



**resilience amidst chaos:  
100 days of unrwa's health response  
to the humanitarian crisis  
in the gaza strip**



**7 october 2023 to 14 january 2024**

On 7 October 2023, war erupted in the Gaza Strip.

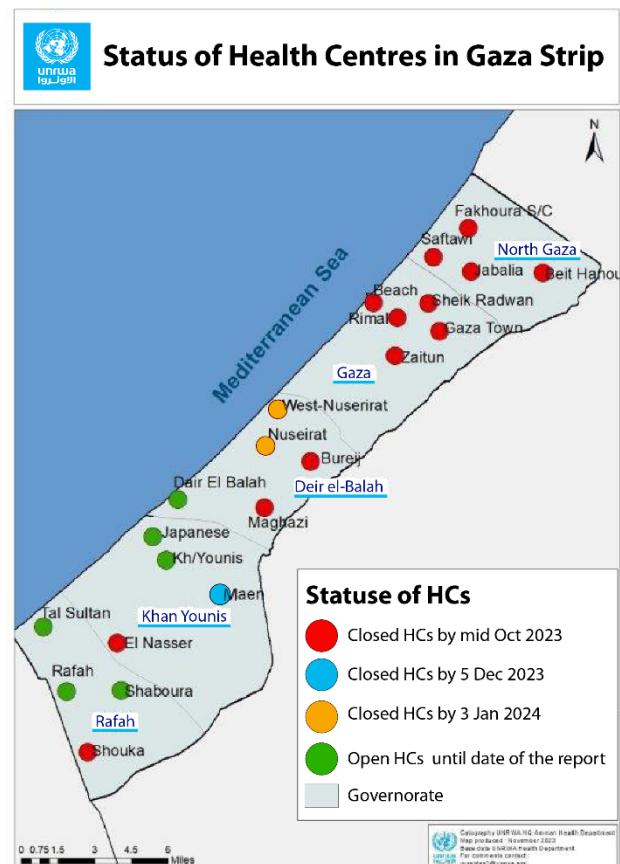
During the first 100 days, OCHA reported 24,100 fatalities<sup>1</sup>, 70 per cent of them women and children. As of 14 January, 151 UNRWA employees had been killed<sup>2</sup>, four of whom were health workers. Since 7 October, about 1.9 million out of Gaza's 2.2 million people have been internally displaced. The number of internally displaced persons (IDPs) seeking shelter in UNRWA facilities has risen exponentially. As of 14 January, nearly 1.7 million displaced people were sheltering across emergency shelters (UNRWA and public shelters), informal sites or in close vicinity to 150-155 UNRWA shelters and distribution sites and within host communities.

The health situation in Gaza was critical well before 7 October, after 16 years of blockade and previous escalations of conflict, resulting in restricted movement of people and goods, including medical equipment and supplies. The war exacerbated this already critical situation leading to the complete closure of many hospitals and primary health-care centres, and the collapse of the transportation system. UNRWA ran 22 health centres (HCs) before the war, but by January 14 only six were still operating.

People are suffering from a lack of access to essential medical care and clean, sufficient water, resulting in unattended chronic diseases and a potential for multiple outbreaks of infectious disease. Those injured in the war have been discharged from hospitals with minimal stay due to the overcrowding but still require frequent dressing changes for their war injuries. The need for medical attention is greater than ever, but the challenge lies in delivering necessary medical supplies and operating UNRWA HCs with a limited number of available health workers. Health workers themselves have been displaced, searching for shelter and daily essentials to meet their needs. Despite this, they still go to HCs to provide services to others. UNRWA's ability to continue operating HCs heavily relies on these dedicated health workers. The effort to deliver necessary medications and other hospital supplies has been ongoing through coordination with WHO and other stakeholders.

## UNRWA Health Services in the Gaza Strip before the War

Through 22 HCs, UNRWA provided free-of-charge primary health services before the war. These services ranged from attending to non-communicable diseases (NCDs), maternal and child health including vaccination, outpatient care, and dental, laboratory and pharmaceutical services. The Agency also offered secondary and tertiary care through its hospitalization support by referring patients to contracted hospitals.



