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# department of health

# annual report 2021

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**Cover photo:** UNRWA Nurse at the UNRWA Al-Zaitoun Health Centre in Gaza checking the beneficiaries' body temperature, implementing the COVID-19 pandemic emergency requirements. © 2021 UNRWA Photo by Abdallah Haj

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# acronyms and abbreviations

| | |
|---|---|
| **ANC** | Antenatal Care |
| **CMM** | Common Monitoring Matrix |
| **COVID-19** | Coronavirus Disease 2019 |
| **DM** | Diabetes Mellitus |
| **DMFS** | Decayed/Missing/Filled Surface |
| **DMFT** | Decayed/Missing/Filled Teeth |
| **DS** | Decayed Surface |
| **DT/Td** | Tetanus-Diphtheria |
| **e-MCH** | Maternal and Child Health Mobile Application |
| **EMR** | Electronic Medical Records |
| **EMRO** | Eastern Mediterranean Region of Operations |
| **e-NCD** | Non-communicable Disease Mobile Application |
| **EPI** | Expanded Programme on Immunization |
| **FHT** | Family Health Team |
| **FMDP** | Family Medicine Diploma Programme |
| **FP** | Family Planning |
| **FS** | Filled Surface |
| **GBV** | Gender-Based Violence |
| **GHQ-12** | General Health Questionnaire |
| **HBA1C** | Hemoglobin A1C |
| **HCs** | Health Centres |
| **HD** | Health Department |
| **Hib** | Haemophilus Influenza Type B |
| **HP** | Health Programme |
| **HQ** | Headquarters |
| **HSP** | Hospitalization Support Programme |
| **IMR** | Infant Mortality Rate |
| **IPC** | Infection Prevention Control |
| **IPV** | Inactivated Poliovirus Vaccine |
| **IUD** | Intrauterine Device |
| **LBW** | Low Birth Weight |
| **MCH** | Maternal and Child Health |
| **mhGAP** | Mental Health Gap Action Programme |
| **MHPSS** | Mental Health and Psychosocial Support |
| **MMS** | Multiple Micronutrient Supplementation |
| **MMR** | Maternal Mortality Rate |
| **MoH** | Ministry of Health |
| **MOs** | Medical Officers |
| **MTS** | Medium Term Strategy |
| **NCDs** | Non-Communicable Diseases |
| **NGO** | Non-Governmental Organization |
| **OPV** | Oral Polio Vaccine |
| **Power BI** | Microsoft Power Business Intelligence |
| **PCC** | Pre-Conception Care |
| **PPE** | Personal Protective Equipment |
| **PRCS** | Palestine Red Crescent Society |
| **PRS** | Palestine Refugees from Syria |
| **PHC** | Primary Health Care |
| **PNC** | Post-Natal Care |
| **PNs** | Practical Nurses |
| **LFO** | Lebanon Field Office |
| **RSS** | Relief and Social Services |
| **SSNP** | Social Safety Net Programme |
| **TB** | Tuberculosis |
| **UN** | United Nations |
| **UNCRPD** | United Nations Convention on the Rights of Persons with Disabilities |
| **UNRWA** | United Nations Relief and Works Agency for Palestine Refugees in the Near East |
| **WHO** | World Health Organization |
| **WLUs** | Workload Units |

# foreword unrwa commissioner general

I am pleased to present this report on behalf of UNRWA, jointly with Dr. Ahmed Al Mandhari from WHO. This partnership confirms, year after year, a shared commitment by both agencies, to the right to health for all Palestine refugees.

2021 was a challenging year in the region: the tensions and escalation in the West Bank, including East Jerusalem, which led to the conflict in Gaza, the economic meltdown in Lebanon, the 10 years of conflict in Syria, and the continued impact of COVID-19 on the economy in Jordan.

This annual report showcases the health interventions by UNRWA in 2021, of which I am very proud. UNRWA has managed to maintain quality primary healthcare services, with 1.9 million Palestine refugees accessing healthcare including in-person and telemedicine consultations, and secondary and tertiary care at UNRWA-contracted hospitals in 2021.

In 2021, with the introduction of COVID-19 vaccination in host countries including for Palestine refugees and UNRWA health workers, the Agency's health services started returning to pre-COVID-19 trends. In close coordination with host authorities, UNRWA supported national vaccination plans by deploying the Agency's health workforce and offering its health centres as vaccination sites.

In 2021, every UNRWA health staff member received a "Above and Beyond the Call of Duty" award for their exceptional commitment and dedication during the pandemic. My colleagues have not stopped providing quality of health services to the refugee community; pregnant mothers continued to attend antenatal and postnatal care, newborn babies received immunizations on time NDC patients were monitored and attended to, and people who needed mental health and psychosocial support were assisted.

For over seven decades, UNRWA has been the main primary healthcare provider to Palestine refugees in its five fields of operations. These services are critical to the wellbeing of Palestine refugees and, by extension, the wellbeing of the communities that host them.

To continue this critical role in the lives of Palestine refugees in the region, the Agency needs sustainable funding and the commitment of donors and partners.

I therefore ask that the health and wellbeing of Palestine refugees be prioritized and supported at all times. This report includes compelling evidence of the positive impact of the UNRWA health services on a community that is one of the most vulnerable in the region.

Lastly, as we recognize the value and impact of the work of UNRWA, the support of WHO must be commended and the partnership celebrated as one of the most enduring partnerships in the UN system. UNRWA together with WHO will continue to support Palestine refugees, and to call for their right to live in dignity and good health.

**Mr. Philippe Lazzarini**
UNRWA Commissioner General

# message from the who regional director for the eastern mediterranean

On behalf of the World Health Organization (WHO), I welcome the publication of UNRWA's annual report for 2021. UNRWA and WHO have long been trusted partners. We work together to support and strengthen health services for Palestine refugees, focusing on sharing technical expertise and joint advocacy for their right to health.

The year 2021 was difficult for Palestine refugees, especially those in Gaza Strip and the West Bank. Gaza experienced the most serious escalation of hostilities since 2014. In the West Bank, there were extensive clashes between Palestinian and Israeli security forces. The escalation of violence caused a substantial number of fatalities and causalities, putting additional pressure on an already overstretched health system in these territories. WHO and UNRWA worked in close coordination with the hosting authorities to ensure that people in need of treatment were able to access health facilities even at times of peak tensio.

WHO continues to provide technical supervision for UNRWA's health programme by assigning the Director of the Department of Health. The director has been providing technical support and leading various reforms of the programme, including implementing a Family Health Team (FHT) model of service delivery to promote the health of the entire family holistically, focusing on people rather than diseases. Other notable reforms included the introduction of electronic medical record systems to improve daily operations and the quality of data and the integration of mental health services into UNRWA primary health care within the framework of the FHT. Furthermore, as part of the response to COVID-19, WHO provided infection prevention and control training to UNRWA health workers.

WHO will continue to work with UNRWA and advocate for the right to health of Palestine refugees. To achieve the Sustainable Development Goals and realize our vision of health for all by all in the Eastern Mediterranean Region, we must meet the needs of all refugees and leave no one behind.

**Dr. Ahmed Al-Mandhari**
WHO Regional Director for the Eastern Mediterranean

# executive summary and report overview

In 2021, despite the considerable challenges presented by COVID-19 across all fields of UNRWA operation, the HP continued to deliver comprehensive PHC services to Palestine refugees through its network of 140 HCs in Jordan, Lebanon, Syria, the West Bank and Gaza. Additionally, the Agency supported patient access to secondary and tertiary health services, including hospitalization for COVID-19 treatment. During the reporting period, the total number of Palestine refugees eligible to access UNRWA services reached 5.8 million. Of these, some 3.1 million, or 53.3 per cent, were served by Agency HCs in 2021. Patient numbers at UNRWA HCs continued to be lower than pre-pandemic levels, due largely to ongoing COVID-19-related restrictions, including national lockdowns and tighter restrictions on walk-in services at Agency HCs to avoid overcrowding. Nonetheless, with the introduction of national COVID-19 vaccination campaigns in all fields of operation in early 2021, patient numbers again began to increase compared to 2020, a trend that was accelerated with the resumption of non-essential health services in the second half of the year.

The Health Department (HD) Annual Report 2021 highlights the health services provided by UNRWA to Palestine refugees between 1 January and 31 December 2021 as well as performance against a range of health indicators linked to the fulfilment of the Agency's Medium Term Strategy (MTS) 2016-22. The report also showcases programmatic and resource mobilization achievements.

## Section 1 – Introduction and Health Profile

This section gives an overview of UNRWA, the HD, and the current health situation of the Palestine refugees served by the Agency. The health profile contains demographic information, disease trends, impact of the occupation and protracted and acute conflicts in UNRWA's fields of operation and the Agency's responses to these situations, including the implementation of MHPSS and the FHT approach.

## Section 2 – UNRWA Health Response to COVID-19 Pandemic

This section describes UNRWA's health response to COVID-19, including the adaptation of service delivery modalities, innovations and preventive measures introduced during the pandemic. The section also provides an overview of the number of cases of COVID-19 infection in host countries and among Palestine refugee communities.

## Section 3 – Strategic Outcome 2: Refugees' Health is Protected and the Disease Burden is Reduced

This section highlights programme results within the context of the UNRWA MTS 2016-22. Achievements made under all HP sub-programmes are presented, including on: (i) outpatient care; (ii) NCDs; (iii) communicable diseases; (iv) maternal health services; (v) child health services; (vi) school health; (vii) oral health; (viii) physical rehabilitation and radiology services; (ix) disability care; and (x) pharmaceutical services, (xi) cross cutting services. It also outlines information and data about inpatient care, outsourced hospital services and crosscutting issues.

## Section 4 – Data

This section presents key health indicators, including Agency-wide trends for selected indicators, common monitoring matrix (CMM) 2016-22 indicators, data tables for 2021, selected survey indicators, a list of published UNRWA research papers, donor support to the UNRWA HP and health maps.

UNRWA Medical Officer talking to a delegation from the Norwegian Embassy visiting Baqa'a Refugee Camp Health Centre in Jordan. *© 2021 UNRWA Photo by Sally Al-Akhras*

# section 1 – introduction and health strategic approach

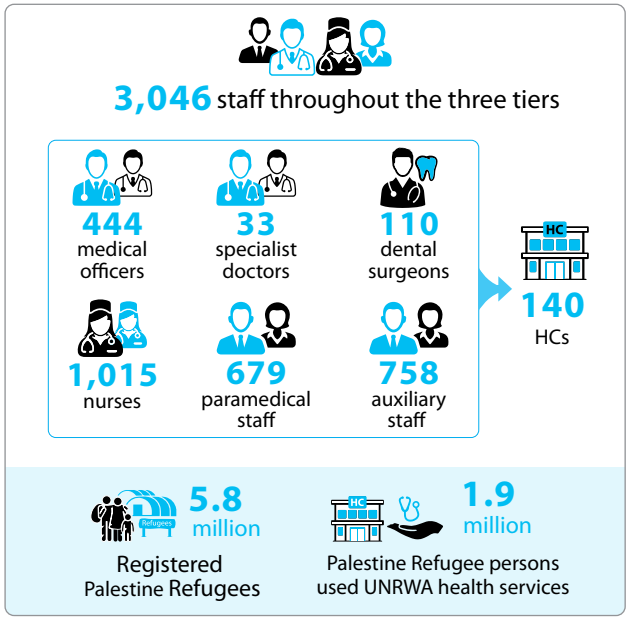
## UNRWA

The UNRWA primary mission is to assist Palestine refugees in Jordan, Lebanon, Syria, Gaza and the West Bank to achieve their full potential in human development, pending a just solution to their plight. UNRWA's services encompass education, health care, relief and social services (RSS), camp infrastructure and improvement, microfinance and emergency assistance. UNRWA is funded almost entirely by voluntary contributions. UNRWA has its headquarters (HQ) in Amman, Jerusalem and Gaza.

### The UNRWA health system has three tiers:

- The Health Department , at UNRWA HQ in Amman, is responsible for policy and strategy development;
- Five fields health programme are responsible for local operational management; and
- 140 HCs provide PHC services directly to Palestine refugees.

UNRWA health department employs around 3,046 staff throughout the three tiers, including about 444 medical officers (MOs) working in 140 HCs, 33 specialist doctors, 110 dental surgeons, 1,015 nurses, 679 paramedical staff and 758 auxiliary staff. Out of the some 5.8 million registered Palestine refugees, about 1.9 million Palestine refugees, the served population or beneficiaries, are registered at UNRWA HCs and receive health services free of charge. UNRWA does not operate its hospitals (except for one, Qalqilia Hospital, in the West Bank), but instead, the Agency conducts a reimbursement scheme for its beneficiaries.



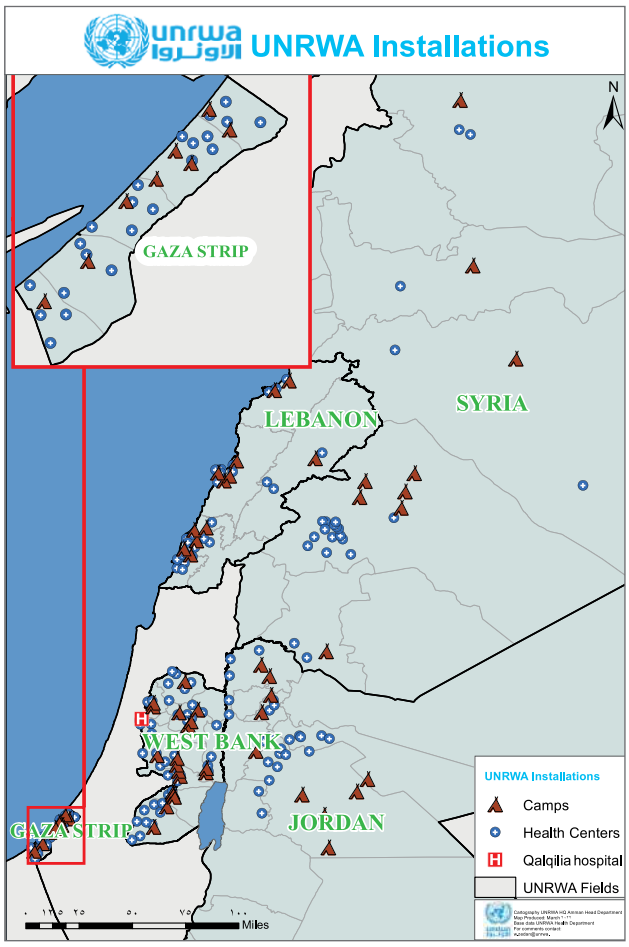




Figure 1: Distribution of UNRWA registered populations in the five fields of operations

## Health Profile

During the seven decades of displacement and dispossession, the Palestine refugee population has grown from 0.75 million in 1950 to 5.8 million in 2021. Throughout more than 70 years, UNRWA has provided quality health services to address the needs of Palestine refugees and through partnerships with host countries and other stakeholders, UNRWA has realised siginicant health gains for Palestine refugees since 1950. With changes in the demographic profile, the health needs of Palestine refugees have evolved over the past decades; however, the Agency has continued to adapt and improve its services to respond to these changing needs. in 2021, 1.9 million Palestine refugee used UNRWA services. This suggests that more than half of the population still face great economic hardship, including high unemployment rates and worsening poverty levels, particularly those living in conflict areas. Agency-wide, approximately one third of registered Palestine refugees live in and around 58 official Palestine refugee camps, with

most of the population living side-by-side among host countries' communities.

In 2021, the world entered the second year of COVID-19. The pandemic continued to claim lives and disrupt and overburden health systems and services. During the reporting period, UNRWA's focus remained on sustaining the health gains it had made in previous years, continuing the provision of health services and improving the preparedness and response capacity of its health services. In 2021, the Agency's FHT approach was restored, which, combined with preventive measures, such as triage, COVID-19 rapid diagnostic testing, home delivery of medication and COVID-19 vaccination services, allowed UNRWA health services to resume pre-pandemic operations, which was also reflected in the gradual improvement in performance indicators.

Increasing life expectancy among Palestine refugees has resulted in an ageing population. However, high fertility rates have markedly increased in the youth population, with 29.5 per cent of registered Palestine refugees currently below the age of 18 years old. Maternal and child health (MCH) care is a focus of the Agency. Women of reproductive age have universal access to contraceptive (family planning) care, antenatal care (ANC), safer delivery care with referrals to and subsidies for hospital delivery, post-natal care (PNC) and infant and child care (0-5 years old). In 2021, UNRWA provided maternal health care services, family planning (FP) care for 182,319 women, 87,173 pregnancies and 422,137 infants and children (0-5 years old). Although still relatively high, a slight reduction in the overall fertility rate has been recorded.

Though significantly decreased, maternal mortality rates (MMR) and infant mortality rates (IMR) among Palestine refugees remain relatively high. Among Palestine refugees in Gaza, the MMR increased from 9 deaths (16.2 per 100,000) live births in 2019 to 16 deaths (47 per 100,000) live births in 2021. This was due to the inclusion of COVID-19 related maternal deaths in the MMR definition criteria[1].

The estimated IMR in Gaza increased slightly from 20.2 per 1,000 live births in 2008 to 22.7 per 1,000 live births in 2015. The stagnation of progress on the IMR indicates that further efforts are needed to investigate the causes for this stagnation and ways of addressing potentially preventable causes among Palestine refugee children in Gaza[2].

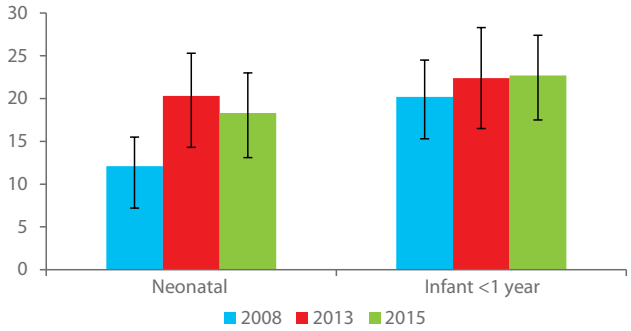



Figure 3: Mortality rate per 100,000 live births among Palestine refugees in Gaza (Sources: UNRWA surveys conducted in 2008, 2013 and 2015, with reference times of 2006, 2011 and 2013, respectively).

A reduction in communicable disease incidence, combined with longer life expectancy and lifestyle modifications, has led to a change in refugees' morbidity profile.

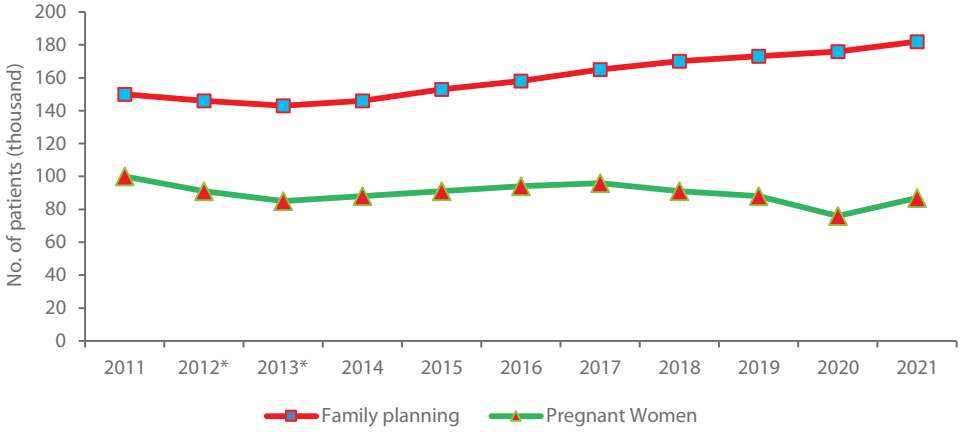



Figure 2: Total number of patients registered for FP services and newly registered pregnant women at UNRWA HCs (*data excludes Syria)

1 In Gaza, 16 deaths have been reported, out of which, 12 COVID-19 deaths. The MMR if included COVID-19 is 47.0 /100,000 live births, while if covid deaths are excluded the MMR is 11.7/100,000 live births

2 Maartje, M. et. al. (2018). Stalled decline in infant mortality among Palestine refugees in Gaza Strip since 2006. PLOS ONE, June 13, 2018.

Cardiovascular diseases, chronic respiratory diseases, DM, hypertension and cancer are today's leading NCDs among Palestine refugees, representing the highest financial burdens on UNRWA health services. In 2021, 124,094 patients were treated for hypertension, 45,298 were treated for DM, and 121,941 treated for diabetes and hypertension.

**291,333 Total patients of DM, HTN or both**

**124,094 Patients**
were treated for **hypertension only**

**45,298 Patients**
were treated for **diabetes mellitus only**

**&**

**121,941 Palestine refugees**
were treated for **diabetes** and **hypertension**

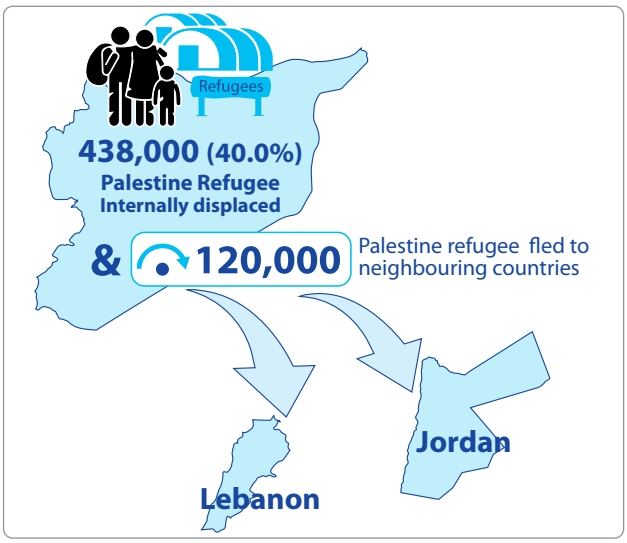
The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking.

To target NCDs, UNRWA applies a strategy that focuses on three dimensions: (i) disease surveillance, that consists of collecting, analysing and interpreting health-related data on NCDs and their determinants; (ii) health promotion and prevention interventions to combat NCD major risk factors or determinants among Palestine refugees across their life cycle; and (iii) the provision of cost-effective interventions for the management of established NCDs. In 2019, UNRWA HD invested in developing a mobile application for NCD patients to contribute to health promotion efforts, help ensure compliance with regular appointments and provide health advice.

The multi-decade provision of health services to Palestine refugees has enabled the control of communicable diseases, mainly through high vaccination coverage and early detection and management of outbreaks. Communicable diseases related to personal hygiene and poor environmental sanitation have almost entirely been eradicated. Nevertheless, food insecurity and the burden of micronutrient deficiencies remain prominent risk factors for Palestine refugees› diseases, especially during the pandemic.

Ongoing protracted and acute conflicts, occupation, the lack of a just and durable solution for Palestine refugees' status and the added burden of COVID-19 continue to affect the population›s physical, social and mental health. Assessment, diagnosis and treatment of mental health and psychosocial-related disorders show that their prevalence is increasing throughout the fields of UNRWA operation. To address this trend, the Agency introduced a MHPSS programme in all five fields in 2018 which aims to identify and address mental illnesses, particularly in Gaza. MHPSS services are heavily integrated into UNRWA PHC and work towards ensuring that all Palestine refugees enjoy the highest attainable mental health level. In 2021 all 140 HCs across five fields of operations continued to integrate the MHPSS within it's services.

In 2021, the Syrian crisis entered its tenth year. Approximately 40 per cent of the 438,000 Palestine refugees in the country have been internally displaced and more than 120,000 Palestine refugees have fled to neighbouring countries, including Jordan and Lebanon. Being doubly displaced, Palestine refugees from Syria (PRS) are often identified as highly vulnerable and more reliant on UNRWA services. Despite the ongoing conflict, the Agency has restored and strengthened its operations in Syria, including rehabilitation of damaged HCs and the reinstatement of health service provision in previously inaccessible areas. The protracted blockade and recurrent emergencies in Gaza and the occupation in the West Bank remain significant obstacles to the provision of and access to health care for Palestine refugees residing in these fields. In 2021, armed hostilities broke out in Gaza, while tensions also escalated in the West Bank, including East Jerusalem, particularly against forced evictions in Sheikh Jarrah and other Palestinian neighbourhoods. During the reporting period, political unrest continued in Lebanon, with the financial crisis in the country deepening, causing fuel scarcity, rampant inflation and shortages of medicines, all of which posed significant challenges for the continuity of UNRWA health services.



# section 2 – unrwa's health response to covid-19

## The UNRWA Health Response to COVID-19

Over the last two years, COVID-19 has brought significant shocks to both Palestine refugee communities and UNRWA health services. The pandemic affected Palestine refugees profoundly, with the health impacts and loss of livelihoods compounding the vulnerability and poverty endured by many refugees. COVID-19 also impacted on all aspects of the Agency's health services, from the continuity of PHC services to the provisioning of medicines. Despite profound challenges, UNRWA managed to continue providing PHC in 2021 without disruption to any critical health services, a feat possible only thanks to the tireless dedication of the Agency's health staff.

Palestine refugees in all fields have been affected by COVID-19. By the end of 2021, the accumulated number of cases from Jordan, Lebanon, Palestine and Syria since the beginning of the pandemic totalled 2,315,550, resulting in 29,626 deaths, of which, 147,651 cases and 1,559 deaths were reported among Palestine refugees. The number of confirmed cases increased dramatically in all fields during 2021. As anticipated, the deterioration of the epidemiological situation continued with new variants emerging. In 2021 alone, the confirmed cases reached 1,672,027 and 21,674 deaths, of which, 120,519 cases and 2,063 deaths were reported among Palestine refugees. Many more Palestine refugees continue to suffer from the consequences of lock down and health measures that were put in place to control infection. The pandemic has exacerbated the existing poverty and vulnerability of Palestine refugees.

## COVID-19 Situation in Host Countries in 2021

There were 1,672,027 COVID-19 reported cases in the five fields of UNRWA operations (Jordan, Lebanon, Syria, Gaza and the West Bank, including East Jerusalem) during 2021. Jordan reported 769,211 cases and 8,819 deaths, with a spike of cases in March and December. Lebanon reported 549,304 cases and 7,286 deaths, with a long wave (double waves) between January to March and spike of cases in August. In Syria, there were 38,841 cases and 2,176 deaths as there were two spikes of confirmed cases in March/April and September/October 2021. Gaza reported 150,043 cases and 1,331 deaths, with a spikes of cases in April and September, and West Bank reported 164,628 cases and 2,062 deaths, with spikes of confirmed cases in March and September.

Table 1: Number of COVID-19 cases reported in host countries in 2021

| UNRWA fields of operations | Number of cases | Number of deaths |
|---|---|---|
| Jordan | 769,211 | 8,819 |
| Lebanon | 549,304 | 7,286 |
| Syria | 38,841 | 2,176 |
| Gaza | 150,043 | 1,331 |
| WB (including East Jerusalem) | 164,628 | 2,062 |
| Total | 1,672,027 | 21,674 |

## Vaccination Situation in Host Countries

Host authorities started and continued vaccination campaigns in 2021. However, full vaccine rates (two doses) remained low; 38.6 per cent in Jordan, followed by 31.6 per cent in Palestine and 26.8 per cent in Lebanon. In Syria, only 5 per cent of the population were fully vaccined by the end of 2021, which can be explained by the delay in vaccine delivery and widespread resistance against the vaccine among the population. The table below shows the number and percentages of vaccinated population in host countries. UNRWA continues to coordinate and cooperate with host authorities to offer UNRWA HCs and its health workforce to support national vaccination campaigns.

Table 2: Number and percentage of COVID-19 vaccinations administered in host countries-2021

| Country | 1st dose | 2nd dose | 3rd dose |
|---|---|---|---|
| Jordan | 4,331,942 (42.5%) | 3,933,351 (38.6 %) | NA |
| Lebanon | 2,236,291 (32.9%) | 1,819,594 (26.8 %) | 295,359 (4.3%) |
| Syria | 1,194,896 (6.8%) | 883,478 (5%) | 0 (0.0 %) |
| Palestine | 1,910,794 (39.8%) | 1,515,699 (31.6%) | 2, 779 (0.1%) |

## COVID-19 Situation among Palestine Refugees in 2021

Among Palestine refugees, there were a total of 120,519 reported COVID-19 cases and 2,063 deaths during 2021. Some challenges were encountered in collecting data on cases among Palestine refugees due to the unavailability of segregated data in Jordan and difficulties in accessing PCR testing in Syria. Thus, the cases presented below do not reflect all COVID-19 cases[3].

3 The figures of Jordan were mainly obtained through UNRWA camp officers

As shown in the graph, below, Jordan reported 8,819 cases and 928 deaths. Lebanon reported 13,246 cases and 348 deaths, Syria reported 689 cases and three deaths and West Bank reported 23,723 cases and 95 deaths. In Gaza, the largest number of cases among Palestine refugees were recorded, with 74,042 cases and 689 deaths. These numbers include UNRWA staff who are also a part of the refugee community.

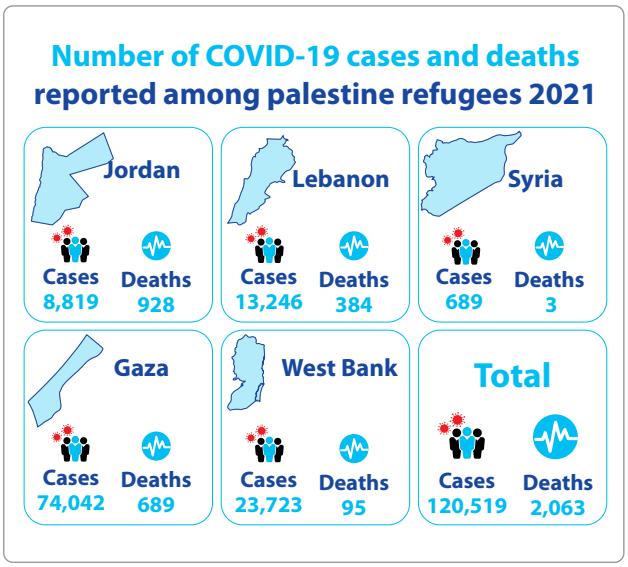



Table 3: Number of COVID-19 cases reported among Palestine refugees in 2021

| UNRWA fields of operations | Number of cases | Number of deaths |
|---|---|---|
| Jordan | 8,819 | 928 |
| Lebanon | 13,246 | 348 |
| Syria | 689 | 3 |
| Gaza | 74,042 | 689 |
| WB (including East Jerusalem) | 23,723 | 95 |
| Total | 120,519 | 2,063 |

## COVID-19 Infection among UNRWA Staff

To continue providing the Agency›s vital social services to Palestine refugees, the HD continued its efforts to support UNRWA staff, especially frontline workers, including health staff who have direct contact with patients, teachers, sanitation workers and relief and social support staff who have direct contact with beneficiaries on a daily basis. HD applied continuous efforts to ensure that all standard personal protective equipment (PPE) and sanitizing materials were available for them at UNRWA installations, for which the Agency was able to obtain financial and in-kind assistance to meet the bulk of this need. HD also emphasized regular communication with UNRWA staff on COVID-19 vaccination by organizing town hall meetings and developing messaging to staff to help them make informed choices on vaccination, based on sound scientific information, in an effort to counter common myths and misinformation. Health education and awareness materials were also developed and distributed to staff. In addition, health staff in all fields received comprehensive training on COVID-19 to update their knowledge and convey the latest information on the disease to their patients.

During 2021, the Agency reported 5,825 UNRWA staff were confirmed with COVID-19 infection, of whom 818 (14.0 per cent) were health staff. Most infected staff recovered completely, although, sadly, the number of staff who died as a result of COVID-19 since the start of the pandemic increased to 30 deaths.

## Vaccination Situation among UNRWA Staff

The vaccine rate among UNRWA staff stood higher than that of host countries, mainly due to extensive communication efforts and additional advice for those unsure about the vaccine in the form of private consultations with the Agency's COVID-19 focal points. HD worked closely with the host countries' ministries of health and the UNRWA Human Resources and Communication Departments to encourage uptake of the vaccine. Achieving high vaccination coverage among all UNRWA staff remains a priority for the Agency in 2022.

Table 4: Number and percentage of UNRWA staff vaccinated against COVID-19 by field of operation-2021

| Field | Health staff vaccinated | | | All staff vaccinated | | |
|---|---|---|---|---|---|---|
| | One dose | Two doses | Total health staff | One dose | Two doses | Total all staff |
| Jordan | 620 (98.4%) | 615 (97.6%) | 630 | 5,724 (96.3%) | 5,700 (95.9%) | 5,945 |
| Lebanon | 316 (88.8%) | 242 (68.0%) | 356 | NA[4] | NA[4] | NA[4] |
| Syria | 369 (83.1%) | 304 (68.5%) | 444 | 1915 (51.4%) | NA[4] | 3,723 |
| Gaza | 923 (95.5%) | 938 (97.1%) | 966 | 10,888 (91.6%) | 10,691 (89.9%) | 11,886 |
| West Bank | 723 (99.2%) | 723 (99.2%) | 729 | 3825 (97.8%) | NA[4] | 3912 |

4 Data was not provided by Human Resources

## The UNRWA Health Services in 2021 Under COVID-19 Pandemic

In all of UNRWA's fields of operation, the COVID-19 pandemic placed additional strain on already overstretched and fragile national health systems. UNRWA's effort to respond to the pandemic consisted of a continuous process to mitigate the number of cases affecting the overall health system. In doing so, the Agency worked closely with host governments and in alignment with national response plans.

The epidemiological situation in relation to COVID-19 has varied in all UNRWA fields of operation. There have been immense challenges in containing the spread of the virus due to pre-existing humanitarian crises and socio-economic hardship. From the onset of the pandemic, the UNRWA HP has balanced between: (i) mitigating the risk of COVID-19 transmission; and (ii) maintaining PHC service delivery and lowering the risk of morbidities from preventable and treatable conditions. For many Palestine refugees, UNRWA HCs are the only health care system they can access free of charge and the Agency considers it a key responsibility to maintain health services to those who need it the most.

UNRWA maintained life-saving PHC services for Palestine refugees by taking the following preventive measures:

- Continuation of the application of a triage system in all HCs, which entailed screening patients for elevated temperature and respiratory symptoms, and minimizing the contact of suspected cases with staff and other patients
- Prioritization to emergency services and focusing on high-risk group patients such as uncontrolled NCD patients and high risk pregnant women.
- Continuation of telemedicine consultations via telephone hotlines, which provided medical advice and health information remotely. In 2021, 844,518 telemedicine consultations were provided, a 160 per cent increase from the 325,811 telemedicine consultations provided in 2020. Telemedicine will remain an active method of UNRWA medicial consultations in future years as a means to reduce overcrowding in HCs and facilitate longer patient-doctor consultations;
- Provision of PPE, including masks, gloves, gowns, protective eye goggles and face shields to almost 3,000 health service providers; and
- Promotion of COVID-19 vaccination among health staff. By the end of the reporting period, 85.94 per cent of health staff received two doses of a vaccine.

## Adaptation of UNRWA Health Services Under COVID-19 Pandemic with Data

### Gradual Resumption of Health Services with Preventive Measures

While lockdown and restrictive measures continued to be imposed by host governments across UNRWA's fields of operation, the Agency maintained PHC to Palestine refugees by taking preventive measures and focusing on emergency and high-risk group patients. While lockdown and other non-pharmaceutical preventive measures were gradually lifted in 2021, triage, the use of PPE and adherence to mask wearing and physical distancing among patients were maintained in UNRWA HCs.

