Mammography



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



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In the Gaza Strip, about 70% of health care centers are operated by UNRWA. Currently, 26 UNRWA health care centers are reporting to HeRAMS. The availability and operational status of these health centers may change over time due to factors including funding, security concerns, and other unforeseen circumstances.

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 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.
- 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.
- The health services presented here constitute a sub-set of services monitored in HeRAMS. For the purpose of this infographic, inclusion was limited those considered priorities for health centers in the current context. Additionally, the analysis of individual services excludes health centers reporting a service as "not normally provided." Consequently, the total number of health centers included in the analysis varies by service.



HeRAMS Platform



Public dashboard

Data source: HeRAMS occupied Palestinian territory  
Date data: 30 April 2026  
Date created: 10 May 2026  
Contact: [herams@who.int](mailto:herams@who.int)



World Health Organization



HeRAMS  
Health Resources and Services  
Availability Monitoring System

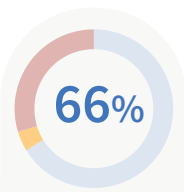
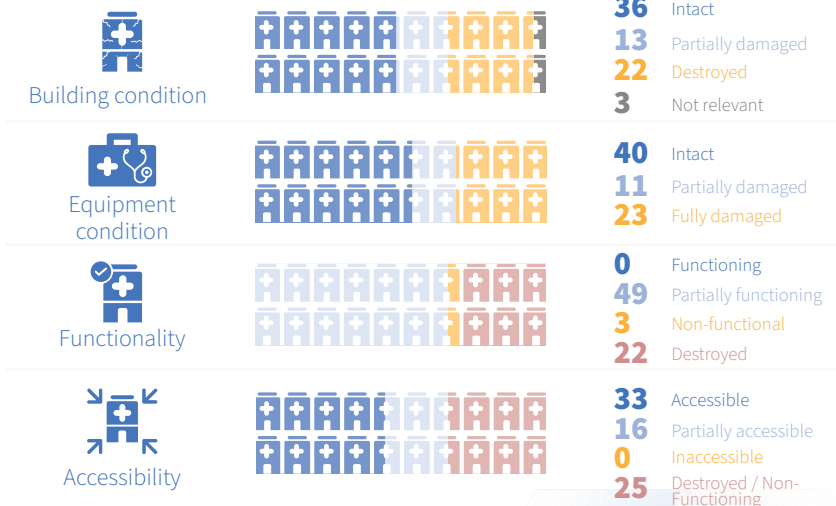


# HeRAMS occupied Palestinian territory Gaza Strip SNAPSHOT APRIL 2026

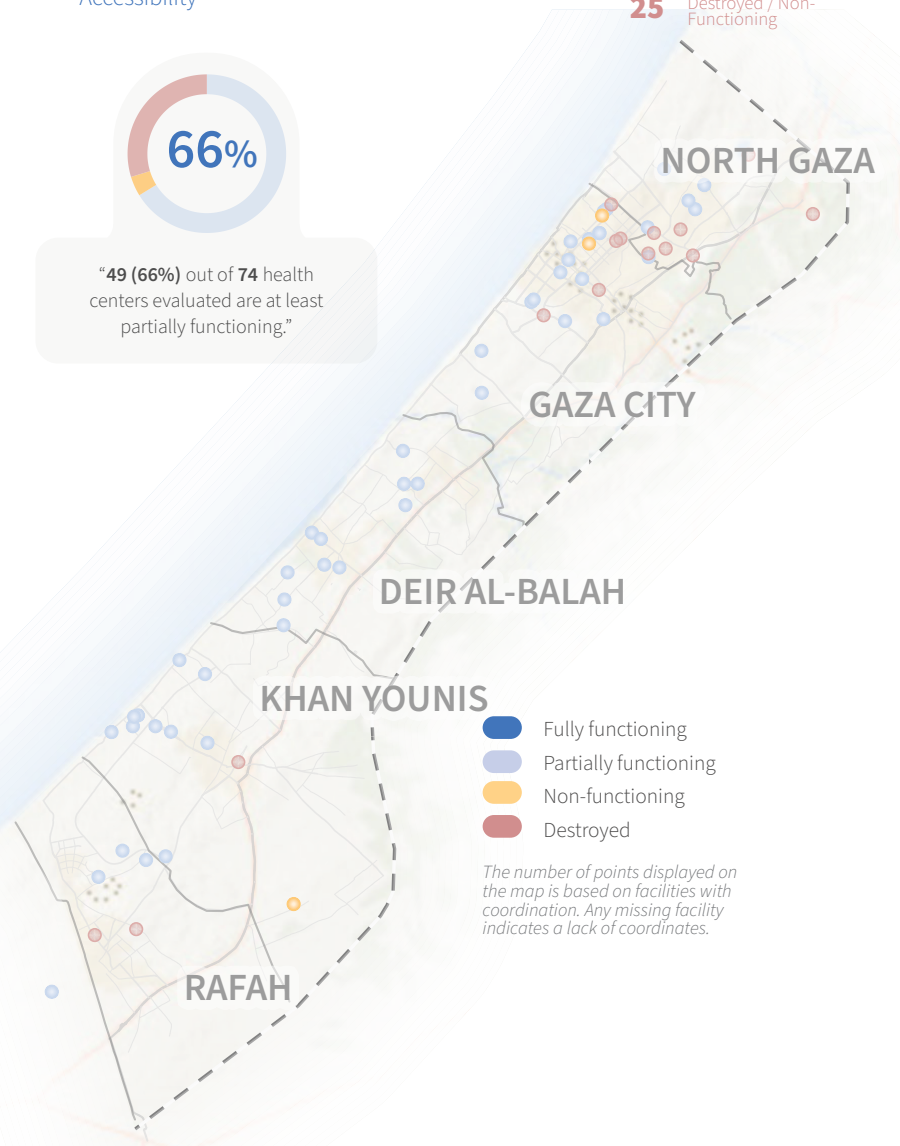
Non-governmental organizations (NGOs) health centers\*