<sup>1</sup> OCHA-Hostilities in the Gaza Strip and Israel - reported impact | Day 100

<sup>2</sup> UNRWA Situation Report #66

Over the last few decades, NCDs have been the leading burden of morbidity among Palestine Refugees<sup>3</sup>. In 2022, 106,482 individuals sought care for diabetes and/or hypertension at UNRWA HCs in the Gaza Strip. Previous reports and studies conducted by UNRWA indicate that, even before the current humanitarian crisis, the population of Gaza was suffering from chronic malnutrition, high food insecurity, poor dietary diversity, and was heavily dependent on food assistance. This resulted in a high prevalence of anemia and micronutrient deficiencies, especially among children, women, and elderly people. Each year, 39,000 new pregnant women received antenatal and postnatal care at UNRWA HCs. Approximately 40,000 newborn babies received vaccination and growth monitoring services.

The recurrent cycles of violence have increasingly affected the emotional and psychological well-being of everyone in the Gaza Strip. Mental health and psychosocial support (MHPSS) services have been critical for Palestine Refugees who, prior to this war, had already endured four escalations of conflict since 2008.

The UNRWA health programme in the Gaza Field Office has an existing standard operating procedure for emergencies that was immediately activated during past conflicts. However, the unexpected scale of the current war has led to a significant increase in needs, exceeding the Agency's capability to respond.

## UNRWA's Health Response to the War

### Health centres

Due to increased security risks, UNRWA closed 13 HCs in the Northern Gaza Strip on 14 October. The Agency continued operating nine HCs in Rafah, Khan Younis, and the Middle area until the end of December 2023, serving both refugees and non-refugees. Services provided included critical cases of NCDs and emergency outpatients.

As the demand for health-care services surged, UNRWA gradually resumed its services. These extended services included vaccination for children, postnatal service, and the management of high-risk pregnancies, as well as outpatient and acute emergency dental care. Resuming services was a critical step in addressing the growing health-care needs amidst the war.

In the northern Gaza Strip, between 8 and 14 October, 3,490 and 4,138 patients received services in the north and Gaza city area, respectively. From 8 October to 31 December, a total of 566,901 medical consultations were provided in the nine operating UNRWA HCs.

Ongoing disruptions in electricity and internet connectivity have affected the e-health system, leading health workers to use hard copy and tally sheets to record patients' medical information. This has posed challenges to accurate and timely data recording and reporting. UNRWA had a well-established telemedicine service before the war, but the services have been hindered by telecommunication difficulties.

With violence continuing to escalate, on 3 January UNRWA had to close more HCs. As of 14 January, six out of the Agency's 22 HCs in the Gaza Strip remained open.

**“**  
“I worked in harsh circumstances, with no electricity and no e-health systems in place. I had neither paper nor pen to write prescriptions, as there were no markets to buy anything. I prescribed medication for patients living with non-communicable diseases by checking empty medication containers,” said Dr. Hasan Mustafa, Jabalia HC Medical Officer. **”**

**“**  
“Good communication with the local community enabled us to overcome many difficulties” underscored Dr Aymen Abd El Latif, Tal al-Sultan HC Deputy Medical Officer. **”**