With the introduction of COVID-19 vaccinations in the first half of the reporting period, the utilization of Agency health services started to return to pre-COVID-19 levels. In 2021, the total number of medical consultations (in-person and telemedicine) reached 7 million, an increase of 14.3 per cent compared to the 6.1 million consultations held in 2020. The FHT approach was resumed in the second half of 2021, enabling the resumption of the full PHC services.


UNRWA employee in Syria receiving the first dose of the COVID-19 vaccine. UNRWA encourages all its workers to immunize themselves against COVID-19. *© 2021 UNRWA Photo by Taghrid Mohammed*

### Quality of Care During COVID-19 Pandemic

The percentage of women with a live birth who received at least four ANC visits increased to 77.6 per cent from 75.5 per cent in 2020. However, the percentage of DM patients under control slightly decreased to 37.2 per cent in 2021 from 38.7 per cent in 2020.

### Continued IPC Efforts in HCS

UNRWA completed the IPC training that started in 2020 with technical support from WHO/EMRO. At the beginning of 2021, online training was conducted for 352 health workers and 47 health-centre cleaners and their supervisors. The IPC training enabled Agency staff to reaffirm the importance of IPC measures at work and beyond. In addition, cleaners and their supervisors were also trained on the correct mechanism for using cleaning equipment and tools, and how to clean and sterilize HCs according to different scenarios. Cleaning and sterilization tools were supplied to comply with related technical instructions, which were developed to maintain IPC standards.

### Challenges

UNRWA provides direct PHC services to Palestine refugees through 140 HCs. These HCs are the first line of the response to the pandemic, and health workers running them are exposed to the risk of being infected with the COVID-19 virus. Other frontline workers such as sanitation workers, cash and food distribution workers, social workers and teachers are also at increased risk of exposure to the infection in community transmission phases.

The occurrence of multiple waves of the virus with new variants led to a constantly changing epidemiology situation and continued to underline the uncertainty of the course of the pandemic. In 2022, UNRWA will continue efforts to ensure the safety of UNRWA staff and Palestine refugees by adopting modalities of service delivery. This includes expansion and regulation of telemedicine services, continuity of triage systems, and flexibility in service delivery changes depending on the epidemiological situation of each host country.

At the time of writing this report in April 2022, many fields have eased preventive measures to control COVID-19 due to increasing vaccination coverage and high levels of herd immunity. However, the pandemic is expected to remain active within Palestine refugee communities and UNRWA will remain committed to implementing the necessary measures to minimize the risk of transmission of the virus.

## Telemedicine Services

As COVID-19 continued to remain a key challenge in 2021, the UNRWA HD continued the provision of telemedicine consultations to ensure access to much-needed health services. Introduced in 2020, telemedicine remained an active method of consultation in 2021. During the reporting period, a total of 844,518 patients received telemedicine consultations in Gaza (767,904), Syria (46,379), Jordan (28,211), West Bank (2,024) and telemedicine hotlines were not created in Lebanon, an increase of 61.4 per cent from 2020. Strong demand for telemedicine consultations suggests increasing acceptance by Palestine refugees of this consultation method. The Agency also recognizes telemedicine both as an efficient solution for safe patient care during the pandemic as well as a good alternative consultation method to avoid unnecessary patient visits to HCs. UNRWA's HD is now strategically pursuing this service as a permanent alternate method of providing medical consultations.

UNRWA Medical Officer at the Sheikh Radwan Health Centre in Gaza providing telemedicine service, to minimize gatherings of beneficiaries and decrease possible chances of spreading COVID-19. *© 2020 UNRWA Photo*

**Telemedicine Services 2021**

**844,518** **No. of Telemedicine calls to UNRWA HCs**

- **767,904** Calls in Gaza
- **46,379** Calls in Syria
- **28,211** Calls in Jordan
- **2,024** Calls in West Bank

Increase of **61.4%** in telemedicine utilization across all fields of operations

# Field Innovations

## Jordan

### A. UNRWA COVID-19 Vaccination Hubs

In support of the Government of Jordan's national vaccination campaign, on 15 March, UNRWA established three vaccination hubs, initially at its HCs in Irbid, Baqa'a and Zarka before moving them to camp improvement committee premises in the same locations in July to reduce HC overcrowding.

Agency health staff were trained by the Ministry of Health (MoH) and, in support of the smooth functioning of the hubs, volunteers were also provided from the All-Jordan Youth Commission and public universities.

As at 31 December 2021, the three UNRWA hubs had vaccinated 195,444 individuals, of which 137,910 were Palestine refugees, including 5,276 PRS. Palestine refugees also continued to have unrestricted access to MoH vaccination centres located across the country.

### B. New Zuhour HC Building

Out of 25 UNRWA HCs in Jordan, eight operate from rented buildings. These premises do not provide sufficient space in which to effectively implement the Agency's FHT approach, are often crowded, do not provide adequate patient privacy and have poor accessibility for patients with disabilities. In December 2021, a newly constructed HC in Zohour was opened to replace the previous HC which had operated from a rented premises. The new 1,850 square metre building comprises of 29 rooms (consultation, examination and registration rooms), eight storerooms, six waiting areas distributed across three floors, a parking area, and 11 male, female and disabled bathrooms. The new HC is expected to improve access to health care for over 68,000 Palestine refugees in the area and was made possible thanks to funding from the Government of Saudi Arabia. The total numbers of service providers at Zohour HC are 28, including four MOs, a gynaecologist, a dental surgeon, two staff nurses, seven practical nurses (PNs), a midwife, three pharmacists, three lab technicians, three clerks and three doorkeepers. The new Zohour HC building is part of an UNRWA complex that includes Zohour New School and an RSS office. The Agency hopes that this co-locationwill increase the accessibility of UNRWA services to the local community.

### C. Dress Code Policy Implementation for Healthcare Workers at UNRWA HCS

The outfits of the healthcare workers affect their behavior, attitudes, personality, self-confidence, and the way they interact with others and even influence the beneficiaries' impression of the UNRWA HP. Therefore, healthcare workers are required to consistently maintain appropriate standards of professional appearance. The appearance of healthcare workers should reflect an image of competence and seriousness that inspires trust amongst the visitors of the healthcare facilities and in the community.

The implementation of the dress code policy during COVID-19 pandemic helped beneficiaries to easily identify and recognize healthcare workers according to their rules; healthcare provider as doctors and nurses, healthcare support worker as clerks and healthcare service worker as door keeper/cleaner. Therefore, dress code helped to reduce unnecessary close contact with minimizing the risk of covid-19 transmission.

UNRWA Health Staff who participated in vaccination campaign at UNRWA Baqa'a Health Centre with the support of the Ministry of Health in Jordan. *© 2021 UNRWA Photo by Sally al-Akhras*

Although the priority is providing the best healthcare, an appropriate dress of the healthcare workers mitigates the work hazards, improves the quality of care, reflects a professional image, and enhances the patients› satisfaction and their sense of being respected. Therefore, the dress of the healthcare works must be in line and sensitive to the medical profession and community culture and values. This Dress Code was applied to all UNRWA health staff in Jordan effective 1 December 2021, and it clarifies the responsibilities, general rules for the health worker's dress, standards of health care worker's uniform. The dress code policy was well received by health staff and refugee beneficiaries.

## Lebanon

### Innovation for Delivering Essential Health Services

In 2021, the strategic orientation of Lebanon Field Office's (LFO) HP was to "survive and serve", as the services offered by UNRWA to Palestine refugees in Lebanon became vital and important, specially that the country is under instable political environment, economic crisis, and attacked severely by COVID-19 pandemic, which added to the fragility of the Palestine refugees' life conditions. Despite of medicines' stock outs and lack of supplies in local market, in addition to immigration of the medical professionals in all specialties outside the country, HP continue to provide all health services, including hospitalization of needed patients to the contracted public and private institutions to provide access to secondary and tertiary healthcare services not available within our PHC centers.

The PHC extended the MHPSS programme to include two new modules: one related to children and adolescents' mental health and behaviours disorders, the other by merging gender-based violence (GBV) component with the screening tool of the MHPSS, the General Health Questionnaire (GHQ-12) as we tasking the same focal person for MHPSS and GBV.

To continue running our services smoothly, as we are a member in the National Health Working Group, UNRWA was granted an in-kind fuel donation to the PHC centres specially during the fuel crisis of Lebanon that started in summer and will cease by January 2022.

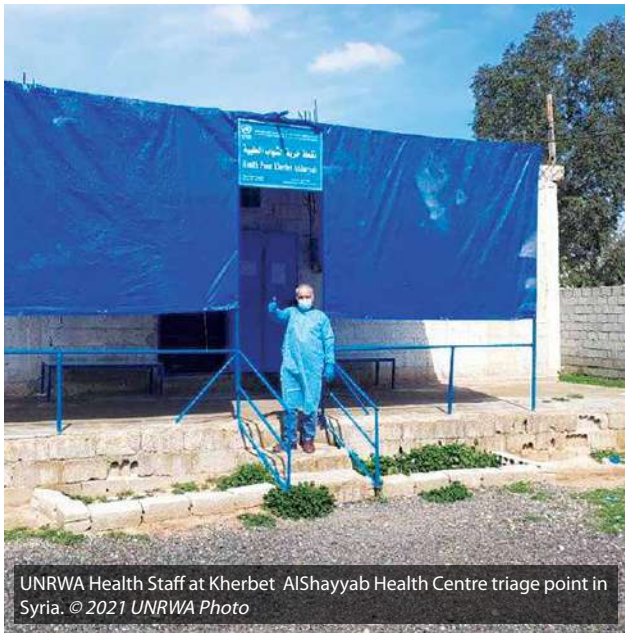
## Syria

### Re-Purposing Construction Scrap to Create A Patient Waiting Area

Kherbet Alshayyab HC is located in South Damascus serving population approximately 2,000 Palestine refugees. The HC is in a rented building and due to space shortage, this HC offers no patient waiting area and patients waiting for their turn must wait under open sky, exposed to weather conditions. This issue was identified as a priority by the patients and the head of HC took an initiative to come up with a cover waiting shed using construction and maintenance scrap and chairs for patients using old patient file cabinets.

The entire set-up was completed by the HC staff and community volunteering their time and helped save around one million Syrian Pounds.


UNRWA Staff on duty at the Sheikh Radwan Health Centre in Gaza treating refugees during the COVID-19 outbreak. *© 2020 UNRWA Photo*



UNRWA Health Staff at Kherbet AlShayyab Health Centre triage point in Syria. *© 2021 UNRWA Photo*

## Gaza

### Workforce COVID-19 Tracking

Following the declaration of COVID-19 as a global pandemic by the WHO on 11 March 2020, Gaza Field Office identified a need for a tool that provided accurate reporting and monitoring of pandemic to identify persons who may have been exposed to a person with COVID-19 and following them up daily from the last point of exposure. With support from the Agency's Information Management Technology Department, a dashboard using Power Business Intelligence (Power BI) software was developed to reflect the impact of COVID-19 on the Field Office's staffing. This was later updated to include information on individual infection rates, medical status and vaccination status.

It was of great help to trace the epidemiological situation among UNRWA staff in Gaza and make evidence-based decisions in addition, the availability of updated data on spot.

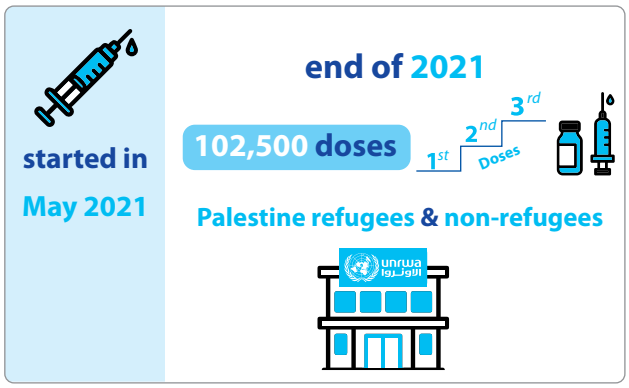
This innovation opened the gate for further improvement in data presentation through the PBI, Gaza innovation was then copied and expanded to all other fields of UNRWA operations.

## West Bank

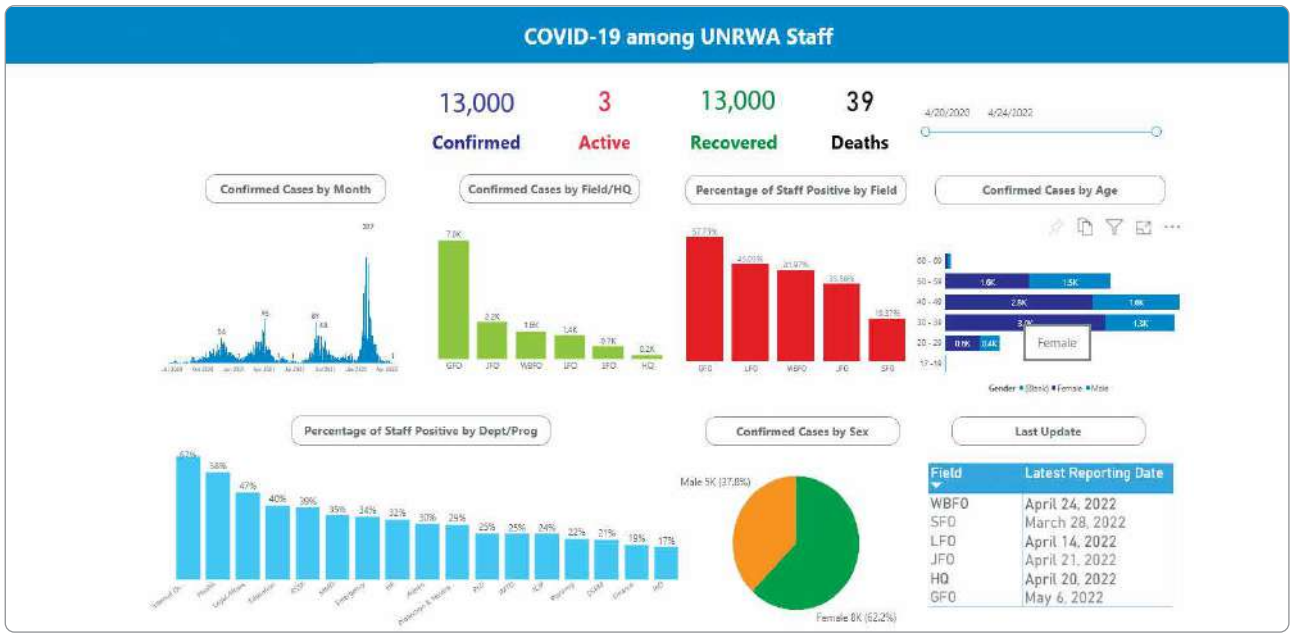
### COVID-19 Vaccination Campaign

During 2021, the Agency played an active role in the Palestinian MoH's COVID-19 vaccination campaign. During February 2021 a number of Health staff (PNs, SNs and MOs) from each health centers received theoretical and practical training with MOH about COVID-19 related vaccines and cold chain monitoring.

The vaccination campaign has started in May-2021 and continued until now, UNRWA staff provided 102,500 first, second and third doses of the vaccine to both Palestine refugees and non-refugees in all HCs. By the end of the year 2021 about 102,500 doses of COVID-19 vaccines were given in UNRWA health centers.




UNRWA Health Staff at Kawkab UNRWA school in Beddawi Camp in Lebanon during a COVID-19 vaccination campaign that targeted all individuals aged between 30 and 60 years. *© 2021 UNRWA photo by Maysoun Mustafa*



# section 3: strategic outcome 2: refugees' health is protected and the disease burden is reduced

## Output 2.1: People-Centred Primary Health Care System Using FHT Model

Services under Output 2.1 include outpatient health care, NCD treatment, communicable (infectious) disease treatment, maternal health care, child health care, school health, oral health, mental health and psychosocial support, physical rehabilitation, radiology services, disability care and pharmaceutical services.

### FHT Approach and the E-Health System

The FHT approach aims to improve the quality, efficiency, and effectiveness of health services. The Family Health Team (FHThe) approach represents a system of delivering PHC through a multidisciplinary team of health professionals who work together to serve the Palestine refugeea defined population's comprehensive health needs across the client's life cycle and in a community setting close to the client. FHT approach design aims to improve the quality, efficiency, and effectiveness of health services.

Each FHT is composed of a doctor, nurses, and other health workers[5]. The FHTs work together and are responsible for providing health services for the families who registered with them.

In 2021, the performance of the FHT family health team's approach was affected by the precautionary and preventive measures taken by the HD to by the Department of Health to mitigate the spread of COVID-19 in most health centres in the fields. Despite the extraordinary challenges faced in 2021, UNRWA has continued the provision ofding PHC services and has successfully kept supporting Palestine refugees in need.

The e-Health system, introduced in 2009, has streamlined service provision and improved efficiency and enabled high-quality data collection. In 2021, e-Health was upgraded to cope with the new requirements of the COVID-19 pandemic by incorporating telemedicine consultations, the home delivery of medicines, rapid antigen tests, PCR tests, and online training modules to facilitate new staff capacity building. It was operational in all HCs in Gaza (22 HCs), Jordan (25 HCs), Lebanon (27 HCs) and West Bank (43 HCs), and all but one HC in Syria (22 HCs out of 23). E-Health implementation in Syria is challenged due to the ongoing conflict and the resulting connectivity issues in some areas. Further expansion of e-Health in Syria is expected in 2022, contingent upon security, infrastructure and connectivity. Currently, the system is operational across 99.3 per cent of all UNRWA HCs.

UNRWA staff registering beneficiaries for their vaccine injection at Al-Ein Girls School in West Bank. *© 2021 UNRWA Photo.*

Table 5: Number of health centres fully implementing the e-Health system

| Field | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|
| Jordan | 20 | 25 | 25 | 25 | 25 |
| Lebanon | 27 | 27 | 27 | 27 | 27 |
| Syria | 3 | 11 | 20 | 22 | 22 |
| Gaza | 22 | 22 | 22 | 22 | 22 |
| West Bank | 42 | 43 | 43 | 43 | 43 |
| Agency | 114 | 128 | 137 | 139 | 139 |

Since its introduction in 2017, the Maternal and Child Health Mobile Application (e-MCH) has been used by around 200,000 mothers, allowing registered Palestine refugee mothers to view their electronic health records and those of their children on their smartphones. The e-MCH application notifies mothers about their appointments and provides additional health advice according to their health status and the age of their children.

5 Each FHT is composed of medical officer, nurse, midwife and clerk as core team and other health providers such as pharmacist, laboratory technician, dentist and non-medical staff such as cleaners are shared resource. Number of staff may vary per FHT

In 2020, a second mobile application, targeted at NCD patients was introduced. By the end of 2021, the e-NCD app was utilized by approximately 75,000 patients, including 2,000 patients not registered with the Agency's HCs. The app provides the users with a self-assessment and monitoring tool for their health and enables access to electronic health records, notifies patients about their appointments and medications and provides health information and education.

## Outpatient Care

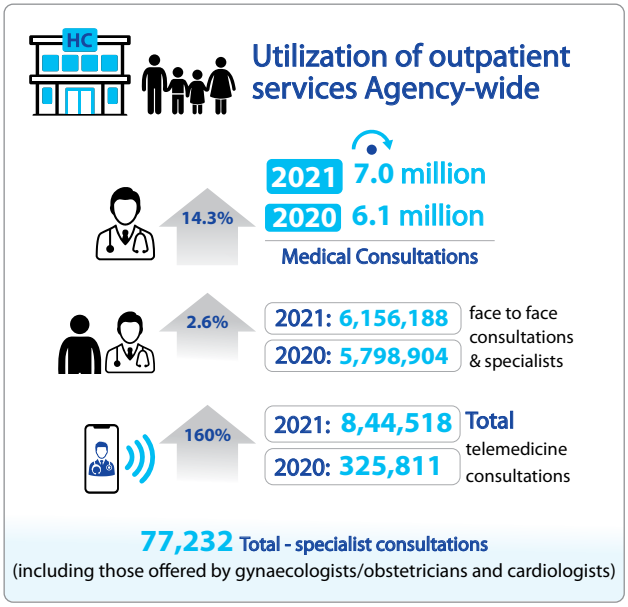
UNRWA provides comprehensive PHC through a network of 140 HCs, of which 66 (47.1 per cent) are located inside Palestine refugee camps. In addition, the Agency operates six mobile health clinics in the West Bank to facilitate access to health care in those areas affected by checkpoints and the barrier as well as two mobile clinics in Syria to provide health coverage in hard-to-reach locations.

During the reporting period, the utilization of the Agency's outpatient services showed signs of recovery back towards pre-COVID-19 levels. UNRWA resumed all health services in the context of FHT approach but with keeping all preventive measures against COVID-19 at the HC level, including crowd-control measures like triage, appointment, and telemedicine. The reduction of precautionary measures at host country level along with resumption of all health services at UNRWA HCs helped to improve patients' access to health services. However, the utilization of outpatient health services didn't improve at the same pace with the improvement of patients' access to UNRWA HCs.

### Utilization

In 2021, UNRWA provided over 7 million medical consultations. The utilization of outpatient services Agency-wide increased by 14.3 per cent from 6.1 million in 2020 for both face-to-face and telemedicine consultations. This increase was due to the resumption of the FHT approach at UNRWA HCs and a reduction of precautionary measures against COVID-19 as vaccination rates started to increase.

Of the outpatient consultations held in 2021, 6,156,188 were face-to-face consultations, an increase of 6.2 per cent compared to the 5,798,904 consultations held in 2020. Telemedicine consultations also gained in popularity, with 844,518 held in 2021, a 160 per cent increase from the 325,811 held in 2020. Some 77,232 specialist consultations (including those offered by gynaecologists/obstetricians and cardiologists) were also conducted.




All fileds showed an increase with the overall number of outpatient consultations compared to 2020. However, the increase was variable from one field to another that may be explained by the different level of improvement of patient's access to UNRWA HCs in UNRWA fields of operation.

UNRWA Staff on duty at Al-Rimal Health Centre in Gaza checking the beneficiaries' body temperature, implementing the COVID-19 pandemic emergency requirements. *©2020 UNRWA Photo*

Table 6: Number of medical consultations, Agency-wide in 2021

| Year | Type of consultation | Jordan | Lebanon | Syria | Gaza | West Bank | Agency |
|---|---|---|---|---|---|---|---|
| 2020 | a) Face to Face | 1,106,260 | 542,039 | 666,441 | 2,658,081 | 756,812 | 5,729,633 |
| | b) Specialist | 21,545 | 14,472 | 5,567 | 25,753 | 1,934 | 69,271 |
| | **Sub-total (a+b)** | **1,127,805** | **556,511** | **672,008** | **2,683,834** | **758,746** | **5,798,904** |
| | c) Telemedicine | 8,321 | 0 | 50,976 | 263,727 | 2,787 | 325,811 |
| | **Total consultations (a+b+c)** | **1,136,126** | **556,511** | **722,984** | **2,947,561** | **761,533** | **6,124,715** |
| 2021 | a) Face to Face | 1,294,831 | 582,269 | 755,240 | 2,560,141 | 886,475 | 6,078,956 |
| | b) Specialist | 24,517 | 13,508 | 7,845 | 24,910 | 6,452 | 77,232 |
| | **Sub-total (a+b)** | **1,319,348** | **595,777** | **763,085** | **2,585,051** | **892,927** | **6,156,188** |
| | c) Telemedicine | 28,211 | 0 | 46,379 | 767,904 | 2,024 | 844,518 |
| | **Total consultations (a+b+c)** | **1,347,559** | **595,777** | **809,464** | **3,352,955** | **894,951** | **7,000,706** |
| **Variance (no./%) 2021/2020** | Face fto face +Specialist (a,b) | 191,543 (17%) | 39,266 (7.1%) | 91,077 13.6%) | -98,783 (-3.7%) | 134,181 (17.7%) | 357,284 (6.2%) |
| | Telemedicine ( c ) | 19,890 (239%) | 0 | -4,597 (-9.0%) | 504,177 (191.2%) | -763 (-27.4%) | 518,707 (159.2%) |

There are two groups of outpatient medical consultations at UNRWA HCs: (i) first visits; and (ii) repeat visits. First visits reflect the number of persons attending a HC during a calendar year, while repeat visits measure service utilization frequency.

The ratio of repeat visits to first visits increased slightly from 2.4 in 2020 to 2.7 in 2021, with a slight variation among fields and between HCs in the same field. The interpretation of this ratio within and between fields reflects the fact that, in some fields, patients have access to other healthcare providers. The ratio was also higher in HCs located inside camps where Palestine refugees can more easily reach services and in fields where Palestine refugees have limited or no access to other healthcare providers, such as in Gaza, Syria and Lebanon.

in 2021 compared to 2020 due to the relaxation of precautionary measures against COVID-19.

The highest workload was reported in the West Bank, with an average of 73.2 medical consultations per doctor per day. In contrast, Gaza reported the lowest workload, with an average of 60.8 medical consultations per doctor per day.

Despite the variation across the fields, the FHT approach helped to reduce the overall workload on MOs and PHC services. This reduction has been achieved by shifting some preventive tasks from MOs to nurses, such as providing nurses with the authority to approve monthly repeat prescription refills for NCD patients. In addition, the introduction

Table 7: Agency-wide total number of first and repeat visits to UNRWA HCs and ratio of repeat to first visits in 2021

| Field | Jordan | Lebanon | Syria | Gaza | West Bank | Agency |
|---|---|---|---|---|---|---|
| Total first visits | 432,373 | 154,820 | 165,181 | 864,248 | 257,883 | 1,874,505 |
| Total repeat visits | 890,669 | 427,449 | 590,059 | 2,463,797 | 628,592 | 5,000,566 |
| Ratio of repeat to first visits | 2.1 | 2.8 | 3.6 | 2.9 | 2.4 | 2.7 |

## Workload

Despite the precautionary and preventive measures taken, the average number of medical consultations per doctor per day increased Agency-wide from 58.8 in 2020 to 66.3 in 2021. Except in Gaza, the daily workload of UNRWA doctors increased across all fields of operation

of an appointment system in HCs resulted in a more evenly distributed workload for all health staff. The 2020 introduction of telemedicine consultations has also played a significant role in reducing the overall workload.

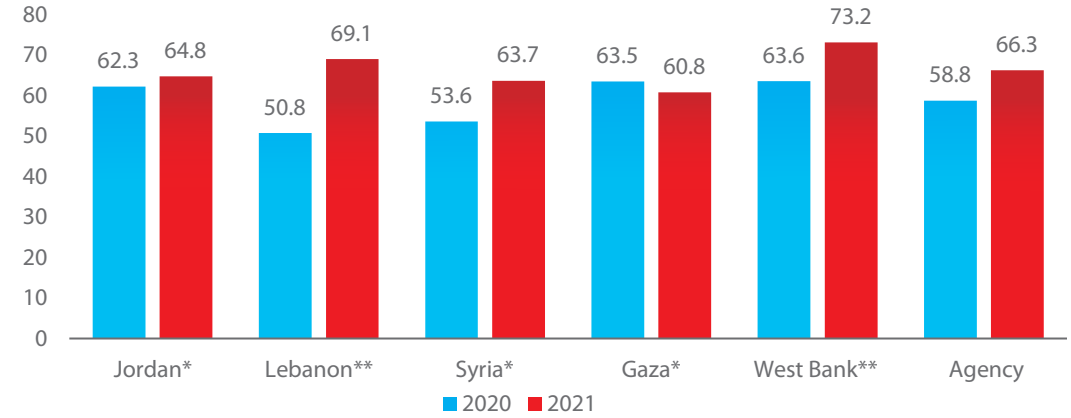



Figure 4: Average daily medical consultations per doctor in 2020 and 2021
(*HCs open for six days/week, **HCs available for five days/week)

## Non-Communicable Diseases (NCDs)

### The Burden of NCDs

Despite another challenging year and COVID-19 pandemic, the number of patients with NCDs registered at UNRWA HCs continued to increase during 2021. By the end of the year, a total of 291,333 Palestine refugee patients with DM, or hypertension, or both were registered at UNRWA NCD services at all HCs across the five fields of UNRWA operations. The Agency-wide prevalence rates of DM and hypertension were around figures of 2020; it was 15.9 per cent versus 16.5 per cent for diabetes and 23.7 per cent compared to 24.3 per cent for hypertension among those above 40 years old. The prevalence of diabetes in patients 18 years and older was at 7.9 per cent and was 11.7 per cent for hypertension. Age group disaggregation showed that patients 40 years of age and older represented 94.0 per cent of all patients under UNRWA NCD care in 2021. The percentage of males remained at 40 per cent, compared to 60 per cent of females, which reflects the continued demand and attendance of both females and males to UNRWA NCD clinics and the difference is reflecting the attendance pattern rather the epidemiological.

Table 8: Patients registered with UNRWA HCs with DM, hypertension or both, by field and by type of morbidity

| Morbidity type | Jordan | Lebanon* | Syria | Gaza | West Bank | Agency |
|---|---|---|---|---|---|---|
| Type I DM | 1,147 | 310 | 484 | 1,641 | 634 | 4,216 |
| Type II DM | 12,305 | 3,584 | 3,793 | 14,845 | 6,558 | 41,085 |
| Hypertension | 30,478 | 14,855 | 18,554 | 46,137 | 14,095 | 124,119 |
| DM & hypertension | 37,425 | 11,889 | 13,170 | 38,386 | 21,043 | 121,913 |
| Total | 81,355 | 30,638 | 36,001 | 101,009 | 42,330 | 291,333 |

* Including PRS

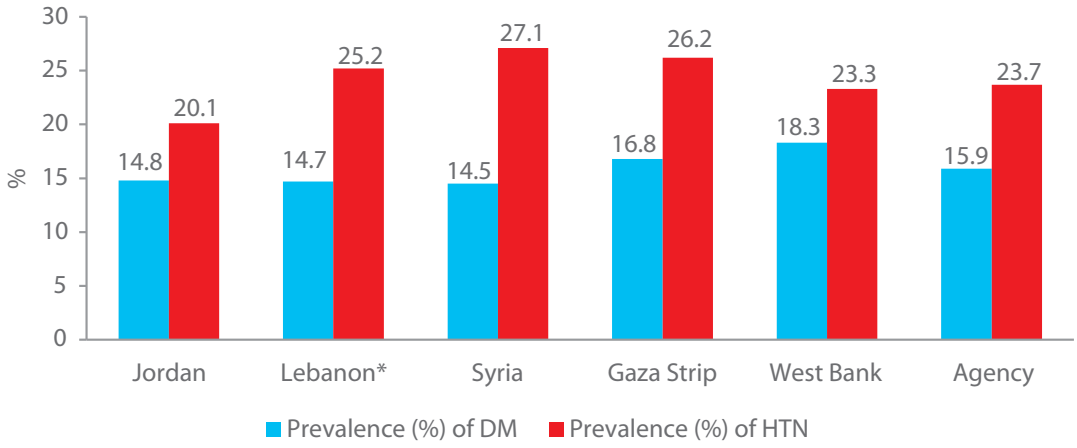


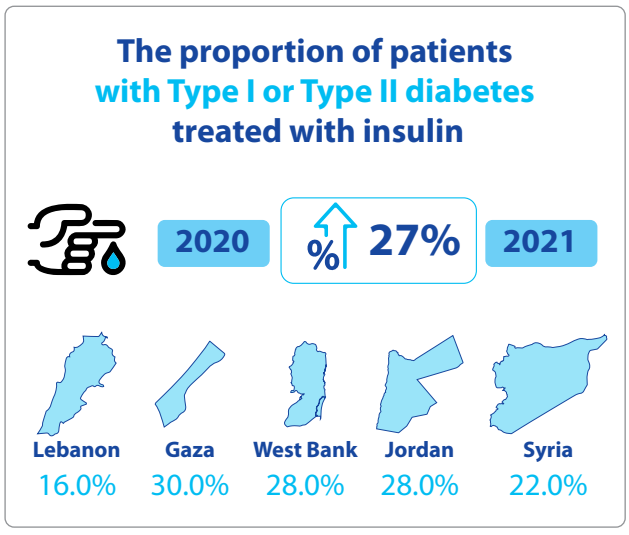

Figure 5: Prevalence (%) of patients diagnosed with type I and type II DM and hypertension among served population ≥40 years of age in 2021
(* Including PRS)

### Risk Scoring

A risk assessment system that UNRWA HCs use is a tool to assess the risk status of NCD patients and to help staff on the management of the condition of every patient with NCDs. The system evaluates the presence of modifiable risk factors such as smoking, hyperlipidemia, physical inactivity, blood pressure, blood sugar, in addition to non-modifiable risk factors such as age and family history concerning the disease. In 2021, patients registered with the NCD programme at all UNRWA HCs were assessed using the risk scoring assessment system. The data was recorded in their electronic health records in the e-Health system. The risk scoring assessment of all NCD revealed that 40.7 per cent were at high risk on average, which is higher than in 2019, at 37.4 per cent, mainly related to the deterioration of some variables specifically increased Body Mass Index, obesity rate showed 50.4 per cent. The percentage of patients at moderate risk was 49.7 per cent, and those with low risk were only 9.6 per cent.

### Treatment

The proportion of patients with type I or type II diabetes treated with insulin as part of the management of their condition varied among fields, with an average of 27 per cent Agency-wide, which is the same in 2020. This proportion ranged from 16.0 per cent in Lebanon to 30.0 per cent in Gaza, 28.0 per cent in both the West Bank and Jordan and 22.0 per cent in Syria. The low rate of insulin prescription in Lebanon compared to the other fields still not yet manged and needs further assessment and interventions. Uncontrolled patients on a maximum dose of oral hypoglycaemic drugs must be enrolled in combination therapy or total insulin treatment, close monitoring of management protocols need to be strengthened at HC, Area and Field levels to improve the quality of care provided to patients with diabetes.




### Late Complications

Late complications of NCDs include cardiovascular diseases (myocardial infarction, or congestive heart failure, or both), cerebrovascular disease (stroke), end-stage renal failure, above-ankle amputation and blindness. Agency-wide, the late complications rate in 2021 was almost same as of 2020 at 10.3 per cent vs 10.4 per cent, while the highest rate was in Gaza (12.8 per cent) and the lowest rate was in Lebanon (6.9 per cent) which reflects low detection, recording and reporting.

As expected, patients with both DM and hypertension had the highest incidence of late complications (14.1 per cent), followed by patients with hypertension only at 7.9 per cent and patients with DM type 2 only at 5.5 per cent. There were some differences in the distribution of late complications of diseases between the fields. The variations among Fields are due to different doctors› treatment and possible variation in recording the complications in patients› files and subsequently reporting.

### Defaulters

The UNRWA HP defines “Defaulters” as patients who did not attend to the HCs to get NCD care for one calendar year, neither for follow-up nor for collecting medicines (in person or via relatives for those unable to travel to the HC). During 2021, outreach problem resulted in the increased numbers of defaulters who miss follow-up appointments. Health staff used many different means, including possible home visits (with more precautionary and safety measures to avoid possible infection with COVID-19), telephone calls and notifications via family members. Despite using these means, the Agency-wide rate of defaulter NCD patients increased from 7.0 per cent in 2019 to 7.2 per cent during 2020 to 7.5 in 2021. The field-specific defaulter rate ranged from 3.6 per cent in Lebanon to 11.4 per cent in Jordan. Jordan›s defaulter rate was the highest. According to the Jordan Field feedback, it is due to the availability of more than one healthcare provider in the country and possible dissatisfaction among some patients and the prevailing COVID-19 that needed management at Field and HC levels.

