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Department of Health

Annual Report 2024

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About UNRWA

UNRWA is a United Nations agency established by the General Assembly in 1949 with a mandate to provide humanitarian assistance and protection to registered Palestine refugees in the Agency's area of operations, namely the West Bank, including East Jerusalem, Gaza, Jordan, Lebanon and Syria, pending a just and lasting solution to their plight. Thousands of Palestine refugees who lost both their homes and livelihood because of the 1948 conflict have remained displaced and in need of significant support for over seventy years. UNRWA helps them achieve their full potential in human development through quality services it provides in education, health care, relief and social services, protection, camp infrastructure and improvement, microfinance and emergency assistance. UNRWA is funded almost entirely by voluntary contributions.

www.unrwa.org

Cover photo: IDP injured child receiving dressing change by an UNRWA nurse at the medical point in Al-Daraj UNRWA shelter (school), Gaza Strip. ©2024 UNRWA Photo

Table of Contents

Table of Contents

acronyms and abbreviations

AFP	Acute Flaccid Paralysis
ANC	Antenatal Care
ATC	Amman Training Centre
AYF	Adolescent and Youth-Friendly
AYFHS	Adolescent and Youth-Friendly Health Services
BSF	Blanket Supplementary Food
CBC	Complete Blood Count
CDC	Centres for Disease Control and Prevention
CHS	Child Health Services
CMAM	Community Management of Acute Malnutrition
COVID-19	Coronavirus Disease 2019
CRM	Customer Relationship Management
cVDPV2	Circulating Vaccine-Derived Poliovirus Type 2
DESs	Designated Emergency Shelters
DM	Diabetes Mellitus
DTC	Damascus Training Centre
DT/Td	Tetanus-Diphtheria
EIOS	Epidemiological Intelligence of Open Sources
e-MCH	Maternal and Child Health Mobile Application
EMR	Electronic Medical Records
EMRO	Eastern Mediterranean Region of Operations
EPI	Expanded Programme on Immunization
EWAR	Early Warning, Alert, and Response
FESA	Faculty of Educational Sciences and Arts
FHT	Family Health Team
FMDP	Family Medicine Diploma Programme
FP	Family Planning
FPG	Fasting Plasma Glucose
GBV	Gender-Based Violence
GFO	Gaza Field Office
GHQ-12	General Health Questionnaire
GPEI	Global Polio Eradication Initiative
GPLN	Global Polio Lab Network
GSHS	Global School-based Student Health Survey
G-SHPPS	Global School Health Policies and Practices Survey
GYTS	Global Youth Tobacco Survey
HbA1c	Haemoglobin A1C
HCs	Health Centres
Hib	Haemophilus Influenza Type B
HD	Health Department
HEB	High-Energy Biscuits
HP	Health Programmes
HSP	Hospitalization Support Programme
HQ	Headquarters
HTN	Hypertension
IADA	International Association for Dental Research – Africa
IDPs	Internally Displaced Persons
IFA	Iron and Folic Acid
IFMSA	International Federation of Medical Students' Associations
IMRs	Infant Mortality Rates
IMC	International Medical Corps
INTER-NDA	International Neurodevelopmental Assessment
IPC	Infection Prevention Control
IUD	Intrauterine Device
IYCF-E	Infant and Young Child Feeding during Emergencies
JNC	Jordanian Nursing Council
LNS	Lipid-Based Nutritional Supplements
MAM	Moderate Acute Malnutrition
MAP-UK	Medical Aid for Palestinians
MCH	Maternal and Child Health
MDAT	Malawi Development Assessment Tool
MDM	Médecins du Monde
mhGAP	mental health Gap Action Programme
MHPSS	Mental Health and Psychosocial Support
MNS	Micronutrient Supplements
MOs	Medical Officers
MoH	Ministry of Health
MoPH	Ministry of Public Health
MOUs	Memoranda of understanding
MMS	Multiple Micronutrient Supplementation
MSF	Médecins Sans Frontières
MUAC	Mid-Upper Arm Circumference
NCDs	Non-Communicable Diseases
NGO	Non-governmental Organization
nOPV2	Novel Oral Polio Vaccine Type 2
OCHA	Office for the Coordination of Humanitarian Affairs
OPR	Office of Population Research
OPV	Oral Polio Vaccine
ORPG	Outbreak Response Preparedness Group
PB	programme budget
PC1	Programme Criticality 1
PCC	Preconception Care
PHC	Primary Healthcare

PLD	Procurement and Logistic Division
PLW	Pregnant and Lactating Women
PMRS	Palestinian Medical Relief Society
PNC	Postnatal care
PRCS	Palestine Red Crescent Society
PRL	Palestine Refugees from Lebanon
PRS	Palestine Refugees from Syria
RA	Risk Assessment
RCCE	Risk Communication and Community Engagement
RCPCH	Royal College of Paediatrics and Child Health
RDA	Recommended Dietary Allowance
RRT	Rapid Response Team
RTE	ready-to-eat
RSS	Relief and Social Services
RUCF	Ready-to-Use Complementary Foods
RUTF	Ready-to-Use Therapeutic Food
SAP	Systems, Applications, and Products
SAM	Severe Acute Malnutrition
SDGs	Sustainable Development Goals
SHP	School Health Programme
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TB	Tuberculosis
TIs	Technical instructions
TVET	Technical and Vocational Education and Training
TWGs	Technical Working Groups
UK-Med	United Kingdom Medical Team
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNIMMAP	United Nations International Multiple Micronutrient Antenatal Preparation
UNRWA	United Nations Relief and Works Agency for Palestine refugees in the Near East
USP	United States Pharmacopeia
Vit A	Vitamin A
WASH	Water, Sanitation, and Hygiene
WISN	Workload Indicators of Staffing Need
WHO	World Health Organization
WFPs	World Food Programmes
WLUs	Workload Units

foreword unrwa Commissioner-General

I am pleased to present the UNRWA Health Annual Report, which showcases the Agency's work and commitment to protecting the health and well-being of Palestine Refugees. Over the past year, Palestine Refugees have suffered extraordinary hardship, enduring devastating conflicts, repeated displacement, acute health, and nutritional crises, debilitating psychological trauma, and severe socioeconomic challenges. In the occupied Palestinian territory, health workers and health facilities have come under unprecedented attack, in violation of international law.

UNRWA has continued to provide public-like primary healthcare services and emergency assistance to millions in exceptionally difficult conditions. In the Gaza Strip, where much of the health system has been destroyed by war and has experienced the deliberate impediment of life-saving assistance, UNRWA health team have continued to show remarkable dedication. They have swiftly set up health points and deployed mobile teams in areas where health centres have been damaged, while also mobilising resources to secure medical supplies. Despite widespread destruction and massive displacement, our health teams continue to provide approximately 16,000 medical consultations per day. Our health staff have risked their lives to care for those in need – 13 of them are among the nearly 300 UNRWA colleagues killed in the Gaza Strip. We mourn this tragic loss.

Coordinated efforts with long-standing partners have been essential for sustaining UNRWA's response. Through our partnership with the World Health Organization and other organisations, the Agency played a key role in the polio vaccination campaign in the Gaza Strip, strengthened disease surveillance systems, and managed health logistics to ensure the availability of medicines and medical supplies. Such cooperation is critical for safeguarding public health services across the region amid ongoing violence and instability.

This report highlights important achievements, including the successful vaccination campaign against polio in Gaza and the continuity of care achieved throughout the war in Gaza and the recent escalation of the conflict in Lebanon. It showcases the positive impact of the collective efforts of donors, partners, and frontline health workers across UNRWA's five fields of operation. It also underscores the magnitude of the challenges UNRWA is facing, and their devastating impact on populations that we have served for decades.

Looking ahead, the Agency will continue to adapt and strengthen our health services to meet the evolving needs of Palestine Refugees, including through agile emergency response strategies, reinforced disease surveillance, and diligent emergency preparedness. We will continue to advocate for meaningful investments in their health and dignity, to fulfil their fundamental rights and keep hope for a better future alive.

I extend my deepest gratitude to our health staff, partners and all those who continue to support UNRWA's lifesaving work. We remain steadfast in our commitment to providing essential health services to Palestine Refugees across all our fields of operation despite the enormity of the challenges we face.

Mr. Philippe Lazzarini
UNRWA Commissioner-General

message from the who regional director for the eastern mediterranean

On behalf of the World Health Organization's Regional Office for the Eastern Mediterranean (WHO EMRO), I am pleased to extend my congratulations on the release of UNRWA's 2024 Annual Health Report. This report highlights UNRWA's invaluable contributions to providing essential healthcare services to Palestine Refugees and improving health outcomes for the most vulnerable among them.

WHO EMRO remains committed to its partnership with UNRWA in protecting the health and well-being of Palestine Refugees. Over the past year, our collaboration has been more critical than ever in strengthening health systems, ensuring the availability of essential medical supplies, and maintaining public health interventions, particularly in Gaza.

In 2024, WHO EMRO and UNRWA worked closely to maintain stock levels of essential medicines in Gaza, ensuring the uninterrupted delivery of life-saving treatments and medical supplies to those in need, despite significant logistical challenges. Additionally, our joint efforts in vaccination campaigns, including polio immunisation, have helped protect tens of thousands of children from preventable diseases. Strengthening disease surveillance through the Early Warning, Alert and Response System (EWARS) has also enhanced outbreak detection in emergency settings, enabling timely responses to emerging health needs in Gaza. These achievements highlight the strength of our partnership and our shared commitment to achieving universal health coverage, even amidst the challenges of war.

As we move forward, WHO EMRO reaffirms its strong support for UNRWA. We will continue collaborating to strengthen health services, expand disease prevention efforts, and enhance access to care for non-communicable diseases, as well as maternal and child health services. Our commitment to advancing health equity and ensuring access to quality healthcare for all Palestine Refugees remains firm.

Dr. Hanan Balkhy
WHO Regional Director for the Eastern Mediterranean

executive summary and report overview

As we reflect on the challenges and achievements of the past year, we must address the unprecedented war unfolding in the Gaza Strip and the ongoing security constraints in the occupied West Bank including East Jerusalem. At the time of writing in May 2025, nearly 300[1] staff members have been killed in the Gaza Strip, including 13 healthcare professionals. Our thoughts and prayers remain with the families who have suffered unimaginable loss. This report is a testament to our deep appreciation for our healthcare staff, who have remained committed to delivering quality health service, even in the face of immense personal risk.

In 2024, the Agency focused on treating over 200,000 patients with non-communicable diseases (NCDs), providing developmental care for more than 200,000 children under five, and promising safe delivery for 70,000 pregnant mothers. Of the 5.97 million Palestine Refugees registered across all fields of operation, over half continue to rely heavily on Agency health services.

Before 7 October 2023, Palestine Refugees in the Gaza Strip comprised the largest demographic benefiting from these services, consistently leading in the utilisation of UNRWA-provided services. Additionally, before the start of the war, 2023, the number of medical consultations in the Gaza Strip averaged 13,000–15,000 per day across 22 health centres. Though only seven to nine health centres remained functional, along with some medical points, the number of consultations increased to approximately 16,000–18,000 per day. Not only did access to basic healthcare become nearly impossible, but the hostilities also created dozens of new health catastrophes, with mounting war injuries, internal displacement, mental health crises, the destruction of sanitation infrastructure, the spread of diseases and deepening hunger.

To address these rapidly changing health needs, UNRWA opened mobile medical units staffed with doctors and nurses, implemented surveillance for potential disease outbreaks, and coordinated the shipment of medicine and medical equipment with the logistic cluster. As of 29 December 2024[2], health services were also provided by 97 mobile medical teams working in 53 medical points inside and outside shelters. Concurrently, the Agency's offices in the occupied West Bank including East Jerusalem, are facing increased movement restrictions, finding temporary solutions to provide continued support for patients and uninterrupted delivery of medical supplies.

Section 1: Introduction and health strategic approach

This section provides an overview of UNRWA health services, its workers, and the health profile of Palestine Refugees served by the Agency. The health profile includes demographic data, disease burden, the effects of the war and prolonged occupation, and strategic approaches to these issues.

Section 2: UNRWA's vital role in healthcare delivery amidst the humanitarian catastrophe

This section contains an overview of UNRWA's emergency response in the Gaza Strip, tracking the closures of health centres, the opening of emergency shelters, the spread of diseases and the polio vaccination campaign. It also includes updates on the related challenges the Agency is facing in, Lebanon, Syria and the occupied West Bank including East Jerusalem.

Section 3: Objective 2 - Palestine refugees lead healthy lives

UNRWA's health programme, as outlined under objective 2 in the new medium-term strategy 2023-2028, focuses on delivering universal primary healthcare services to Palestine Refugees, with a strategic alignment to Sustainable Development Goals 2, 3 and 5. This section outlines the four main priorities, namely; i. maternal and child health ii. non-communicable diseases iii. communicable diseases and infectious diseases, and iv. access to quality, equitable and dignified health services for refugees.

Section 4: Data

This section presents major health indicators, including Agency-wide trends, expenditure by programme, common monitoring matrix (CMM) 2023-2028 indicators, data tables for 2024, selected survey indicators, research activities and a list of published papers and health maps.

1 UNRWA Situation Report #171 on the Humanitarian Crisis in the Gaza Strip and the West Bank, including East Jerusalem | UNRWA.

2 UNRWA Situation Report #153 on the Humanitarian Crisis in the Gaza Strip and the West Bank, including East Jerusalem | UNRWA.

section 1: introduction and health strategic approach

UNRWA

UNRWA's primary mission is to assist Palestine Refugees in Jordan, Lebanon, Syria, the Gaza Strip, and the occupied West Bank including East Jerusalem, 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, as well as microfinance and emergency assistance. UNRWA is funded almost entirely by voluntary contributions and has headquarters (HQ) in Amman, Jerusalem, and Gaza City.

UNRWA's health system operates through three tiers:

- The Health Department at UNRWA HQ in Amman, responsible for policy and strategy development.
- Health Programmes (HP) across UNRWA's five fields of operation, responsible for local operational management.
- Health centre operations: UNRWA operates a total of 119 health centres across four fields of operation. This does not include the 22 health centres that were functioning in Gaza prior to October 2023. In the Gaza Strip, the number of operational health centres fluctuated throughout 2024, as most facilities were destroyed or severely damaged as a result of the war. As the security situation fluctuated, only seven to nine centres remained functional for most of the year.

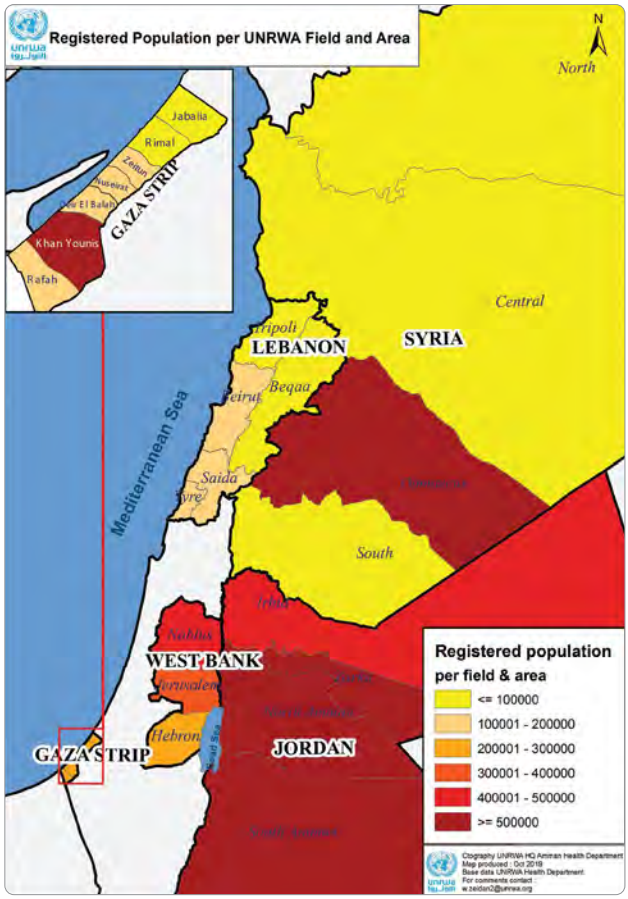
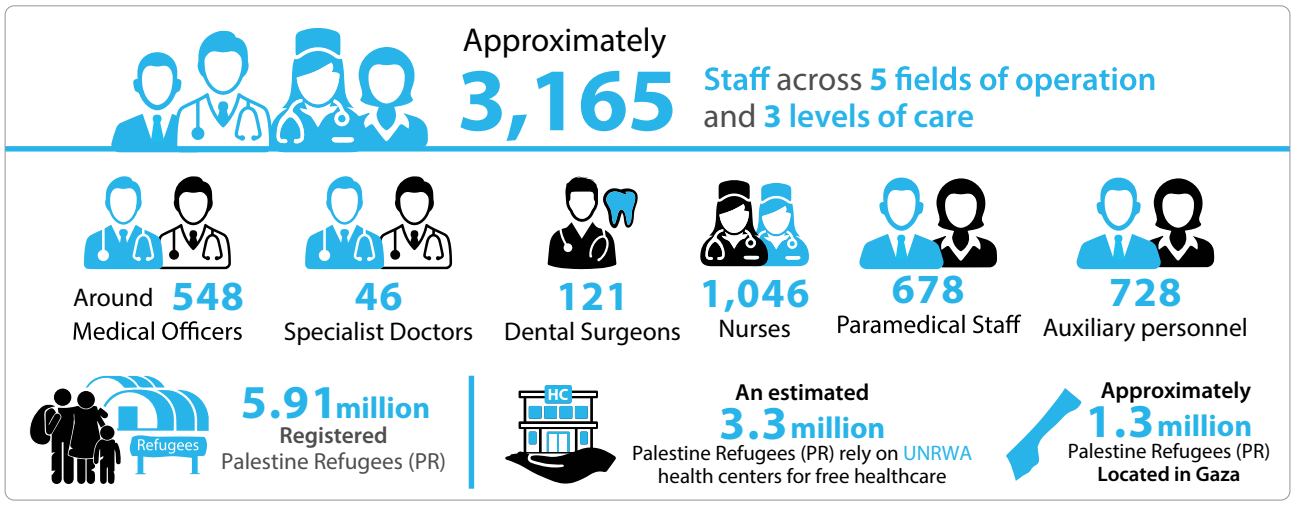


Figure 1: Distribution of Registered Population Across UNRWA Fields and Areas

The UNRWA Health Department employs approximately 3,165 staff across its five fields of operation and provides three levels of care. This includes around 548 medical officers, 46 specialist doctors, 121 dental surgeons, 1,046 nurses, 678 paramedical staff, and 728 auxiliary personnel. Out of 5.91 million registered Palestine Refugees (PR), an estimated 3.3 million PR rely on UNRWA health centres for free healthcare. Approximately 1.3 million PR are in the Gaza Strip, though this number may be underestimated due to data collection challenges since the onset of the war. UNRWA also supports access to hospital care, reimbursing the cost of services provided to PR by local hospitals in its areas of operation. In the occupied West Bank, the Agency directly operates Qalqilya Hospital.



Health Profile

Over the past 75 years of displacement , the Palestine Refugee population has grown from 750,000 in 1950 to nearly 6 million in 2024. Throughout this time , UNRWA and its partners have remained committed to delivering high-quality healthcare despite escalating crises and shifting demographics. In 2024, the political and security conditions in the Gaza Strip, the occupied West Bank, Syria, and Lebanon severely challenged health service delivery, compounded by regional and global economic instability.

Ongoing conflicts and political instability have worsened economic hardship, resulting in high unemployment and poverty rates. An estimated 3.3 million Palestine Refugees rely heavily on UNRWA health services. Of these around 1.3 million Palestine Refugees are in the Gaza Strip, though current figures may be affected by conflict-related data limitations.

Before October, about one third of Palestine Refugees lived in 58 official refugee camps, already facing overcrowding and inadequate infrastructure. The escalation of the conflict in the Gaza Strip led to large-scale destruction in camps such as Rafah and Jabalia, widespread displacement across the Gaza Strip, and significant disruptions to essential services. The war caused widespread homelessness and repeated displacement among Palestinian Refugees, further straining UNRWA's already overstretched healthcare services amid funding shortfalls. The destruction of health facilities, coupled with severe logistical constraints on the entry of medical aid, pharmaceuticals, and supplies, has left many without essential care. Additionally, healthcare workers have faced extreme stress and mental health challenges, worsening the overall health status of the population, particularly in the Gaza Strip. Despite these challenges, UNRWA continued providing aid and health services in dire conditions.

In Lebanon, tensions escalated leading to conflict and cross-border exchanges. The surge in violence led to internal displacement and movement restrictions disrupting access to basic service delivery.

In the occupied West Bank including East Jerusalem, unprecedented hostilities and mobility restrictions have significantly affected both healthcare providers and those seeking medical care.

Despite these immense challenges, UNRWA has remained committed to delivering health services to Palestine Refugees across its areas of operation.

Demographic shifts have reinforced the critical need for maternal and child health (MCH) services, with 27 per cent of registered refugees under the age of 18. UNRWA continues to provide comprehensive reproductive healthcare, including contraceptive services, antenatal care (ANC), referrals for safer deliveries, postnatal care (PNC), and early childhood healthcare. In 2024, despite significant operational disruptions, UNRWA provided maternal health care services and family planning (FP) care for 95,026 women, 42,227 pregnancies, and 208,693 infants and children (0-5 years) across four fields (excluding The Gaza Strip). Although still relatively high, there has been a slight reduction in the overall fertility rate, which has largely stabilised over recent decades.

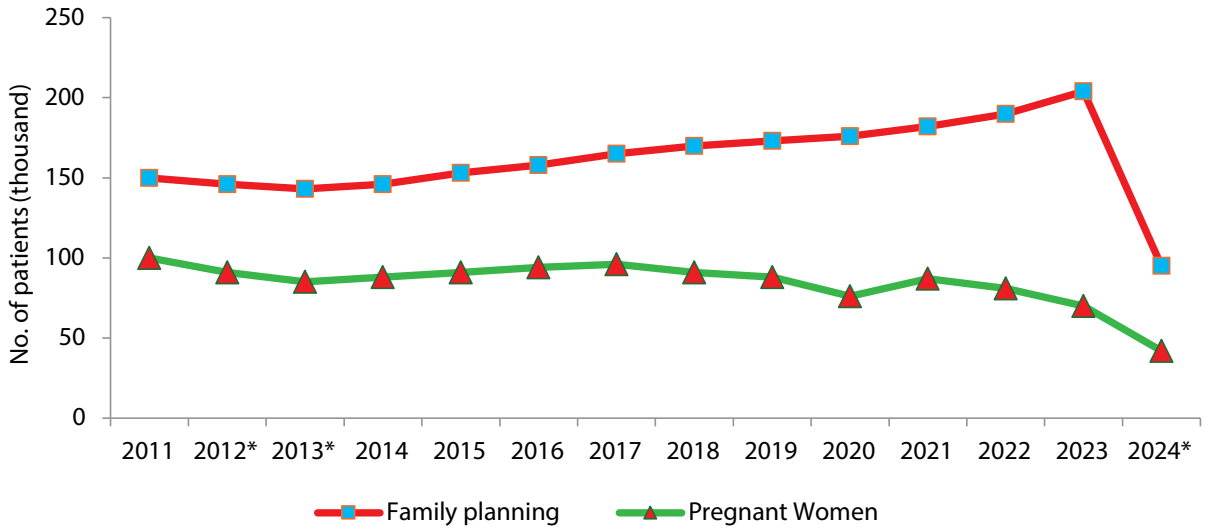


Figure 2: Total Number of Patients Registered for Family Planning Services and Newly Registered Pregnant Women at UNRWA Health Centers (*2012-2013 data excludes Syria; **2024 data exclude Gaza)

An UNRWA nurse measuring the blood pressure of an NCD Palestine Refugee patient at Al-Nuzha health centre in Amman Area, Jordan. *©2024 UNRWA Photo*

An UNRWA nurse is vaccinating a child, at the Gaza Emergency Displaced Shelter in Nahr El-Bared, Lebanon during a national vaccination campaign in collaboration with the Ministry of Public Health (MoPH), WHO, and UNICEF, demonstrating the Agency's dedication to safeguarding children's well-being. *© 2024 UNRWA photo*

Maternal and infant mortality in the Gaza Strip remains a serious concern, largely due to limited data collection since the onset of the conflict. In 2024, maternal and infant mortality rates fluctuated sharply, reaching critical levels as the war severely disrupted healthcare services., This has increased risks for pregnant women and infants while further straining the healthcare system.

The burden of non-communicable diseases (NCDs) continues to rise driven by increased life expectancy, lifestyle changes, and disruptions in healthcare continuity caused by ongoing crises. Cardiovascular diseases, diabetes mellitus (DM), hypertension, chronic respiratory diseases, and cancer remain the leading causes of morbidity among Palestine refugees. In 2024, UNRWA treated over 87,000 patients for hypertension, 30,000 for DM, and 95,000 for both conditions across the four fields excluding the Gaza Strip. Economic hardship has driven up risk factors such as malnutrition, obesity, and smoking, underscoring the importance of sustained prevention and management strategies. UNRWA's digital health initiatives, including its NCD mobile application, remain crucial for patient engagement and treatment adherence.

Communicable diseases, previously under control, have resurged due to conflict-related displacement, poor sanitation, and disrupted healthcare services. In the Gaza Strip, Syria, and Lebanon, overcrowded shelters and limited access to clean water have triggered outbreaks of respiratory infections, waterborne diseases, and vaccine-preventable illnesses. In 2023, the Gaza Strip experienced a polio outbreak, t and while cholera was reported in Lebanon, underscoring the urgent need for immunisation campaigns such as those carried out in Gaza. Malnutrition and micronutrient deficiencies remain critical concerns, particularly in Gaza, where food shortages have led to a surge in acute malnutrition among children under two. UNRWA has worked closely with global partners to expand emergency nutrition programmes.

Mental health and psychosocial well-being have deteriorated significantly due to prolonged exposure to violence, economic hardship , and displacement. In response, UNRWA has strengthened its mental health and psychosocial support (MHPSS) programmes, integrating them into primary healthcare (PHC) services across all operational fields. In 2024, across four fields (excluding the Gaza Strip), 119 UNRWA health centres continued providing MHPSS support despite disruptions in conflict-affected areas. In the Gaza Strip, where most health facilities were severely damaged or destroyed, UNRWA maintained MHPSS support through shelters and the remaining operational health centres, despite the immense challenges from ongoing bombardment and mass displacement.

The ongoing war in the Gaza Strip , escalations in the occupied West Bank, continuous instability in Syria, economic collapse in Lebanon, and refugee vulnerabilities in Jordan have further compounded health challenges. Limited funding, supply chain disruptions, and physical access constraints have made healthcare provision and access increasingly difficult. In the Gaza Strip, the destruction of medical infrastructure, shortages of essential medicines, and restricted movement of healthcare personnel have critically impacted service delivery. At the same time, global and regional policies, including donor funding cuts and shifting political priorities, pose additional risks to healthcare sustainability.

The health and well-being of Palestine Refugees remains deeply affected by conflict, economic hardship, and

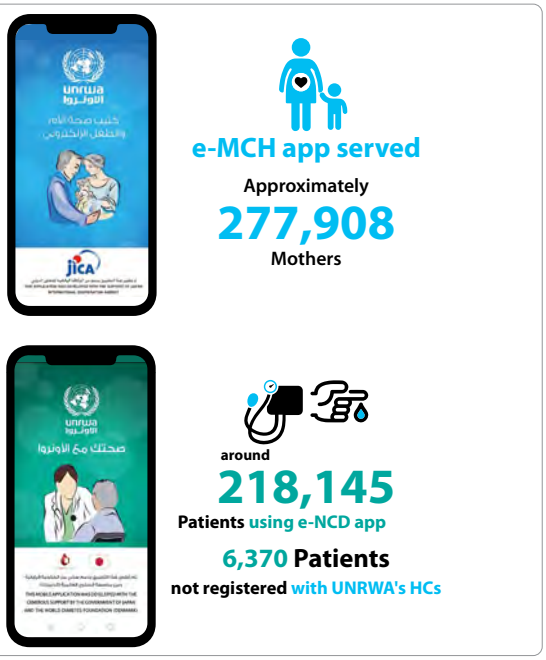
regional instability. Without urgent international support, including increased funding and policy interventions, the already fragile health system will struggle to meet the growing needs of this vulnerable population. UNRWA remains committed to providing essential healthcare services, advocating for sustained donor engagement, and implementing innovative health strategies to mitigate the long-term impact of these crises.

FHT Approach and the e-Health System

Throughout most of 2024, the performance of the Family Health Team (FHT) approach remained consistent across all fields of operations except in Gaza, Lebanon, and the occupied West Bank. In the Gaza Strip, and intermittently in Lebanon, the approach was disrupted due to ongoing conflicts, and Lebanon war, in addition to escalated and in the West Bank, by heightened tensions that led to health centre closures. Despite these challenges, UNRWA health services have made strides in several areas, including increased follow-ups of at-risk patients including those with NCDs and pregnant women, as well as the application of a comprehensive e-Health (Electronic Medical Records or EMR) system that has enhanced efficiency and enabled access to high-quality data collection and retrieval.

Since 2020, the e-Health system has been implemented in 99.3 per cent of UNRWA HCs, except one HC in Syria due to a lack of infrastructure. In 2024, the e-Health system was upgraded to meet new technical requirements including the addition of the neonatal mortality reporting into the system and the response to the emergency plan of the Gaza Strip, the occupied West Bank and Lebanon. The current e-Health system undoubtedly represents a significant advancement in UNRWA health services since its implementation in 2009. However, because the system is outdated, its functionality and scope are limited. To address this, UNRWA began efforts in 2022 to define user needs and initiate procurement for a modern Electronic Medical Records (EMR) system. As of December 31, 2024, the process is still ongoing.

Since its inception in 2017, the Maternal and Child Health mobile application (e-MCH) has served approximately 277,908 mothers, enabling registered Palestine Refugees› access to their and their children›s electronic health records via smartphones. The e-MCH app also notifies mothers about upcoming appointments and provides health advice tailored to their and their children›s health status. A second mobile application targeting NCD patients was introduced in 2020. By the end of 2024, the e-NCD app had been utilised by around 218,145 patients, including 6,370 patients not registered with UNRWA›s HCs. This app offers users self-assessment and monitoring tools for health, access to electronic health records, recording of home measurements including blood pressure and blood glucose, trend analysis, appointment and medication reminders, and health education.



An UNRWA laboratory technician taking a blood sample from a Palestine Refugee baby at Al-Nuzha health centre in Amman Area, Jordan. *©2024 UNRWA Photo*

A Palestine Refugee patient receiving medications at Al-Nuzha health centre in Amman Area, Jordan. *©2024 UNRWA Photo*

Section 2: overview of unrwa's humanitarian response and healthcare challenges amidst the 2024 crisis in the gaza strip and the impact of conflicts on health systems in other unrwa fields

Gaza Field

Between 7 October 2023 and 30 December 2024, at least 45,541 Palestinians have reportedly been killed and 108,338 injured in The Gaza Strip according to the Ministry of Health (MoH) in Gaza, as cited by OCHA[3], at least 45,541 Palestinians have reportedly been killed in Gaza. During the same period, 263 UNRWA employees were killed and 201[4] UNRWA installations were damaged.

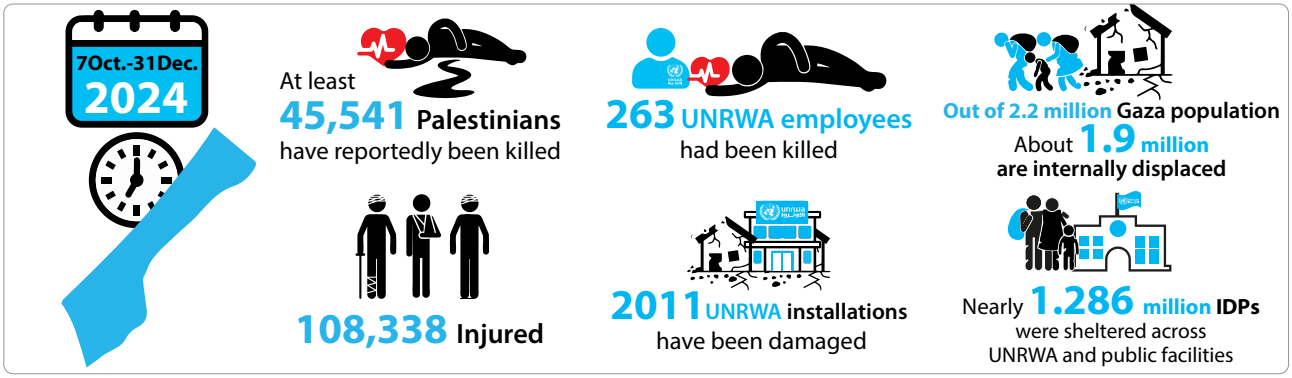
Since 7 October, about 1.9 million of the Gaza Strip's 2.2 million people have been internally displaced, with many seeking refuge at UNRWA facilities. Nearly 1.286 million IDPs moved across emergency shelters, including UNRWA and public facilities, as well as in informal sites and in distribution points within host communities. Even before the war, the health situation was already in crisis, in the Gaza Strip weakened by 16 years of blockade and recurrent hostilities hindering the movement of people, goods, medical equipment and supplies. The ongoing war has worsened an already critical situation, leading to the complete closure of many hospitals and primary healthcare centres, as well as the collapse of the transportation system.

As a result of the ongoing hostilities, repeated displacement, and damaged infrastructure, people are facing a lack of access to essential medical care and clean water. This has resulted in improper treatment of chronic diseases and an increased risk of infectious disease outbreaks. Pregnant women are deprived of proper care, safe deliveries, and the certainty that their children will be cared for and vaccinated. Many war-injured individuals have been prematurely discharged from overcrowded hospitals but still require regular advanced dressing services. The need for medical care is more urgent than ever, yet the challenges are more severe. Along with the heightened demand for services, the crisis is worsened by a shortage of healthcare workers, many of whom have been displaced and are struggling to meet their own basic needs. UNRWA's ability to continue running healthcare centres depends on these dedicated health workers, and efforts to secure and deliver necessary medications and supplies through the coordination with WHO and other stakeholders.

UNRWA's Health Response to the War

Health Centers

In 2024, the daily number of operational HCs fluctuated based on security conditions. As of January 2024, only six out of 22 health centres were functional, all of which were in the middle and southern areas. By February 2024, the UNRWA health programme successfully resumed services in the north by reopening the Jabalia Health Centre, which remained operational until October 2024, when the Jabalia experienced intense bombardment. Health centres in Rafah, Tal Sultan, and Shaboura areas were functioning until May 2024, when they had to cease operations due to attacks in Rafah. In response, the UNRWA health programme established alternative or additional health centres in the Khan Younis and Mawasi areas in Middle Area, including Zourob, Mawasi,



3 Reported impact snapshot | Gaza Strip (31 December 2024) | United Nations Office for the Coordination of Humanitarian Affairs - Occupied Palestinian Territory
4 UNRWA Situation Report #153 on the Humanitarian Crisis in the Gaza Strip and the West Bank, including East Jerusalem | UNRWA

Mawiya, North Deir al-Balah, and Hamad. During the year there were at least 7-9 functional health centres, which were serving both refugees and non-refugees. Services provided included all the essential healthcare from outpatient, NCD services, vaccination for children, nutrition, ante-natal, postnatal, and family planning in addition to psychosocial support, essential lab, dental and physiotherapy services.

In 2024, a total of 5,823,775 medical consultations were provided to both refugees and non-refugees. Of these, 5,475,944 consultations were conducted at operational health centres and emergency medical points, while 347,831 were delivered remotely. The line chart below illustrates monthly trends in consultation volume by service delivery mode, showing a gradual decline in in-person consultations over the year and a steady rise in remote services.

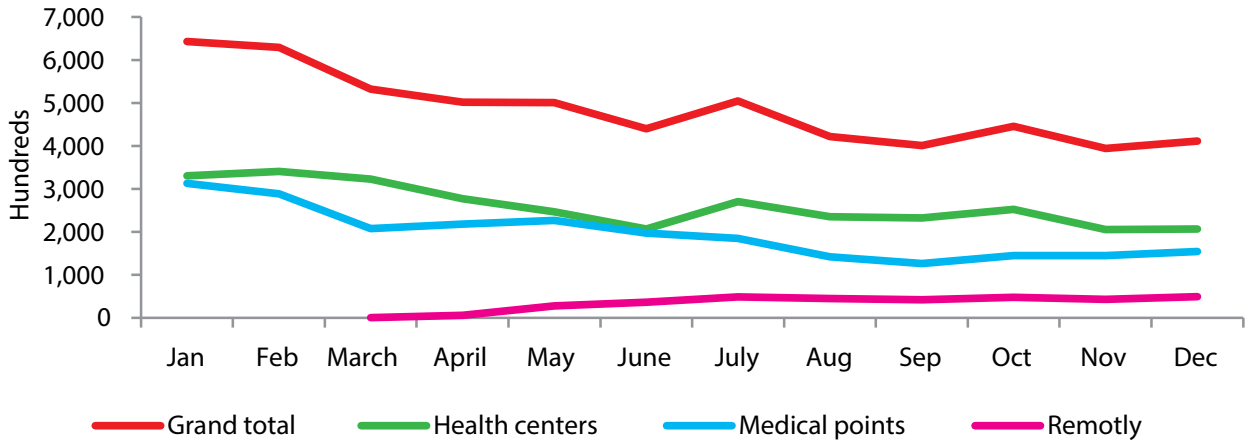


Figure 3: Number of medical consultations by delivery mode, 2024

UNRWA had a well-established telemedicine service before the war, which was activated and updated to include other services including dental and physiotherapy. The ongoing disruptions in electricity and internet connectivity have widely affected the e-Health system, leading staff to use hard copy and tally sheets to record patients' medical information. This has created challenges with accurate and timely data recording and reporting.

Medical Points in UNRWA Shelters:

UNRWA continues its response, which started shortly after 7 October 2023, in the shelters and Mawasi area through establishment of medical points. Masawi is a significant medical point as the area was unilaterally designated a "humanitarian zone" by the Israeli Authorities, where it was suggested that Palestinians could find safety and the provision of international aid. Points such as the one in Masawi have played a crucial role in providing healthcare services to Palestinians living in camps or in emergency shelters during the war. The points are part of comprehensive support offered by UNRWA, focusing on their healthcare needs in situations where access to regular health services was disrupted. UNRWA also worked hard to expand the healthcare provision inside these points to be more comprehensive in covering most of the primary health care services. The main key functions of these medical units were:

- **Primary healthcare services:**
  - o Basic outpatient services such as treatment for common illnesses (fever, cough, colds), minor injuries, and active surveillance of infectious disease.
  - o Maternal and child health services, including antenatal care and immunisation.
  - o Family planning and reproductive health services to ensure that women have access to contraception and prenatal care.

- **Emergency medical services:**
  - o Emergency medical care for those who were injured due to violence or bombardment. First aid and triage services provided to stabilise the injured before they are transferred to more specialised medical facilities.

- **Chronic disease management:**
  - o Ongoing care for individuals with chronic conditions such as diabetes, hypertension, and asthma. Medication distribution to NCD cases especially those who may not have access to their regular healthcare provider due to the crisis.

- **Health education and preventive services:**
  - o Health awareness about the importance of hygiene, nutrition, vaccination, and the prevention of communicable diseases (e.g., diarrhoea, acute jaundice, poliomyelitis, etc.).
  - o Sanitation education to prevent outbreaks of diseases, especially in overcrowded shelter environments.

o Encourage proper nutrition, especially for vulnerable groups such as children, pregnant women, and the elderly.

- **Referral services:**
  o Providing treatment referrals for cases beyond the capabilities of the UNRWA shelter medical unit.

Challenges in Delivering Essential Healthcare:

- Limited resources: Lack of access to medicines and medical equipment impeded the ability of these points to provide proper care.

- **Overcrowded conditions:** Most of the shelters were overcrowded, making it difficult to maintain hygienic conditions and properly manage the spread of diseases including acute diarrhoea or other infectious diseases.

- **Security risks:** Medical points were often at risk of being hit during escalations, either directly or due to their position in conflict zones. Health workers were also at risk, while many facilities faced restrictions on access to patients or were in evacuation order zones.

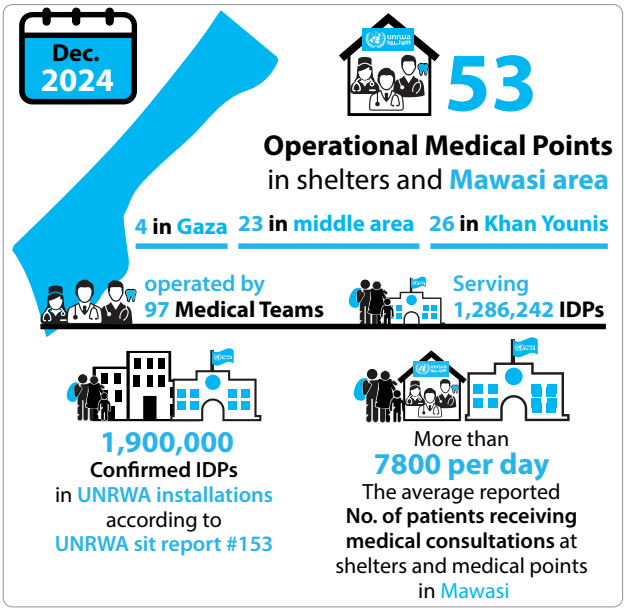
- **Psychosocial issues:** The stress, trauma, and mental health challenges arising from long-term displacement, violence, and instability affected both healthcare providers and patients that require specialised care for mental health in addition to physical health.

- **Lack of adequate infrastructure:** As the shelters did not have the necessary infrastructure for advanced healthcare, it was difficult to handle severe medical cases or provide ongoing treatment for chronic illnesses.

By the end of December 2024, there were 53 operational medical points in shelters and Mawasi area, including four in Gaza City, 23 in the middle area and 26 in Khan Younis in the south. Those 53 medical points were operated by 97 medical teams serving 1,286,242 IDPs who were displaced inside or outside the shelters and in the Mawasi area. The number of confirmed IDPs in UNRWA installations since 7 October was 1,900,000 . The average reported number of patients receiving medical consultations at shelters and medical points in Mawasi was more than 7800 per day.

Table No.1: of operational medical points and shelters by end of December 2024

Area	# medical team	# of MPs in shelters
Khan Younis	17	20
Middle	36	23
Gaza	18	4
Mawasi Khan Younis	26	6
Grand total	97	53



Internally Displaced People (IDPs) patients queuing for registration to get health care services at the medical point of UNRWA Asma shelter (school), Gaza Strip. *@2024 UNRWA Photo*

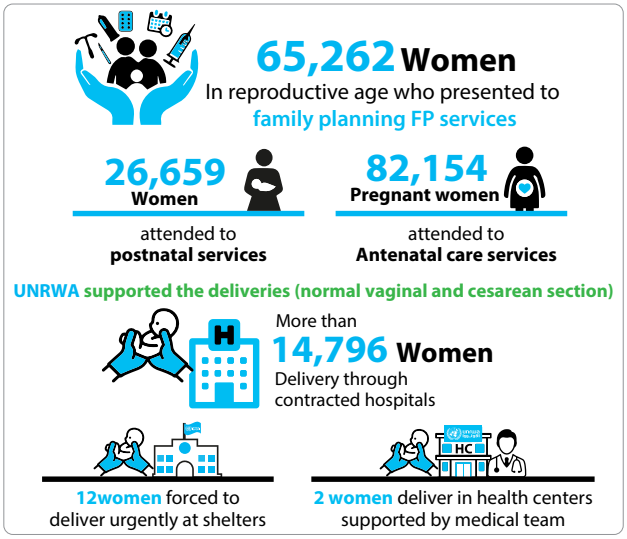
Internally Displaced People (IDPs) mothers and their children queuing for registration to get maternal and child health care services at the medical point of UNRWA Asma shelter (school), Gaza Strip. *@2024 UNRWA Photo*

Maternal Health Services

The Agency continued to provide maternal health services (MHS) including family planning, antenatal care, postnatal care, hospital referral and nutrition services to women in UNRWA health centres and medical points despite all the challenges related to shortage of equipment, lab services and commodities, particularly different the family planning methods.

In 2024, the total number of women of reproductive age who attended for family planning services were 65,262 while the total number of pregnant women who attended for Antenatal care services was 82,154, in addition to 26,659 women who attended to postnatal services. UNRWA supported the deliveries, including both vaginal and caesarean births of more than 14,796 women through contracted hospitals. Additionally, 12 women were forced to deliver urgently at shelters and in two health centres supported by UNRWA medical teams.

A total of 215,913 pregnant and lactating women (PLW) received nutrition support through health centres and medical points. This included nutrition education, promotion of breast feeding, and counselling on Infant and Young Child Feeding practices during emergency (IYCF-E). Nutritional supplements such as lipid-base nutrition supplements, and high-energy biscuits. UNRWA partnered with UNFPA and WHO to support maternal services. UNFPA supported sexual and reproductive (SRH) services provided by UNRWA through provision of FP and intrauterine device (IUD) kits, midwifery kits, STI kits and clean delivery kits. Additionally, 74 daily midwives were deployed through an agreement with UNFPA Palestinian Medical Relief Society (PMRS) to support services provided in medical points and health centres. WHO supported the SRH services with kits, equipment, and essential commodities.



Maternal Mortality:

The Gaza Strip Since the start of the war, the Gaza Strip's healthcare system has faced near total collapse. Hospitals and primary health care centres in have been severely affected by damaged infrastructure, lack of fuel and medical supplies, recurrent displacement of people and medical staff, poor information systems and interrupted telecommunications. This affected the health services provided to the population, particularly to pregnant women due to difficult accessibility to comprehensive healthcare. All these factors increase the risks of pregnancy morbidity and mortality in addition to difficulty in tracking their outcomes. Maternal mortality tracking was enhanced through verbal social autopsy, telephone call survey and cross validation of reported data with MOH. A total of 17 maternal deaths have been reported during the last year. Of these, six died due to haemorrhage, four were caused by sepsis, two due to pre-eclampsia, and eclampsia, one of pulmonary embolism, one due to heart disease, one of bacterial meningitis, one due to fulminant hepatic failure, and one due to renal failure. In addition, another 70 deaths have been reported due to war injuries and trauma.