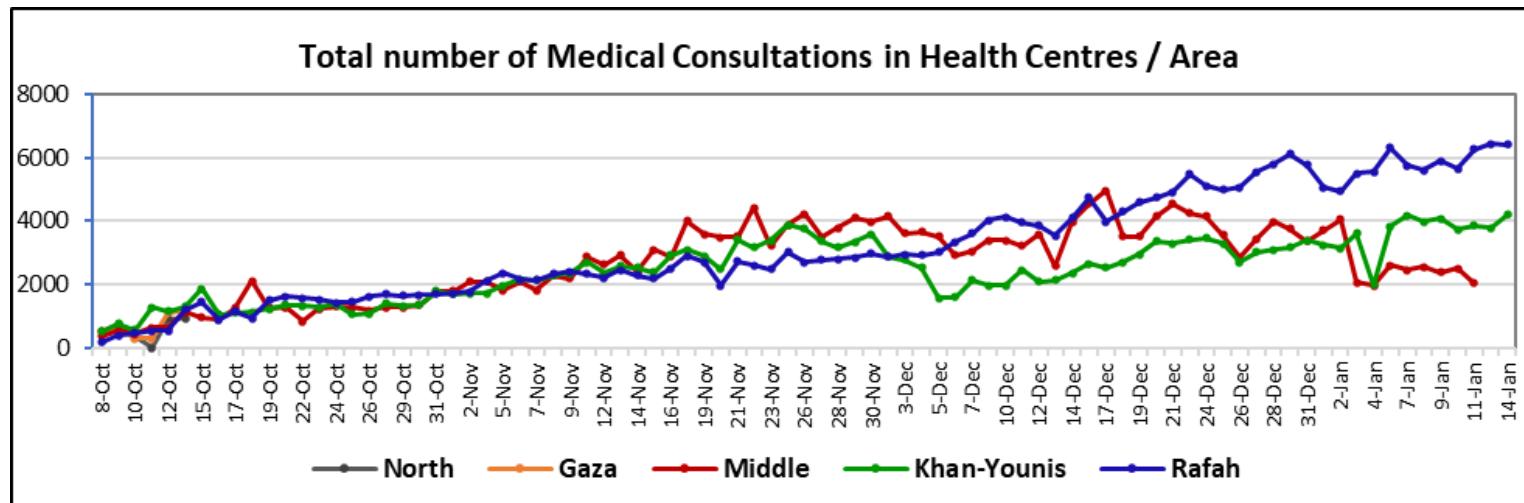
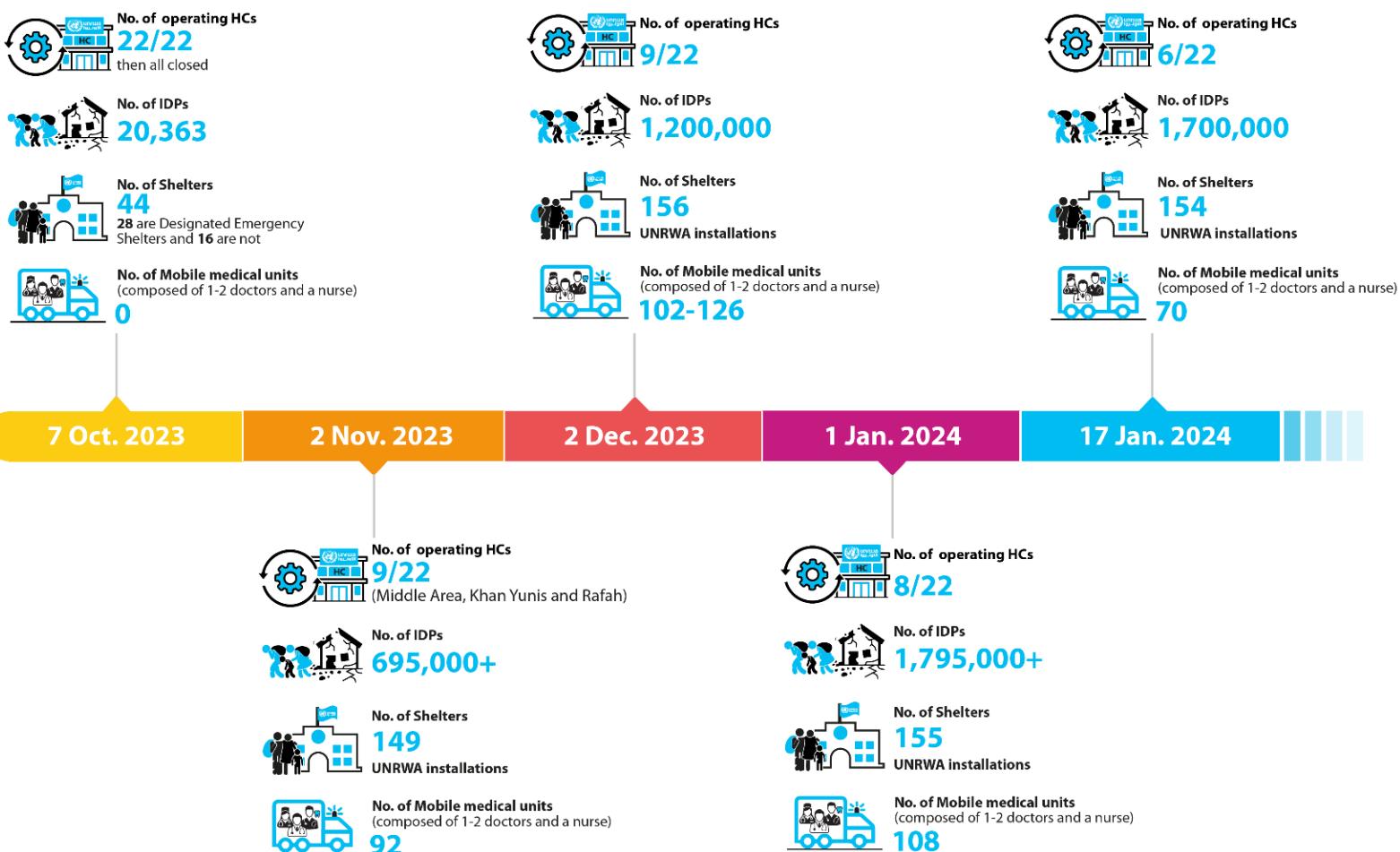