### Case Fatality

The mortality rate among NCD patients registered at UNRWA HCs showed an obvious increase from that of 2020 when, a total of 3,812 at 1.4 per cent. of UNRWA's NCD patients died, in 2021 the number increased to 4,971 at 1.8 per cent this could be attributable that many with NCD died with COVID-19 and to the complications related to the chronic conditions that these patients

had. The Field-specific death rate was the highest number in Gaza at 1.9 per cent (1,844). This rate is mainly attributed to the two factors mentioned before: the lack of advanced hospitalization services and the availability of few intensive care units.

### The Way Forward for NCD Care

Despite all measures and projects supporting UNRWA NCD care for the last ten years, the burden of such conditions and their complications increases. UNRWA is strengthening its primary prevention approach through health education and raising awareness of risk factors among Palestine refugees and staff about DM and hypertension. In the future, the HD will focus on a continuous capacity building of staa and revision of essential lists of NCD medications to adhere to the new guidelines recommended by WHO and adopted globally.

The planned new Electronic Medical Records (EMR) system will strengthen monitoring and follow up on NCD including incidence, prevalence, treatment compliance, and patients› control status. The e-NCD application launched in 2020 as a new tool to improve self-care for the patients and monitor overall health status is more downloaded by people. Power BI and related dashboards under development to better understand and identify both achievements and weaknesses to ensure implementing corrective actions.

UNRWA will continue cooperation with ministries of health in host countries, other UN entities, NGOs and diabetes associations for technical support and exchange of experiences and seek funding of related projects and activities. This cooperation aims to scale up diabetes and hypertension care provided to Palestine refugees. In 2022, all fields completed the project, supported by the World Diabetes Foundation. And in the Jordan Field, the for diabetic foot care also was completed in terms of training MOs and nurses and providing related equipment for early diagnosis and better care of patients' feet.

## Integrating the MHPSS Programme into UNRWA PHC and the FHT Approach

UNRWA aims to protect and promote the mental health of Palestine refugees through its MHPSS programme that is implemented in all Agency HCs. Reports from fields during the last four years have confirmed a high prevalence of mental health problems and psychological distress among Palestine refugees. The COVID-19 in addition to challenging social and economic situation aggravated these conditions.

MHPSS programmes seek to address and enhance individuals and their communities' psychological well-being and empowering the community and individual resilience. Implemented in coordination with the FHT approach. MHPSS is being integrated based on a three-year plan into all UNRWA HCs supported by the Japanese government›s generous donation. MHPSS was integrated into All HCs, Health staff received MHPSS training based on their roles. MOs and senior staff nurses, and midwives received comprehensive two-week training on MHPSS and the mental health gap action programme (mhGAP). PNs received one-week MHPSS training, and other support and paramedical staff received at least one day of orientation training.

Technical instructions based on WHO and scientifically sound resources were developed as reference and guidance to staff during the implementation and used by staff as reference and guidance.

UNRWA introduced a management health information system and planning for GBV inclusion with the current reporting, digital information management and assessment tool to facilitate the reporting of MHPSS indicators used in 2021 and helped staff build indicators accordingly. It is planned to include fully computerized mental health module in the coming new EMR system.

As the MHPSS/mhGAP in UNRWA HCs covers treatment within FHT, UNRWA MOs can refer patients with more severe mental health issues to Psychosocial Counsellors available in some HCs/fields or to external specialists (psychiatrists) contracted by the Agency or both. Such referral needs sustainability and more specialist care backing in coming years for what UNRWA is seeking additional funds and support mainly for Lebanon and Syria Fields.

In 2021, challenges due to the COVID-19 pandemic continued, despite which health staff managed to reach those in need either through visits to HCs, Telemedicine, and using other available means of communications; from the other side, on-the-job training was possible virtually most of the year. Health staff managed to screen 76,477 from which 15,366 (20.1 per cent) were identified as positive according to WHO standard questionnaire used in UNRWA while in 2020 UNRWA health staff screened 50,810 persons out of which 10,838 (21.3 per cent), in other words, almost one out of five needs psychological or mental health assistance, care and follow up. Variation was observed among Fields while Gaza had the highest detection rate at 30.6 per cent

Table 9: (Percentage / number) of MHPSS positive cases identified through screening (GHQ-12) tool/ Field

| Indicator | Jordan | | Lebanon | | Syria | | Gaza | | West Bank | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2021 | 2020 | 2021 | 2020 | 2021 | 2020 | 2021 | 2020 | 2021 | 2020 | 2021 | 2020 |
| Screening | 6,738 | 4,151 | 6,084 | 3,389 | 10,641 | 4,934 | 40,438 | 30,537 | 12,576 | 7,799 | 76,477 | 50,810 |
| positive cases | 568 | 621 | 346 | 245 | 1,643 | 808 | 12,359 | 8,847 | 450 | 317 | 15,366 | 10,838 |
| % | 8.4 | 15.0 | 5.7 | 7.2 | 15.4 | 16.4 | 30.6 | 29.0 | 3.6 | 4.1 | 20.1 | 21.3 |

followed by Syria at 15.4 per cent, Jordan by 8.4 per cent, Lebanon by 5.7 per cent and Finlay the West Bank with only 3.6 per cent. such variation needs to be followed up by concerned staff in the fields to enhance screening and identify those in need for MHPSS services.

Table 9 represents the details in the last 2 years.

## Communicable Diseases

Except for the ongoing COVID-19 pandemic that affected the whole world and addressed in a separate section in the report, there were no reports on polio cases or other emerging diseases among Palestine refugees. Mumps and measles cases were reported from Gaza with less numbers than in 2020 (180 and 37 respectively), while the other fields reported similar few cases. During 2021, fields conducted close supervision of the work at HCs, strict monitoring of confirmed cases, implementation of preventive measures, and awareness-raising among staff and refugees.

UNRWA continued its cooperation with host authorities with WHO as well and participated in immunization campaigns across all fields where required. Besides, UNRWA focused on strengthening the surveillance of emerging and re-emerging diseases continued to be active. Close coordination with the host countries Ministries of Health continued the surveillance of communicable diseases, outbreak investigation, and supply of vaccines and exchange of information.

## Expanded Programme on Immunisation (EPI): Vaccine-Preventable Diseases

The UNRWA immunization services follow the host countries' EPIs. In 2021, challenges related to the COVID-19 pandemic did not affect the immunization coverage in all fields for 12-month-old and 18-month-old children registered with UNRWA, which continued to be above the WHO's target (95.0 per cent). Factors contributing to UNRWA's success in immunization coverage include a consistent supply of vaccines, the enforcement of an appointment system for vaccination and continuous follow-up of defaulters by HC staff.

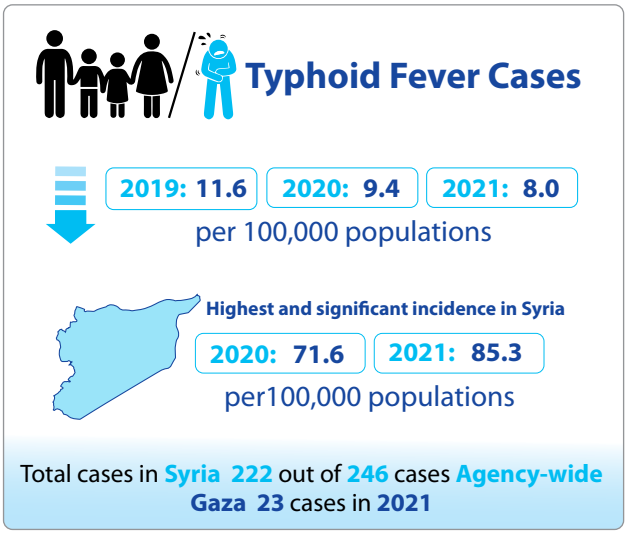
## Other Communicable Diseases

### Viral Hepatitis

The Agency-wide incidence of suspected cases of viral hepatitis (mainly hepatitis A) increased from that in 2020; the reported cases from Gaza were at 262 versus 53 cases in 2020, same for Syria at 362 versus 184. At the same time, Lebanon reported 60 cases in 2021. Jordan and West Bank reported 20 and 9 cases, respectively. Agency-wide incidence went up from 10.73 in 2020 to 23.07 per 100,000 in 2021. Such increase is most probably related to poor hygienic conditions inside some camps as well personal related issues, more adherence to cleanness and personal hygiene measures are required.

### Typhoid Fever

The Agency-wide incidence of suspected typhoid fever cases decreased further from previous 2 years (11.6 per 100,000 populations in 2019 to 9.4 in 2020) to 8.0 per 100,000 populations in 2021. The highest and significant incidence still observed in Syria at 71.6 per 100,000 populations but lower than that in 2020 (85.3 per 100,000 populations), with a total of 222 out of 246 cases Agency-wide. This high incidence is also attributable to poor water quality and hygienic conditions and the challenging environmental conditions caused by complex economic status and refugees' displacement. At the same time, Gaza reported 23 cases, one case from West Bank. Lebanon and Jordan and fields reported zero cases.



### Tuberculosis (TB)

Similar to the preceding two years, cases of TB remained underreported. In 2021, 25 cases were registered, compared to 28 in 2020 and 26 in 2019. Some 92 per cent of this caseload 23 was recorded in Syria. The remaining two cases were registered in Lebanon. Out of the 25 reported cases, seven were smear-positive, three were smear-negative and 15 were extra-pulmonary. Patients diagnosed with TB are managed in close coordination with national TB programmes, while in Lebanon, UNRWA reimburses the costs of anti-TB drugs for Palestine refugees. It is essential to highlight that the figures above are most probably underreported, and therefore, close follow-up with the Ministries of Health in host countries is required.

### Brucellosis

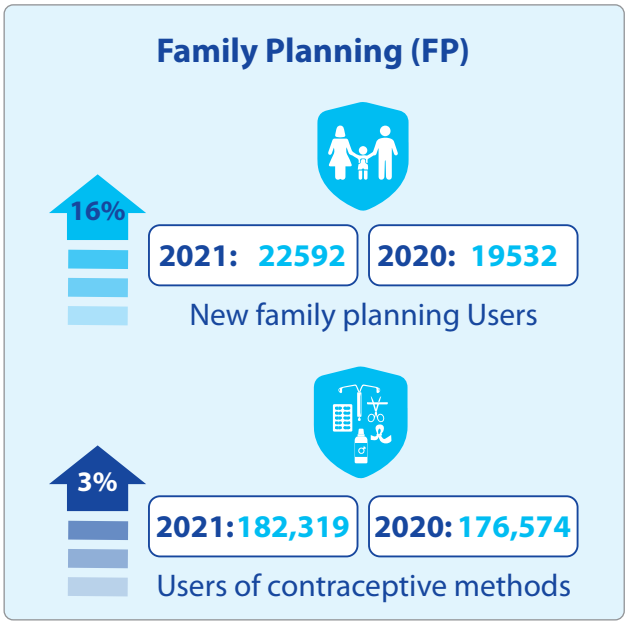
In 2021, a total of 204 brucellosis cases were reported, compared to 223 in 2020. Out of these cases, most were recorded in Syria 152. Cases were also registered in the West Bank 24, Gaza 21, Jordan 5 and Lebanon 2. The relatively high prevalence of the disease in Syria indicates the need to identify the source of infection. There is also a need for more awareness-raising activities for Palestine refugees on the importance of safe food handling, especially the handling of milk and diary products.

## Maternal Health Services

UNRWA maternal health services include family planning, preconception care, ANC, delivery care and PNC. During 2021, our staff started to overcome the effect of the precautionary and preventive measures that was taken by the host countries and UNRWA to mitigate the spread of Coronavirus during 2020 and beginning of 2021. These measures taken by our staff have improved the capacity of women's access UNRWA healthcare centres, which has led to an increase in the number of women benefiting from maternal health services. This increase varies between fields as well as between HCs in the same field.

### Family Planning (FP)

UNRWA HCs provide universal access to family planning. Women can access counselling services and get modern contraceptives, FP is implemented as part of the maternal health services, male active participation and engagement were encouraged. In 2021, utilization of FP services Agency-wide was improved, the total number of new FP users increased by 16 per cent (19,532 in 2020 versus 22,592 in 2021), while the total number of continuing users of contraceptive methods increased by 3 per cent (176,574 in 2020 versus in 182,319 2021). This increase is possibly due to the continuation of decrease in the discontinuation rate among FP users in all fields.




The distribution of FP users according to contraceptive method remained stable. In 2021, the intrauterine device (IUD) continued to be the most common method (47.3 per cent of users), followed by condoms (26.5 per cent), oral contraceptives (pills) (23.2 per cent) and injections (3.0 per cent).

Table 10: Utilization of UNRWA FP services in 2021

| Indicator | Year | Jordan | Lebanon | Syria | Gaza | West Bank | Agency |
|---|---|---|---|---|---|---|---|
| No. of New family planning users | 2020 | 4,651 | 1,238 | 2,976 | 8,817 | 1,850 | 19,532 |
| | 2021 | 6,295 | 1,806 | 2,171 | 10,013 | 2,307 | 22,592 |
| | Variance % | 35% | 46% | -27% | 14% | 25% | 16% |
| Total No. of continuing users at year end | 2020 | 34,438 | 16,509 | 11,229 | 93,206 | 21,192 | 176,574 |
| | 2021 | 37,266 | 17,201 | 11,385 | 94,847 | 21,620 | 182,319 |
| | Variance % | 8% | 4% | 1% | 2% | 2% | 3% |
| Discontinuation rate (%) * | 2020 | 4.8 | 3.7 | 4.4 | 3.5 | 2.9 | 3.9 |
| | 2021 | 5.2 | 4.2 | 5.8 | 4.5 | 4.2 | 4.8 |

*(No of discontinuers / total No. of remaining FP users X100)

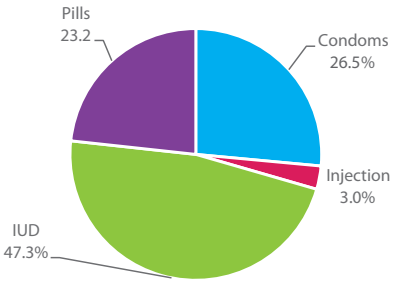



Figure 6: Contraceptive methods use, Agency-wide, in 2021

## Preconception Care (PCC)

Over the past few decades, controlling IMRs and MMRs have focused on providing quality health care at UNRWA. To further control infant and maternal mortality among Palestine refugees, in 2011, the Agency implemented the preconception care programme. Today, this programme is an essential element of maternal health care integrated within the PHC system in UNRWA HCs.

Preconception care intends to prepare women of reproductive age for pregnancy with an optimal state of health. Women are assessed for risk factors, screened for hypertension, DM, anaemia, and oral health diseases. Women are provided with folic acid supplements to help prevent congenital malformations (such as neural tube defects) among their children.

In 2021, the Agency started to remove precautionary and preventive measures taken by the HD to mitigate the spread of COVID-19, with most HCs resuming pre-conception care (PCC) during the course of the year.

A total of 25,251 women registered at preconception care programme in 2021, with increasing by 84.5 per cent comparing with 2020 (13,686 registered women). These achievements were the results of series of health awareness sessions on preconception care targeting women attending UNRWA HCs for medical, dental and NCD consultations. The figure below shows the percentage of newly registered pregnant women who attended preconception care in 2021.

## Antenatal Care

To promote early detection and management of risk factors and complications, UNWRA encourages pregnant women to access an initial antenatal assessment as early as possible and attend at least four additional prenatal care visits throughout their pregnancy. Pregnant women receive a comprehensive initial physical examination and regular follow-up care, including screening for pregnancy-related hypertension, gestational diabetes, anaemia, oral health problems and other risk factors. Women are then classified according to their status of pregnancy risk for individualised management. Besides, all pregnant women are provided with iron and folic acid supplementation. UNRWA uses selected indicators for coverage and quality to monitor the performance of ANC services, including ANC coverage, percentage of pregnant women registered for antenatal care in the first trimester, number of ANC visits during pregnancy, tetanus immunization coverage, pregnancy risk status assessment and DM and hypertension in pregnancy.

## Antenatal Care Coverage

During 2021, the Agency started to remove the precautionary and preventive measures on ANC, leading to an Agency-wide increase the percentage of pregnant women registered for ANC by 15 per cent (from 75,851 in 2020 to 87,173 in 2021). In 2021, the coverage rate of all expected pregnancies among the registered refugee increased to 63.4 per cent, compared to 50.0 per cent in 2020. This calculation is based on the registered refugee expected number of pregnancies. The coverage remained the highest in Gaza, which reached 89.7 per cent.

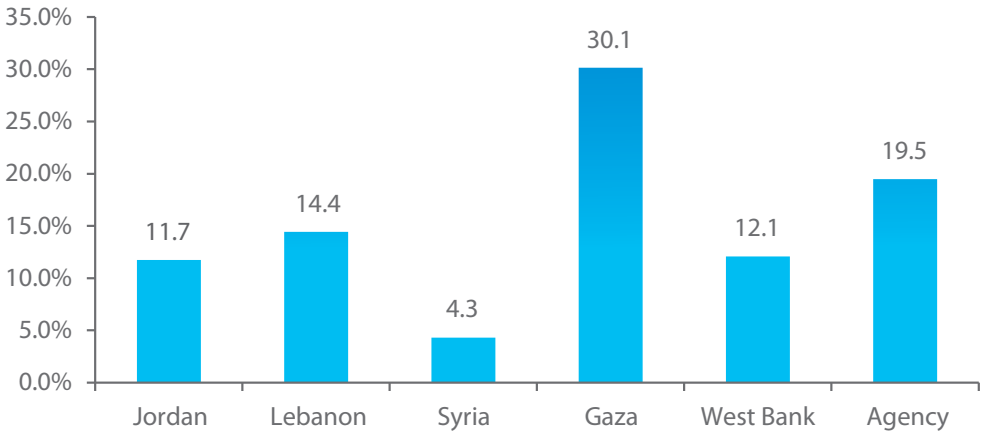



Figure 7: Percentage of newly registered pregnant women who attended PCC in 2021

Table 11: UNRWA ANC coverage in 2021

| | Jordan | Lebanon | Syria | Gaza | West Bank | Agency |
|---|---|---|---|---|---|---|
| Registered refugee | 2,334,789 | 485,676 | 575,234 | 1,516,258 | 883,950 | 5,792,907 |
| Expected No. of pregnancies* | 56,973 | 7,338 | 15,481 | 47,920 | 27,279 | 154,992 |
| Newly registered pregnancies | 22,374 | 4,967 | 6,371 | 38,219 | 15,242 | 87,173 |
| ANC Coverage (%) | 42 | 77.1 | 47.6 | 89.7 | 69.5 | 63.4 |

* Expected No. of pregnancies = Total No. of registered population (from UNRWA registration system) x crude birth rate

## Registration for Antenatal Care in the 1st Trimester

Increasing the likelihood of positive outcomes for mothers and children is the key element to focus on during providing quality ANC for Palestine refugee women. UNRWA seeks to safeguard this by ensuring timely detection and proper management of risk factors and complications, this was achieved through encouraging to early registration for ANC in the first trimester of pregnancy. During 2021, the proportion of pregnant women who registered for ANC in UNRWA HCs during the first trimester of pregnancy was 73.0 per cent compared with 73.1 per cent during 2020. The ratio of pregnant women registered during the second trimester was 20.7 per cent, and during the third trimester was 6.3 per cent. The variation of this rate within the fields reflects that ability of pregnant women to have access to other health care providers.

## Number of Antenatal Care Visits

The ANC programme's key objective is to ensure that pregnant women are registered for ANC as early as possible when they are known that they are pregnant. This early registration allows ample time for risk identification, follow-up and management as per their needs. Pregnant women are encouraged to attend at least four ANC visits during pregnancy.

Within efforts to decrease maternal mortality, UNRWA adopted the WHO new ANC guidelines issued in 2016. These new guidelines increased the number of ANC visits by healthcare providers to pregnant women from four to eight. However, due to host countries› precautionary and preventive measures to mitigate the spread of COVID-19, the HD maintained four antenatal visits as its performance measure in 2021.

In 2021, the Agency-wide average number of antenatal visits per client was 5.2. The lowest number of visits was in Syria, with an average of 2.2 antenatal visits per client, and the highest in Gaza with 6.6 antenatal visits per client. Agency-wide, some 77.6 per cent of pregnant women attended four or more antenatal visits, with the highest attendance rate in Gaza, at 94.1 per cent, and the lowest in Syria, at 19.8 per cent.

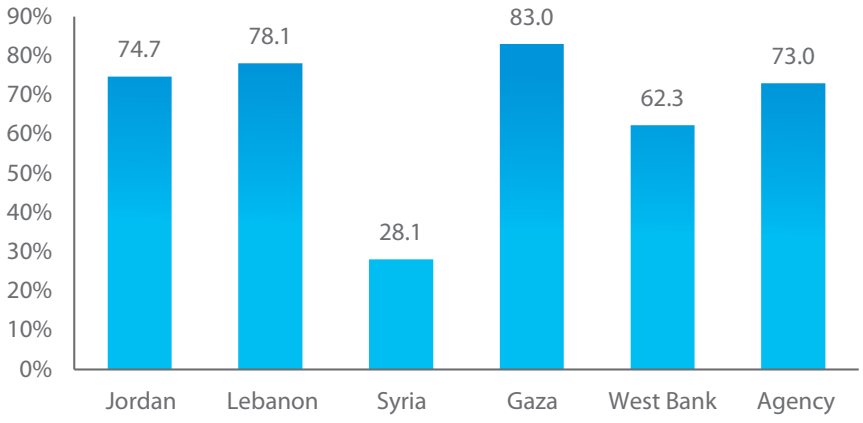



Figure 8: Percentage of pregnant women registered during the first trimester in 2021

Table 12: Percentage of pregnant women who made ≥ four antenatal visits in 2021

| Indicator | Year | Jordan | Lebanon | Syria | Gaza | West Bank | Agency |
|---|---|---|---|---|---|---|---|
| Percentage of pregnant women who paid ≥ four antenatal visits | 2020 | 62.9 | 71.2 | 52.5 | 90.4 | 69.3 | 75.5 |
| | 2021 | 72 | 55.1 | 19.8 | 94.1 | 73.8 | 77.6 |
| Average number of antenatal visits per pregnant woman | 2020 | 3.7 | 3.9 | 3.6 | 6 | 3.8 | 4.8 |
| | 2021 | 4.6 | 3.8 | 2.2 | 6.6 | 4.4 | 5.2 |

### Tetanus Immunization Coverage

In 2021, 98.5 per cent of pregnant women received adequate immunization against tetanus. As a result of the optimal immunization coverage, no tetanus cases have been reported during the last two decades among mothers and newborns attended UNRWA ANC services.

### Risk Status Assessment

The WHO model of ANC separates pregnant women into two groups: those likely to need only routine antenatal care (50.2 per cent of pregnancy cases), and those with specific health conditions or risk factors that necessitate special care (49.8 per cent of pregnancy cases). UNRWA classifies pregnant women into three categories based on risk: low, alert and high risk.

During 2021, Agency-wide, 50.2 per cent were classified as low risk, 29.6 per cent were an alert risk, and 20.2 per cent of women were high risk. The rates varied from one field to another, with the highest high -risk rate of 26.8 per cent in Jordan, followed by 19.2 per cent in Gaza and 17.0 per cent in the West Bank. The high and alert risk pregnancies receive more intensive follow-up than low-risk pregnancies, including referral to specialists as needed.

### Diabetes Mellitus and Hypertension During Pregnancy

Pregnant women are regularly screened for DM and hypertension throughout their pregnancy. Agency-wide, in 2021 the prevalence of DM during pregnancy (pre-existing and gestational) was 6.6 per cent. Almost 17.4 per cent of women with diabetes during pregnancy had pre-existing diabetes, 51.5 per cent had gestational diabetes with recovery after delivery, 5.3 per cent diagnosed during pregnancy and not recovered after delivery, and 24.4 per cent were still pregnant by the end of 2021. Globally, reported rates of gestational diabetes range between 2.0 per cent to 10.0 per cent of pregnancies (excluding pre-existing DM) depending on the population studied and the diagnostic tests and criteria employed.

The prevalence rate of hypertension during pregnancy (pre-existing and pregnancy-induced hypertension) was 7.9 per cent. Approximately 30.9 per cent of hypertension cases had pre-existing hypertension and 47.3 per cent recovered after delivery, 8.0 per cent were identified during pregnancy, and the condition persists after delivery, and 13.5 per cent were still pregnant by the end of 2021.

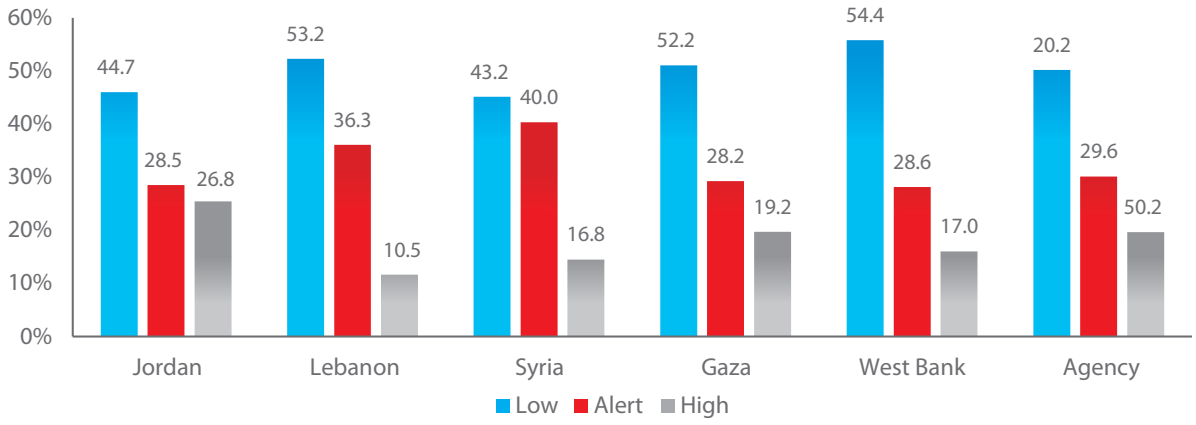



Figure 9: Percentage of ANC cases by risk category in 2021

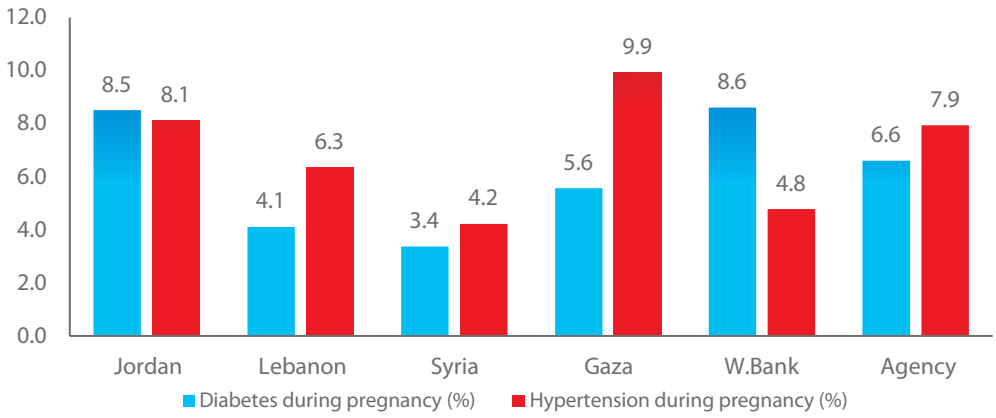



Figure 10: Prevalence of DM and hypertension during pregnancy in 2021

## Delivery Care

### Place of Delivery

UNRWA subsidises hospital delivery for all pregnant women. In 2021, Agency-wide, 99.9 per cent of all reported deliveries took place in hospitals, while home deliveries only represented 0.1 per cent. The vast majority of these home births were in Syria.

### Caesarean Sections

In 2021, the caesarean section rate among pregnant women assisted through the UNRWA hospitalization schemes was 32.7 per cent. The rate varied widely from one field to another. These rates, however, relate to women in the high-risk category and not to all reported deliveries. The highest rate was in Syria at 63.9 per cent, and the lowest rate was 25.3 per cent in Gaza. This wide variation among the fields is due to several reasons, particularly client preference and prevailing medical practice.

Despite a wide variation among regions and countries, the worldwide caesarean section rates are estimated in 2015 at around 21.4 per cent, while in the Middle East and North Africa, the estimation is at 29.6 per cent[6].

Table 13: Percentage of caesarean section rate, 2021

| Field | Total deliveries | Caesarean section rate (%) |
|---|---|---|
| Jordan | 19,890 | 32.5 |
| Lebanon | 4,213 | 53.9 |
| Syria | 5,162 | 63.9 |
| Gaza | 33,814 | 25.3 |
| West Bank | 13,851 | 32.9 |
| Agency | 76930 | 32.7 |

### Monitoring the Outcome of Pregnancy

UNRWA closely monitors and registers births through a registration system (active surveillance) since 2002 (based on the expected delivery date). The outcome of each pregnancy, including details of the newborns, is recorded in each health facility.

In 2021, the expected number of pregnant women to deliver was 82,585. Among these women, 76,922 infants were born (93.1 per cent), and 5,580 births resulted in miscarriages or abortions (6.8 per cent). The outcome of 44 pregnant women who received ANC at UNRWA health facilities (0.05 per cent) was unknown.

The percentage of unknown pregnancies' outcomes continued to be decreased from 6.8 per cent in 2002 to 0.05 per cent in 2021. Lebanon field reported the highest prevalence of unknown pregnancy outcomes, with 0.46 per cent of unknown pregnancy outcomes. That might be due to the host countries› preventive measures to mitigate the spread of Coronavirus, including imposing curfews, restricting movement; besides, closing UNRWA HCs resulted in the difficulty to track the outcomes of the pregnancies among registered women by health staff.

### Monitoring Maternal Deaths

In 2021, a total of 38 maternal deaths were reported across the five fields, out of the total maternal mortality 27 deaths were reported due to COVID-19, which is equivalent to a MMR of 49 deaths per 100,000 live births compared to 15.5 deaths per 100,000 live births in 2020. The increase in 2021 was mainly impacted by the inclusion of COVID-19 related to maternal deaths during pregnancy or childbirth or within 42 days after termination after pregnancy is considered a maternal death by the WHO. While if excluding the 27 deaths due to COVID-19 the MMR will be 14.2 deaths per 100,000 live births.

In 2021, thirty eight maternal deaths were reported agency-wide; 16 were reported in Gaza, 12 deaths in Jordan, four deaths were reported in each of West Bank and Syria, and two deaths in Lebanon. All cases of maternal mortality were registered in UNRWA ANC services. Following a maternal death report, UNRWA health staff conducted thorough inquests and assessments using a standardised verbal autopsy questionnaire.

Most maternal deaths were of multi-parity. The causes of death varied, but included: (i) COVID-19 (71.1 per cent, or 27 cases); (ii) postpartum hemorrhage (5.3 per cent, or two cases); (iii) pulmonary embolism (5.3 per cent, or two cases); (iv), heart failure (5.3 per cent, or two cases). In addition, individual cases of maternal mortality were registered as a result of uncontrolled DM and diabetic ketoacidosis, myocardial infarction, septic shock, allergic shock and congenital narrowing of the coronary arteries.

UNRWA Medical Officer in Gaza providing medical consultation to beneficiaries while taking the needed precautionary measures during the local outbreak of COVID-19. *© 2020 UNRWA Photo by Khalil Adwan*

6 The Lancet, «Global epidemiology of use of and disparities in caesarean sections», October 2018

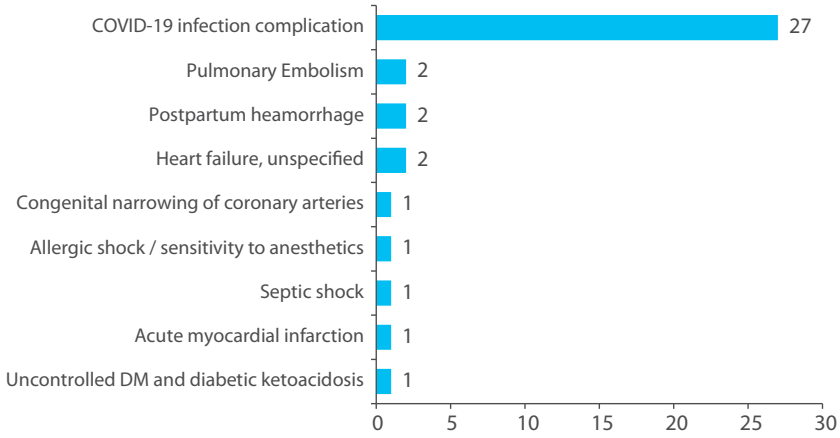
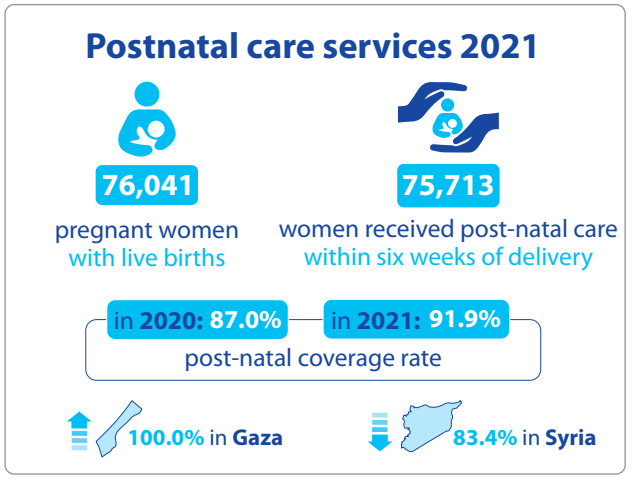



Figure 11: Underlying No. of causes of maternal mortality cases in 2021

UNRWA encourages all women to attend PNC after delivery as soon as possible. PNC services include a thorough medical examination of the mother and the newborn, either at UNRWA HCs or during home visits, and include counselling on family planning, breast feeding and newborn care.

In 2021, out of the 76,041 pregnant women who delivered live births, 75,713 women received PNC within six weeks of delivery, representing a coverage rate of 91.9 per cent compared to 87.0 per cent in 2020. The highest rate was 100 per cent in Gaza, and the lowest rate was 83.4 per cent in Syria.




## Child Health Services

The UNRWA HD continued to provide comprehensive health care services to maintain and improve Palestine refugee children›s health, especially during the COVID-19 outbreak. It used multiple approaches to maintain its services and keep Palestine refugee children safe while visiting its HCs. The FHT approach implementation continued at HCs where there were sporadic or low community transmission of COVID-19. These approaches kept our ability to provide health care services for children early during maternal care (preconception care and ANC) and continue for newborns, infants under one year of age, children from one to five years of age and school-aged children and adolescents. UNRWA's child health services including newborn medical assessment, periodic physical examinations, immunization, growth monitoring and nutritional surveillance, micronutrient supplementation, preventive oral health, school health services, and referrals for specialised care if needed. UNRWA HCs modified their services to focus mainly on child's immunization, growth monitoring (mainly for high-risk children), and micronutrients supplementation.

