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General Supervision

- Hani S. El Wehedi

Preparation

- Madeha A. Abu Tabanja

Follow-up team

- Loai M. Freja
- Ayat Kh. El Balaawi

Advisory Team

- Hani S. El Wehedi
- Dr. Asmaa Abu El Reesh
- Dr. Ali Al Belbeisi

Review and Proofreading

- Zaher W. El Wehedi
- Nidal A. Jaber
- Baraa Kh. EL Habash

Design and Graphic Layout

- Salem Kh. Abu Eltayef

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Executive Summary

This report provides an overview of the Sexual, Reproductive, Maternal, and Newborn Health (SRMNH) situation and the delivery of reproductive health, family planning, antenatal, and postnatal care services across the Gaza Strip in 2025 amid an unprecedented humanitarian crisis. Against the backdrop of widespread displacement, the collapse of routine health systems, severe pressure on healthcare facilities, and shortages of essential resources, healthcare providers—including the Ministry of Health (MoH), UNRWA, and partner organizations—continued to deliver critical maternal and reproductive health services. Nevertheless, the available data reveal a deeply alarming situation, characterized by declining births, rising maternal and neonatal complications, and increasingly precarious health outcomes for women and newborns.

Key Findings:

- **Family planning services expanded significantly**, reaching 92,569 new beneficiaries, representing a 555% increase compared with 2022. This surge mostly reflects changing reproductive intentions driven by many risk factors such as deteriorating living conditions, displacement, food insecurity, and limited access to basic services. Oral contraceptive pills remained the most commonly used method, followed by male condoms.
- **Maternal health services also demonstrated substantial coverage**, with 58,911 newly registered pregnant women attending Ministry of Health (as Mother and Child Health Department Report 2025) and UNRWA facilities. A total of 231,081 antenatal care visits were provided through MoH and UNRWA facilities, although the average of 3.9 visits per pregnancy remains below the WHO recommendation of eight contacts.
- **Other major maternal health concerns were highlighted**, including 7,402 high-risk pregnancies just in MoH PHC, 30,743 cases of anemia among pregnant women (52.2%), and persistent nutritional deficiencies associated with the humanitarian crisis. Previous surgeries, recurrent miscarriages, and hemorrhage were among the most common risk factors requiring referral and specialized care.
- **Postnatal Care Coverage and Health Challenges** Postnatal services reached 25,775 women, although service utilization declined by 33% compared with 2022. Postnatal complications affected 22% of women receiving care, while anemia remained highly prevalent, affecting 85% of postnatal women.
- **Notice Decline in Births:** The total number of deliveries (49,617) and live births (50,227) shows a dramatic reduction of approximately 9% compared to 2022 figures. This decline is mostly attributed to mass displacement, a reduction

in the population of women of reproductive age, and conscious decisions by women to avoid pregnancy due to catastrophic living conditions, violence, and instability.

- **Overstretched and Fragmented Service Delivery:** Nearly all deliveries (98.4%) occurred in hospitals, placing immense strain on the remaining functional facilities. NGO hospitals bore the brunt of the load (50.1% of deliveries), as Ministry of Health (MoH) capacity was significantly reduced (28.7%). The destruction and closure of hospitals, particularly in North Gaza and Rafah, have created severe access barriers.
- **Concerning Maternal Health Trends:**
 - The Cesarean section rate (23.8%) remains above WHO recommendations, A significant 7.2% of deliveries involved major complications, with postpartum hemorrhage (40.8%) being the most prevalent followed by Pre-eclampsia & Eclampsia 19%.
 - 141 women required intensive care due to severe pregnancy or delivery complications.
- **Precarious Newborn Health:**
 - Neonatal outcomes are a major concern, with 12.3% of all newborns requiring admission to a Neonatal Intensive Care Unit (NICU).
 - The neonatal mortality rate was 9.1 per 1,000 live births.
 - Over half of neonatal deaths occurred in the first week of life 61.7%, with preventable causes like prematurity (35.2%) and congenital anomalies (28.1%) accounting for the majority.
 - The rate of low birth weight was 10%, and abortions were high, with a rate of 96.2 per 1,000 live births.
- **Vulnerable Populations:** The data highlights the vulnerability of young mothers, with 0.2% of all deliveries occurring among woman under 16.

Conclusion and Implications:

overall, the findings highlight a severe and worsening SRMNH crisis in Gaza, driven by the collapse of health infrastructure, mass displacement, and restricted access to essential care, resulting in increased risks for women and newborns despite the resilience and continued efforts of healthcare providers. These findings underscore the urgent need for sustained humanitarian support to restore comprehensive maternal and newborn health services, strengthen healthcare capacity, ensure uninterrupted access to medicines and provision of iron, folic acid, micronutrients and other nutritional supplements, protect health facilities, establish a comprehensive research and surveillance system to monitor cases of congenital anomalies and miscarriage in Gaza and to investigate their underlying causes, and improve data collection systems. Although the data should be interpreted with caution due to collection and reporting challenges, in addition to duplication errors which clearly indicates an immediate need for coordinated intervention to safeguard the health and well-being of women and newborns across the Gaza Strip.