Figure 1: Total number of consultations/ day and area in UNRWA health centres in the Gaza Strip between 8 October 2023 and 14 January 2024. From 16 October 2023, UNRWA maintained services only in the three southern governorates.



## Medical units in UNRWA shelters

By 14 January, nearly one million individuals were living in or near emergency shelters or informal shelters<sup>4</sup>. UNRWA was operating 154 shelters, many of them school buildings. The number of IDPs vastly exceeded the forecasts in the Agency's pre-war emergency plans. UNRWA faces challenges in providing adequate and timely medical care to the enormous number of IDPs in shelters. Recognizing the urgent need for health care within the shelters, UNRWA has established medical points to provide emergency care to IDPs. These points are crucial in safeguarding them against the spread of infectious diseases.

Each shelter has a designated medical team that is composed of a medical officer and a nurse. They focus on outpatient services, dispensing medication, following up with vulnerable IDPs, maternal health, and coordinating with the nearest health centre for the case management of NCDs. The medical team also refers serious cases to health centres and hospitals. The teams also conduct active surveillance of 14 infectious diseases<sup>5</sup>.

The sanitation and hygiene status in the shelters have reached a critical state due to overcrowding. On average, 560 IDPs share one toilet, and more than 2,500 IDPs share a shower, falling well below the [Sphere](#) emergency standards. This lack of basic sanitation poses a substantial health risk, further amplifying the potential for the spread of diseases for the already vulnerable IDPs.

Areas in Gaza	Health Centres		Shelters	Total
	Number of health-care workers	Total Number of medical consultations	Total Number of medical consultations	Consultations
Rafah	228	271,769	271,179	542,948
Khan Younis	112	208,858	342,721	552,579
Middle	-	224,028	344,960	568,988
Total	340	705,655	958,860	1,664,515

Table 1: Overview of health services in Gaza from 8 October 2023 to 14 January 2024.

From 8 October to 14 January 2024, a total of 958,860 medical consultations were provided through medical units in shelters.

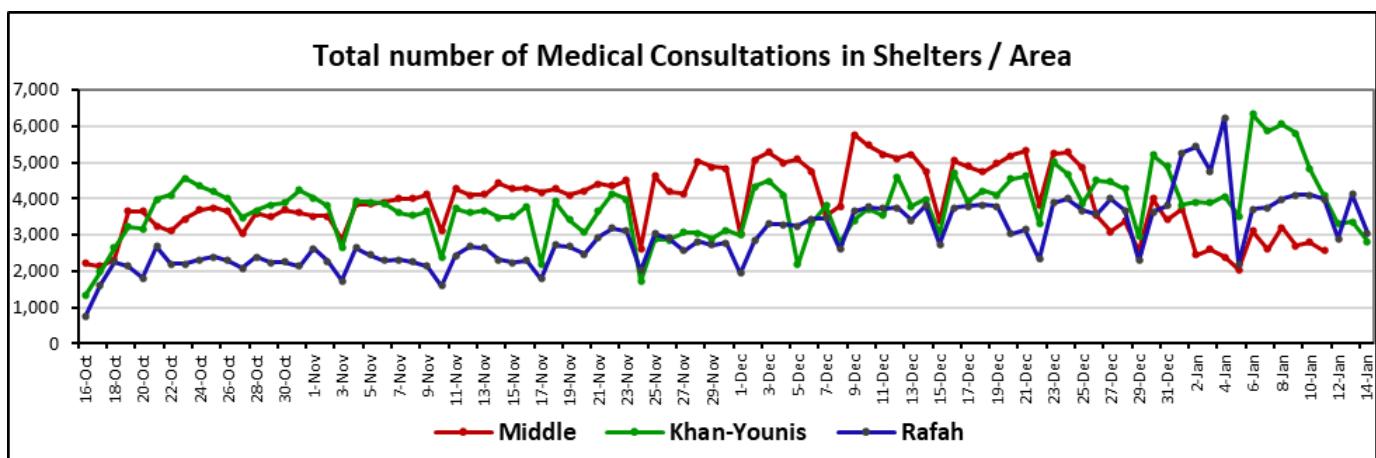


Figure 2: Total number of consultations/day and area in health points in UNRWA shelters in the Gaza Strip between 16 October 2023 and 14 January 2024.