UNRWA's child health services are one of the essential investments in health. The impact of the child's health improvement will decrease their morbidity and mortality in the future and extend to improve their health and wellbeing during later periods of their life cycle. The age of children covered with child health services was raised from 3 to 5 years old in 2010 to enhance child health outcomes. This decision enabled filling the gap in child health services until the child reaches school age and improve growth monitoring, nutritional surveillances, micronutrients supplementation and fluoride varnish coverage.

### Child Care Coverage

In 2021, UNRWA HCs continued to provide preventative services to 422,137 children up to 5 years old. The COVID-19 pandemic did not cause interruptions of these services, as these HCs succeeded in delivering coverage to 54.5 per cent of estimated refugee children, compared with 52.3 per cent during 2020. The basis for this estimation was the number of infants below 12 months of age who have been registered, and the expected number of surviving infants, which is calculated by multiplying the crude birth rates (as published by the Host Authorities) by the number of registered refugees in each country.

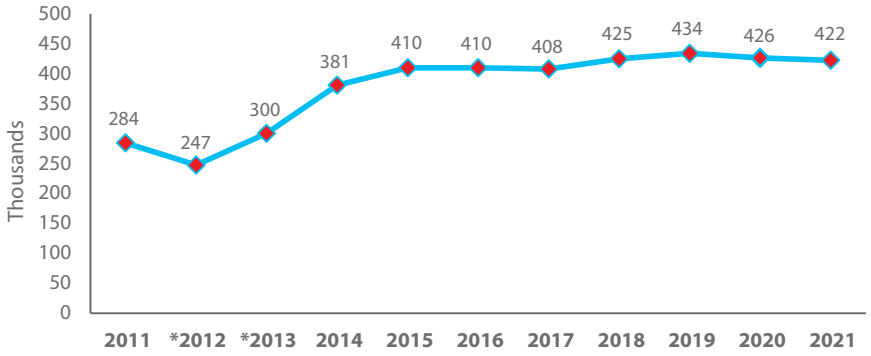



Figure 12: Children (0-5) years under supervision at UNRWA HCs between 2011 and 2021
(*Data not available for Syria)

## Immunization

Due to the importance of child's immunization as the most reliable primary prevention method, UNRWA health services continue to provide immunization against Tetanus-Diptheria (DT/Td), Pertussis, TB, Measles, Rubella, Mumps, Polio, Haemophilus influenza type B (Hib), and Hepatitis B. Moreover, the UNRWA HP provides the Rota vaccine in all fields except Syria and the Pneumococcal vaccine in West Bank, Gaza and Lebanon. In 2020, the UNRWA HP started to provide Hepatitis A vaccine in Jordan as part of Jordan›s National Vaccination Programme. In 2021, despite the closures in some fields and some UNRWA HCs due to the COVID-19 pandemic, the UNRWA HP maintained high immunization coverage for children aged 12 months 99.6 per cent and for children aged 18 months 99.3 per cent against all diseases mentioned above that are preventable by immunization. The use of the e-MCH application by mothers supported this coverage. The e-MCH application sends reminders to the mothers to vaccinate their child according to each child›s vaccination schedule. This tool›s use decreased the number of defaulters and the nurse›s need to follow up on the mother for bringing their child to the clinic for vaccination.

## Growth Monitoring and Nutritional Surveillance

UNRWA health services regularly monitor the growth and nutritional status of children under five years of age. It is considered as the second strategy to improve the health of Palestine refugee children. In 2021, the HP started to overcome the effect of the precautionary and preventive measures that was taken by the host countries and UNRWA during 2020 and begining of 2021 by restarted to apply growth monitoring activities without neglicting to to importance of decrease the spread of Coronavirus, these improved the capacity of parents to access UNRWA healthcare centres, which has led to a increase in the number of children benefiting from growth monitoring services comparing with 2020, as we were focused on the most vulnerable and high-risk children. Available data shows an increase in the percentage of malnutrition among children. This increase is mainly due to improvement in the number of evaluated children compared with 2020. At the same time, it continues to show the double burden of malnutrition among monitored children. To prevent malnutrition and promote a healthy lifestyle, we established a nutrition guideline for healthcare staff to counseling mothers on their child proper nutrition, accordingly, HCs staff encourage mothers to properly practice breastfeeding and best practice for child weaning and nutrition beyond age of 6 months, the health education also focused on the appropriate use of complementary feeding and micronutrient supplements and the importance of avoiding fast food and sweetened drinks.

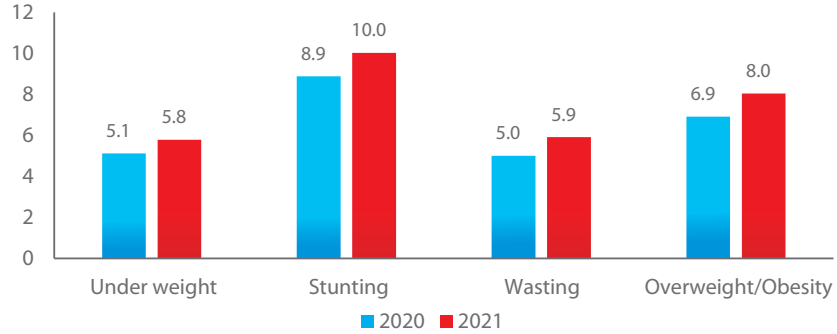



Figure 13: Prevalence of malnutrition among children (0-5) years between 2020 and 2021

The electronic growth monitoring system is integrated within e-Health and is based on revised WHO growth monitoring standards. This integration enabled HC staff to plot the data and interpret growth monitoring results. If the electronic system detects one or more of the four significant growth and nutrition-related problems among children under five years (underweight, wasting, stunting, and overweight/obesity), it sends an alarm.

Table 14: Prevalence of malnutrition among children 0-5 years between 2019 and 2021

| Year | under-weight | Wasting | Stunting | overweight/ obesity |
|---|---|---|---|---|
| 2019 | 6.3 | 6.4 | 11.0 | 8.9 |
| 2020 | 5.1 | 5.0 | 8.9 | 6.9 |
| 2021 | 5.8 | 5.9 | 10.0 | 8.1 |

All children were provided with iron and vitamin A supplementation starting from 6 months of age, and this supplementation continues until they turn five years old. Once a child reaches 12 months of age, they are screened for anaemia. Anaemic children who are unresponsive to the supplementation are screened for hereditary anaemias, mainly thalassemia and sickle cell anaemia.

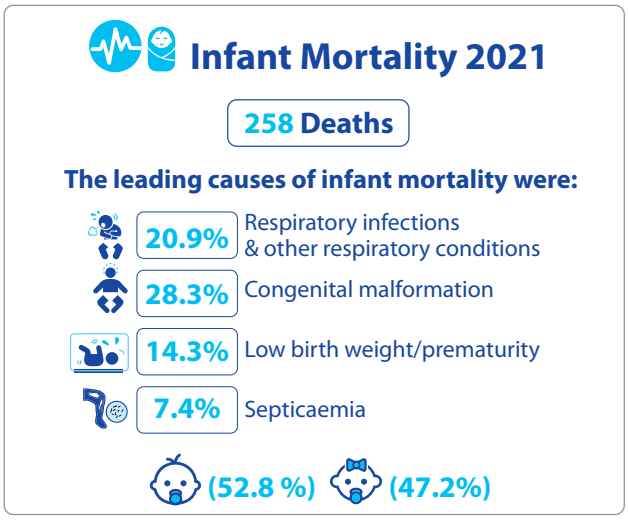
## Surveillance of Infant and Child Mortality

### Infant Mortality

In 2021, there was decrease in the number of reported deaths among registered infants who were less than one year of age across all fields. In 2021, the number of reported deaths among infants reached 258 as compared to 401 in 2020. This data shows no direct effect on the COVID-19 outbreak or focus on the health services on vulnerable and high-risk infants on their morbidity or mortality, with continued and close follow-up of the infants through telemedicine. The leading causes of infant death included: congenital malformations or metabolic disorders 28.3 per cent, respiratory infections and other respiratory conditions 20.9 per cent, low birth weight / prematurity 14.3 per cent, septicaemia 7.4 per cent, Birth Trauma 1.6 per cent, accidents 0.4 per cent, Poisoning 0.4 per cent and gastroenteritis 0.4 per cent. Compared with previous years, there was a continous slight decrease in respiratory infection, and this may be due to applying respiratory prevention measures due to COVID-19.

### Child Mortality

In 2021, eighty one deaths among children between 1-5 years of age were reported across all fields agency-wide. The leading causes of child death were: congenital malformations (35.8 per cent), respiratory tract infections and other respiratory conditions (18.5 per cent), accidents (12.3 per cent), and septicaemia (4.9 per cent). There is no apparent difference between causes of death between children living in camps or outside the camp. Most children died in hospitals, and only some children died at home and were not hospitalised (15.9 per cent). In terms of the distribution of deaths by gender, there were slight differences between child mortality among males (52.8 per cent) than females (47.2 per cent).




## Oral Health

Preventive oral health services start as soon as the child reaches one year of age by conducting awareness sessions for parents on preventing oral diseases, mainly dental caries and fluoride varnish needs, every six months. Oral health services during the COVID-19 outbreak were suspended, mainly due to the N95 masks shortages. Besides, in high community transmission times, the number of screened children at the age were increased from 21,067 in 2020 to 35,729 in 2021.

## School Health

During the 2020/2021 school year, around 540,000 Palestine refugee students were enrolled in UNRWA schools. The UNRWA HP, in coordination with the Education Department, implements the School Health Programme (SHP) to improve the health of school›s students through planned meetings, school health committees, training on health awareness materials and ensuring the availability of firstaid kit. SHP offers various services, including medical check-ups for school new entrance, immunizations, hearing and vision screening, dental check-ups, and deworming. The SHP provides follow-up guidelines for children with special health needs, as well as updated procedures for inspections and improving the schools' environment and schools' canteens. School health services are provided to UNRWA schools students

through HCs and school health teams (doctors, nurses and dentists) according to scheduled visits during the school year.

### New School Entrants Medical Examination

UNRWA schools registered 54,341 new students in first grade during the 2020/2021scholastic year. Many services have been provided to these newly registered students, mainly, carrying out medical examinations, immunization services and specialized follow-up of students as needed. UNRWA succeeded in conducting a medical examination for 91.8 per cent of them during the school year. As a result of the screening activities, number of diseases were detected among the newly enrolled students, including: tooth decay and gingivitis 78.7 per cent, speech defect 12.7 per cent, vision problems and squint 10.6 per cent, heart disease 1.1 per cent, bronchial asthma 0.9 per cent, and epilepsy 0.2 per cent. There was a slight decrease in the percentage of students who were diagnosed with health diseases related to personal hygiene, including lice 2.0 per cent, and scabies 0.3 per cent compared to the 2019/2020 scholastic year. the newly diagnosed students with disabilities or recognised for their needs to assistive devices or both had assistance to provide eyeglasses, hearing aids, and other prosthetic devices according to their condition and available resources.

Based on the activities of the SHP in 2021, there was an increase in the number of students referred for further care to UNRWA health facilities from 4,489 in 2020 to 5,763 students in 2021. In addition, the number of students referred for special assessment reached 1,093 . In the 2020/2021 academic year, the UNRWA HP helped 12,538 students cover the costs of eyeglasses, and 284 students helped cover the costs of hearing aids, which is more than the number of students supported in 2020 (8,575 for eyeglasses and 57 for hearing aid).

Table 15: Number of patients who received financial support from UNRWA for the cost of eyeglasses

| Field | 2019/2020 | 2020/2021 |
|---|---|---|
| Jordan | 1,699 | 0 |
| Lebanon | 6 | 0 |
| Syria | 794 | 831 |
| Gaza | 4,531 | 10,283 |
| West Bank | 1,545 | 1,424 |
| Total | 8,575 | 12,538 |

### Screening

Health care screening during the school year 2020/2021 targeted pupils in the fourth and seventh grades in all fields, it included screening for visual and hearing impairment and oral health assessments. Usually, students' screening is conducted during the second semester, schools closure imposed by most of host countries during the second chievin due to apply COVID-19 preventive measures , leaded to decrease the screening coverage compared by 2020. We screened less than 50 per cent of targeted students. For fourth grade, only 44.0 per cent of targeted student were conducted visual screening compared to 84.5 per cent in 2020, and only 39.4 per cent were had hearing screening compared to 66.5 per cent during 2020. The most prevalent morbidity conditions were vision impairment 11.0 per centand hearing impairments 0.2 per cent. Among students in the seventh grade, only 52.4 per cent of targeted student were conducted visual screening compared to 81.8 per cent during 2020, and 35.0 per cent were had hearing screening compared to 67.4 per cent during 2020. The most prevalent morbidity conditions were vision impairment 11.6 per cent and hearing impairments 0.4 per cent.

### Oral Health Screening

In 2021, 50,764 students in the first, fourth and seventh grades in all fields, and second grade students in Syria and Lebanon, received oral health screening; Oral health screening is coupled with other dental caries prevention methods such as pit and fissure sealant for first graders (of those, 9.8 per cent received the fissure sealant), screening for molar eruption for students at first and second grades, in addition to apply general fluoride mouth rinsing and teeth brushing campaigns. During he reorientation of the Oral Health Programme towards prevention, oral health screening for UNRWA students has been played a significant role for chieving this shfting.

### Children with Special Health Needs

In the 2021 scholastic year, the HP's School Health Teams, in cooperation with schools› staff, identified 6,926 students with special health needs. Their school registration records are maintained and monitored by both the HD and the Education Department staff to ensure close follow-up since the school health team provide the needed specialised medical care. These special health needs cases include 906 students with heart disease, 490 students with behavioural problems, 1,596 students with bronchial asthma, 256 students with type 1 DM and 442 students with epilepsy.

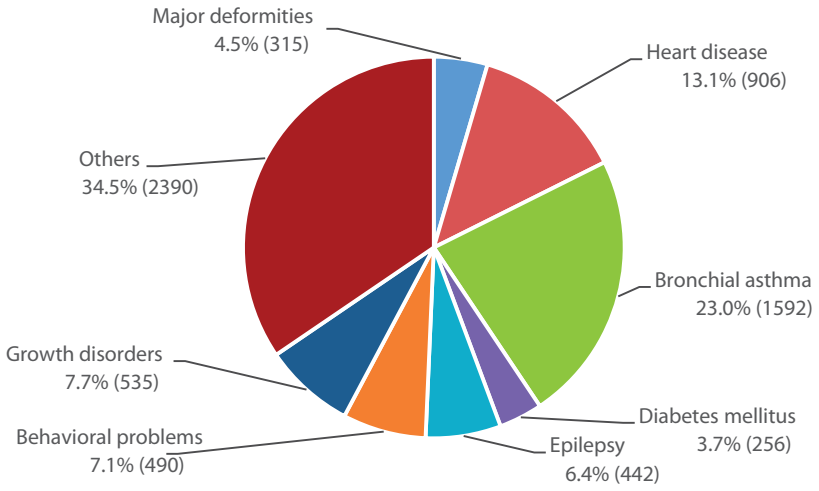
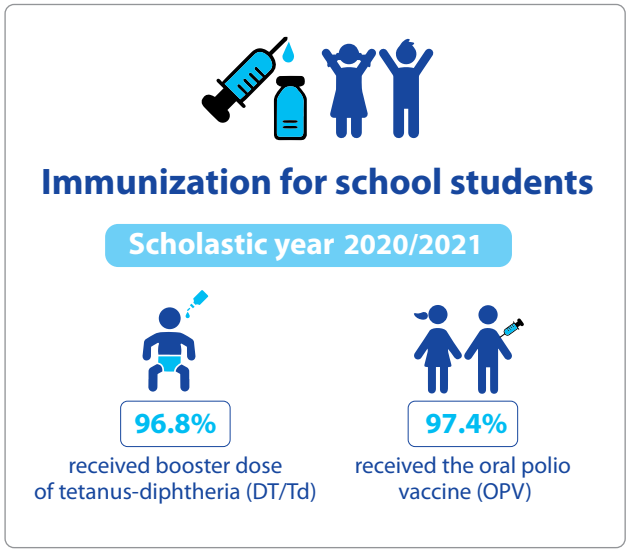



Figure 14: Children with special health needs 2020/2021

## Immunization

The UNRWA Immunization programme for school students is streamlined and is following host countries requirements. During the 2020/2021 school year, 96.8 per cent of new entrants in all fields received a booster dose of DT/Td immunization, and 97.4 per cent of them received the oral polio vaccine (OPV).




to prevent the effects of the schools' closure during the second semester, school health teams worked closely with schools to catch up the vaccine defaulters and provide vaccination for them, these effort leaded to achieve high vaccination coverage rates.

## De-Worming Programme

Following WHO recommendations, UNRWA maintains the de-worming programme for children enrolled in UNRWA schools across all five fields. The programme targets students from first to sixth grade, and it consists of the application of two rounds of a single dose of an effective wide-spectrum anti-helminthic medicine.

During 2021, school health teams provided the first dose of the de-worming drug for the first application rounds on March/April 2021 for 282,282 students (the coverage with 99.6 per cent of opened schools), the second round was conducted during September / October 2021 for 328,956 students as most of the schools at all field were opened, th coverage rate was 90 per cent due to sudden closure of schools due to the third and fourth waves of COVID-19. Usually, health awareness campaigns accompany the de-worming drug application at schools to emphasise the importance of personal hygiene in preventing the transmission of these diseases.

## Oral Health

UNRWA provides oral health care to Palestine refugees Agency-wide. Out of the total 124 dental clinics that provide the oral health services, one hundred thirteen clinics are integrated within the Agency's PHC, in addition to 11 mobile dental clinics. The oral health services aim to prevent, detect, and manage dental and periodontal disorders among Palestine refugees with particular attention to the risk groups.

UNRWA health services continued to reinforce the necessary preventive oral health components, including delivering awareness on the importance of preventative oral health during routine MCH care, in addition to preventive dental care for newly registered NCD patients. This includes dental screening for women during their first preconception care visit as well as for all pregnant women. Comprehensive oral health assessments were conducted for all children at the age of one and two years, in addition to the application of fluoride varnish starting from one year of age, applied twice a year until they turn five years old. The Oral Health Programme's staff conducted

oral health assessments among pre-school children and regular dental screening for new school entrants and for second, fourth and seventh grade students, in addition to the application of pit and fissure sealant for first grade students. Oral hygiene education continued for school students in all fields as a prevention measure for oral health problems.

An assessment of the Oral Health Programme's staff workload, needs, productivity, and efficiency is conducted in all five fields annually. The HP uses a standardized counting unit to measure the technical workload of its Oral Health Programme's staff. The workload assessment is based on the standardized counting unit and is carried out as part of a periodic evaluation of performance. This is also used to identify staffing requirements and the need for the reorganization of oral health services. An additional assessment was conducted with the support of WHO/EMRO to assess the impact of oral preventive services, and this assessment enabled UNRWA to explore some improvement opportunities.

Despite that COVID-19 pandemic continued its worldwide spread in 2021 including UNRWA fields of operation, curative and preventive oral health services were provided at UNRWA dental clinics with complying with the updated standard infection prevention procedures and measures for COVID-19 transmission at the dental clinic settings. Curative oral health services were provided for acute dental emergencies and for patients who were fully COVID-19 vaccinated or for patient who provided a negative PCR test before their visit to the dental clinic.

In 2021, a total of 694,087 curative and preventive consultations were provided Agency-wide. The highest number of curative and preventive interventions provided was observed in Gaza that reached 341,548 consultations, while Lebanon had the lowest number of dental consultations with 35,856 consultations.

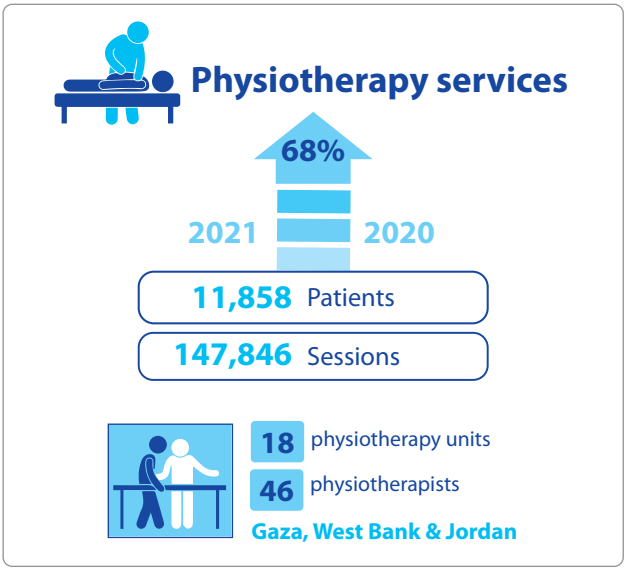
The Agency-wide preventive dental services percentage was 42.7 per cent. Among the five fields, the highest utilization of preventive oral health care was observed in Gaza Stirp with a percentage of 51.9 per cent, while Lebanon had the lowest utilization with 15.1 per cent.

The average dental consultations per dental surgeon per day increased to 29.0 in 2021 compared to 23.6 in 2020, which is higher than the Agency's target of 25 daily consultations per dental surgeon per day as recommended by WHO. Gaza field had the highest workload of 53.9 dental consultations per dental surgeon per day, while Lebanon field had the lowest number of dental consultations at 12.5 per dental surgeon per day.

## Physical Rehabilitation and Radiology Services

### Physiotherapy Services

In 2021, UNRWA facilitated physiotherapy services to 11,858 (68.6 per cent increase compared to 2020) Palestine refugees through 147,846 physiotherapy sessions (67.2 per cent increase compared to 2020) in 18 physiotherapy units by 46 physiotherapists in Gaza, West Bank and Jordan. In Gaza, 9,922 patients received 128,177 physiotherapy sessions through 11 physiotherapy units by 34 physiotherapists. In the West Bank, 1,477 patients received 15,636 physiotherapy sessions through six physiotherapy units by 11 physiotherapists. In Jordan, 459 patients received 4,033 physiotherapy sessions through one physiotherapy unit and by one physiotherapist. A general increase in the utilization of physiotherapy services was observed in all fields due to the reduction in precautionary measures against COVID-19 with improving COVID-19 vaccination coverage at host countries.

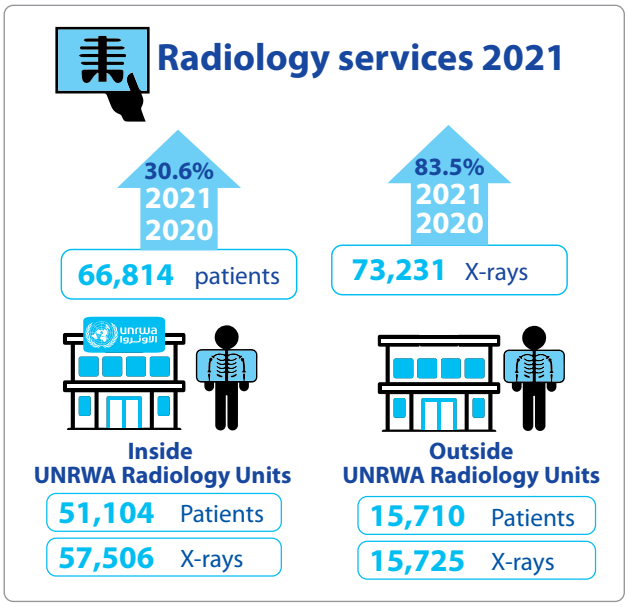



Physiotherapists provide a wide range of treatments and rehabilitation services. These include manual treatment, heat therapy, electrotherapy, and gymnastic therapy. These physiotherapists provide Palestine refugees with permanent disabilities accessing these services and their family members with education and training on handling the physical aspect of their disability in their daily lives. These services aim to provide Palestine refugees with disabilities with more independence and self-reliance.

## Radiology Services

UNRWA operates 21 radiology units across all HCs Agency-wide (seven units in Gaza, nine units in West Bank, four in Lebanon and one in Jordan). These units provide plain X-ray services to patients attending HCs. Other X-ray services and specific types of diagnostic radiology services, such as mammography, urography, ultrasounds, are provided upon referral by UNRWA HCs to contracted services via contractual agreements with hospitals and private radiology centres.

In 2021, 66,814 patients had 73,231 X-rays; of those, 51,104 patients (30.6 per cent increase as of 2020) had 57,506 plain X-rays in UNRWA radiology units, and 15,710 patients (83.5 per cent increase as of 2020) had 15,725 X-rays and other radiology services in contracted radiology units outside UNRWA HCs. This increase in service utilization is in line with the overall increase in health service utilization pattern as observed in the second year of COVID-19 pandemic, that was related to reduction in precautionary measures against COVID-19 with improving COVID-19 vaccination coverage at host countries.




## Disability Care

The Agency adopts the definition of disability presented in the UN Convention on the Rights of Persons with Disabilities (UNCRPD). This definition states that "persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments, which in interaction with various attitudinal and environmental barriers hinder their full participation in society on an equal basis with others." One of the Agencys principles of disability inclusion is non-discrimination, ensuring that all Palestine refugees with disabilities have equal opportunities to access and benefit from UNRWA services and programmes, including healthcare.

The HD adopted the "twin-track" approach to disability, which requires working on the social environment (ensuring non-discrimination health services and accessibility to these services) and strengthening services-targeted disability prevention and support persons disabilities.

In 2021, as a result of previous cooperation with the protection unit during 2020, there were a noticable impact of the adopted specialized training module on disability inclusion that applied for health staff at the three levels: (i) HQ level; (ii) field and policymaker level; and (iii) and frontline staff (HC) level, multiple goals were achieved, mainly, the development the capacity of UNRWA health managers and frontline staff's to provide health services that address or meet the needs of persons with disabilities or both. The training focused on improving participants' understanding of disability, their knowledge about the Agency's principles of disability inclusion, their knowledge of how to address the needs of persons with disabilities within the FHT approach, and motivating participants to identify the current gaps and necessary actions in the provision of inclusive health services to persons with disabilities. Accordingly, increased efforts to improve the accessibility to health services, many HCs improved their infrastructure to be more user-friendly for people with disabilities. These improvements included having ramps, elevators, and special restrooms for benificiaries with physical disability and elderly persons, implementing a Q-tag system and tactile ground surface indicators for the blind and visually impaired.

To improve communication with persons who have a hearing disability, the Protection Division and the HP conducted sessions to identify the familiar words used in the communication between healthcare providers and beneficiaries. We used the selected words to be used through two main initiatives were started; videos were produced to be used as a method for future training for front line health staff, and a flipchart with key words were used in some HCs.

The second track focuses on disability prevention through the FHT approach through the implementation of maternal health services (quality FP services, ANC, perepartum care, and postpartum care), child health services (child growth monitoring, immunization, and screening), as well as prevention, early detection and increased control of patients for NCDs. Jordan field continue to implement the new hearing test for

newborns to detect hearing problems early as early as possible to benifit the child from ccochlear implant operations.

The HP updated its e-Health (EMR) system to enable the screening the beneficiaries for disabilities and monitor the services offered to them. This is done at two levels, one is for children below five years as a continuous medical evaluation for the children. The second is integrated within the medical file of beneficiaries above five years. This evaluation system is based on Washington Group Questions. It enables tracking the usual services utilised by persons with disabilities and the time needed to get complete assistance. The data gathered can be used for improving the process of disability inclusion within the HCs. Among 651,720 benificiary were screened during 2021, five per cent (32,531 benificiaries) were registered to have a disability.

Table 16: Number and percentage of patients identified with a disability at UNRWA HCs

| Field | Female | | Male | | Total | |
|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % |
| Gaza | 10,571 | 4% | 6,625 | 5% | 17,196 | 4.6% |
| Jordan | 2,772 | 8% | 1,440 | 13% | 4,212 | 9.7% |
| Lebanon | 1,062 | 3% | 720 | 4% | 1,782 | 3.6% |
| Syria | 1,713 | 5% | 1,451 | 10% | 3,164 | 6.6% |
| West Bank | 3,867 | 4% | 2,310 | 5% | 6,177 | 4.6% |
| Total | 19,985 | 5% | 12,546 | 6% | 32,531 | 5.0% |

In addition to prevention, the HD also provides other essential services to registered refugees whose permanent physical, visual and hearing impairments have been identified via screening in UNRWA HCs. They are eligible for financial support from the HD to cover the costs of assistive devices such as hearing aids, eyeglasses, artificial limbs, wheelchairs etc. These services were re-opened after suspension during 2020 due to COVID-19 preventive measures, amainly due to opening the school for in-person education. Simultaneously, and resuming the screening at Health care centars. In 2021, we assisted 12,538 URNWA students with eyeglasses' comparing with only 8,575 students during 2020, and cover the cost of hearing aids for 284 student comparing with 57 students received assistance device in 2020.

Physiotherapy centres operating in Jordan, Gaza and the West Bank do not target persons with permanent disabilities. However, it is recognized that a significant

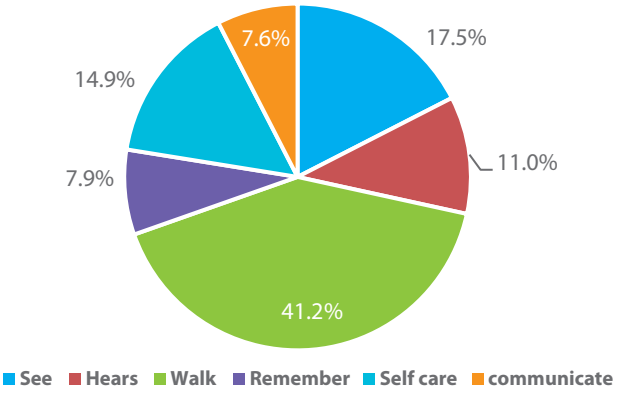



Figure 15: Percenage of patients identified with a disability at UNRWA HCs

proportion of beneficiaries treated 32,53) at these HCs are likely to be considered "persons with disabilities" under the definition of the UNRWA Disability Policy (2010) and UNCRPD. However, it is essential to note that data collection regarding physiotherapy services does not differentiate between beneficiaries with and without permanent disabilities.

## Pharmaceutical Services

### Total Expenditure

In 2021 the total funds spent on medical supplies and equipment from all the funds (General Fund and projects), was approximately US$ 22,51 million. Of this amount, US$ 16,92 million (75 per cent) was from the General Fund and US$ 1,16 million (5 per cent) was from project funds, and US$ 4,43 million (20 per cent) was in-kind donation.

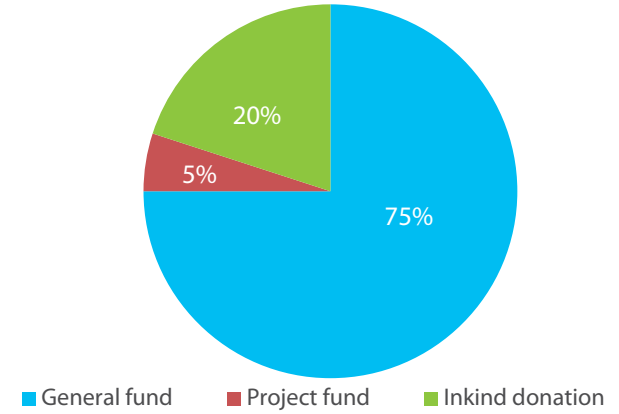



Figure 16: Total expenditure on medical supplies and equipment from the rprogramme budget, project funding and in-kind contributions in 2021

Among the fields, the highest expenditure on medical supplies and equipment was observed in Gaza (US$ 9.13 million) and the lowest was in Lebanon (US$ 1.14 million). These figures excluding the amount pertaining to in-kind donation.

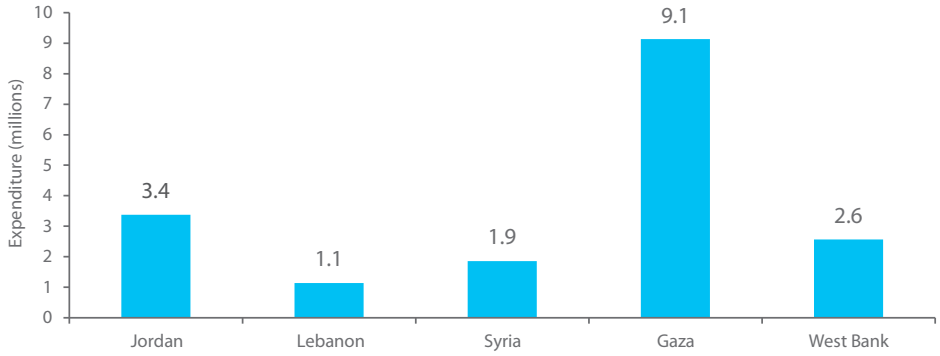


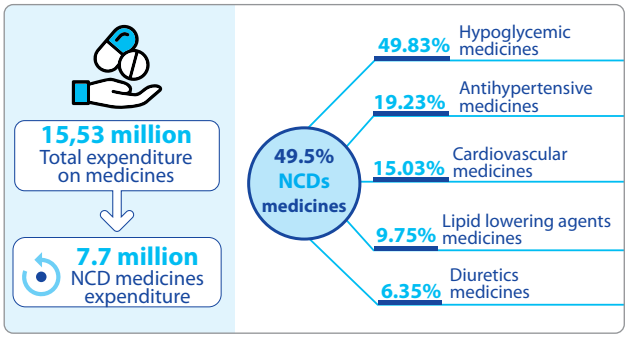

Figure 17: Expenditure on medical supplies by field in 2021 (US$ million)

## Expenditure on Medical Supplies

In 2021, the average expenditure on medical supplies per outpatient medical consultation Agency-wide was US$ 2.6, which is a decrease from the 2020 with US$ 3.02. The average annual expenditure on medical supplies per served person Agency-wide was US$ 9.4, which is a significant increase compared with US$ 6.1 in 2020. The decrease of annual expenditure on medical supplies per medical consultation is attributed to the gradual increase in number of medical consultation across the fields, and getting closer to pre-Covid. As for the increase in expenditure for medical supplies per served refugees, this is mainly to re-defining health expenditure to read expenditure per individual served refugees

## Expenditure on Medicines

The total expenditure on medicines in 2021 was US$ 15,53 million. Analysis of expenditure on different medicines revealed that 49 per cent of the funds were spent on medicines used for the treatment of NCDs, and 11per cent were spent on antimicrobial medicines. Further analysis on NCD drug expenditure shows that 49.83 per cent of funds were spent on hypoglycemic medications, 19.23 per cent on antihypertensive medications, 15.03 per cent on cardiovascular medications, 6.35 per cent on diuretics, and 9.75 per cent on lipid lowering agents.




During 2021, medical equipment and related supplies accounted for 14 per cent (US$ 2.54 million) of the total expenditure (GF, project) funds of medical commodities (US$ 18. 08 million).