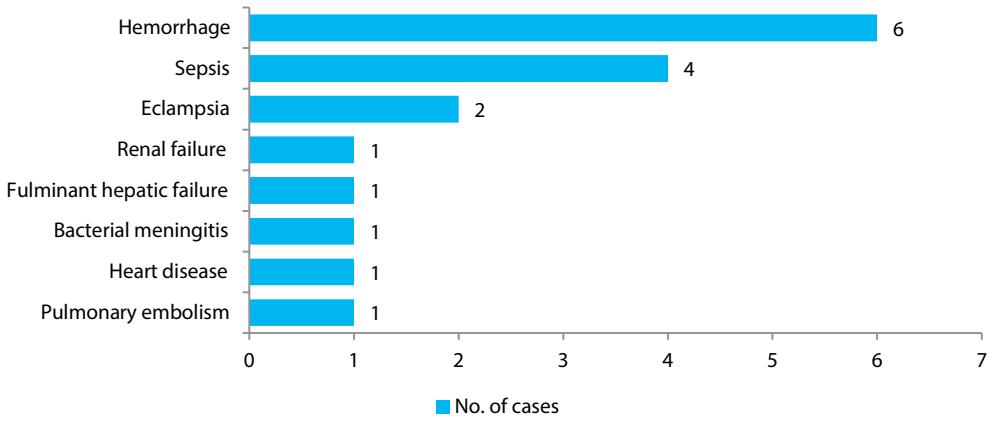


Figure 4: No. of maternal mortality by cause of deaths

An UNRWA medical officer examining an IDP child at the medical point of UNRWA Asma shelter (school), Gaza Strip. *@2024 UNRWA Photo*

Child Health Services

The Agency also provides child health (CHS) care including outpatient services to sick and injured children in all HCs and MPs. According to the extended programme on immunisation (EPI) vaccination services were also provided in operational health centres and at one medical point in north Gaza (Asma) across the Gaza Strip. In December 2024, the total number of children who received vaccinations was 138,209.

Vitamin A and Micronutrient supplements, essential in enhancing immunity and decreasing the risk of infection among children 6-59 months, continued to be provided to children attended to at vaccination stations, in addition to children covered by polio vaccine campaigns. Iron drops and multiple micronutrient powder were provided to children above six months..

UNRWA carried out winterisation plan for the prevention of hypothermia among newborns and infants during the winter period for children living in tents and near coastal areas. 453 infant warmers were distributed to prevent hypothermia in both facilities and community settings. Additionally, awareness campaigns promoting breastfeeding and skin-to-skin techniques were implemented as an additional protective measure.

The Impact of War on Gaza's Child Population Structure

The population pyramids for the Gaza Strip in 2023 and 2024 reveal a stark demographic shift resulting from the ongoing conflict, with the youngest age groups severely affected. In 2023, children aged 0-4 years accounted for approximately 10.2 per cent of the male and 9.8 per cent of the female population. By 2024, these proportions had fallen significantly to 8.5 per cent and 8.2 per cent, respectively, indicating a loss of over 32,000 children, including 3,302 infants and children aged 0-4 years old who were killed during the war.

The most dramatic drop occurred among infants under one , whose numbers declined by more than 50 per cent, from around 61,176 in 2023 to just 29,671 in 2024. This alarming decrease is driven by three compounding factors. First, the war has severely disrupted family formation, leading to a decline in marriages and pregnancies, and consequently in birth rates.; Second, the collapse of civil registration systems has hindered the accurate recording of new births. Third, the devastating scale of fatalities among children and women—children being among the most vulnerable—has significantly reduced the number of infants and young children. This disproportionate impact on Gaza's youngest generation underscores not only the immediate humanitarian toll but also signals a long-term demographic disruption that could hinder the region's recoveryand future development.

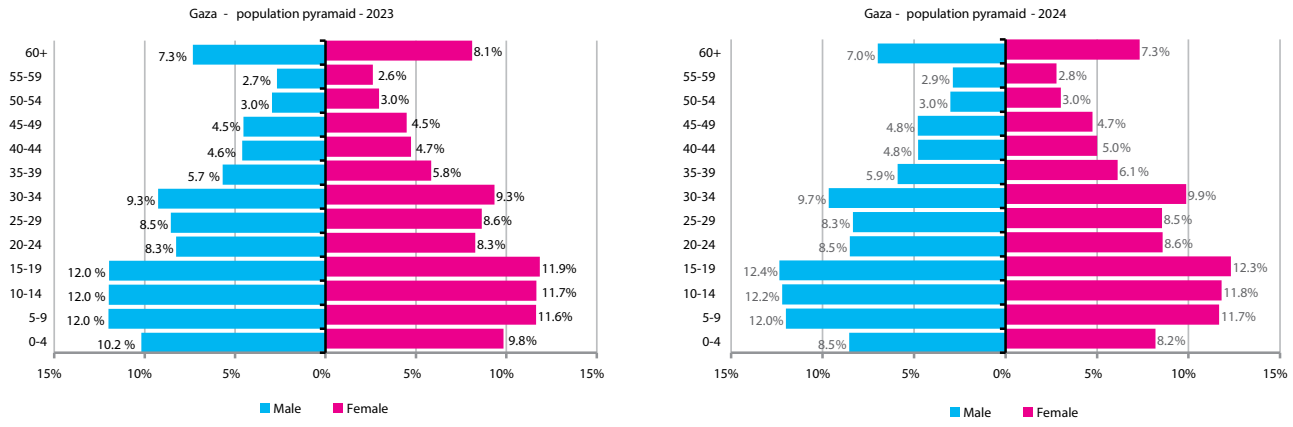


Figure 5: Gaza Population Pyramid Showing Changes Between 2023 and 2024

Nutrition services:

During crisis, children, particularly those under five, and (PLW) are considered the most vulnerable groups. These individuals face a high risk of malnutrition, which requires immediate action for screening, detection, and management, alongside nutrition support services.

Nutrition is influenced by multiple factors, and food security during the conflict was severely impacted, mainly due to border restrictions and supply chain disruptions, limiting essential supplies. In response, UNRWA adjusted food assistance to cover 90 per cent of daily caloric needs, incorporating ready-to-eat items and some fortified staples to address displacement and limited cooking facilities.

UNRWA actively coordinated with partners through the UNICEF-led nutrition cluster and technical working groups to implement malnutrition screening and nutrition interventions for these vulnerable groups. Key collaborations with UNICEF, WFP, WHO, OCHA, International Medical Corps (IMC) and local non-governmental organizations (NGOs) supported service delivery through capacity building, provision of essential nutrition supplies, and referral systems. Despite challenges such as infrastructure damage and access restrictions, UNRWA health staff were trained by hybrid and on-site mechanisms on how to conduct mid-upper arm circumference (MUAC) assessments to identify malnourished children and nutrition protocols to treat detected children. Continuous coordination efforts ensured the adaptation of nutrition services, strengthening emergency response and outreach to vulnerable populations. Key nutrition interventions include the Community Management of Acute Malnutrition (CMAM) approach, which involves early detection through MUAC screening, outpatient care, and follow-up treatment using ready-to-use therapeutic food (RUTF) for children aged 6-59 months with moderate acute malnutrition (MAM) or severe acute malnutrition (SAM). Children under six months with SAM, as well as children aged 6-59 months with medical complications, are referred to SAM stabilisation centres.

UNRWA continued to strengthen the monitoring of nutrition services. The team has reviewed and updated the data reporting system to increase data entries for MUAC screening and follow-up to treat malnourished children. In addition, the Agency is improving the clarity of clinical procedures by developing the Standard of Operating Procedures (SOP) that detail the components of nutrition services in the Gaza Strip. An assessment to understand the opinions and needs of defaulters from the weekly treatment regimen is being planned for the future.

Safe and appropriate feeding practices for children aged 0-2 years are also being promoted through IYCF-E. This focuses on prioritising breastfeeding and offering RUTF to infants of non-lactating mothers. Other interventions include blanket supplementary food (BSF) as well as nutritional support to prevent malnutrition, including high-energy biscuits (HEB), lipid-based nutritional supplements (LNS), ready-to-use complementary foods (RUCF), and the provision of Vitamin A and multiple micronutrient supplements. While exclusive breastfeeding remains the priority for infants under 6 months, a strict protocol ensured that formula was provided only for non-breastfed infants due to contamination risks, unsafe water access, and increased vulnerability to malnutrition.

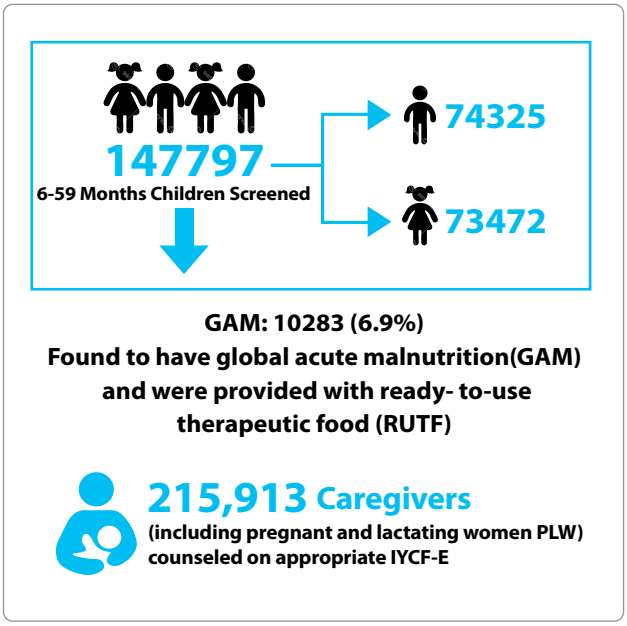


Figure 6: Screening and Nutritional Support for Children and Caregivers During Crisis

Non-Communicable Diseases

Throughout the war, UNRWA has continued providing essential medications to NCD patients through operational HCs and MPs. These services were available for both refugees and non-refugees, ensuring critical support amid this crisis. More than 116,000 clients were attended to at UNRWA facilities to collect their NCD medications. Screening activities have been suspended since the start of the war.

During 2024, fasting plasma glucose (FPG) testing was conducted using glucometers, representing the only laboratory service available for diabetic patients. However, other essential services, such as diabetic foot care and retinal screening, have been discontinued due to the circumstances.

Patients were exposed to many challenges. Among these, availability and diversity of food, exposure to different stressors, shortage of medication and laboratory services, and difficult access to specialised services for complicated cases.

Polio vaccination campaign

For decades, the Gaza Strip maintained its polio-free status, with vaccination coverage reaching an impressive 99.8 per cent. However, the ongoing conflict has severely disrupted the healthcare system, including routine immunisation services. The widespread destruction of infrastructure, compounded by fuel shortages, limited access to medical supplies, and deteriorating sanitation and hygiene conditions has hindered immunisation services. As a result, on 16 July 2024, circulating Vaccine-Derived Poliovirus Type 2 (cVDPV2) was detected in Gaza's sewage system, followed by the first confirmed case of poliomyelitis in a 10-month-old child.

In response to this public health threat, a coordinated effort involving UNRWA, the Ministry of Health (MoH), and various humanitarian agencies was launched. A risk assessment was conducted, which led to the implementation of the following key actions:

1. Two rounds of high-quality polio vaccination campaigns.

2. Strengthening surveillance and routine immunisation activities across the Gaza Strip.

UNRWA played a pivotal role in these efforts, actively participating in both the technical and steering committees, and providing critical support throughout the response. The MoH , with technical assistance from the WHO and UNICEF, took the lead in organising and overseeing the vaccination campaigns, while UNRWA's substantial presence in the Gaza Strip allowed for swift operational support, particularly in refugee camps and areas most affected by the conflict.

First Round of the Campaign. The first round of the polio vaccination campaign, using the novel Oral Polio Vaccine Type 2 (nOPV2), targeted 640,500 children aged 10 years and younger. Due to security constraints and ongoing hostilities, the campaign was conducted in three phases from 1 September to 12 September 2024. A total of 1,285 teams were deployed, with 481 teams (37 per cent of the workforce) contributed by UNRWA. Despite immense challenges, including frequent airstrikes, ongoing displacement, and restricted access to certain areas, the campaign achieved 87 per cent administrative coverage, vaccinating 559,161 children.

Second Round of the Campaign. The second round of the campaign which began on 14 October 2024, included vitamin A supplementation for children over two.. Like the first round, it was conducted in three phases, although military operations delayed access to certain areas, particularly in Gaza City and the northern regions. The round concluded on 4 November 2024, targeting 591,714 children. It achieved 94 per cent administrative coverage, vaccinating 556,774 children. UNRWA contributed with 374 teams (33 per cent of the workforce), successfully vaccinating 40 per cent of the targeted children. Four UNRWA health centres also served as critical distribution sites for the vaccine.

This vaccination effort was marked by significant operational challenges, including ongoing conflict and restricted mobility. Nonetheless, the campaigns highlighted the successful collaboration between UNRWA, the MoH, WHO, UNICEF, and other partners, demonstrating their shared commitment to safeguarding the health of children in Gaza and preventing the spread of polio. Despite the severe disruptions caused by the conflict, these efforts ensured that polio vaccination reached as many children as possible, providing a critical line of defence against the disease.

An UNRWA nurse vaccinating an IDP child, at Deir Al Balah health centre, Gaza, during the Polio emergency vaccination campaign in collaboration with the Ministry of Health (MoH), WHO, and UNICEF, demonstrating the Agency's dedication to safeguarding children›s well-being.© *2024 UNRWA*

An UNRWA dental surgeon applying fluoride varnish for a Palestine Refugee child at Al-Nuzha health centre in Amman Area, Jordan. *©2024 UNRWA*

Oral Health

At the beginning of 2024, the oral health services (OHS) also were limited to the middle and south Gaza, in five original health centres (Nuseirat, D Balah, Shaboura, Tal Sultan and Rafah and one temporary health centre in Mawasi). In May 2024, the work in Shaboura, Tal Sultan and Rafah was suspended due to military operations in Rafah, and continued in three remaining HCs, namely, Nuseirat, D Balah and Mawasi. In September 2024 UNRWA managed to resume OHS at Japanese HC in a temporary mobile clinic (modified container).

During 2024, a total number of 151,026 beneficiaries were managed at our dental stations. Preventive oral activities were suspended as there were no school health or screening activities.

During the first two quarters, UNRWA received an average of 50,000 dental station patients per quarter. In the last two quarters, however, there was a marked decrease in the dental visits. Only 30,000 beneficiaries per quarter have received OHS and this drop is attributed to the severe shortage of dental supply and the limited number of dental stations. In the last quarter, a triage process was activated and reflected in the report through a newly added column. A total of 14,039 cases were redirected to the tele-dentistry team, helping to reduce congestion in dental clinic waiting areas. This approach ensured that all patients seeking dental advice were assessed by a dentist, either in person or remotely, improving access and efficiency.

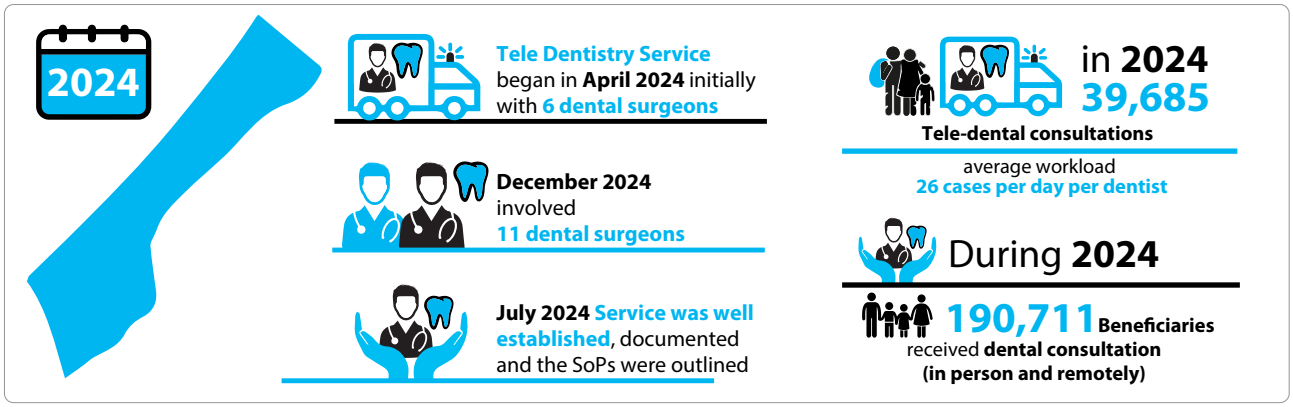
Tele Dentistry Service:

The Tele Dentistry service began in April 2024 initially with six dental surgeons. By December, the team involved 11 dental surgeons. In July, the service was well established, documented, with clear standard operating procedures outlined. The total number of tele dental consultations in 2024 was 39,685 with an average workload of 26 cases per day per dentist. The tele-dentistry team provides health awareness through different educational posts,and assists in connecting the cases that need further investigation with various specialised dental surgeons through a WhatsApp group.

In 2024 the total number of beneficiaries that received dental consultation (in person and remotely) was 190,711. It is worth mentioning that, despite operating at less than a third of dental station capacity, UNRWA managed to provide the service to almost 60 per cent of regular beneficiaries, in comparison to the OHS report-2019[6].

Table No.2: of dental consultations by delivery mode, 2024

Indicator	No.
Number of in-person dental consultations.	151,026
Number of remote dental consultations.	39,685
Number. of dental consultations	190,711



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Pharmaceutical Services

The year 2024 started with satisfactory levels of medical supplies in the middle and southern parts of the Gaza Strip. The central pharmacy team worked hard despite challenges in the distribution of medical supplies to the open HCs and medical points in the designated emergency shelters (DES). The frequency of distribution of supplies to the HCs and MPs occurred with a short time interval due to high demand and limited storage spaces in the HCs and MPs. During the first quarter of 2024, the central pharmacy team encountered significant challenges related to staffing shortages and limited connectivity to essential systems (SAP and eHealth platforms). Subsequently, with the returning to work of more UNRWA staff, the team was able to progressively restore operations on both the SAP and eHealth platforms. Despite these improvements, constraints such as insufficient storage space persisted throughout the first and second quarters of the year. Nevertheless, stock levels remained generally stable, with the stock-out rate reduced to 19%, and essential medications for non-communicable diseases (NCDs) remained consistently available. In May 2024, following military operations in Rafah and the border closures, medical supplies and operations moved to the middle area, with cold chain facilities relocated to Deir al-Balah. This includes vaccines in UNICEF rented cold room and insulin products placed in UNRWA's rented cold room. Other medical supplies were placed in a rented store in Zawayda- Deir al-Balah/ Middle Area. In the third and fourth quarters of 2024, the availability of medical supplies has been largely affected, and a massive stockout reached in October to 65 per cent.

A huge quantity of UNRWA medical supplies, including medicines, medical dressing sundries, lab, and dental supplies, in addition to cold chain, were stuck in Egypt and Jordan.

After September 2024, minor improvement in the influx of medical supplies was observed, where three to five trucks of medical supplies arrived one day per month. Therefore, minimal improvement in the stock levels was observed in the last two months of the year.

During the year 2024, three major incidents affected human capital and inventory-assets capital. First, two pharmacists were killed at home with their families in bombardments. The second incident is the looting of medical supplies in the UNRWA Rafah Logistics Base and in the Nuseirat rented store which occurred after military operations in Rafah. The third is the damaging of insulin stocks worth US $350,000 at a rented cold room in Deir al-Balah caused by the malfunction of the cold chain equipment due to lack of technology and alarming systems. All these incidents and losses represent some of the direct damages that were caused by the war since 7th October 2023.

Laboratory

From October to December 2023, only random blood glucose tests were conducted, and only in a few shelters in the central and south areas. Unfortunately, all other laboratory services were suspended in accordance with the emergency SOP[7] outlined in Programme Criticality (PC1) instructions.

At the end February 2024, the laboratory services resumed in the functioning health centres in the Middle Areas. However, these services were only limited to some basic laboratory investigations due to the challenges of severe shortage of laboratory supplies and lab equipment either due damage of health centres or due to displacement. Despite the rapid response of requisition of supplies there were inadequate laboratory facilities due to a delay in receiving requests.

An UNRWA pharmacist delivering medications for Internally Displaced People (IDPs) at the medical point of UNRWA Asma shelter (school), Gaza Strip. *@2024 UNRWA Photo*

An UNRWA laboratory technician performing a lab test for a Palestine Refugee patient at Al-Nuzha health centre in Amman Area, Jordan. *©2024 UNRWA Photo*

7 21062022 Annex 6 -SOP - Emergency Health Assistance

The available laboratory tests including blood glucose, HbA1c, cholesterol, creatinine (NCD), Uric Acid, CBC, blood grouping and in few laboratory urine tests for Combur3 & 9 for AN, were stopped in June 2024 due to consumption of almost all the available stock. UNRWA HPs were struggling to maintain the laboratory services relying on the donation of some rapid test-like haemoglobin, blood grouping and blood glucose from WHO.

The total number of 2024 laboratory tests were 118,448, compared to an average 2 million annually.

Mental Health and Psychosocial Support

It has been extremely difficult to provide mental health and psychosocial support (MHPSS) services during the current war due to continuous bombardment and displacement. Additionally, the lack of privacy and confidentiality inside the shelters makes it harder to provide one-to-one counselling. Counsellors and psychiatrists, many of whom are themselves displaced, provide counselling and treatment to those in need. Despite these difficulties, MHPSS services inside HC and DESs (in co-ordination with the cross-department area operation room) continued during 2024, with 33 PS counsellors. The service gap has been closed by trained medical officers (MO) and nurses available in the operating health centres and shelters. Their services include psychological first aid for 22,746 patients, personal counselling for 6,410 more, one session consultations for 17,420 others, staff care for 3,000 UNRWA workers awareness sessions targeting more than 112,000 Internally Displaced People (IDPs) inside HC and DESs, and detection of 3,003 Gender Based Violence (GBV) cases, who subsequently received support and referrals. Mental health Gap Action Programme (mh-GAP) services were provided by two psychiatrists, supported by mh-GAP focal point doctor in each health centre to follow up cases. In case of psychiatrist absence, cases are referred to these psychiatrists from other health centres and shelters. As of 31 December 2024, they managed 4,227 cases, in addition to 4,111 cases provided through remote services by five psychosocial counsellors.

Physiotherapy Rehabilitation Service

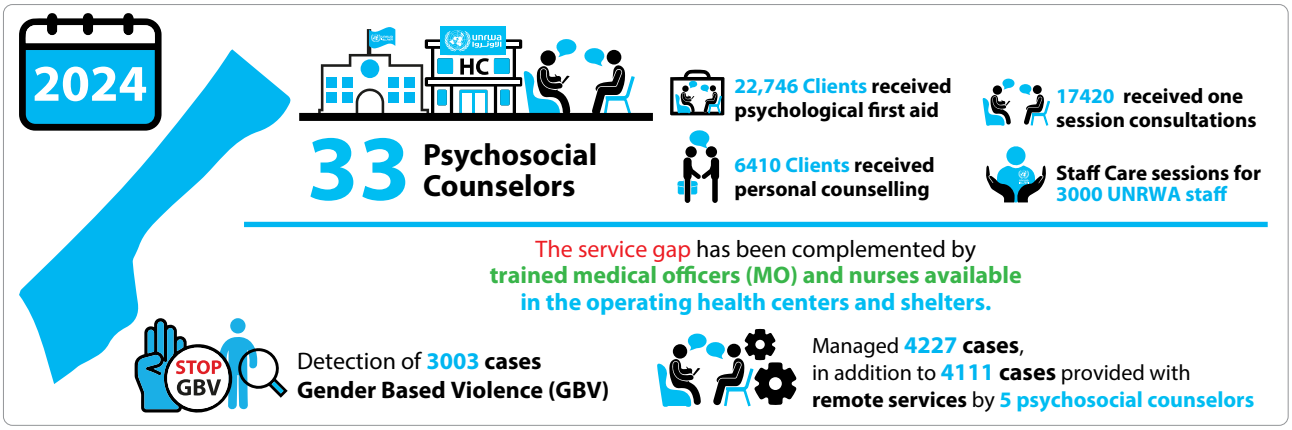
In 2024, physiotherapy (PT) services were affected largely by the loss of most physiotherapy units due to the closure or the damage of health centres in addition to the displacement of the staff and the killing of two health workers. Despite these challenges UNRWA utilised all available resources to continue proving this service. The demand for physiotherapy services is very high due to the large number of injured patients, particularly children and young people. In 2024, physiotherapy services were modified based on the community›s needs, and they were provided as follows:

- Inside health centres either in PT units or inside the dressing room. It is the first time our services are provided in acute and sub-acute phases such as inpatient services.
- Inside medical points in shelters.
- Remote consultations to support the excluded criteria inside HCs, and decrease crowdedness inside HCs, which was the second time the agency used this approach since the COVID-19 pandemic to meet the new needs of the community.

A total of 8,900 new patients accessed physiotherapy and rehabilitation services, resulting in the delivery of 64,820 sessions across a range of physiotherapy activities—averaging approximately 7 sessions per patient.

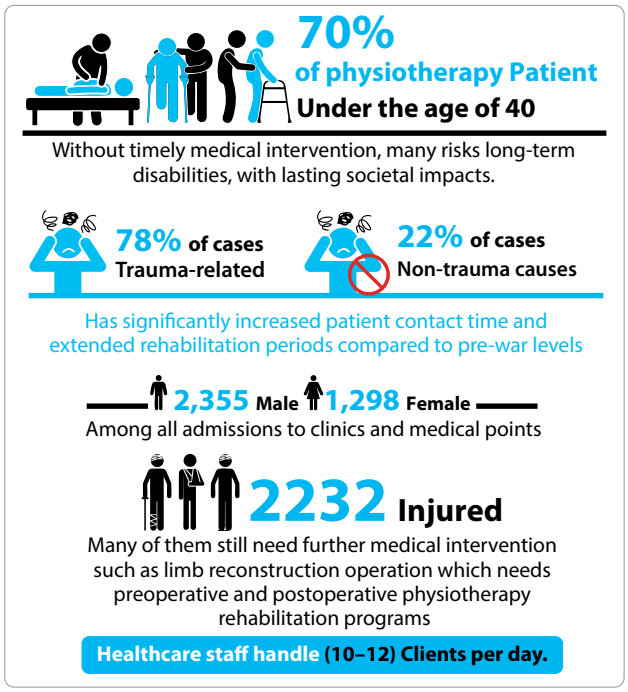
Table No.3: Number of patients treated with physiotherapy and total sessions in 2024.

Type of delivery mode	No of patients	No. of sessions
Health centers	2,098	42,748
Shelters/ MPs	1,555	8,810
Remote service	5,247	13,262
Total	8,900	64,820



Key Trends and Challenges from Health Centres and Medical Points:

- 70 per cent of cases involved individuals under the age of 40 Without timely medical intervention, many risks long-term disabilities, with lasting societal impacts.
- 78 per cent of reported cases are trauma-related, while 22 per cent stem from non-trauma. This has significantly increased patient contact time and extended rehabilitation periods compared to pre-war levels.
- Among all admissions to clinics and medical points, 2,355 were male, and 1,298 were female.
- A total of 2,232 were injured, and many of them still need further medical intervention such as limb reconstruction operation which needs preoperative and postoperative PT rehabilitation programmes.
- Healthcare staff handle an average of 10–12 clients per day. Due to staff shortages, facilities are unable to accommodate all medical conditions, particularly geriatric care, and other non-emergency cases.



Trauma care and Dressing Services:

Since October 2023, UNRWA started to respond to the emergency and to provide the dressing services in all functional health centres and medical points as well as the trauma care. The number of dressing services provided during 2024 is 389,019 during 2023-2024. Each dressing unit has a well-trained practical nurse who provides the dressing service for new and follow up cases such as simple, post-operation and gunshot wound, burns and scratches. They also support more complicated cases in referral to secondary care hospitals.

Teleworking

UNRWA has implemented several remote health services to address the urgent needs of its populations, particularly in the crisis. These services include telemedicine where medical officers provide remote consultations, tele-physiotherapy to support rehabilitation remotely, tele-dentistry to manage dental cases, and tele-psychosocial counselling for mental health support. Additionally, a dedicated team works remotely for data entry on the e-Health system, ensuring accurate patient documentation and efficient reporting.

Telework proved to be crucial amidst the fluctuating emergency situations from displacements, limited accessibility, and interrupted e-Health and internet connection. It helped overcome logistical challenges, enhanced the accessibility of patients to the services, decreased the workload on the overwhelmed staff and overcrowded health centres and improved patient management leading to better health outcomes.

UNRWA established SOPs to ensure the efficiency, consistency, and quality of remote health services. They outline the protocols for telemedicine, tele-physiotherapy, tele-dentistry, tele-psychosocial counselling, and remote data entry for e-Health documentation. Each service follows a structured process, with comprehensive documentation in the e-Health system for monitoring, management, and reporting.

Medical officers:

Telemedicine allows medical officers to provide consultations without being tied to a specific location. The remote consultation ensure that patients still receive timely advice and management. Health centres and medical points are overwhelmed with the large number of cases as UNRWA is the main provider for primary healthcare services.

Medical officers teleworking started on March 2024, and currently 55 medical officers are working remotely taking on an average of 40 cases per day. The cases are sent to the doctors via WhatsApp voice or written conversations.

After taking full history of the patients and reviewing the available reports, medical officers provide the patient with management plans.

IDP injured patient receiving dressing change by an UNRWA nurse at the medical point in Al-Daraj UNRWA shelter (school), Gaza Strip. *©2024 UNRWA Photo*

For cases requiring medication, medical officers issue prescriptions that can be collected from pharmacies. They also issue referrals to health centres for any complex or urgent cases that require in-person medical attention. Medical officers schedule follow-up appointments to monitor the patient's progress if needed, these follow-ups can be done remotely, and if necessary, the treatment plan can be adjusted. Patients can also reach out for additional support or clarifications during their treatment process. The remote work model for medical officers gives patients continuous access to medical advice and treatment, reduces pressure on overburdened health centres and medical points, and enhances the accessibility for our services. By continuing to expand and refine remote medical services, UNRWA can further strengthen its ability to provide high-quality care to its populations.

Telerehabilitation:

Telerehabilitation has become a crucial service at UNRWA, especially with the high number of injured and affected individuals who may face long-term disabilities if not treated promptly. By integrating remote physiotherapy services, UNRWA has enhanced its ability to deliver high-quality rehabilitation services, improving patient outcomes and reducing the risk of long-term disability. The use of remote physiotherapy consultations helps bridge the gap created by limited in-person therapy options, particularly as many physiotherapy units in health centres have been damaged or are not fully functional.

Tele-rehabilitation started in May 2024. Five physiotherapists are working remotely to support staff working in the Gaza Strip, with an average of 20 cases per day, which are referred from remote medical officers. or remotely. They communicate with patients through WhatsApp either by voice or written chat, and they assess the patients by taking full history, reviewing reports and radiographic photos. Physiotherapists then conduct thorough assessments remotely, considering the patient›s specific condition, and develop personalised treatment plans. Patients receive detailed instructions, including videos, brochures, and follow-up schedules to guide them through their rehabilitation independently. With clear instructions, exercises, and regular feedback, patients gain a better understanding of their recovery process and improve their management outcomes.

Tele-rehabilitation services also ensure that physiotherapy units are reserved for more critical cases that need advanced physical face to face service.

Tele-dentistry services:

Due to the ongoing war most dental units have been affected either due to displacement or destruction. With a large gap in the private sector, demand became very high with extremely limited resources. As a response, UNRWA activated tele-dentistry service. It focuses on providing remote consultations, diagnosis, and management plans for patients, helping address non-urgent dental issues without the need for in-person visits. This service reduces the burden on physical dental units by managing fewer complex cases remotely and ensures that dental clinics are reserved for more urgent or advanced procedures, improving overall efficiency and patient care.

Tele-dentistry services started on April 2024. UNRWA currently has 11 dentists working remotely handling an average 26 cases per day. Patients are referred to tele-dentistry by health centres or through direct requests. During the consultation, patients provide detailed medical histories and describe their dental issues. They may also send photos or X-rays to help the dentist evaluate their condition. Based on the patient's history and provided images, the dentist assesses the issue, diagnoses the condition, and develops a treatment plan. This may include prescribing medication, offering advice on oral hygiene, or suggesting at-home remedies for minor issues.

Patients with dental concerns that do not require immediate physical intervention can receive prompt advice and management remotely. This reduces the likelihood of conditions worsening and allows patients to address dental problems before they become more serious.

Tele Psychosocial services:

As the war continues, there is an urgent need for psychosocial services, as many families have been severely affected by psychological trauma due to fear, loss of loved ones, displacement, and hunger. The psychological impact of these experiences is profound, with many individuals facing overwhelming stress, anxiety, and trauma-related disorders.

Given the high number of affected individuals and limited access to health centres, tele-psychosocial services started in April 2024. Five psychosocial counsellors are currently working remotely, each managing an average of nine cases per day. They communicate with patients via WhatsApp voice or written chat. Counsellors can reach many individuals, even in remote or displaced locations, ensuring timely and ongoing support. The counsellors allow patients to express their feelings, develop coping strategies, offer psychological support, and provide guidance on managing trauma and stress.
In addition to supporting patients, the counsellors also provide crucial emotional support to their colleagues. This helps maintain the mental well-being of the healthcare staff, who themselves are dealing with the emotional toll of the war and the challenges of providing care in such a difficult environment.

This remote counselling service has proven to be an effective way to address the immediate psychosocial needs of affected communities amidst the challenging situation of overwhelmed health centres and limited accessibility, helping individuals to better cope with trauma and begin the healing process while navigating through an ongoing crisis.

Data entry:

A team of various staff categories is working remotely for data entry on the e-Health system, which has significantly improved patient management in UNRWA. This initiative helps to alleviate the workload on staff working directly in Gaza, where the healthcare system is overstretched , and where staff face challenges such as limited resources and connectivity issues.

By decentralising data entry, the team helps overcome internet connectivity challenges that are prevalent in Gaza, especially in areas with disconnected networks. This remote approach ensures that patient information is consistently and accurately entered on the e-Health system, which is crucial for proper documentation and follow-up.

One of the key benefits of this remote data entry system is improvement in patient management, particularly for sensitive cases such as ante-natal care and vaccinations for children. Accurate data entry enables better tracking of expectant mothers, ensuring timely monitoring of their health status and follow-up appointments. Similarly, vaccinations are carefully recorded, ensuring that children are receiving their vaccines on time and preventing missed or delayed immunisations.

Moreover, this approach leads to more efficient and accurate reporting, as data can be directly extracted from the e-Health system. This streamlines reporting process so that data is up-to-date and reliable for decision-making, planning, and resource allocation.

Table No.4: Number of remotely of medical consultations by type of services, 2024

Type of consultation	Outpatient	NCD	Specialists	Total
Number of remote consultations	175,186	158,544	14,101	347,831

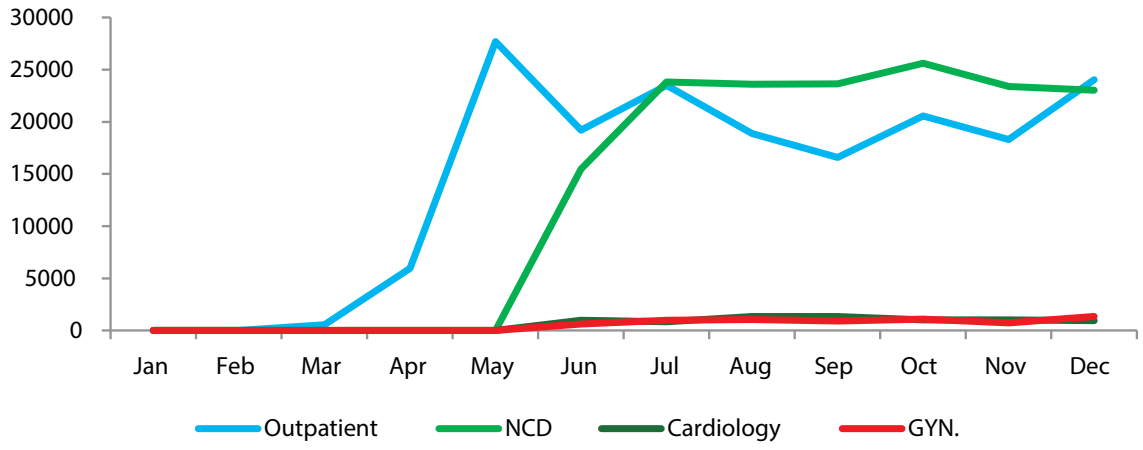


Figure 7: Number of remote medical consultations by type of service, 2024

In conclusion, UNRWA›s remote health services, including telemedicine, tele-physiotherapy, tele-dentistry, tele-psychosocial counselling, and remote data entry, have provided essential healthcare access, especially in post-crisis situations. These services have improved patient management, ensured timely care, enhanced follow-up actions, all while reducing the burden on local staff and overcoming logistical barriers including shortage of medications, recurrent displacement, internet connectivity issues and limited technology access. Although challenges such as high caseloads and data accuracy remain, the overall benefits of these services, increased accessibility, efficiency, and better health outcomes, demonstrate their critical role in meeting the health needs of vulnerable populations.

Hospitalization

To adequately address the increased burden of war injuries on hospitals of the Ministry of Health, UNRWA reallocated all maternity services, life-threatening medical conditions, and acute and urgent surgeries not associated with war injuries to contracted private and NGO hospitals. This shift aims to free up Ministry of Health services, which have been overwhelmed by injury cases, while still supporting patients within accessing secondary healthcare through hospitals. Hospitalisation services were facilitated through partnerships covering general and specialised surgery. Delivery cases were prioritised. Non-refugees also were considered as part of this intervention in coordination with relevant bodies and in line with UNRWA response plans for the provision of services to non-refugees. In addition to that, and in order to decrease the burden on people in Gaza, all beneficiaries were exempted from the copayment. Initially, UNRWA contracted six facilities (eight8 total hospitals across Gaza) as detailed below:

Since the onset of this war, many contracted hospitals have been damaged and became non-functional. In response, the Gaza Field Office (GFO) contracted two additional hospitals: the Public Aid Society Hospital in Gaza City (for caesarean section deliveries and urgent surgeries until June 2024) and the Kuwaiti Hospital in the Rafah area (for similar purposes until July 2024).

Damaged and non-functioning contracted hospitals during the period from 7 October to 31 December 2023 included Al Haya, Public Aid, St. John, Al Quds and Ahli Arab hospitals in Gaza City and Dar Al-Salam hospital in Khan Younis. As of 31 December 2024, only six contracted hospitals remained operational, with two of them only partially operational. During the year 2024, a total of 28,992 procedures were performed at hospitals mentioned in table 5, with 51 per cent of them related to Obstetrics (normal vaginal deliveries and caesarean sections) and Gynaecology.

Table No.6: Distribution of hospitalization patients by gender

	Male	Female	Total
Patient admitted to hospital	9,925	19,067	28,992

Table No.7: Proportional distribution of hospitalized patients by type of service

Type of service	No. of patients
Obstetrics (Normal delivery & CSs) & Gynecology	14,796
General surgical	565
Orthopedics	572
Ophthalmology	0
Urology Surgery	95
Radiology	16
Emergency procedures	12,948
Total	**28,992**

Table No.5: Number of UNRWA contracted hospitals in Gaza,2024

SN	Hospital/Society Name	Provided Services			Location
		General Surgery	Gyn & Obs.	Ophthalmic	
1	Ahli Arab Hospital, Gaza	Yes	Yes	No	Gaza City
2	2.1 Al-Awda (1st Branch)	Yes	Yes	No	North Gaza
3	2.2 Al-Awda (2nd Branch)	Yes	Yes	No	Deir el-Balah
4	3.1 Al-Khair (1st Branch)	No	Yes	No	Khan Younis
5	3.2 Al-Sahaba (2nd Branch)	No	Yes	No	Gaza City
6	Pales. Red Cres. Soc.- Al Amal	Yes	Yes	No	Khan Younis

UNRWA staff running operation activities at the medical point of UNRWA Al Daraj shelter (school), Gaza Strip. *@2024 UNRWA Photo*

An UNRWA medical officer examining a Palestine Refugee patient at Al Huseinyeh health centre, Syria. *© 2024 UNRWA*

Deir El Balah health centre in Gaza is one of the remaining UNRWA operating health centres in Gaza *©2024 UNRWA*

Logistics, Surge Support and Coordination

Due to recurrent incursion and displacement, there was a substantial loss of the Agency's medical stocks. The UNRWA health programme managed to transfer medical supplies, including cold chain for vaccines and insulin, from Rafah storage facilities to Middle Area and Khan Younis new rented storage facilities during the Israeli military operation in Rafah that started early May 2024.

Many of UNRWA's health staff have been displaced, and many have been unable to continue working. Through surge support, UNRWA GFO has had the means to hire temporary healthcare professionals. Some 430 new healthcare professionals were hired to support health centres and medical units in UNRWA shelters.

UNRWA›s health programme is collaborating with the health cluster led by the Ministry of Health and World Health Organization officials to facilitate a coordinated health response in the Gaza Strip. This collective effort focuses on the emergency response for joint logistics support and an early warning system to support disease surveillance and control measures.

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

Infectious Disease Monitoring

The humanitarian catastrophe in 2024 including the destruction of infrastructure, the collapse of the health system, and severely limited access to essential supplies including hygiene materials and medication raised ongoing concerns about the spread of infectious diseases. In coordination with WHO and the MoH, UNRWA maintained and strengthened its infectious disease surveillance system, particularly in the second half of the year.

Access to water and sanitation remained extremely difficult for the entire population, further exacerbating the risk of disease outbreaks, particularly during the summer. Throughout 2024, UNRWA expanded its disease monitoring from 10+1 epidemic-prone diseases to 11+1 by including cholera in November due to increasing concerns. The highest reported threat remained acute respiratory infections. Non-bloody diarrhoea among children under five also continued to rise compared to the end of 2023. Reports of bloody diarrhoea increased significantly, and a growing number of acute hepatitis cases prompted UNRWA to issue several alerts. Notably, in July 2024, the Gaza Strip recorded its first case of acute polio in decades.

To enhance surveillance and response, UNRWA worked closely with WHO to implement the Early Warning, Alert, and Response (EWAR) system across health facilities. Additionally, in 2024, UNRWA piloted the Epidemiological Intelligence of Open Sources (EIOS) in the Gaza Strip to strengthen outbreak detection. Since the fourth quarter of 2024, UNRWA has been an active member of the Rapid Response Team (RRT), collaborating with WHO and MoH to investigate outbreaks and ensure timely responses.

The reported number of cases of acute respiratory infections, watery diarrhoea, bloody diarrhoea, and acute jaundice decreased in 2024. However, this decline does not necessarily indicate improved disease control but rather reflects severe disruptions in healthcare access and surveillance systems, particularly following the start of the military operation in Rafah in May. Key contributing factors include:

- Mass displacement and continuous movement of internally displaced persons (IDPs), which limited access to healthcare facilities, resulting in underreporting.
- Restricted and unsafe access to medical facilities, preventing timely diagnosis and treatment.
- Severe shortages of essential medications discouraging individuals from seeking medical care.

- Damage to infrastructure and disruptions in reporting systems, making data collection and disease tracking more difficult.
- Competing survival priorities, as people struggling with food insecurity, lack of shelter, and safety concerns deprioritised seeking healthcare.
- Evacuations and relocations, particularly in Rafah after week 21, may have temporarily altered disease transmission patterns.

Collaboration with other Partners

The UNRWA Health Programme plays a central role in the Gaza crisis, including through cooperation with UN agencies, NGOs, and international organisations. It is involved in technical working groups (TWGs) and committees that shape health policies and emergency guidelines, including Trauma, Sexual Reproductive Health (SRH), Health Service Delivery, NCD, and others. As co-chair of the SRH TWG with UNFPA, UNRWA prioritises SRH interventions in Gaza.

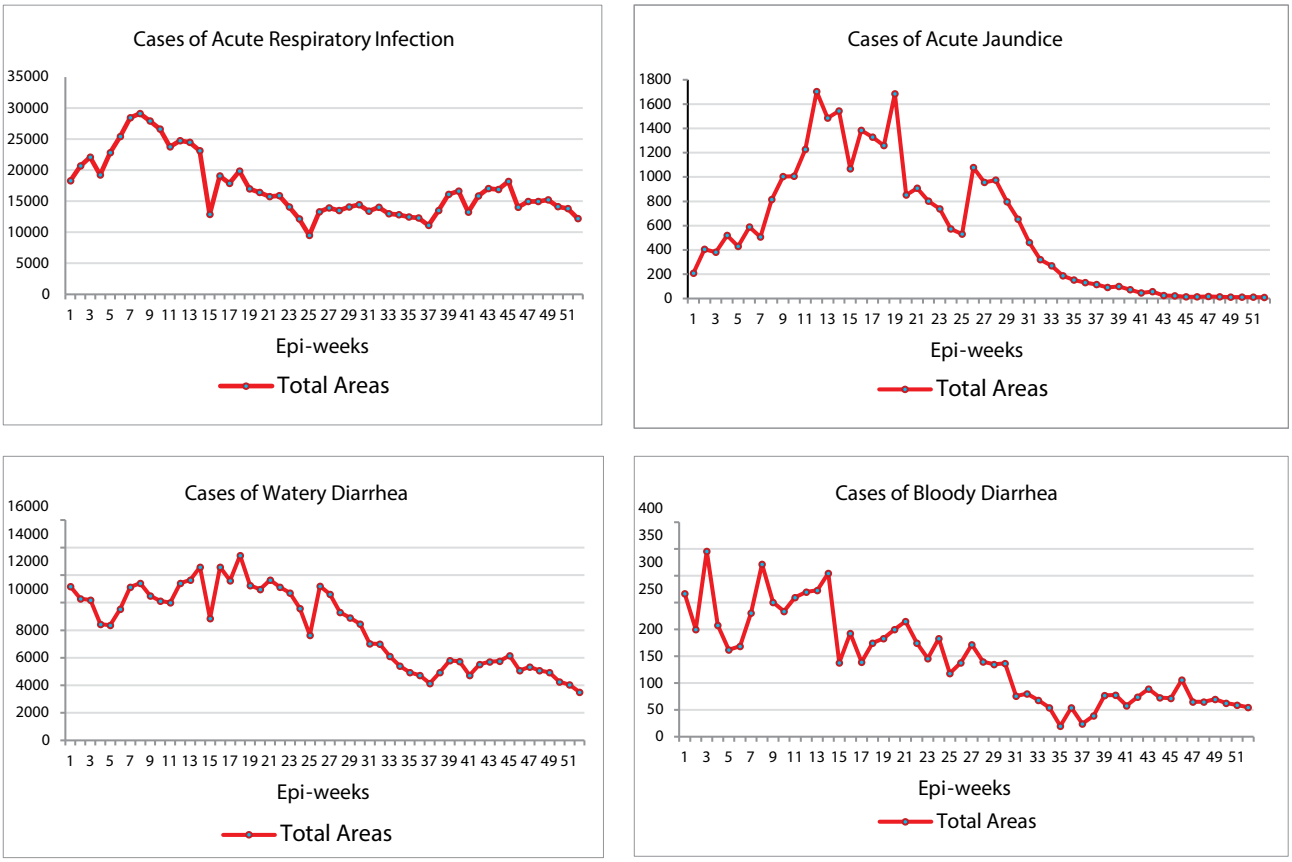


Figure 8: Number of reported cases of Acute Respiratory infection, Watery Diarrhea, Bloody Diarrhea and Acute Jaundice during 2024

Early Warning and Response System in medical sites

To improve surveillance and promote a unified system for surveillance in the Gaza Strip during the emergency, UNRWA implemented the EWAR system with the with support from WHO and in coordination with MoH, EWAR system was implemented.