<sup>4</sup> UNRWA Situation Report #66

<sup>5</sup> Acute Respiratory Infection, Scabies, Pediculosis, Diarrhea among <5 years old, Diarrhea among >5 years old, Mumps, Measles, Bloody Diarrhea, Impetigo, Viral meningitis, Cholera suspect, Acute viral hepatitis, Acute Flaccid Paralysis (AFP) and Chickenpox.

## Mental Health and Psychosocial Support (MHPSS)

It has been extremely difficult to provide MHPSS services during the current war due to continuous bombardment and displacement. Additionally, the lack of privacy and confidentiality inside the shelters makes it harder to provide one-on-one counselling. Eighteen counsellors and two psychiatrists, who themselves were displaced and suffering from the same overwhelming conditions as other people in Gaza, provide counselling and treatment to those in need. The service gap has been complemented by trained medical officers and nurses available in the operating health centres and shelters. The services include psychological first aid, staff care, counselling for Gender-Based Violence, protection, individual counselling, awareness raising sessions, and treatment of mental health conditions.

## Hospitalization

To support patients in accessing secondary care health care through hospital services, UNRWA reallocated all maternity services and life-threatening medical conditions, and acute and urgent surgeries not associated with war injuries, to functional contracted private and NGO hospitals. This shift is due to the heightened demand on Ministry of Health hospitals, which have been overwhelmed by injury cases.

## Logistics, surge support and coordination

- Due to the closure of health centres in the northern Gaza Strip, medical supplies stored there became unreachable. This situation led to a substantial loss of medical stocks for the Agency. The UNRWA health programme organized the transfer of essential supplies from the Jordan field office to the Gaza Strip as an immediate response to cover the shortage. Additionally, UNRWA also procured six months' worth of essential medication and urgent hospital items which would be used in the health centres and shelters to provide wound dressing for injured patients prematurely discharged from hospital. These patients require continuous medical care and assistance, helping to relieve the strain on overwhelmed hospitals.
- UNRWA health staff have been displaced and not all existing staff have been able to continue working. Through surge support, the UNRWA Gaza Field Office has been able to hire temporary health-care professionals. Some 232 health-care professionals have been hired to work in health centres and medical units in UNRWA shelters.
- UNRWA's health programme is collaborating with the Health Cluster led by the Ministry of Health and World Health Organization to facilitate a coordinated health response in the Gaza Strip. This collective effort focuses on the emergency response for joint logistics support and an early warning system to support disease surveillance and control measures.