Table 17: Average medical product expenditure (US$) of medical supplies per outpatient medical consultation and per served person in 2021

| | Jordan | Lebanon | Syria | Gaza | West Bank | Agency-wide |
|---|---|---|---|---|---|---|
| Expenditure for medical supplies per medical consultations (US$) | 2.72 | 2.50 | 1.91 | 2.44 | 2.88 | 2.60 |
| Expenditure for medical supplies per used person (US$) | 7.6 | 7.6 | 9.7 | 10.3 | 10.2 | 9.9 |

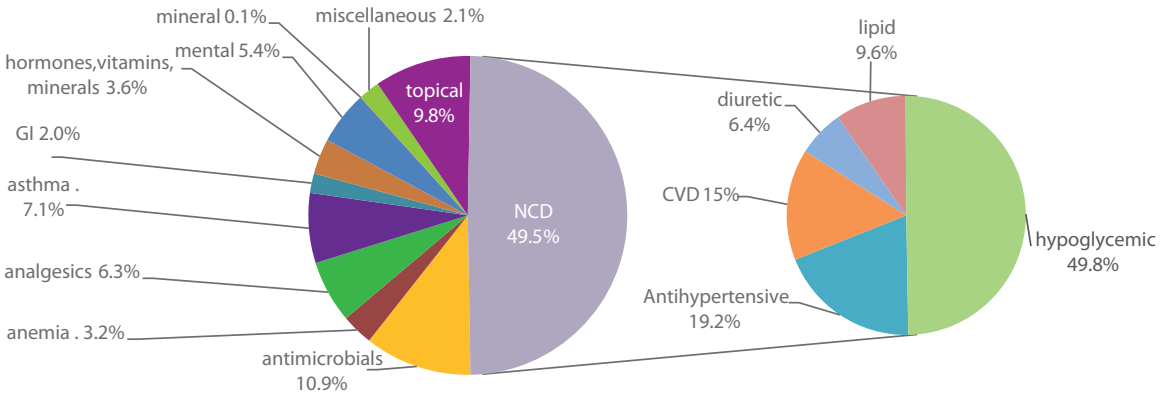



Figure 18: Drug expenditure in 2021

### Donations of Medical Supplies

In 2021, UNRWA received several in-kind donations of medical supplies (medicines, medical equipment and others) from key partners and stakeholders including the following:

- The MoH of the Palestinian Authority provided Gaza and West Bank fields with vaccines, iron drops and tablets, as well as disposable syringes, needles and modern contraceptives.
- The MoH of Jordan provided in-kind donations of vaccines and contraceptives.
- UNICEF provided Lebanon with vaccines, medications, disposable syringes and needles.
- The MoH of Syria and the WHO provided the Syria field with vaccines and medications.

### Antibiotic Prescription Rate

In-line with the WHO recommendations, the target antibiotic prescription rate in UNRWA HCs Agency-wide aims to be less than 25.0 per cent. In 2021, antibiotic prescription rate Agency-wide was 23 per cent, and ranged from 19.4 per cent in Jordan to 27.3 per cent in Lebanon. It is worth mentioning that antibiotic prescription rates in all fields except for Syria had increased in 2021 as compared to 2019, which is result of returning the number of medical consultations to pre-COVID-19 periods at Fields. Antibiotic prescription is a key focus in UNRWA HCs, to ensure the rationalization and control of antibiotics usage among Palestine refugee population.

## Output 2.2: Efficient Hospital Support Services in Patient-Care

COVID-19 pandemic has made UNRWA Hospitalization Support Programme (HSP) even more critical for Palestine refugees. In 2021, the programme continued to complement the PHC services offered by the Agency to ensure that Palestine refugees have access to hospital services without incurring excessive costs.

### Outsourced Hospital Services

UNRWA provides hospitalization to Palestine refugees by contracting services at discounted prices in public, private and NGO-operated hospitals. The percentage of the cost covered by the Agency varies from field to field. UNRWA's hospitalization policy is defined by the users' eligibility that is based on their access to alternative services, medical urgency and economic status. Ensuring the effectiveness and efficiency of the HSP has become essential in light of the Agency's constrained budgetary resources. And has been stressed by the current situation of COVID-19, which exacerbated access problems to hospitals.

In 2021, some 73,264 Palestine refugees benefited from UNRWA-supported hospitalization services, with an average length of in-patient stay of 1.9 days. Of all hospitalization cases, approximately 66.3 per cent were women, 39.9 per cent were aged between 15 and 44 years old and 34 per cent were children below the age of 15 years. The HSP cost the Agency US$ 36.1 million and was funded through a combination of programme budget, emergency and project funding. Hospitalization expenditure constituted the second highest health-related expenditure, after personnel.

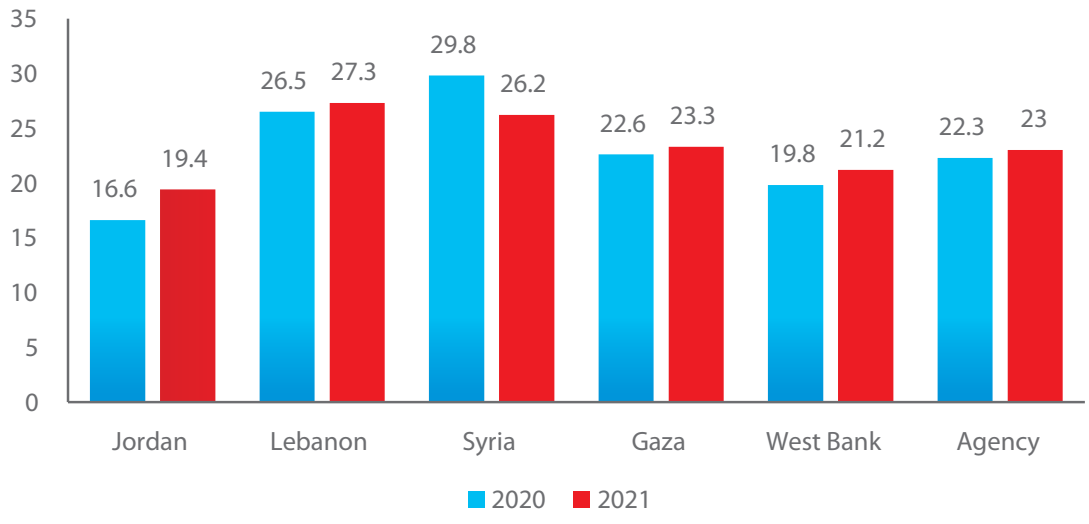



Figure 19: Antibiotic prescription rates per field in 2020 and 2021

Table 18: In-patient care at the UNRWA hospital (Qalqilia, West Bank) in 2020 and 2021

| | Jordan | Lebanon | Syria | Gaza | West Bank | Agency |
|---|---|---|---|---|---|---|
| 2020 | 5,330 | 19,500 | 15,503 | 13,924 | 18,469* | 72,726* |
| 2021 | 2,470 | 19,729 | 15,855 | 14,502 | 20,708* | 73,264* |

*Exclude patients admitted to Qalqilia Hospital

HSP implementation is closely related to host government policies pertaining to access to hospital services for Palestine refugees. For this reason, caseload, targets, utilization rate per served population, the unit cost of the services, number and type of contract with health service providers and staff involved in monitoring are different in each field.

In 2021, ensuring access to COVID-19 hospital treatment for Palestine refugees who needed it remained a priority for UNRWA. This was granted free-of-charge in Jordan, the West Bank and Gaza as COVID-19 was considered a public health threat. In Syria, hospitalization was supported at contracted hospitals according to the Agency's local policy, while in Lebanon, contracts with hospitals that had been signed in 2020 to cover hospitalization for COVID-19 patients were renewed.

In Jordan, the number of hospitalized patients supported decreased by 54 per cent year-on-year as a result of delays of MoH hospitals in processing claims, leading to a lag in registering the cases for UNRWA support.

The number of patients in Lebanon is stable compared with 2020. COVID-19 pandemic and restriction to movements, especially during the first months of 2021, decreased the accesses to hospitals, which returned to be around 2,000 patients per month only after June. The financial crisis also impacted a lot this sector as most of the medicines and medical equipment are purchased from outside the country and payed in US$ the contract signed with hospitals in 2021 had to account for this complex situation with part of the payment that was requested in USD for the first time. The HD continued its efforts to provide secondary and tertiary care to Palestine refugees while containing the expenditure enforcing monitoring by LFO, increasing referrals to Palestine Red Crescent Society (PRCS) hospitals, reducing average lengths of hospital stays, reinforcing UNRWA MOs' gatekeeper role and strict auditing of hospitals› bills. In 2021, UNRWA supported 2028 COVID-19 inpatients and 556 COVID-19 outpatients.

Also in Syria, the number of patients in 2021 was almost the same as the previous year. The support to COVID-19 cases was provided even if most of them could be only clinically diagnosed and not confirmed by PCR as the availability of test in the country remined low.

In Gaza, patients' numbers increased slightly by 4.0 per cent: the HSP continued to protect maternal health after some years of increase in maternal deaths registered in this field supporting more Caesarean Section procedures, and not only emergency ones as in the past. Support was also provided to other non-urgent health conditions to release the preassure on MoH hospitals overwhelmed by COVID cases and by the consequences of the May conflict.

West Bank number of patients increased by 2.0 per cent bringing the number back to pre-COVID-19 time: as all the lockdown measures were lifted and hospitals

An injured boy at Al-Shifa Hospital in Gaza, visted by UNRWA Commissioner-General, Philippe Lazzarini, in order to check on Palestine refugees injured during the last Israeli air strikes on the strip. *© 2021 UNRWA Photo By Mohammed Hinnawi*

resumed work as usual, patients were referred and accessed secondary and tertiary care as needed.

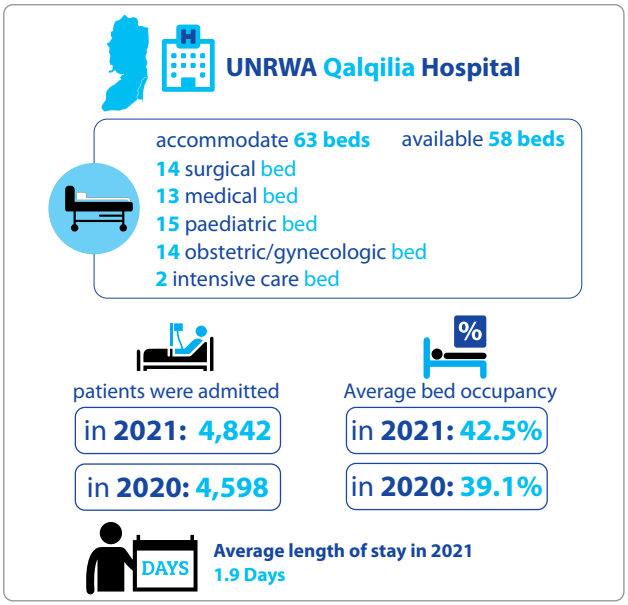
The complexity of the HSP requires a common and harmonized database to consolidate data reporting. The best tool has been identifided in the Hospitalization Management System developed by Lebanon. The project to export the comprehensive database system to all the other Fields was on-hold due to the pandemic, but has been revived at the end of 2021 and will pe completed in 2022.

At the same time, during 2021 Lebanon and Syria Field worked in close collaboration with the Hospitalization Programme Manager in HQ to update and revise their Field Specific Technical Instructions to be in line with the Agency Hospitalization Technical Instruction issued in 2019.

Strong collaboration among departments in the Fields, in particular with Finance for the close monitoring of the expenditure, and with HD at HQA is ongoing. Continuous project writing to seek support of donors to cover budget shortfalls has continued during the year and has become more and more important to assure the coverage of the hospitalization needs of Palestine refugees.

## Qalqilia Hospital

In addition to subsidizing hospitalization services in contracted hospitals, UNRWA manages a secondary care facility in Qalqilia, West Bank. Qalqilia Hospital is the only hospital operated by the Agency and can accommodate 63 beds. However, currently, there are 58 beds available. The 58 available beds are 14 Surgical, 13 Medical, 15 Paediatric, 14 Obstetric/ Gynecologic, and two intensive care beds. The hospital has also an emergency room and provides outpatient services. It serves UNRWA refugees and non-refugees from the surrounding municipalities in a catchment area of around 100.000 people. In 2021, 4,842 patients were admitted to Qalqilia Hospital, a similar number compared to 4,598 patients in 2020 (5 per cent increase). The average bed occupancy in Qalqilia Hospital was 42.5 per cent in 2021, increasing from 39.1 per cent of the previous year. The average length of stay in 2021 was 1.9 days.




The Qalqilia hospital has adopted, since the beginning of the pandemic, a triage system at the entrance with measurement of body temperature and questions about the most common COVID-19 symptoms. The hospital didn't treated COVID-19 cases except to prepare mild patients for their transfer to the MoH referral hospital for COVID-19 cases in the area. Unfortunately the Obstertic and Gynecologic ward had to be closed in August 2021: despite recruitment

UNRWA Qalqilya hospital building in West Bank.
*© 2020 UNRWA Photo by Dr Khalid Al-Raie*

process it was not possible to find a specialized gynecologist to supervise the maternity unit. This is the reason why, while the number of patients hospitalized in West Bank returned back to before COVID-19 time, the same didn't happen in Qalqilia hospital.

In October 2021 Qalqilia hospital lost its director Dr. Khaldun Zeid. With his sudden death, all hospital and UNRWA staff lost a committed and enthusiastic collegue who dedicated the last years of his life working night and day for the improvement of qalqilia hospital to provide quality health services to the Palestine community he was serving. His tremendous work and his passionate personality will be remembered by all those who had the priviledge to know him.

Table 19: Inpatient care at the UNRWA Qalqilia Hospital in 2020 and 2021

| Indicators | 2020 | 2021 |
|---|---|---|
| Number of beds | 58 | 58 |
| Persons admitted | 4,598 | 4,842 |
| Bed days utilized | 8,285 | 8,990 |
| Bed occupancy rate (%) | 39.1 | 42.5 |
| Average stay in days | 1.8 | 1.9 |

*Numbers exclude Qalqilia Hospital

## Cross-Cutting Services

### Nutrition

During 2021, the HD continued to apply healthy lifestyle nutritional education for Palestine refugees, focusing on Mother and Child nutrition and well-being, patients with NCD, and healthy nutritional practices during the lock-downs due to COVID-19. Also, it continued working on detecting malnutrition among children under five years old and the prevention and treatment of micro-and macro-nutrient deficiencies among pregnant women and children to improve the health of Palestine refugees.

In 2021, the HD updated, finalized the design and electronically distributed new nutritional guidelines for health staff on proper nutrition for pregnant, nursery women, infants & toddlers. This guide aimed to provide technical, nutritional guidelines to the UNRWA's health personnel on the basic principles of preventive and curative dietary practices to Palestine refugees and their children from preconception care to weaning. It contains three sections; every section includes key messages for the UNRWA health staff to use when giving counseling messages to the Palestine refuge women and the children›s parents visiting UNRWA's HCs: Part 1: Understanding basic nutrition and healthy diet practices; part 2: Women and Maternal Nutrition (reproductive age, preconception, pregnancy, and nursing), part 3: Child nutrition (child weaning, and nutrition during growth problems).

As the HD had finalize development of Nutritional guidelines specific to NCD and MCH programmes, which are a supplement/complement to the technical instructions for both NCD and MCH programmes. In the absence of in-person training, due to COVID-19, the HD found an innovative way to train health staff on the Agency's nutritional guidelines, using UNRWA's existing e-training platform. The HD also developed interactive online training modules that were user-friendly and involved all health care professionals (MOs, staff nurses, midwives, lab technicians, and pharmacists) in the learning process of the UNRWA NCD and MCH nutritional guidelines. The online training modules consisted of three main modules, using slides shows, infographics, interactive images of health staff characters, and static slides options. All course materials were bilingual (Arabic and English).


UNRWA Family doctor while doing the routine checkup for the new born babies at Rimal Health Centre in Gaza. *© 2020 UNRWA Photo by Khalil Adwan*

To evaluate the performance of the staff, we integrated short quizzes for each module and a final one-off exam at the end of the course.

The primary expected outcomes of this online training are: 1) UNRWA health staff will learn the basics of dietary treatment for patients with NCDs and MCH. 2) UNRWA health staff will improve their knowledge, skills, and attitudes while conducting dietary counseling for NCD patients and mothers and women attending UNRWA MCH clinics.

The HD provides guidelines for the prevention and treatment of iron deficiency anemia for 12-month-old Palestinian refugee children which uses an evidence-based approach to investigate both patients› and MOs' adherence to iron deficiency guidelines on preventing and treating childhood anemia. Hence, in 2019, The HD conducted a retrospective observational study using the Jerash Camp HC's electronic health records. We recently published it in the British Medical Journal Open (in 2022). The study concluded that adherence to the UNRWA guidelines was above 80 per cent at screening but much lower at follow-up visits. Urgent action is needed to improve adherence at follow-up visits and minimize unnecessary HC visits and iron supplementation to mildly anaemic children.

To advocate for the health and well-being of Palestine refugee children, the HD published a study that examined the community level over-and undernutrition in children living in two Palestine refugees' camps in Jordan, Jerash and Souf, 2020. The results of this study were published in the British Medical Journal of Global Health in 2021. This study shed light on food insecurity and its impact on child malnutrition. It also had guided the HD in the Child Health Technical Instructions updating process. It strengthened the active surveillance system for the child growth problems monitored at the UNRWA's HCs. More details on these studies are found in the published papers and annual report 2020.

In 2020, the WHO updated the antenatal guideline recommending use of Multiple Micronutrient Supplementation (MMS), which is a safe and effective evidence-based intervention to improve fetal and maternal health and to reduce risks of adverse pregnancy outcomes, anaemia, and multiple micronutrient deficiencies. Given the chronically high prevalence of maternal anaemia and micronutrient deficiencies among our beneficiaries, reported by both our clinic data and national surveys, UNRWA HD has decided to pilot the antenatal MMS as a standard of ANC, starting in Jordan, and then scaled-up to other fields of UNRWA operation. As per the WHO recommendation, the UNRWA's MMS Programme will be rigorously evaluated and continuously improved using the implementation research methodology.

As mentioned in pervious sections, in 2021, UNRWA HD launched the e-NCD application, this application provides patients with useful information on nutrition and healthy diet according to their NCD conditions.

Part of the routine maternal health services, women were screened for anaemia and are provided with iron supplements for the prevention and treatment of anaemia during ANC and PNC. Also, folic acid supplementation was provided for prophylaxis of hereditary diseases, mainly neural tube defect, during preconception and antenatal care. Vitamin A supplements were provided to children between 6 months and 5 years of age twice a year. During 2021, more than 245,696 doses of vitamin A were provided for 176,680 child below 5 years old.

UNRWA staff working on packing of food commodities that is distributed to Palestine refugees in Gaza. *© 2020 UNRWA Photo by Khalil Adwan.*

Food parcels distributed by UNRWA to needy families in Gaza. *© UNRWA 2020 Photography by Hussein Jaber*

## Laboratory Services

UNRWA provides comprehensive laboratory services through 128 of 140 HCs. Out of the remaining 12 facilities, ten facilities continued to provide essential laboratory support (blood glucose, blood haemoglobin and urine tests by dipstick). The remaining two facilities are in Syria, which, due to accessibility, do not provide laboratory services.

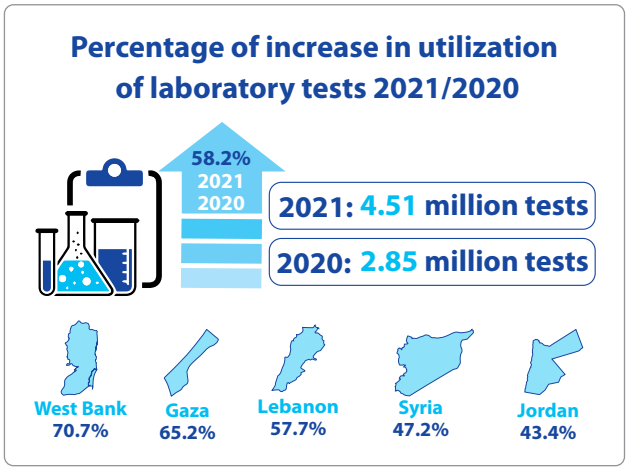
### Utilization Trend

In 2021, UNRWA laboratory services provided 4.51 million Laboratory tests Agency-wide, with an increase of about 58.2 per cent compared to 2020 (2.85 million laboratory tests). During the reporting period, laboratory services provided an increase by 70.7 per cent in West Bank, 65.2 per cent in Gaza, 57.7 per cent in Lebanon, 47.2 per cent in Syria, and 43.4 per cent in Jordan compared to 2020. This increase in the utilization of laboratory services in all fields reflects with the overall increase in health service utilization pattern as observed in 2021, that was related to reduction in precautionary measures against COVID-19 with improving COVID-19 vaccination coverage at host countries.

The annual comparison of workload and efficiency of laboratory services were carried out based on 2021 data as part of the Agency's periodic self-evaluation of its programmes using the WHO approach for workload measurement. The WHO target productivity range is considered to be from 31.7 to 58.8 workload units (WLUs)/ hour. The productivity of laboratory services for 2021 was 42.1 WLUs/ hour Agency-wide, within the WHO target range. The productivity of laboratory services was 57.8 WLUs/ hour in West Bank, 48.0 WLUs/ hour in Jordan, 46.5 WLUs/ hour in Gaza, 30.3 WLUs/ hour in Lebanon, and 27.9 WLUs/ hour in Syria.

### Laboratory Costs

Agency-wide, the overall cost of laboratory services provided across the five fields was US$ 8,344,135, out of which US$ 8,236,317 million (98.7 per cent) was secured through the Programme Budget, approximately US$ 0.108 million (1.3 per cent) through in-kind donations, projects, or emergency funds. This constitutes a lower expenditure compared to MoH laboratory service costs of host countries combined (estimated at US$ 17.64 million). This suggests that UNRWA provides cost-effective and efficient laboratory services through its HCs.





UNRWA Health Staff at one of HCs in West Bank at the frontline to provide health services to Palestine refugees throughout the COVID-19 pandemic. *© 2021 UNRWA Photo.*

Table 20: Expenditure on laboratory services (US$) by field and Agency-wide, 2021

| Cost | Jordan | Lebanon | Syria | Gaza | West Bank | Agency |
|---|---|---|---|---|---|---|
| Programme Budget | 1,859,824 | 904,184 | 697,294 | 2,437,432 | 2,337,583 | 8,236,317 |
| Non-Programme Budget | 37,591 | 3,665 | 17,753 | 19,408 | 29,401 | 107,818 |
| Total | 1,897,415 | 907,849 | 715,047 | 2,456,840 | 2,366,984 | 8,344,135 |

Table 21: Comparative analysis on the annual cost of laboratory services performed at UNRWA facilities and cost of the same services if outsourced to host authorities (US$), 2021

| Cost | Jordan | Lebanon | Syria | Gaza | West Bank | Agency |
|---|---|---|---|---|---|---|
| Host authorities | 4,637,400 | 840,951 | 809,070 | 6,051,040 | 5,305,374 | 17,643,835 |
| UNRWA | 1,897,415 | 907,849 | 715,047 | 2,456,839 | 2,366,985 | 8,344,135 |


## Health Communication

With the persisting pandemic situation, and as part of the Agency-wide COVID-19 pandemic response, a daily health update (Arabic and English) was prepared and widely distributed to stakeholders concerning the COVID-19 situation in all fields and UNRWA's response at both HQ and field level (such as COVID-19 surveillance, telemedicine, triage, PPE, IPC, and access to vaccination for COVID-19 among Palestine refugees).

Communication campaigns with many kinds of materials, both for UNRWA staff and Palestine refugees, were developed and widely distributed via different communication channels (printed materials in addition to using UNRWA social media channels and UNRWA website), mainly, the campaigns focused on ways of prevention and encouraging vaccination.

At the Agency and stakeholder levels, the Health Communication role at HD has provided health updates for the weekly and monthly reports of WHO/ EMRO and the Planning Department at UNRWA HQ.

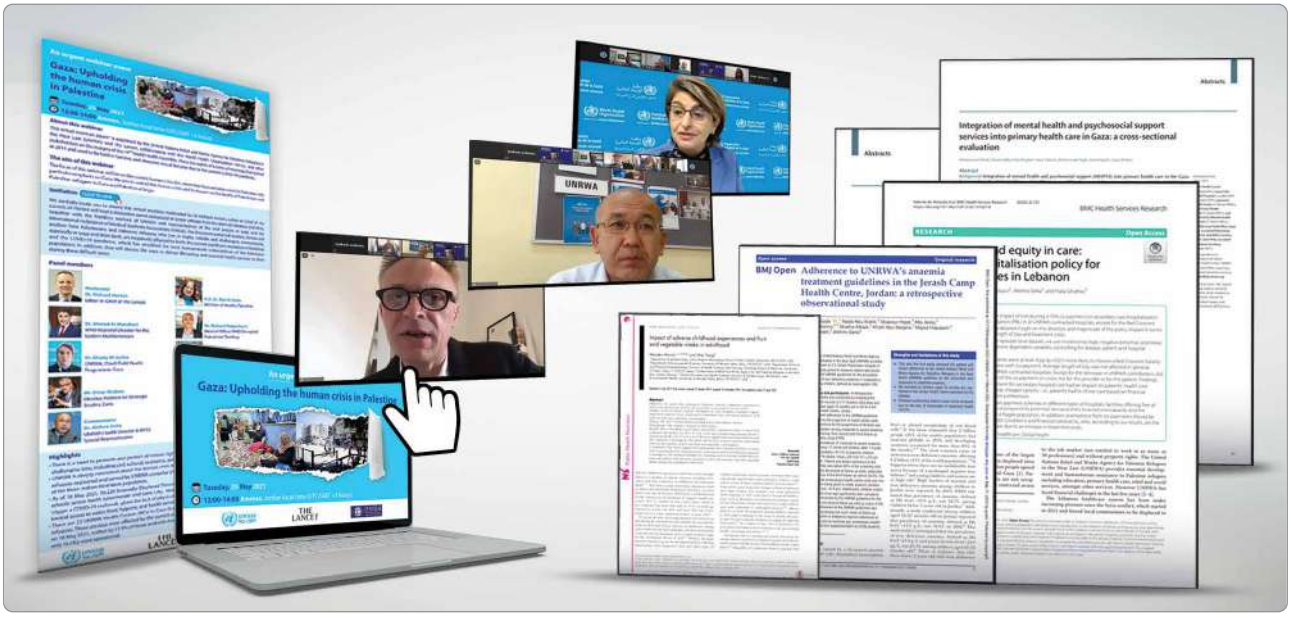
During Ramadan, for the second year the HD, in cooperation with the Communications Department, launched a special Ramadan campaign on UNRWA social media platforms to educate UNRWA staff and Palestine refugees about the COVID-19 pandemic and appropriate health and nutrition behaviours during Ramadan and on how to protect themselves and their family members from the disease.

The Health Communication role planned and conducted a comprehensive campaign under the World Health Day 2021 WHD theme "Building a fairer, healthier world", to highlight the inequities that Palestine refugees face concerning their health rights and the effect of political and socioeconomic determinants on their health, the campaign particularly emphasized on COVID-19 impact and vaccination, in addition to the principles of universal health coverage and the right to health. Another successful campaign was on World No Tobacco Day 2021, with healthy messages about quitting smoking and tobacco disseminated through UNRWA HP mobile application, and posted infographics, posters, videos, and social media cards on UNRWA social media platforms.

Overall, this role supported the preparation, production and distribution of health education and communication products, including the HD Annual Report 2021, revised HD Technical Instructions, besides additional publications in addition to updating the interface for the SharePoint–Health intranet site and uploaded the related health published materials.

As a part of the HD team, this role also participated in the planning, implementation, and publication of relevant research activities.

Other activities included, providing successful support to the first field nursing meeting; the Annual HD Retreat (12th HD retreat) for the senior managers from all fields; and the Family Medicine Diploma Programme (FMDP) online graduation ceremony, including preparing all relevant communication materials (printed and audiovisual).




## Research and Evaluation Activities

In 2021, a total of seven research proposals were approved by the UNRWA agency wide RRB committee and the topics covered NCD (including mental health), Adverse Childhood Experiences, food insecurity, micronutrient deficiencies, dietary inadequacy among vulnerable groups, MCH (including e-MCH), COVID-19, and health policy and health system resilience.

Five articles were published in peer-reviewed journals lead by the authors affiliated with the UNRWA HD. In addition, two oral presentations and six poster presentations were presented virtually through the Lancet Palestine Health Alliance Conference conducted in July 2021. Moreover, nine abstracts has been published online through the LANCET, volume 398. Although UNRWA continued to face many challenges with COVID-19 pandemic, conflicts and financial crisis, these research activities created the opportunities to strengthen our partnerships with academic and research institutions globally and supported the opportunities to reveal critical findings in health status of Palestine refugees to the global audience.

In 2022, the HD aims to further improve the process to integrate the evidence and science generated from research and evaluation activities to inform the evidence-based decision-making on health services, policies and programmes at UNRWA HD. One of the priorities for the UNRWA HD is to address the chronically high prevalence of maternal anemia and multiple micronutrient deficiencies among our beneficiaries through implementing, evaluating and scaling-up the MMS. In 2020, the WHO updated the antenatal guideline recommending use of MMS, which is included in the WHO essential medicine, and is a safe and efficacious evidence-based intervention to improve fetal and maternal health and to reduce risks of adverse pregnancy outcomes, anaemia, and multiple micronutrient deficiencies. UNRWA HD has decided to conduct the rigorous evaluation of MMS implementation, evaluation and scale-up, starting in Jordan and then expanding the efforts to all of the five fields of operation as a standard of ANC, replacing prophylactic iron and folic acid supplementation. The various process and outcome components of UNRWA's MMS Programme will be rigorously evaluated, using the implementation research methodology, and the efforts will be independently led by our Research Associate and Communication Officer, her evaluation team, together with the researchers from the Johns Hopkins University and the Vitamin Angels.

We continue to welcome researchers and interns from across the world to collaborate with us on the projects to improve the health of Palestine refugee populations.

## Gender Mainstreaming

### Gender Mainstreaming in the HP

UNRWA is deeply committed to gender mainstreaming in all of its activities, including providing vital PHC services to all Palestine refugee women and girls under its mandate (UNRWA Gender Policy adopted in 2007 and the UNRWA Gender Equality Strategy (2016-21) and the UN 2030 Agenda for Sustainable Development Goals. In 2021, the COVID-19 pandemic continued to had a profound impact on HP operations. However, throughout the pandemic, essential health services, including improving gender parity and preventing sexual and gender-based violence, continued.

UNRWA students at Jabalia school in Gaza participating in UNRWA "Keeping Kids Cool" summer fun weeks, which is part of the psychological support that UNRWA hopes will contribute to their physical and mental wellbeing. *© 2021 UNRWA Photo by Mohamed Hinnawi*

In 2021, UNRWA issued a technical instruction that provides specific guidance for health staff to ensure unhindered and confidential access to reproductive health care for female Palestine refugees registered as single within the Refugee Registration Information System. The instruction safeguards pregnant women, regardless of their marital status, to attain full reproductive health services through UNRWA HCs and delivery through contracted hospital as well as all related health services for newborn. The instruction also allows for further assistance to be provided such as referral to other sectors; case management, psychosocial support and RSS.

### Mainstreaming GBV Concerns into HP Activities

GBV is an issue that is at the heart of the health response of UNRWA. Every individual has a right to a life free of harassment, violence, abuse or threats. The HP takes this extremely seriously and provides care at its HCs for GBV survivors. COVID-19 related restrictions, combined with the escalation of violence and hostilities, has exacerbated GBV risks, especially intimate partner violence against women and girls, as well as increased adoption of negative coping mechanism such as child labor and school dropouts and early marriage. In response to these concerns, UNRWA developed a remote case management service in Gaza supported by concerned departments to ensure a timely response to critical cases. In addition, the UNRWA HP is in a process of developing an instruction on the health response to GBV cases, making sure that survivor of GBV is provided with necessary medical care and psychosocial support before referring to specialized care outside of UNRWA HCs. This updating will improve coordinates with other UNRWA departments to offer a holistic response.

### Addressing the Gender Gap in the Workforce

UNRWA aims to lead by example and is committed to achieve gender parity in its workforce. Culturally, female patients are more likely to disclose and share their health concern with same sex doctors and nurses. To respond to patients' needs, currently 60per cent of total health staff in all UNRWA HCs are female, including doctors, specialist, pharmacists, and nurses etc. Nursing and paramedical positions have highest proportion of female staff, at 86 per cent and 60 per cent, respectively. In addition, several senior posts within the HP are filled with female staff at both field and HQ levels. These steps underscore the commitment to realize gender parity and patient friendly health services.

## Human Resources for Health Reform

The health workforce is considered one of the critical components of an effective health system[7]. The importance of human resources is evident from the fact that the World Health Report of 2006 was dedicated to this subject. A sufficient, well trained, motivated and geographically well-distributed health workforce is required to ensure a well-performing health care system[8]. The current UNRWA FHT approach has helped reform the Agency's health care providers to be the more efficient and effective service delivery model today. Human resources form an essential part of the FHT approach; therefore, providing an appropriate

7 WHO. (2000). The World Health Report 2000: Health Systems: Improving Performance. Geneva. WHO. ISBN 92 4 156198 X

8 WorldBank. (2008). Health System and Financing: Human Resource. Retrieved March 2, 2009, from Worldbank.org. http://web.worldbank.org/wbsite/external/topics/exthealthnutritionandpopulation/exthsd/0,,contentMDK:20190576~menuPK:438351~pagePK:148956~piPK:216618~theSitePK:376793,00.html

staffing level in the technical and non-technical cadre is crucial for ensuring and maintaining quality health services delivery.

To meet the health needs of Palestine refugees and for a fully staffed FHT approach, UNRWA conducted a detailed review of health staffing norms in 2021. This review included revision of the existing norms for HC clerks, cleaners and MOs and developing new norms and standards for nursing, laboratory technicians, pharmacists, and dentists working in UNRWA HCs. These norms were developed with the help of data obtained from the HR payroll, staffing table. UNRWA HD also engaged in a series of discussions with the fields for confirming the accuracy of data and setting activity standards. For this purpose, WHO's 'workload indicators of staffing need' methodology was used. This methodology utilizes a systematic way to make staffing decisions based on a health worker's workload, with activity (time) standards applied for each workload component. This method helps managers to determine: (i) how many workers of a particular cadre are required at a given HC; and (ii) assesses the workload pressure of health workers in a HC.

UNRWA HD has finalized the draft norms for all cadre of staff working at UNRWA HCs and, during 2022, these norms will be discussed with UNRWA's senior management for endorsement and wider dissemination and use as human resources for a health planning tool.

## Family Medicine Training

UNRWA recognizes the importance of providing ongoing training to all staff working in UNRWA HCs, not only for the professional development of staff but also for maintaining and improving quality of health care provision to Palestine refugees. Therefore, the Rila Institute of Health Sciences in the United Kingdom collaborated with UNRWA to tailor a 12-month training course on Family Medicine for UNRWA medical physicians. This is called the FMDP.

The FMDP is tailored to UNRWA's PHC model and its adopted FHT approach. The FMDP provides clinicians with an in-service training model that they can take without disrupting their daily work. The training is also designed to help medical doctors at UNRWA HCs meet the Palestine refugee populations' health needs in the five fields of UNRWA operations.

The diploma programme included different modalities such as face to face workshops held in field offices at the beginning of the course, an e-learning platform, regular exams after each unit, and interactive webinars. On-the-job practical training activities were directly provided by local facilitators who are specialised in family medicine.

### Milestones of FMDP

Since the start in 2015, a total of 125 doctors of UNRWA completed the family medicine diploma courses, as shown in the following table.

The fifth cohort was started on January 2021 instead of June 2020 as per annual Family Medicine Diploma schedule, this posponded was due to the COVID-19 pandemic and the delay in signing the contract with the Rila Institute. The January 2021 cohort participated by 50 MOs, on June 2021 we also started the sixth cohort, participated by 50 medical doctors, the fifth and sixth cohorts graduation will be on July 2022. Both cohorts' evaluation is carring out based on the scheduled mini exams, situational judgemental tests, and attendances record of online webinars.