It is now implemented on 54 sites with timely notification of any alerts generating immediate response by UNRWA's rapid response team.

UNRWA is supporting other partners through training and supervision to have unified properly implemented EWAR system.

UNRWA supports other agencies by hosting them at the Tal Sultan health centre and providing medication to partners like PRCS, MDM, and MSF to address shortages. It also rents cold chain facilities equipped with generators and fuel to store essential items like vaccines and insulin, benefiting WHO, UNFPA, IMC, and MSF.

In collaboration with WHO and the MOH, UNRWA contributes to health contingency plans following military operations and is working on a minimum health service package for 2024-2025. It recruits daily medical workers to provide SRH services at UNRWA medical points.

An UNRWA nurse measuring the blood pressure of an NCD Palestine Refugee patient at the health centre in Burj el Barajneh camp in Lebanon. *© 2024 UNRWA photo*

UNFPA, WHO, and UNICEF support UNRWA with SRH supplies, medical equipment, and funding. UNRWA also works with MDM, Project Hope, and UK-Med to maintain NCD services and improve referral systems. The UNRWA health programme provides in training on wound care, IPC, and SRH management, further strengthening its role in the crisis response.

Communication and Public Information

The Communication and Public Information team plays a key role in keeping the public informed about available services and sharing updates through various platforms, including social media. They share voices of the communities we serve and highlight stories from the field, including tributes to health colleagues killed in the war, to honour their dedication. The team also actively promotes health interventions, such as the Polio campaign, to raise awareness and encourage participation. They ensure that the UNRWA chat box in Arabic is regularly updated with accurate information about services. By providing these updates, the team helps maintain clear communication with the community, ensuring facilitating access to essential health and social services.

Conclusion

The ongoing war has presented unprecedented challenges to UNRWA's health services. Prior to the war, Gaza Field Office was responsible for approximately 3.5 million medical consultations annually, focusing on the management of Non-communicable diseases like diabetes and hypertension in addition to comprehensive maternal and child health services. However, maintaining such services has become nearly impossible during the crisis. In addition to the regular medical care, the war has triggered numerous health emergencies, including increasing war-related injuries, mental health issues, the destruction of health and sanitation infrastructure, and a looming threat of epidemics and famine. Despite the dire situation, UNRWA has managed to keep many of its health centres operational, maintain medical points in shelters, activate teleworking services, secure additional medical supplies, and medicines, and monitor potential disease outbreaks. Although the situation in Gaza remains critical, the unwavering dedication of UNRWA staff at all levels has enabled continued service delivery, offering vital support to the people of Gaza. This report highlights the exceptional commitment of UNRWA health staff in the Gaza Strip.

Occupied West Bank including East Jerusalem

1. Key Challenges in 2024

- **Movement Restrictions:**
  As of September 2024, there were 793 movement obstacles across the occupied West Bank, and this number continued to increase through the end of the year. These obstacles include: 89 fully staffed checkpoints operating 24/7; 149 partial checkpoints that are not consistently staffed (46 of which have gates); 158 earth mounds; 196 road gates (122 of which are usually closed); 104 roadblocks; and 97 linear closures that block one or more roads—such as road barriers, earth walls, and trenches. These restrictions severely disrupt the movement of healthcare staff and patients and delay critical logistical operations, including the delivery of medical supplies

- **Suspension of Entry Permits to Jerusalem:**
  The withdrawal of permits for West Bank staff has isolated us from critical facilities in occupied East Jerusalem, including the central pharmacy and the Field Office. Relying on Jerusalem ID holders is insufficient, given their limited numbers, compounding operational difficulties.

- **Direct Attacks on UNRWA Health Centers:**
  Israeli military operations caused significant damage to health centres in Jenin, Tulkarm, Nur Shams, and Faraa. These incidents have not only disrupted healthcare services but also placed our staff and patients in imminent danger.

An UNRWA medical officer examining a Palestine Refugee patient at the health centre in the Beddawi refugee camp, located in northern Lebanon. *© 2024 UNRWA photo*

- **Frequent Refugee Camp Incursions:**
  The intensity and frequency of military operations in Palestine Refugee camps have led to service suspensions lasting from several hours to several days. In addition, the destruction of water and sewage systems has exposed residents to heightened risks of infectious diseases, particularly waterborne illnesses.

- **Medical Supply Crisis:**
  Following the start of the war in Gaza, measures taken by the Israeli Authorities obstructed medical supply chains, resulting in severe shortages of essential medicines across the occupied West Bank. In some instances, UNRWA exhausted key stock items, directly impacting patient care.

- **Economic Decline and Increased Demand:**
  Restrictions preventing Palestinian workers from reaching jobs in areas controlled by the Israeli Authorities have significantly worsened the economic situation, affecting Palestine Refugees and the broader Palestinian society. This economic pressure has driven a surge in demand for UNRWA services, stretching our limited resources even further.

2. Impacts on Health Services and Refugees' Well-Being

- **Accessibility and Operational Efficiency:**
  - Restricted movement undermined both patient access to healthcare and the ability of UNRWA staff to deliver services.
  - Delays and logistical bottlenecks in medical supply chains exacerbated gaps in service provision.

- **Infrastructure and Public Health Risks:**
  - Health centres sustained damage, requiring costly repairs and temporary closures.
  - The destruction of camp infrastructure (water and sewage systems) escalated the risks of infectious disease outbreaks.

- **Psychosocial Consequences:**
  - The ongoing war, compounded by economic hardship and service interruptions, has intensified mental health challenges among refugees, including stress, anxiety, and trauma.

- **Increased Demand, Limited Resources:**
  - Growing dependence on UNRWA services amidst deteriorating economic conditions has placed unprecedented strain on already stretched resources.

Lebanon Field

Sustaining Health Services Amid Crisis: Challenges, Adaptations, and Innovations.

Despite the very challenging situation in Lebanon, where the health system is weak and the security situation deteriorated due to the conflict , the UNRWA Health Programme continued to provide services and support to Palestine Refugees (from Lebanon and from Syria displaced in Lebanon) throughout the year, expanding primary healthcare (PHC) in regular health centres and extending PHC services to other nationalities in shelters and through mobile health teams. During the intense escalation in violence that lasted from 22 September to 27 November 2024, mobile family health teams (FHTs) delivered 3,850 consultations in shelters as part of the emergency response. The difficult financial situation of the Agency further compounds existing challenges.

In coordination with MAP-UK[8] and under the supervision of the Royal College of Paediatrics and Child Health (RCPCH Global), the initiative for early

8 Medical Aid for Palestinians: a British charity registered with the UK Charity Commission under the charities Act 1993, duly established and existing under the laws of the United Kingdom with registered office at 33alslington Park Street London N11QB, and registered in Lebanon with domicile in Beirut, Jnah, Adnan el Hakim Street, Al Salam building 2nd floor.

screening of infants for hearing started in five health centre in five different areas. 13 sets of automated audiometers were purchased by MAP-UK to use in the hearing screening of newborns at the five health centres. The screening is to be extended to school-aged children on first entry medical examination at a later stage.

Work is in progress to integrate the two assessment tools that were selected for the early screening of infant and children disability (aged 0 to5) programme, the MDAT[9] monitoring and INTER-NDA[10] developmental surveillance tools. Due to the challenges faced by Lebanon in 2024, more delays affected the plans to assess the acceptability and feasibility of the implementation of these tools, which are meant to facilitate early detection of developmental and cognitive disabilities. The coordination was initiated by MAP-UK and other healthcare workers in Lebanon to ensure collaborative work in interventions with parents involved in supporting affected children and to follow a responsive referral pathway when higher interventions are required.

For the third year, the micronutrient supplements (MNS) continue to be delivered to children in need under child healthcare. This is done with the generous support of UNICEF through collaborative work under the National Nutrition Health strategy and the Nutrition sector guidance.

For the first time, and due to inability of the MoPH to cover war injuries for all affected residents, UNRWA health hospitalisation was extended to cover the war injuries of Palestine Refugees under the emergency health programme. In addition, some of the project funds were reprogrammed in agreement with the donors to fill the gaps of the health needs during the emergency. This included health staff salaries, buying vital medicines, and covering some essential logistics

Syria Field

UNRWA Syria Response to the influx from Lebanon

An estimated 528,000 people have been displaced from Lebanon to Syria since 24 September 2024[11].

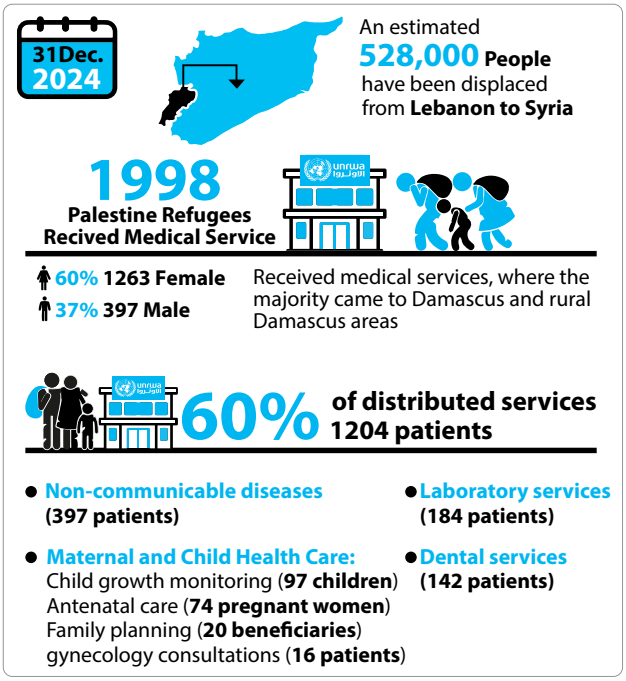
The health department continues to provide primary healthcare services in its clinics in all areas of operation (Damascus, Rural Damascus, Central, North, and South), in addition to providing referral services to contracted hospitals, x-ray centres and laboratories as needed.

Through UNRWA's e-health system, UNRWA medical officers in Syria are able to access patient medical records online from their files in Lebanon in order to provide quality care.

At the end of December, a total of 1,998 Palestine Refugees displaced from Lebanon had received medical services in Syria, the majority in Damascus and rural Damascus areas. 60 per cent of the patients were females (1,263), and 37 per cent were males (397). Services provided include treatment for non-communicable diseases, maternal and childcare, dental care, psychological and psychiatric care, hospitalisation referrals.

The services were distributed as following:

- 60 per cent of services (1,204 patients)(only curative services/(outpatient services).
- Non-communicable diseases in 20 per cent (397 patients).
- Maternal and child healthcare: child growth monitoring (97 children), antenatal care (74 pregnant women), family planning (20 beneficiaries), and gynaecology consultations (16 patients).
- Dental services (142 patients).
- Laboratory services (184 patients)



9 the Malawi Development Assessment Tool (MDAT) - a simple to use, adaptable tool used to assess development in children living in low-income settings -

10 The INTER-NDA is an internationally valid, rapid, standardized assessment of cognitive, motor, language and behavior skills for children aged 2 years whose norms are the first standards of early child development, constructed according to the WHO Multicenter Growth Reference Study's guidelines.

11 https://www.unrwa.org/resources/reports/unrwa-situation-report-14-lebanon-emergency-respons

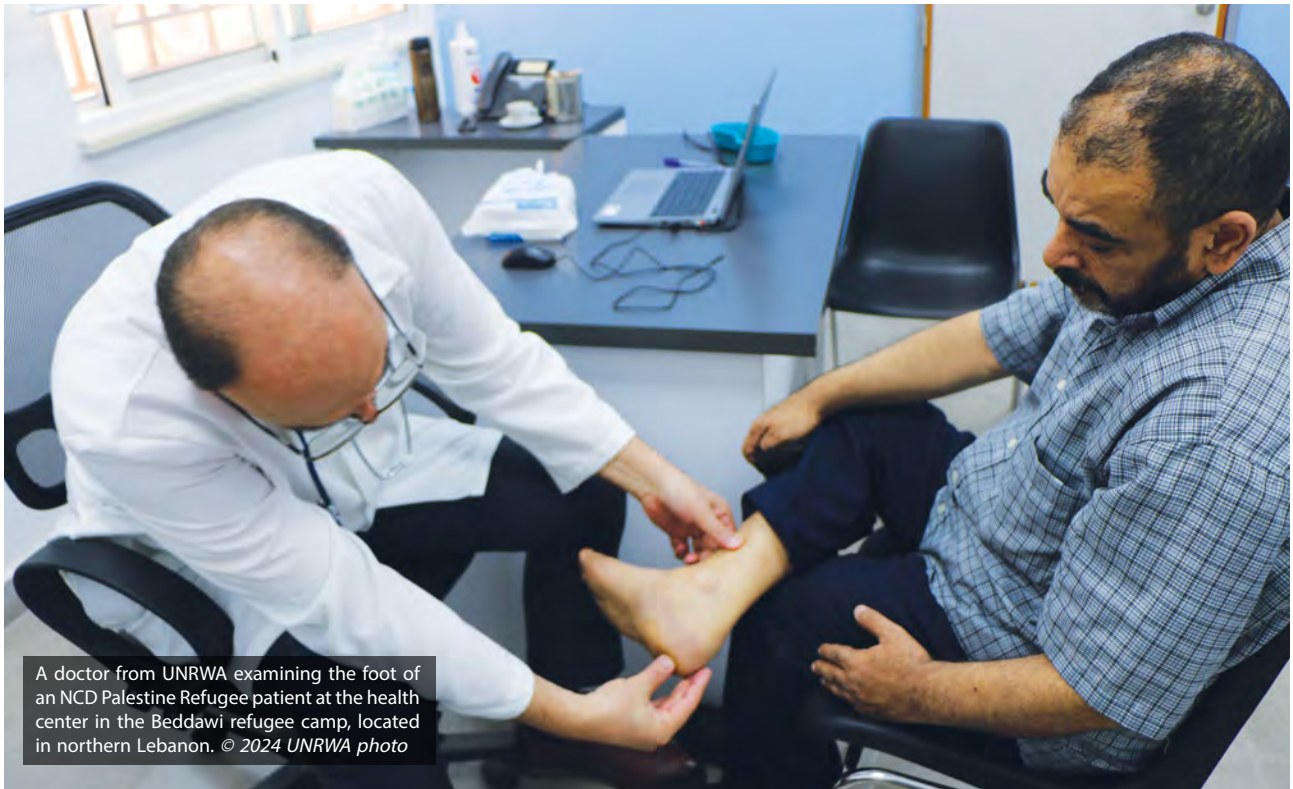
An UNRWA medical officer providing health care services for an NCD Palestine Refugee Patient with his wife at Al-Nuzha health centre in Amman Area, Jordan. *©2024 UNRWA Photo*

Conclusion: Commitment to Service Delivery Amid Crisis in the Gaza Strip, the occupied West Bank including East Jerusalem, Lebanon, and Syria

In 2024, the worsening security situation across the Gaza, the occupied West Bank, Lebanon, and Syria severely impacted the lives of Palestine Refugees, disrupting their access to essential services and deepening humanitarian needs. Widespread violence, economic instability, movement restrictions, and destruction of infrastructure have placed immense pressure on already strained health systems.

Despite these challenges, UNRWA has demonstrated remarkable adaptation, ensuring the continued provision of healthcare services through innovative and flexible approaches. Mobile health teams, alternative care modalities, and emergency interventions have allowed UNRWA to reach vulnerable populations, even in the areas most at risk. Health centres have remained operational wherever possible, and innovative strategies have been employed to address critical shortages of medical supplies and personnel.

However, the increasing demand for medical care, shortages of essential supplies, and operational constraints highlight the urgent need for sustained support to protect the health and well-being of Palestine Refugees in these crisis-affected areas. Strengthening UNRWA's capacity to respond effectively remains essential to mitigating the long-term health impacts of the ongoing crises and safeguarding the fundamental right to healthcare for Palestine Refugees.



A doctor from UNRWA examining the foot of an NCD Palestine Refugee patient at the health center in the Beddawi refugee camp, located in northern Lebanon. *© 2024 UNRWA photo*

section 3: unrwa strategic objective 2: palestine refugees lead healthy lives

UNRWA strategic plan for 2023-2028 outlines the organisation's approach to adjusting services to meet the evolving human development and humanitarian needs of Palestine Refugees. The plan sets four principles and priorities that will guide UNRWA's activities over this period, focusing on modernising operations and management practices while expanding opportunities for Palestine Refugees.

This plan draws upon insights from significant programmatic and management reforms led in recent years, as well as internal assessments and recommendations from external evaluations. It also integrates ongoing efforts to explore innovative approaches across programmes and operations and new models for resource mobilisation.

UNRWA's health programme, as detailed under strategic objective 2 in the new medium-term strategy section, aims to deliver universal and non-discriminatory primary health care (PHC) services to Palestine Refugees, in alignment with Sustainable Development Goals (SDG) 2, 3, and 5[12]. The Agency seeks to address the evolving health needs of Palestine Refugees population by improving maternal and infant care, managing communicable and non-communicable diseases (NCDs), supporting enhancing mental health and psychosocial support (MHPSS) efforts, and facilitating access to essential medication and hospitalisation coverage. The plan is structured around a family health team (FHT) approach, supported by digital initiatives, and prioritises care for vulnerable groups such as mental health patients and survivors of gender-based violence (GBV).

Of particular concern is the rising prevalence of NCDs among Palestine Refugees, which are now the leading cause of death. UNRWA highlights the importance of preventive measures, health education, screening, and effective treatment strategies to address the increasing burden of NCDs and mental health issues exacerbated by political instability and conflict. The Agency reports a high prevalence of mental health problems among refugees, particularly among children, adolescents, and GBV survivors, with one in five Palestine Refugees requiring psychological or mental health support

To ensure high-quality health services, UNRWA emphasises the need for adequate staffing levels and improved physical infrastructure in health centres. Analysis indicates a significant workload for existing staff, with understaffing across all cadres. The Agency is committed to meeting SDG targets and refugee health needs by addressing staffing shortages and improving infrastructure to enhance patient care, safety, and accessibility. Investments in constructing and reconstructing health centres (HCs) have resulted in improved facilities, compliance with protection standards, and increased accessibility for refugees, including those with disabilities. The progress of UNRWA's strategic objective 2 is described in the following section, through five outcomes.

Outcome 1 Palestine Refugees maternal and child health

Services under Outcome 1: maternal health service, child health services, school health, disability care, nutrition, Gender Based Violence (GBV), gender mainstreaming, adolescent and youth-friendly health services.

Maternal Health Services (MHS)

UNRWA's maternal health services include family planning, preconception care (PCC), antenatal care (ANC), delivery care and post-natal care (PNC). Despite the war in Gaza and a three-month staff strike in the occupied West Bank including East Jerusalem, MHS has remained a top priority.

Family Planning

UNRWA health centres (HC) provide universal access to Family Planning (FP), a crucial pillar of maternal health services, helping women access counselling services and obtain modern contraceptives while supporting male participation and engagement in a number of initiatives. In 2024, the Agency continued assessing the effectiveness of FP counselling (much of which focuses on ensuring adequate attention for each child), based on the interval between a given mother's successive deliveries.During this year, the total number of new FP users [13] increased by approximately 3.3 per cent from 12,598 in 2023 to 13,016 in 2024, noting that the data from the Gaza field was excluded for both years[14]. Jordan, Syria, and the occupied West bank field offices registered the highest number of new FP-recipients during 2024.

12 SDG#2: Zero Hunger, SDG#3: Good Health and Wellbeing, SDG#5: Gender Equality

13 The number of new FP users reflect women who newly registered within UNRWA FP services.

14 For further information about the Family planning services in Gaza, please refer to section 2 which is dedicated for the health service in Gaza field during the year 2024.

The total number of modern contraceptive users increased by 2.8 per cent from 92,429 in 2023 to 95,026 in 2024, with the highest increase occurring in the West Bank by 5 per cent. The rate of discontinuation[15] among family planning recipients increased, from 4.9 per cent in 2023 to 5.4 per cent in 2024. Syria Field registered the lowest retention rate[16] of all field offices, with the highest number of discontinuations compared to previous years.

Table No.8 : Utilization of UNRWA FP services in 2024, (excluding Gaza).

Indicator	Year	Jordan	Lebanon	Syria	West Bank	Agency
Number of new FP users	2023	5,739	1,811	2,995	2,053	12,598
	2024	6,043	1,481	2,774	2,718	13,016
	Variance %	5.3%	-18.2%	-7.4%	32.4%	3.3%
Total number of continuing users at year end	2023	38,435	17,501	13,280	23,213	92,429
	2024	39,916	16,859	13,880	24,371	95,026
	Variance %	3.9%	-3.7%	4.5%	5.0%	2.8%
Discontinuation rate (%)	2023	5.3	5.2	6.1	3.6	5.1
	2024	5.2	5.6	6.8	4	5.4

The distribution of FP users according to contraceptive method remained stable. In 2024, the intrauterine device (IUD) continued to be the most common method with 42 per cent of users, followed by condoms with 32.4 per cent, oral contraceptives (pills) with 22.4 per cent and injections with 3.2 per cent.

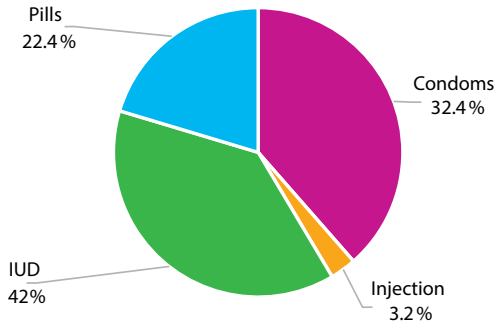
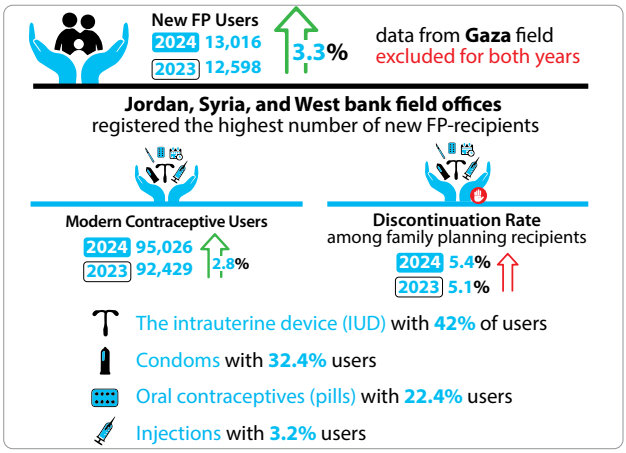


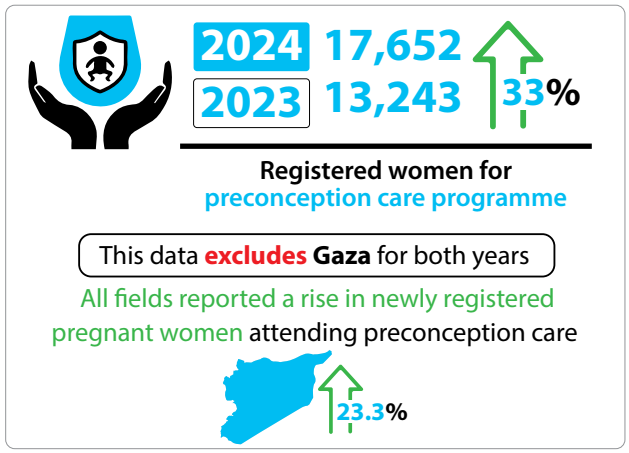
Figure 9: Contraceptive methods use, Agency-wide, in 2024, (excluding Gaza).



Preconception Care

Over the past few decades, UNRWA's efforts to reduce Infant Mortality Rates (IMRs) and Maternal Mortality Rates (MMRs) have increasingly focused on providing quality pre-pregnancy care. Since 2011, the Agency's preconception care programme has formed an essential pillar of maternal health care services accessible across 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, diabetes mellitus, anaemia, oral health diseases, and any other medical condition that can impact the pregnancy or its outcome. Additionally, pregnant women are provided with folic acid supplements to help prevent congenital malformations (such as neural tube defects) among their children. Women who attended PCC usually have early registration for antenatal care (ANC), which enable pregnant women to access antenatal care services within the UNRWA primary healthcare system as early as possible.In 2024, 17,652 women registered for the preconception care programme, which represents a 33 per cent increase from 13,243 in 2023. This data excludes the Gaza Strip for both years. All fields reported a rise in newly registered pregnant women attending preconception care, with Syria experiencing the highest increase at 23.3 per cent.



15 The rate of discontinuation reflects the rate of women who were already registered within our services and stopped being actively visiting UNRWA clinics for FP services during a specific duration of time for many reasons (became pregnant, menopause, stop receiving our FP services for another reasons).

16 The retention rate reflects the continuity of providing FP services to the already registered mothers, not the growth of the FP recipients within our FP service population.

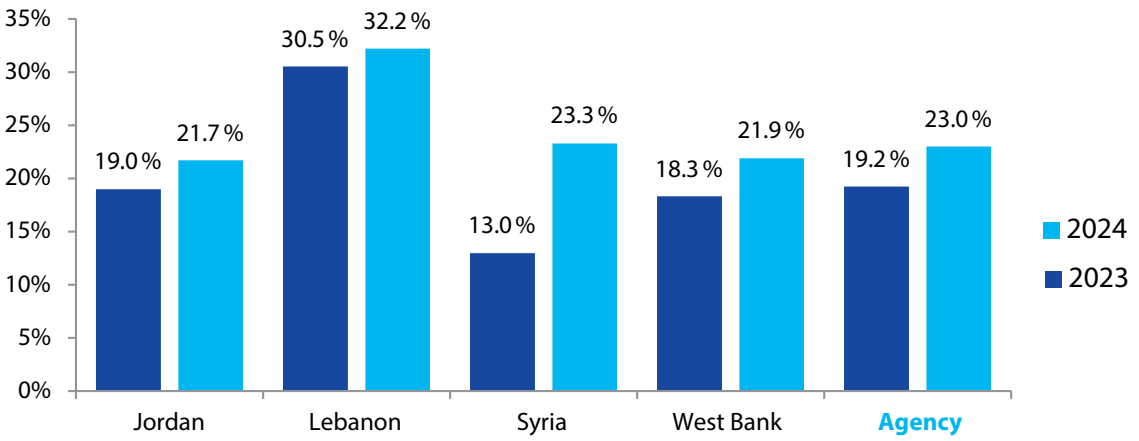


Figure 10: Percentage of newly registered pregnant women who attended PCC in 2023-2024, (excluding Gaza).

Antenatal Care

Early detection and management of risk factors is the foundation of an effective MCH programme and is crucial in decreasing infant and maternal mortality rates. UNWRA encourages pregnant women to do an initial antenatal assessment as early as possible and attend at least four additional antenatal 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 respective pregnancy risk for personalised care. While all pregnant women are provided with iron and folic acid supplementation, UNRWA has also implemented the Multiple Micronutrient Supplementation for all pregnant women receiving antenatal care services in all UNRWA health centres in the Jordan field office. UNRWA uses a number of indicators to monitor the coverage and quality of ANC services, including the percentage of pregnant women registered for antenatal care in the first trimester, the number of ANC visits during pregnancy, pregnancy risk assessments, and the figures on tetanus immunisation, DM, and hypertension in pregnancy.

Antenatal Care Coverage

The percentage of pregnant women registered for ANC services decreased by 2.8 per cent from 43,447 in 2023 to 42,227 in 2024 (excluding data from the Gaza field office)[17]. In 2024, the coverage rate of all expected pregnancies, both recorded and predicted, among the registered Palestine Refugee population slightly decreased to 38.7 per cent compared to 39.8 per cent in 2023. This decrease in coverage was largely attributed to the movement restriction in the occupied West bank. This calculation is based on the registered population›s expected number of pregnancies.

Registration for Antenatal Care in the First Trimester

Early registration is considered a key element in increasing positive pregnancy outcomes for mothers and children. It is therefore a central focus of UNRWA's ANC programme. UNRWA seeks to secure ample time for risk identification, follow-up, and management, according to the personalised needs of refugee communities. During 2024, the proportion of pregnant women who registered for ANC in UNRWA HCs during the first trimester of pregnancy was 73.1 per cent compared to 67.5 per cent in the previous year (data excluding the Gaza Strip). The ratio of pregnant women registered during the second trimester was 22.1 per cent, and during the third trimester, 4.8 per cent. These staggered percentages are common and reflect the reality that pregnant women often seek private healthcare in the later stages of their pregnancy

Table No.9: UNRWA Antenatal care coverage in 2024, (excluding Gaza).

	Jordan	Lebanon	Syria	West Bank	Agency
Registered population	2,573,667	562,519	679,903	1,149,255	4,965,344
Expected No. of pregnancies*	58,113	7,369	15,447	28,065	108,995
Newly registered pregnancies	19,131	4,177	5,260	13,659	42,227
ANC Coverage (%)	32.9	56.7	34.1	48.7	38.7

* Expected number of pregnancies = Total number of registered population (from UNRWA registration system) x crude birth rate

17 For more details about the antenatal care services for the Gaza field office, please refer to the separate section 2 covering health services in the Gaza Strip.

given that UNRWA does not provide delivery services. The increase in the proportion of women registering for ANC services during the first trimester of 2024 (excluding Gaza) compared to 2023 is primarily due to the healthcare strike in the occupied West Bank from March to May 2023.

Other field offices showed an increasing percentage of this indicator, with Lebanon showing the highest percentage of 87.8 per cent.

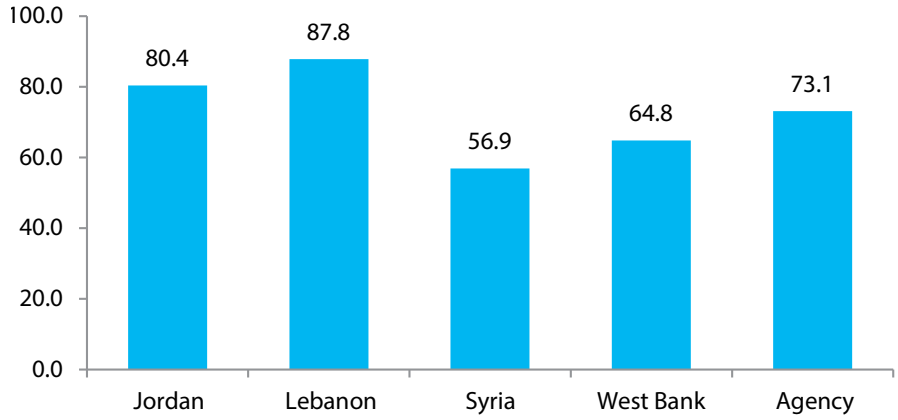


Figure 11: Percentage of pregnant women registered during the first trimester in 2024, (excluding Gaza).

Number of Antenatal Care Visits

As part of its ongoing efforts to decrease the maternal mortality rate, UNRWA adopted the WHO's new ANC guidelines[18] issued in 2016 and is working toward its implementation. These guidelines increase the number of recommended ANC-related visits or contacts between healthcare providers and the pregnant women from four to eight visits and include added provisions on the treatment of high-risk pregnancies.

In 2024, the Agency-wide average number of antenatal visits was 5.3 per patient. The lowest reported figure was in Syria, with an average of 4.6 antenatal visits per patient, and the highest was recorded in Lebanon, with 5.9 antenatal visits per patient. Agency-wide, 84.7 per cent of pregnant women attended four or more antenatal visits, with the highest attendance rate in Lebanon, at 90.2 per cent, and the lowest in Syria, at 71.2 per cent.

Tetanus Immunization Coverage

In 2024, 97.5 per cent of pregnant women received adequate immunisation against tetanus. As a result of the optimal immunisation coverage, no tetanus cases have been reported during the last two decades among mothers and newborns who had benefitted from UNRWA ANC services.

Risk Status Assessment

The WHO model of ANC classifies pregnant women into two groups: those likely in need only of routine antenatal care (51.0 per cent of cases), and those with specific health conditions or risk factors that necessitate special care (49.0 per cent of cases). UNRWA classifies pregnant women into three categories based on risk: low, alert, and high-risk.

During 2024, the Agency classified 46.5 per cent pregnant women as low-risk, 31.8 per cent as alert-risk, and 21.7 per cent as high-risk. Among UNRWA's various fields of operation, the rate of high-risk pregnancies was most pronounced in Jordan at 28.7 per cent, followed by 17.0 per cent in the occupied West Bank, 16.9 per cent in Syria, and 12.1 per cent in Lebanon. The high-risk and alert-risk pregnancies received more intensive follow-up than low-risk pregnancies, including referral to specialists as needed.

Table No.10 : Percentage of pregnant women who made ≥ four antenatal visits in 2023 and 2024, (excluding Gaza).

Indicator	Year	Jordan	Lebanon	Syria	West Bank	Agency
Percentage of pregnant women who paid ≥ four antenatal visits	2023	82.4	87.8	67.6	63.3	75.3
	2024	86.6	90.2	71.2	85.5	84.7
Average number of antenatal visits per pregnant woman	2023	5.3	5.7	4.3	3.9	4.8
	2024	5.4	5.9	4.6	5.3	5.3

18 WHO recommendations on antenatal care for a positive pregnancy experience.

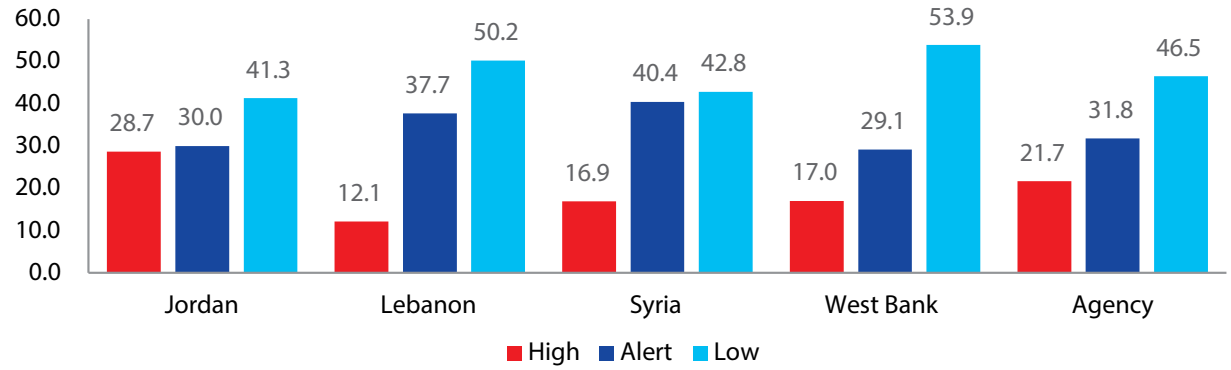


Figure12 : Percentage of ANC cases by risk category in 2024, (excluding Gaza).

Diabetes Mellitus and Hypertension During Pregnancy

Pregnant women are regularly screened for DM and hypertension throughout their pregnancies. In 2024, the prevalence of DM among pregnant women (pre-existing and gestational) was 9.1 per cent Agency-wide. Almost 36.8 per cent of women with DM during pregnancy had pre-existing DM. 37.6 per cent had gestational DM recovery after delivery, 10.3 per cent were diagnosed during pregnancy and had not recovered after delivery, and 13.0 per cent were still pregnant by the end of 2024. Globally, reported rates of gestational DM range between 2.0 and 10.0 per cent of all pregnancies, excluding women with pre-existing DM and depending on the sample population, the diagnostic tests and criteria employed.

The prevalence rate of hypertension during pregnancy (pre-existing and pregnancy-induced) was 6.6 per cent. Approximately 20.9 per cent of reported hypertension cases had pre-existing hypertension and 46.3 per cent recovered after delivery. 6.7 per cent were identified during pregnancy, with the condition persisting after delivery, and 24.0 per cent were still pregnant by the end of 2024.

Delivery care

Place of Delivery

UNRWA subsidises hospital delivery for all pregnant beneficiaries. In 2024, 99.86 per cent of all Agency-reported deliveries took place in hospitals, with home/in-shelter deliveries representing only 0.14 per cent. Most of these home births were recorded in Syria. The humanitarian crisis in the Gaza Strip had severely affected the hospitalisation services provided to women as part of delivery care[19].

Caesarean Sections

In 2024, the caesarean section rate among high-risk pregnant women assisted by UNRWA hospitalisation programmes increased from 36.1 per cent the previous year to 42.2 per cent from 36.1 per cent compared to the previous year. The rate varied widely between UNRWA fields of operation, with the highest rate in Syria at 68.5 per cent and the lowest at 33.6 per cent in the occupied West Bank. This variation is largely due to patient preference and prevailing medical practice in each field.

For reference, the worldwide caesarean section rates were estimated at 21.4 per cent per pregnancy in 2015, with the Middle East and North Africa estimated slightly higher at 29.6 per cent.

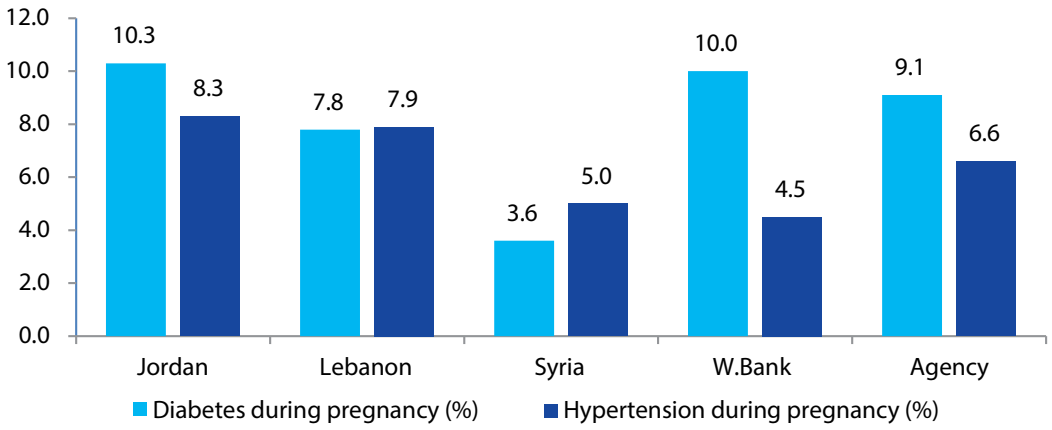


Figure 13: Prevalence of DM and hypertension during pregnancy in 2024. (excluding Gaza).

19 For further insight please refer to section 2 covering Gaza health services.

An UNRWA health staff providing laboratory services to a Palestine Refugee patient at Khan Eshieh camp health centre, Syria. © *2024 UNRWA photo*

Table No.11: Percentage of caesarean section rate, 2024, (excluding Gaza).

Field	Total deliveries	Caesarean section rate (%)
Jordan	17,883	37.0
Lebanon	4,125	59.5
Syria	5,281	68.5
West Bank	13,712	33.8
Agency	41,001	42.2

Monitoring the Outcome of Pregnancy

UNRWA has continued to closely monitor births through its active-surveillance registration system since 2002 (based on the expected delivery date). The outcome of each pregnancy, including details regarding newborns, is recorded in each health facility.

In 2024, excluding data from the Gaza field due to war-related challenges, the Agency expected 44,164 deliveries and recorded 40,998 live births (93 per cent) and 3,033 miscarriages or abortions (7 per cent). The outcomes for 69 pregnant women who received antenatal care (ANC) at UNRWA health facilities (0.16 per cent) remain unknown.

Overall, the prevalence of unknown pregnancy outcomes has steadily declined from 6.8 per cent in 2002 to 0.16 per cent in 2024. Among the fields of operation of the Agency, Lebanon reported the highest prevalence of unknown pregnancy outcomes at 1.15 per cent, primarily due to the escalation in violence, resulting displacement, worsening socio-economic conditions, and challenges faced by health staff in tracking and verifying pregnancy outcomes.

Monitoring Maternal Deaths

During 2024, a total of seven maternal deaths were reported across four of UNRWA's fields of operation (Gaza data has been excluded due to war-related challenges and difficulties in data collection).

This is equivalent to a maternal death ratio of 16.9 deaths per 100,000 live births among pregnant women registered with UNRWA antenatal service. Five deaths were reported in Jordan, one death in the West Bank, one in Syria, and none in Lebanon. Following a report on maternal death, UNRWA health staff conducted a thorough assessment using a standardised verbal autopsy questionnaire. In 2024, according to available data, one woman died during pregnancy, one woman died during delivery and five women died after delivery. For all seven cases, the place of death was recorded as hospital.

The assessment concluded that 29 per cent of these deaths were due to pulmonary embolism (two cases), 29 per cent were due to postpartum haemorrhage (two cases), 14 per cent were due to pre-eclamptic toxaemia (one case), 14 per cent were due Leukaemia (one case) and 14 per cent were due pneumonia (one case).

7 Maternal Deaths

Across the four fields **Gaza data** has been **excluded**

Maternal Death Ratio

19.6

per 100,000 live births

UNRWA antenatal service

Deaths:

5 in Jordan, 1 in WestBank, 1in Syria, 1 in Lebanon

place of death in hospital

1 woman died **during pregnancy**
1 woman died **during delivery**
5 women died **after delivery**

2 Cases due to Pulmonary embolism **(29%)**
2 Cases due to Postpartum hemorrhage **(29%)**
1 Case due to Pre-eclamptic toxemia **(14%)**
1 Case due to Leukemia **(14%)**
1 Case due to Pneumonia **(14%)**

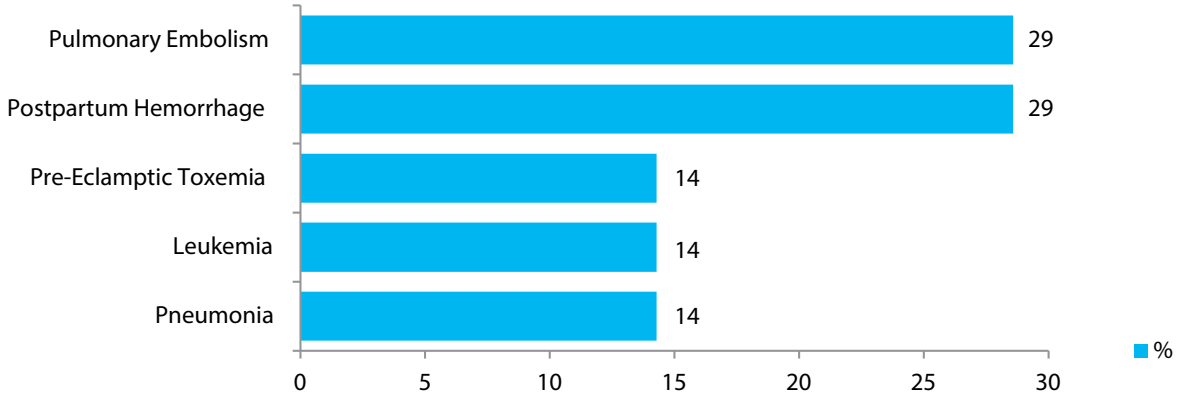
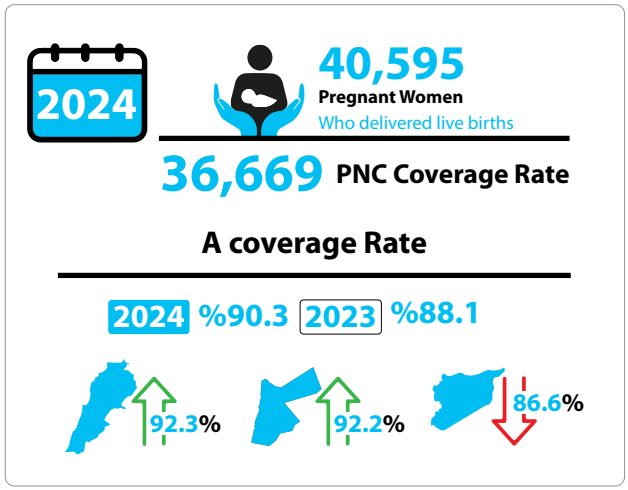


Figure 14: Causes of maternal mortality cases in 2024 by per cent, (excluding Gaza).

Postnatal Care

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

In 2024, out of 40,595 pregnant women who delivered live births, 36,669 of them received PNC within six weeks of delivery, representing a coverage rate of 90.3 per cent compared to 88.1 per cent in 2023. The highest rate was reported in Lebanon and Jordan fields with 92.3 and 92.2 percent, respectively. The lowest rate of PNC was 86.6 per cent in Syria.



An UNRWA medical officer performing a comprehensive medical examination for a Palestine Refugee patient at the Ein El-Hilweh Camp health centre, Lebanon. *© 2024 UNRWA photo*

Multiple Micronutrient Supplementation for Pregnant Women

Background

Both micronutrient deficiencies and anaemia are prevalent among Palestine Refugee pregnant women in the Middle East. Over the past few decades, iron and folic acid (IFA) supplementation has been a standard of antenatal care worldwide. Accordingly, since the 1990s, UNRWA has provided iron and folic acid supplementation to prevent anaemia among pregnant women registering at the Agency's health centres. However, its effectiveness has been unclear. Increasingly, trials have shown that antenatal multiple micronutrient supplementation (MMS) that provides 15 micronutrients, including iron and folic acid at the level of one Dietary Recommended Allowance (RDA) which is the United Nations International Multiple Micronutrient Antenatal Preparation (UNIMMAP) formulation, reduces adverse birth outcomes compared to iron and folic acid supplementation alone. In 2020, WHO updated the antenatal guideline to recommend antenatal MMS in "the context of rigorous research[20]. In 2021, WHO included UNIMMAP-formulated MMS in their essential medicines list, forming the bedrock for the United Nations International Multiple Micronutrient Antenatal Preparation (UNIMMAP). These global policy changes created an actionable framework for UNRWA to consider replacing IFA with MMS within its health system.

Enabling MMS Program Starting in Jordan

Between 2020 and 2023, UNRWA undertook several discussions, meetings, research initiatives, policy reviews, and guideline development to enable MMS within its antenatal care system. In 2022, MMS was first piloted for six months in two well-functioning clinics namely, the Amman New Camp and Marka HCs in Jordan. This pilot project confirmed the initial feasibility of workflow, education materials and data collection tools. Through a memorandum of understanding with Vitamin Angels[21]- a public health nonprofit working to address malnutrition by improving maternal & child nutrition in underserved communities worldwide-, UNRWA received technical advice from Johns Hopkins Bloomberg School of Public Health and the Sight and Life Foundation, as well as donations of UNIMMAP-formulated USP and halal-certified MMS from the Kirk Humanitarian Foundation.