## NGO HEALTH CENTER STATUS\*\*

Out of 74 health centers evaluated.



"49 (66%) out of 74 health centers evaluated are at least partially functioning."



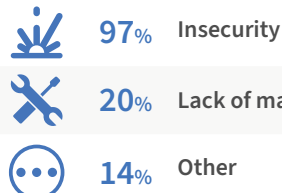
- Fully functioning
- Partially functioning
- Non-functioning
- Destroyed

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

## MAIN CAUSES OF...

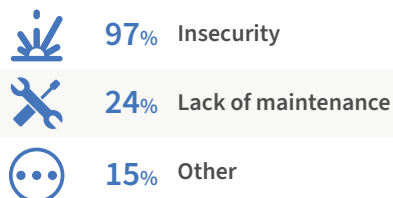
### Building damage

The 3 primary causes of building damage as reported by 13 partially damaged and 22 fully damaged health centers.



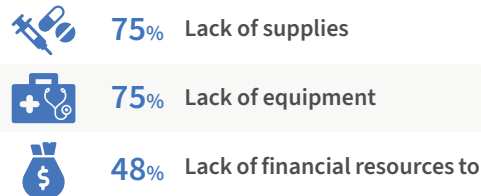
### Equipment damage

The 3 primary causes of equipment damage as reported by 11 partially damaged and 23 fully damaged health centers.



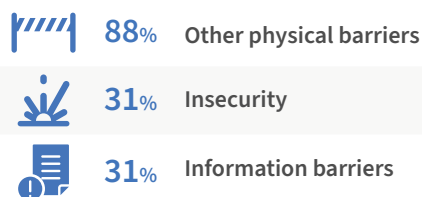
### Functionality constraints

The 3 primary causes of functionality constraints as reported by 49 partially functioning and 3 non-functioning health centers.



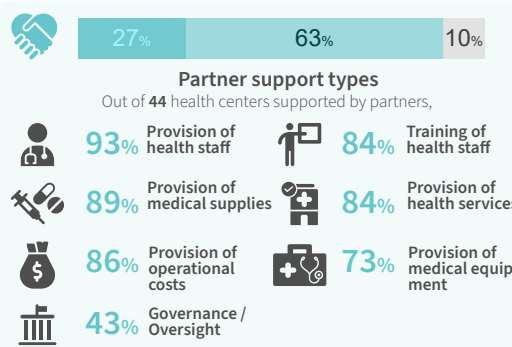
### Accessibility constraints

The 3 primary causes of accessibility constraints as reported by 16 partially accessible health centers.



### Partner Support\*\*

Major support (teal), Partially support (light teal), No support (grey)



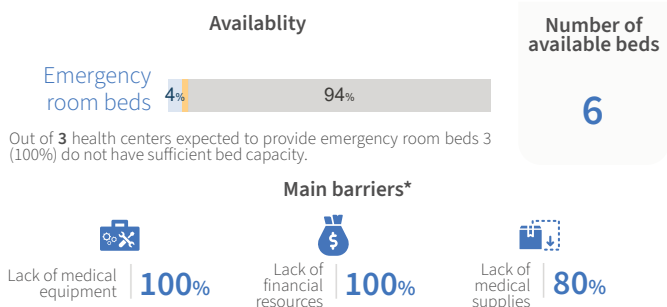
\* This infographic provides insights on non-governmental organization (NGO) health centers and focuses on a limited number of services deemed priority for health centers.

\*\* Out of 49 health centers: NGO health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