Participants who already graduated with the postgraduate diploma in family medicine provided positive feedback on the training that they received. Key points that they highlighted included the

Table 22: Number of doctors who completed the family medicine diploma course

| Year | Gaza | Jordan | West Bank | Lebanon | Syria | Total |
|---|---|---|---|---|---|---|
| 2015 – 2016 (First cohort ) | 15 | - | - | - | - | 15 |
| 2017- 2018 (Second cohort) | 15 | 15 | 10 | - | - | 40 |
| 2018 – 2019 (Third cohort) | 12 | 8 | - | - | - | 20 |
| 2019 – 2020 (Fourth cohort) | 15 | 6 | 10 | 10 | 9 | 50 |
| Total number of doctors trained | 57 | 29 | 20 | 10 | 9 | 125 |
| 2020 (Fifth cohort –graduation Feb 2022) | 15 | 10 | 10 | 5 | 10 | 50 |
| 2021/2022 (sixth cohort – graduation July 2022) | 15 | 10 | 10 | 13 | 2 | 50 |
| No. of UNRWA doctors as of end 2021 | 99 | 35 | 66 | 168 | 73 | 441 |

UNRWA Commissioner-General, Philippa Lazzarini, visited the UNRWA Remal Health Centre to inspect the partial damage due to the Israeli bombardment near it. *© 2021 UNRWA Photo by Mohammed Hinnawi*

positive impact of their training on the quality and comprehensiveness of their health care services. They believe that they could share knowledge and skills with other colleagues and become more competent and capable of focusing on the prevention of diseases in general and on recognising psychosocial-physical related health problems.

## Finance Resources

The total HP expenditure in 2021 amounted to approximately US$ 164 million including all funded portals (programme budget, emergency, projects and in-kind), while US$ 122.7 million under programme budget, corresponding to an estimated expenditure of US$ 21.05 per registered refugee, a slight increase compared to the 2020 total expenditure of US$ 115.9 million or US$ 20.15 per registered refugee. Even if a more conservative approach was used to estimate the per capita expenditure based on the number of population served by the HP in the Agency (approximately 3.1 million) rather than the total number of registered refugees 5.8 million, the annual per capita expenditure is US$ 39.4 Agency-wide. WHO recommends US$ 40.0-50.0 per capita for the provision of basic health services in the public sector.

Table 23: Health expenditure per registered Palestine refugee, 2020 and 2021 regular budget (US$)

| Year | Jordan | Lebanon | Syria | Gaza Strip | West Bank | Agency |
|---|---|---|---|---|---|---|
| 2020 | 9.13 | 47.25 | 15.38 | 24.43 | 30.23 | 20.15 |
| 2021 | 9.53 | 46.84 | 15.54 | 25.35 | 33.61 | 21.05 |

There is a significant expenditure gap per registered Palestine refugee between Lebanon US$ 46.8 and Jordan US$ 9.53. This gap is due to the heavy investment in secondary and tertiary care made necessary in Lebanon, where Palestine refugees are denied access to public health services and cannot afford treatment costs at private facilities. Conversely, in Jordan, UNRWA registered Palestine refugees have access to the Government's social and health services.

The Agency's main focus is on comprehensive PHC delivery through 140 HCs Agency-wide, with very selective use of hospital services at the mostly contracted hospitals in each field.

In 2021 the global outbreak of COVID-19 puts further pressure on the already overstretched health system, which is complicated the case and increases the challenges on the UNRWA health system, including support to hospitalization when needed. In 2021, the allocation for hospital services represented only 19.0 per cent of the total HP budget and financial constraints represented a significant challenge due to the increase in the served population, worsening of living conditions and rise of NCDs - which are often associated with significant complications and long-term care.

In 2021 the global outbreak of COVID-19 puts further pressure on the already overstretched health system, which is complicated the case and increases the challenges on the UNRWA health system, including support to hospitalization when needed. Allocations for hospital services in 2021 represented only 19.0 per cent of the total Health Programme Budget. The constraints in the budget will mean a significant challenge for the Health Programme due to the population increase, worsening of leaving conditions, and rise of NCDs, which are often associated with significant complications, long-term care, and the cost of hospital services in recent years.

Table 24: Breakdown of health expenditure by sub-programme-2021

| Sub Program | Sub Sub-Program description | Jordan | Lebanon | Syria | Gaza | West Bank | HQ | Total |
|---|---|---|---|---|---|---|---|---|
| **Hospitalization Services** | Secondary Hospital Services | 717,052 | 15,761,657 | 1,881,974 | 7,202,324 | 4,455,965 | | 3,0018,971 |
| | Qalqilia Hospital | | | | | 4,465,540 | | 4,465,540 |
| | Tertiary Health Care | | 1,606,067 | | 3,120 | | | 1,609,187 |
| **Total Hospitalisation Services** | | 717,052 | 17,367,724 | 1,881,974 | 7,205,4444 | 8,921,505 | | 36,093,698 |
| **Primary Health Care (FHT)** | Communicable Diseases | | 3,202 | 54,069 | | 1,285 | | 58,556 |
| | Disability Screening and Rehabilitation | 70,210 | | 228,628 | 1,070,829 | 390,214 | | 1,759,882 |
| | Laboratory Services | 1,897,415 | 907,849 | 715,047 | 2,456,839 | 2,366,985 | | 8,344,135 |
| | Maternal Health & Child Health Services | 50,452 | | | | | | 50,452 |
| | Mental Health | | 1,959 | | | | | 1,959 |
| | Oral Health | 1,814,988 | 854,107 | 517,963 | 1,487,246 | 1,089,768 | | 5,764,073 |
| | Outpatient Services | 20,138,160 | 11,271,173 | 8,112,113 | 35,140,043 | 16,989,763 | | 91,651,253 |
| | Pharmaceutical Services | 1,734,278 | 964,239 | 418,915 | 1,798,063 | 1,927,353 | | 6,842,848 |
| | Psychosocial Support Programme | | 70,562 | 118,483 | 2,643,922 | 538,331 | | 3,371,297 |
| | Radiology Services | | 110,615 | | 236,292 | 184,446 | | 531,354 |
| | School Health Services | 286,064 | | | 852,076 | 91,050 | | 1,229,190 |
| **Total Primary Health Care (FHT)** | | 25,991,567 | 14,183,706 | 10,165,218 | 45,685,311 | 23,579,195 | | 119,604,998 |
| Programme Management | | 583,235 | 829,656 | 1,907,540 | 953,122 | 1,113,953 | 2,939,685 | 8,327,190 |
| **Total Programme Management** | | 583,235 | 829,656 | 1,907,540 | 953,122 | 1,113,953 | 2,939,685 | 8,327,190 |
| **Grand Total** | | 27,291,854 | 32,381,086 | 13,954,732 | 53,843,877 | 33,614,653 | 2,939,685 | 164,025,887 |

# section 3 – data
# Part 1 - Agency Wide Trends for Selected Indicators

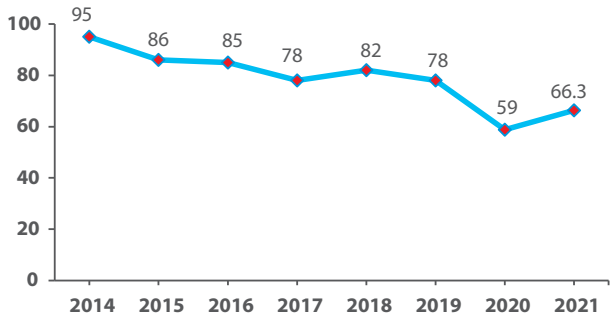



Figure 20: Average daily medical consultations per doctor

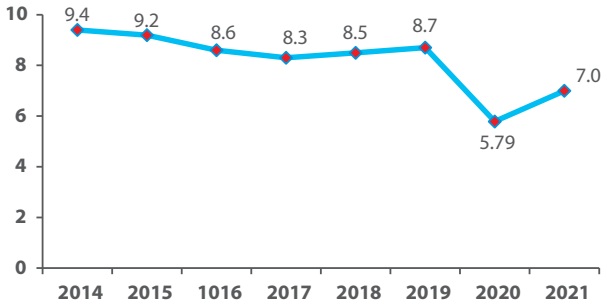



Figure 21: No. of outpatient consultations (million), included Telemedicine

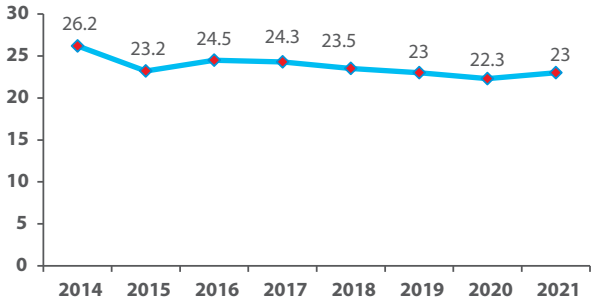



Figure 22: Antibiotics prescription rate

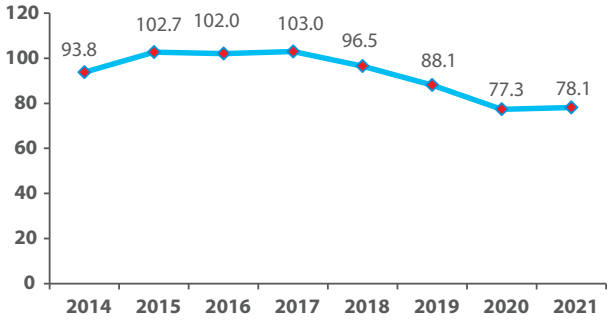



Figure 23: No. of hospitalizations, including Qalqilia hospital (in thousands)

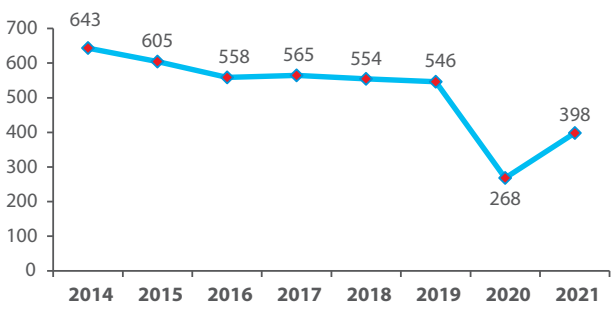



Figure 24: No. of dental consultations (thousands)

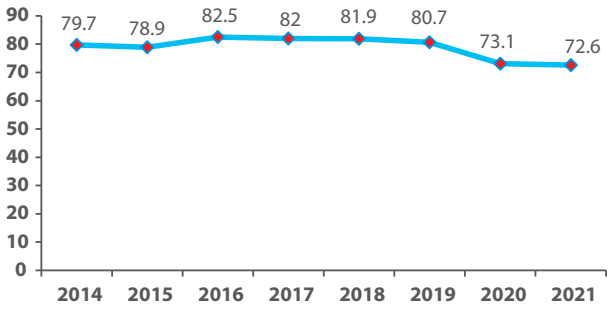



Figure 25: % of pregnant women registered during the 1st trimester

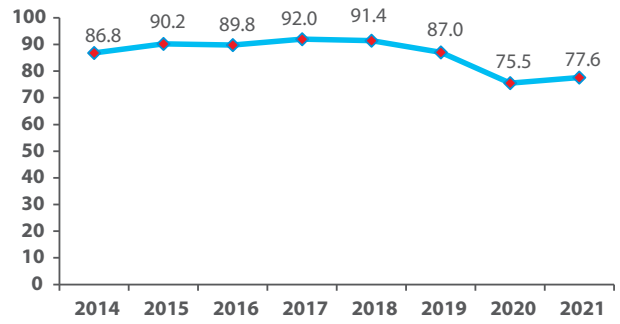



Figure 26: % of pregnant women attending at least 4 ANC visit

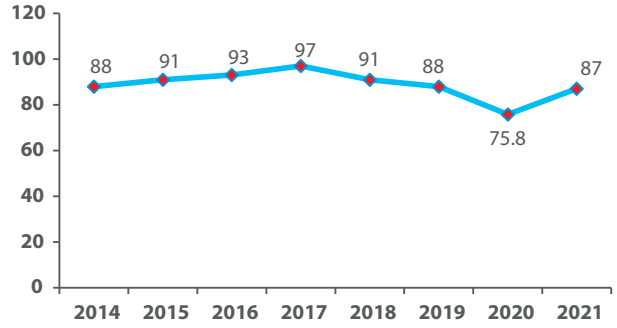



Figure 27: No. of newly registered pregnant women (thousands)

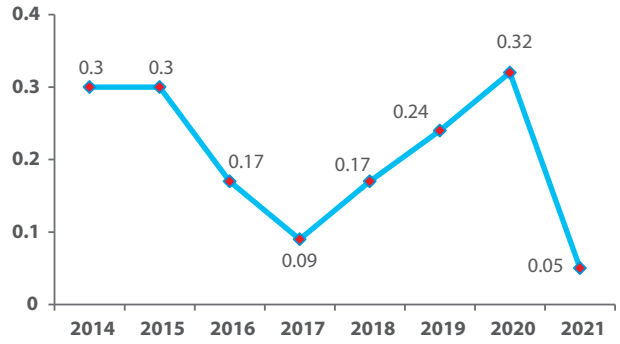



Figure 28: % of delivers with unknown outcome

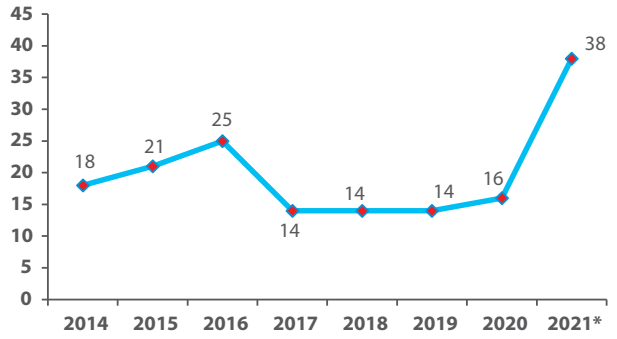



Figure 29: No. of maternal deaths.
* Of the 38 maternal deaths, 27 had COVID-19 reported as the cause of death

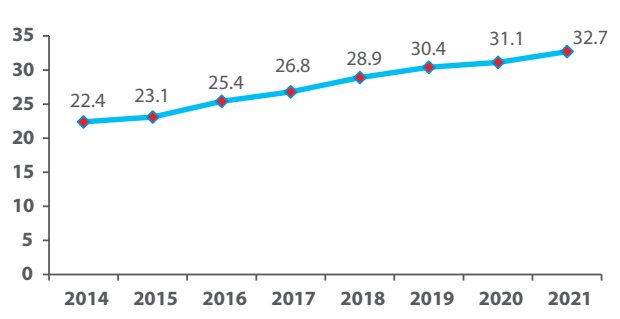



Figure 30: % of caesarean section deliveries

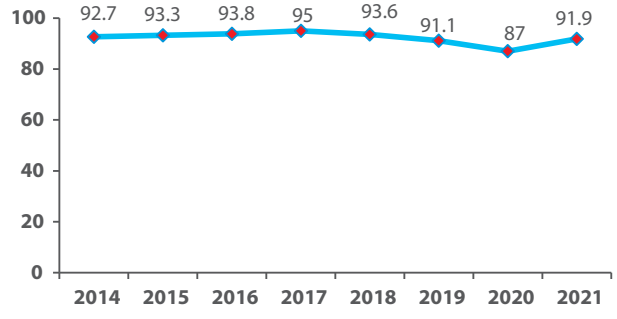



Figure 31: % of women attending PNC within 6 weeks of delivery

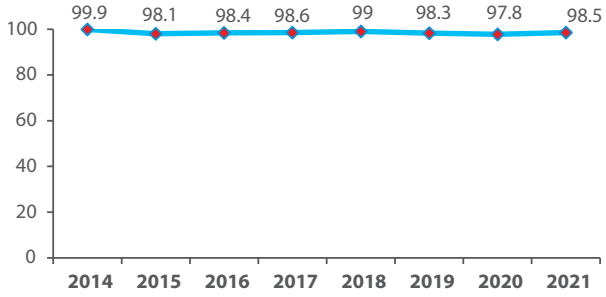



Figure 32: % of pregnant women protected against tetanus

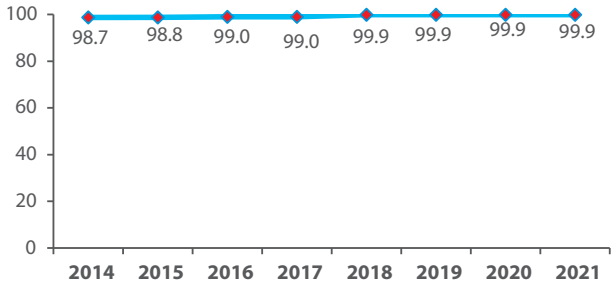



Figure 33: % of deliveries in health institutions

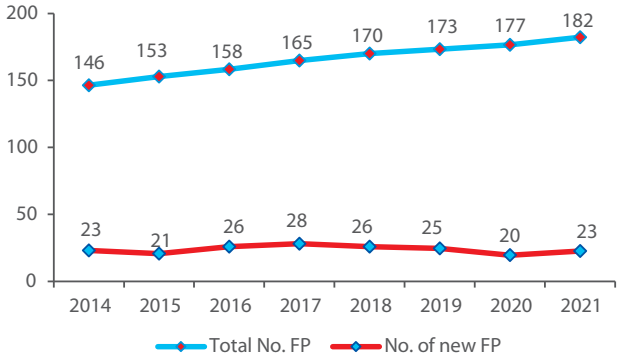



Figure 34: New & total no. of family planning acceptors (thousands)

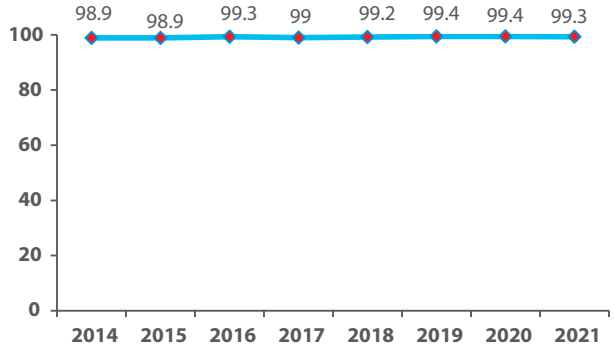



Figure 35: % of children 18 months old received all EPI booster

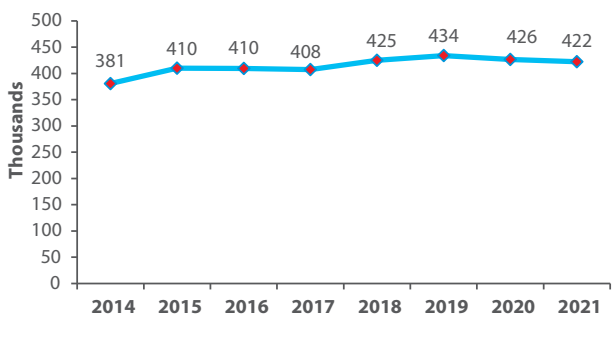



Figure 36: No. of children 0-5 years under supervision (thousands)

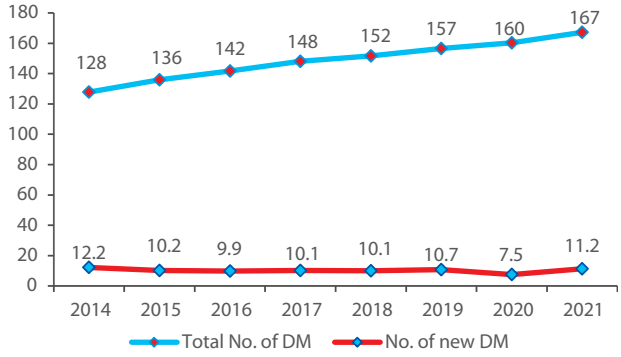



Figure 37: New & total no. of patients with diabetes (thousands)

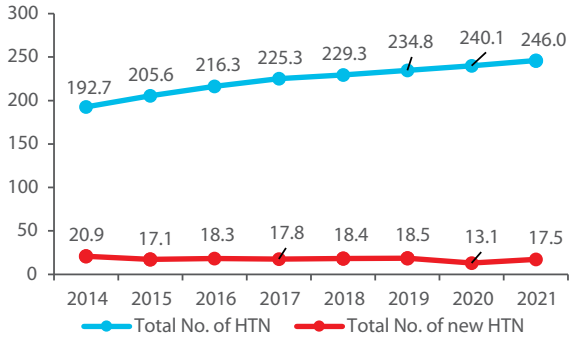



Figure 38: New & total no. of patients with hypertension (thousands)

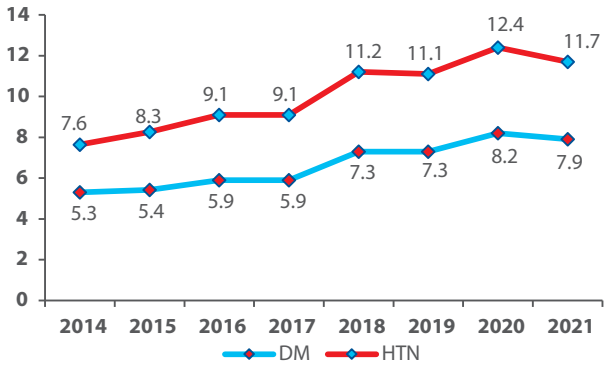



Figure 39: Prevalence of NCD among population served > 18 years

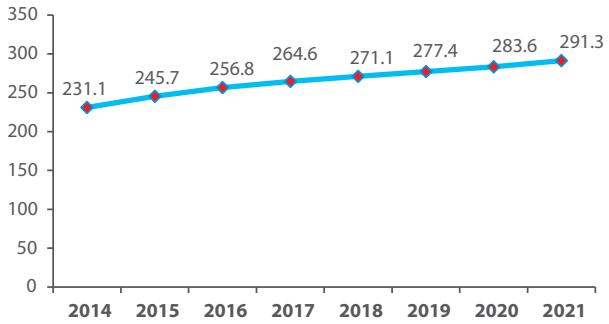



Figure 40: Total No. of all patients with diabetes and/ or hypertension (thousands)

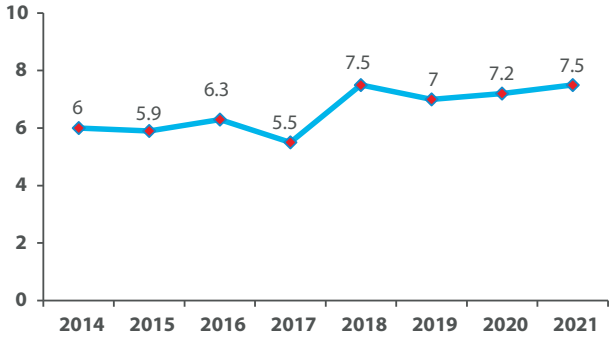



Figure 41: % of NCD patients' defaulters

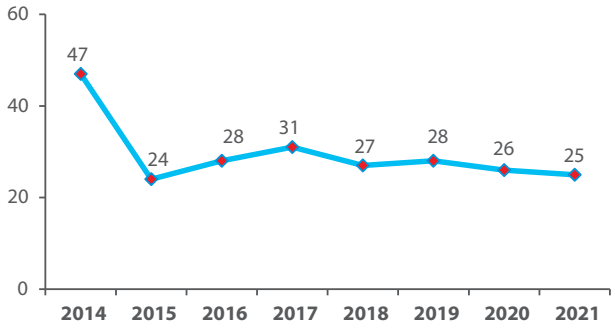



Figure 42: No. of new reported TB cases

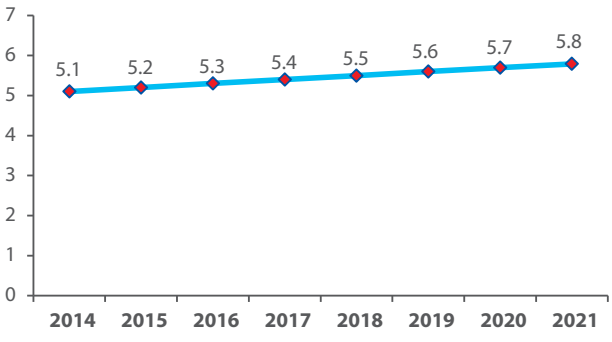



Figure 43: No. of Registered Refugee (millions)

# Part -2 CMM (2016-2022) Indicators

Table 25: Selected CMM indicators 2021

| SO2 | Indicator | Jordan | Lebanon | Syria | Gaza | West Bank | Agency |
|---|---|---|---|---|---|---|---|
| Refugees' health is protected and the disease burden is reduced | Prevalence of diabetes among population served, 18 years and above | 7.8 | 8.8 | 7.7 | 7.3 | 9.3 | 7.9 |
| | Percentage of DM patients under control per defined criteria | 24 | 26 | 25 | 30 | 27 | 27 |
| | Average daily medical consultation per doctor | 64.8 | 69.1 | 63.7 | 60.8 | 73.2 | 66.3 |
| | Average consultation time per doctor | 3.4 | 2.7 | 2.5 | 2.7 | 3.5 | 2.9 |
| | Number of HCs fully implementing eHealth system | 25 | 27 | 22 | 22 | 43 | 139 |
| | Percentage of NCD patients coming to HC regularly | 65.98 | 54.1 | 68.1 | 78.5 | 71.9 | 70.9 |
| | Percentage of NCD patients with late complications | 7.3 | 6.9 | 11.7 | 12.8 | 10.3 | 10.3 |
| | Number of EPI vaccine preventable disease outbreaks | 0 | 0 | 0 | 0 | 0 | 0 |
| | Percentage of women with live birth who received at least 4 ANC visits | 72.0 | 55.1 | 19.8 | 94.1 | 73.8 | 77.6 |
| | Percentage of post-natal women attending PNC within 6 weeks of delivery | 86.5 | 86.9 | 83.4 | 100.0 | 84.6 | 91.9 |
| | Percentage Diphtheria + tetanus coverage among targeted students | 80.0 | 96.2 | 99.8 | 99.9 | 100 | 95.9 |
| | Antibiotic prescription rate | 19.4 | 27.3 | 26.2 | 23.3 | 21.2 | 23.0 |
| | Percentage of HCs with no stock out of 12 tracer medicines | 99.0 | 100 | 82.6 | 100 | 84.3 | 92.1 |
| | Percentage of preventative dental consultations out of total dental consultations | 38.1 | 15.1 | 31.0 | 51.9 | 39.4 | 42.7 |
| | Percentage of targeted population 40 years and above screened for diabetes mellitus (DM) | 13.6 | 12.2 | 6.3 | 17.1 | 15.0 | 13.9 |
| | Number of new NCD patients (DM, HT, DM+HT) | 8,862 | 2,464 | 3,219 | 7,141 | 3,301 | 24,987 |
| | Total number of NCD patients (DM, HT, DM+HT) | 81,355 | 30,638 | 36,001 | 101,009 | 42,330 | 291,333 |
| | Percentage of children 18 months old that received all booster vaccines | 98.5 | 97.4 | 99.3 | 99.7 | 100.0 | 99.3 |
| | Number of new tuberculosis (TB) cases detected | 0 | 2 | 23 | 0 | 0 | 25 |
| | Percentage of 18 months old children that received 2 doses of Vitamin A | 99.1 | 97.2 | 99.3 | 98.8 | 100 | 99.0 |
| | Number of active/continuing family planning users | 37,266 | 17,201 | 11,385 | 94,847 | 21,620 | 182,319 |
| | Number of new enrolments in pre-conception care programme | 4,385 | 1,079 | 53 | 17,576 | 2,158 | 25,251 |
| | Percentage of 4th grade school children identified with vision impairment | 0 | 0 | 4.9 | 11.7 | 15.6 | 11.0 |
| | Unit cost per capita | 11.7 | 67.1 | 24.3 | 36.0 | 37.1 | 27.8 |
| | Percentage of UNRWA hospitalization accessed by SSNP | 15.4 | 32.2 | 34.6 | 66.1 | 1.4 | 28.4 |
| | Hospitalization rate per 1000 served population | 2.9 | 86.4 | 51.1 | 11.4 | 61.9 | 25.3 |
| | Hospitalization unit cost | 106.5 | 637.4 | 128.4 | 215.6 | 241.5 | 316.7 |

# Part 3 – 2021 Data Tables

Table 26: Aggregated 2021 data tables

| Field | Jordan | Lebanon | Syria | Gaza Strip | West Bank | Agency |
|---|---|---|---|---|---|---|
| **26.1 – Demographics** | | | | | | |
| Population of host countries in million | 10.90 | 5.26 | 20.38 | 1.95 | 2.94 | 41.46 |
| Total persons eligible UNRWA health services (no.) | 2,499,905 | 549,692 | 665,866 | 1,705,352 | 1,099,968 | 6,520,783 |
| Total number of registered refugees | 2,334,789 | 482,676 | 575,234 | 1,516,258 | 883,950 | 5,792,907 |
| Refugees in host countries (%) | 21.4 | 9.2 | 2.8 | 77.5 | 30.0 | 14.0 |
| Number of persons (individuals) who used UNRWA health services. | 443,252 | 150,229 | 191,253 | 890,541 | 251,461 | 1,926,736 |
| Refugees accessing (served population) UNRWA health services out of total number of registered refugees (%/no.) | 864,548 (37.0%) | 228,426 (47.3%) | 310,209 (53.9%) | 1,273,868 (84.0%) | 413,034 (46.7%) | 3,090,084 (53.3%) |
| Growth rate of registered refugees (%) | 1.5 | 1.1 | 1.5 | 3.8 | 1.6 | 2.1 |
| Children below 18 years (%) | 25.0 | 21.9 | 27.6 | 41.2 | 26.9 | 29.5 |
| Women of reproductive age: 15-49 years out of total number of female registered population (%) | 28.5 | 25.7 | 27.8 | 25 | 28.4 | 27.3 |
| Population 40 years and above (%) | 37.7 | 44.9 | 36.6 | 23.7 | 35.7 | 34.2 |
| Average family size[9] | 5.2 | 4.7 | 4.8 | 5.6 | 5.6 | 5.3 |
| Aging index (%) | 57.4 | 78.6 | 42.5 | 19.0 | 49.7 | 41.6 |
| Fertility rate | 3.2 | 2.7 | 2.7 | 3.6 | 3.6 | 3.2 |
| Male/female ratio | 1:1 | 1:1 | 1:1 | 1:1 | 1:1 | 1:1 |
| Dependency ratio | 44.4 | 47.6 | 47.7 | 71.1 | 48.7 | 52.0 |
| **26.2- Health Infrastructure** | | | | | | |
| **Primary health care (PHC) facilities (no.):** | | | | | | |
| Inside official camps | 11 | 14 | 12 | 11 | 18 | 66 |
| Outside official camps | 14 | 13 | 11 | 11 | 25 | 74 |
| Total health centers | 25 | 27 | 23 | 22 | 43 | 140 |
| Ratio of PHC facilities per 100,000 population | 1.1 | 5.6 | 4.0 | 1.5 | 4.9 | 2.4 |
| **Services within PHC facilities (no.):** | | | | | | |
| Laboratories | 25 | 17 | 21 | 22 | 43 | 128 |
| Dental clinics: | | | | | | |
| - Stationed units | 31 | 19 | 20 | 19 | 24 | 113 |
| - Mobile units | 4 | 0 | 2 | 5 | 0 | 11 |
| Total Dental clinics | 35 | 19 | 22 | 24 | 24 | 124 |
| Radiology facilities | 1 | 4 | 0 | 7 | 9 | 21 |
| Physiotherapy clinics | 1 | 0 | 0 | 11 | 6 | 18 |
| Hospitals | - | - | - | - | 1 | 1 |
| Health facilities implementing E-health | 25 | 27 | 22 | 22 | 43 | 139 |

9 Current contraceptive practices among mother of children 0-5 years survey conducted in 2015

| Field | Jordan | Lebanon | Syria | Gaza Strip | West Bank | Agency |
|---|---|---|---|---|---|---|
| **Strategic Objective 1** | | | | | | |
| **26.3 - Outpatient care** | | | | | | |
| **Outpatient consultations (no.)** | | | | | | |
| **(a) Face to face consultations** | | | | | | |
| Male - | 448,131 | 241,117 | 298,316 | 1,062,619 | 329,100 | 2,379,283 |
| Female - | 846,700 | 341,152 | 456,924 | 1,497,522 | 557,375 | 3,699,673 |
| **Total (a)-** | **1,294,831** | **582,269** | **755,240** | **2,560,141** | **886,475** | **6,078,956** |
| **(b) Outpatient consultations specialist** | | | | | | |
| Male - | 1,076 | 1,213 | 123 | 4,580 | 1,985 | 8,977 |
| Female - | 23,441 | 12,295 | 7,722 | 20,330 | 4,467 | 68,255 |
| **Total (b)-** | **24,517** | **13,508** | **7,845** | **24,910** | **6,452** | **77,232** |
| **Sub-total (face to face & specialist)** | | | | | | |
| Male - | 449,207 | 242,330 | 298,439 | 1,067,199 | 331,085 | 2,388,260 |
| Female - | 870,141 | 353,447 | 464,646 | 1,517,852 | 561,842 | 3,767,928 |
| **Total (a+b)-** | **1,319,348** | **595,777** | **763,085** | **2,585,051** | **892,927** | **6,156,188** |
| **( c ) Telemedicine consultations** | | | | | | |
| Male - | 10,721 | - | 12,654 | 339,963 | 658 | 363,996 |
| Female - | 17,490 | - | 33,725 | 427,941 | 1,366 | 480,522 |
| **Total ( c )-** | **28,211** | **-** | **46,379** | **767,904** | **2,024** | **844,518** |
| **Grand total (a) + (b) + (c)** | **1,347,559** | **595,777** | **809,464** | **3,352,955** | **894,951** | **7,000,706** |
| **Average daily medical consultations / doctor[10]** | **64.8** | **69.1** | **63.7** | **60.8** | **73.2** | **66.3** |
| **26.4 - Inpatient care** | | | | | | |
| Patients hospitalized -including Qalqilia (no.) | 2,470 | 19,729 | 15,855 | 14,502 | 25,550 | 78,106 |
| Average Length of stay (days) | 1.5 | 2.6 | 1.1 | 1.3 | 2.2 | 1.9 |
| **Age distribution of admissions (%):-** | | | | | | |
| 0-4 yrs | 0.04 | 16.6 | 5.9 | 6.3 | 16.8 | 12.0 |
| 5-14 yrs | 1.5 | 6.2 | 6.4 | 6.0 | 55.0 | 22.0 |
| 15-44 yrs | 92.2 | 33.1 | 43.7 | 71.5 | 19.8 | 39.9 |
| < 45 yrs | 6.2 | 44.1 | 44.1 | 16.2 | 8.4 | 26.1 |
| **Sex distribution of admissions (%):** | | | | | | |
| Male | 5.6 | 46.4 | 41.7 | 22.1 | 27.3 | 33.4 |
| Female | 94.4 | 53.6 | 58.3 | 77.9 | 72.7 | 66.6 |
| **Category of admissions (%):** | | | | | | |
| Surgery | 2.91 | 30.2 | 38.2 | 39.6 | 17.5 | 28.5 |
| Internal Medicine | 8.5 | 51.5 | 28.0 | 3.9 | 31.2 | 29.9 |
| Ear, nose & throat | 1.1 | 1.9 | 1.0 | 0.0 | 0.0 | 0.7 |
| Ophthalmology | 0.0 | 3.9 | 16.1 | 7.0 | 8.9 | 8.5 |
| Obstetrics | 87 | 12 | 17 | 49 | 42 | 32 |