Introduction

The humanitarian crisis in Gaza Strip presents Palestinian women with a dire situation, marked by food and water shortages, health system collapse, ongoing displacement and, for many, life in difficult camp conditions with multiple forced relocations. The consequences extend beyond the loss of lives to encompass serious health and psychological challenges, placing an immense burden on women's and reproductive health.

Despite the dedicated work of the Ministry of Health, health service providers, and national and international institutions to deliver care, formidable challenges persist in ensuring continuity of services, these difficulties in accessing essential health care have led to profound concerns regarding pregnancy outcomes, childbirth complications, and neonatal health.

Amid these challenges, maintaining the continuity of reproductive health services and strengthening the response to the growing needs of women and families have become critical priorities. This includes ensuring access to antenatal care, family planning services, safe delivery care, neonatal care, and reproductive health counseling.

This report provides an overview of antenatal care, family planning, delivery and neonatal care services in the Gaza Strip, highlighting key indicators, achievements, and challenges to support health planning and strengthen the response to the reproductive health needs of women and families under the current humanitarian conditions.

Data 2025 from the Palestinian Central Bureau of Statistics (PCBS) indicated that the number of women of reproductive age (WRA, ages 15-49) in the Gaza strip was 538,542. As a result of launched genocide WRA is directly affected, with 10,899 WRA reported as martyred by the Ministry of Health, Furthermore, 17,469 women have been injured, include 352 classified as amputees. Moreover, 99,262 pregnant women and breastfeeding critical population of concern is the mothers. The vast majority of this group is struggling to access even the minimum required level of health and medical care in the Gaza Strip.

Gathering reliable data on the Gaza war's impact on public health since October 2023 is highly challenging but vital for prioritizing responses, guiding interventions, and supporting human rights advocacy. The sexual and reproductive Health Technical Working group (SRH TWG) in Gaza has continually refined its data collection on sexual, reproductive, maternal and newborn health (SRMNH) since the war began.

Given the damage to the main Ministry of Health data server in November 2023 and the severe impact on UNRWA, these inputs partially fill critical data gaps. Though incomplete and not fully representative, this data helps bridge urgent information deficits following the collapse of routine reporting systems, offering an indicative picture of SRMNH service provision and outcomes based on reported data from service providers in the period between January and December 2025.

Methodology

This report consists of three parts analyzes sexual, reproductive, maternal, and newborn health (SRMNH) data for Gaza Strip in 2025. The primary data source is the Ministry of Health's Bayan Dashboard (MOH DHIS2 Platform), jointly managed by the Palestinian Health Information Center (PHIC) and the United Nations Population Fund (UNFPA) in Addition to MoH Maternal and Child Health Department Report 2025.

The data collection framework was designed to capture service provision across three levels: in-patient, outpatient. However, data collection was initially prioritized for in-patient services, specifically focusing on Emergency Obstetric and Newborn Care (EmONC) and Neonatal Intensive Care Units (NICU). This prioritization was a strategic decision in response to the humanitarian crisis, as in-patient data provides the most critical and verifiable evidence on life-saving interventions, severe complications, and immediate birth outcomes during a period when routine health information systems were severely compromised.

Data were reported monthly by 18 functioning inpatient health facilities and 169 PHC facilities and Field points across the Gaza Strip. This reporting work comprised a mix of hospital types, including those operated by the Ministry of Health (MoH), non-governmental organizations (NGOs), and field hospitals established by international partners. Following submission, the data underwent a rigorous validation process using automated system rules within the DHIS2 platform. The PHIC team then performed subsequent revision, cleaning, and triangulation of the datasets in collaboration with data focal points at the facility and partner levels.

This data collection effort builds upon foundational work conducted in 2024 to define, validate, and digitize a standardized set of SRMNH indicators. This established minimum dataset has enabled the systematic monthly collection of information from the majority of SRMNH service providers since the beginning of 2025.