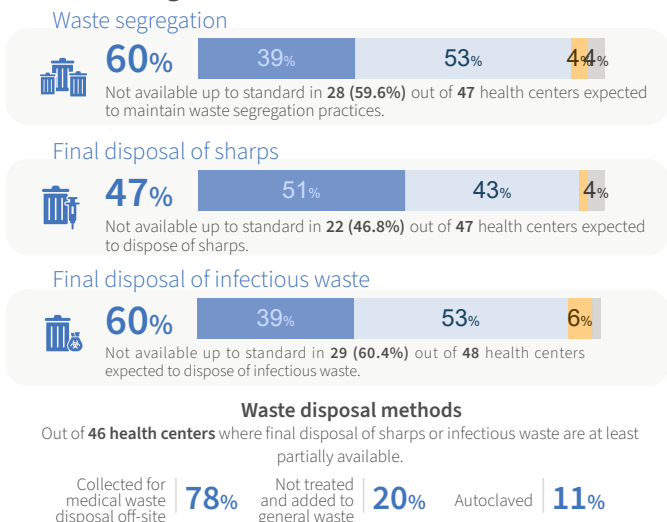
# BASIC AMENITIES\*

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

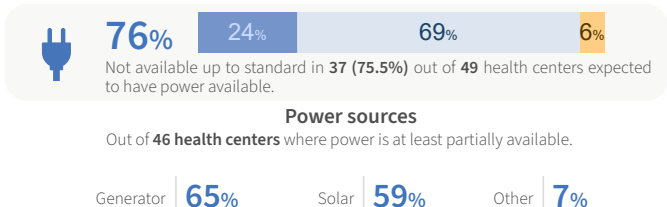
## Inpatient bed capacity



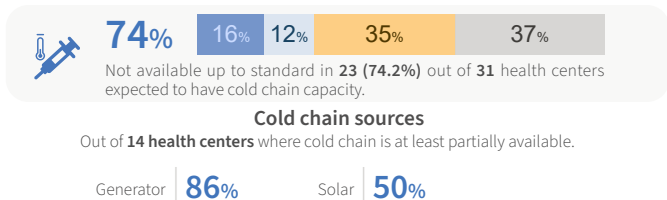
## Waste management



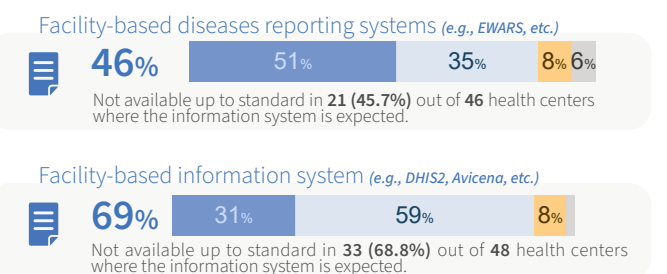
## Power



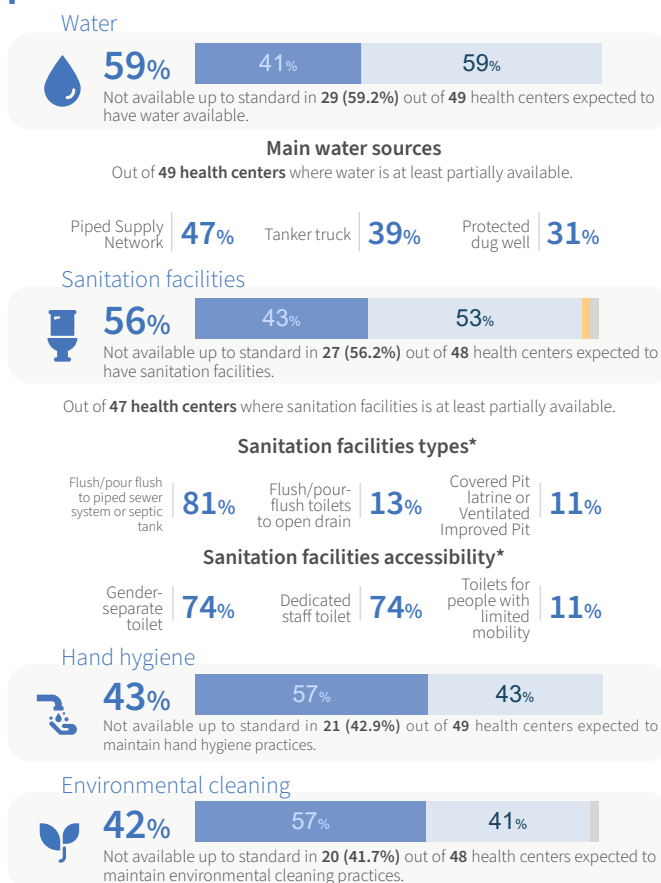
## Cold chain



## Health Information Management Systems



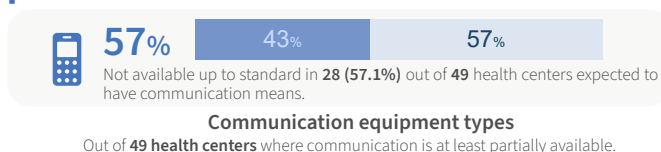
## WASH



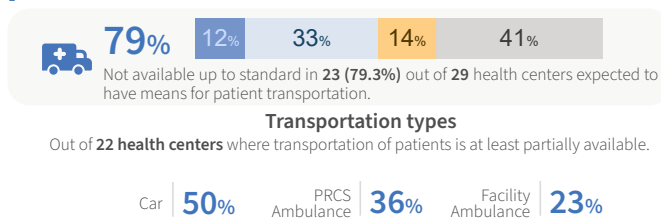
## Personal Protective Equipment (PPE)