MMS Implementation Research in Jordan

In 2023, UNRWA launched a 10-month evaluation of delivering MMS versus IFA supplementation across 25

An UNRWA Midwife providing Multiple Micronutrients Supplement (MMS) tablets and instructions to a Palestine Refugee pregnant woman at Al-Nuzha health centre in Amman Area, Jordan. *© 2024 UNRWA Photo*

health centres in Jordan. The evaluation design involved concurrent comparison of performance of 13 (two pilot plus 11 randomly assigned) clinics where midwives were assigned to issue 180-count bottle of UNIMMAP-formulated MMS to registering pregnant women versus 12 randomly assigned clinics, providing 10-count blister packed folic acid and IFA supplements to pregnant women prescribed by physicians at each antenatal visit. UNRWA periodically abstracted e-Health data to assess supplement coverage, adherence and side effects reported by mothers. Exit interviews were conducted with a sub-sample of pregnant women attending UNRWA clinics as a marketing assessment tool to understand the recipients' experiences and opinions. A monthly, online clinician survey was carried out to assess the experience of clinicians working in the two antenatal systems delivering MMS versus IFA supplements. Logistics and inventory of antenatal supplements were assessed using Tally Sheets.

All the field activities were finalised in February 2024. In March 2024, the data cleaning and analysis were carried out. Key evaluation findings indicated that MMS outperformed IFA in coverage, adherence, side effects, acceptability, effectiveness in anaemia prevention and recovery, and cost saving to both the recipients and health system within the UNRWA antenatal care system in Jordan. The research team continued to work on publishing the scientific manuscripts in peer-reviewed journals. These findings led the Agency scale up MMS

20 WHO antenatal care recommendations for a positive pregnancy experience. Nutritional interventions update: Multiple micronutrient supplements during pregnancy. Geneva: WHO; 2020. Licence: CC BY-NC-SA 3.0 IGO.

21 Vitamin Angels | Home

across all fields of operation. As of September 2024, all 25 health centres in Jordan began providing 180-count bottled UNIMMAP-formulated MMS to registering pregnant women. In the last quarter of 2024, planning activities to scale up MMS in Syria and Lebanon Fields were carried out. In December 2024, the results of the 10-month evaluation were shared and verified.

Further activities are planned to scale up MMS in all fields of operation. In addition, assessment of sustainability of MMS programme components are planned in Jordan using the existing surveillance system within UNRWA HD.

Health Response to Gender Based Violence

Gender-Based Violence (GBV) is a serious public health issue, and healthcare settings play a key role in addressing it. UNRWA health workers are often the first, and sometimes the only people GBV survivors go to for help. They provide immediate medical care, emotional support, and referrals to other services. To help health workers respond in a safe and sensitive way, UNRWA's Department of Health has created new technical instructions in 2023[22] to support them in identifying and assisting GBV survivors. A series of training sessions were conducted throughout 2023 and 2024; however, Gaza health staff members were unable to complete the training due to the war.

In 2024, a total of 110,464 individuals were screened for GBV during medical consultations. Each person was also screened for mental health and psychosocial support (MHPSS) needs and asked if they wished to answer additional GBV-related questions. Among those screened, 3,853 GBV survivors were identified across UNRWA's operational areas, except for the Gaza field. The majority were adult females (3,469 cases), while 167 cases were reported among adult males. Additionally, 133 cases were identified among girls and 84 among boys under 18. Among all identified survivors, 54 individuals were reported to have disabilities.

Identification rates by age group and sex show that children under 18—both girls and boys—consistently have higher identification rates compared to adults. UNRWA conducts targeted screening among specific groups, including first-time visitors to maternal and child health services, patients with uncontrolled non-communicable diseases (NCDs), women and girls with disabilities, and individuals showing signs of distress. However, even among these targeted groups, those under 18 are more likely to be identified as having experienced GBV experience than adults. This reinforces the trend that targeted screening improves identification rates and increases opportunities to provide necessary and timely support. Overall, 3.5 per cent of all screened individuals were identified as GBV survivors.

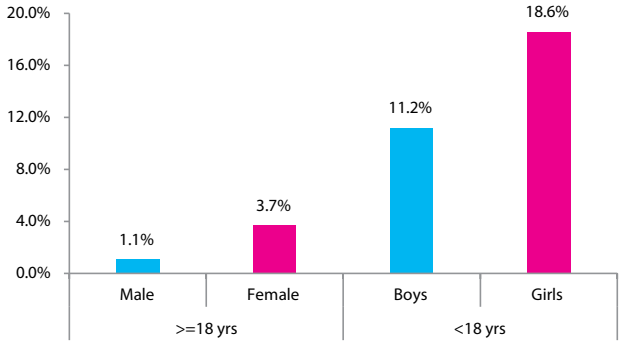
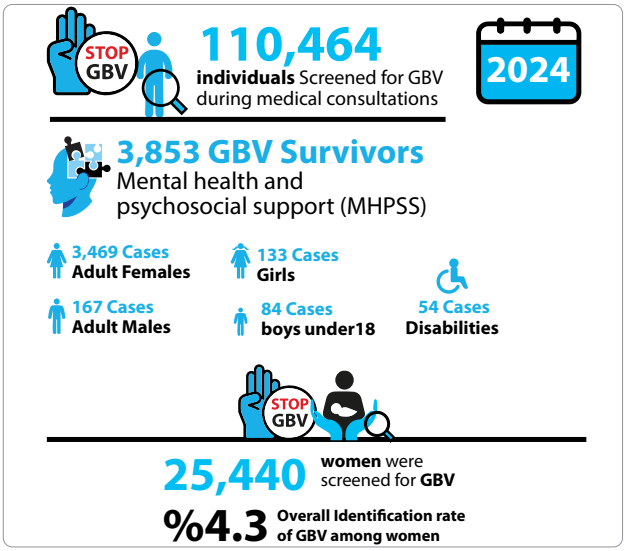


Figure 15: Causes of maternal mortality cases in 2024 by per cent, (excluding Gaza).

Among maternal health service patients, 25,440 women were screened for GBV, including 27 women with disabilities. A total of 861 cases of GBV were identified. Psychological and emotional abuse was the most prevalent form (579 cases), followed by denial of resources (91 cases), forced marriage (84 cases), physical assault (97 cases), and sexual assault (10 cases). These findings highlight the importance of integrating GBV response services into maternal health programmes.

The overall identification rate among maternal health service users was 3.4 per cent. Notably, only one GBV case was reported among women with disabilities, suggesting potential gaps in identification and reporting, particularly among vulnerable subgroups. Strengthening screening mechanisms and expanding targeted interventions are essential to addressing these challenges and ensuring comprehensive support for GBV survivors.



22 Technical Instruction on health response to Gender Based Violence in UNRWA health facility.

An UNRWA Nurse doing regular dressing for an injured IDP, at Khan Yunis health centre, Gaza. *© 2023 UNRWA Photo*

IDP injured patient receiving dressing change by an UNRWA nurse at the medical point in Al-Daraj UNRWA shelter (school), Gaza Strip. *©2024 UNRWA Photo*

Disability Care

The Agency follows the UN Convention on the Rights of Persons with Disabilities (UNCRPD) definition of disability: "Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments, which, in interaction with attitudinal and environmental barriers, hinder their full participation in society on an equal basis with others." [23]

Committed to disability inclusion, the Agency aligns with UN regulations and UNRWA's framework to promote the rights, well-being, and empowerment of persons with disabilities. It systematically integrates disability rights across all internal and external operations, promoting equal access to UNRWA services, including healthcare, for all Palestine Refugees with disabilities.

The Health Department applies a "twin-track" approach: mainstreaming disability inclusion while providing targeted support. The first track addresses the needs of persons with disabilities, while the second focuses on disability prevention through the FHT approach. This includes quality family planning, preconception, antenatal, and postpartum care, child growth monitoring, immunisation, disability screening, and improved NCD detection and management. Data collected supports the continuous improvement of disability inclusion in health centres.

In some fields, hearing loss management for children under five is integrated into the discreet growth-monitoring programme. This includes early detection through screening, confirmatory diagnosis, intervention, rehabilitation, and long-term support. In 2024, 34 UNRWA health staff were trained in Lebanon to conduct newborn hearing screening using OtoRead equipment. UNRWA health teams in the Gaza field continue to support individuals who use hearing aids and require repairs or replacements, partnering with local and international NGOs to offer these services free of charge.

In 2024, the UNRWA Lebanon field office piloted a disability project in collaboration with the United Kingdom's Royal College of Paediatrics and Child Health. Complementing UNRWA's growth monitoring system, this initiative used the Malawi Development Assessment Tool (MDAT) and INTER-NDA to identify children with developmental delays and cognitive disabilities, improving referrals to local therapeutic care providers.

For people above five years old, health centre staff use the Washington Group Questions screening tool[24] to identify potential disabilities based on personal experience and subjective assessment.

In 2024, a total of 262,741 patients above five years old were screened, with 5.6 per cent (14,617 individuals) identified as living with a disability. Compared to 2023, screening numbers decreased by an average of 22 per cent in three fields of operation—Jordan (15.8 per cent), Lebanon (11.2 per cent), and Syria (39.45 per cent)—excluding the Gaza Strip. In contrast, the occupied West Bank saw a 52.47 per cent increase, rising from 62,435 screenings in 2023 to 95,195 in 2024.

Table No.12: Number and percentage of patients identified with a disability at UNRWA HCs -2024, (excluding Gaza).

Field	Female			Male			Total		
	Screened	With Disability	%	Screened	With Disability	%	Screened	With Disability	%
Jordan	40,749	2,139	5.2%	16,842	1,156	6.9%	57,591	3,295	5.7%
Lebanon	43,886	2,402	5.5%	30,587	1,762	5.8%	74,473	4,164	5.6%
Syria	23,424	1,417	6.0%	12,058	931	7.7%	35,482	2,348	6.6%
West Bank	62,679	3,058	4.9%	32,516	1,752	5.4%	95,195	4,810	5.1%
Total	170,738	9,016	5.3%	92,003	5,601	6.1%	262,741	14,617	5.6%

23 United Nations Convention on the Rights of Persons with Disabilities - National Disability Authority
24 Question Sets - The Washington Group on Disability Statistics

The Health Programme provides essential services to registered Palestine Refugees with physical, visual, and hearing impairments, in addition to general screenings. In 2024, the most common functional limitations identified were difficulties in walking (40 per cent), seeing (19 per cent), self-care (14 per cent), and hearing (12 per cent).

Eligible patients (see Figure 15) receive financial support from the Health Department for assistive devices such as hearing aids, eyeglasses, artificial limbs, and wheelchairs.

The reported number of people with disabilities may rise in the coming years, as beneficiaries from the Gaza field were not included in this annual report. According to WHO estimates, one in four individuals has sustained life-changing injuries since 7 October 2023 when the war started[25].

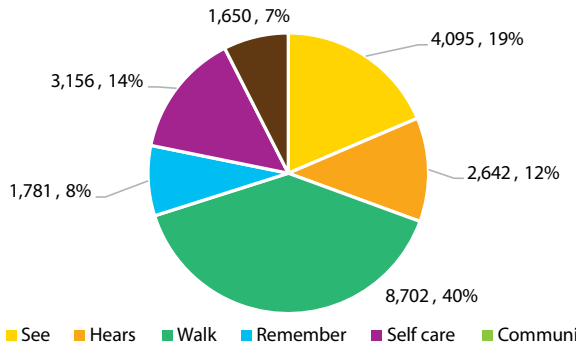
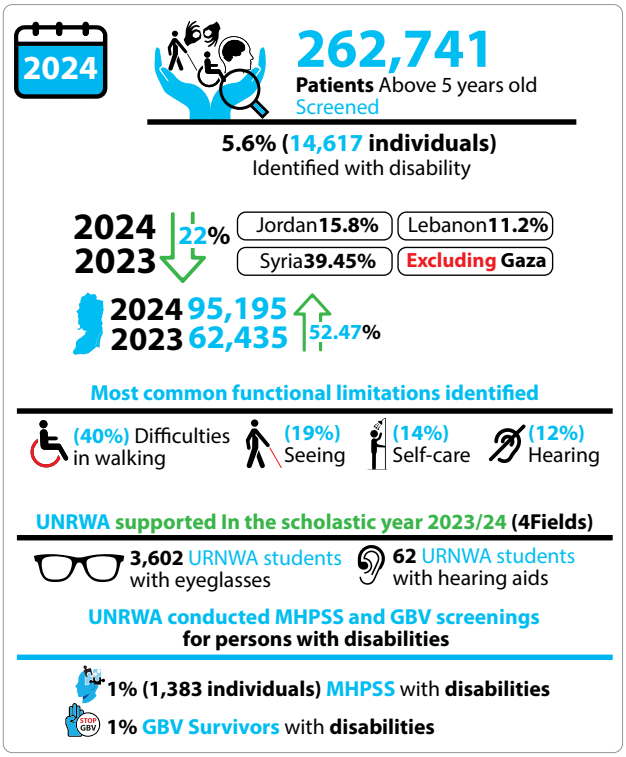


Figure 16: Number and percentage of type of disability at UNRWA HCs - 2024, (excluding Gaza).

UNRWA integrates disability care into its health programme through both health centre services and school health screenings. In the 2023-24 school year, UNRWA supported 3,602 UNRWA students with prescription glasses and covered hearing aids costs for 62 students across four fields of operation (excluding the Gaza Strip). Further details on disability morbidity and special health needs among school-aged children are covered in the Child Health Services chapter, including the School Health Programme section.

The Agency also conducted MHPSS and GBV screenings for persons with disabilities. Among those screened for MHPSS, 1 per cent (1,383 individuals) had disabilities. Similarly, 1 per cent of identified GBV survivors were persons with disabilities who face heightened discrimination and vulnerability.

In 2024, the war in Gaza severely impacted physiotherapy services, and disrupting operations. Despite these challenges, UNRWA provided physiotherapy care to 2,997 Palestine Refugees, a significant increase from 2023. Services were delivered through six units in the occupied West Bank and one in Jordan, with 12 physiotherapists conducting 33,025 sessions. The West Bank saw an 85.5 per cent increase in-patient admissions. Jordan experienced a modest rise in patients alongside a decrease in sessions, indicating more targeted care. Physiotherapists continued to offer essential rehabilitation, education, and training to support the independence of Palestine Refugees with disabilities.



Gender Mainstreaming

UNRWA remains committed to integrating gender-responsive approaches across its health service delivery. The Gender and Vulnerability Analysis of the Family Health Team (FHT) Approach conducted in 2024 highlighted both strengths and challenges in delivering gender-sensitive care. While the FHT model has contributed to a more holistic and family-centred approach, its implementation has been affected by logistical and structural barriers, including overburdened health staff and limited private consultation spaces. These factors particularly affect patients with mental health conditions, GBV survivors, and individuals with disabilities, making it more difficult for them to disclose their concerns and, in return, limiting UNRWA ability to provide optimal support.

25 WHO analysis highlights vast unmet rehabilitation needs in Gaza

The study found that gender norms and logistical constraints continue to challenge healthcare access. While most female patients were comfortable consulting male health providers for general health concerns, consultations related to reproductive and maternal health often required additional considerations to ensure patient comfort and trust. Social and economic barriers, such as financial dependency and transportation limitations, disproportionately affected women, while men faced difficulties accessing clinic operating hours that conflicted with their work schedules.

To address these gaps, UNRWA strengthened gender-responsive healthcare by insisting that health services are delivered in ways that respect patient preferences while maintaining high-quality and equitable care. Strengthening community awareness, enhancing safe and confidential service delivery, and promoting gender-equitable health care services will remain priority to achieving inclusive and effective healthcare for all Palestine Refugees.

Adolescent and Youth-Friendly Health Services

In 2023, UNRWA aimed to evaluate and implement Adolescent and Youth-Friendly (AYF) health services in its technical and vocational education and training (TVET) centres and colleges in all fields of operation. This was done by several assessments (e.g. operational assessment of TVET clinic, focus group discussions with service providers and female/male students) as the basis for an Adolescent and Youth-Friendly Health Services (AYFHS)guideline.

In the beginning of March 2024, a training conducted in Jordan, was attended by primary health service providers and health counselling staff responsible for delivering mental health services, and the support staff who have frequently close encounters with students at UNRWA TVETC. This included professionals such as medical officers, nurses, student counsellors, but also housemasters, recreation officers and paramedical technical instructors from Syria, Lebanon, Jordan, and the occupied West Bank. The training covered the effective practical implementation of the guidelines in the fields of operation, field specific action planning, and capacity building on multiple AYFHS-related topics. The approved AYFHS-guideline came into effect in August 2024.

Minor infrastructural maintenance upgrades were completed in two fields in 2024. Damascus Training Centre (DTC) in Syria expanded their group counselling room. In Jordan, the Amman Training Centre (ATC) and Faculty of Educational Sciences and Arts (FESA) clinic was extensively rehabilitated, including the creation of a group counselling room. The latter facilitated the gatherings and health activities initiated by the student health club established in 2024 in ATC/FESA.

Family Medicine Training

UNRWA recognises the importance of providing ongoing training to all staff working in UNRWA HCs, both to enhance their own professional development and the quality of healthcare provision to Palestine Refugees. Currently, UNRWA oversees two diploma programmes for UNRWA staff. Family Medicine Diploma for Physician (FMDP), a collaboration with the Rila Institute of Health Sciences in the United Kingdom, is a 12-month training course for medical physicians to practice family medicine. The second programme is a collaboration with the Jordanian Nursing Council (JNC) covering primary healthcare and reproductive health with a track first for staff nurses and midwives taken online and with on-the-job training for 10 months and a second track of strictly online courses for practical nurses for a duration of six months.

Family Medicine Diploma for Physician

The FMDP is tailored to UNRWA's Primary Health Care (PHC) model and its adopted FHT approach. The FMDP provides clinicians with an online training model that they can access remotely in off hours without disrupting their daily work. The training is designed to help medical doctors at UNRWA HCs meet the Palestine Refugee health needs across the five fields of UNRWA operation.

The programme includes virtual workshops through an e-learning platform, regular exams , and interactive webinars. On-the-job practical training activities are directly provided by local facilitators who specialise in family medicine.

Since 2015, a total of 268 UNRWA doctors completed their family medicine diploma courses. Six doctors from the field office failed to complete the diploma yet due to the war. Doctors actively enrolled in the "seventh cohort" will graduate in May 2024, as shown in the following table.

An UNRWA medical officer examining a Palestine Refugee patient at the health centre in Burj el Barajneh camp in Lebanon. *© 2024 UNRWA photo*

Table No.13: Number of doctors who completed the family medicine diploma course

Year	Jordan	Lebanon	Syria	Gaza	West Bank	Total
2015 – 2016 (First cohort)	-	-	-	15	-	15
2017- 2018 (Second cohort)	15	-	-	15	10	40
2018 – 2019 (Third cohort)	8	-	-	12	-	20
2019 – 2020(Fourth cohort)	6	10	9	15	10	50
2020 (Fifth cohort –graduation Feb 2022)	10	5	10	15	10	50
2021/2022 (sixth cohort – graduation July 2022)	10	13	2	15	10	50
2023/2024 (seventh cohort- graduation 2024)	10	7	10	11	5	43
Number of UNRWA doctors from the seventh cohort with incomplete graduation requirement – pending	0	0	0	6	0	6
Total No. of UNRWA doctors Graduated by 2024	59	35	31	104	45	274

Participants who already graduated with a postgraduate diploma in family medicine provided positive feedback on the training that they received. Key points they highlighted included the positive impact of their training on the quality and comprehensiveness of the healthcare services. They believe that they can share knowledge and skills with other colleagues and become more competent in the prevention of diseases in general, and specifically in recognising psychosocial-physical health problems.

An UNRWA nurse holding a Palestine Refugee baby after providing child care services at the health centre in Jaramana camp, Syria. *© 2024 UNRWA photo*

Primary Health Care and Reproductive Health Diploma and Course for Nurses and Midwives

In 2024, the collaboration between JNC and UNRWA continued to strengthen the capacity of primary healthcare nurses, equipping them with essential skills to identify, manage, and prevent common health conditions while enhancing their understanding of surveillance methods. Training materials were jointly developed by JNC and UNRWA, accredited by Al-Hussein Bin Talal University, and approved by Jordan's Ministry of Higher Education and Scientific Research as the official certifying authority.

Following the successful pilot training in 2022, which included 35 nurses and midwives from Jordan, the occupied West Bank, and the Gaza Strip, the programme expanded in 2023 to all fields, enrolling 50 participants in the second cohort. In 2024, the training continued across all fields except Gaza, where participation was not possible due to the war.

The JNC online courses for practical nurses remained a key component of professional development, emphasising primary healthcare practices used by active practitioners. The first course, launched in 2023 with 55 participants from all fields, was further expanded in 2024 to accommodate additional trainees. However, due to the war, no participants from the Gaza Strip were able to enrol this year.

Table No.14: The number of the nurses who enrolled in the training diplomas and courses

Type of Courses	Year	Jordan	Syria	Lebanon	WB	Gaza
Diploma	2022	14	0	0	10	11
	2023	10	10	10	10	10
	2024	11	13	15	11	0
Courses	2022	15	7	8	10	15
	2023	16	9	15	10	0
	2024	66	39	48	51	36
(2022-2024) Total		**39**	**14**	**0**	**0**	**10**

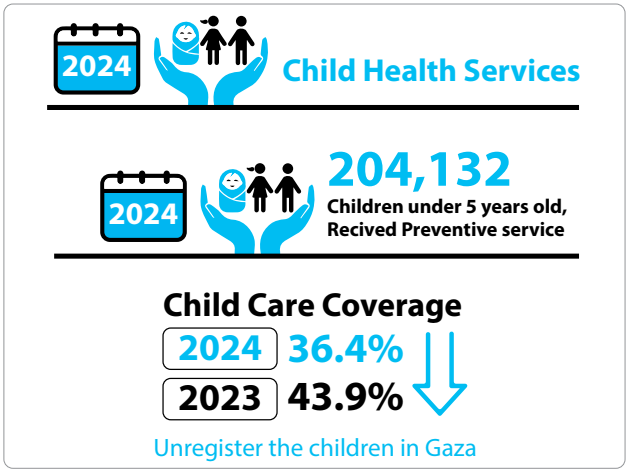
Child Health Services

UNRWA continues to provide comprehensive healthcare services to maintain and improve Palestine Refugee children›s health. The FHT provides services starting from maternal care (preconception care and ANC) and continues consistently until adolescence. Common services include newborn medical assessment, periodic physical examinations, immunisation, growth monitoring and nutritional surveillance, micronutrient supplementation, preventive oral health services, school health services and referrals for specialised care when needed.

UNRWA's child health services are among its most essential investments helping improve the quality of life for millions of Palestine Refugees. The impact of the child's health improvement is predicted to decrease their short-term morbidity and mortality rates and improve their long-term health and wellbeing. The age of children covered by child health services was raised from three to five years in 2010 to enhance child health outcomes. This decision fills the gap in child health services until the child reaches school age and gains access to school-provided growth monitoring, nutritional surveillance, micronutrients supplementation and fluoride varnish coverage.

Childcare Coverage

In 2024, UNRWA HCs continued to provide preventative services to 204,132 children under 5, an estimated coverage of 36.4 per cent based on projections of the total number of Palestine Refugee children. The discrepancy between this figure and the 43.9 per cent predicted coverage in 2023 is likely a result of the inability to register the children in the Gaza Strip. This estimation is based on the number of infants below 12 months that have been registered, and the expected number of surviving infants, which is calculated by multiplying the crude birth rates (as published by the host government authorities) by the number of registered refugees in each country.



Immunization

Child immunisation remains the most effective primary prevention method. UNRWA health services provide immunisation against several vaccine-preventable diseases in alignment with host country national vaccination programmes. UNRWA offers vaccines for tetanus-diphtheria (DT/Td), pertussis, tuberculosis (TB), measles, rubella, rumps, polio, haemophilus influenza type B (Hib), and hepatitis B across all fields. Additionally, the rotavirus vaccine is provided in all fields except Syria, while the pneumococcal vaccine is available only in the occupied West Bank, Gaza Strip, and Lebanon. Since 2020, UNRWA has also introduced the Hepatitis A vaccine in Jordan as part of the country's national vaccination programme.

In 2024, immunisation coverage for the above-mentioned diseases reached 99.4 per cent for children aged 12 months and 99.0 per cent for children aged 18 months. Gaza data is unavailable due to conflict-related challenges. The use of the e-MCH application for mothers has played a key role in maintaining high vaccination coverage. This digital tool sends timely reminders to mothers based on each child's vaccination schedule, significantly reducing the number of missed doses and minimising the need for nurse follow-ups.

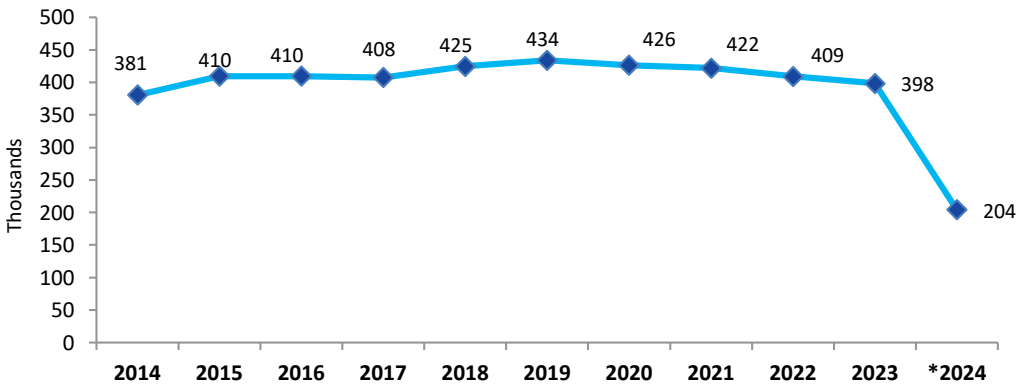
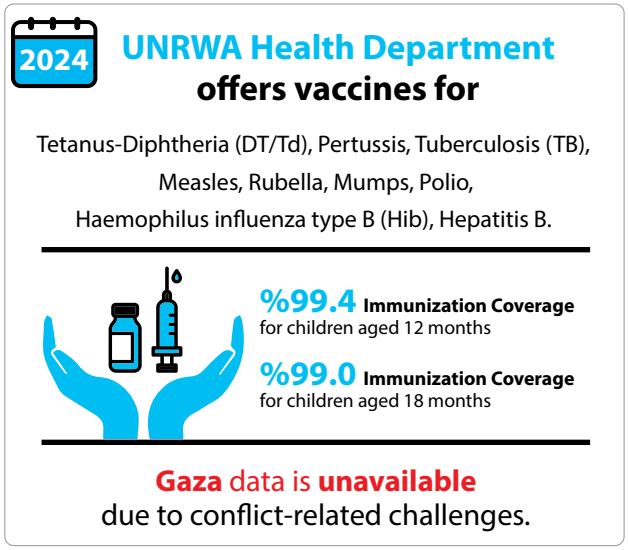


Figure 17: Children 0-5 years under supervision at UNRWA HCs (*2024 excluding Gaza).



The use of the e-MCH application by mothers has played a key role in maintaining high vaccination coverage. This digital tool sends timely reminders to mothers based on each child's vaccination schedule, significantly reducing the number of missed doses and minimizing the need for nurse follow-ups.

Growth Monitoring and Nutritional Surveillance

UNRWA health services regularly monitor the growth and nutritional status of children under five. In 2024, available data showed an increase in malnutrition figures among refugee children - no data is available for the Gaza Strip. At the same time, it continues to show the double burden of malnutrition, the coexistence of undernutrition and overnutrition among monitored children. To prevent malnutrition and promote a healthy lifestyle, UNRWA has intensified efforts to modify nutrition guidelines for healthcare staff to counsel mothers on their child's proper nutrition. HC staff are now more actively involved in providing counselling to mothers on best practices for breastfeeding, child weaning and nutrition beyond the age of 6 months. Health education also focused on the appropriate use of complementary feeding and micronutrient supplements and the importance of avoiding fast food and sweetened drinks. Health education materials have been reviewed and updated to meet the latest recommendations on breast and complementary feeding.

The electronic growth monitoring system is integrated within e-Health and based on revised WHO standards. This integration has enabled HC staff to input data and interpret results more efficiently. When the electronic system detects one or more of the four significant growth and nutrition-related problems among children under five (underweight, wasting, stunting, and overweight/obesity), it shows an alert to the health care provider.

Table No.15: Prevalence of malnutrition among children 0-5 years (*2024 excluding Gaza).

Year	Underweight	Stunting	Wasting	Overweight / Obese
2019	6.26	11.0	6.3	8.96
2020	5.12	8.9	5.01	6.92
2021	5.79	10.02	5.91	8.05
2022	6.44	11.13	7.14	8.56
2023	6.28	11.0	6.93	8.29
*2024	6.47	12.27	6.13	10.46

All children are provided with iron and vitamin A supplementation from the age of six months to five years. Once children reach 12 months , they are screened for anaemia. Anaemic children who are unresponsive to supplementation are screened for hereditary anaemias, mainly thalassaemia and sickle cell anaemia.

Surveillance of Infant and Child Mortality

Despite the importance of morbidity and mortality figures, the Agency has been unable to collect data on the number and causes of infant and child deaths in the Gaza Strip throughout 2024.

Infant Mortality

In 2024, there was a decrease in the number of reported deaths among registered infants less than one year old across all fields, with the number of reported deaths among infants reaching 191 as compared to 301 of the previous year because no data is available for Gaza. According to the data for this recording period, the causes of infant mortality included respiratory infections and other respiratory conditions (34.0 per cent), low

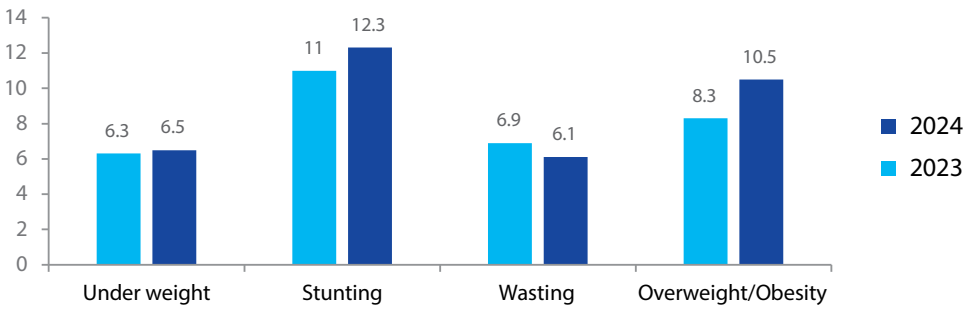
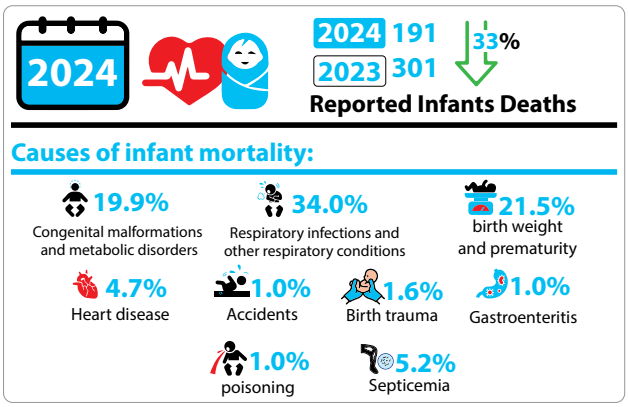


Figure 18: Prevalence of malnutrition among children 0-5 years between 2023 and 2024, (excluding Gaza).

birth weight and prematurity (21.5 per cent), congenital malformations and metabolic disorders (19.9 per cent), septicaemia (5.2 per cent), heart disease (4.7 per cent), birth trauma (1.6 per cent), accidents (1.0 per cent), poisoning (1.0 per cent), and gastroenteritis (1.0 per cent).



Child Mortality

In 2024, the number of reported deaths among children aged one to five reached 56 as compared to 131 in 2023 – with no data available for Gaza. The major causes of child mortality were respiratory tract infections and other respiratory conditions (26.8 per cent), congenital malformations (16.1 per cent), heart disease (14.3 per cent), low birth weight and prematurity (12.5 per cent), septicaemia (5.4 per cent),accidents (5.4 per cent), heart gastroenteritis (1.5 per cent), and poisoning (0.8 per cent).

There is no apparent difference between causes of death between infants and children living in and outside of the camps. Most died in hospitals, with 16.6 per cent of mortalities occurring at home. The data recorded slight variations in infant and child mortality among males 55.5 per cent, and females, 44.5 per cent.

Oral Health

Preventive oral health services start when the child is 1 year old, with parental awareness sessions on oral diseases and dental care. The number of screened children under two increased from 23,153 in 2023 to 162,984 in 2024, excluding Gaza.

During the 2023-24 school year, around 57,208 Palestine Refugee students were enrolled in UNRWA schools compared with 543,075 the previous year. UNRWA continues to implement its school health programme (SHP) to improve the health of students with a number of initiatives. SHP services include medical check-ups for new students, immunisations, hearing and vision screening, growth monitoring, dental check-ups, and deworming. The SHP provides follow-up guidelines for children with special health needs, as well as procedures for inspections and improving the schools› environment and canteens. School health services are provided to UNRWA students through HCs and school health teams within schools, based on the specific context of each field (doctors, nurses, and dentists) according to scheduled visits during the school year.

New School Entrants' Medical Examination

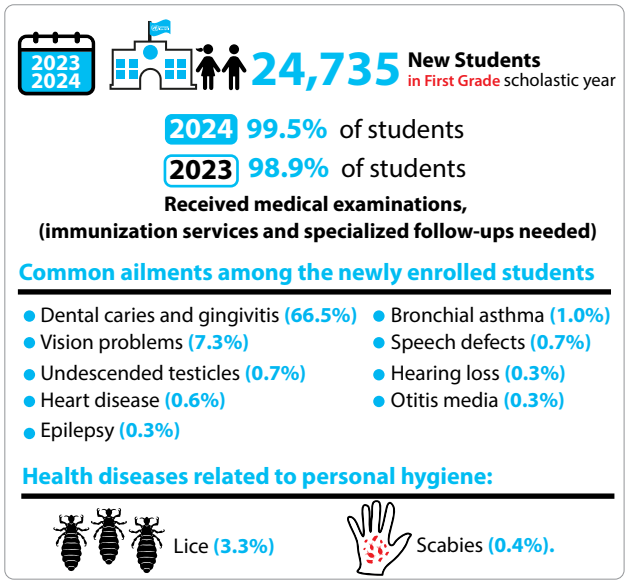
UNRWA schools, in all fields of operation excluding Gaza, registered 24,735 new students in first grade during the 2023-24 school year. The Gaza Strip ordinarily registers more than 32,000 students per year. Newly registered students receive medical examinations, immunisation services and specialised follow-ups needed. In 2024, UNRWA succeeded in conducting at least one medical examination for 99.5 per cent of students during the school year compared to 98.9 per cent during the previous year.

Screening revealed a number of common ailments among the newly enrolled students, including dental caries and gingivitis (66.5 per cent), vision problems (7.3 per cent), bronchial asthma (1.0 per cent), undescended testicles (0.7 per cent), speech defects, (0.7 per cent), heart disease (0.6 per cent), hearing loss (0.3 per cent), epilepsy (0.3 percent) and otitis media (0.3 per cent). Health diseases related to personal hygiene remained constant, including lice (3.3 per cent) and scabies (0.4 per cent). Students newly diagnosed with disabilities and those recently prescribed assistive devices (or both) received prescription glasses, hearing aids, and other relevant prosthetic devices according to their availability.

Based on the activities of the SHP in 2023 (excluding Gaza from 2023 and 2024 data), there was a decrease in those referred for further care to UNRWA health facilities, from 4,950 in 2023 to 3,693 students in 2024. The number of students referred for special assessment also decreased, from 2,532 in 2023 to 1,711 students in 2023. In 2024, UNRWA helped 3,719 students cover the costs of eyeglasses and 62 students afford hearing aids, both fewer than the number compared to 3,719 and 52, respectively in 2023.

Table No.16 : Number of patients who received financial support from UNRWA for the cost of eyeglasses. (excluding Gaza)

Field	2020/2021	2021/2022	2022/2023	2023/2024
Jordan	0	3,264	2,370	1990
Lebanon	0	35	95	63
Syria	831	822	661	442
West Bank	1,424	1,506	593	1107
Total	**2255**	**5627**	**3719**	**3602**



Screening

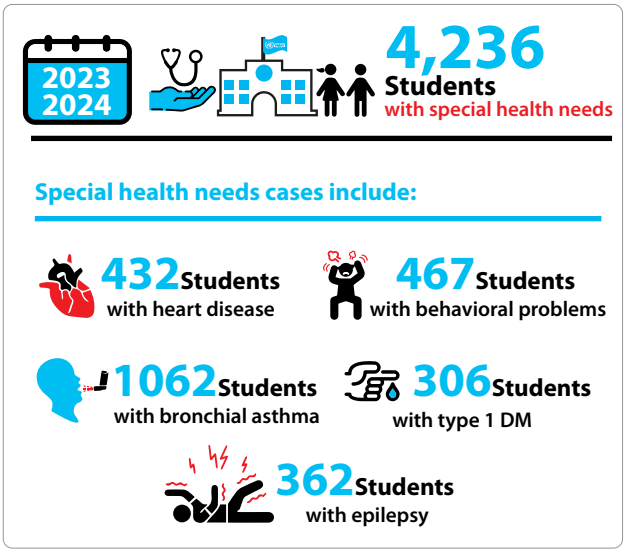
Health care screening during the 2023-24 school year targeted students in the fourth and seventh grades and included screening for visual, hearing, and oral health problems. In 2024, 98.8 per cent of fourth grade students and 99.3 per cent of seventh graders were screened for visual impairments, while the figures for hearing screenings were only 89.2 per cent for fourth graders and 92.3 per cent for seventh graders. The most prevalent morbidity conditions among students in the fourth grade were vision impairment (12.7 per cent) and hearing impairments (0.3 per cent), while among students in the seventh grade, 12.6 per cent suffer from visual impairment and 0.5 per cent from hearing impairment.

Oral Health Screening

In 2024, a total of 10,093 first-grade students, along with 23,091 fourth and seventh-grade students across all fields except Gaza, as well as 17,594 second-grade students in Syria and Lebanon, received oral health screening. This screening is accompanied by other dental caries prevention methods, including pit and fissure sealants for first graders, with 34.8 per cent receiving this treatment. For students in the second, fourth, and seventh grades, the number receiving sealants reached 17,685, alongside general fluoride mouth rinsing and teeth brushing campaigns. The reorientation of the oral health programme towards prevention has been significantly supported by oral health screening for UNRWA students.

Children with Special Health Needs

During the 2023-24 school year, the school health Teams in cooperation with school staff identified 4,236 students with special health needs. Their school registration records are maintained and monitored by both the Health Department and the Education Department staff to ensure close follow-up and specialised medical care. These special health need cases include 432 students with heart disease, 467 students with behavioural problems, 1062 students with bronchial asthma, 306 students with type 1 Diabetes Mellitus, and 362 students with epilepsy.



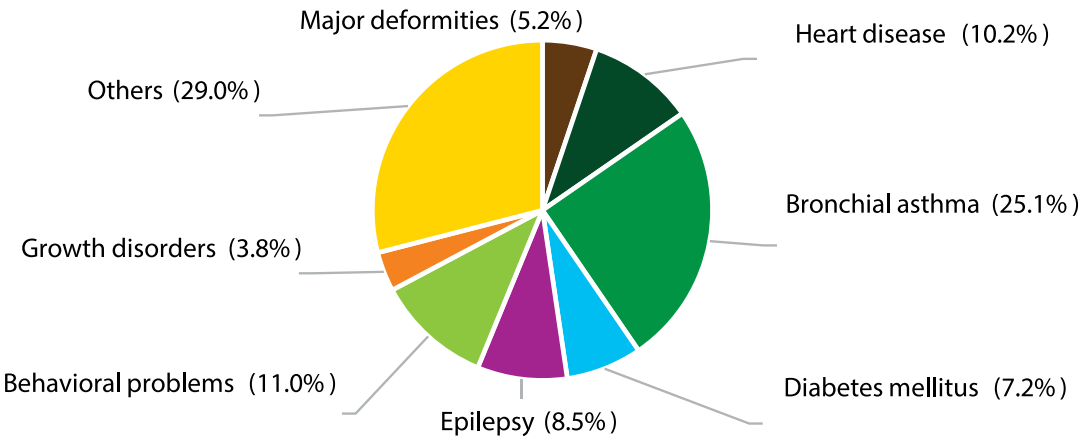


Figure 19: Children with special health needs 2023/2024 (excludingGaza).

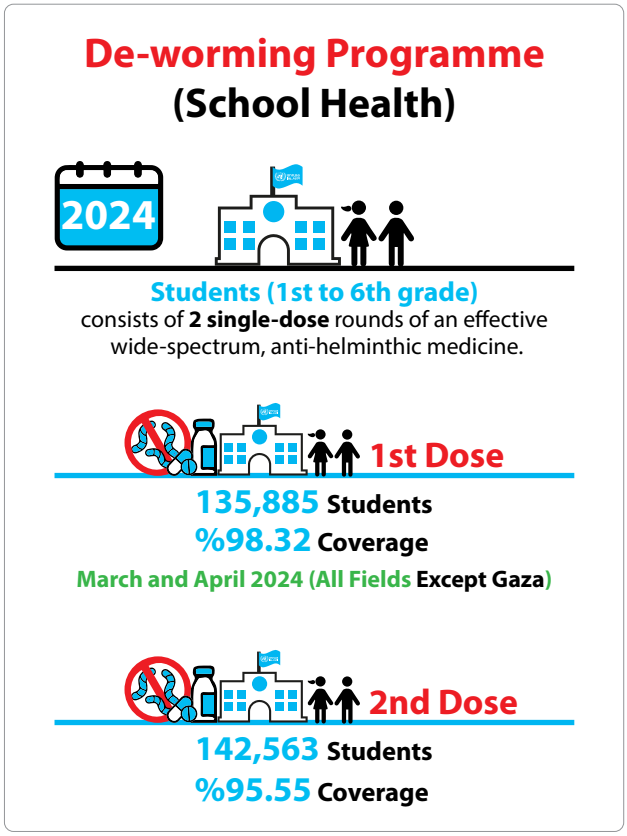
Immunization

The UNRWA immunization programme for school students is streamlined and follows host country requirements. During the 2023-24 school year, 98.1 per cent of new students across all fields of operation received a booster dose of DT/Td immunisation and oral polio vaccine (OPV).

De-worming Programme

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

During 2024, school health teams provided two rounds of deworming medications to students, preventing helminthic diseases, and supporting healthy nutrition. The first dose of the deworming medication was administered in March and April 2024 across all fields except in Gaza A total of 135,885 students received the first dose, with a coverage of 98.32 per cent while 142,563 students received the second dose, with a coverage of 95.55 per cent. Health awareness campaigns accompanied the administration of the de-worming medication, often focusing on the importance of personal hygiene in preventing the transmission of these diseases.



Global School Health Surveys

UNRWA schools in all five fields conducted three WHO global school health surveys in the 2022-23 school, supported by WHO's Eastern Mediterranean regional Office (EMRO), Cente for Disease Control (CDC), and UNRWA departments of education and health:

- Global School-based Student Health Survey (GSHS) for sampled students 13-17 years old.
- Global Youth Tobacco Survey (GYTS) for the same GSHS sampled schools with different students.
- A pilot survey called the Global School Health Policies and Practices Survey (G-SHPPS), for school administration in all UNRWA schools.

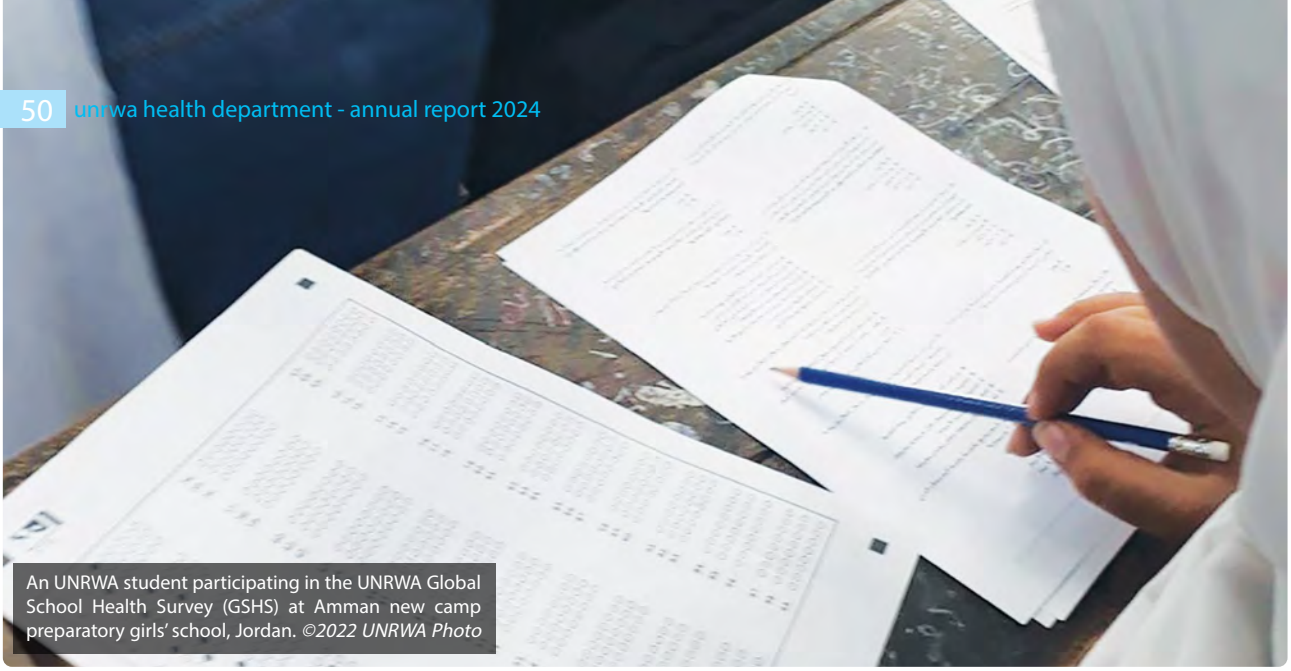
The first two surveys (GSHS and GYTS) provided data on young people's health behaviour, monitoring their tobacco use and risk factors related to the leading causes of morbidity and mortality among children and adults worldwide. The third survey (G-SHPPS) assessed school health policies to establish programmes with proven efficacy, advocate for added school resources, and establish positive trends in school health practices. The data analysis and results were conducted by both WHO and CDC. The results were cleared and approved by early 2024, with all factsheets were issued on WHO and CDC official websites. Following are the major findings of each survey:

UNRWA G-SHPPS

The UNRWA G-SHPPS conducted in 541 schools, highlighted areas of strengths and weaknesses in the school health programme, the results reflected points of view and perceptions of school principals and/or their deputies.