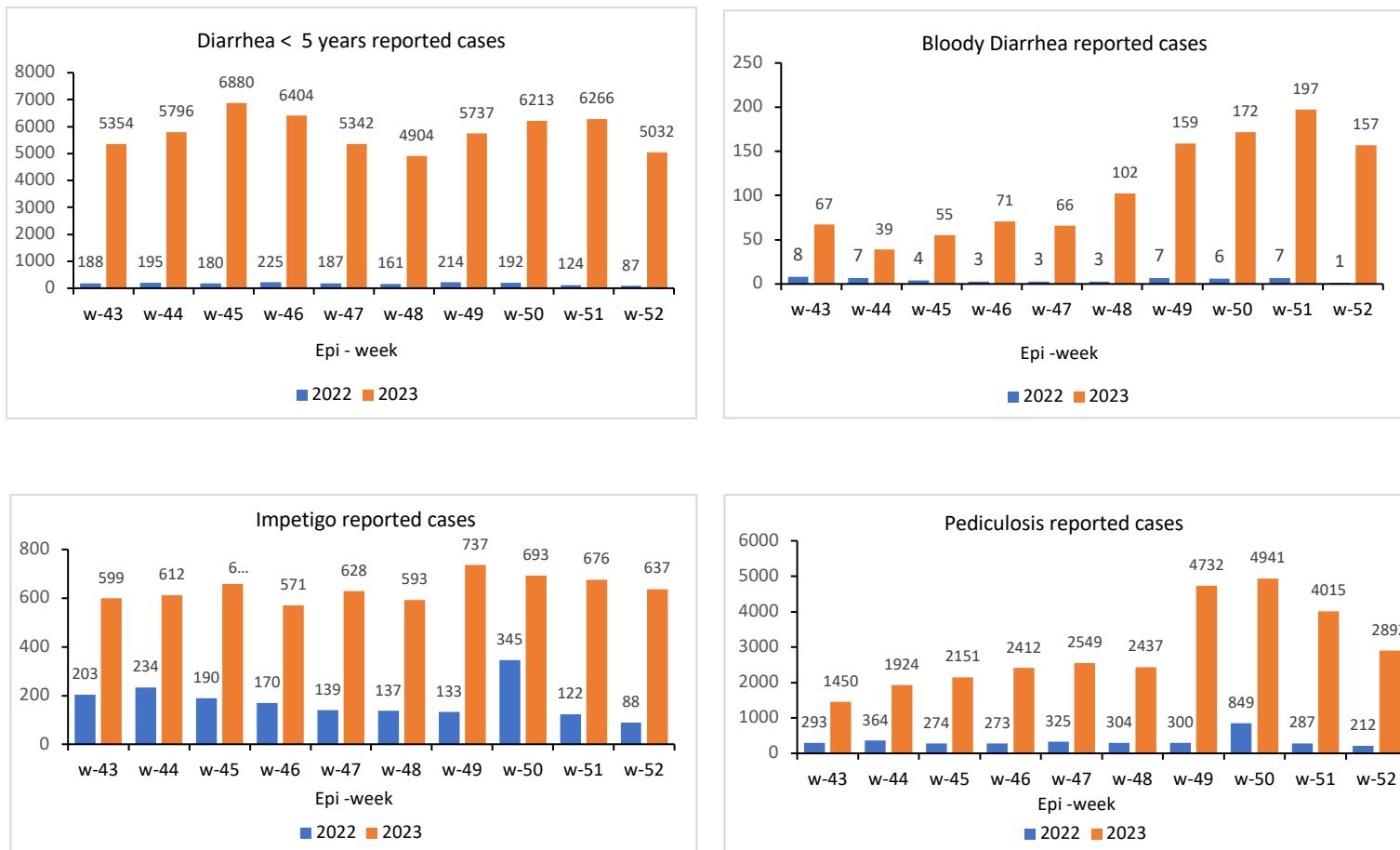


- UNRWA's tracking and monitoring of health coordination and response initiatives are conducted through the Incidence Management System. It concentrates on four functional areas: partnership and coordination, health information and surveillance, health technical and operational matters, and health and medical logistics. UNRWA's health response is tracked and monitored by this system. Weekly meetings are held to review the progress of actions, and to introduce and track any new tasks that require attention.

## Infectious Disease Monitoring

The disruption of the Gaza Strip's health system disruption and destruction of civil infrastructure raise concerns about the spread of infectious diseases. IDPs face high risks of infection due to limited access to clean water, poor hygiene, and overcrowded shelters.

Since the beginning of the war, UNRWA has been monitoring 14 diseases with epidemic potential within its shelters, and the trend is concerning. Acute respiratory infections are the most reported cases of infectious diseases, with 136,162 cases. Alerts for acute hepatitis have been issued, indicating a rise in cases compared to 2022. Non-bloody diarrhea in children under five years old surged by 33 times, and for those aged five years and older, it increased by 98 times compared to the figures in 2022. There has been a significant increase in bloody diarrhea, pediculosis, and impetigo (22, 8, and 4 times increase respectively compared to the same month of 2022). At the time of writing, there have been no reported cases of cholera suspects and Acute Flaccid Paralysis (AFP).



Comparison of diarrheal disease, impetigo, and pediculosis pre-crisis (2022) and during crisis (2023) for epidemiological weeks 43 to 52