## Communication



## Transportation of patients

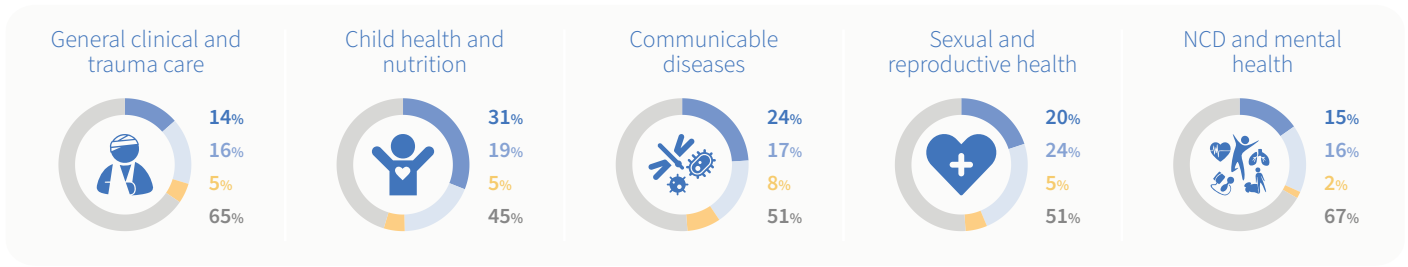


\* Out of 49 health centers: NGO health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

# ESSENTIAL HEALTH SERVICES\*

## Service domain overview

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



● Available ● Partially available ● Not available



Lack of staff



Lack of training



Lack of supplies



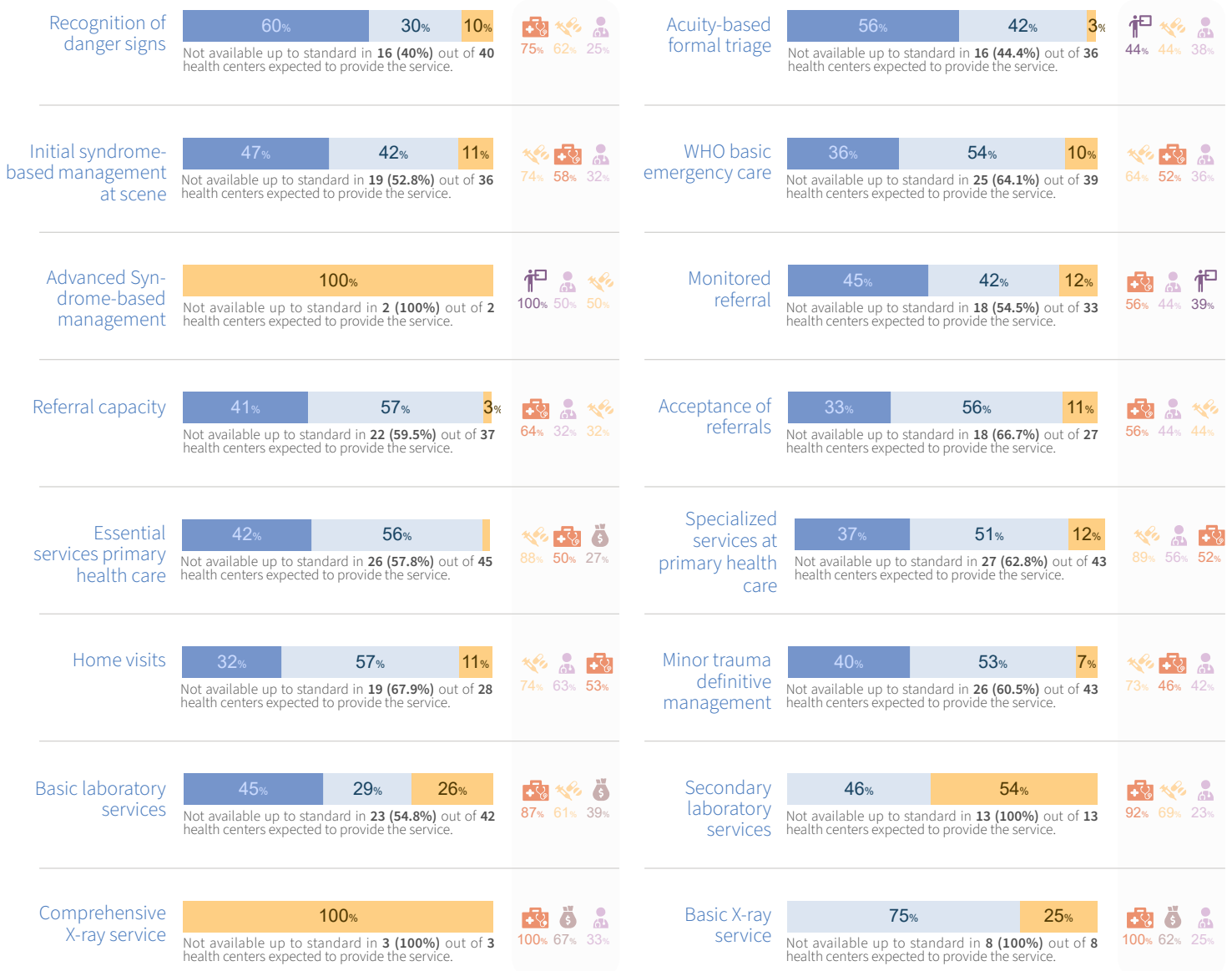
Lack of equipment



Lack of financial resources



## General clinical and emergency care services



\* Out of 49 health centers: NGO health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