UNRWA schools are excellent in most areas. Nearly all schools (97 per cent) have emergency response policies and 96.5 per cent enforce strict anti-bullying and violence prevention measures. Availability of safe drinking water (88.6 per cent) and functional, gender-segregated sanitation (92.8 per cent) is widespread, along with high availability of soap and water (95 per cent). Schools also play a leading role in violence prevention counselling (89.1 per cent) and health promotion activities, as 88.3 per cent of schools have policies about becoming or continuing to be a health promoting school, and 83.3 per cent are encouraging physical activity.

However, there are some challenges. Although 84.8 per cent of schools provide varied health services



An UNRWA student participating in the UNRWA Global School Health Survey (GSHS) at Amman new camp preparatory girls' school, Jordan. *©2022 UNRWA Photo*

to the students, only 33.8 per cent provide nutrition screenings (for anaemia, malnutrition, and obesity), in addition, compliance with food services standards is weak as only 66 per cent ban sugary drinks. Also, only 59 per cent had counselling activities on tobacco, alcohol, and other substance use.

Regarding physical education, 69.1 per cent teach it, while only 64.1 per cent have good indoor and outdoor facilities.

For detailed information please refer to Annex 3 or the published factsheets on the WHO site under oPt[26].

UNRWA GYTS

A total of 12,636 eligible students in grades 7-12 completed the UNRWA Global Youth Tobacco Survey (GYTS) across UNRWA schools in the Gaza Strip, the occupied West Bank including East Jerusalem, Lebanon, Jordan, and Syria, with an 85.6 per cent students' response rate. Data was reported for students aged 13-15 years (9,193 students).

The survey provided critical insights into youth smoking behaviours, second-hand smoke exposure, and tobacco control efforts.

Findings showed concerning tobacco use rates: 20.8 per cent of students use tobacco, with 24.7 per cent of boys and 16.4 per cent of girls affected. Electronic cigarette use is rising, with 13.8 per cent of students using e-cigarettes, particularly among boys (18.1 per cent). Encouragingly, over 61 per cent of smokers attempted to quit in the past year, but only 26.1 per cent had professional support to do so.

Second-hand smoke exposure was high, with 34.7 per cent exposed at home and 39.7 per cent in indoor public places, with 66.4 per cent of students definitely thinking other people's tobacco smoking is harmful to them.

Alarmingly, 50.2 per cent reported seeing people smoking inside the school building or outside on school property. Meanwhile, 54.3 per cent of student smokers purchased cigarettes from stores near the school, and 68.1 per cent had access to purchase with no age restrictions.

Public awareness efforts showed mixed results. While 75.9 per cent of students support banning smoking in public indoor spaces, only 31.9 per cent noticed anti-tobacco messages in the media, and 29.8 per cent noticed tobacco advertisements in stores.

For detailed information please refer to Annex 3 or each field published factsheet on the CDC site[27].

UNRWA GSHS

A total of 12,337 eligible students in grades 7-12 completed UNRWA Global School-based Student Health Survey (GSHS) across UNRWA schools in the Gaza Strip, the occupied West Bank including East Jerusalem, Lebanon, Jordan, and Syria, with an 84.6 per cent of students' response rate. Data was reported for students aged 13-15 years (10,524 students).

26 https://www.who.int/teams/noncommunicable-diseases/surveillance/data/occupied-palestinian-territory

27 THE GAZA STRIP:https://nccd.cdc.gov/GTSSDataSurveyResources/Ancillary/DataReports.aspx?CAID=1&Survey=1&WHORegion=5&Country=609&Site=470000
Jordan:https://nccd.cdc.gov/GTSSDataSurveyResources/Ancillary/DataReports.aspx?CAID=1&Survey=1&WHORegion=5&Country=610&Site=471000
Lebanon:https://nccd.cdc.gov/GTSSDataSurveyResources/Ancillary/DataReports.aspx?CAID=1&Survey=1&WHORegion=5&Country=611&Site=472000
Syria:https://nccd.cdc.gov/GTSSDataSurveyResources/Ancillary/DataReports.aspx?CAID=1&Survey=1&WHORegion=5&Country=612&Site=473000
WestBank:https://nccd.cdc.gov/GTSSDataSurveyResources/Ancillary/DataReports.aspx?CAID=1&Survey=1&WHORegion=5&Country=613&Site=474000

The survey focused on dietary behaviours, personal hygiene, mental health, physical activity, protective factors, and violence.

Results indicated disturbing trends in mental health, with 20.5 per cent of students considering suicide and 20.9 per cent reporting a past suicide attempt. Over 44 per cent felt their parents rarely understood their problems, highlighting emotional distress. Bullying (33.6 per cent) and physical fights (42.6 per cent) were prevalent, especially among boys.

In terms of physical activity, 85.4 per cent were not engaged daily in physical activities, and 57.9 per cent reported insufficient sleep. Meanwhile, 26.9 per cent were overweight, and 52 per cent consumed sugary beverages daily, raising some nutrition concerns.

Personal hygiene habits varied, with 5.2 per cent rarely washing hands after toilet use and 26.4 per cent not brushing teeth on a regular basis.

For detailed information please refer to Annex 3 or the published Fact Sheets on the WHO site under oPt[28].

In response to the findings of WHO school health survey, UNRWA has initiated comprehensive efforts to address the health challenges faced by its students. The survey identified critical issues such as high rates of malnutrition, insufficient physical activity, and concerning mental health indicators. To address these problems, UNRWA organised a virtual meeting with representatives from both the education and health departments to discuss the development of a comprehensive response action plan at both the field and headquarters levels.

This plan includes initiatives such as promoting regular exercise and healthy eating through nutrition education campaigns and physical activity programmes, providing enhanced mental health counselling, and improving hygiene and student hygienic practices. Additionally, UNRWA aims to conduct effective awareness sessions to reduce tobacco use at the school level, with proper engagement from parents and the community. The collaboration between the departments seeks to improve the physical, mental, and social well-being of students across all UNRWA schools.

Nutrition Services

Nutrition is a cross-cutting service integrated within UNRWA's primary health care services for Palestine

An UNRWA nurse measuring the mid upper arm circumference (MUAC) of a Palestine Refugee baby at the medical point of UNRWA Asma shelter (school), Gaza Strip. *@2024 UNRWA Photo*

Refugees across different life stages. It is a key component in the management of both NCDs, MCH and school health. In 2024, UNRWA continued its efforts in the early detection of malnutrition among children under five, growth monitoring, and the prevention and treatment of micronutrient and macronutrient deficiencies among PLW and children. Additionally, the agency provided essential counselling on complementary feeding, breastfeeding advocacy, and nutritional consultations, particularly for patients with NCDs such as hypertension, diabetes mellitus (DM), and obesity. For more details, please refer to the relevant sections of this report, including "Maternal Health Services," "Child Health Services," "School Health," and "Non-Communicable Diseases," for a comprehensive overview of nutrition-related components in 2024.

Each operational field faces unique challenges that require tailored nutrition interventions. During the ongoing humanitarian crisis in the Gaza Strip, which began in October 2023 and continued into 2024, UNRWA continued delivering life-saving nutrition services despite severe constraints. As an active participant in the UNICEF-led Nutrition Cluster and its technical working groups (TWGs), UNRWA coordinated the screening of acute malnutrition among children aged 6–59 months using Mid-Upper Arm Circumference (MUAC) measurements, following WHO and UNICEF guidelines. Despite resource limitations, UNRWA prioritised vulnerable groups, particularly children under five, through an integrated approach of screening, referral, and treatment. Key partnerships were crucial in sustaining these efforts: UNICEF supported healthcare provider training, supplied Ready-to-Use Therapeutic Food (RUTF), Lipid-based Nutrient Supplements (LNS), and High-Energy Biscuits (HEB), and provided high-performance tents. WFP provided prophylactic nutrition supplements, including

28 https://www.who.int/teams/noncommunicable-diseases/surveillance/data/occupied-palestinian-territory

LNS-MQ and HEB, while OCHA funded additional staff. WHO provided essential medical supplies and referral guidelines including efforts for integrating MUAC screening into WHO›s Early Warning and Response (EWAR) system. UNRWA also collaborated with local leaders and INGOs to extend services to remote and underserved areas, ensuring equitable access to nutrition support.

UNRWA played a key role in implementing the Community Management of Acute Malnutrition (CMAM) approach in The Gaza Strip, integrating both outpatient management and referrals to inpatient care. Despite challenges such as damaged infrastructure, supply shortages, and unstable internet and communication, UNRWA remained at the forefront of emergency nutrition response. In 2024, 147,797 children aged 6–59 months were screened for malnutrition, demonstrating strong coordination and commitment to safeguarding child health during one of the most severe humanitarian crises in the region.

Nutrition Education

Nutrition education programming included electronic nutrition advice through the MCH and NCD applications, in-person educational sessions and counselling on specific topics, and the distribution of educational materials in health centres to promote best practices. To align with recent global guidelines and improve service delivery, UNRWA improved key nutrition concerns, including complementary feeding for children, breastfeeding, and pre-eclampsia. Additionally, there are ongoing efforts to update the technical instructions related to nutrition services for UNRWA staff.

UNRWA conducted nutritional awareness campaigns on special occasions, such as sharing daily healthy tips during Ramadan and participating in World Breastfeeding Day, World Diabetes Day, World Health Day, and Breast Cancer Awareness Month. In the occupied West Bank, the nutrition team actively rotated through UNRWA health centres, providing targeted nutritional advice to vulnerable groups, including children, pregnant women, and patients with NCDs. As part of school-based nutrition outreach, nutritionists incorporated student screenings to assess awareness of healthy eating habits. Nutrition workshops were conducted at Dheisheh Girls' School, Al-Arroub School, Sourif School, and Dura School, educating students on the importance of balanced diets and breakfast. Nutritious snacks activities, including fresh fruits, yogurt, and water, were distributed to reinforce healthy eating practices in the schools mentioned. Unfortunately, many planned activities, including routine clinic follow-ups, and nutrition related activities were disrupted due to increasingly stringent security restrictions in the occupied West Bank, limiting the reach of nutrition programmes for staff and beneficiaries.

Expanding HD Staff Capacity for Nutrition Knowledge and Practices at UNRWA

The Agency enhanced efforts to strengthen the knowledge of nutrition and best practices among health staff involved in NCD and MCH care services through an online course hosted on the UNRWA Moodle platform. In 2024, approximately 50 per cent of targeted staff across all five fields enrolled in the course. In-person nutrition-related training was also conducted based on field-specific needs.

In Gaza, relevant health staff received both in-person and virtual training on emergency nutrition topics, including (CMAM) and (IYCF) programmes. These trainings covered the provision of supplementary food, inpatient referral treatment for children with malnutrition, and nutrition cluster-related activities such as Integrated Food Security Phase (IPC) Classification trainings. In Jordan, the in-person training focused on

An UNRWA nurse measuring the head circumference of a Palestine Refugee baby at Kalandia camp health centre in West Bank. *©2024 UNRWA Photo*

scaling up the implementation of Multiple Micronutrient Supplementation (MMS) in the field, where maternal nutrition counselling was integrated to the training for comprehensive service provision to enhance care for pregnant women.

Food Security Intervention in Syria and Gaza

Before the war began in the Gaza Strip, UNRWA provided quarterly food baskets designed to meet approximately 50 per cent of an individual›s daily energy needs, focusing on essential staples such as fortified flour, dry pulses, oil, sugar, rice, and milk powder. However, the onset of conflict drastically worsened food insecurity, with multiple displacements and limited access to cooking facilities. In response, UNRWA reassessed and revised the food parcel composition to better address the heightened needs of Palestine Refugees. guarantee that food items comply with recommended food safety and quality standards while also meeting the nutritional needs of beneficiaries, new food items were incorporated, and food specifications were adjusted in line with UNRWA's quality and safety standards. The revised food basket was expanded to cover approximately 90 per cent of daily caloric needs per person, referencing the Sphere Standard recommendation of 2,100 kcal per day per individual[29]. While staple foods and fortification remained a core component, the parcel was enhanced with ready-to-eat (RTE) items, including canned meat, canned pulses, hummus, halawa tahini, and other nutrient-dense foods, recognising the constraints on cooking facilities. These adjustments ensured that food assistance remained both practical and nutritionally sufficient amid the ongoing crisis.

In Syria, alarming data from WFP's 2023 report highlights the severity of food insecurity, with more than half of the population (12.1 million people) facing food insecurity and 70 per cent (15.3 million people) in need of humanitarian assistance. The report also revealed widespread child hunger, with one in three children attending school without breakfast, eight in nine not meeting their minimum nutritional requirements, and one in five suffering from iron deficiency[30]. Please refer to section "Child Health Services" in this report, for further information related to Palestine Refugee children growth indicators status in Syria. UNRWA's food assistance programme in Syria continues to face significant challenges due to funding constraints. While modifications to food parcel contents based on updated nutritional calculations have been proposed progress has been hindered by funding limitations. Despite these challenges, UNRWA remains committed to improving food security interventions and guaranteeing that Palestine refugees receive adequate nutritional support within available resources.

Outcome 2: Improved control status of non-communicable diseases

Services under Outcome 2: Non-Communicable Diseases (NCD) services and the integration of mental health and psychosocial support programme (MHPSS) into UNRWA primary health care (PHC).

Non-Communicable Diseases

The Burden of NCDs

In line with the recent trend, the number of patients with NCDs registered at UNRWA HCs continued to increase in 2024. By the end of the year, a total of 212,304 Palestine Refugee patients were registered with diabetes mellitus (DM) and/or hypertension (HTN) at 119 HCs in the four fields of operation (excluding Gaza). This accounts for 6,593 (3 per cent) and shows more registered NCD patients than in 2023.

The estimated Agency-wide prevalence of DM and hypertension have slightly varied from the 2023 figures. Among patients aged 18 years and above, the prevalence of DM is 17.6 per cent, while the prevalence of hypertension is 25.7 per cent. Among those aged 40 years and above, the prevalence of having DM and HTN together reaches 30.7 per cent and 45.4 per cent, respectively. For individuals aged 60 years and above, the rates increased to 46.9 per cent for DM and 81.2 per cent for hypertension. Age-wise, 94.0 per cent of NCD patients are aged 40 years and older. Regarding the gender, 60 per cent of the patients are female, and 40 per cent are male, which likely reflects the attendance pattern of refugees rather than the true NCDs epidemiological landscape.

Table No.17: Patients registered with UNRWA HCs with DM, hypertension, or both, by field and by type of morbidity -2024 (excluding Gaza).

Morbidity type	Jordan	Lebanon	Syria	West Bank	Agency
Type I DM	1,140	321	504	492	2,457
Type II DM	13,220	4,150	4,032	6,364	27,766
Hypertension	34,572	18,075	20,625	13,823	87,095
DM and hypertension	43,989	14,228	14,190	22,579	94,986
Total	92,921	36,774	39,351	43,258	212,304

29 Sphere Association. The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response. 4th ed. Geneva, Switzerland: Sphere Association; 2018. Available from: https://spherestandards.org/handbook.

30 World Food Programme. (2023). Syrian Arab Republic-Annual Country Report 2023.

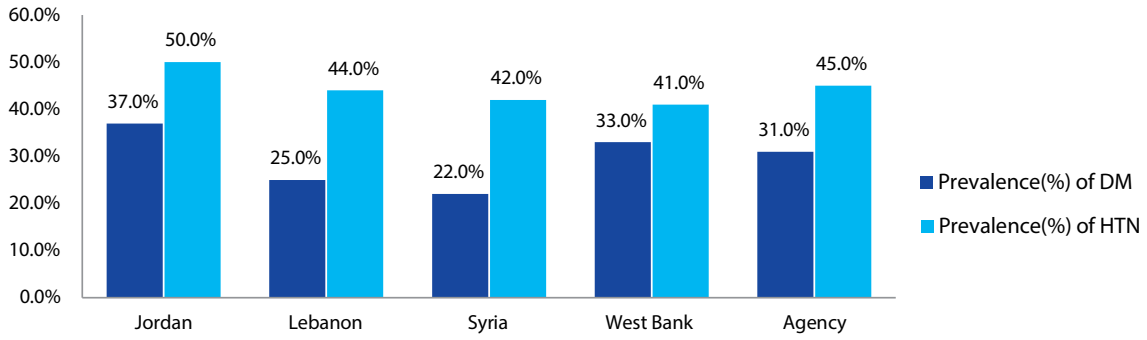


Figure 20- Prevalence (per cent) of patients diagnosed with type I and type II DM and hypertension among served population ≥40 years of age in 2024 (excluding Gaza).

Risk Scoring

Every year, UNRWA assesses the risk status of all NCD patients to help staff manage the conditions of patients. The assessment is based on the presence of modifiable risk factors such as smoking, hyperlipidaemia, physical inactivity, blood pressure and blood sugar measurement, as well as non-modifiable risk factors such as age and family history of the disease. In 2024, the risk-scoring assessment of all NCD patients revealed that 44.7 per cent were at high risk, in four fields (excluding the Gaza Strip). The percentage of patients at moderate risk was 45.2 per cent, and those with low risk were only 10.2 per cent. This means the vast majority, 89.8 per cent, of NCD patients are either at high or moderate risk and in need of further actions to reduce the modifiable risk factors. Best courses include increasing physical activity, stopping the use of tobacco, controlling blood sugar and pressure, and reducing the level of hyperlipidaemia in line with UNRWA's guidelines and best practices such as micro clinic[31] and support group sessions

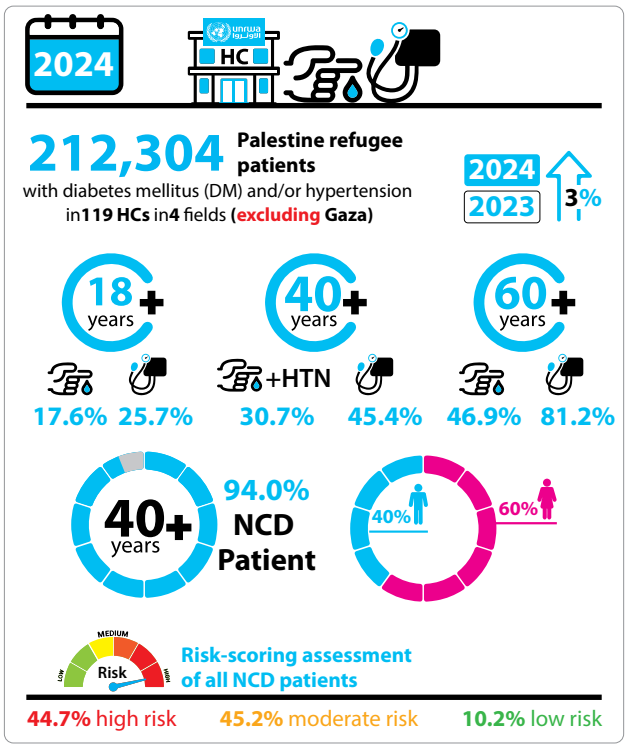
Treatment

As per UNRWA technical instructions, patients with type1 diabetes need to be managed by insulin only, without oral hypoglycaemic agents. In line with recommendations, 99.6 per cent of type1 diabetic patients underwent insulin therapy. The figure among type 2 diabetic patients and those with DM and HTN was 21 per cent, with wide fluctuations across fields of operation, with 26.5 per cent in the occupied West Bank, 21.7 per cent in Jordan, 19.2 per cent in Syria, and 12.4 per cent in Lebanon. The figures also varied among patients with DM alone and with DM and hypertension as shown in the following table.

Table No.18: Per cent of insulin usage among patients with DM only and with DM and HTN by field-2024 (excluding Gaza).

	Jordan	Lebanon	Syria	West Bank	Agency
DM only	22.9	13.1	22.5	26.2	22.1
DM+HTN	21.4	12.2	18.1	26.5	20.7
Total	21.7	12.4	19.2	26.5	21.1

The differences among fields as shown above, need further analysis and follow up for a better understanding, particularly in Lebanon. To improve the quality of life and minimise complications, 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 needs to be strengthened at HC, area, and field levels to improve the quality of care provided to patients with DM. There are many misconceptions around insulin usage besides fear of hypoglycaemia. Medical officers need to be more oriented and trained to promote appropriate DM management including insulin indications and benefits. In parallel, patients should be adequately and regularly sure they understand the need for insulin-based therapy, keep correct insulin-injecting practice, and adhere to the management plan.



31 Micro clinic is an international approach to address health education and behaviour. here is the link for the international approach Microclinic International - Contagious Health

Control Status

The criteria for monitoring the control status of patients with DM and/or hypertension refer to HbA1c readings and blood pressure measurements as seen in the table below.

Table No.19: Criteria of monitoring the control status of DM and HTN

Value Reading	Controlled	Uncontrolled
DM: HbA1c	<7%	≥7%
Hypertension: Blood pressure (mmHg)	<140/90	≥140/90

For patients with DM, UNRWA aims to conduct two HbA1c tests every year. The result of the second test is considered the control status assessment. If no HbA1c tests are done in the year, the patient is considered untested. As for those with hypertension, the Agency aims to measure blood pressure every three months, resulting in a total of four blood pressure measurements each year. Patients with at least two measurements of blood pressure under 140/90 mmHg are considered controlled. For patients living with both conditions, the control of diabetes and that of hypertension are measured separately. For this category of doubly affected patients, both conditions should be controlled to consider the patient as controlled.

Late Complications

Late complications of NCDs include cardiovascular diseases (myocardial infarction, congestive heart failure, or both), cerebrovascular disease (stroke), end-stage renal failure, above-ankle amputation, and blindness. The Agency-wide late complications rate in 2024 was 9.2 per cent slightly lower than 2023 in the same fields. The highest rate was observed in Syria at 12.5 per cent, and the lowest rate was in Jordan with 7.6 per cent, which may reflect low detection, recording or reporting.

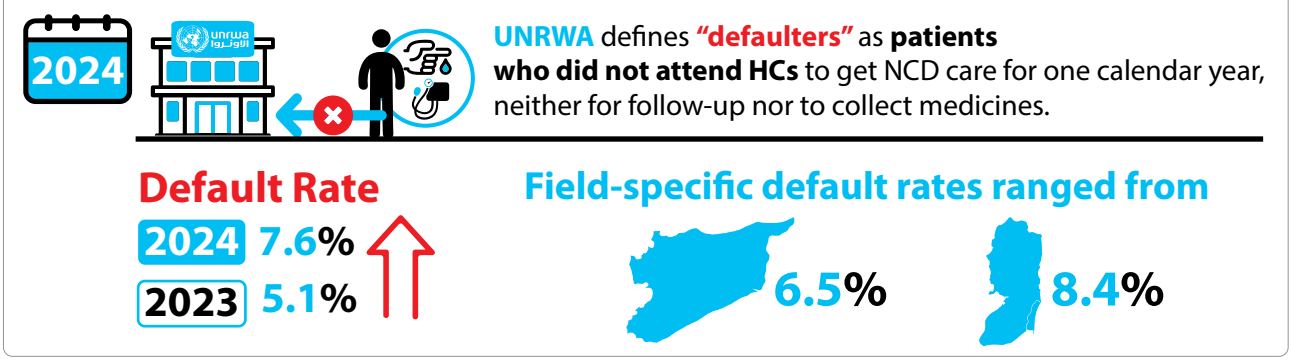
As expected, patients with both DM and hypertension had the highest incidence of late complications, representing 11.9 per cent, followed by patients with hypertension only, 7.5 per cent, and patients with DM type 2, 4.5 per cent. There were some differences in the distribution of late complications of diseases between the fields. The variations among fields could be due to different doctors› treatment plans and possible variation in recording and reporting ways of the complications in patients.

Defaulters

UNRWA defines "defaulters" as patients who did not attend HCs to receive NCD care for one calendar year, neither for follow-up nor to collect medicines. In 2024, the default rate was 7.6 per cent, compared to 5.1 per cent in 2023 (excluding Gaza). Health staff used different means to reach patients, including home visits, telephone calls and notifications via family members. Field-specific default rates ranged from 6.5 per cent in Syria to 8.4 per cent in the occupied West Bank. More work is needed in all fields to understand the causes of defaulters. This issue is presumed to stem from health workforce shortages and possible frustration among some patients with accessibility barriers mainly in the occupied West Bank and Lebanon. A strict appointment system and follow-up should be implemented in all fields to improve the defaulting rate.

Table No.20: Percentage of DM and HTN patients under control -2024 (excluding Gaza).

Indicator	Jordan	Lebanon	Syria	West Bank	Agency
% of DM1 patients under control	7.3%	12.9%	10.0%	5.8%	8.3%
% of DM2 patients under control	26.3%	41.2%	25.4%	29.3%	29.1%
% of DM&HTN patients under control	31.2%	45.6%	35.6%	32.8%	34.4%
% of all DM patients under control	29.7%	44.1%	32.7%	31.6%	32.7%
% of HTN patients under control	41.7%	62.6%	58.2%	42.1%	48.1%



An NCD Palestine Refugee receiving a foot doppler test by the medical officer at Al Zuhor health centre, Jordan. *©2024 UNRWA Photo*

Case Fatality

The mortality rate among NCD patients registered at UNRWA's HCs marked an increase from 2,401 deaths (0.8 per cent) in 2023 (excluding Gaza), to 2,656 deaths (1.3 per cent) in 2024. The case fatality was the highest in Lebanon with 627 deaths, representing 1.7 per cent. Ageing is a common cause of death among NCD patients, as are other factors such as hard living conditions and lack of advanced hospital care.

The Way Forward for NCD Care

UNRWA aims to address NCDs care in three priority areas: continued prevention strategies, improved data collection, and refined data-based guidelines and protocols.

NCDs including DM, hypertension, and their complications are on continuous rise among Palestine Refugees, likely due to lifestyle and dietary changes, prevailing poverty, and social stresses. This increase of NCDs is witnessed in all countries hosting Palestine Refugees with mitigation strategies tended to offer temporary solutions. UNRWA prioritises primary prevention methods for school children, including dietary, lifestyle, and mental health programming.

Secondly, the Agency aims to increase its analysis and intervention capabilities. E-health platforms have made detailed operational information easily available, streamlining data collection and comparison. One example is the HbA1c tests among DM patients.

The following table shows two sets of critical information for diabetes care: percentage of patients who did not do HbA1c test in 2024 (not tested), and percentage of patients whose HbA1c is higher than 9 per cent. The former are registered "defaulters" from the HbA1c tests, and it is critical to reduce this figure as much as possible. The latter represents the highest risk group among diabetes patients, and it is important to prioritise their care. The planned new Electronic Medical Records (EMR) system is expected to strengthen such data analysis on NCDs even more, including incidence, prevalence, treatment compliance and patient control status.

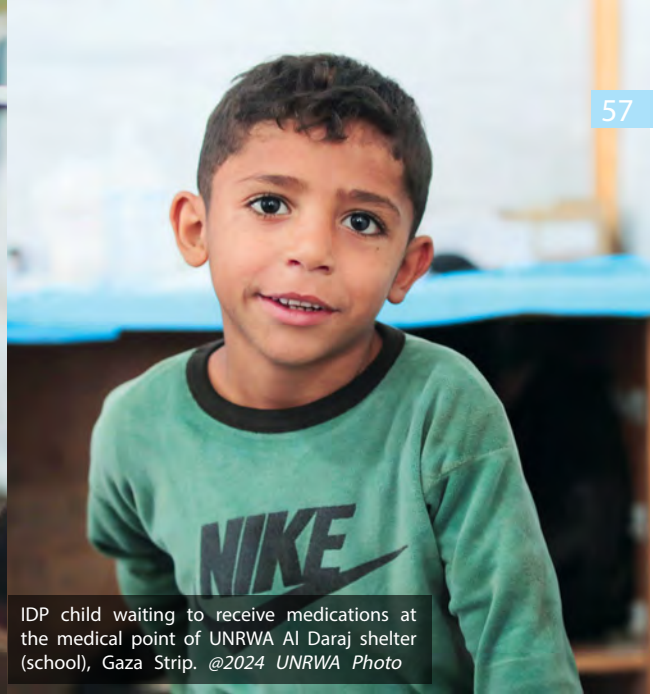
Table No. 21: HbA1c results among diabetes patients by field, including HbA1c not tested -2024, (excluding Gaza).

Field	<7	7 - 9	9>	Not tested	Total
Jordan	29.7%	33.2%	27.9%	9.3%	100%
Lebanon	44.1%	29.3%	17.0%	9.7%	100%
Syria	32.7%	33.2%	20.6%	13.4%	100%
WB	31.6%	35.7%	24.6%	8.1%	100%
Total	32.7%	33.2%	24.4%	9.7%	100%

The Agency's third priority is to update technical instruction, including bringing treatment guidelines for NCDs in line with the latest WHO and other international guidelines. UNRWA's current guidelines are in line with WHO's recommendations, but there are several new medicines that have been recently added to the WHO's Essential Medicine List. UNRWA is under strong pressure not only from its doctors, but also from the refugee communities for the delivery of such medicines. Still, it is critical to assess the current treatment status and identify the need for new medicine and its anticipated benefit for patients. In the above table, the first operational priority is to further reduce the percentage of HbA1c "not tested" patients from the current 9.7 per cent average (decreased from 16.5 per cent in the four fields excluding Gaza in 2023) to as close to zero per cent before prescribing new medication.

To accomplish these goals, UNRWA will continue cooperating with ministries of health in host countries, other UN entities, NGOs, and diabetes associations. This cooperation aims to scale up NCD care for Palestine Refugees, particularly regarding technical support, data collection, and fundraising for related projects and activities.

IDP child waiting to receive medications at the medical point of UNRWA Al Daraj shelter (school), Gaza Strip. *@2024 UNRWA Photo*



IDP child waiting to receive medications at the medical point of UNRWA Al Daraj shelter (school), Gaza Strip. *@2024 UNRWA Photo*

In 2024 a project supported by World Diabetic Foundation (WDF) continued in Lebanon and Syria with objectives to prevent diabetic foot and retinopathy. Training of trainers on diabetic foot prevention, screening, detection of early signs of any abnormalities was completed in both fields. Additionally, 31 clinics for diabetic foot and retinopathy prevention were established (18 in Syria and 13 in Lebanon) with the needed equipment. Under the project, 18 fundoscopic cameras were provided and delivered to Lebanon and Syria with health education materials and tools produced to help patients living with diabetes in preventing diabetic foot and retinopathy. The project will continue in 2025 and will target the same fields.

Integrating Mental Health and Psychosocial Services into UNRWA Primary Health Care and the Family Health Team Approach

UNRWA continued efforts for further integration of MHPSS into the FHT approach with the aim to promote psychological well-being and prevent as much as possible mental health disorders among Palestine Refugees. As a starting point, UNRWA initiated integration of childhood and adolescent MHPSS in the four fields of operation - Gaza, the West Bank, Lebanon and Syria in 2023. The training for the childhood and adolescent began in Jordan field in 2024, as well a refresher training in the occupied West Bank was conducted as planned. On the other hand, the progress of this integration could not be completed in Gaza due to the current situation.

UNRWA's MHPSS strategy is based on WHO's Mental Health Gap Action Programme (mhGAP). The strategy seeks to address and enhance individuals and their communities› psychological well-being , implemented in coordination with the FHT approach. MHPSS services were integrated into all HCs. All medical officers and nurses received comprehensive training on mhGAP, and continuous refresher trainings were conducted in parallel to comprehensive training for the newly recruited staff.

In addition to UNRWA's mhGAP, four mental health conditions namely depression, epilepsy, stress-related conditions, as well as unexplained medical conditions, suicide module, childhood and adolescence, are now taken into consideration when addressing the needs of GBV survivors.

UNRWA's approach begins with the screening of high-risk groups with a 12-item General Health Questionnaire (GHQ-12). The targeted groups include uncontrolled patients with diabetes and/or hypertension, high-risk pregnant women, new mothers receiving postnatal care, caregivers of children with growth problems and patients with severe anaemia. The approach also targets frequent visitors to the out-patient clinic (defined as more than one visit per month), GBV survivors, clients with relevant symptoms identified through normal service provision, survivors of other traumatic events (persons directly exposed to trauma or witnessing trauma), and school-aged children with special education needs who are referred by schools› health tutors or teachers. If the GHQ-12 score is higher than six, HC staff will ask detailed questions and decide whether the person needs MHPSS care or not. In cases where the presence of GBV becomes a factor, health staff may ask to follow up questions about with the consent of the patient.

In 2024, a total of 131,468 patients at health centres was screened for MHPSS (excluding the Gaza Strip), of which 12,595 (9.6 per cent), were found to have GHQ-12 scores higher than six, a slight increase from the previous year's 8.67 per cent in the same four fields. The increase in detection rate in Jordan from 3.7 per cent to 5.2 per cent could have contributed to this increase.

Table No. 22: Number and percentage of patients screened for MHPSS through GHQ-12 tool in 2024, (excluding Gaza).

Field	Total No. of screened	Total No. of those GHQ-12>6	%
Jordan	31,272	1617	5.17%
Lebanon	12,823	1187	9.26%
Syria	26,492	3579	13.51%
WB	60,881	6212	10.20%
Total	131,468	12595	9.58%

The above figures reflect an increased need for MHPSS care. Significant variation is observed across fields, with Syria having the highest detection rate at 13.5 per cent, the occupied West Bank following with 10.2 per cent, Lebanon, 9.3 per cent, and Jordan, 5.2 per cent. Such variations need to be followed up closely. Lack of data from the Gaza Strip in 2024 needs to be considered. Though the situation in Jordan is better than the previous year, the detection rate is still considered low and needs further investigation and close supervision.

The Agency recorded a total of 4,118 mental health conditions in 2024, a figure skewed by the absence of data from the Gaza Strip during the year as well as the lack of access to health services in the occupied West Bank. Cases of depression increased in the four fields from 2,386 in 2023 to 3,804 in 2024. Other mental health conditions like epilepsy increased from 374 in 2023 to 468 (excluding Gaza Cases of psychosis decreased from 246 cases in 2023 to 224, and dementia from 26 in 2023 to 16 by end of 2024. It is obvious that the number of reported mental health conditions is low, this could likely be a result of to lack of reporting in the fields. This shows once again, the increased burden of MHPSS in general and mental health conditions in particular, that need for close management by counsellors and psychiatrists.

All files are still used in hard copy format due to privacy and confidentiality reasons but also due to delays in introducing an electronic module as well as the overloading of the current electronic medical records (EMR) system. The plan is to introduce a fully digital mental health module in the new EMR system. Health department is working closely with the relief and social services as well as the education department and protection unit to enhance referral of cases inside the Agency. UNRWA MOs can refer patients with severe mental health conditions to psychosocial counsellors available in some HCs/fields or to external specialists (psychiatrists) contracted by the Agency. These mental health referral systems should be sustained by increasing availability of specialised care, especially in Lebanon, Gaza, and Syria, in the coming years as UNRWA continues to seek additional funds. the MHPSS services are still project funded, creating challenges of sustainability, staff retention and overall health outcomes. Such crucial services should be integrated into the programme budget similar to other services such as NCD and MCH.

Outcome 3: Improved Status of Communicable Diseases and Infectious Disease Prevention and Control

Services under Outcome 3: Communicable diseases (CD) and Enhanced Surveillance Systems.

Communicable Diseases

The COVID-19 pandemic that shook the world in 2020 is still being reported in 2024. Most host authorities have stopped reporting COVID-19 cases and consider it an influenza-like illness. Though WHO announced the end of the emergency phase of COVID-19 in May 2023, UNRWA continues to report cases and coordinates the global response.

Table No. 23: No. of people identified with MHPSS conditions in 2024. (excluding Gaza).

Field	Depression			Epilepsy			Psychosis			Dementia		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Jordan	198	1242	1440	10	19	29	13	27	40	0	1	1
Lebanon	144	380	524	115	59	174	52	38	90	2	7	9
Syria	119	671	790	35	43	78	33	22	55	2	1	3
West Bank	102	552	654	94	93	187	16	23	39	3	2	5
Agency	563	2,845	3,408	254	214	468	114	110	224	7	11	18

All files are still used in hard copy format due to privacy and confidentiality reasons but also for delays in introducing an electronic module during the ongoing crisis as well as the overloading of the current electronic medical records (EMR) system. The plan is to introduce a fully computerized mental health module in the new EMR system.

In 2024 group B diseases reported in UNRWA fields of operation include measles, with 5 cases in Lebanon, four cases in occupied West Bank and two cases in Syria and 34 cases of mumps in all fields with the highest number reported in Lebanon 15. Watery diarrhoea in age groups below and above five years remains the

most prevalent reported infectious disease, and this could be attributed to the unsanitary environments and damaged infrastructure in the different areas of UNRWA operations. It is worth mentioning that cases reported from the Gaza Strip will be discussed in a separate section.

UNRWA continues its cooperation with host authorities and WHO and participated in immunisation campaigns across all fields where required. UNRWA's focus on strengthening the surveillance of emerging and re-emerging diseases continues to be active. Close coordination with the host countries› ministries of health continues the surveillance of communicable diseases, outbreak investigation, and supply of vaccines as well as exchange of information.

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

UNRWA's immunisation services follow the host countries' EPIs. In 2024, the immunisation coverage in all fields for 12-month-old and 18-month-old children registered with UNRWA continued to be above the WHO›s target (95.0 per cent). Factors contributing to UNRWA›s success in immunisation coverage include a consistent supply of vaccines, the enforcement of an appointment system for vaccinations, and continuous follow-up of defaulters by HC staff as well as the commitment from the families which reflects the positive culture towards immunisations.

Circulating Vaccine Derived Poliovirus-2 Outbreak (cVDPV2) in The Gaza Strip

On 16 July 2024, the Central Virology Laboratory in Israel, (a part of the Global Polio Lab Network or GPLN, detected the presence of circulating vaccine-derived poliovirus type 2 (cVDPV2) in six sewage samples collected on 23 June 2024 from the Deir al-Balah and Khan Younis governorates. The sequencing analysis, performed by the US CDC traced the cVDPV2 isolates in Gaza to a variant circulating in North Sinai, Egypt. This connection suggested that the virus was introduced into Gaza sometime during the late stages of 2023, likely facilitated by population movements across the border. In response, the Gaza Ministry of Health (MoH), declared an outbreak and initiated immediate response measures in collaboration with WHO, UNICEF, UNRWA and other partners. This was followed by the detection of the first paralytic polio in the Gaza Strip in 25 years.

In response to the outbreak, a joint risk assessment (RA) was conducted by the MoH, WHO, and UNICEF that was informed by a detailed socio-epidemiological investigation conducted in areas whose sewage drain into the six main sewage collection sites that were found to be positive. The RA, focusing on virological risk analysis noted that the six cVDPV2 polioviruses presented 13-18 nucleotide differences compared to the reference Ssabin-2 strain, indicating that the virus had likely been introduced into the Gaza Strip in late 2023. The RA concluded that the disruption in AFP (acute flaccid paralysis) surveillance meant that potential poliovirus cases were likely going undetected, increasing the probability of silent transmission within the population. Additionally, no AFP cases had been reported since the start of the war. war. on 7 Oct 2023. The population's movement across Gaza the Gaza Strip and inside the region was noted to be one of the key epidemiological concerns.

The contextual analysis of the cVDPV2 outbreak risks are significantly heightened following widespread destruction of health infrastructure, displacement of families, damage to over 60 per cent of the Gaza Strip's water, sanitation and hygiene (WASH) facilities, overcrowded living conditions in shelters, camps, tents and temporary housing and a collapse in WASH services are a major contributing factor in the spread of the poliovirus. Furthermore, the cold chain capacity, human resources needed for vaccination campaigns and health system infrastructure are severely strained.

Based on the virological, epidemiological, and contextual risks, the RA concluded that the potential for cVDPV2 transmission in the Gaza Strip and its importation into neighbouring countries is high. Considering these findings, the GPEI's Outbreak Response Preparedness Group (ORPG) approved the deployment of 1.6 million doses of novel Oral Polio Vaccine 2 (nOPV2) to conduct two vaccination rounds in the Gaza Strip, targeting 640,000 children under 10 years based on population estimates. Fulfilling cold chain equipment, human resource capacity, and vaccine management systems were also flagged as critical needs for the successful execution of the campaign. The ORPG approved the first round to take place between 1 to 12 September 2024, to vaccinate children under 10 across all five governorates of the Gaza Strip in three phases. Further details will be discussed in the special section for the Gaza Strip.

Other Communicable Diseases

Viral Hepatitis

The Agency-wide incidence of suspected cases of viral hepatitis (mainly hepatitis A) varied among fields. The reported cases from Syria increased to 840 from 763 cases in 2023. At the same time, Lebanon reported 77 cases compared to 166 cases in 2023. Jordan and the occupied West Bank reported two and 17 cases respectively. Agency-wide incidence in 2024 increased to 80.44 from 29.48 cases per 100,000 people in 2023 (excluding the Gaza Strip). Causes of viral hepatitis are likely related to poor hygienic conditions inside some camps, and more adherence to cleanliness and personal hygiene measures are required.

Typhoid Fever

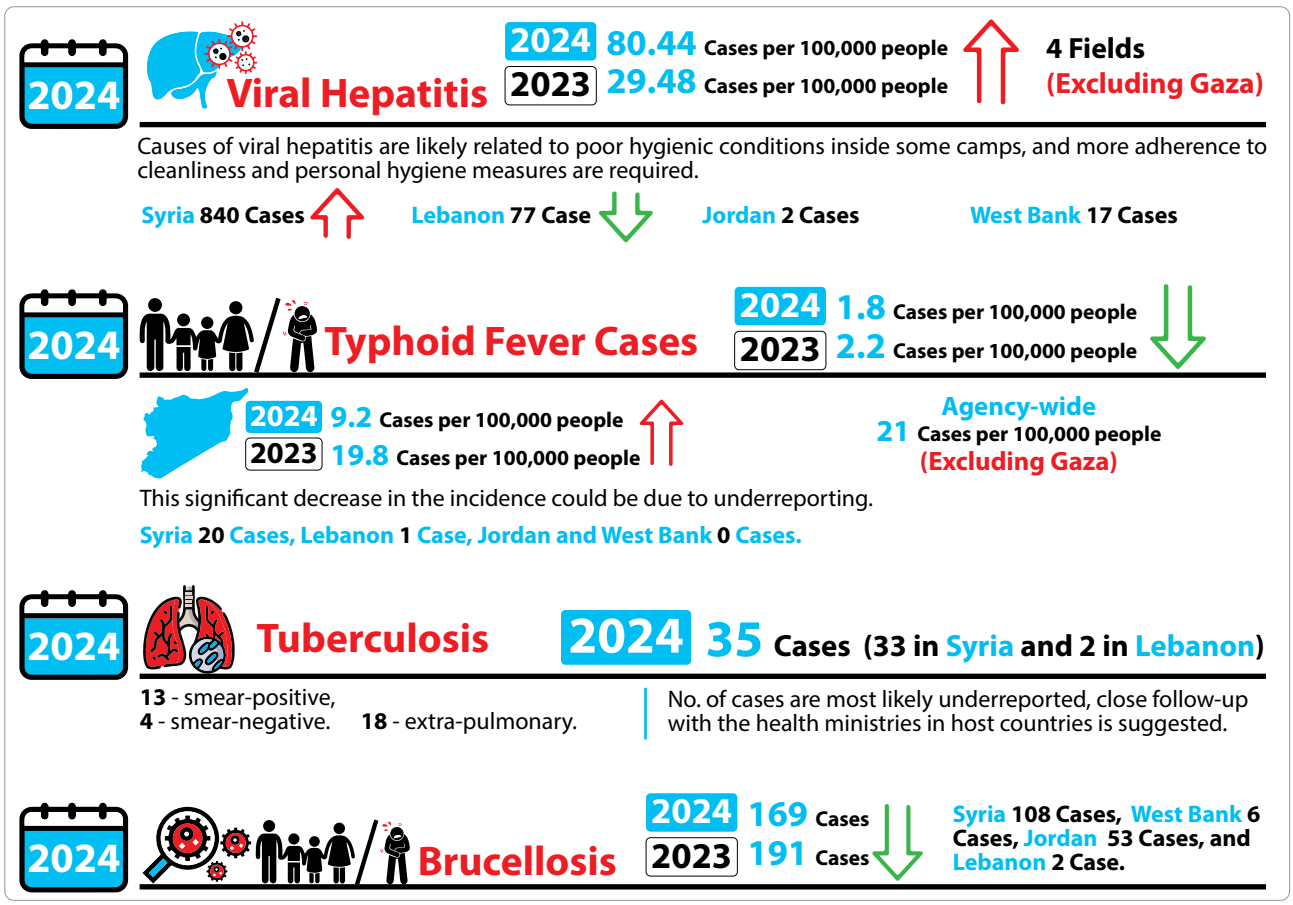
The Agency-wide incidence of typhoid fever continued to drop, following the trend of the previous three years, from 8.0 in 2021, 7.1 in 2022, 2.2 in 2023 to 1.8 cases per 100,000 people in 2024. The highest rate is still observed in Syria with 9.2 cases per 100,000 people which is still lower than in 2023 (19.8 cases per 100,000), with significant decrease in the number of reported cases (21 per 100,000) Agency-wide (excluding the Gaza Strip). This significant decrease in the incidence could be due to underreporting. At the same time, Syria reported 20 cases, Lebanon one case, with the occupied West Bank and Jordan fields reporting no cases.

Tuberculosis

In 2024 TB remained underreported, the Agency reported 35 cases TB, 33 of which were recorded in Syria with the remaining two cases in Lebanon. Among these reported cases, 13 were smear-positive, four were smear-negative and 18 were extra-pulmonary. Patients diagnosed with TB are managed in close coordination with national TB programmes, and in Lebanon, UNRWA reimburses the costs of anti-TB drugs for Palestine Refugees. It is essential to highlight that the figures above are most likely underreported, and therefore, close follow-up with the health ministries in host countries is suggested.

Brucellosis

In 2024, the number of total brucellosis dropped to 169 cases, compared to 191 in 2023. Out of these cases, 108 were reported in Syria, 53 in the occupied West Bank, six in Jordan, and two in Lebanon. Apart from general awareness campaigns on the importance of safe food handling, especially milk and dairy products, solutions to this problem should specifically be addressed in Syria field and potential sources of infection be identified.



Outcome 4: Palestine refugees access quality and safe health

Services under Outcome 4 outpatient healthcare, inpatient care, oral health services, physical rehabilitation, radiology services, pharmaceutical services, e-Health and health information systems, human resources for health, health communication, and research and evaluation activities.

Outpatient Care

UNRWA continued to provide comprehensive Primary Health Care (PHC) services across its operational fields, ensuring sustained access to essential healthcare for Palestine Refugees. The Agency previously operated in 141 Health Centres (HCs); however, due to the ongoing conflict and severe disruptions in the Gaza Strip, this report focuses on the 119 remaining HCs across the four operational fields outside the Gaza Strip. Of these, 56 HCs (47.5 per cent) are located within Palestine Refugee camps.

Additionally, UNRWA managed six mobile HCs in the occupied West Bank including East Jerusalem to deliver healthcare services to communities affected by movement restrictions and security barriers. In Syria, two mobile HCs continued to provide vital health services to populations in hard-to-reach areas.