10 The working days in Jordan and Gaza are six days/week, and in Lebanon, Syria and West Bank Fields are five days/week

* PRS data is included.

| Field | Jordan | Lebanon | Syria | Gaza Strip | West Bank | Agency |
|---|---|---|---|---|---|---|
| **26.5 - Oral health services** | | | | | | |
| Dental curative consultation – Male (no.) | 39,629 | 13,359 | 28,151 | 72,202 | 11,196 | 164,537 |
| Dental curative consultation – Female (no.) | 63,022 | 17,079 | 46,450 | 92,112 | 14,680 | 233,343 |
| **(a) Total dental curative consultations (no.)** | 102,651 | 30,438 | 74,601 | 164,314 | 25,876 | 397,880 |
| Dental screening consultations – Male (no.) | 19,639 | 1,586 | 16,275 | 60,467 | 4,782 | 102,749 |
| Dental screening consultations – Females (no) | 43,541 | 3,832 | 17,243 | 116,767 | 12,075 | 193,458 |
| **(b) Total dental screening consultations (no.)** | 63,180 | 5,418 | 33,518 | 177,234 | 16,857 | 296,207 |
| **Grand total of Dental consultations/screening (a) & (b)** | 165,831 | 35,856 | 108,119 | 341,548 | 42,733 | 694,087 |
| % preventive of total dental consultations | 38.1 | 15.1 | 31.0 | 51.9 | 39.4 | 42.7 |
| Average daily dental consultations / dental surgeon | 23.6 | 12.5 | 22.6 | 53.9 | 14.5 | 29 |
| **26.6 - Physical rehabilitation** | | | | | | |
| Trauma patients | - | - | - | 3,541 | 293 | 3,834 |
| Non-Trauma patients | 459 | - | - | 6,381 | 1,184 | 8,024 |
| **Total** | 459 | - | - | 9,922 | 1,477 | 11,858 |
| **Strategic objective 2** | | | | | | |
| **26.7 - Family planning services** | | | | | | |
| New family planning users (no.) | 6,295 | 1,806 | 2,171 | 10,013 | 2,307 | 22,592 |
| Continuing users at end year (no.) | 37,266 | 17,201 | 11,385 | 94,847 | 21,620 | 182,319 |
| Family planning discontinuation rate (%) | 5.2 | 4.2 | 5.8 | 4.5 | 4.2 | 4.8 |
| **Family planning users according to method (%):** | | | | | | |
| IUD | 39.2 | 37.3 | 30.6 | 50.6 | 63.6 | 47.3 |
| Pills | 29.6 | 23.8 | 23.5 | 22.2 | 15.9 | 23.2 |
| Condoms | 27.9 | 37.6 | 44.0 | 23.6 | 18.8 | 26.5 |
| Injectables | 3.3 | 1.3 | 1.9 | 3.6 | 1.6 | 3.0 |
| **26.8 - Preconception care** | | | | | | |
| No. of women newly enrolled in preconception care programme | 4,385 | 1,079 | 53 | 17,576 | 2,158 | 25,251 |
| **26.9 - Antenatal care** | | | | | | |
| Registered Refugee (no.) | 2,334,789 | 485,676 | 575,234 | 1,516,258 | 883,950 | 5,792,902 |
| Expected pregnancies (no.)[11] | 56,973 | 7,338 | 15,481 | 47,920 | 27,279 | 154,992 |
| Newly registered pregnancies (no.) | 22,374 | 4,967 | 6,371 | 38,219 | 15,242 | 87,173 |
| **Antenatal care coverage (%)** | 42 | 77.1 | 47.6 | 89.7 | 69.5 | 63.4 |
| **Trimester registered for antenatal care (%):** | | | | | | |
| 1st trimester | 74.7 | 78.1 | 28.1 | 83.0 | 62.3 | 73.0 |
| 2nd trimester | 21.2 | 17.1 | 26.0 | 16.3 | 30.1 | 20.7 |
| 3rd trimester | 4.1 | 4.9 | 45.9 | 0.7 | 7.6 | 6.3 |
| Pregnant women with 4 antenatal visits or more (%) | 72.0 | 55.1 | 19.8 | 94.1 | 73.8 | 77.6 |
| Average no. of antenatal visits | 4.6 | 3.8 | 2.2 | 6.6 | 4.4 | 5.2 |

11 The working days in Jordan and Gaza are six days/week, and in Lebanon, Syria and West Bank Fields are five days/week

* PRS data is included.

| Field | Jordan | Lebanon | Syria | Gaza Strip | West Bank | Agency |
|---|---|---|---|---|---|---|
| **26.10 - Tetanus immunization** | | | | | | |
| Pregnant women protected against tetanus (%) | 97.0 | 92.3 | 99.5 | 99.5 | 99.6 | 98.5 |
| **26.11 - Risk status assessment** | | | | | | |
| Pregnant women by risk status (%): | | | | | | |
| High | 26.8 | 10.5 | 16.8 | 19.2 | 17.0 | 20.2 |
| Alert | 28.5 | 36.3 | 40.0 | 28.2 | 28.6 | 29.6 |
| Low | 44.7 | 53.2 | 43.2 | 52.5 | 54.4 | 50.2 |
| **26.12 Diabetes mellitus and hypertenstion during pregnancy** | | | | | | |
| Diabetes during pregnancy (%) | 8.5 | 4.1 | 3.4 | 5.6 | 8.6 | 6.6 |
| Hypertension during pregnancy (%) | 8.1 | 6.3 | 4.2 | 9.9 | 4.8 | 7.9 |
| **26.13 - Delivery care** | | | | | | |
| Expected deliveries (no.) | 21,723 | 4,586 | 5,315 | 36,471 | 14,490 | 82,585 |
| a - Reported deliveries (no.) | 19,886 | 4,212 | 5,162 | 33,812 | 13,850 | 76,922 |
| b- Reported abortions (no.) | 1,834 | 353 | 146 | 2,611 | 636 | 5,580 |
| a+b - Known delivery outcome (no.) | 21,720 | 4,565 | 5,308 | 36,423 | 14,486 | 82,502 |
| Unknown delivery outcome (no. / %) | 3 (0.01) | 21 (0.46) | 7 (0.13) | 9 (0.02) | 4 (0.03) | 44 (0.05) |
| **Place of delivery (%):** | | | | | | |
| Home | 0.08 | 0.12 | 1.01 | 0.07 | 0.11 | 0.14 |
| Hospital | 99.92 | 99.88 | 98.99 | 99.93 | 99.89 | 99.86 |
| Deliveries in health institutions (%) | 99.9 | 99.9 | 99.0 | 99.9 | 99.9 | 99.9 |
| Deliveries assisted by trained personnel (%) | 100 | 100 | 99.9 | 100 | 100 | 100 |
| **26.14 - Maternal deaths** | | | | | | |
| **Maternal deaths by cause (no.)** | | | | | | |
| Postpartum heamorrhage | | | 1 | 1 | | 2 |
| Pulmonary Embolism | 1 | | 1 | | | 2 |
| Uncontrolled DM and diabetic ketoacidosis | 1 | | | | | 1 |
| Acute myocardial infarction | | | | 1 | | 1 |
| Septic shock | | | 1 | | | 1 |
| Allergic shock | | | 1 | | | 1 |
| Congenital narrowing of coronary arteries | | | | | 1 | 1 |
| Heart failure, unspecified | | | | 2 | | 2 |
| COVID-19 infection complication | 10 | 2 | 0 | 12 | 3 | 27 |
| **Total maternal mortality** | **12** | **2** | **4** | **16** | **4** | **38** |
| **Maternal mortality ratio per 100,000 live births.** | **59.9** | **46.9** | **77.5** | **47.0** | **28.6** | **49.0** |
| C-Section among reported deliveries (%) | 32.5 | 53.9 | 63.9 | 25.3 | 32.9 | 32.7 |
| **26.15 - Postnatal care** | | | | | | |
| Post natal care coverage (%) | 86.5 | 86.9 | 83.4 | 100.0 | 84.6 | 91.9 |

| Field | Jordan | Lebanon | Syria | Gaza Strip | West Bank | Agency |
|---|---|---|---|---|---|---|
| **26.16 Care of children under five years** | | | | | | |
| Registered population (no.) | 2,499,905 | 549,692 | 665,866 | 1,705,352 | 1,099,968 | 6,520,783 |
| Registered refugee (no.) | 2,334,789 | 482,676 | 575,234 | 1,516,258 | 883,950 | 5,792,907 |
| Estimated surviving infants (no.)[12] | 56,161 | 7,286 | 15,230 | 47,173 | 26,851 | 152,700 |
| Children < 1 year registered (no.) | 22,820 | 4,652 | 5,512 | 39,344 | 10,838 | 83,166 |
| **Children < 1 year coverage of care (%)** | **48** | **54** | **44** | **65** | **52** | **57** |
| Children 1- < 2 years registered (no.) | 21,053 | 4,636 | 5,940 | 36,942 | 10,327 | 78,898 |
| Children 2- < 3 years registered (no.) | 23,917 | 4,981 | 6,784 | 37,946 | 10,723 | 84,351 |
| Children 3- < 4 years registered (no.) | 25,305 | 5,278 | 7,158 | 40,266 | 10,546 | 88,553 |
| Children 4- < 5 years registered (no.) | 26,269 | 5,340 | 7,031 | 41,187 | 10,790 | 90,617 |
| Total children 0-5 years registered (no.) | 119,364 | 24,887 | 32,425 | 195,685 | 53,224 | 425,585 |
| **26.17 - Immunization coverage** | | | | | | |
| **Immunization coverage children 12 months old (%):** | | | | | | |
| BCG | 99.9 | 99.5 | 99.0 | 100.0 | 100.0 | 99.9 |
| IPV | 99.9 | NA | 99.4 | 99.8 | 100.0 | 99.8 |
| Poliomyelitis (OPV) | 99.8 | 98.2 | 99.0 | 99.8 | 99.9 | 99.7 |
| Triple (DPT) | 99.9 | 98.2 | 99.0 | 99.7 | 99.9 | 99.6 |
| Hepatitis B | 99.9 | 98.2 | 99.0 | 99.7 | 99.9 | 99.7 |
| Hib | 99.9 | 98.2 | 99.0 | NA | NA | 99.2 |
| Measles | 99.5 | 98.7 | 99.0 | NA | NA | 99.3 |
| All vaccines | 99.9 | 98.6 | 99 | 99.8 | 99.4 | 99.6 |
| **Immunization coverage children 18 months old - boosters (%)** | | | | | | |
| Poliomyelitis (OPV) | 99.0 | 97.2 | 99.3 | 99.8 | 100.0 | 99.4 |
| Triple (DPT) | 97.4 | 97.4 | 99.3 | 99.4 | 100.0 | 98.9 |
| MMR | 99.1 | 97.7 | 99.3 | 99.8 | 100.0 | 99.5 |
| All vaccines | 98.5 | 97.4 | 99.3 | 99.7 | 100.0 | 99.3 |
| **26.18- Growth monitoring and nutrional surveillance** | | | | | | |
| **Infants and Children with Growth Problems (0-5) years of age** | | | | | | |
| Prevalence of underweight among children aged <5 years | 5.6 | 4.6 | 8.9 | 5.8 | 4.9 | 5.8 |
| Prevalence of stunting among children aged <5 years | 11.4 | 6.7 | 12.8 | 9.1 | 10.2 | 10.0 |
| Prevalence of wasting among children aged <5 years | 4.9 | 7.7 | 6.3 | 6.5 | 4.9 | 5.9 |
| Prevalence of overweight/obesity among children aged <5 years | 9.8 | 9.5 | 2.8 | 6.6 | 11.7 | 8.1 |
| **26.19 - School health** | | | | | | |
| **4th grade students screened for vision (No. )** | | | | | | |
| Boys | - | - | 2,703 | 7,738 | 2,025 | 12,482 |
| Girls | - | - | 2,774 | 8,608 | 3,079 | 14,476 |
| Total | - | - | 5,477 | 16,346 | 5,104 | 26,958 |
| **4th grade students with vision impairment (%)** | | | | | | |
| Boys | - | - | 4.3% | 10.2% | 15.0% | 9.7% |
| Girls | - | - | 5.5% | 12.9% | 15.9% | 12.1% |
| Total | - | - | 4.9% | 11.7% | 15.6% | 11.0% |

12 Expected no. of pregnancies =population X CBR

| Field | Jordan | Lebanon | Syria | Gaza Strip | West Bank | Agency |
|---|---|---|---|---|---|---|
| **7th grade students screened for vision (No.) :** | | | | | | |
| Boys | - | - | 2,780 | 10,055 | 2,101 | 14,936 |
| Girls | - | - | 2,489 | 10,162 | 3,175 | 15,826 |
| Total | - | - | 5,269 | 20,217 | 5,276 | 30,762 |
| **7th grade students with vision impairment (%)** | | | | | | |
| Boys | - | - | 5.8% | 9.6% | 14.0% | 9.5% |
| Girls | - | - | 6.0% | 14.8% | 15.6% | 13.5% |
| Total | - | - | 5.9% | 12.2% | 14.9% | 11.6% |
| **26.20 – Non Communicable diseases ( NCD) patients registered with unrwa** | | | | | | |
| Diabetes mellitus type I (no/%) | 1,147 (1.4%) | 310 (1.0%) | 484 (1.3%) | 1,641 (1.6%) | 634 (1.5%) | 4,216 (1.4%) |
| Diabetes mellitus type II (no/%) | 12,305 (15.1%) | 3,584 (11.7%) | 3,793 (10.5%) | 14,845 (14.7%) | 6,558 (15.5%) | 41,085 (14.1%) |
| Hypertension (no/%) | 30,478 (37.5%) | 14,855 (48.5%) | 18,554 (36.6%) | 46,137 (38.0%) | 14,095 (49.7%) | 124,119 (41.8%) |
| Diabetes mellitus & hypertension (no/%) | 37,425 (46.0%) | 11,889 (38.8%) | 13,170 (36.6%) | 38,386 (38.0%) | 21,043 (49.7%) | 121,913 (41.8%) |
| Total (no. / %) | 81,355 (100%) | 30,638 (100%) | 36,001 (100%) | 101,009 (100%) | 42,330 (100%) | 291,333 (100%) |
| **26.21 - Prevalence of hypertension and diabetes** | | | | | | |
| Served population ≥ 40 years with diabetes mellitus (%) | 14.8% | 14.7% | 14.5% | 16.8% | 18.3% | 15.9% |
| Served population ≥ 40 years with hypertension (%) | 20.1% | 25.2% | 27.1% | 26.2% | 23.3% | 23.7% |
| **26.22 – Management** | | | | | | |
| Hypertensive patients on lifestyle management only (%) | 0.42 | 3.68 | 0.41 | 2.7 | 0.2 | 1.6 |
| DMI&II patients on lifestyle management only (%) | 0.8 | 2.3 | 0.6 | 3.5 | 0.5 | 1.8 |
| Diabetes I &II patients on insulin only (%) | 13.5 | 9.6 | 15.9 | 13.7 | 11.8 | 13.2 |
| **26.23 - Risk scoring** | | | | | | |
| **Risk status - patients with diabetes mellitus type 1 (%):** | | | | | | |
| Low | 36.0 | 58.1 | 58.4 | 54.9 | 55.0 | 50.8 |
| Medium | 59.8 | 39.4 | 38.4 | 43.8 | 40.6 | 46.5 |
| High | 4.2 | 2.5 | 3.2 | 1.3 | 4.4 | 2.7 |
| **Risk status - patients with diabetes mellitus type 2 (%):** | | | | | | |
| Low | 9.8 | 18.3 | 22.7 | 18.1 | 17.2 | 16.1 |
| Medium | 58.8 | 55.4 | 56.0 | 62.5 | 59.8 | 60.1 |
| High | 31.4 | 26.4 | 21.2 | 19.5 | 23.0 | 23.8 |
| **Risk status - patients with hypertension (%):** | | | | | | |
| Low | 10.7 | 17.8 | 9.4 | 8.6 | 14.9 | 10.8 |
| Medium | 45.7 | 55.8 | 46.3 | 49.2 | 60.4 | 50.0 |
| High | 43.6 | 26.5 | 44.3 | 42.3 | 24.6 | 39.2 |
| **Risk status - patients with diabetes & hypertension (%):** | | | | | | |
| Low | 7.6 | 5.7 | 24.4 | 16.2 | 3.1 | 11.7 |
| Medium | 28.4 | 47.3 | 56.0 | 58. | 40.8 | 46.0 |
| High | 64.1 | 47.0 | 19.6 | 25.2% | 56.1 | 42.3 |

| Field | Jordan | Lebanon | Syria | Gaza Strip | West Bank | Agency |
|---|---|---|---|---|---|---|
| **Risk factors among NCD patients (%):** | | | | | | |
| Smoking | 13.3 | 27.8 | 26.4 | 9.4 | 13.1 | 14.2 |
| Physical inactivity | 70.4 | 34.1 | 28.0 | 55.1 | 39.7 | 52.6 |
| Obesity | 44.0 | 44.3 | 38.1 | 57.1 | 55.7 | 50.4 |
| Raised cholesterol | 49.2 | 31.9 | 36.2 | 47.7 | 53.0 | 46.2 |
| **26.24 - Late complications among ncd patients (%)** | | | | | | |
| Diabetes mellitus type I | 0.8 | 1.9 | 3.2 | 1.7 | 2.5 | 1.8 |
| Diabetes mellitus type II | 2.7 | 3.1 | 5.8 | 7.6 | 6.0 | 5.5 |
| Hypertension | 5.3 | 5.7 | 10.3 | 9.2 | 7.8 | 7.9 |
| Diabetes mellitus & hypertension | 10.0 | 9.0 | 15.1 | 19.1 | 13.2 | 14.1 |
| All NCD patients | 7.3 | 6.9 | 11.7 | 12.8 | 10.3 | 10.3 |
| **26.25 – Defaulters** | | | | | | |
| NCD patients defaulting during (no.) | 9,016 | 1,059 | 2,511 | 4,986 | 3,665 | 21,237 |
| NCD patients defaulting during 2020/total registered end 2020(%) | 11.4 | 3.6 | 7.2 | 5.1 | 8.7 | 7.5 |
| **26.26 - Fatality** | | | | | | |
| Reported deaths among registered NCD patients (%) | 1.5 | 2.2 | 1.6 | 1.9 | 1.9 | 1.8 |
| **Reported deaths among registered NCD patients by morbidity (no):** | | | | | | |
| Diabetes mellitus | 104 | 49 | 38 | 199 | 73 | 463 |
| Hypertension | 258 | 250 | 238 | 508 | 186 | 1,440 |
| Diabetes mellitus & hypertension | 790 | 347 | 271 | 1,137 | 523 | 3,068 |
| Total | 1,152 | 646 | 547 | 1,844 | 782 | 4,971 |
| **26.27 - Communicable diseases** | | | | | | |
| Registered refugee (no.) | 2,499,905 | 549,692 | 665,866 | 1,705,352 | 1,099,968 | 6,520,783 |
| Population served (no.) | 2,334,789 | 482,676 | 575,234 | 1,516,258 | 883,950 | 5,792,907 |
| **Reported cases (no.):** | | | | | | |
| Acute flaccid paralysis[13] | 0 | 0 | 0 | 0 | 0 | 0 |
| Poliomyelitis | 0 | 0 | 0 | 0 | 0 | 0 |
| Cholera | 0 | 0 | 0 | 0 | 0 | 0 |
| Diphtheria | 0 | 0 | 0 | 0 | 0 | 0 |
| Meningococcal meningitis | 0 | 0 | 0 | 1 | 0 | 1 |
| Meningitis – bacterial | 0 | 0 | 1 | 3 | 0 | 4 |
| Meningitis – viral | 0 | 1 | 0 | 17 | 21 | 39 |
| Tetanus neonatorum | 0 | 0 | 0 | 2 | 0 | 2 |
| Brucellosis | 5 | 2 | 152 | 21 | 24 | 204 |
| Watery diarrhoea (>5years) | 4,495 | 2,857 | 2,961 | 1,324 | 1,677 | 13,314 |
| Watery diarrhoea (0-5years) | 4,680 | 2,499 | 3,540 | 5,535 | 2,869 | 19,123 |
| Bloody diarrhoea | 24 | 12 | 20 | 204 | 53 | 313 |
| Viral Hepatitis | 20 | 60 | 362 | 262 | 9 | 713 |
| HIV/AIDS | 0 | 0 | 0 | 0 | 0 | 0 |
| Leishmania | 0 | 0 | 30 | 0 | 2 | 32 |
| Malaria | 0 | 0 | 0 | 0 | 0 | 0 |
| Measles | 0 | 3 | 1 | 37 | 3 | 44 |

13 No. of surviving infants = Population X crude birth rate X (1-IMR)

| Field | Jordan | Lebanon | Syria | Gaza Strip | West Bank | Agency |
|---|---|---|---|---|---|---|
| Gonorrhoea | 0 | 5 | 2 | 0 | 0 | 7 |
| Mumps | 0 | 6 | 12 | 180 | 14 | 212 |
| Pertussis | 0 | 0 | 2 | 0 | 1 | 3 |
| Rubella | 0 | 0 | 2 | 0 | 0 | 2 |
| Tuberculosis, smear positive | 0 | 1 | 6 | 0 | 0 | 7 |
| Tuberculosis, smear negative | 0 | 1 | 2 | 0 | 0 | 3 |
| Tuberculosis, extra pulmonary | 0 | 0 | 15 | 0 | 0 | 15 |
| Typhoid fever | 0 | 0 | 222 | 23 | 1 | 246 |
| **Crosscutting services** | | | | | | |
| **26.28 - Laboratory services** | | | | | | |
| Laboratory tests (no.) | 1,064,591 | 211,130 | 432,823 | 2,038,544 | 764,637 | 4,511,725 |
| Productivity (workload units / hour) | 48.0 | 30.3 | 27.9 | 46.5 | 57.8 | 42.1 |
| **26.29 Abnormal haemoglobin results among pregnant woman and children 12 months of age** | | | | | | |
| Abnormal Hb result for Children at one year (%) | 33 | 29 | 56 | 67 | 31 | 52 |
| Abnormal Hb result for pregnant women at registration (%) | 18 | 19 | 34 | 32 | 22 | 26 |
| Abnormal Hb result for pregnant women at 24 weeks (%) | 25 | 28 | 27 | 53 | 31 | 37 |
| **26.30 - Radiology services** | | | | | | |
| Plain x-rays inside UNRWA (no.) | 0 | 17,073 | 0 | 17,142 | 23,291 | 57,506 |
| Plain x-rays outside UNRWA (no.) | 410 | 15,315 | 0 | 0 | 0 | 15,725 |
| Other x-rays outside UNRWA (no.) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total plain x-ray in and outside UNRWA (no.) | 410 | 32,388 | 0 | 17,142 | 23,291 | 73,231 |

| 26.31- Human resources | HQ | Jordan | Lebanon | Syria | Gaza | West Bank | Agency |
|---|---|---|---|---|---|---|---|
| **Health staff as at end of December 2020 (no.)** | | | | | | | |
| **Medical care services :** | | | | | | | |
| Doctors | 3 | 99 | 35 | 66 | 168 | 73 | 444 |
| Specialist | 0 | 6 | 7 | 8 | 6 | 6 | 33 |
| Pharmacists | 1 | 2 | 25 | 11 | 2 | 3 | 44 |
| Dental Surgeons | 0 | 30 | 13 | 23 | 28 | 16 | 110 |
| Nurses | 1 | 250 | 103 | 108 | 311 | 242 | 1,015 |
| Paramedical | 4 | 128 | 25 | 93 | 216 | 169 | 635 |
| Admin./Support Staff | 6 | 70 | 65 | 59 | 136 | 74 | 410 |
| Labour category | 0 | 86 | 26 | 63 | 97 | 76 | 348 |
| **Sub-total** | 15 | 671 | 299 | 431 | 964 | 659 | 3,039 |
| International Staff | 7 | 0 | 0 | 0 | 0 | 0 | 7 |
| **Grand total** | 22 | 671 | 299 | 431 | 964 | 659 | 3,046 |
| **Health personnel per 100,000 registered refugees:** | | | | | | | |
| Doctors | | 4.2 | 7.3 | 11.5 | 13.2 | 8.3 | 8.0 |
| Dental surgeons | | 1.3 | 2.7 | 4.0 | 2.2 | 1.8 | 2.0 |
| Nurses | | 10.7 | 21.3 | 18.8 | 24.4 | 27.4 | 18.3 |

# Part 4 - Selected Survey Indicators

## Infant and Child Mortality Survey, 2013

Table 27: Infant and child mortality

| Indicators | Joradan | Lebanon | Gaza Strip | West Bank | Agency |
|---|---|---|---|---|---|
| Early neonatal (<= 7 days) | 10.8 | 8.3 | 10.3 | 5.9 | 9.2 |
| Late neonatal (8 - <=28 days) | 2.5 | 2.8 | 10.0 | 1.8 | 4.6 |
| Neonatal (<= 28 days) | 13.3 | 11.1 | 20.3 | 7.8 | 13.7 |
| Post neonatal (>28 days - 1 year) | 6.7 | 3.9 | 2.1 | 4.1 | 4.3 |
| Infant mortality (< one year) | 20.0 | 15.0 | 22.4 | 11.9 | 18.0 |
| Child mortality (> one year) | 1.6 | 2.2 | 4.8 | 0.5 | 2.4 |
| Infant and child mortality | 21.6 | 17.2 | 27.2 | 12.3 | 20.4 |

## DMFS Survey, 2010

Table 28: Descriptive: total DS, FS and DMFS sorted by age group

| Age group | DS[14] Mean, SE (95%CI) | FS[15] Mean, SE (95%CI) | DMFS[16] Mean, SE (95%CI)8 |
|---|---|---|---|
| 11-12 year | 3.27, 0.34<br>(2.61 – 3.94) | 0.49, 0.13<br>(0.24 – 0.74) | 3.83, 0.38<br>(3.08 – 4.58) |
| 13 year | 3.20, 0.08<br>(3.04 – 3.36) | 0.58, 0.03<br>(0.52 – 0.63) | 3.92, 0.09<br>(3.74 – 4.10) |
| > 13 year | 3.09, 0.49<br>(2.11 – 4.06) | 0.94, 0.24<br>(0.46 – 1.42) | 4.22, 0.54<br>(3.16 – 5.29) |

Table 29: DMFS, DS and FS sorted by age group and gender.

| Age group | gender | DS<br>Mean,<br>SE (95%CI) | FS<br>Mean,<br>SE (95%CI) | DMFS<br>Mean,<br>SE (95%CI) | DS/<br>DMFS<br>% | FS/<br>DMFS<br>% |
|---|---|---|---|---|---|---|
| 11-12 year | males | 3.38<br>0.47 (2.43 – 4.32) | 0.39<br>0.12 (0.14 – 0.64) | 3.90<br>0.52 (2.86 – 4.94) | 86.5 | 10.0 |
| | females | 3.16<br>0.48 (2.20 – 4.12) | 0.59<br>0.23 (0.14 – 1.05) | 3.75<br>0.56 (2.64 – 4.86) | 83.0 | 14.1 |
| 13 year | males | 3.23<br>0.12 (3.00 – 3.47) | 0.55<br>0.04 (0.46 – 0.63) | 3.90<br>0.13 (3.65 – 4.15) | 77.2 | 22.8 |
| | females | 3.16,<br>0.12 (2.93 – 3.40) | 0.60<br>0.04 (0.52 – 0.68) | 3.9<br>0.13 (3.67 – 4.20) | 84.2 | 15.8 |
| > 13 year | males | 3.75<br>0.85 (2.03 – 5.48) | 1.11<br>0.47(0.16 – 2.06) | 4.87<br>0.90 (3.05 – 6.68) | 80.4 | 15.3 |
| | females | 2.57,<br>0.57 (1.43 – 3.70) | 0.81<br>0.22 (0.36 – 1.25) | 3.72<br>0.65 (2.42 – 5.03) | 69.0 | 21.8 |

14 Decayed Surface

15 Filling Surface

16 Decayed, Missing, Filled Surface

Table 30: DMFS, DS and FS sorted by Field

| Field | DS Mean, SE (95%CI) | FS Mean, SE (95%CI) | DMFS Mean, SE (95%CI) | DS/DMFS% | FS/DMFS% |
|---|---|---|---|---|---|
| Jordan | 2.48<br>0.15 (2.19 – 2.78) | 0.55<br>0.05 (0.45 – 0.64) | 3.23<br>0.17 (2.89 – 3.56) | 76.9 | 17.0 |
| Lebanon | 2.99<br>0.21 (2.57 – 3.41) | 0.77<br>0.08 (0.61 – 0.92) | 3.78<br>0.23 (3.33 – 4.23) | 79.2 | 20.3 |
| Syria | 3.37<br>0.18 (3.02 – 3.72) | 0.7<br>0.09 (0.59 – 0.93) | 4.22<br>0.20 (3.82 – 4.62) | 80.0 | 18.0 |
| Gaza | 2.21<br>0.11 (1.99 – 2.42) | 0.34<br>0.04 (0.25 – 0.42) | 2.66<br>0.12 (2.38 – 2.87) | 82.9 | 12.7 |
| West Bank | 5.02<br>0.21 (4.60 – 5.44) | 0.54<br>0.06 (0.42 – 0.66) | 5.88<br>0.23 (5.42 – 6.34) | 85.4 | 9.2 |

## Decayed/Missing/Filled Teeth (DMFT) Survey Conducted in 2016

Table 31: Prevalence of Dental Caries (DMFT/S>0) in the permanent dentition by Field, 2016

| Field | No. | % | CI 95% |
|---|---|---|---|
| Jordan | 262 | 68.4 | 63.5 – 73.0 |
| Lebanon | 287 | 73.6 | 68.9 – 77.8 |
| Syria | 134 | 45.9 | 40.1 – 51.8 |
| Gaza | 309 | 70.7 | 66.2 – 74.9 |
| West Bank | 271 | 79.7 | 75.0 – 83.9 |
| Agency | 1263 | 72.8 | 70.5 – 75.0 |

Table 32: Prevalence of dental sealants on permanent teeth, by Field, 2016

| Indicator | Jordan | Lebanon | Syria | Gaza Strip | West Bank | Agency | CI 95% |
|---|---|---|---|---|---|---|---|
| Prevalence of dental sealants | 4.2 | 431.5 | 0.0 | 1.6 | 1.8 | 9.8 | (CI 95%: 8.4-11.4) |

Table 33: Prevalence of Dental Caries (DMFS) results 2011 and 2016

| Year | Jordan | Lebanon | Syria | Gaza Strip | West Bank | Agency |
|---|---|---|---|---|---|---|
| 2011 | 71.1 | 68.5 | 71.8 | 68.8 | 85.1 | 73.1 |
| 2016 | 68.4 | 73.6 | 45.9 | 70.7 | 79.7 | 72.8 |

## Current Practices of Contraceptive Use Among Mothers of Children 0-3 Years Survey, 2015

Table 34: Selected reproductive health survey indicators

| Indicators | Jordan | Lebanon | Syria | Gaza Strip | West Bank | Agency |
|---|---|---|---|---|---|---|
| Mean birth interval (months) | 40.4 | 42.4 | 42.9 | 33.7 | 39.4 | 39.2 |
| Percentage of women married by the age < 18 years | 24.6 | 16.6 | 19.0 | 23.7 | 23.6 | 22.0 |
| Percentage of women with birth intervals < 24 months | 27.7 | 30.4 | 26.2 | 38.5 | 30.4 | 31.3 |
| Mean birth interval (months) | 40.4 | 42.4 | 42.9 | 33.7 | 39.4 | 39.2 |
| Prevalence of modern contraceptives among women of reproductive age utilizing UNRWA MCH services | 64.0 | 67.2 | 59.6 | 52.8 | 55.6 | 59.3 |
| Mean marital age (women) | 20.3 | 21.4 | 20.9 | 19.9 | 19.9 | 20.4 |

Table 35: Total fertility rates among mothers of children 0 to 3 years of age who attended the Maternal and Child Health clinics

| Field | 1995 | 2000 | 2005 | 2010 | 2015 |
|---|---|---|---|---|---|
| Jordan | 4.6 | 3.6 | 3.3 | 3.5 | 3.2 |
| Lebanon | 3.8 | 2.5 | 2.3 | 3.2 | 2.7 |
| Syria | 3.5 | 2.6 | 2.4 | 2.5 | 2.7 |
| Gaza | 5.3 | 4.4 | 4.6 | 4.3 | 3.6 |
| West Bank | 4.6 | 4.1 | 3.1 | 3.9 | 3.6 |
| Agency | 4.7 | 3.5 | 3.2 | 3.5 | 3.2 |

## Prevalence of Anaemia Among Pregnant Women, Nursing Mothers and Children 36-6 Months of Age Survey, 2005

Table 36: Selected anaemia survey indicators

| Indicator | Jordan | Lebanon | Syria | Gaza | West Bank | Agency |
|---|---|---|---|---|---|---|
| Percentage of infants breastfed for at least one month | 75.9 | 87.2 | 78.3 | 65.0 | 87.1 | 78.9 |
| Prevalence of exclusive breast feeding up to 4 months | 24.0 | 30.2 | 40.3 | 33.3 | 34.5 | 32.7 |
| Prevalence of anaemia among children < 3 years of age | 28.4 | 33.4 | 17.2 | 54.7 | 34.2 | 33.8 |
| Prevalence of anaemia among pregnant women | 22.5 | 25.5 | 16.2 | 35.6 | 29.5 | 26.3 |
| Prevalence of anaemia among nursing mothers | 22.2 | 26.6 | 21.7 | 45.7 | 23.0 | 28.6 |
| **Prevalence of anaemia among school children** | | | | | | |
| • 1 st grade | 14.4 | 22.3 | 9.1 | 36.4 | 14.6 | 19.5 |
| • 2 nd grade | 11.6 | 16.9 | 6.0 | 11.4 | 14.9 | 12 |