Available Partially available Not available



Lack of staff



Lack of supplies



Lack of financial resources

Lack of training

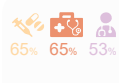
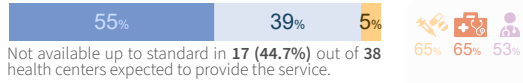


Lack of equipment

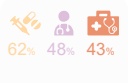
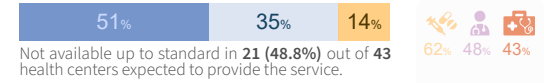


## Child health and nutrition services

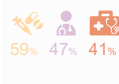
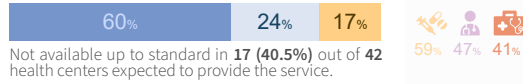
Pediatric first aid



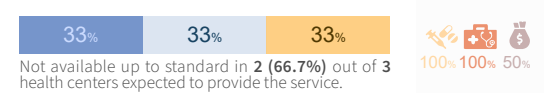
Integrated management of newborn and childhood illnesses (IMNCI)



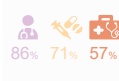
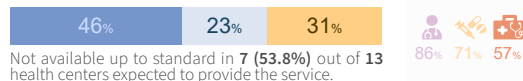
IMNCI under 5 clinic



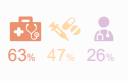
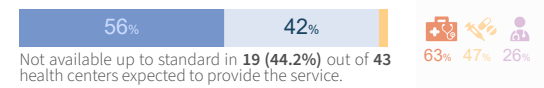
Management of children classified as severe or very severe diseases



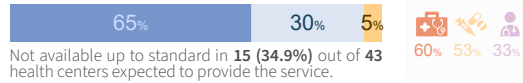
Expanded programme on immunization



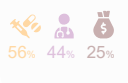
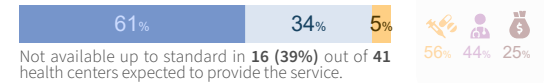
Information, education, and communication on Infant, Young, and Child Feeding



Growth monitoring

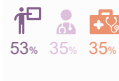
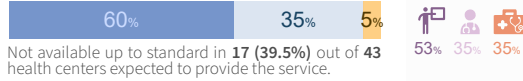


Integrated management of acute malnutrition

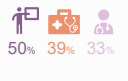
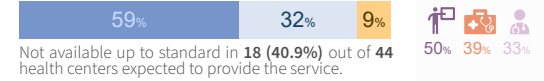


## Communicable diseases

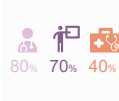
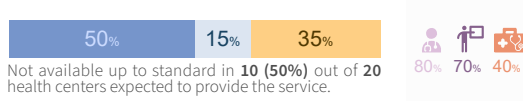
Syndromic surveillance



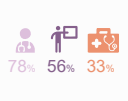
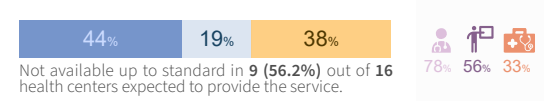
Event-based surveillance



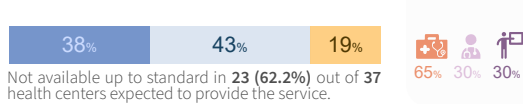
Diagnosis and treatment of tuberculosis cases



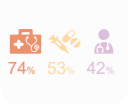
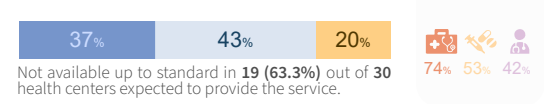
Multidrug-resistant of tuberculosis



Information, education, and communication on local priority diseases

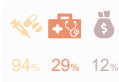
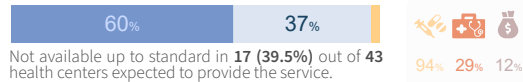


Locally relevant diseases

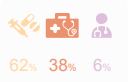
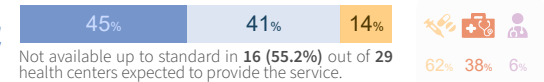


## Sexual and reproductive health

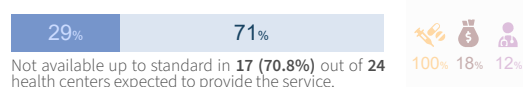
Free access to condoms



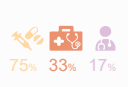
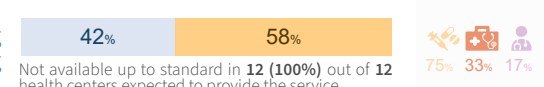
Information, education, and communication on STI/HIV



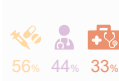
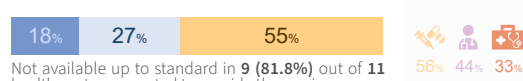
Syndromic management of sexually transmitted infections (STIs)