Throughout 2024, UNRWA sustained its health service provision within the FHT approach, prioritising continuity of care, efficiency, and patient-centred service delivery despite persistent operational challenges. However, the absence of healthcare data from the Gaza Strip, which previously accounted for 40 per cent of all Agency-wide health consultations, has significantly impacted service utilisation trends across the four remaining fields. The reallocation of resources and adjustments in service delivery have shaped new patterns in healthcare access and utilisation across these fields.

For a detailed analysis of healthcare delivery in the Gaza Strip amidst the humanitarian crisis in 2024, including the impact of conflict-related disruptions and UNRWA's emergency response, please refer to Section 2.

Utilization

In 2024, UNRWA provided a total of 4,717,200 medical consultations across four operational fields, excluding the Gaza Strip, reflecting an 8.7 per cent increase compared to 4,343,831 consultations in 2023. The utilisation of face-to-face consultations increased by 9 per cent, rising from 4,225,545 in 2023 to 4,602,403 in 2024. The occupied West Bank recorded the highest growth at 52 per cent, while Lebanon experienced a four per cent decline.

Tele-medicine consultations saw a slight 1 per cent decrease, from 42,236 in 2023 to 41,753 in 2024. This decline was primarily due to a 77 per cent reduction in the occupied West Bank, largely attributed to improved physical access to UNRWA health services for beneficiaries, while Syria reported a 27 per cent increase, indicating an improvement in tele-medicine services in hard-to-reach areas.

Specialist consultations decreased from 76,050 in 2023 to 73,044 in 2024, with Lebanon experiencing a 3.7 per cent decline, whereas the occupied West Bank recorded a 51.5 per cent increase in specialist visits.

Despite variations across fields, the overall increase in consultations highlights improved access to healthcare services and the effectiveness of UNRWA's service delivery across its operational fields. However, the absence of data from the Gaza Strip, which previously accounted for a significant portion of Agency-wide consultations, has contributed to shifts in service utilisation trends across the four remaining fields. As previously highlighted, service disruptions in the Gaza Strip due to the ongoing conflict, continue to impact overall health service provision.

UNRWA Kalandia camp health centre in West Bank. *© 2024 UNRWA Photo*

Table No.24: Number of Agency-wide medical consultations in 2024, (excluding Gaza).

Year	Type of consultation	Jordan	Lebanon	Syria	West Bank	Agency
2023	**a) Face to Face**					
	Male	557,439	419,797	369,415	258,735	1,605,386
	Female	987,644	597,865	595,594	439,056	2,620,159
	Total (a)	1,545,083	1,017,662	965,009	697,791	4,225,545
	b) Telemedicine					
	Male	1,544	0	10,845	3,950	16,339
	Female	2,513	0	17,565	5,819	25,897
	Total (b)	4,057	0	28,410	9,769	42,236
	Total (a) + (b)	1,549,140	1,017,662	993,419	707,560	4,267,781
	c) Specialist					
	Male	987	4,747	1,674	2,645	10,053
	Female	23,828	20,808	15,756	5,605	65,997
	Total (C)	24,815	25,555	17,430	8,250	76,050
	Total consultations (a+b+c)	1,573,955	1,043,217	1,010,849	715,810	4,343,831
2024	**a) Face to Face**					
	Male	559,737	402,335	375,719	400,931	1,738,722
	Female	1,002,460	579,296	624,302	657,623	2,863,681
	Total (a)	1,562,197	981,631	1,000,021	1,058,554	4,602,403
	b) Telemedicine					
	Male	1,253	0	14,541	872	16,666
	Female	2,212	0	21,505	1,370	25,087
	Total (b)	3,465	0	36,046	2,242	41,753
	Total (a) + (b)	1,565,662	981,631	1,036,067	1,060,796	4,644,156
	c) Specialist					
	Male	946	5,434	1,635	3,983	11,998
	Female	21,907	17,206	14,506	7,427	61,046
	Total (c)	22,853	22,640	16,141	11,410	73,044
	Grand total (a+b+c)					
	Male	561,936	407,769	391,895	405,786	1,767,386
	Female	1,026,579	596,502	660,313	666,420	2,949,814
	Total consultations (a+b+c)	1,588,515	1,004,271	1,052,208	1,072,206	4,717,200
Variance (no)/ (%) (2023/ 2024)	Face to Face	17,114	-36,031	35,012	360,763	376,858
	%	1%	-4%	4%	52%	9%
	Telemedicine	-592	0	7,636	-7,527	-483
	%	-15%	0%	27%	-77%	-1%
	Face to Face & Specialist	15,152	-38,946	33,723	363,923	373,852
	%	1.0%	-3.7%	3.4%	51.5%	8.7%

UNRWA's outpatient medical consultations are classified into two categories: first visits and repeat visits. First visits represent the number of individuals attending an HC within a calendar year, while repeat visits indicate the frequency of service utilisation.

In 2024, across the four operational fields excluding the Gaza Strip, the ratio of repeat visits to first visits increased to 3.1, compared to 2.4 in 2023 (excluding the Gaza Strip). This rise is mainly attributed to a notable increase in repeat visits in the occupied West Bank, where the ratio grew from 2.0 in 2023 to 2.7 in 2024. Jordan maintained a repeat-to-first visit ratio of 2.4, with no variations from the previous year, while Lebanon and Syria recorded ratios of 4.3 and 4.2 respectively, showing marginal variations from 2023. The higher ratios in Lebanon and Syria continue to

reflect limited access to alternative healthcare providers, driving higher dependency on UNRWA health services. In contrast, the occupied West Bank experienced a significant rise in repeat visits, potentially due to service recovery following disruptions in 2023.

Despite these variations, the Agency-wide ratio of repeat visits to first visits increased from 2.6 in 2023 to 3.1 in 2024, reflecting improved service accessibility and increased follow-up care utilisation in the four remaining fields. Moreover, the ratio of repeat visits to first visits was higher in HCs located inside refugee camps, where Palestine Refugees can more easily access healthcare services. This trend remains particularly notable in fields where Palestine Refugees have limited or no access to alternative healthcare providers, such as in Syria and Lebanon.

were for female patients, while 1,767,386 were for males. Consultations for children under five increased to 226,052, compared to 218,415 in 2023. MHPSS screening services saw a sharp increase to 64.7 per cent, reaching 131,468 consultations in 2024, compared to 79,831 in 2023, reflecting the growing demand for mental health support. Tele-medicine consultations remained stable at 41,753, continuing to provide access to care in areas with movement restrictions.

Service trends varied across fields. Jordan recorded a slight increase in consultations per doctor, from 72.95 to 73.61, due to a 1 per cent rise in patient demand. Lebanon saw a decline from 77.45 to 73.98, affected by economic challenges and security instability. Syria's consultations dropped from 68.25 to 65.16, due to geopolitical instability and limited access to health facilities. The

Table No.25: Agency-wide total number of first and repeat visits to UNRWA HCs and the ratio of repeat to first visits in 2024. (excluding Gaza)

	Jordan	Lebanon	Syria	West Bank	Agency
Total first visits	457,228	185,659	198,974	290,262	1,132,123
Total repeat visits	1,108,434	795,972	837,093	770,534	3,512,033
The ratio of repeat to first visits	2.4	4.3	4.2	2.7	3.1

Workload

In 2024, the average daily medical consultations per doctor fell to 71.62, compared to 75.63 in 2023, remaining below the target of 73.75. This decline was mainly due to the lack of data from the Gaza Strip, where most health centres remained closed due to conflict, infrastructure destruction, and workforce losses. The Gaza Strip typically accounts for 40–45 per cent of all UNRWA consultations, and the suspension of services had a significant impact on overall figures. By the end of the year, only seven health centres in the Gaza Strip were partially operational, facing frequent service disruptions. Despite this, total consultations across other fields increased by 9 per cent, rising from 4,343,831 in 2023 to 4,717,200 in 2024. Of these, 2,949,814 consultations

occupied West Bank saw a sharp decline from 83.88 to 73.76, primarily due to movement restrictions, repeated military operations , and forced displacement.

Despite the variation across fields, the overall workload on MOs and PHC services has been reduced through the FHT approach. This reduction has been achieved by shifting some preventive tasks from MOs to nurses, such as the authority to approve monthly repeat prescription refills for NCD patients. In addition, the introduction of an appointment system in HCs resulted in a more evenly distributed workload for all health staff. The introduction of tele-medicine consultations in 2020 has also contributed to this reduction in workload.

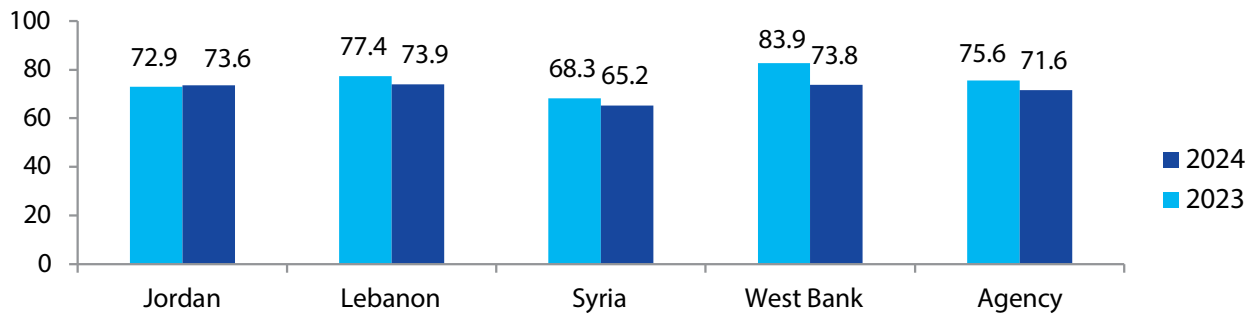


Figure 21: Prevalence (per cent) of patients diagnosed with type I and type II DM and hypertension among served population ≥40 years of age in 2024 (excluding Gaza).

Oral Health

In 2024, UNRWA continued to provide essential oral health care services across its operational areas, playing a critical role in supporting the health and well-being of Palestine Refugees. Oral health services were delivered through 131 dental clinics, including 120 stationed within UNRWA's 141 primary health centres and 11 mobile dental units. However, due to the ongoing conflict and extensive infrastructural damage in the Gaza Strip, service provision in the field was significantly disrupted, with oral health care remaining operational only in health centres in the middle and southern areas of the Gaza Strip. Across the remaining four fields, oral health services were provided through 95 stationed dental clinics and six mobile units, ensuring continued access to preventive and curative dental care for Palestine refugees in these regions.

Oral health services have several primary objectives designed to mitigate risks and facilitate data collection. Firstly, the Agency aims to prevent, detect, and manage oral diseases and conditions within the Palestine Refugee population, with a particular focus on vulnerable groups. This includes actively promoting proper oral hygiene among vulnerable demographics, such as pregnant women, women newly registered in preconception care (PCC), patients with noncommunicable diseases, pre-school children, and children enrolled in UNRWA schools. Secondly, the Agency is committed to providing equitable services to all patients and expanding public health interventions to address the determinants of oral health issues. Thirdly, UNRWA prioritises systematic collection, analysis, and interpretation of health data for the planning, implementation, monitoring, and evaluation of oral health services. Finally, the services emphasise the importance of additional operational research on oral health, in alignment with WHO recommendations and the Global Oral Health Action Plan.

Consistent with UNRWA's broader preventive care approach, oral health awareness remained fully integrated within routine maternal and child health care services and consultations for newly registered NCD patients. Women routinely received dental assessments during their initial preconception care visit and throughout pregnancy, enabling timely identification and management of oral health issues. Children benefited from comprehensive oral health evaluations conducted between 1-2 years old, and with fluoride varnish applications provided biannually between 1-5 years old. The oral health programme›s staff regularly conducts oral health assessments for preschool children and implements dental screenings for new school entrants, as well as second, fourth, and seventh-grade students. Additionally, pit and fissure sealant applications are carried out for first and seventh-grade students. Concurrently, ongoing oral hygiene education is provided to all students across various fields, significantly contributing to the prevention of oral health issues. This comprehensive approach highlights our dedication to maintain and enhance oral health standards of the Palestine Refugee communities we serve.

To assess workforce efficiency and optimise service delivery, an annual evaluation of staff workload, productivity, and efficiency is routinely conducted across all operational fields. This periodic assessment, using standardised workload measurement units, informs necessary staffing adjustments and supports strategic planning and reorganisation efforts within oral health service delivery.

Throughout 2024, UNRWA dental clinics continued to provide both curative and preventive oral health services, maintaining strict adherence to updated infection prevention and control (IP&C) protocols. In August 2023, the technical instruction on the provision of oral health services was comprehensively revised to

An UNRWA dental surgeon providing oral health services at Kalandia camp health centre in West Bank *©2024 UNRWA Photo*

define service objectives, streamline procedures, align IP&C measures with evidence-based standards, enhance the oral health information system, and standardise the roles and responsibilities of oral health personnel.

In 2024, a total of 511,628 curative and preventive dental consultations across its four operational fields were conducted, excluding the Gaza Strip. This marks an increase from 481,257 consultations recorded in 2023, reflecting improvements in service delivery.

The percentage of preventive dental services provided across UNRWA's four operational fields in 2024 was 31.9 per cent, reflecting a slight decline from 33.8 per cent in 2023. The disruption of oral health services in the Gaza Strip, where preventive services were suspended, significantly contributed to this decline. Among the four fields, occupied West Bank had the highest utilisation of preventive oral health care, at 46.1 per cent. Jordan followed with 37.1 per cent, while Lebanon and Syria reported lower utilisation rates at 22.5 per cent and 22.2 per cent, respectively.

The average number of dental consultations per dental surgeon per day across the four fields reached 26.4 in 2024, exceeding the WHO-recommended target of 25 consultations per day. Jordan recorded the highest productivity, with an average of 28.5 consultations per dental surgeon per day, followed by Lebanon at 27.5, Syria at 25.6, and the occupied West Bank with the lowest rate at 21.8 consultations per dental surgeon per day.

Physical Rehabilitation and Radiology Services

Physiotherapy Services

The war in the Strip has had a severe impact on physiotherapy services, leading to a significant reduction of its operations. Previously, UNRWA operated 18 physiotherapy units staffed by 48 physiotherapists across the Gaza Strip, the occupied West Bank, and Jordan. However, due to the conflict and related disruptions, physiotherapy services in the Gaza Strip were severely impacted in 2024. A detailed assessment of the situation in the Gaza Strip will be addressed separately.

In 2024, UNRWA provided physiotherapy services to 2,997 Palestine Refugees, marking a significant increase compared to the previous year. These services were delivered through six physiotherapy units in the occupied West Bank and one in Jordan, staffed by 12 physiotherapists. A total of 33,025 physiotherapy sessions were conducted, reflecting a 78.8 per cent increase from 2023.

In the occupied West Bank, 2,487 patients received 29,350 physiotherapy sessions through six physiotherapy units, managed by 11 physiotherapists. This represents an 85.5 per cent increase in inpatient admissions compared to 2023, when 1,341 patients underwent 14,487 sessions. The rise in demand can be attributed to improved accessibility and increased patient needs, following service disruptions in 2023.

In Jordan, 510 patients received 3,675 physiotherapy sessions in 2024, compared to 475 patients and 3,976 sessions in 2023. This 7.4 per cent increase in patients coupled with a 7.6 per cent decrease in sessions suggests more targeted interventions. These services were provided by one physiotherapist in a single unit.

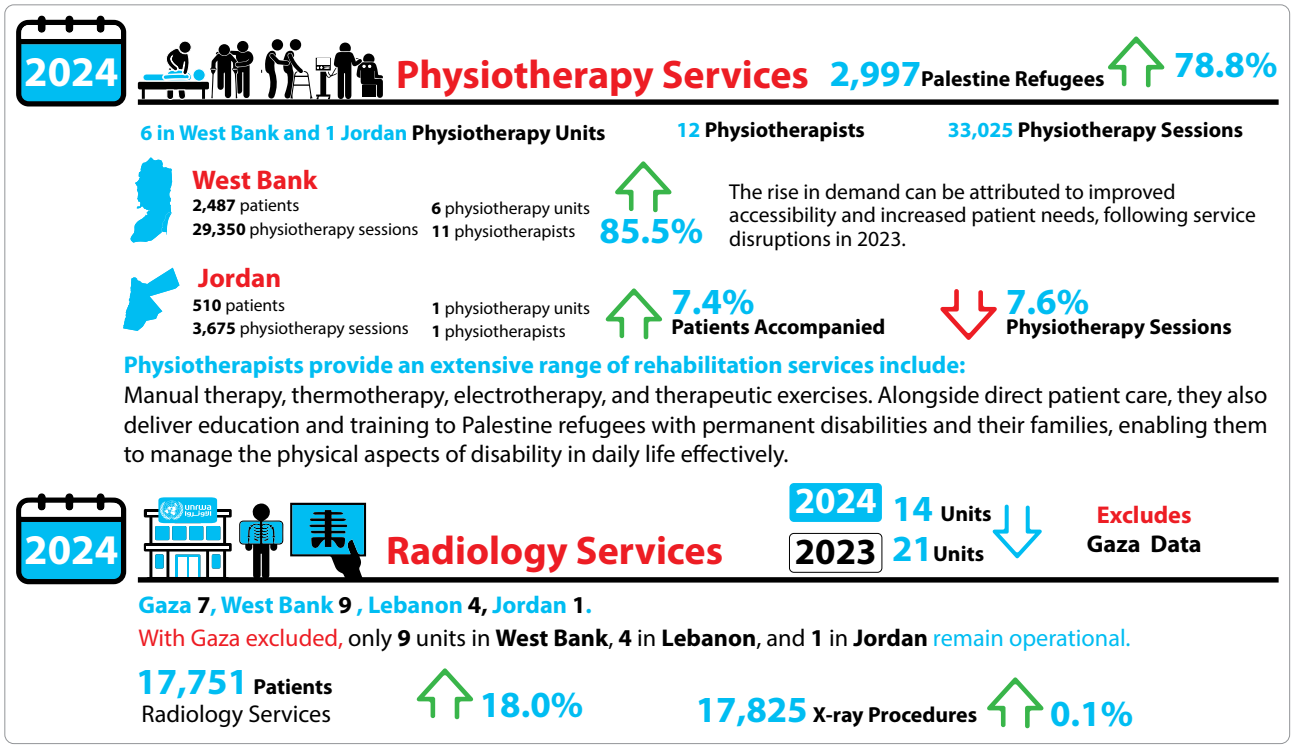
Physiotherapists provide an extensive range of rehabilitation services, including manual therapy, thermotherapy, electrotherapy, and therapeutic exercises. Alongside direct patient care, they also deliver education and training to Palestine Refugees with permanent disabilities and their families, enabling them to manage the physical aspects of disability in daily life effectively. These services are crucial in promoting independence and self-sufficiency among Palestine Refugees with disabilities.

Radiology Services

Due to the ongoing war, this analysis excludes data from the Gaza Strip and focuses solely on radiology services provided in the occupied West Bank, Lebanon, and Jordan. The exclusion of the Gaza Strip has significantly impacted the availability of radiology services, as the total number of UNRWA radiology units was reduced from 21 units in 2023 to 14 units in 2024. Previously, these units were distributed across the Gaza Strip (seven), the occupied West Bank, Lebanon, and Jordan. With the Gaza Strip excluded, only nine units in the occupied West Bank, four in Lebanon, and one in Jordan remain operational.

Despite this reduction, radiology services expanded in the remaining fields. In 2024, 61,560 patients received radiology services across UNRWA and contracted health facilities, marking a 12.2 per cent increase compared to 2023. Similarly, the total number of X-ray procedures conducted within UNRWA facilities and contracted providers rose to 76,361, reflecting a 25.0 per cent increase from the previous year.

Within UNRWA HCs, 43,809 patients accessed radiology services, representing an 18.0 per cent increase from 2023. Additionally, 58,536 plain X-rays were performed in UNRWA facilities, a 35.2 per cent increase from the previous year. These significant increases indicate



greater service accessibility, increased patient demand, and operational stability in the three remaining fields.

Meanwhile, the number of patients referred to contracted health facilities for radiology services remained stable, with 17,751 patients referred in 2024, showing no change from the previous year. The number of X-rays conducted in these contracted facilities saw a slight increase of 0.1 per cent, reaching 17,825 procedures.

Despite the exclusion of the Gaza Strip and ongoing challenges, radiology services in the occupied West Bank, Jordan, and Lebanon have expanded, with more patients receiving services and a higher number of procedures performed within UNRWA HCs. This reflects improved accessibility, operational adjustments, and the Agency's commitment to sustaining essential healthcare services for Palestine refugees in the three remaining fields.

Pharmaceutical Services

Total Expenditure

In 2024, the total expenditure on medical supplies and equipment across all funding sources — including the programme budget and project funds — amounted to approximately US$ 22.94 million. This reflects a slight decrease compared to 2022, when the total expenditure was US$ 24.81 million.

The comparison is made with 2022 rather than 2023 due to the exceptional circumstances experienced in 2023, particularly the start of the war in the Gaza Strip at the beginning of October. As a result, the 2023 data was disaggregated to separately reflect the pre- and post-conflict periods, making it unsuitable as a reliable benchmark for full-year comparison.

Of the total amount spent in 2024, US$ 17.57 million (76.6 per cent) was funded through the programme budget, while the remaining US$ 5.37 million (23.4 per cent) came from project funds. The distribution highlights the continued reliance on core resources to sustain essential medical procurement, even amid conflict-related disruptions, while project contributions provided critical supplementary support in specific emergency and recovery contexts.

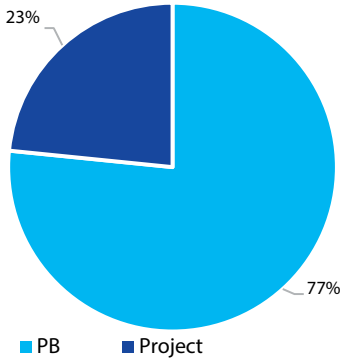


Figure 22: Total expenditure on medical supplies and equipment from overall funding-2024

Among the fields of operations, the highest expenditure on medical supplies and equipment was observed in the Gaza Strip (US$ 10.08 million) and the lowest was in the occupied West Bank and Lebanon (US$ 2.81 and US$ 2.83 million respectively).

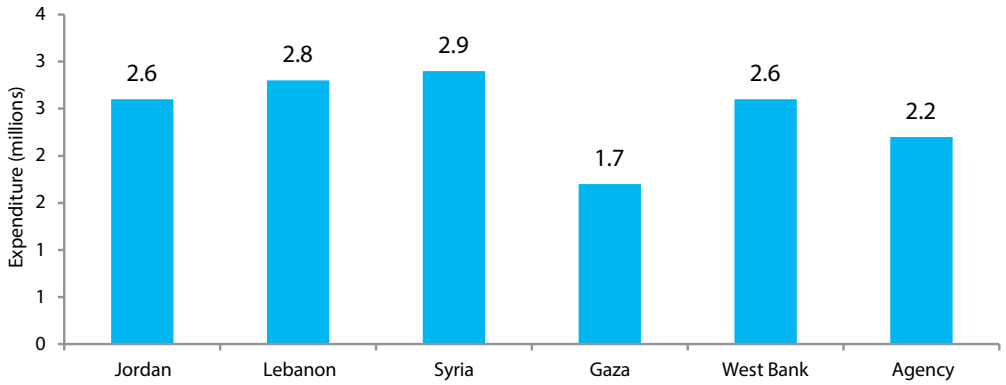


Figure 23: Medical consultations expenditure from overall funding-2024 (US$ million)

Expenditure on Medical Supplies

In 2024, the average expenditure on medical supplies per outpatient medical consultation Agency-wide was US$ 2.2, which is a decrease from 2022, with US$ 3.15. Agency-wide, the average annual expenditure on medical supplies per beneficiary was US$ 6.9, which is a decrease compared with US$ 7.82 in 2022. The decrease of annual expenditure on medical supplies per medical consultation, as well as the decrease in expenditure for medical supplies per beneficiary, are mainly due to receiving a huge amount of in-kind donations, which was reflected as an increase in medical supplies expenditure in 2022, mainly in the Gaza Strip, Syria, and Jordan.

Expenditure on Medicines

The total expenditure on medicines in 2024 was US$ 18.25 million. Analysis of expenditure on different medicines revealed that 38 per cent of the funds were spent on medicines used for the treatment of NCDs, and 13.7 per cent were spent on antimicrobial medicines. Further analysis on NCD drug expenditure shows that 49.8 per cent of funds were spent on hypoglycaemic medication, 19.2 per cent on antihypertensive medication, 15.0 per cent on cardiovascular medication, 6.4 per cent on diuretics, and 9.6 per cent on lipid lowering agents.

During 2024, medical equipment and related supplies accounted for 20 per cent (US$ 4.69 million) of the total expenditure (Programme Budget (PB), project) funds of medical commodities (US$ 22. 94 million).

Table No.26: Average medical product expenditure (US$) of medical supplies per outpatient medical consultation and per served person in 2024

	Jordan	Lebanon	Syria	Gaza	West Bank	Agency
Expenditure for medical supplies per medical consultation (US$)	2.6	2.8	2.9	1.7	2.6	2.2
Expenditure for medical supplies per served person (US$)	4.4	10.1	8.7	7.8	6.1	6.9

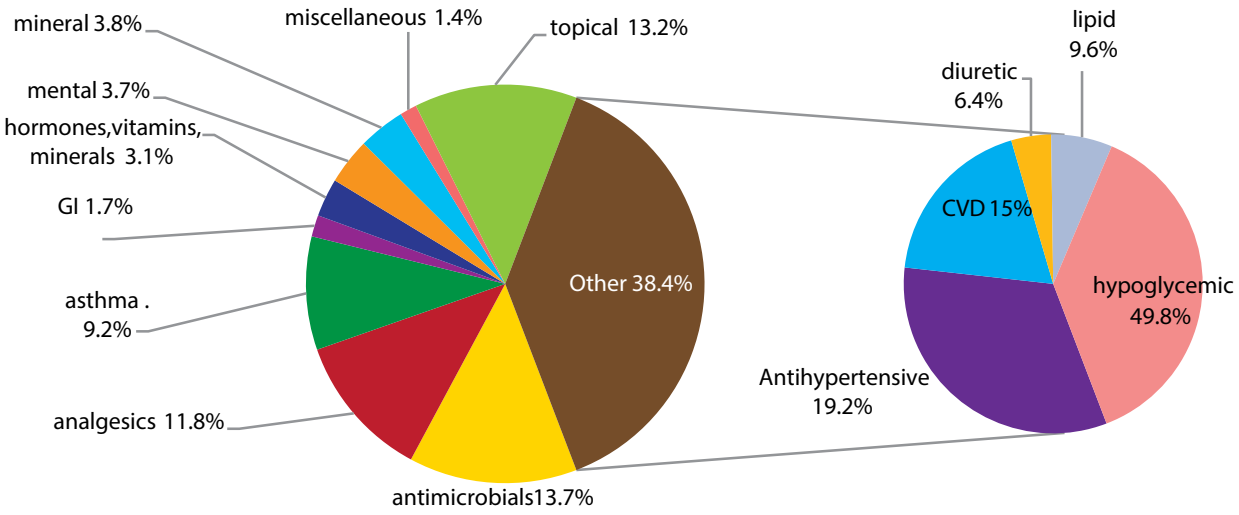


Figure 24: Drug expenditure in 2024.

Donations of Medical Supplies

In 2024, UNRWA received several in-kind donations of medical supplies—including medicines, medical equipment, and other health-related items—amounting to a total estimated value of US$ 6.55 million (UNRWA procurement prices). These contributions were distributed across all five fields of operation as shown in below table. These donations significantly supported the delivery of essential health services amidst ongoing challenges.

Table No:27 In-kind donation (US$) of medical supplies received per Field in 2024

Jordan	Lebanon	Syria	Gaza	West Bank	Agency
2,787,115.78	222,162.6	540,029.84	2,543,753.261	466,508.94	6,559,570.42

The main key partners and stakeholders are shown below:

- The MoH of the Palestinian Authority provided the Gaza Strip and the occupied West Bank including East Jerusalem with vaccines, iron drops and tablets, medical supplies, as well as disposable syringes, needles.
- The MoH of Jordan provided Jordan field in-kind donations of vaccines and medical supplies.
- UNICEF provided the Gaza Strip, Syria, and Lebanon with various medical supplies, medicines, vaccines, medical equipment, and vitamin supplements.
- The MoH of Syria and the WHO provided Syria with vaccines.
- Vitamin Angels supported UNRWA fields with vitamin supplements (mainly vit. A).
- St. John Eye Hospital provided the occupied West Bank including East Jerusalem with vision charts, ophthalmoscopes, and portable fundus cameras.
- WHO supported UNRWA fields with medicines and staff costs.
- UNFPA supported the Gaza Strip with dignity kits and family planning supplies, the occupied West Bank including East Jerusalem with IARH kits, and Syria with family planning supplies.
- UNHCR supported Jordan with medical supplies.
- Birzeit Pharmaceutical Company (private partnership funding) supported the occupied West Bank including East Jerusalem with medical supplies.
- Ameed Taha supported the occupied West Bank including East Jerusalem with medical equipment.
- ANERA supported Lebanon with vaccines and medicines.
- The Palestinian Red Crescent Society supported Lebanon with medicines.
- Crown Agents Limited supported the Gaza Strip with medicines, medical supplies.
- Indonesia supported the Gaza Strip with medical supplies.
- UAERCS supported the Gaza Strip with medical supplies.
- International Blue Crescent Relief and Development Foundation supported the Gaza Strip with medicines, consumables, and medical equipment.
- Juzoor supported the Gaza Strip with medical devices.

Antibiotic prescription rate

In line with the WHO recommendations, the target antibiotic prescription rate in UNRWA HCs Agency-wide aims to be not more than 25.0 per cent. In 2024, antibiotic prescription rate Agency-wide, excluding the Gaza Strip (where it is difficult to obtain such figures due to the war), was 20.5 per cent, and ranged from 17.8 per cent in the occupied West Bank including East Jerusalem to 25.3 per cent in Syria. It is worth mentioning that antibiotic prescription rates in all fields of operation except for Jordan had decreased in 2024 as compared to 2023, which is result of rigorous monitoring and conducting awareness sessions among our staff and patients. Antibiotic prescription is a key focus in UNRWA HCs, to ensure the rationalisation and control of antibiotic usage among Palestine Refugees.

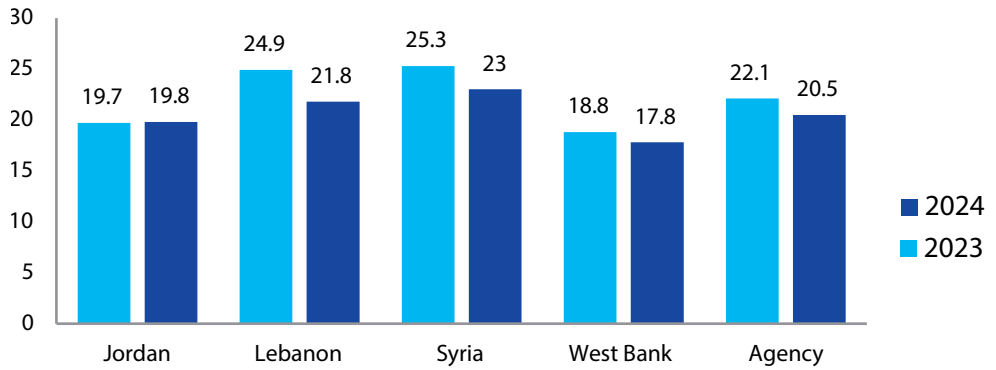


Figure 25 :Antibiotic prescription rates per field in 2023 and 2024, (excluding Gaza)

Laboratory services

Previously, UNRWA operated laboratory services in 128 out of its 141 Health Centres across all five fields of operation. Of the remaining 13 HCs, 11 provided essential laboratory support, including blood glucose, blood haemoglobin, and urine dipstick tests. The two remaining facilities in Syria were unable to offer laboratory services due to accessibility challenges.

Due to the ongoing war in the Gaza Strip and disruptions in service delivery, laboratory services across the remaining four fields of operation are now operational in 106 out of 119 HCs[32].

Despite these challenges, UNRWA's laboratory services remain a critical pillar of primary healthcare, supporting early diagnosis, disease monitoring, and patient management. The Agency continues its efforts to maintain and strengthen laboratory capacity, ensuring accessible and high-quality diagnostic services for Palestine Refugees.

Utilization Trend

UNRWA continued to provide essential laboratory services across its fields of operation, supporting the diagnostic and treatment needs of Palestine Refugees. Laboratory services in the Gaza Strip were completely suspended due to the ongoing war and severe infrastructural damage. This section focuses on laboratory service performance across the four remaining fields of operation of the Agency: Jordan, Lebanon, Syria, and the occupied West Bank including East Jerusalem.

Across these four fields of operation, UNRWA conducted a total of 3.11 million laboratory tests in 2024, reflecting a 10 per cent increase compared to the 2.83 million tests performed in 2023. However, trends varied significantly across the fields. Jordan recorded a 3 per cent increase, with the total number of tests rising from 1,151,371 in 2023 to 1,180,414 in 2024, showing continued patient demand and improved access to diagnostic services. Conversely, Lebanon saw a 14 per cent decline, with the total number of tests decreasing from 568,581 in 2023 to 490,704 in 2024, largely due to economic challenges and security instability.

Syria experienced a 3 per cent decrease in laboratory test utilisation, dropping from 553,215 in 2023 to 534,753 in 2024, primarily attributed to security challenges and restricted access to health facilities. In contrast, the occupied West Bank including East Jerusalem witnessed a significant 62 per cent surge in laboratory testing, rising from 560,604 in 2023 to 907,996 in 2024. This sharp increase reflects the growing demand for UNRWA's laboratory services, driven by improved access, increased health care needs, and the Agency's commitment to expanding quality diagnostics. An annual productivity assessment using the WHO Workload Measurement Approach indicated an Agency-wide productivity level of 39.1 Workload Units (WLUs) per hour in 2024. Among the four fields of operation, Lebanon recorded the highest productivity at 56.7 WLUs/hour, followed by Jordan at 52.8 WLUs/hour and the occupied West Bank at 52.3 WLUs/hour. Syria recorded the lowest productivity at 33.9 WLUs/hour, reflecting service limitations due to ongoing instability. The Gaza Strip was excluded from productivity calculations due to the complete suspension of laboratory services.

An UNRWA laboratory technician performing a lab test for a Palestine Refugee patient at Al-Nuzha health centre in Amman Area, Jordan. *©2024 UNRWA Photo*

Despite the varied performance across all fields, UNRWA remains committed to enhancing the efficiency and accessibility of laboratory services, ensuring the continued provision of high-quality diagnostics to Palestine Refugees. Efforts to optimise resource utilisation, strengthen operational capacity, and mitigate field-specific challenges remain a key priority to sustain laboratory service delivery across all fields of operation.

Laboratory Costs

In 2024, the total cost of laboratory services delivered by UNRWA across its fields of operation, excluding the Gaza Strip, amounted to US$ 6,142,996, with 99.8 per cent (US$ 6,128,128) funded through the Agency's Programme Budget. The remaining 0.2 per cent (US$ 14,868) was secured through non-programme resources, including in-kind donations, special projects, and emergency funds. Comparatively, the estimated cost for delivering equivalent laboratory services through host authority Ministry of Health (MoH) facilities was US$ 16,652,181, highlighting UNRWA's significant efficiency and cost-effectiveness. The Agency's expenditures were distributed as follows: US$ 2,498,469 in the occupied West Bank, US$ 1,812,954 in Jordan, US$ 990,747 in Lebanon, and US$ 840,826 in Syria.

32 Laboratory services in the Gaza Strip is reported separately in section 2.

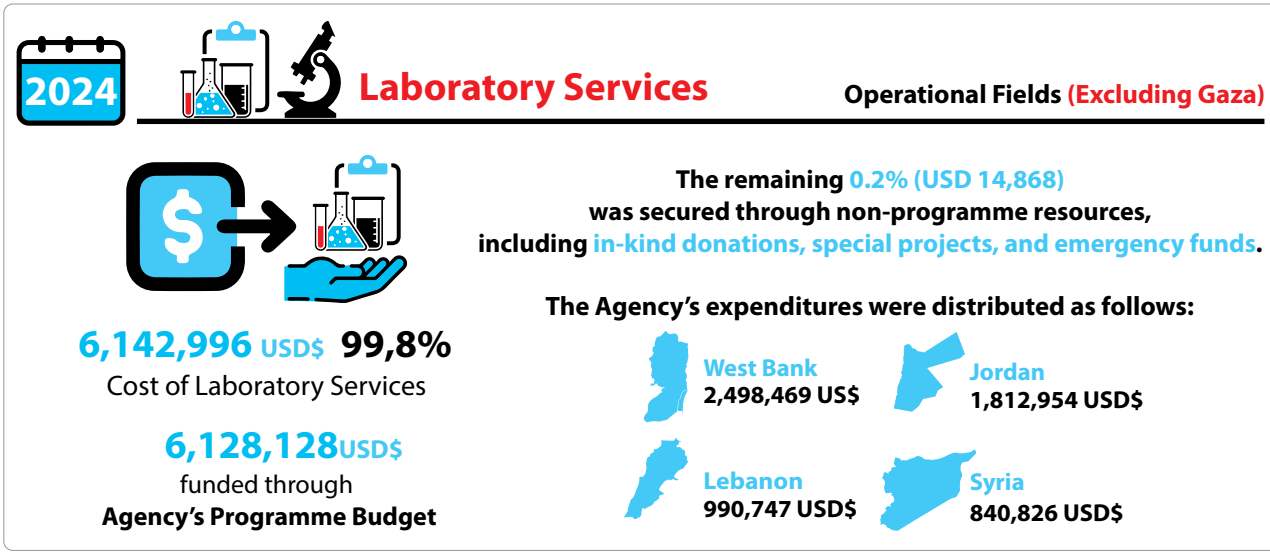


Table No.28: Expenditure on laboratory services (USD) by field and Agency-wide in 2023

Cost	Jordan	Lebanon	Syria	West Bank	Agency
Programme Budget	1,812,954	987,940	831,821	2,495,413	6,128,128
Non-Programme Budget	-	2,807	9,005	3,056	14,868
Total	1,812,954	990,747	840,826	2,498,469	6,142,996

Table No.29: Comparative analysis of the annual cost of laboratory services performed at UNRWA facilities and cost of the same services if outsourced to host authorities (USD) in 2023

Cost	Jordan	Lebanon	Syria	West Bank	Agency
Host authorities' cost	6,900,148	2,379,209	829,472	6,543,352	16,652,181
UNRWA	1,812,954	990,747	840,826	2,498,469	6,142,996

Inpatient Care

Access to Critical Healthcare through the Hospitalization Support Program.

Palestine Refugees face ongoing challenges that affect their health and wellbeing and increase the vulnerability of the communities. The Hospitalisation Support Programme (HSP) is designed to alleviate catastrophic health expenditures and guarantee quality care, especially when local systems are under strain. Through strategic partnerships with contracted hospitals and robust support mechanisms for urgent cases, our efforts are dedicated to protecting human dignity and preserving lives.

UNRWA's Hospitalisation Support Programme (HSP) remains a cornerstone of our humanitarian response for Palestine Refugees and facilitates access to critical secondary and tertiary healthcare services across the Gaza Strip, the occupied West Bank, Syria, Lebanon, and Jordan. Despite challenges in 2024, including the Gaza war and financial constraints, our interventions enabled timely referrals of lifesaving, safe deliveries and medically urgent cases, including essential outpatient treatment for cancer patients.

Program Overview and Key Activities

Referral to contracted hospitals: To ensure access to quality hospital care at discounted rates, UNRWA established a chain of strong partnerships with governmental, private, and NGO hospitals. This supports Palestine Refugees in receiving appropriate secondary and tertiary care while mitigating financial burden, as the distribution of the hospitals is selected to be close to the camps and Palestine Refugees communities.

Referral for outpatient services and medication procurement: UNRWA coordinated referrals for pharmacy services mainly for cancer patients and thalassemia, essential laboratory tests not available within UNRWA HCs, and diagnostic imaging, thus enhancing comprehensive treatment pathways.

Life-threatening case support: UNRWA provides prompt financial reimbursement for patients treated in nearby non-contracted facilities for life-threatening cases. These streamlined referrals and reimbursement mechanisms ensure that life-threatening cases are addressed without delay. They provide timely

intervention, thus preventing complications and supporting continuity of care.

Crisis response during conflict: to safeguard access to medical services during armed conflict situations, special measures were put in place in the Gaza Strip and Lebanon, including support for safe deliveries and non-war-related surgery and medical interventions, ensuring that essential care is delivered to those in need.

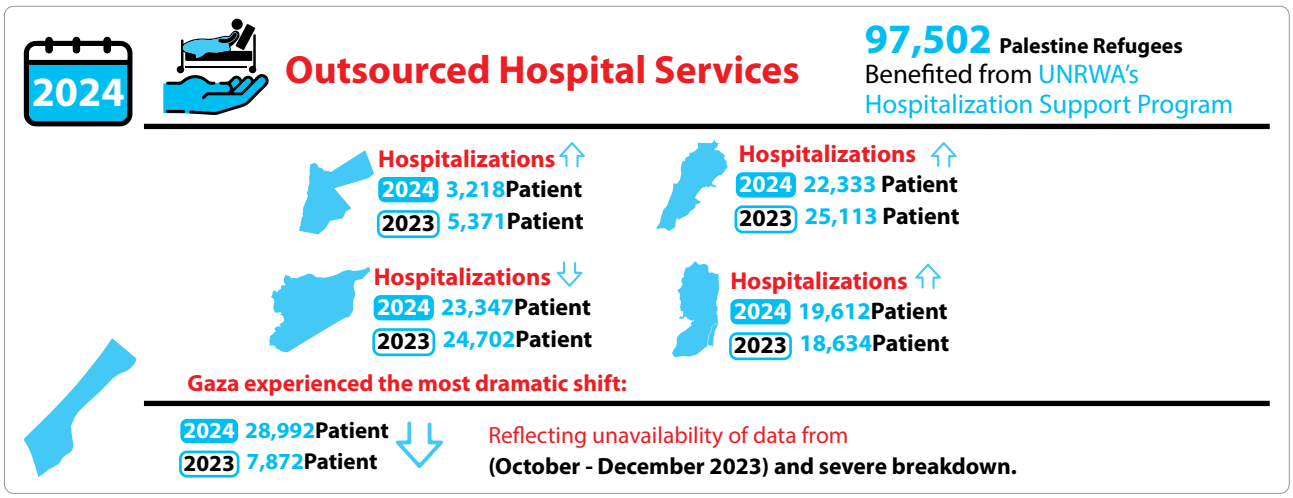
Outsourced Hospital Services

In 2024, over 97,502 Palestine Refugees benefited from UNRWA's Hospitalisation Support Programme, reflecting a steady increase in the use of this service despite significant operational challenges. The updated data shows varying trends across the fields of operation. In Jordan, the number of hospitalisations reached a peak of 5,371 in 2023 but declined to 3,218 in 2024, primarily due to a delay in receiving invoices from contracted hospitals, which were submitted after the reporting period and recorded in the following year. In Lebanon, a modest increase was observed in 2023 with 25,113 patients, before declining slightly in 2024 with 22,333 patients as a result of the increased cost of patient contribution due to the change in the unified hospitalisation tariff at the Ministry of Public Health, the financial inability of Palestine Refugees in light of the ongoing economic challenges, and the reduction of referrals during the escalation in violence in October 2024 to include only safe deliveries and urgent surgical and medical interventions. Meanwhile, Syria saw a substantial uptick—from 15,855 in 2021 to 24,702 in 2023—before stabilising at 23,347 in 2024, underscoring an increasing reliance on UNRWA support as local services became more strained. The slight decrease was mainly due to the restriction of some services caused by financial constraints and inability to cover all the cases. In the occupied West Bank, despite a decline in figures from over 20,700 in 2021–2022 to 18,634 in 2023, there was a slight increase to 19,612 in 2024. This rise in patient numbers can be attributed to access challenges, including security, movement restrictions, and disruptions in governmental health services. This affected especially patients from the centre and south areas of the occupied West Bank who faced difficulties reaching Qalqilya Hospital, or even governmental hospitals in other regions or cities. The Gaza Strip experienced the most dramatic shift: after a collapse to 7,872 patients in 2023, reflecting unavailability of data from October to December 2023 and severe breakdown of the local health system, targeted support ensuring safe deliveries for mothers and newborns, alongside supporting non-war-related surgeries and medical interventions in 2024 led to a significant increase in support for the most vulnerable patients, with numbers surging to 28,992. Overall, these trends, combined with a marked increase in expenditure across all fields, underscore the growing investment and critical adjustments necessary to sustain and enhance life-saving services.

Table No. 30: Patients who received assistance for outsourced hospital services during (2021-2024)

	Jordan	Lebanon	Syria	Gaza	West Bank	Agency
2021	2,470	19,729	15,855	14,502	20,708*	73,264
2022	2,310	23,861	16,110	14,743	20,720 *	77,744
2023	5,371	25,113	24,702	7,872**	18,634*	81,692
2024	3,218	22,333	23,347	28,992	19,612*	97,502

*Exclude patients admitted to Qalqilya Hospital
** Until the end of September 2023



Qalqilya Hospital

Qalqilya Hospital, the only facility of its kind managed directly by UNRWA in the occupied West Bank, is vital for the care of both Palestine Refugees and local communities. With a capacity of 58 beds designated for obstetric/gynaecologic, paediatric, surgical, and medical care, alongside specialise intensive care units, the hospital also offers essential emergency and outpatient services to approximately 100,000 residents. In 2024, despite movement restrictions in the occupied West Bank, the hospital treated more than 6,500 patients, an increase from 5,300 in 2023. This increase in the number of beneficiaries, which exceeded 22%, confirms the growing demand for our services and their impact in alleviating suffering.

It also reflects the efficient use of resources, with the bed occupancy rate increasing from 51.1% in 2023 to 62.9% in 2024.

This commitment to delivering compassionate and accessible care under strenuous circumstances underscores UNRWA's dedication to upholding the health and dignity of vulnerable communities.

Table 31: Inpatient care at the UNRWA Qalqilya Hospital (2021-2024)

Indicators	2021	2022	2023	2024
Number of beds	58	58	58	58
Persons admitted	4,842	5,493	5,307	6,506
Bed days utilized	8,990	10,796	10,808	13,325
Bed occupancy rate (%)	42.5	53.1	51.1	62.9
Average stay in days	1.86	1.98	2.03	2.0

In addition to inpatient care, specialist services were increasingly utilised in 2024, with significant growth across nearly all specialties—most notably in general surgery (2,283 cases) and paediatrics (3,954 cases). Radiology and ultrasound services also rose to 2,014 cases, reflecting both increased reliance on Qalqilya Hospital and improved diagnostic capacity compared to previous years.