# Annex 1-Donor Support (Totally/Partially) to UNRWA Health Programm During 2021

Table 37: Donor support to UNRWA health program

| Funding Portal | Donor | US$ Amount | Title | Fund code |
|---|---|---|---|---|
| **Programme Budget** | Austria | 4,319,872 | 2021. Supporting UNRWA Health Programme in Gaza and West Bank additional EUR 1.9m to health | GF21038 |
| | Germany | 16,891,892 | Health and Education proposal for oPt | GF21050 |
| | Japan | 2,770,909 | Enhancement of human security of the Palestine refugees in the West Bank through the delivery of health care services | GF21014 |
| | Japan | 902,197 | Support to UNRWA Education and Healthcare to Palestine Refugees In Lebanon | GF21016 |
| | Luxembourg | 723,230 | Supporting the provision of healthcare for Palestine refugees in Gaza Strip | GF21040 |
| | Mexico | 88,445 | Additional contribution from the Mexican Government to support UNRWA's programme on health services and medical supplies procurement in Gaza | GF21039 |
| | Spain, Andalucia Government | 342,186 | Primary Health Care in Syria | GF21001 |
| | Spain, Andalucia Government | 465,116 | Guarantee the right to health of the Palestinian refugee population during COVID-19 in Syria | GF21041 |
| | Spain, Asturias Government | 74,390 | Strengthening of MCHC for Palestine refugee women at UNRWA Tal Sultan HC in the | GF21028 |
| | Spain, Baleares Government | 145,349 | Support MCHC program in West Bank | GF21043 |
| | Spain, Barcelona City Council | 116,279 | Maternal and Child Healthcare program in one HC in Gaza | GF21017 |
| | Spain, Barcelona City Council | 112,961 | Support MCHC program in Sabra HC in Gaza | GF21032 |
| | Spain, Basque Government | 237,812 | Health Points in West Bank | GF21037 |
| | Spain, Basque & Navarra Fund | 8,899 | 2021 project for Health Staff in West Nuseirat HC | GF21047 |
| | Spain, Bizkaia Regional Government | 24,540 | Health Staff in Syria | GF21004 |
| | Spain, Catalonia Government | 293,072 | Support MCHC and GbV prevention at Deir el Balah Health Centre in Gaza | GF21024 |
| | Spain, Extremadura Government | 232,558 | MCHC project in Gaza | GF21042 |
| | Spain, La Rioja Government | 60,827 | MCHC Staff in the West Nuseirat Health Center | GF21006 |
| | Spain, Malaga City Council | 16,147 | Support MCHC at Arroub Health Center in West Bank | GF21034 |
| | Spain, Navarra Government | 136,196 | Health Points in WB | GF21002 |
| | Spain, Zaragoza City Council | 77,859 | Health Points in WB | GF21007 |
| | Spain, Zaragoza Regional Government | 48,960 | Health Points in the West Bank | GF21011 |
| | Spain, Zaragoza Regional Government | 45,422 | Support vaccination project in Balata Health Center in West Bank | GF21035 |
| | Kuwait Fund for Arab Economic Development | 1,500,000 | UNRWA's Health Services in Lebanon | GF21049 |
| | Bancaja-CaixaBank Foundation | 14,269 | MCHC at the al-Naser health centre in Gaza | GF21036 |
| | Kutxa Foundation, Spain | 22,509 | To cover MCHC in WB | GF21023 |
| | Rumah Zakat Indonesia | 6,885 | Providing comprehensive assistance in Health, Education and social services for Palestine refugees in Lebanon | GF21033 |

| Funding Portal | Donor | US$ Amount | Title | Fund code |
|---|---|---|---|---|
| **Programme Budget** | St. John Eye Hospital | 100,884 | To provide eye care services to the most vulnerable Palestinian population in East Jerusalem and the West Bank | GF21046 |
| | St. John Eye Hospital | 78,723 | PEC Equipment and Supplies to be provided by S.JEHG to UNRWA, WB | GI21046 |
| **Syria Appeal** | China | 1,040,920 | 40,000 vials for Syria, 80,000 vials for each of Jordan and Lebanon | IQ21S59 |
| | Italy | 1,770,956 | Support to UNRWA's Health and Education Programme in Lebanon in response to COVID 19 | PQ21S30 |
| | Italy | 1,789,976 | Strengthening the Resilience of Palestine Refugees from Syria in Lebanon through Cash for Food Assistance and Health Services | PQ21S31 |
| | Italy | 1,146,789 | Support to Palestine refugees in Syria through health and protection services | PQ21S44 |
| | Japan | 1,753,800 | COVID-19 response in sectors of health, education, water, sanitation and hygiene (WASH), relief services, and protection in UNRWA operational areas | PQ21S19 |
| | Palestine | 124,916 | Covering 10% of COVID-19 hospitalization expenses in Lebanon | PQ21S27 |
| | Qatar | 500,000 | Provision of health care services to Palestine refugees in Syria | PQ21S52 |
| | Spain, Andalucia Government | 135,711 | Primary Health Care in Syria for COVID-19 Appeal | PQ21S03 |
| | Spain, Andalucia Government | 116,279 | Guarantee the right to health of the Palestinian refugee population during COVID-19 in Syria | PQ21S43 |
| | Spain, Bilbao City Council | 24,331 | Covid health supplies SFO | PQ21S08 |
| | Spain, Castilla y Leon Government | 35,672 | Support COVID-19 response for medicines for health centers in Syria | PQ21S37 |
| | Spain, Zaragoza City Council | 60,680 | Provide PPE (COVID-19) for SFO staff in Syria | PQ21S12 |
| | OCHA | 500,001 | Provision of life-saving healthcare services to Palestine Refugees in Syria | PQ21S42 |
| | UNDP | 200,000 | additional "Supporting UNRWA Quarantine and Isolation Centers in Lebanon" | PV20069 |
| | UNHCR | 281,581 | Health Assistance for Palestinian persons arriving from Syria in Egypt | PQ21S11 |
| | UNRWA USA National Committee | 203,796 | UNRWA USA Support to SFO Healthcare Staff, Syria | PQ21S24 |
| **Projects** | The Royal Health Awareness Society, Jordan | 104,096 | Supply Personal Protective Equipment among Health Centres in Jordan in the context of COVID-19 | IQ21S25 |
| | Austria | 29,070 | 2021. Supporting UNRWA Health Programme in Gaza and West Bank, evaluation activity | PQ21056 |
| | Japan | 899,218 | Expansion of UNRWA health services: access to quality, comprehensive health care for Palestine refugees through MHPSS, hospitalization, and medical waste management (2021-2022) | PQ21002 |
| | Japan | 176,572 | Improving UNRWA health services: access to quality, comprehensive health care for Palestine refugees through e-Health services | PQ21007 |
| | Japan | 192,845 | Access to comprehensive health services for Palestine refugees: improving the provision of quality health care and medicines in UNRWA health centres, Lebanon | PQ21008 |
| | Japan | 1,720,781 | COVID-19 response in sectors of health, education, water, sanitation and hygiene (WASH), relief services, and protection in UNRWA operational areas | PQ21009 |
| | Japan | 17,803 | Support to UNRWA Education and Healthcare to Palestine Refugees In Lebanon | PQ21010 |
| | Luxembourg | 439,560 | Supporting the provision of healthcare for Palestine refugees in Gaza Strip | PQ21061 |
| | Mexico | 111,555 | Additional contribution from the Mexican Government to support UNRWA's programme on health services and medical supplies procurement in WB. | PQ21057 |
| | Spain | 788,288 | Establishment of a health centre in Yarmouk camp through the rehabilitation of an UNRWA building | PQ21072 |

| Funding Portal | Donor | US$ Amount | Title | Fund code |
|---|---|---|---|---|
| **Projects** | Spain, Gran Canaria Regional Government | 179,211 | Rehabilitation, construction and equipment in Khan Younis, Shouka, Al-Naser and West Nuseirat Health Centre, as well as the 40 schools in Gaza (sound systems). | PQ21012 |
| | USA | 334,354 | Support the integration of Mental Health and Psychosocial Support (MHPSS) into the Family Health Team (FHT) approach in Lebanon | PQ21045 |
| | WHO | 42,120 | Supporting Emergency Needs of Palestine Red Crescent Society (PRCS) to sustain there Health Care Delivery in Gaza Strip | PQ21054 |
| | WHO | 8,000 | COVID-19 Vaccine attitudes among Palestine Refugees in Syria | PQ21055 |
| | Hasene International e.V | 59,666 | Supporting access to primary healthcare at Tal Sultan health centre, Gaza Strip | PQ21034 |
| | Mercy USA for Aid and Development | 250,000 | support Palestine refugees' access to quality healthcare and education in the Gaza Strip. | PQ21050 |
| | UNRWA USA National Committee | 100,000 | UNRWA USA support to LFO disability inclusion | PQ21021 |
| | UNRWA USA National Committee | 30,000 | UNRWA USA Support to LFO Hospitalization Program | PQ21H01 |
| | Korean Companies Association in Jordan | 7,076 | To provide eyeglasses to Palestine refugees who have a visual impairment, Jordan | PQ21063 |
| | St. John Eye Hospital | 71,726 | Strengthening existing health systems in the Gaza Strip through sustainable Inclusive Eye Health services | IQ21071 |
| | Japan | 111,446 | staff costs, JPO (Associate Programme Support Officer), assigned to Health Department, HQ Amman | IQ20A05 |
| | Japan | 118,155 | staff costs of, JPO (Associate Research and Communication Officer) , assigned to Health Department, HQ Amman | IQ20A06 |
| **Emergency Appeal (oPt)** | Germany | 12,373,659 | Support to UNRWA COVID-19 response: ensuring that Palestine refugees are able to meet their basic needs, mitigating a further deterioration in their humanitarian and socio-economic conditions COVID 19 (additional to PV20067) | PV20067 |
| | Germany | 2,565,632 | Support to Palestine refugees in quarantine facilities and in home quarantine during COVID-19 Crisis, Gaza | PR21034 |
| | Japan | 5,925,419 | COVID-19 response in sectors of health, education, water, sanitation and hygiene (WASH), relief services, and protection in UNRWA operational areas (COVID-19 Gaza and WB) | PR21013 |
| | Spain, Asturias Government | 116,972 | Gender Based Violence in Gaza | PR21052 |
| | Spain, Baleares Government | 87,413 | Gender Based Violence in Gaza | PR21051 |
| | Spain, Catalonia Government | 46,905 | Support MCHC and GbV prevention at Deir el Balah Health Centre in Gaza | PR21017 |
| | Spain, Galicia Government | 99,881 | Preventing GBV in Palestinian refugee camps in the Gaza Strip: protecting and caring for women survivors of GBV | PR21044 |
| | Rahmatan Lil Alamin Foundation | 3,181,013 | Supporting the provision of healthcare, relief and social services (emergency food), to Palestine refugees in Gaza Strip | PR21036 |
| | UNRWA USA National Committee | 433,478 | UNRWA USA Support to Gaza Mental Health and Psychosocial Support | PR21033 |
| | Deutsche Bank | 11,611 | Mental Health and Psychosocial Support to Palestine Refugee Children in the Gaza Strip | PR21047 |
| | Private Sector Funding | 100,000 | Supporting children with special needs in Gaza Strip | PR21053 |
| | Private Sector Funding | 15,091 | Community Mental Health in Gaza | PR20016 |
| | NPO AOZORA | 7,000 | PPE- medical face mask in the Gaza Strip | IR21039 |

# Annex 2 - Strategic Outcome 2: Refugees' Health is Protected and the Disease Burden is Reduced

Table 38: Agency-wide Common Monitoring Matrix 2016-2022 log frame

| | Output 2.1<br>people-centered primary health care system using FHT model | Activities |
|---|---|---|
| 2.0.a Prevalence of diabetes among population served 18 years and above (Health)<br>2.0.b Percentage of DM patients under control per defined criteria (Health)<br><br>2.0.c Maternal mortality ratio (per 100,000 live births) (Health)<br><br>2.0.d Degree of alignment with UNRWA protection standards of health services (Health/Protection) | **outpatient**<br>2.1.a Average daily medical consultation per doctor<br>2.1.b Average consultation time per doctor<br><br>2.1.c Number of HCs fully implementing eHealth system<br>2.1.f Number of health centers integrating the MHPSS technical instructions into the Family Health Team approach<br><br>2.1.g Percentage of positive MHPSS cases assisted<br><br>**non-communicable diseases**<br>2.1.h Percentage of NCD patients coming to HC regularly<br>2.1.i Percentage of NCD patients with late complications<br><br>**communicable diseases**<br>2.1.j Number of EPI vaccine preventable disease outbreaks<br>*Maternal health and child services*<br>2.1.k Percentage of women with live birth who received at least 4 ANC visits<br>2.1.l Percentage of post-natal women attending PNC within 6 weeks of delivery<br><br>**school health services**<br>2.1.m Percentage Diphtheria + tetanus coverage among targeted students<br><br>**pharmaceutical services**<br>2.1.n Antibiotic prescription rate<br>2.1.o Percentage of HCs with no stock out of 12 tracer medicines<br>2.1.t Percentage of protection mainstreaming recommendations from internal protection audits implemented (Health/Protection) | *Outpatient*<br>2.1.1.b Number of staff trained on comprehensive MHPSS response<br><br>*oral health*<br>2.1.1.d Percentage of preventative dental consultations out of total dental consultations<br><br>*non-communicable diseases*<br>2.1.1.e Percentage of targeted population 40 years and above screened for diabetes mellitus<br>2.1.1.f Number of new NCD patients (DM, HT, DH+HT)<br>2.1.1.g Total number of NCD patients (DM, HT, DH+HT)<br><br>*communicable diseases*<br>2.1.1.h Percentage of children 18 months old that received all booster vaccines<br>2.1.1.i Number of new TB cases detected<br><br>*Maternal health and child services*<br>2.1.1.j Percentage of 18 months old children that received 2 doses of Vitamin A<br>2.1.1.k Number of active/continuing family planning users<br>2.1.1.l Number of new enrolments in pre-conception care programme<br><br>*school health services*<br>2.1.1.m Percentage of 4th gr. school children identified with vision impairment<br>2.1.1.n Unit cost per capita |
| | Output 2.2<br>efficient hospital support services | Activities |
| | 2.2.a Percentage of UNRWA hospitalization accessed by SSNP | 2.2.1.a Hospitalization unit cost |

Table 39: Agency-wide Common Indicators

| Indicator | Calculation |
|---|---|
| Average daily medical consultations per doctor | Number of medical consultations seen by doctor during given quarter / Number of working days for the same doctor during the same quarter |
| Antimicrobial prescription rate | No. of patients receiving antibiotics prescription / All patients attending curative services (general outpatient clinic + sick babies + sick women + sick NCD) X100 |
| % Preventive dental consultations of total dental consultations | No. of preventive dental consultations / Total no. of preventive & curative dental consultations X100 |
| % 4th-grade school children identified with vision defect | No. of 4th-grade school children identified with vision / No. of 4th-grade school children screened by UNRWA school health program X100 |
| % Health centres implementing at least one Ehealth module | No. of HCs implementing at least one Ehealth module / Total No. of HCs X100 |
| % Health centres with no stock-outs of 12 tracer items | No. of HCs with no stock-outs of 12 tracer items /Total no. of HCs X100 |
| % Pregnant women attending at least 4 ANC visits | No. of pregnant women attending at least 4 ANC visits / No. of women with live births X100 |
| % 18 months old children that received two doses of Vitamin A | No. of children 18 months old that received two doses of Vit A / Total no. of children 18 months old X100 |
| No. of women newly enrolled in Pre-Conception Care program | No. of women newly enrolled in Pre-Conception Care program |
| % Women attending PNC within six weeks of delivery | No. of women attending postnatal care within 6 wks of delivery / No. of women with live births X100 |
| No. of continuing family planning acceptors | No. of continuing family planning acceptors |
| Diphtheria and tetanus (dT) coverage among targeted students | No. of school children that received dT / Total no. of school children targeted X100 |
| % Targeted population 40 years and above screened for diabetes mellitus | No. of patients 40 years and above screened for diabetes / (Total no. of served population 40 years and above) – (total no. of diabetes patients currently registered in NCD program) X100 |
| % Patients with diabetes under control according to defined criteria | No. of DM patients defined as controlled according to HbA1C or postprandial glucose criteria / Total no. of DM patients X100 |
| No. of new NCD patients in the programme | No. of new NCD patients in the programme (Diabetes mellitus; Hypertension; Diabetes mellitus & hypertension) |
| Total No. of NCD patients in the programme | Total No. of NCD patients in the programme (Diabetes mellitus; Hypertension; Diabetes mellitus & hypertension) |
| No. of EPI vaccine-preventable diseases outbreaks | No. of EPI vaccine-preventable diseases outbreaks |
| % 18-month-old children that have received all EPI vaccinations according to host country requirements | No. of children 18 months old that received all doses for all required vaccines / Total no. of children 18 months old X100 |
| No. of new TB cases detected | No. of new TB cases detected (smear-positive + smear-negative + extra pulmonary) |

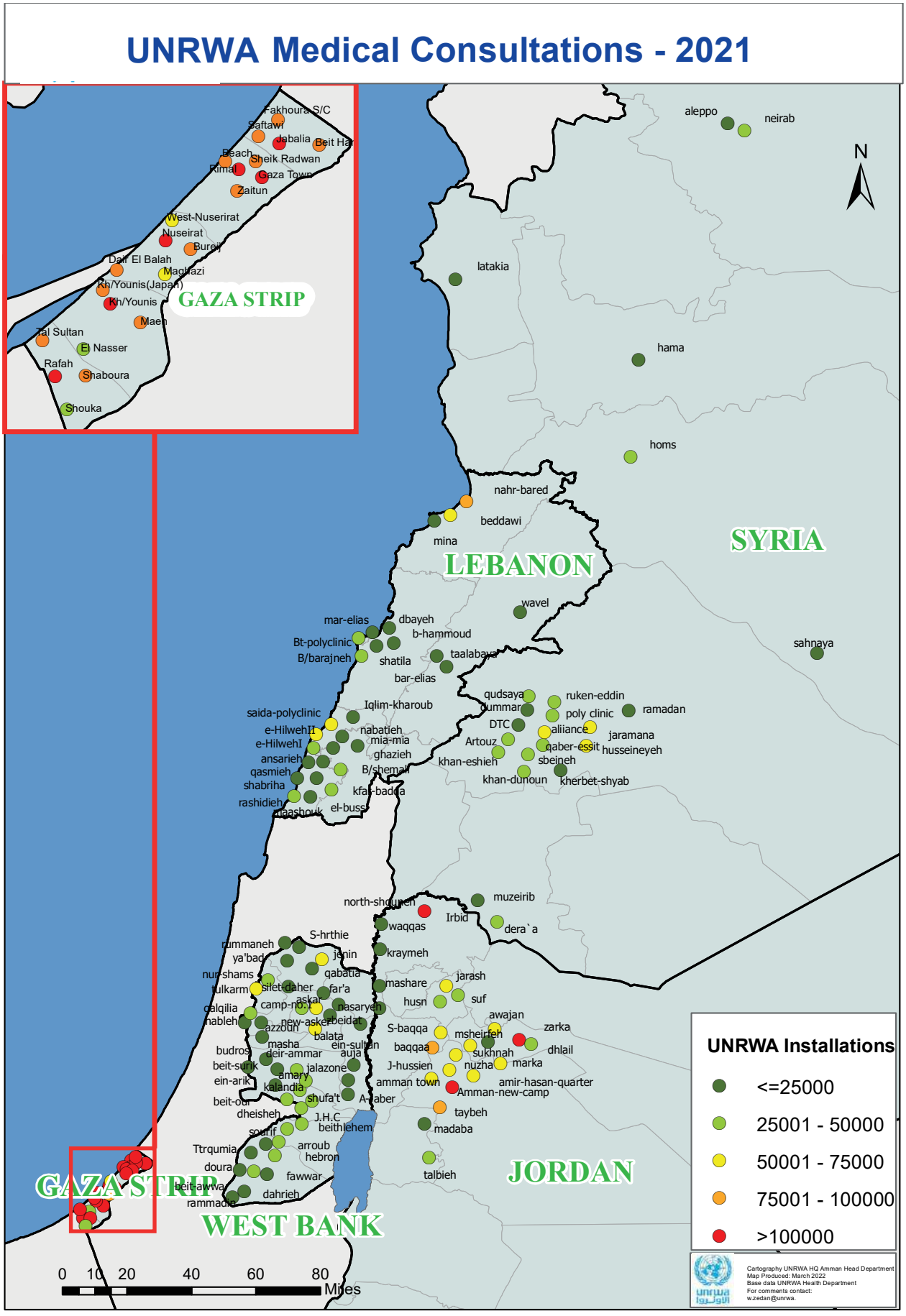
# Annex3 - Health Department Research Activities and Published Papers

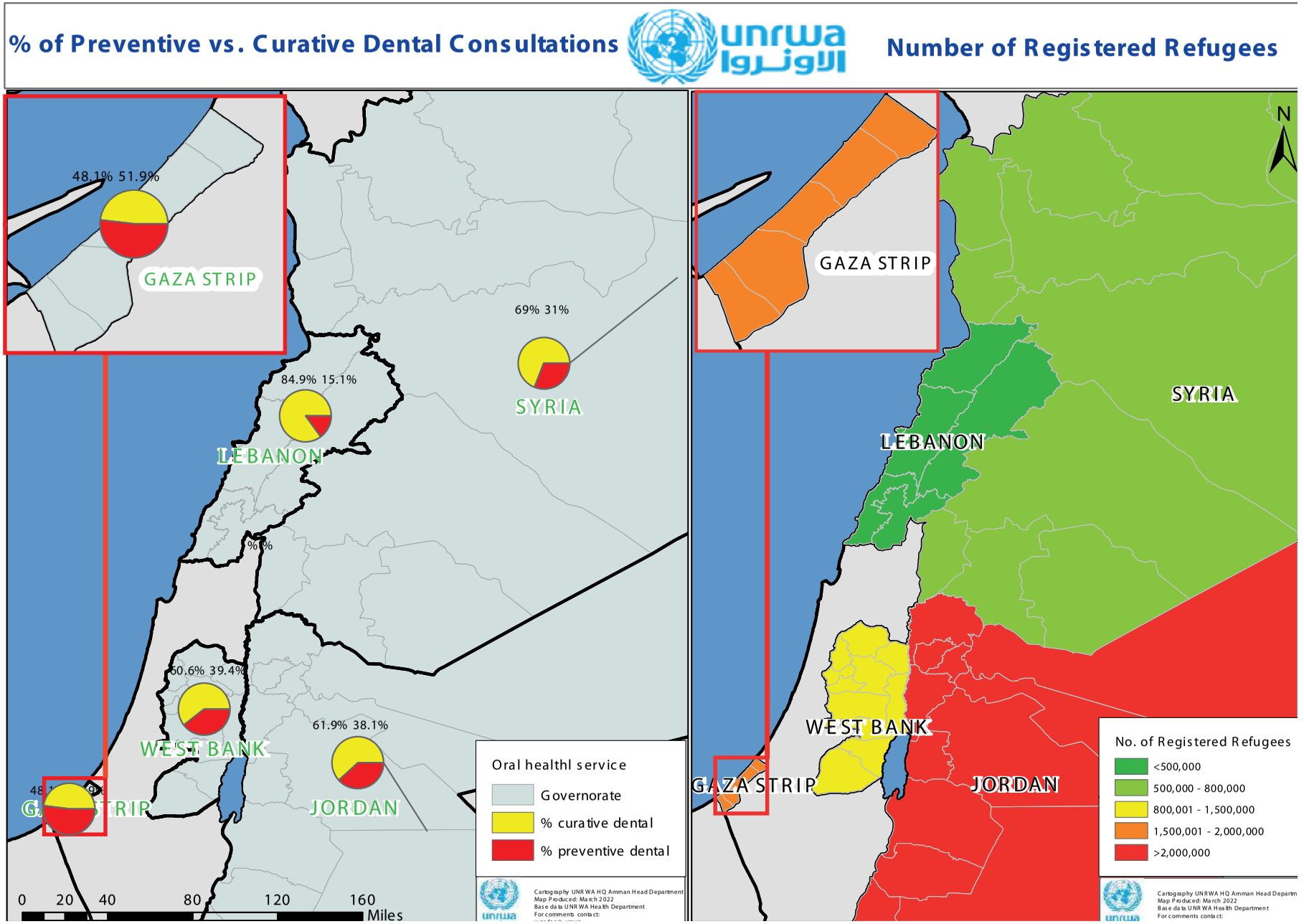
Table 40: Health department resesrch activities and published papers

| S. N | Month/year of publication | UNRWA author(s) | Title | Citation | Type of publication | Language | Web site (if applicable) |
|---|---|---|---|---|---|---|---|
| 1 | Feb,2022 | Kishk NA, Horino M, Albaik S, Naqera KA, Hababeh M, Habash R, Seita A. | Adherence to UNRWA's anaemia treatment guidelines in the Jerash Camp Health Centre, Jordan: a retrospective observational study | BMJ open Volume 12 | Journal Article | English | e056490.full.pdf (bmj.com) |
| 2 | Jan 2022 | Paolucci G, Seita A. | Co-payments and equity in care: enhancing hospitalisation policy for Palestine refugees in Lebanon | BMC health services Research | Journal Article | English | https://link.springer.com/content/pdf/10.1186/s12913-021-07427-8.pdf |
| 3 | Sept 2021 | Horino M. | Microbiome research potential for developing holistic approaches to improve refugee health. | Journal of Global Health Report, V (5) | Journal Article | English | https://doi.org/10.29392/001c.28997 |
| 4 | April 2021 | Horino M. | Impact of adverse childhood experiences and fruit and vegetable intake in adulthood. | Public Health Nutrition, V (5) | Journal Article | English | https://doi.org/10.1017/S1368980019004932 |
| 5 | Dec 2020 | Horino M, Al-Jadba G, Habash R, Akihiro S. | Dietary inadequacy, micronutrient deficiencies, and approaches to preventing poor nutrition in the Gaza Strip. | Food Nutr Bull, V (4) | Journal Article | English | https://doi-org.proxy1.library.jhu.edu/10.1177/0379572120967819 |
| 6 | Sept 2021 | Horino M, Seita A. | Multiple micronutrient deficiencies in the State of Palestine: revisiting prevention policies and actions. | The 6th International Vitamin Conference | Journal Abstract | English | N/A |
| 7 | June 2021 | Horino M, Seita A. | Antenatal multiple micronutrient supplementation in the State of Palestine: a protocol for implementation and evaluation. | Current Development in Nutrition | Journal Abstract | English | https://doi.org/10.1093/cdn/nzab059_017 |
| 8 | July 2021 | El-Qatrawi KJ. | Effect of hypertension on pregnancy outcomes at UNRWA health centres in Gaza governorates: a comparative study | The Lancet, V (398) | Journal Abstract | English | https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01512-9/fulltext |
| 9 | July 2021 | Shahin Y. | Non-communicable diseases among Palestinian refugees from Syria: a cross-sectional study on prevalence, case management, access to and utilization of UNRWA Health Services | The Lancet, V (398) | Journal Abstract | English | https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01508-7/fulltext |

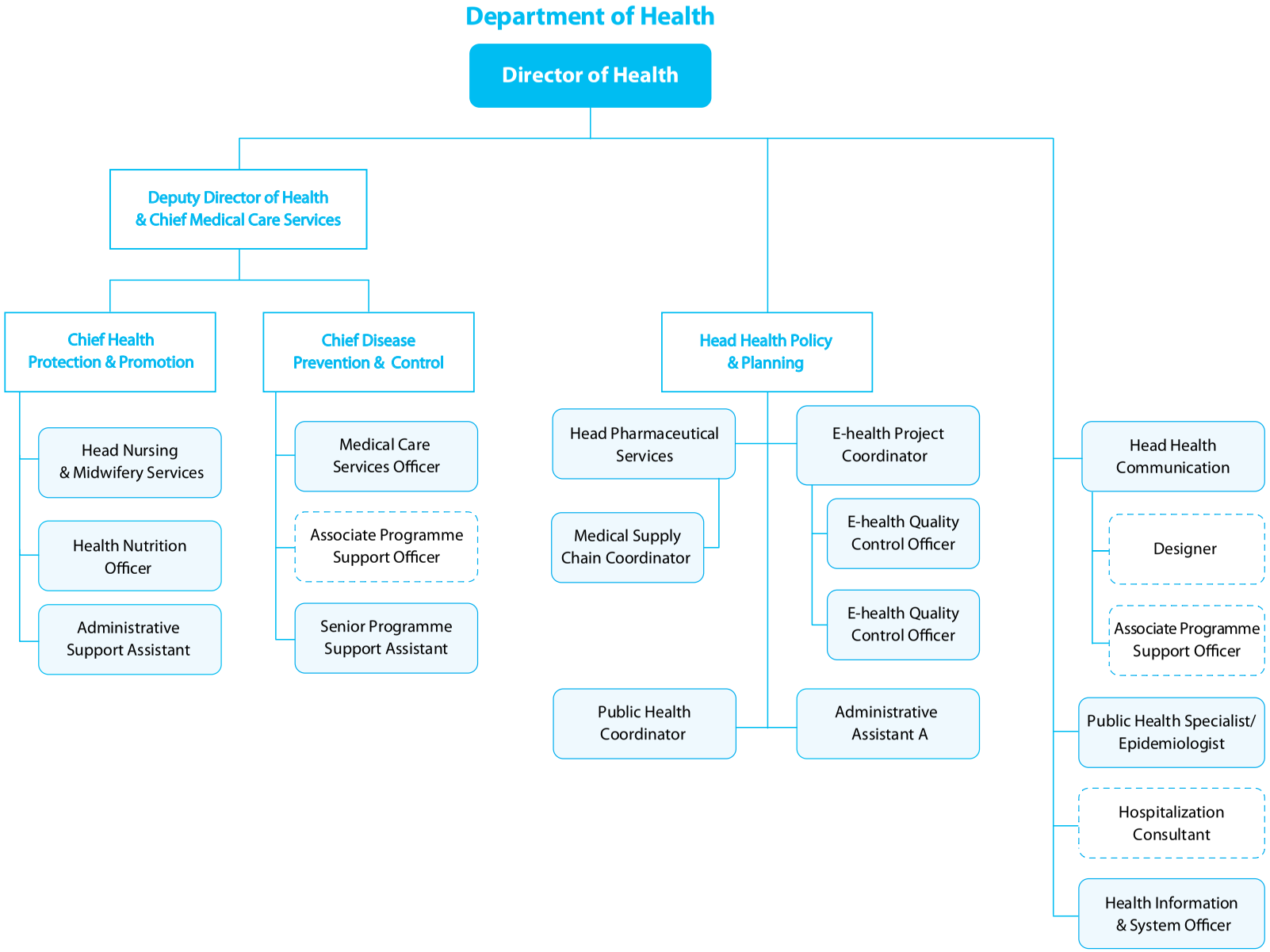
| S. N | Month/year of publication | UNRWA author(s) | Title | Citation | Type of publication | Language | Web site (if applicable) |
|---|---|---|---|---|---|---|---|
| 10 | July 2021 | Al Najjar S, Al-Shaer T, Hamad K, ,Al-Kahlout M, Al-Jadba G. | Emergency response of the UNRWA health programme to Great March of Return injuries: a descriptive analytic study in Gaza | The Lancet, V (398) | Journal Abstract | English | https://www.sciencedirect.com/science/article/abs/pii/S0140673621014902 |
| 11 | July 2021 | Paolucci G, Abu-Zayed I, Seita A. | Morbidity patterns among hospitalized Palestine refugees from Syria in Jordan: a population-based study | The Lancet, V (398) | Journal Abstract | English | https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01529-4/fulltext |
| 12 | July 2021 | Ballout G, Zeidan W, Shahin Y, Albeik S, Seita A. | The impact of e-health system implementation on UNWRA health services: an observational study | The Lancet, V (398) | Journal Abstract | English | https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01503-8/fulltext |
| 13 | July 2021 | Paolucci G, Seita A. | Effects of change in hospital treatment payment policy for Palestinian refugees in Lebanon: a health economics analysis | The Lancet, V (398) | Journal Abstract | English | https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01509-9/fulltext |
| 14 | July 2021 | Ubaid M, Gada Jadba G, Mughari H, Tabash H, Aljaish A, Shahin U. | Integration of mental health and psychosocial support services into primary health care in Gaza: a cross-sectional evaluation | The Lancet, V (398) | Journal Abstract | English | https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01537-3/fulltext |
| 15 | July 2021 | Seita A. | Prevalence and characteristics of Palestine refugee mothers at risk of postpartum depression in Amman, Jordan: a cross-sectional study | The Lancet, V (398) | Journal Abstract | English | https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01514-2/fulltext |
| 16 | July 2021 | Atallah SM. | The prevalence of diabetic peripheral neuropathy among diabetic Palestinian refugees in the Nuzha area, Jordan: a cross-sectional study | The Lancet, V (398) | Journal Abstract | English | https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01501-4/fulltext |

# Annex 4 – Health Maps




% of Preventive vs. Curative Dental Consultations
unrwa
الاونروا
Number of Registered Refugees
48.1% 51.9%
GAZA STRIP
69% 31%
84.9% 15.1%
SYRIA
LEBANON
60.6% 39.4%
WEST BANK
61.9% 38.1%
JORDAN
Oral healthl service
Governorate
% curative dental
% preventive dental
0 20 40 80 120 160
Miles
N
No. of Registered Refugees
<500,000
500,000 - 800,000
800,001 - 1,500,000
1,500,001 - 2,000,000
>2,000,000

# Annex 5 - Depatrtment of Health at UNRWA HQ, Amman Organizational Chart



# Annex 6 - Contacts of Senior Staff of the UNRWA Health Programme

## Technical Staff in the Health Department, HQ, A

| Post Title | Incumbent | Telephone | E-mail address |
|---|---|---|---|
| **WHO Special Representative & Director of Health** | Dr. Akihiro Seita | 5808300 | a.seita@unrwa.org |
| **Deputy Director of Health** | | Vacant | |
| **Health Policy & Planning Officer** | Dr. Sayed Shah | 5808309 | s.shah@unrwa.org |
| **E-Health Project coordinator** | Ghada Ballout | 5808359 | g.ballout@unrwa.org |
| **Health Communication & Community Based Initiative Officer** (Retired end of 2021)<br>**Head Health Communication** (Joined at March 2022) | Dr. Yassir Turki<br>Ms. Amal Arafeh | 5808395 | y.turki@unrwa.org<br>a.arafeh@unrwa.org |
| **Public Health Specialist /Epidemiologist** | Ms. Mai Ogawa | 5808357 | m.aogawa@unrwa.org |
| **Hospitalization Consultant** | Ms. Gloria Paolucci | 5808357 | g.paolucciqunrwa.org |
| **Health Information & Systems Officer** | Ms. Wafa Zeidan | 5808311 | w.zeidan2@unrwa.org |
| **Division of Health Protection & Promotion** | | | |
| **Consultant, Health Protection & Promotion** (Retired end of 2021) | Dr. Majed Hababeh | 5808167 | m.hababeh@unrwa.org |
| **Chief, Health Protection & Promotion** | Dr. Rami Habash | 5808167 | r.habash@unrwa.org |
| **Health Nutrition Officer** | Ms. Nada Abu-Kishk | 5808308 | n.abu-kishk@unrwa.org |
| **Head Nursing and Midwifery Services** | Ms.Tamara Hani | 5808167 | t.rahahleh@unrwa.org |
| **Division of Disease Prevention & Control** | | | |
| **Chief, Disease Prevention & Control** | Dr. Yousef Shahin | 5808315 | y.shahin2@unrwa.org |
| **Division of Medical Care Services** | | | |
| **Medical Care Services Officer** (Joined at February 2022) | Dr. Sa'ed Atallah | 5802567 | s.atallah@unrwa.org |
| **Head Pharmaceutical Services** | Ms. Rawan Saadeh | 5808306 | r.saadeh@unrwa.org |

## Chiefs Field Health Programme

| Post Title | Incumbent | Telephone | E-mail address |
|---|---|---|---|
| Jordan | Dr. Mustafa Ammoura | 5809279 | m.ammoura@unrwa.org |
| West Bank | Dr. Adnan Qarmash | 5890400 | a.qarmash@unrwa.org |
| Gaza | Dr. Ghada Al-Jadba | 6777269 | g.jadba@unrwa.org |
| Lebanon | Dr. Abed Al Hakim Shanaa | 840491 | a.shanaa@unrwa.org |
| Syria | Dr. Kinan Fanous | 6133035 | k.fanous@unrwa.org |

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