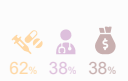
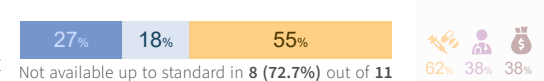
HIV counselling and testing



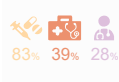
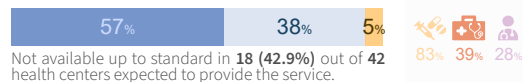
Prevention of mother-to-child HIV transmission



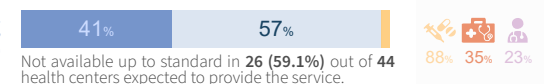
Antiretroviral treatment



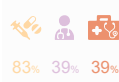
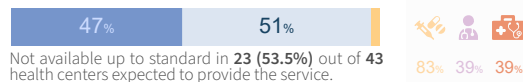
Family planning - pregnancy test



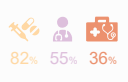
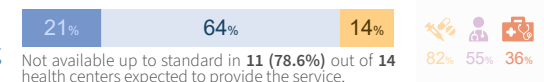
Family planning - contraceptive methods



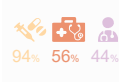
Antenatal care



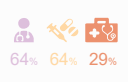
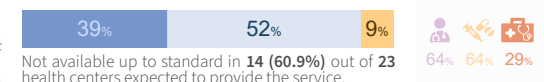
Skilled care during childbirth



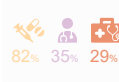
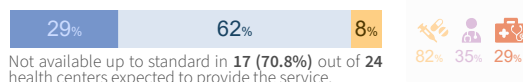
Postpartum care



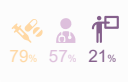
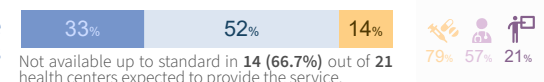
Clinical management of rape survivors



Emergency contraception



Post-exposure prophylaxis



Available Partially available Not available



Lack of staff



Lack of supplies



Lack of financial resources



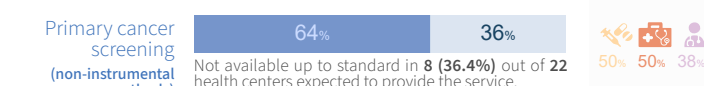
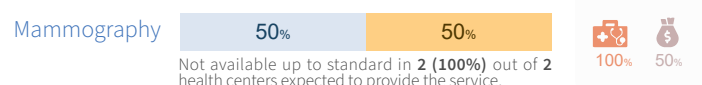
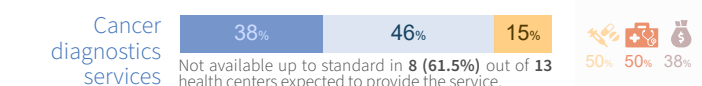
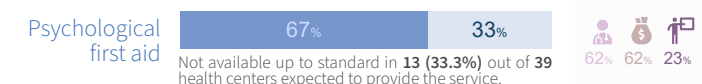
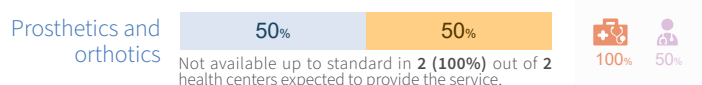
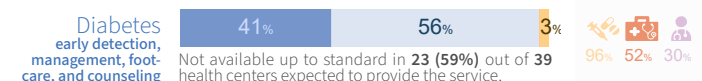
Lack of training



Lack of equipment



## Noncommunicable diseases and mental health



This analysis was produced based on the information reported into HeRAMS up to 30 April 2026 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

Currently, 74 NNGO health care centers are reporting to HeRAMS

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



HeRAMS Platform



Public dashboard

Data source: HeRAMS occupied Palestinian territory  
Date data: 30 April 2026  
Date created: 10 May 2026  
Contact: herams@who.int