Table No.23: Number distribution of hospitalized patients by condition

Specialty	2021	2022	2023	2024
Obstetrics/Gynae.	588	612	421	854
General Surgery	1,617	1,459	1,036	2,283
Internal Medicine	281	570	412	957
Paediatrics	1,381	2,474	1,697	3,954
Radiology/US	1,910	1,509	506	2,014
Total	5,777	6,624	4,072	10,062

The table highlights a clear predominance of female patients accessing UNRWA-supported hospitalisation services across all fields of operation, with women making up 64.2 per cent of the overall caseload, representing 66,808 out of 104,008 patients, including those at Qalqilya Hospital.

Table No.33:Distribution of hospitalization patients by gender

Field	No. of patients discharged	Sex	
		Male	Female
Jordan	3,218	7.9	92.1
Lebanon	22,333	49.0	51.0
SAR	23,347	37.7	62.3
Gaza	28,992	34.2	65.8
West Bank	26,118	27.9	72.1
Total	104008	35.8	64.2

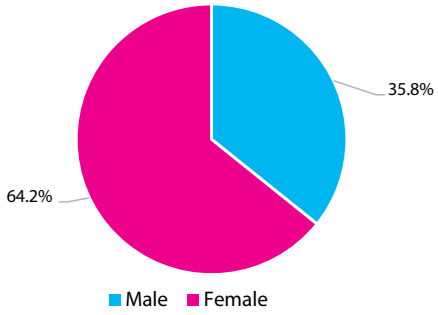


Figure 26: Distribution of hospitalization patients by gender at agency-wide

Lebanon stands out for its near gender parity among health service beneficiaries, with 49 per cent male and 51 per cent female. This balance may reflect the limited access Palestine Refugees have to alternative healthcare services. In contrast, other fields show a significantly higher share of female patients—most notably in Jordan where the female proportion reaches 92.1 per cent, largely due to the emphasis on maternal health and safe deliveries. Similarly, in the occupied West Bank, the Gaza Strip, and Syria, female patients outnumber males, accounting for 72.1 per cent, 65.8 per cent, and 62.3 per cent of beneficiaries, respectively. These trends may be influenced by the prioritisation of reproductive health, cultural and socio-economic barriers limiting male health-seeking behaviour, and the availability of other healthcare providers for specific population groups.

Enhanced Data Management and Monitoring:

UNRWA continues to rely on its Hospitalization Management System as an essential tool for robust data collection and analysis. Concurrently, the Agency has refined its data quality and reporting processes, including through the establishment of a dedicated dashboard that enables real-time monitoring of HSP activities.

UNRWA pharmacists issuing medications for Palestine Refugees' patients at Al-Nuzha health centre in Amman Area, Jordan. *©2024 UNRWA Photo*

These enhancements have improved transparency and enabled more informed decision-making, thereby strengthening the Agency's ability to respond effectively to emerging health challenges. Looking ahead, ongoing investment in technology, capacity building, and inter-agency collaboration will be vital to further elevate the programme's impact and resilience.

Challenges and Areas for Improvement

While the HSP has made significant improvements, challenges persist:

- **Resource constraints:** limited financial and human resources in fragile operational environments requires continuous adjustments.
- **Access barriers:** movement restrictions, particularly in the occupied West Bank, highlight the need for enhanced logistical support and innovative solutions.

UNRWA's Hospitalisation Support Programme remains a critical pillar of the Agency's humanitarian response, constantly adapting to the evolving healthcare needs of Palestine Refugees. Despite operational challenges, conflicts, and systemic pressures, the programme continues to provide timely access to quality secondary and tertiary healthcare services, thus supporting the Agency's mandate to protect human dignity and safeguard lives.

Health communication

UNRWA›s health communication remains a vital tool for engaging both PRs and UNRWA employees, ensuring the effective dissemination of essential health information. The health programme plays a crucial role in preventing and controlling diseases, promoting public health awareness, and organising targeted initiatives to improve overall well-being.

To maximise outreach and accessibility, health communication employs a multifaceted approach, utilising various channels to disseminate information effectively. Printed materials are strategically distributed in health centres to ensure readily available resources, while social media platforms and the UNRWA website serve as dynamic mediums for disseminating programme updates, comprehensive health information, educational resources, and awareness campaigns. In 2024, health communication supported the health protection and promotion division in developing five updated MCH brochures, covering key topics such as breastfeeding, complementary feeding, family planning, and preeclampsia. Additionally, information, education, and communication (IEC) materials were developed for the WDF project supporting NCDs health. Two videos were also developed for the maternal mortality survey initiative and the multiple micronutrient supplements (MMS) programme.

UNRWA›s health communication initiatives actively recognised global health occasions, highlighting key health-related internationally recognised days. Among these were the World Health Day 2024, themed «My Health, My Right,» which underscored the ongoing health crisis in the Gaza Strip. The occasion emphasised UNRWA's unwavering commitment and capacity to support the health and well-being of displaced people in the Gaza Strip despite the challenging circumstances.

The Breast Cancer Awareness Month, or Pink October, focused on promoting early detection, ensuring access to timely and high-quality care, and highlighting the importance of psychosocial and palliative support for those impacted by the disease.

For the fifth year a special campaign on social media platforms aiming to educate UNRWA staff and PRs about healthy practices was initiated during the holy month of Ramadan including nutrition, mental and physical health tips for a healthy fasting.

The health communication team also launched the monthly health tip, tailored for UNRWA staff, emphasising their well-being and good health, aligning with the principles of SDG #3, which centres on promoting good health and well-being. Throughout 2024, staff members received monthly tips addressing various health topics, including but not limited to mental health, cancer, tobacco use, food safety, oral health, stroke and more. This proactive approach aims to empower staff with practical knowledge and strategies to lead healthier lives, by prioritising health education and awareness, fostering a culture of well-being among PRs and the wider community.

Health communication also contributes to strengthening comprehensive health services by leading pertinent research activities. Among these, one was the WHO global school-based surveys, facilitating collaboration with the Education department to analyse the results that were published in early 2024 and develop action plans on key findings including nutrition education and healthy eating, physical activity promotion, mental health and well-being, and tobacco use.

For more information, please refer to the school health section in this report.

Additionally, the Patient Satisfaction Survey was conducted to assess the overall satisfaction of patients, identify gaps, ensure quality healthcare delivery, and provide insights for health providers, policymakers, and stakeholders within UNRWA in order to improve the delivery of primary healthcare services.

The survey had 2,400 respondents at 72 UNRWA health centres across Jordan, Lebanon, Syria, and the occupied West Bank including East Jerusalem (excluding the Gaza Strip).

The key areas assessed were:

1. Accessibility of healthcare services
2. Interpersonal Skills displayed by healthcare providers
3. Quality of healthcare services and compliance
4. Facility management
5. Patient flow analysis

The report highlighted high accessibility to healthcare services, with most patients reporting no significant geographic or social barriers. Interpersonal skills among healthcare staff were well rated, particularly in communication and privacy during consultations. However, concerns were raised about the availability of chaperones in some areas.

Healthcare quality and compliance with standards varied, with differences in administrative quality, adherence to clinical guidelines, referral systems, and facility management. While basic medical care compliance was generally high, challenges remained in emergency preparedness and infrastructure maintenance.

Key recommendations include improving accessibility through infrastructure enhancements, expanding tele-medicine, strengthening staff training, standardising referral processes, and optimising appointment scheduling.

The full Satisfactory Survey is available on UNRWA's website[23].

Health communication played a vital role in supporting emergency health crises and advancing health education through a range of strategic activities. This includes providing critical support during emergencies by implementing effective communication and education initiatives, particularly in emergency response plans such as the polio outbreak vaccination campaign in the Gaza Strip as part of the Health, WASH, RCCE, and Hygiene Promotion clusters.

33 Assessment of Patients' Satisfaction with the Quality and Care of UNRWA Primary Healthcare Services | UNRWA.

In addition to exploring opportunities to support the Gaza Strip staff, efforts have been made to facilitate the publication of research letters and articles in medical journals that highlight UNRWA's health response—such as the article published in The Lancet titled" UNRWA Remains at the Frontlines: Six months into the Catastrophe in Gaza, please refer to Annex 1.

The role of health communication extends to promoting transparency and engagement through the development and dissemination of the Annual Report 2023, including its Executive Summary and press conference arrangements. It also supported global advocacy efforts, as seen in UNRWA-Lancet side meeting at the 77th World Health Assembly, with key partners such as WHO and International Federation of Medical Students' Associations (IFMSA) to address Palestine Refugee health, focusing on the Gaza Strip and the continued escalations in the occupied West Bank including East Jerusalem.

Furthermore, the communication role supported the branding revision and publication of technical instructions (TIs), guidelines (e.g. the adolescent and youth friendly health services (AYFHS) guideline), memorandums of understanding (MOUs), reports (e.g. gender-based violence (GBV), operational research report and other publications within the department of health. It also involved uploading relevant health publications on the UNRWA website and updating the internal Health intranet site and uploading relevant health-related materials and news.

Health communication also involved collaborations with the ethics and human resources departments to develop a comprehensive policy on outside and political activities, the drafting of the UNRWA accountability to affected people (AAP) policy with the protection and neutrality programme and the launching of the staff wellbeing platform in coordination with the Agency's relief and social services.

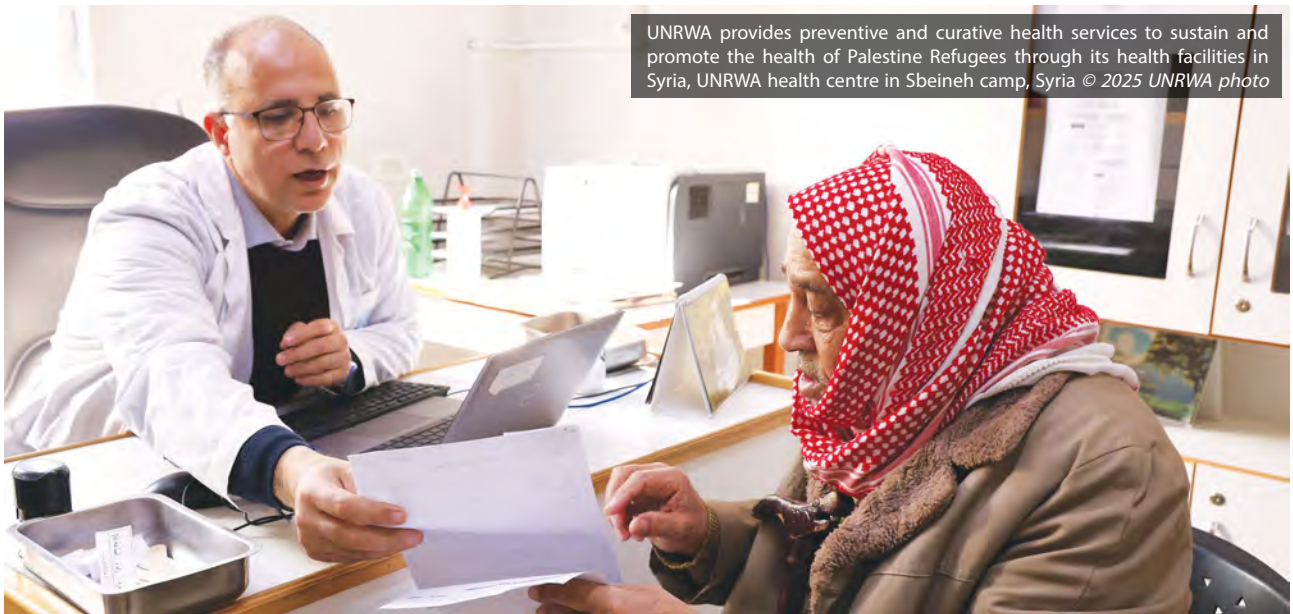
Collaboration with external stakeholders enhanced the impact of health communication efforts, including with UN agencies, WHO, IFMSA, and NGOs. Some examples are the active participation in the IFMSA 20th Eastern Mediterranean Regional Meeting and the Gaza Health Initiative three conferences in Jordan, Lebanon, and the Netherlands.

Additionally, active participation in national and international conferences strengthened advocacy and knowledge-sharing. For this, advocacy videos focusing on UNRWA's health programme achievements and challenges were developed for the AIDS 2024 symposium, Global School on Refugee and Migrant 2024, the mental health conference held in Valencia and the Uniting Knowledge Resources and Solidarity Gaza conference.

Human Resources for Health Reform

UNRWA faces significant workforce challenges due to a rising number of annual patient visits and the prolonged funding crisis that has constrained its ability to recruit additional medical staff. To address these issues, UNRWA conducted a staffing needs assessment using the WHO's Workload Indicators of Staffing Need (WISN) methodology. This assessment aimed to establish staffing norms, evaluate workload distribution, optimise workforce utilisation, and determine staffing requirements for each health facility.

Applying the standardised WISN methodology in all 141 health facilities across the five fields, UNRWA assessed seven categories of health staff. Three categories, namely MOs, clerks, and cleaners—were assessed based on previously established norms, while four new categories consisting of nurses, pharmacists,



UNRWA provides preventive and curative health services to sustain and promote the health of Palestine Refugees through its health facilities in Syria, UNRWA health centre in Sbeineh camp, Syria *© 2025 UNRWA photo*

laboratory technicians, and dentists, were introduced. The nursing category was further divided into four sub-groups: senior staff nurse, staff nurse, practical nurse, and midwife. Norms for MOs, clerks, and cleaners were initially set in 2019 (Phase 1), while norms for the remaining categories were developed in 2021 (Phase 2). These were later updated in 2022 and 2023 to reflect recruitment and attrition trends.

In 2021, the assessment revealed that the Gaza Strip had the lowest programme budget (PB) staff coverage at 59 per cent, followed by Syria and Lebanon at approximately 70 per cent. In response, UNRWA increased PB allocations to the Gaza Strip, raising its coverage to 70 per cent in 2022–2023.

In 2024, staffing norms for Syria and Lebanon were further updated with the following key objectives:

- The goal is to increase PB coverage to at least 75 per cent in Syria and Lebanon, aligning them more closely with Jordan (90 per cent) and the occupied West Bank (91 per cent). Please refer to the attached Excel for details.

- The reopening of the Yarmouk Health Centre in September 2023, along with the establishment of two new health points in Douma and Yalda by January 2024, led to a 26 per cent increase in medical consultations in Syria from 2019 to 2023. A similar rise in demand was observed across other health services in Syria. In Lebanon, medical consultations increased by 18 per cent over the same period.

The WISN results showed that most of the health cadres across the Agency were understaffed, highlighting the urgent need for additional resources to address this issue.

Table No.34: Number and percentage of norms against the posts under program budget, 2024.

Field	Norm	Existing posts from Program budget	Gap for PB-funded posts	% PB posts against norms
Gaza	1507	1010	497	67.0%
Jordan	691	625	66	90.4%
Lebanon	436	284	152	65.1%
Syria	494	317	177	64.2%
West Bank	560	512	48	91.4%
Total	3688	2748	940	74.5%

The table presents an overview of health staffing needs across various fields, comparing the required staffing norms to the number of posts available under the current programme budget. The Gaza Strip has the highest staffing requirement, with 1,507 posts needed, while the occupied West Bank has the lowest, requiring 560 posts.

A comparison of programme budget posts against required staffing norms reveals significant shortfalls across all fields. The occupied West Bank has the smallest gap, needing an additional 48 posts to meet optimal staffing levels. However, in the Gaza Strip, Lebanon, and Syria, the staffing deficit is substantial, with 497, 152, and 177 additional posts required, respectively. The percentage of programme budget posts relative to required norms is lowest in Syria (67.2 per cent) and Lebanon (65.1 per cent), highlighting critical shortages in these fields.

Research and Evaluation Activities

In 2024, the department of health research activities reached a significant milestone with the release of key findings from various studies initiated in 2023, reaffirming commitment to improving healthcare for Palestine Refugees.

An UNRWA midwife providing nutrition counselling and ready to use baby formula for an IDP mother at the medical point of UNRWA Asma shelter (school), Gaza Strip. *@2024 UNRWA*

Palestine Refugees' patients waiting for health care receival at the health centre in the Beddawi refugee camp, Lebanon. *© 2024 UNRWA photo*

One of the most significant achievements this year was the release of the Patient Satisfaction Survey findings, providing valuable insights into healthcare service delivery. In November 2024, a health programme meeting was convened to share and discuss these results. As a result, action plans were developed in each participating field to address areas requiring improvement. UNRWA will implement the action plan in 2025.

In addition, two operational research studies[34] were completed, focusing on GBV in UNRWA primary healthcare settings and gender and vulnerability assessments. The findings from these studies were released, offering critical data to inform policy improvements and enhance services for vulnerable populations.

Another major milestone was the publication of the 2023 Nutrition Assessment among first graders[35] in The Lancet Global Health. This study established the baseline health and nutritional conditions of children in the Gaza Strip before the war, providing crucial data for future health interventions and policy planning. Furthermore, UNRWA continued its research on Multiple Micronutrient Supplementation (MMS) for Palestine Refugee Women in Jordan. Different findings from this study have been published, contributing to global discussions on maternal nutrition and health outcomes.

UNRWA also participated in the 40th Anniversary of the Takemi Programme in 2023, where a research paper was presented and subsequently published in 2024[36] in the Health System and Reform journal. This publication highlights UNRWA's contributions to global health discussions and its ongoing efforts to improve healthcare delivery.

Even during times of crisis, high-impact research papers were published in leading scientific journals through collaborations with researchers from various institutions. These efforts demonstrate the organisation's dedication to participating in critical health issues and remaining at the forefront of public health discourse.

Throughout 2024, UNRWA actively participated in various scientific workshops and conferences, advocating for Palestine Refugees in conflict. Several research abstracts were submitted and presented as oral and poster presentations, with some receiving best abstract awards[37], including recognition at the International Alliance for Diabetes Action (IADA) conference in May 2024 for example.

Through these efforts, UNRWA continues to strengthen research-driven healthcare improvements, contributing valuable insights to global public health discussions and enhancing services for Palestine Refugees.

Internship at the health department

Throughout the year, 15 interns from diverse countries made significant contributions across various areas, gaining firsthand experience in UNRWA's health programmes while deepening their understanding of its mandate and the health services provided. Their involvement spanned a wide array of fields, including pharmaceutical services, adolescent health, mental health, epidemiology, and nutrition. This diverse exposure allowed them to apply their academic knowledge in real-world settings while aligning with UNRWA's operational needs. Additionally, the programme welcomed international students and researchers for short-term visits, fostering valuable knowledge exchange and cross-cultural learning.

As UNRWA progresses into 2025, it remains committed to evidence-based public health interventions. Strengthened research collaborations, expanded operational studies, and targeted health assessments will drive impactful health service improvements for Palestine Refugees. The integration of research findings into policy frameworks will continue to shape sustainable health interventions, ensuring better health outcomes for vulnerable communities.

34 operational research for gender-based violence programme at unrwa primary healthcare settings | UNRWA
35 Enough food for first graders? Research spotlights how Gaza families struggled to feed children even before the war | UNRWA
36 Full article: Leveraging Digital Health Data to Transform the United Nations Systems for Palestine Refugees for the Post Pandemic Time
37 Symposium 2024 | International Alliance for Diabetes Action

Finances

UNRWA's financial situation in 2024 remained to be critical, with a persistent funding gap hindering its ability to provide essential services to Palestine Refugees. Despite ongoing efforts to diversify its donor base and implement cost-saving measures, the Agency faces substantial challenges in securing the necessary resources to sustain its core programmes, including healthcare services. Additionally, the financial strain is exacerbated by regional political tensions and unpredictable donor contributions.

In 2024, the total Health Programme (HP) expenditure amounted to approximately US$ 165.1 million from all funded portals (programme budget, emergency, projects and in-kind). Of this, approximately US$ 115.2 million was allocated under the programme budget, corresponding to an estimated expenditure of US$ 27.3 per registered Palestine Refugee. This marks an increase compared to the total expenditure of US$ 107.2 million or US$ 14.6 per registered refugee in 2023. The increase in per capita expenditure is primarily due to several factors: rising healthcare costs driven by global inflation, particularly for medical supplies and services; higher demand for health services resulting from ongoing crises; the expansion of health programmes and improvements in service delivery; increased emergency response costs in conflict zones; and investments aimed at rehabilitating and strengthening health systems to accommodate a growing and more vulnerable refugee population.

Even with a more conservative approach estimating per capita expenditure based on the population served by the HP in the Agency (approximately 3.7 million) rather than the total number of registered refugees (5.9 million), the annual per capita expenditure is US$ 44.6 Agency-wide. WHO recommends US$ 40.0-50.0 per capita for the provision of basic health services in the public sector.

Table No.35: Health expenditure per registered Palestine refugee, 2023 and 2024 regular budget (US$)

Year	Jordan	Lebanon	Syria	Gaza Strip	West Bank	Agency
2023	7.3	46.2	18.7	19.6	23.5	14.6
2024	11.6	68.4	29.5	32.7	35.4	27.3

There is a significant expenditure gap per registered Palestine Refugee between Lebanon (US$ 68.4) and Jordan (US$ 11.6). This disparity is due to the necessary heavy investment in secondary and tertiary care 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.

UNRWA provides comprehensive Primary Health Care (PHC) services through 141 Health Centres (HCs) Agency-wide. The Agency also provide additional support to facilitate access to secondary and tertiary care for the most vulnerable Palestine Refugees. This support is provided through contracts with hospitals or by reimbursing a substantial portion of inpatient care costs at public, non-governmental, and private healthcare facilities.

In 2024, hospital services accounted for just 20.4 per cent of the total HP budget. Financial constraints have been a major challenge, particularly due to the growing population, deteriorating living conditions, and the increasing prevalence of non-communicable diseases (NCDs), which often require complex and long-term care. These factors have placed additional strain on the health budget, necessitating careful prioritisation of resources to maintain essential services and meet the needs of the most vulnerable.

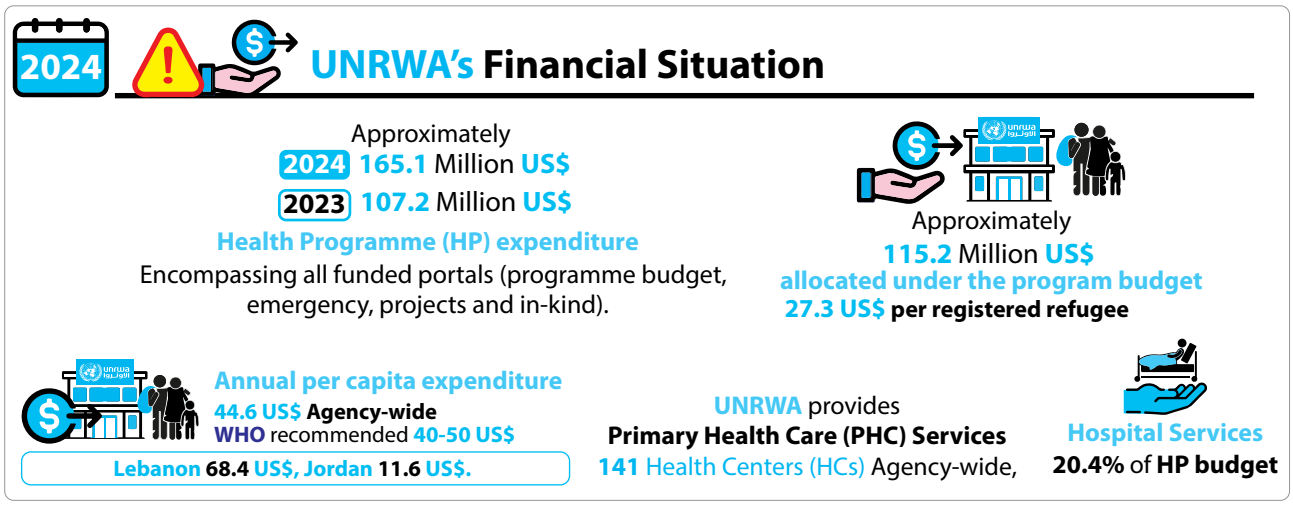


Table No.36: Breakdown of health expenditure by sub-programme-2024

Sub Programme	Sub Sub-Programme description	Jordan	Lebanon	Syria	Gaza	West Bank	HQ	Total
Hospitalization Services	Hospital Services	570,872	13,137,010	3,615,613	5,268,776	4,530,332		27,122,603
	Qalqilya Hospital					3,724,184		3,724,184
	Tertiary Health Care		2,904,036	51,906				2,955,942
Total Hospitalization Services		570,872	16,041,046	3,667,519	5,268,776	8,254,516		33,802,729
Primary Health Care	Disability Screening and Rehabilitation	85,735		377,544	837,113	503,894		1,804,286
	Family Health	20,152,006	12,217,501	9,533,378	37,820,514	16,164,839	4,363	95,892,601
	Laboratory Services	1,812,954	990,747	840,826	1,701,463	2,498,469		7,844,458
	Maternal Health & Child Health Services	127,087		(23)				127,064
	Oral Health	1,966,267	980,070	564,168	1,281,668	1,088,412		5,880,585
	Pharmaceutical Services	1,783,284	1,002,562	476,850	1,859,511	2,133,288		7,255,496
	Psychosocial Support Programme				28,021	527,081		555,102
	Health Counsellor				150,134			150,134
	Radiology Services	9,264	126,319		806,451	201,199		1,143,233
	School Health Services	315,277			746,767	84,777		1,146,821
	Special Care Services (Health)		1,064,457					1,064,457
Total- Primary Health Care		26,251,874	16,381,656	11,792,743	45,231,642	23,201,959	4,363	122,864,238
Programme Management		733,450	829,450	1,728,089	402,834	1,061,974	3,685,498	8,441,295
Total- Programme Management		733,450	829,450	1,728,089	402,834	1,061,974	3,685,498	8,441,295
Grand Total		27,556,196	33,252,153	17,188,351	50,903,252	32,518,449	3,689,861	165,108,262

section 4 – Data
Part 1 - Agency Wide Trends for Selected Indicators

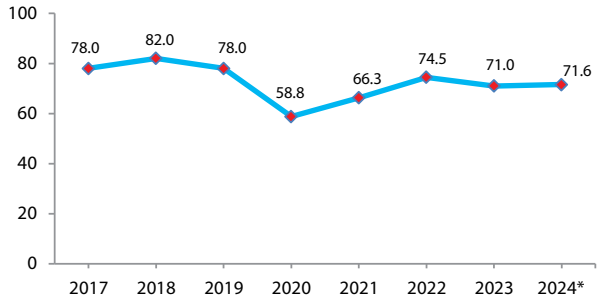


Figure 27: Average daily medical consultations per doctor (*2024 data excludes Gaza).

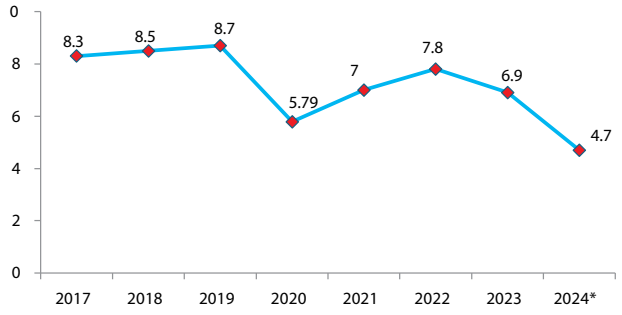


Figure 28: No. of outpatient consultations (million), included Telemedicine (*2024 data excludes Gaza).

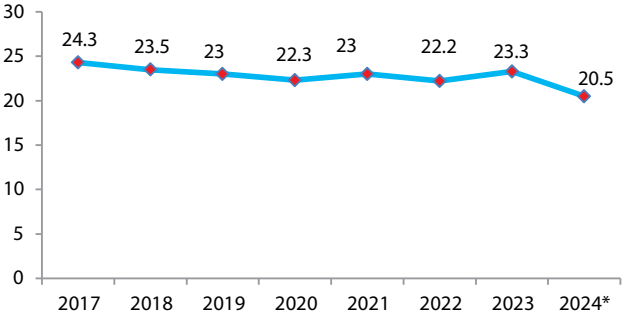


Figure 29: Antibiotics prescription rate, (*2024 data excludes Gaza).

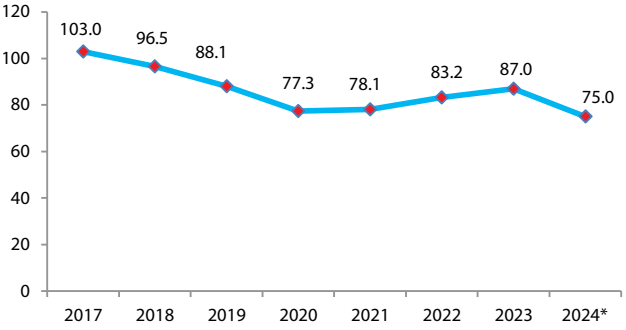


Figure 30: No. of hospitalizations, including Qalqilya hospital (in thousand), (*2024 data excludes Gaza).

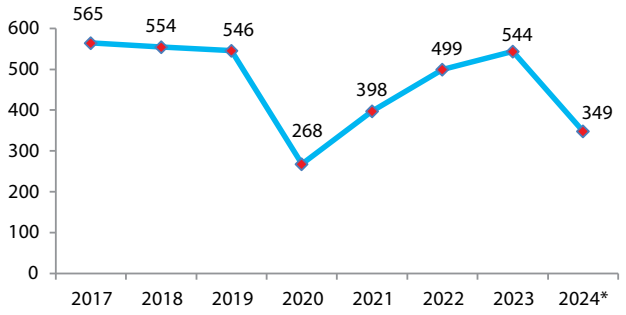


Figure 31: No. of dental consultations (thousand), (*2024 data excludes Gaza).

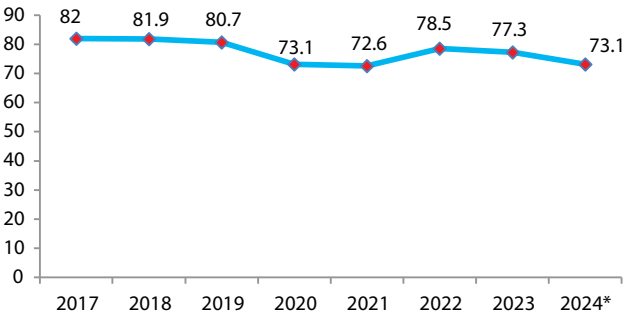


Figure 32: % of pregnant women registered during the 1st trimester, (*2024 data excludes Gaza).

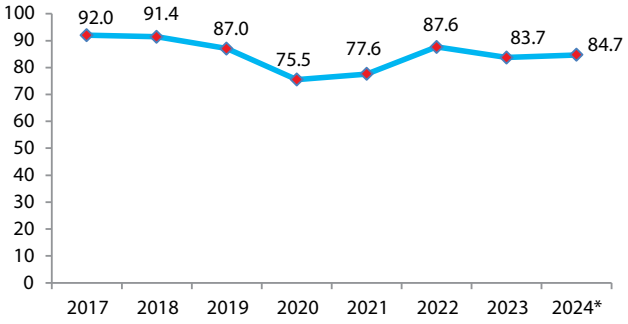


Figure 33: % of pregnant women attending at least 4 ANC visit, (*2024 data excludes Gaza).

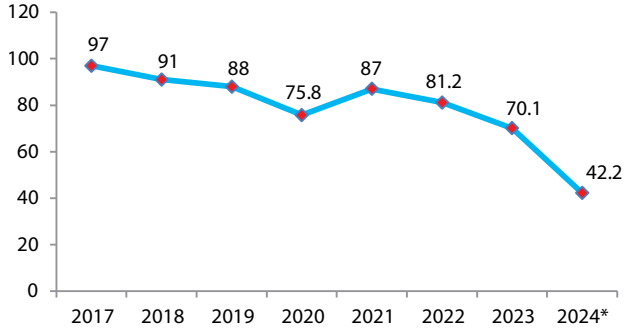


Figure 34: No. of newly registered pregnant women (thousand), (*2024 data excludes Gaza).

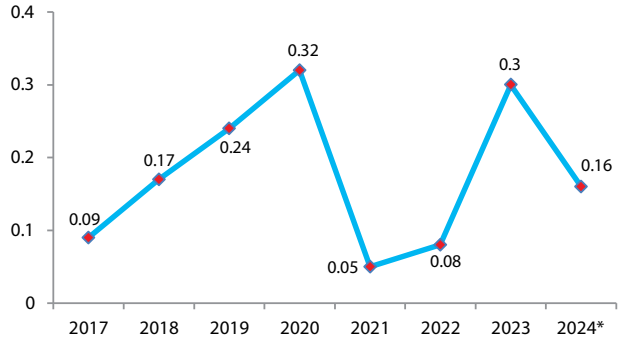


Figure 35: % of delivers with unknown outcome, (*2024 data excludes Gaza).

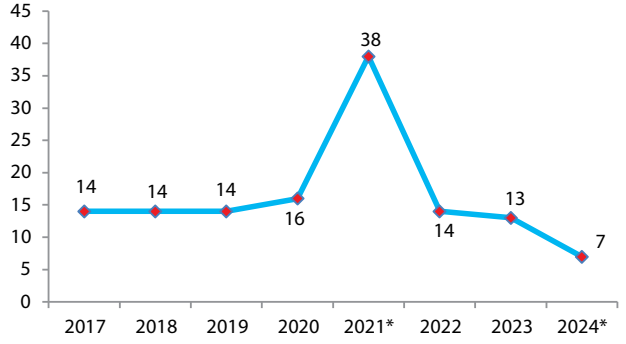


Figure 36: No. of maternal deaths, (*2024 data excludes Gaza).
* Of the 38 maternal deaths, 27 had COVID-19 reported as the cause of death

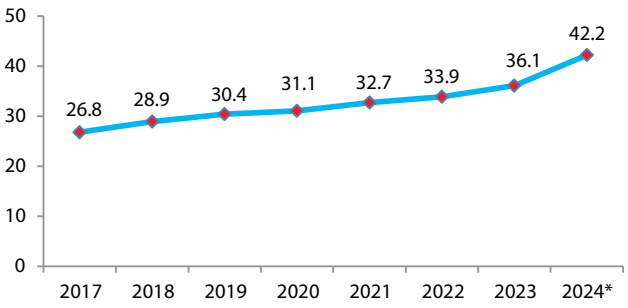


Figure 37: % of caesarean section deliveries (*2024 data excludes Gaza).

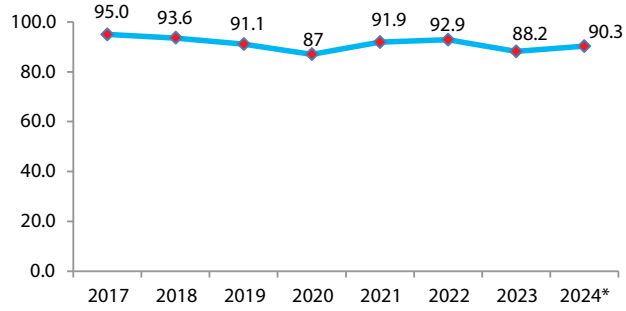


Figure 38: % of women attending PNC within 6 weeks of delivery (*2024 data excludes Gaza).

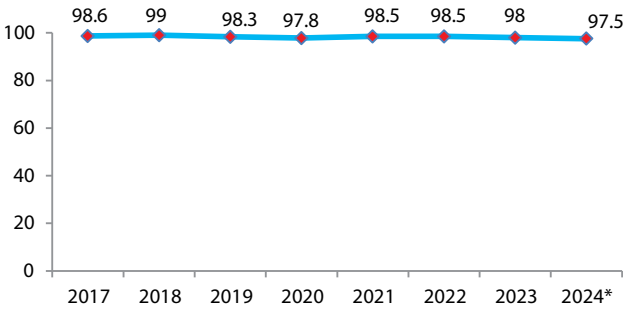


Figure 39: % of pregnant women protected against tetanus. (*2024 data excludes Gaza).

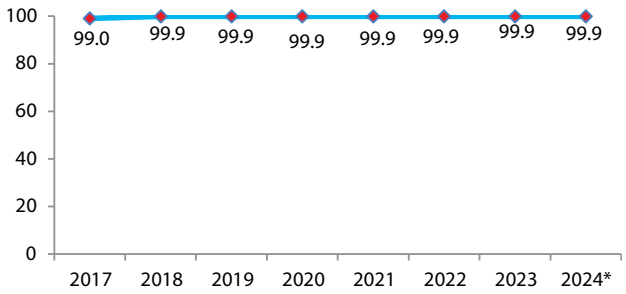


Figure 40: % of deliveries in health institutions, (*2024 data excludes Gaza).

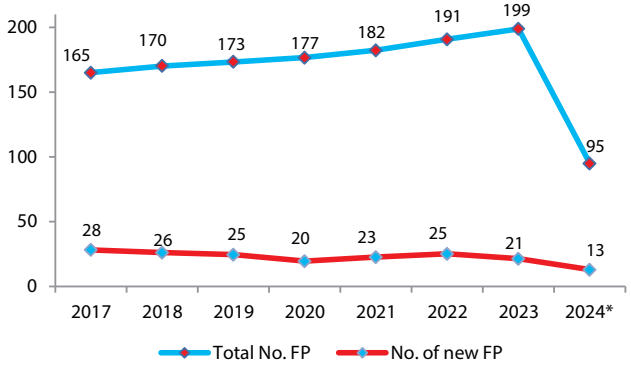


Figure 41: New & total no. of family planning acceptors (thousand), (*2024 data excludes Gaza).

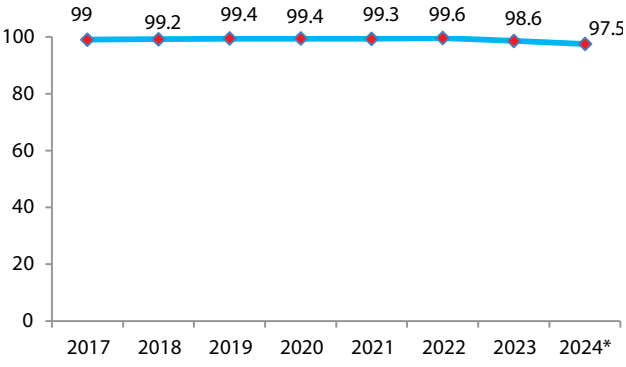


Figure 42: % of children 18 months old who received all EPI booster, (*2024 data excludes Gaza).

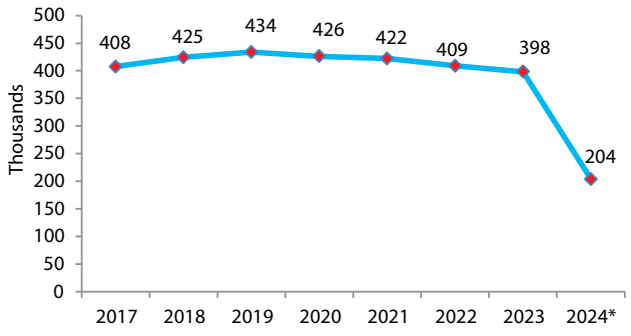


Figure 43: No. of children 0-5 years under supervision (thousand), (*2024 data excludes Gaza).

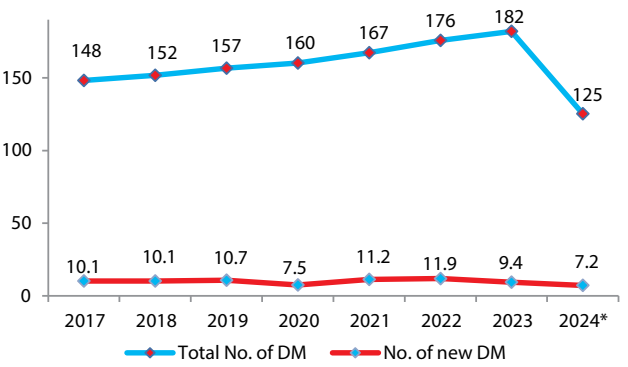


Figure 44: New & total no. of patients with diabetes (thousand), (*2024 data excludes Gaza).

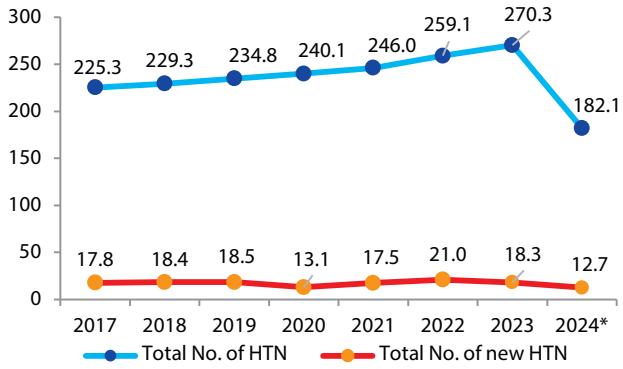


Figure 45: New & total no. of patients with hypertension (thousand), (*2024 data excludes Gaza).

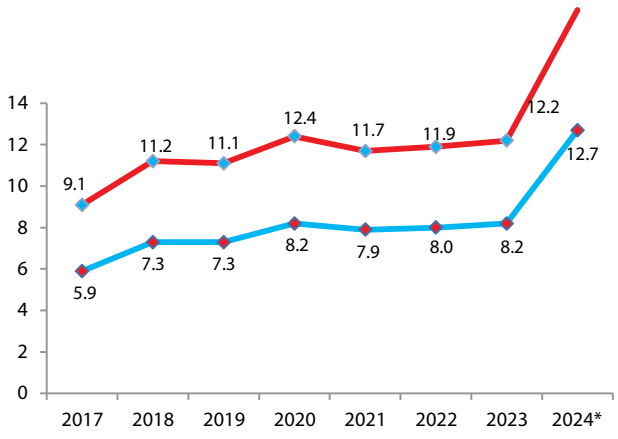


Figure 46: Prevalence of NCD among population served > 18 years, (*2024 data excludes Gaza).

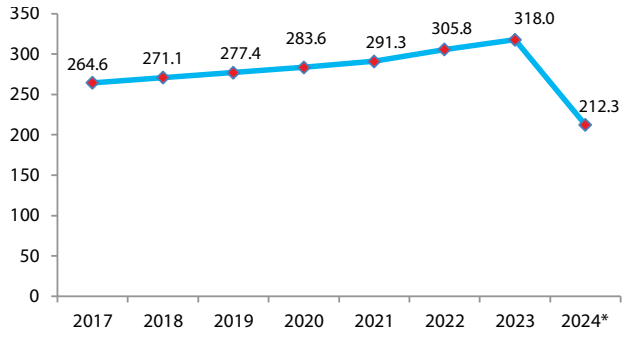


Figure 47: Total No. of all patients with diabetes and/or hypertension (Thousand), (*2024 data excludes Gaza).

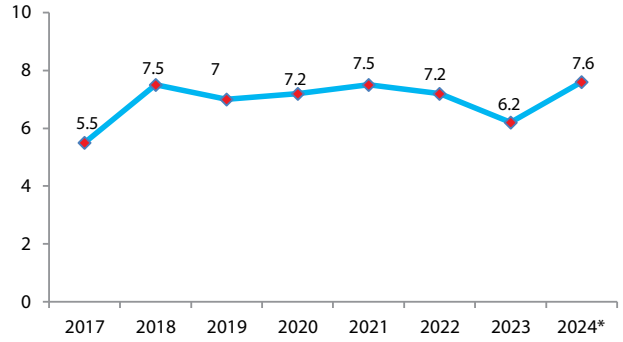


Figure 48: % of NCD patients' defaulters, (*2024 data excludes Gaza).

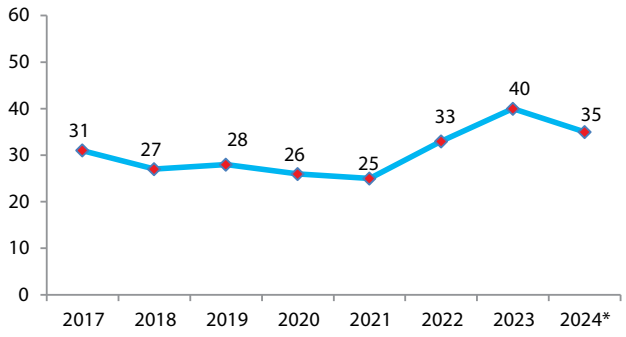


Figure 49: No. of new reported TB cases, (*2024 data excludes Gaza).

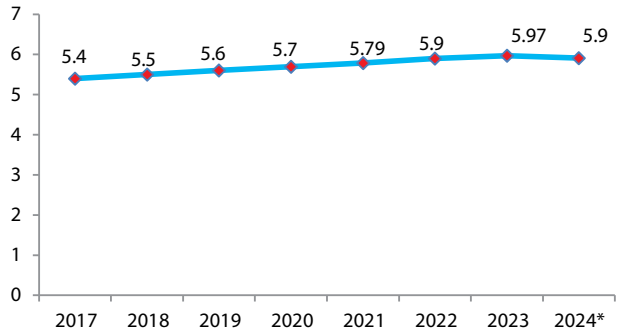


Figure 50: No. of Registered Refugee (millions), (*2024 data includes Gaza).

PART 2- CMM (2023-28) Indicators

Table No.37: Selected CMM indicators 2024

SO2	Indicator	Jordan	Lebanon	Syria	Gaza*	West Bank	Agency
Outcome 2: Palestine refugees lead healthy lives	Percentage of women with birth intervals of less than 36 months	52.0%	42.6%	46.0%	NA	56.3%	51.8%
	Percentage of pregnant women registered during the first trimester	80.4	87.8	56.9	NA	64.8	73.1
	Percentage of women with live birth who received at least four antenatal care visits	86.6	90.2	71.2	NA	85.8	84.7
	Percentage of women of reproductive age using modern contraceptives	62.3%	72.9%	72.5%	NA	61.1%	65.1%
	Percentage of post-natal women attending post-natal care within six weeks of delivery	92.2	92.3	86.6	NA	88.8	90.3
	Number of active/continuing family planning users	39,916	16,859	13,880	NA	24,371	95,026
	Number of new enrolments in pre-conception care programme	8,363	1,496	1,678	NA	6,115	17,652
	Percentage of 18 month old children that received two doses of Vitamin A	99.3	98.7	97.3	NA	100.0	99.1
	Percentage of children aged 36-59 months who are screened for a disability	99.3	93.7	96.6	NA	99.0	97.5
	Prevalence of diabetes among population served, 18 years and above	20.8	14.7	13.2	NA	18.2	17.6
	Percentage of diabetes mellitus patients under control	29.7	44.1	32.7	NA	31.5	32.7
	Percentage of targeted population 40 years and above screened for diabetes mellitus, hypertension or both	62.1	45.1	41.2	NA	43.7	49.9
	Percentage of non-communicable disease patients coming to health centres regularly	82.47	78.2	79.96	NA	84.87	82.25
	Percentage of positive MHPSS cases identified through the GHQ-12 screening tool	5.2	9.3	13.5	NA	10.2	9.6
	Percentage of individuals identified with MHPSS needs provided with assistance	93.9	97.7	97.8	NA	99.0	97.9
	Number of vaccine preventable disease outbreaks	0	0	0	NA	0	0
	Percentage of children 18 months old that received all booster vaccines	99.5	98.9	97.0	NA	100.0	99.0
	Average number of daily medical consultations per doctor	73.59	73.9	65.16	NA	73.76	71.6
	Average consultation time per doctor	2.38	2.34	2.24	NA	2.18	2.3
	Antibiotic prescription rate	19.8	21.8	23.0	NA	17.8	20.5
	Percentage of HCs with no stock out of 12 tracer medicines	100	100	78.3	NA	20.93	67.3
	Percentage of medical officer staffing alignment with Agency norms	74.14	62.96	66.25	NA	71.75	71.7
	Percentage of SSNP-eligible patients accessing hospitalization services per UNRWA defined criteria	17.9	27.2	35.5	NA	4.6	21.5
	Percentage of preventative dental consultations out of total dental consultations	37.1	22.5	22.2	NA	46.1	31.9
	Unit cost per capita	11.6	68.4	29.5	NA	35.4	25.4
	hospitalization cost per patient	177	718	157	NA	316	380

*N/A (Gaza data unavailable due to conflict-related collection challenges. Please refer to sction2 for further details).