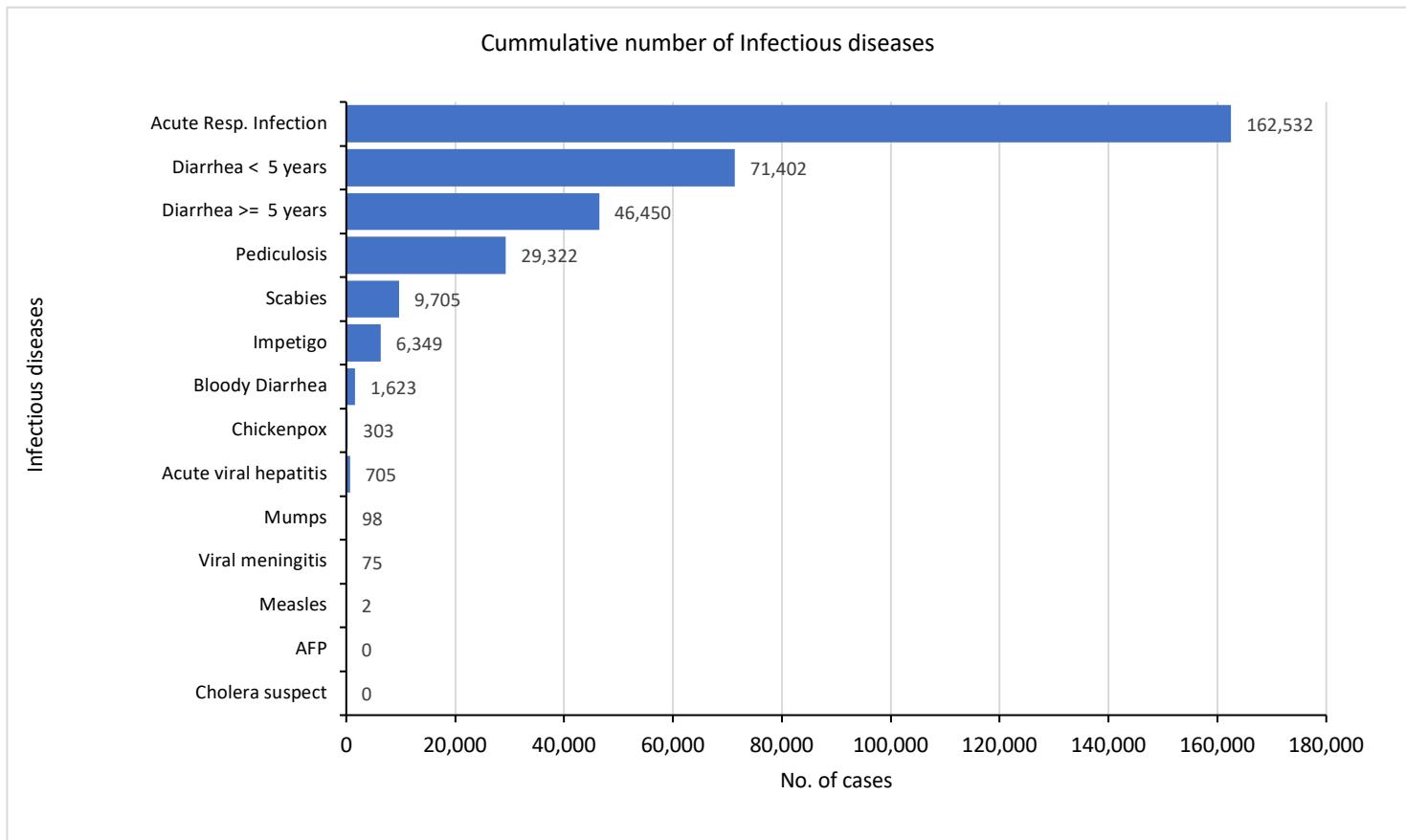


Figure 3: Number of cases of infectious disease reported in shelters, Gaza Strip, between 8 October to 14 January 2024

## 100 days

The past 100 days have posed unprecedented challenges for UNRWA's health services. Before the conflict, UNRWA provided care for approximately 100,000 individuals with diabetes and hypertension, and for 40,000 pregnant women annually. The escalation of hostilities in Gaza made the continuation of such care extremely difficult, as daily life itself became untenable. This report highlights UNRWA's efforts to overcome these immense challenges. Despite the dire circumstances, UNRWA has managed to keep health centres operational, establish medical points in shelters, procure additional medical supplies and medicines, and implement surveillance for potentially epidemic diseases. The situation in Gaza remains critical, yet thanks to the unwavering commitment and dedication of UNRWA's health staff at all levels, its health services continue to function and serve as a crucial support for the people in Gaza. This report is a testament to our deep appreciation for our health staff in Gaza.



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هـ: القدس: ٥٨٩٠٢٢٤ (٩٧٢ ٢)، فـ: ٥٨٩٠٣٧٤ (٩٧٢ ٣)  
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