World Health Organization



HeRAMS  
Health Resources and Services  
Availability Monitoring System



# HeRAMS occupied Palestinian territory

## HeRAMS service definitions



General clinical and trauma care services

| TITLE  | SERVICE DEFINITIONS  |
|--|--|
| <b>Recognition of danger signs</b>                                 | Recognition of danger signs in neonates, children, and adults, including early recognition of signs of serious infection, with timely referral to higher-level care.   |
| <b>Acuity-based formal triage</b>                                  | 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.   |
| <b>Initial syndrome-based management at scene</b>                  | Initial syndrome-based management at scene by prehospital providers for difficulty breathing, shock, altered mental status, and polytrauma.  |
| <b>WHO basic emergency care</b>                                    | 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.   |
| <b>Advanced syndrome-based management</b>                          | 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. |
| <b>Monitored referral</b>  | Direct provider monitoring during transport to an appropriate healthcare facility and structured handover to facility personnel.   |
| <b>Referral capacity</b>   | Referral procedures, means of communication, and access to transportation.   |
| <b>Acceptance of referrals</b>                                     | Acceptance of referrals with remote decision support for prehospital providers and primary healthcare facilities, and condition-specific protocol-based referral to higher levels.   |
| <b>Acceptance of complex referrals</b>                             | Acceptance of complex referrals with remote decision support for prehospital providers and lower-level facilities.   |
| <b>Essential services primary health care</b>                      | Essential services primary health care with availability of all essential drugs for primary care as per national guidelines with at least one general physician.   |
| <b>Specialized services at primary health care</b>                 | 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.   |
| <b>Home visits</b>   | Including promotion of self-care practices and monitoring of NCD medication compliance.  |
| <b>Minor trauma definitive management</b>                          | Pain management, tetanus toxoid and human antitoxin, minor surgery kits, suture absorbable/silk with needles, disinfectant solutions, bandages, gauzes, and cotton wool.   |
| <b>Emergency department</b>  | Dedicated emergency beds with basic and advanced life support skills, and full surgical wound care.  |
| <b>Inpatient surgical ward with at least one operating theatre</b> | Inpatient surgical ward with at least one operating theatre (with or without gas).   |
| <b>Inpatient surgery ward with at least two operating theatres</b> | Inpatient surgery ward with at least two operating theatres with pediatric and adult gaseous anesthetic.   |
| <b>Burns treatment</b>   | Extensive and/or severe burns clinical management.   |
| <b>Orthopedic/trauma ward</b>                                      | For advanced orthopedic and surgical care.   |
| <b>20 inpatient bed capacity</b>                                   | At least 20 inpatient bed capacity with 24/7 availability of medical doctors, nurses and midwives.   |
| <b>50 inpatient bed capacity</b>                                   | 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).   |
| <b>Inpatient critical care management</b>                          | Inpatient critical care management with availability of mechanical ventilation, infusion pumps and third-line emergency drugs.   |
| <b>Intensive care unit with at least 4 beds</b>                    | Intensive care unit with at least 4 beds.  |

| TITLE                                  | SERVICE DEFINITIONS   |
|--|---|
| Basic laboratory services              | Basic laboratory with general microscopy.   |
| Secondary laboratory services          | Secondary laboratory services including electrolyte and blood gas concentrations.   |
| Tertiary laboratory services           | Tertiary laboratory services with public health laboratory capacities.  |
| Blood bank services                    | Blood bank services.  |
| Hemodialysis unit                      | Hemodialysis unit.  |
| Basic radiology services               | X-ray and ultrasound.   |
| Comprehensive X-ray service            | X-ray with stratigraphy, intraoperative X-ray intensifier, ultrasound.  |
| CT scan                                | A computed tomography scan (CT scan).   |
| MRI                                    | Magnetic resonance imaging (MRI).   |
| Procedures for mass casualty scenarios | Procedures in place for early discharge of post-operative patients through referral to secondary hospitals, in mass casualty scenarios. |



### Child health and nutrition services

| TITLE   | SERVICE DEFINITIONS  |
|---|--|
| Pediatric first aid   | Interventions include airway positioning, choking interventions, and basic external hemorrhage control.  |
| Integrated management of newborn and childhood illnesses (IMNCI)              | IMNCI for acute respiratory infection, and diarrhea by trained community health workers.   |
| IMNCI under 5 clinic  | Under-5 clinic conducted by IMNCI-trained health staff with available paracetamol, first-line antibiotics, oral rehydration salts and zinc dispersible tablets, with national IMNCI guidelines and flowcharts.                               |
| Management of children classified as severe or very severe diseases           | Management of children classified as severe or very severe diseases with parenteral fluids, drugs, and oxygen, etc.  |
| Inpatient surgical care for newborns and children                             | Inpatient surgical care for newborns and children.   |
| Expanded programme on immunization  | Routine immunization against all national target diseases with a functioning cold chain in place.  |
| Information, education, and communication on infant, young, and child feeding | Information, education and communications for child caretakers, early initiation of breastfeeding, promotion of exclusive breastfeeding, and infant, young, and child feeding practices, active case finding, and referral of sick children. |
| Growth monitoring   | Growth monitoring and/or screening of acute malnutrition with mid-upper arm circumference (MUAC), weight-for-height or oedema.   |
| Integrated management of acute malnutrition (IMAM)                            | IMAM for severe acute malnutrition without medical complications with ready-to-use therapeutic foods available.  |
| Stabilization center for severe acute malnutrition                            | For severe acute malnutrition with medical complications, with availability of F75, F100, ready-to-use therapeutic foods, and a dedicated trained team of doctors, nurses, and nurse aides, 24/7.  |

| TITLE   | SERVICE DEFINITIONS  |
|---|--|
| <b>Syndromic surveillance</b>   | Regular reporting sentinel site for syndromic surveillance of local relevant diseases/conditions.  |
| <b>Event-based surveillance</b>   | Immediate reporting of unexpected or unusual health events through an event-based surveillance system.   |
| <b>Diagnosis and treatment of tuberculosis cases</b>                        | Diagnosis and treatment of tuberculosis cases or detection and referral of suspected cases and follow-up.  |
| <b>Multidrug-resistant of tuberculosis</b>                                  | Diagnosis, management, and follow-up of multidrug-resistant tuberculosis patients.   |
| <b>Information, education, and communication on local priority diseases</b> | Information, education, and communication on the prevention and self-care of local priority diseases, such as acute diarrhea and acute respiratory infections.   |
| <b>Locally relevant diseases</b>  | 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. |
| <b>Isolation unit or room</b>   | Isolation unit or room for patients with highly infectious diseases.   |
| <b>Management of severe/complicated communicable diseases</b>               | Management of severe and/or complicated communicable diseases such as measles with pneumonia, others.  |