PART 3 – 2024 Data Tables

Table No. 38: Aggregated 2024 data tables

Field	Jordan	Lebanon	Syria	Gaza Strip*	West Bank	Agency
31.1 – DEMOGRAPHICS						
Population of host countries in million	11,174,024	5,364,482	23,865,423	2,141,643	3,243,369	45,788,941
Total persons eligible UNRWA health services (no.)	2,573,667	562,519	679,903	1,764,222	1,149,255	6,729,566
Total number of registered refugees	2,371,389	486,269	582,746	1,556,061	917,942	5,914,407
Refugees in host countries (%)	21.2	9.1	2.4	72.7	28.3	12.9
Refugees accessing UNRWA health services of the total registered refugee population (potential served population) (%/no.)	941,108 (39.7%)	281,914 (58.0%)	346,252 (59.4%)	1,300,000** (83.5%)	460,676 (50.2%)	3,329,950 (56.3%)
Number of persons (individuals) who used UNRWA health services.	483,143	194,438	216,390	1,300,000	269,572	2,463,543
Children below 18 years (%)	23.1	21.4	24.9	38.6	26.0	27.7
Women of reproductive age: 15-49 years (%)	29.2	25.7	28.1	26.2	28.7	28.0
Population 40 years and above (%)	39.1	46.1	39.3	24.9	36.5	35.6
Average family size[38]	5.2	4.7	4.8	5.6	5.6	5.3
Aging index (%)	68.1	86.8	52.2	20.6	56.8	47.4
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	38.5	45.6	41.9	62.7	45.9	46.4
31.2- HEALTH INFRASTRUCTURE						
PHC facilities (no.):						
Inside official camps	11	14	12	NA	18	55
Outside official camps	14	13	12	NA	25	64
Total health centres	25	27	24	NA	43	119
Ratio of PHC facilities per 100,000 population	1.0	4.8	3.5	NA	3.7	1.8
Services within PHC facilities (no.):						
Laboratories	25	17	22	NA	42	107
Dental clinics:						
- Stationed units	30	19	23	NA	25	97
- Mobile units	4	0	2	NA	0	6
Total Dental clinics	34	19	25	NA	25	103
Radiology facilities	1	4	-	NA	8	13
Physiotherapy clinics	1	0	0	NA	6	7
Hospitals	-	-	-	NA	1	1
Health facilities implementing E-health	25	27	23	NA	43	118

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

*N/A (Gaza data unavailable due to conflict-related collection challenges. Please refer to sction2 for further details)

**The number of UNRWA beneficiaries in Gaza is estimated due to conflict-related data collection constraints.

Field	Jordan	Lebanon	Syria	Gaza Strip*	West Bank	Agency
STRATEGIC OBJECTIVE 1						
31.3 - OUTPATIENT CARE						
Outpatient consultations (no.)						
(a) Face to face consultations						
Male -	559,737	402,335	375,719	NA	400,931	1,738,722
Female -	1,002,460	579,296	624,302	NA	657,623	2,863,681
Total (a)-	1,562,197	981,631	1,000,021	NA	1,058,554	4,602,403
(b) Telemedicine consultations						
Male -	1,253	0	14,541	NA	872	16,666
Female -	2,212	0	21,505	NA	1,370	25,087
Total (b)-	3,465	0	36,046	NA	2,242	41,753
Sub-total (face to face & telemedicine)						
Male -	560,990	402,335	390,260	NA	401,803	1,755,388
Female -	1,004,672	579,296	645,807	NA	658,993	2,888,768
Total (a+b)-	1,565,662	981,631	1,036,067	NA	1,060,796	4,644,156
(c) Specialist consultations						
Male -	946	5,434	1,635	NA	3,983	11,998
Female -	21,907	17,206	14,506	NA	7,427	61,046
Total (c)-	22,853	22,640	16,141	NA	11,410	73,044
Grand total (a) + (b) +(c)						
Male -	561,936	407,769	391,895	NA	405,786	1,767,386
Female -	1,026,579	596,502	660,313	NA	666,420	2,949,814
Total (a+b+c)-	1,588,515	1,004,271	1,052,208	NA	1,072,206	4,717,200
Average daily medical consultations / doctor[39]	73.6	73.9	65.2	NA	73.8	71.6
31.4 - INPATIENT CARE						
Patients hospitalized -including Qalqilya (no.)	3,218	22,333	23,347	NA	26,118	75,016
Average length of stay (days)	2.2	3.7	0.9	NA	1.7	2.1
Age distribution of admissions (%):-						
0-4 yrs	0.03	11.6	6.3	NA	16.8	11.3
5-14 yrs	2.5	7.8	7.2	NA	4.4	6.2
15-44 yrs	91.5	33.2	36.4	NA	62.1	46.8
< 45 yrs	6.0	47.4	50.1	NA	16.7	35.8
Sex distribution of admissions (%):						
Male	7.9	49.0	37.71	NA	27.9	36.4
Female	92.1	51.0	62.29	NA	72.1	63.6
Ward distribution of admissions (%):						
Surgery	7.74	39.16	41.8	NA	26.2	34.1
Internal Medicine	13.6	31.2	18.2	NA	38.3	34.8
Ear, nose & throat	0.0	21.3	0.0	NA	0.0	6.3
Ophthalmology	0.1	0.0	22.5	NA	0.0	7.0
Obstetrics	78.6	8.3	17.5	NA	35.5	23.7

39 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.

*N/A (Gaza data unavailable due to conflict-related collection challenges. Please refer to sction2 for further details)

Field	Jordan	Lebanon	Syria	Gaza Strip*	West Bank	Agency
31.5 - ORAL HEALTH SERVICES						
Dental curative consultation – Male (no.)	51,254	29,239	41,176	NA	17,247	138,916
Dental curative consultation – Female (no.)	82,398	35,852	69,180	NA	22,298	209,728
(a) Total dental curative consultations (no.)	133,652	65,091	110,356	NA	39,545	348,644
Dental screening consultations – Male (no.)	26,104	6,969	12,896	NA	10,180	56,149
Dental screening consultations – Females (no)	52,770	11,925	18,557	NA	23,583	106,835
(b) Total dental screening consultations (no.)	78,874	18,894	31,453	NA	33,763	162,984
Grand total of Dental consultations/screening (a) & (b)	212,526	83,985	141,809	NA	73,308	511,628
% preventive of total dental consultations	37.1	22.5	22.2	NA	46.1	31.9
Average daily dental consultations / dental surgeon	28.5	27.5	25.6	NA	21.8	26.4
31.6 - PHYSICAL REHABILITATION						
Trauma patients	-	-	-	NA	825	825
Non-Trauma patients	510	-	-	NA	1,662	2,172
Total	510	-	-	NA	2,487	2,997
STRATEGIC OBJECTIVE 2						
31.7 - FAMILY PLANNING SERVICES						
New family planning users (no.)	6,043	1,481	2,774	NA	2,718	13,016
Continuing users at end year (no.)	39,916	16,859	13,880	NA	24,371	95,026
Family planning discontinuation rate (%)	5.2	5.6	6.8	NA	4.0	5.4
Family planning users according to method (%):						
IUD	38.7	36.2	26.4	NA	60.1	42.0
Pills	26.8	20.7	27.1	NA	13.8	22.4
Condoms	30.8	41.7	39.3	NA	24.5	32.4
Injectables	3.6	1.5	7.2	NA	1.6	3.2
31.8 - PRECONCEPTION CARE						
No. of women newly enrolled in preconception care programme	8,363	1,496	1,678	NA	6,115	17,652
31.9 - ANTENATAL CARE						
Registered population (no.)	2573667	562519	679903	NA	1149255	4965344
Expected pregnancies (no.)[40]	58,113	7,369	15,447	NA	28,065	108,995
Newly registered pregnancies (no.)	19,131	4,177	5,260	NA	13,659	42,227
Antenatal care coverage (%)	32.9	56.7	34.1	NA	48.7	38.7
Trimester registered for antenatal care (%):						
1st trimester	80.4	87.8	56.9	NA	64.8	73.1
2nd trimester	17.4	10.1	30.6	NA	29.1	22.1
3rd trimester	2.3	2.1	12.5	NA	6.0	4.8
Pregnant women with 4 antenatal visits or more (%)	86.6	90.2	71.2	NA	85.8	84.7
Average no. of antenatal visits	5.4	5.9	4.6	NA	5.3	5.3

*N/A (Gaza data unavailable due to conflict-related collection challenges. Please refer to sction2 for further details)

40 Expected no. of pregnancies =population X CBR

Field	Jordan	Lebanon	Syria	Gaza Strip*	West Bank	Agency
31.10 - TETANUS IMMUNIZATION						
Pregnant women protected against tetanus (%)	96.1	94.0	99.4	NA	99.8	97.5
31.11 - RISK STATUS ASSESSMENT						
Pregnant women by risk status (%):						
High	28.7	12.1	16.9	NA	17.0	21.7
Alert	30.0	37.7	40.4	NA	29.1	31.8
Low	41.3	50.2	42.8	NA	53.9	46.5
31.12 DIABETES MELLUTES AND HYPERTENSTION DURING PREGNANCY						
Diabetes during pregnancy (%)	10.3	7.8	3.6	NA	10.0	9.1
Hypertension during pregnancy (%)	8.3	7.9	5.0	NA	4.5	6.6
31.13 - DELIVERY CARE						
Expected deliveries (no.)	19660	4570	5,554	NA	14,380	44164
a - Reported deliveries (no.)	17880	4126	5281	NA	13,711	40,998
b- Reported abortions (no.)	1780	323	273	NA	657	3033
Unknown delivery outcome (no.)	0	61	0	NA	8	69
Unknown delivery outcome (%)	0.0	1.3	0.0	NA	0.1	0.2
Place of delivery (%):						
Home	0.06	0.15	0.64	NA	0.06	0.14
Hospital	99.94	99.85	99.36	NA	99.94	99.86
Deliveries in health institutions (%)	99.9	99.9	99.4	NA	99.9	99.9
Deliveries assisted by trained personnel (%)	99.9	99.98	99.98	NA	100	99.98
31.14 - MATERNAL DEATHS						
Maternal deaths by cause (no.)						
Pneumonia	1	-	-	NA	-	1
Leukemia	1	-	-	NA	-	1
Pre-Eclamptic Toxemia	1	-	-	NA	-	1
Postpartum Hemorrhage	1	-	-	NA	1	2
Pulmonary Embolism	1	-	1	NA	-	2
Total Maternal Mortality	5	0	1	NA	1	7
Maternal mortality ratio per 100,000 live births.	27.8	0.0	18.9	NA	7.2	16.9
C-Section among reported deliveries (%)	37.0	59.5	68.5	NA	33.8	42.2
31.15 - POSTNATAL CARE						
Post natal care coverage (%)	92.2	92.3	86.6	NA	88.8	90.3
31.16 CARE OF CHILDREN UNDER FIVE YEARS						
Registered population (no.)	2,573,667	562,519	679,903	1,764,222	1,149,255	6,729,566
Registered refugee (no.)	2,371,389	486,269	582,746	1,556,061	917,942	5,914,407
Estimated surviving infants (no.) [41]	57,306	7,317	15,202	NA	27,636	107,461
Children < 1 year registered (no.)	19,904	4,356	4,633	NA	10,251	39,144
Children < 1 year coverage of care (%)	34.7	59.5	30.5	NA	37.1	36.4
Children 1- < 2 years registered (no.)	20,671	4,581	5,218	NA	9,673	40,143
Children 2- < 3 years registered (no.)	21,601	4,624	5,644	NA	10,942	42,811
Children 3- < 4 years registered (no.)	22,992	4,879	5,641	NA	10,705	44,217
Children 4- < 5 years registered (no.)	21,190	4,752	6,111	NA	10,325	42,378
Total children 0-5 years registered (no.)	106,358	23,192	27,247	NA	51,896	208,693

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

*N/A (Gaza data unavailable due to conflict-related collection challenges. Please refer to sction2 for further details)

Field	Jordan	Lebanon	Syria	Gaza Strip*	West Bank	Agency
31.17 - IMMUNIZATION COVERAGE						
Immunization coverage children 12 months old (%):						
BCG	100	99.5	100	NA	98.3	99.5
IPV	100	NA	99.2	NA	98.2	99.4
Poliomyelitis (OPV)	99.9	99.5	99.7	NA	98.2	99.4
Triple (DPT)	100	99.5	95.0	NA	98.3	99.0
Hepatitis B	100	99.5	98.9	NA	98.3	99.4
Hib	100	99.5	98.9	NA	-	99.4
Measles	99.9	99.2	-	NA	-	99.8
All vaccines	100	99.5	99	NA	98.2	99.4
Immunization coverage children 18 months old - boosters (%)						
Poliomyelitis (OPV)	99.2	99.0	94.5	NA	100	98.4
Triple (DPT)	99.3	98.7	100.0	NA	100	99.5
MMR	99.9	99.0	96.3	NA	100	99.1
All vaccines	99.5	98.9	97.0	NA	100	99.0
Infants and Children with Growth Problems (0-5) years of age						
Prevalence of underweight among children aged <5 years	6.28	5.90	10.49	NA	5.12	6.47
Prevalence of stunting among children aged <5 years	13.54	8.49	14.75	NA	10.13	12.27
Prevalence of wasting among children aged <5 years	5.83	8.82	5.86	NA	5.69	6.13
Prevalence of overweight/obesity among children aged <5 years	11.36	11.12	2.74	NA	12.19	10.46
31.19 - SCHOOL HEALTH						
4th grade students screened for vision (No.)						
Boys	5,110	1,883	2,356	NA	1,985	11,334
Girls	4,791	1,795	2,339	NA	3,011	11,936
Total	9,901	3,678	4,695	NA	4,996	23,270
4th grade students with vision impairment (%)						
Boys	15.4%	6.2%	4.1%	NA	14.0%	11.3%
Girls	19.0%	10.9%	5.0%	NA	15.2%	14.1%
Total	17.1%	8.5%	4.6%	NA	14.8%	12.7%
7th grade students screened for vision (No.):						
Boys	6,435	1,731	3,006	NA	1,990	13,162
Girls	5,601	1,894	3,147	NA	3,077	13,719
Total	12,036	3,625	6,153	NA	5,067	26,881
7th grade students with vision impairment (%)						
Boys	12.9%	6.2%	3.8%	NA	13.2%	10.0%
Girls	23.2%	9.3%	4.4%	NA	15.2%	15.2%
Total	17.7%	7.8%	4.1%	NA	14.4%	12.7%
31.20 – NON-COMMUNICABLE DISEASES (NCD) PATIENTS REGISTERED WITH UNRWA						
Diabetes mellitus type I (no/%)	1,140 (1.2%)	321 (0.9%)	504 (1.35)	NA	492 (1.1%)	2,457 (1.2%)
Diabetes mellitus type II (no/%)	13,220 (14.2%)	4,150 (11.3%)	4,032 (10.2%)	NA	6,364 (14.7%)	27,766 (13.1%)
Hypertension (no/%)	34,572 (37.2%)	18,075 (49.2%)	20,625 (52.4%)	NA	13,823 (32.0%)	87,095 (41.0%)
Diabetes mellitus & hypertension (no/%)	43,989 (47.3%)	14,228 (38.7%)	14,190 (36.1%)	NA	22,579 (52.2%)	94,986 (44.7%)
Total (no. / %)	92,921 (100%)	36,774 (100%)	39,351 (100%)	NA	43,258 (100%)	212,304 (100%)

Field	Jordan	Lebanon	Syria	Gaza Strip*	West Bank	Agency
31.21 - PREVALENCE OF HYPERTENSION AND DIABETES						
Served population ≥ 40 years with diabetes mellitus (%)	36.9%	24.8%	22.2%	NA	32.9%	30.7%
Served population ≥ 40 years with hypertension (%)	50.3%	43.6%	42.0%	NA	41.4%	45.4%
3122 – MANAGEMENT						
Hypertensive patients on lifestyle management only (%)	0.7%	1.8%	0.5%	NA	0.1%	0.8%
DM I & II patients on lifestyle management only (%)	0.7%	2.0%	0.6%	NA	0.3%	0.8%
Diabetes I & II patients on insulin only (%)	11.7%	8.4%	15.1%	NA	9.3%	11.2%
31.23 - RISK SCORING						
Risk status - patients with diabetes mellitus type 1 (%):						
Low	29.3%	48.5%	55.0%	NA	57.5%	42.5%
Medium	63.7%	43.8%	41.2%	NA	40.1%	51.7%
High	7.0%	7.7%	3.8%	NA	2.4%	5.8%
Risk status - patients with diabetes mellitus type 2 (%):						
Low	6.0%	13.4%	21.7%	NA	13.3%	11.0%
Medium	56.8%	49.2%	55.2%	NA	62.2%	56.7%
High	37.2%	37.4%	23.0%	NA	24.5%	32.2%
Risk status - patients with hypertension (%):						
Low	9.6%	14.0%	24.3%	NA	14.2%	10.5%
Medium	28.6%	51.5%	58.4%	NA	61.3%	42.2%
High	61.8%	34.5%	17.3%	NA	24.5%	47.3%
Risk status - patients with diabetes & hypertension (%):						
Low	10.3%	3.7%	5.3%	NA	2.0%	9.0%
Medium	45.1%	37.6%	45.8%	NA	39.1%	44.5%
High	44.6%	58.7%	48.9%	NA	58.8%	46.5%
Risk factors among NCD patients (%):						
Smoking	16.7	35.5	27.2	NA	15.4	21.2
Physical inactivity	78.2	45.0	24.5	NA	34.6	54.5
Obesity	45.7	45.9	27.0	NA	56.5	45.2
Raised cholesterol	60.7	38.1	42.9	NA	58.8	53.9
31.24 - LATE COMPLICATIONS AMONG NCD PATIENTS (%)						
Diabetes mellitus type I	1.2	2.1	3.3	NA	4.0	2.3
Diabetes mellitus type II	2.8	3.6	6.8	NA	6.8	4.5
Hypertension	5.9	6.5	11.1	NA	8.3	7.5
Diabetes mellitus & hypertension	10.0	9.9	15.8	NA	14.6	11.9
All NCD patients	7.6	7.7	12.5	NA	11.5	9.2
31.25 – DEFAULTERS						
NCD patients defaulting during (no.)	7,263	2,497	2,498	NA	3,419	15,677
NCD patients defaulting during 2022 (%)	8.1%	6.8%	6.5%	NA	8.4%	7.6%
31.26 - FATALITY						
Reported deaths among registered NCD patients (%)	0.9%	1.7%	1.6%	NA	1.4%	1.3%
Reported deaths among registered NCD patients by morbidity (no):						
Diabetes mellitus	67	45	55	NA	54	221
Hypertension	196	247	276	NA	120	839
Diabetes mellitus & hypertension	557	335	303	NA	401	1,596
Total	820	627	634	NA	575	2,656

Field	Jordan	Lebanon	Syria	Gaza Strip*	West Bank	Agency
31.27 - COMMUNICABLE DISEASES						
Registered refugee (no.)	2,573,667	562,519	679,903	1,764,222	1,149,255	6,729,566
Potential served population (no.)	941,108	281,914	346,252	1,300,000**	460,676	3,329,949
Reported cases (no.):						
Acute flaccid paralysis	0	0	0	NA	0	0
Poliomyelitis	0	0	0	NA	0	0
Cholera	0	2	18	NA	0	20
Diphtheria	0	0	0	NA	0	0
Meningococcal meningitis	0	0	0	NA	0	0
Meningitis - bacterial	0	2	2	NA	1	5
Meningitis – viral	0	0	2	NA	2	4
Tetanus neonatorum	0	0	0	NA	0	0
Brucellosis	6	2	108	NA	53	169
Watery diarrhoea (>5years)	4031	2533	2775	NA	1034	10373
Watery diarrhoea (0-5years)	3784	1397	3004	NA	2262	10447
Bloody diarrhoea	60	8	15	NA	26	109
Viral Hepatitis	2	77	840	NA	17	936
HIV/AIDS	0	0	0	NA	0	0
Leishmania	0	0	22	NA	1	23
Malaria*	0	0	0	NA	0	0
Measles	0	5	2	NA	4	11
Gonorrhoea	0	1	3	NA	0	4
Mumps	0	15	12	NA	7	34
Pertussis	0	0	2	NA	0	2
Rubella	0	3	0	NA	0	3
Tuberculosis, smear positive	0	1	12	NA	0	13
Tuberculosis, smear negative	0	1	3	NA	0	4
Tuberculosis, extra pulmonary	0	0	18	NA	0	18
Typhoid fever	0	1	20	NA	0	21

*N/A (Gaza data unavailable due to conflict-related collection challenges. Please refer to sction2 for further details)
**The number of UNRWA beneficiaries in Gaza has been estimated due to conflict-related data collection constraints

31.28 - LABORATORY SERVICES						
Laboratory tests (no.)	1,180,414	490,704	534,753	NA	907,996	3,113,867
Productivity (WLUs / hour)	52.8	56.7	33.9	NA	52.3	39.1
31.29 - RADIOLOGY SERVICES						
Plain x-rays inside UNRWA (no.)	1,166	33,203	0	NA	24,167	58,536
Plain x-rays outside UNRWA (no.)	855	16,968	0	NA	0	17,823
Other x-rays outside UNRWA (no.)	2	0	0	NA	0	2
Total plain x-ray in and outside UNRWA (no.)	2,023	50,171	0	NA	24,167	76,361

Part 4 - Selected Survey Indicators

Infant and child mortality survey, 2013

Table No.39: Infant and child mortality

Indicators	Jordan	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

Decayed/Missing/Filled Surface (DMFS) Survey, 2010

Table No.40: Descriptive: Total number of decayed surface (DS), filled surface (FS) and DMFS sorted by age group

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

Table No.41: DMFS, DS and FS sorted by age group and gender.

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

Table No.42: 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 0.15 (2.19 – 2.78)	0.55 0.05 (0.45 – 0.64)	3.23 0.17 (2.89 – 3.56)	76.9	17.0
Lebanon	2.99 0.21 (2.57 – 3.41)	0.77 0.08 (0.61 – 0.92)	3.78 0.23 (3.33 – 4.23)	79.2	20.3
Syria	3.37 0.18 (3.02 – 3.72)	0.7 0.09 (0.59 – 0.93)	4.22 0.20 (3.82 – 4.62)	80.0	18.0
Gaza	2.21 0.11 (1.99 – 2.42)	0.34 0.04 (0.25 – 0.42)	2.66 0.12 (2.38 – 2.87)	82.9	12.7
West Bank	5.02 0.21 (4.60 – 5.44)	0.54 0.06 (0.42 – 0.66)	5.88 0.23 (5.42 – 6.34)	85.4	9.2

Decayed/missing/filled teeth (DMFT) survey conducted in 2016

Table No.43: 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 No.44: 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 No.45: 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 3-0 years survey, 2015

Table No.46: 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
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
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 No.47: Total fertility rates among mothers of children 0 to 3 years of age who attended the Maternal and Child Health centres.

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 Strip	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 No.48: 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						
• 1st grade	14.4	22.3	9.1	36.4	14.6	19.5
• 2nd grade	11.6	16.9	6.0	11.4	14.9	12

Annex 1 - Health Department research activities and published papers

Table No.49: Health Department research activities and published papers

S. N	Month/year of publication	Title	Citation/ Journal	Type of publication	Web site (if applicable)
1	February 2024	UNRWA at the frontlines: managing health care in Gaza during catastrophe	The Lancet	Journal Article	UNRWA at the frontlines: managing health care in Gaza during catastrophe - The Lancet
2	August 2024	Advancing Refugee Health Data Management: The Implementation of ICD-11 in UNRWA's Primary Care System	International Journal of Environmental Research and Public Health	Journal Article	Advancing Refugee Health Data Management: The Implementation of ICD-11 in UNRWA’s Primary Care System
3	August 2024	Stress and Trauma Symptoms in Young Palestine Refugee Children Following the May 2021 Escalation in Gaza	JAACAP Open	Journal Article	Stress and Trauma Symptoms in Young Palestine Refugee Children Following the May 2021 Escalation in Gaza - Science-Direct
4	October 2024	Leveraging Digital Health Data to Transform the United Nations Systems for Palestine Refugees for the Post Pandemic Time	Health systems and Reform	Journal Article	Full article: Leveraging Digital Health Data to Transform the United Nations Systems for Palestine Refugees for the Post Pandemic Time
5	November 2024	Food insecurity, dietary inadequacy, and malnutrition in the Gaza Strip: a cross-sectional nutritional assessment of refugee children entering the first grade of UNRWA schools and their households before the conflict of 2023–24	The lancet Global health	Journal Article	Food insecurity, dietary inadequacy, and malnutrition in the Gaza Strip: a cross-sectional nutritional assessment of refugee children entering the first grade of UNRWA schools and their households before the conflict of 2023–24 - The Lancet Global Health

Annex 2 – UNRWA -WHO Global School Health Surveys

UNRWA 2023 G-SHPPS Fact Sheet

	%	95% CI
SCHOOL HEALTH SERVICES		
Percent of schools that regularly provide health services to students, either on agreement with the school, or both	84.8	(82.7-86.8)
School Health Workers (among schools regularly providing health services)		
Percent of schools in which nurses and at least one other type of health worker provide health services to students	64.4	(61.5-67.4)
Percent of schools in which psychologists, counsellors, or social workers provide health services to students	90.1	(87.8-92.4)
Percent of schools that have a health worker available to students two or more days per week on average	26.9	(24.0-29.8)
Health Services for Students (among schools regularly providing health services)		
As part of the health services offered to students, the percent of schools that routinely provide		
▪ administration of recommended immunizations as a preventive intervention	94.0	(93.2-94.7)
§ nutrition screenings (such as for anaemia, malnutrition, and obesity) for at least most students	33.8	(30.6-36.9)
§ health promotion activities focused on reduced consumption of sugar and sugar-sweetened beverages	77.2	(74.5-79.8)
§ health promotion activities focused on increased physical activity and limited sedentary behavior	83.3	(81.1-85.5)
As part of the health services offered to students which may include a clinical assessment and subsequent care and support or referral to another facility for care, the percent of schools that routinely provide		
§ counselling to prevent violence (including intimate partner violence, sexual violence, gender-based violence, bullying, and gang violence)	89.1	(87.0-91.1)
§ counselling on tobacco, alcohol, and other substance use	59.0	(55.8-62.1)
SCHOOL PHYSICAL ENVIRONMENT		
Water, Sanitation, and Hygiene		
Percent of schools that have soap and water available at handwashing facilities for students	95.0	(94.4-95.5)
Percent of schools that have drinking water protected from outside contamination available for students	88.6	(87.4-89.8)
Percent of schools in which students have access to improved sanitation facilities that are single sex, functional, and private	92.8	(91.3-94.4)
Injury Prevention and Safety		
Percent of schools that routinely inspect playground equipment, sports facilities, fire extinguishers or other equipment to extinguish a fire, school structures and buildings, school grounds, and the water source for safety issues and hazards	85.2	(83.1-87.4)
FOOD AND NUTRITION SERVICES		
Percent of schools that provide food and nutrition services to students	29.5	(26.8-32.3)

	%	95% CI
Facilities and Equipment (among schools teaching physical education)		
Percent of schools that have a safe and clean indoor space and outdoor space for physical education class	64.1	(60.8-67.3)
Physical Activity or Recreation Clubs		
Percent of schools that regularly provide recess or other physical activity breaks to students during the school day	78.8	(76.2-81.4)
SCHOOL GOVERNANCE AND LEADERSHIP		
School Health Councils, Committees, or Teams		
Percent of schools that have an official council, committee, or team responsible for implementing health promoting school policies, programs, and activities	88.4	(86.3-90.5)
Among schools with an official council, committee, or team responsible for implementing health promoting school policies, programs, and activities, the percent of schools in which this group:		
▪ formally includes student representatives	96.4	(95.5-97.3)
▪ identifies student health needs based on a review of relevant data	95.7	(94.8-96.6)
SCHOOL POLICIES AND RESOURCES		
Percent of schools with a school policy that provides a specific plan or guidance for promoting overall student health	92.6	(90.9-94.3)
Percent of schools that regularly monitor, evaluate, or assess the quality of their health promoting policies, programs, or activities	91.8	(90.7-92.8)
Percent of schools with a policy specifically about becoming or continuing to be a health promoting school	88.3	(87.2-89.5)
Bullying and Violence Prevention		
Percent of schools with a policy specifically prohibiting bullying and fighting among students and corporal punishment and physical, emotional, or sexual abuse of students by teachers or other school staff	96.5	(95.4-97.7)
Tobacco Use Prevention		
Percent of schools with a policy prohibiting use of at least some tobacco or nicotine products among students, teachers and other school staff, and visitors on school premises	82.5	(80.2-84.7)
Alcohol Use Prevention		
Percent of schools with a policy prohibiting use of alcohol among students, teachers and other school staff, and visitors on school premises	80.6	(78.2-83.0)
Illicit Drug Use Prevention		
Percent of schools with a policy prohibiting use of illicit drugs among students, teachers and other school staff, and visitors on school premises	82.6	(80.8-84.5)
Crisis Preparedness and Emergency Response		
Percent of schools with a policy on crisis preparedness, response, and recovery from a natural disaster, conflict, pandemic, or other emergency situation	97.0	(96.4-97.6)

UNRWA 2022 GYTS Fact Sheet

TOBACCO USE

• 20.8 % of students, 24.7 % of boys, and 16.4 % of girls currently used any tobacco products.
• 18.7 % of students, 22.8 % of boys, and 14.3 % of girls currently smoked tobacco.
• 8.5 % of students, 11.7 % of boys, and 5.1 % of girls currently smoked cigarettes.
• 5.0 % of students, 5.6% of boys, and 4.2 % of girls currently used smokeless tobacco.

ELECTRONIC CIGARETTES

• 13.8 % of students, 18.1 % of boys, and 9.3 % of girls currently used electronic cigarettes.

CESSATION

• More than 6 in 10 (61.1 %) students who currently smoked tobacco tried to stop smoking in the past 12 months.
• More than 5 in 10 (52.8 %) students who currently smoked tobacco wanted to stop smoking now.

SECONDHAND SMOKE

• 34.7 % of students were exposed to tobacco smoke at home.
• 39.7 % of students were exposed to tobacco smoke inside enclosed public places.

ACCESS & AVAILABILITY

• 54.3 % of students who currently smoked cigarettes bought cigarettes from a store, shop, street vendor, or kiosk.
• Among students who currently smoked cigarettes who tried to buy cigarettes, 68.1 % were not prevented from buying them because of their age.

ADVERTISING & PROMOTION

• More than 3 in 10 (31.9%) students noticed anti-tobacco messages in the media.
• Almost 3 in 10 (29.8 %) students noticed tobacco advertisements or promotions when visiting points of sale.
• More than 1 in 10 (11.0%) students had something with a tobacco brand logo on it.

KNOWLEDGE & ATTITUDES

• 66.4 % of students definitely thought other people's tobacco smoking is harmful to them.
• 75.9 % of students favored prohibiting smoking inside enclosed public places.

TOBACCO USE			
ANY TOBACCO USE (smoked and/or smokeless)	OVERALL (%)	BOYS (%)	GIRLS (%)
Current tobacco users	20.8	24.7	16.4
Ever tobacco users	35.6	43.0	27.9
SMOKED TOBACCO			
Current tobacco smokers	18.7	22.8	14.3
Current cigarette smokers4	8.5	11.7	5.1
Frequent cigarette smokers5	1.9	3.3	0.4
Current smokers of other tobacco6	16.9	20.7	13.1
Ever tobacco smokers	32.1	39.5	24.4
Ever cigarette smokers	23.6	31.3	15.6
Ever smokers of other tobacco	21.4	24.4	18.2
SMOKELESS TOBACCO			
Current smokeless tobacco users	5.0	5.6	4.2
Ever smokeless tobacco users	8.6	9.6	7.4

SUSCEPTIBILITY			
Never tobacco users susceptible to tobacco use in the future	14.9	17.6	12.7
Never tobacco smokers who thought they might enjoy smoking a cigarette	12.5	16.3	9.5
ELECTRONIC CIGARETTES			
Current electronic cigarette users	13.8	18.1	9.3
Ever electronic cigarette users	24.0	29.9	17.8
CESSATION			
Current tobacco smokers who tried to stop smoking in the past 12 months	61.1	63.8	55.1
Current tobacco smokers who wanted to stop smoking now	52.8	57.3	44.1
Current tobacco smokers who thought they would be able to stop smoking if they wanted to	69.9	70.2	69.0
Current tobacco smokers who have ever received help/advice from a program or professional to stop smoking	26.1	31.4	16.1
SECONDHAND SMOKE			
Exposure to tobacco smoke at home	34.7	33.7	35.7
Exposure to tobacco smoke inside any enclosed public place	39.7	42.3	37.0
Exposure to tobacco smoke at any outdoor public place	43.0	46.0	39.8
Students who saw anyone smoking inside the school building or outside on school property	50.2	57.8	42.7
ACCESS & AVAILABILITY			
Current cigarette smokers who bought cigarettes from store, shop, street vendor, or kiosk	54.3	63.1	32.5
Current cigarette smokers who were not prevented from buying cigarettes because of their age	68.1	69.7	63.2
Current cigarette smokers who bought cigarettes as individual sticks	38.9	40.5	31.5
ADVERTISING & PROMOTION TOBACCO ADVERTISING & PROMOTION			
Students who noticed tobacco advertisements or promotions at points of sale	29.8	30.6	28.9
Students who saw anyone using tobacco on television, videos, or movies	53.3	55.9	51.0
Students who were ever offered a free tobacco product from a tobacco company representative	7.0	9.8	4.3
Students who had something with a tobacco brand logo on it	11.0	13.8	8.0
ANTI-TOBACCO ADVERTISING & PROMOTION			
Students who noticed anti-tobacco messages in the media	31.9	35.1	28.7
Students who noticed anti-tobacco messages at sporting or community events	28.1	31.7	23.8
Current tobacco smokers who thought about quitting because of a warning label	32.3	34.4	29.3
Students who were taught in school about the dangers of tobacco use in the past 12 months	36.9	38.5	35.3
KNOWLEDGE & ATTITUDES			
Students who definitely thought it is difficult to quit once someone starts smoking tobacco	24.2	20.9	27.4
Students who thought smoking tobacco helps people feel more comfortable at celebrations, parties, and social gatherings	31.9	34.9	28.8
Students who definitely thought other people's tobacco smoking is harmful to them	66.4	64.1	68.9
Students who favored prohibiting smoking inside enclosed public places	75.9	74.1	77.7
Students who favored prohibiting smoking at outdoor public places	69.5	68.7	70.3

UNRWA 2022 GSHS Fact Sheet

Results for Students Aged 13-15 Years	Total	Boys	Girls
Dietary Behaviours			
Percentage of students who were underweight (<-2SD from median for BMI by age and sex)	5.5 (4.9 - 6.2)	7.9 (6.8 - 9.0)	3.5 (2.8 - 4.4)
Percentage of students who were overweight (>+1SD from median for BMI by age and sex)	26.9 (25.7 - 28.1)	27.2 (25.8 - 28.7)	26.6 (24.7 - 28.6)
Percentage of students who were obese (>+2SD from median for BMI by age and sex)	7.7 (6.9 - 8.5)	9.2 (8.3 - 10.1)	6.5 (5.3 - 7.9)
Percentage of students who drank any sugar-sweetened drink one or more times per day (during the 7 days before the survey)	52.0 (49.8 - 54.2)	52.3 (49.2 - 55.3)	51.8 (48.7 - 54.8)
Hygiene			
Percentage of students who did not clean or brush their teeth or usually cleaned or brushed their teeth less than 1 time per day (during the 30 days before the survey)	26.4 (24.6 - 28.3)	37.5 (34.6 - 40.6)	17.3 (15.4 - 19.3)
Percentage of students who never or rarely washed their hands after using the toilet or latrine (during the 30 days before the survey)	5.2 (3.7 - 7.3)	8.9 (5.8 - 13.5)	2.2 (1.7 - 2.8)
Mental Health			
Percentage of students who have no close friends	7.0 (6.2 - 7.9)	7.0 (5.8 - 8.5)	7.1 (6.1 - 8.2)
Percentage of students who seriously considered attempting suicide (during the 12 months before the survey)	20.5 (18.9 - 22.1)	17.8 (16.0 - 19.9)	22.6 (20.3 - 25.1)
Percentage of students who attempted suicide (one or more times during the 12 months before the survey)	20.9 (19.4 - 22.5)	21.4 (18.9 - 24.0)	20.6 (18.8 - 22.6)
Physical Activity			
Percentage of students who were not physically active for a total of at least 60 minutes per day on all 7 days (during the 7 days before the survey)	85.4 (83.9 - 86.7)	79.3 (77.0 - 81.4)	90.4 (88.9 - 91.8)
Percentage of students who were not physically active for a total of at least 60 minutes per day on any day (during the 7 days before the survey)	33.8 (31.9 - 35.8)	25.6 (23.8 - 27.4)	40.8 (37.8 - 43.8)
Percentage of students who did not go to physical education class (each week during this school year)	25.4 (21.2 - 30.2)	19.2 (16.5 - 22.3)	30.5 (23.4 - 38.7)
Percentage of students who spent three or more hours per day sitting or lying down (when they are not in school or doing homework or sleeping at night during a typical or usual day)	36.4 (34.4 - 38.5)	38.0 (34.7 - 41.5)	35.1 (32.6 - 37.6)
Percentage of students who got less than eight hours of sleep on an average school night	57.9 (56.1 - 59.7)	58.0 (55.6 - 60.4)	57.8 (55.2 - 60.4)

Results for Students Aged 13-17 Years	Total	Boys	Girls
Protective Factors			
Percentage of students who missed classes or school without permission (on at least 1 day during the 30 days before the survey)	33.5 (31.7 - 35.2)	36.6 (34.0 - 39.3)	30.8 (28.5 - 33.2)
Percentage of students who reported that their parents or guardians never or rarely understood their problems and worries (during the 30 days before the survey)	44.5 (42.6 - 46.5)	48.8 (45.8 - 51.9)	40.9 (38.6 - 43.3)
Percentage of students who reported that their parents or guardians never or rarely really knew what they were doing with their free time (during the 30 days before the survey)	31.3 (29.2 - 33.5)	34.8 (31.3 - 38.6)	28.4 (25.9 - 30.9)
Violence and Unintentional Injury			
Percentage of students who were seriously injured (one or more times during the 12 months before the survey)	47.9 (45.9 - 50.0)	57.7 (55.3 - 60.0)	39.9 (37.0 - 42.9)
Percentage of students who were in a physical fight (one or more times during the 12 months before the survey)	42.6 (40.6 - 44.6)	59.1 (56.5 - 61.5)	28.7 (26.5 - 31.1)
Percentage of students who were bullied on school property (during the 12 months before the survey)	33.6 (32.2 - 35.1)	38.4 (36.4 - 40.3)	29.8 (27.9 - 31.8)
Percentage of students who were cyber bullied (during the 12 months before the survey)	14.2 (13.3 - 15.1)	16.6 (15.2 - 18.2)	12.2 (11.2 - 13.3)

Annex 3 - Contacts of Senior Staff of the UNRWA Health Programme

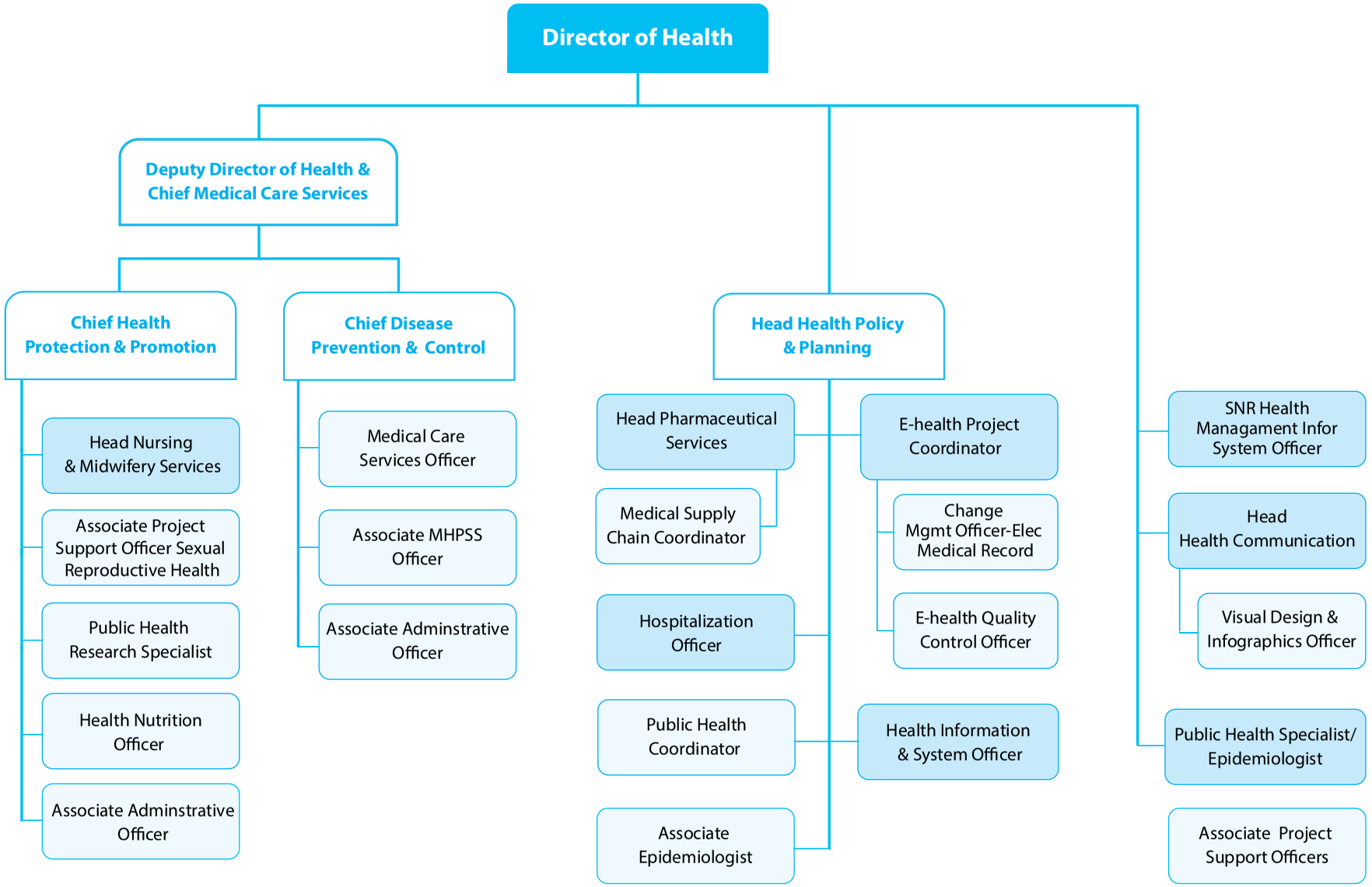
Technical staff in the Department of Health, HQ A

Post Title	Incumbent	Telephone	E-mail address
WHO Special Representative & Director of Health	Akihiro Seita	5808300	a.seita@unrwa.org
Deputy Director of Health		Vacant	
Health Policy & Planning Officer	Sayed Shah	5808309	s.shah@unrwa.org
Hospitalization Officer	Rami Habash	5808167	r.habash@unrwa.org
E-Health Project coordinator	Ghada Ballout	5808359	g.ballout@unrwa.org
Public Health Specialist /Epidemiologist	Mai Ogawa	5808357	m.ogawa@unrwa.org
Head Health Communication	Amal Arafeh	5808395	a.arafeh@unrwa.org
Health Information & Systems Officer	Wafa Zeidan	5808311	w.zedan@unrwa.org
Monitoring, Evaluation, Reporting & Learning Officer	Mohannad Ramadan	5808311	Mohan.Ramadan@unrwa.org
Division of Health Protection & Promotion			
Chief, Health Protection & Promotion	Reham Jaffal	580567	R.Jaffal@unrwa.org
Head Nursing and Midwifery Services	Tamara Hani	5808167	t.rahahleh@unrwa.org
Health Nutrition Officer	Haya Khammash	5802919	ha.khammash@unrwa.org
Division of Disease Prevention & Control			
Chief, Disease Prevention & Control	Zoheir El Khatib		z.elkhatib@unrwa.org
Diabetes and Mental Health Consultant	Yousef Shahin	5808315	yo.shahin@unrwa.org
Division of Medical Care Services			
Medical Care Services Officer	Khalil Abu Naqera	580313	K.AbuNaqera@unrwa.org
Head Pharmaceutical Services	Rawan Saadeh	5808306	r.saadeh@unrwa.org

Chiefs Field Health Programme

Field	Incumbent	Telephone	E-mail address
Jordan	Saed Atallah	+96279660436	s.atallah@unrwa.org
West Bank	Raed Amro	+972556294047	r.amro@unrwa.org
Gaza	Ghada El-Jadba	+972599609521	g.eljadba@unrwa.org
Lebanon	Abed Al Hakim Shanaa	840491	a.shanaa@unrwa.org
Syria	Kenan Fanous	804216	k.fanous@unrwa.org

Annex 4 - Depatrtment of Health at UNRWA HQ, Amman Organizational Chart



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الاونروا

دائرة الصحة

عمان – الرئاسة العامة للأونروا

العنوان البريدي: ص.ب: 140157 عمان 11814 الأردن

هـ: 5808301 (6 962)+ **ف:** 5808318 (6 962)+

health department

unrwa headquatrters - amman

po box: 140157 amman 11814 jordan

t: +(962 6) 580 8301 f: +(962 6) 580 8318/9

www.unrwa.org