 Sexual and reproductive health services

| TITLE   | SERVICE DEFINITIONS  |
|---|--|
| <b>Free access to condoms</b>   | Free access to condoms.  |
| <b>Syndromic management of sexually transmitted infections (STIs)</b> | Syndromic management of STIs, national first-line antibiotics available.   |
| <b>Information, education, and communication on STI/HIV</b>           | Information, education, and communication on prevention of STI/HIV (human immunodeficiency virus) infections and behavior change communications.   |
| <b>HIV counseling and testing</b>                                     | HIV counseling and testing.  |
| <b>Prevention of mother-to-child HIV transmission</b>                 | Prophylaxis and treatment of opportunistic infections, prevention of mother-to-child HIV transmission.   |
| <b>Antiretroviral treatment</b>                                       | Availability of antiretroviral treatment.  |
| <b>Family planning - pregnancy test</b>                               | Availability of pregnancy test.  |
| <b>Family planning - contraceptive methods</b>                        | Availability of contraceptive methods as per national guidelines.  |
| <b>Antenatal care</b>   | 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.  |
| <b>Skilled care during childbirth</b>                                 | Including early essential newborn care: preparing for birth, assessment of labor stage, WHO partograph monitoring, conditions management, drying baby, clean cord care, basic newborn resuscitation, skin-to-skin contact, oxytocin, early and exclusive breastfeeding, eye prophylaxis. |
| <b>Basic emergency obstetric care</b>                                 | Parenteral antibiotics, oxytocic/anticonvulsant drugs, manual removal of placenta, removal of retained products with MVA, assisted vaginal delivery, HSDU functioning 24/7.  |
| <b>Comprehensive emergency obstetric care</b>                         | Basic emergency obstetric care, caesarean section, safe blood transfusion.   |
| <b>Postpartum care</b>  | 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.  |
| <b>Comprehensive abortion care</b>                                    | 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.  |
| <b>Clinical management of rape survivors</b>                          | Clinical management of rape survivors including psychological support and provided in dedicate rooms to ensure privacy.  |
| <b>Emergency contraception</b>  | Emergency contraception provided as standard to survivors of rape if recommended.  |
| <b>Post-exposure prophylaxis</b>                                      | Post-exposure prophylaxis for STIs and HIV infections.   |



| TITLE   | SERVICE DEFINITIONS   |
|---|---|
| <b>Promote self-care</b>  | 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.  |
| <b>Noncommunicable diseases clinic</b>                            | 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. |
| <b>Asthma and chronic obstructive pulmonary disease</b>           | Asthma and chronic obstructive pulmonary disease classification, treatment, and follow-up.  |
| <b>Hypertension</b>   | Hypertension early detection, management, and counseling (including dietary advice), follow-up.   |
| <b>Diabetes</b>   | Diabetes early detection, management (oral anti-diabetic and insulin available), counseling (including dietary advice), foot care, and follow-up.   |
| <b>Cancer diagnostics services</b>                                | Availability of cancer diagnostics services.  |
| <b>Primary cancer screening (non-instrumental methods)</b>        | Primary cancer screening using non-instrumental methods.  |
| <b>Mammography</b>  | Mammography service.  |
| <b>Colonoscopy</b>  | Colonoscopy service.  |
| <b>Cancer treatment services</b>                                  | Availability of cancer treatment services.  |
| <b>Chemotherapy treatment</b>                                     | Chemotherapy treatment and follow-up of adults and children in outpatient and inpatient settings.   |
| <b>Radiological treatment</b>                                     | Radiological treatment and follow-up of adults and children in outpatient and inpatient settings.   |
| <b>Hematological &amp; oncohematological care in all settings</b> | Treatment and follow-up of adults and children with hematological and oncohematological diseases in outpatient and inpatient settings.  |
| <b>Inpatient acute rehabilitation</b>                             | 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.   |
| <b>Outpatient rehabilitation services</b>                         | Outpatient services provided by a rehabilitation professional via an outpatient service often as part of follow-up care, including assistive device provision or maintenance.   |
| <b>Prosthetics and orthotics</b>                                  | Manufacture, fitting, and training to use prosthetic and orthotic devices.  |
| <b>Oral health and dental care</b>                                | Oral health and dental care services.   |
| <b>Psychological first aid</b>                                    | 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.  |
| <b>Management of mental disorders</b>                             | Management of mental disorders by specialized and/or trained and supervised non-specialized health-care providers, availability of fluoxetine, carbamazepine, haloperidol, biperiden, and diazepam.   |
| <b>Inpatient care for management of mental disorders</b>          | Inpatient care for management of mental disorders by specialized and/or trained and supervised non-specialized healthcare providers.  |