Key Findings & Analysis

Table (1) Key sexual and reproductive health indicators in the Gaza Strip, 2025

Indicator	value	Indicator	value
New beneficiaries of family planning	92,569	Number of pregnant women under the age of 16	1.4%
Newly registered pregnant women	58,911	Anemia among pregnant women	52.2%
Average of visits per pregnant woman	3.9	Number of women received postnatal care	25,775
Number high-risk pregnancy cases in MOH	7,402	% of anemia among postnatal women	85%
Number of deliveries	49,617	Crude livebirth rate (per 1,000 pop.)	23.6
% Deliveries in NGO Hospitals	50.1%	% of newborns less than 2500 gm of weight (low birth Wt.)	10%
% Deliveries in GOV Hospital	28.7%	Number of Still births	494
% Normal Deliveries	72.4%	Rate of Abortions (per 1,000 Livebirths)	96.2
% Caesarean sections Deliveries	23.8%	% Breastfeeding in the first hour of birth	63.5%
% Urgent caesarean sections Deliveries	40%	Number of Admissions to NICU	6,182
% Deliveries in Hospitals	98.4%	Neonate mortality rate deaths per 1,000 Livebirths	9.1
Number of woman who gave birth and are under 16 years of age.	118	% Early neonate deaths	61.7%
% of complications of pregnancy and delivery	7.2%	% neonate deaths due premature death	35.2%
Number of Preterm Deliveries	4,051	% neonate deaths due to congenital anomalies	28.1%
Number of Live births	50,227	% neonate deaths due to sepsis	27.8%

An analysis of key SRH indicators for the Gaza Strip in 2025 (Table 1) highlights both systemic strengths and acute vulnerabilities within the healthcare system.

Maternal and reproductive health indicators showed a significant surge, with newly registered pregnant women at Ministry of Health (MoH) and UNRWA facilities reaching 58,911 with 48% increase in comparison to 2022. Concurrently, new family planning beneficiaries elevated about 555%. This dramatic rise is directly attributed to

deteriorating humanitarian conditions, which prompted many women of reproductive age who had not previously utilized these services to adopt contraceptive methods."

Despite these achievements, important maternal health challenges remain. A total of 7,402 high-risk pregnancies were registered in MoH PHC, highlighting the need for strengthened risk screening, timely referral, and specialized obstetric care. In addition, the prevalence of anemia among pregnant women was 52.2%, suggesting that antenatal interventions, including iron supplementation and nutritional counseling which entered the Gaza Strip through humanitarian partner organizations during the first ceasefire in early 2025, marking the first replenishment of essential medical supplies after an interruption of more than two years, contributed to improved maternal health outcomes.

The proportion of pregnancies among mothers under the age of 16 reached 1.4%, representing a concerning public health indicator with significant implications for maternal and newborn health. This trend is likely associated with the deteriorating humanitarian conditions in the Gaza Strip, which have exacerbated vulnerabilities and increased the risk of early pregnancy, while 25,775 women received postnatal care services, underscoring the importance of further expanding postpartum care coverage to ensure continuity of maternal and newborn health services.

The near-universal rate of facility-based deliveries (98.4%) is a key strength. However, the rate of pregnancy and delivery complications (7.2%) and the fact that 40% of all caesarean sections were performed urgently suggest underlying pressures on maternal health, potentially linked to nutritional status, stress, or inadequate prenatal care. The high abortion rate of 96.2 per 1,000 live births is a significant public health concern that warrants further investigation into its drivers. Furthermore, the 118 births to ladies under 16 years of age indicate persistent challenges regarding adolescent sexual and reproductive health and rights.

The neonatal mortality rate stands at 9.1 per 1,000 live births. A deeper look into the causes reveals that over half (61.7%) of these deaths occur in the critical first week of life. The leading direct causes of neonatal mortality are Premature (35.2%) and congenital anomalies (28.1%). The 10% rate of low birth weight and the 6,182 NICU admissions further illustrate the fragility of newborn health outcomes.

The reliance on both Government (28.7%) and NGO hospitals (50.1%) for delivery care demonstrates a fragmented but collaborative system heavily dependent on external support.

Part I

Antenatal Care & Family Planning Services

I. Family Planning

During 2025, family planning services were provided through medical centers and service points operated by the Ministry of Health (MoH), the United Nations Relief and Works Agency for Palestine Refugees (UNRWA), non-governmental organizations, and various health-sector partners.

The number of new beneficiaries of family planning services reached 92,569 women across the Gaza Strip, including 24,408 women served by the Ministry of Health and 68,161 by UNRWA. This represents a 555% increase compared with 2022, when the number of new beneficiaries stood at 14,139 women.

The substantial increase in family planning service utilization can be attributed to severe humanitarian conditions, including displacement, living in temporary shelters and tents, deterioration of living and health conditions, shortages of water and food, and the spread of diseases (1). These factors encouraged many women of reproductive age who had not previously used family planning services to adopt contraceptive methods.

The total number of counseling sessions and visits to family planning clinics operated by the Ministry of Health and UNRWA reached 146,992 visits, while partner institutions recorded 56,952 visits.

The prevailing conditions in Gaza also influenced contraceptive method preferences. Data indicate that oral contraceptive pills were the most commonly used method, accounting for 49.9% of all new users (46,175 women), followed by male condoms at 36.1%, while intrauterine devices (IUDs) accounted for 4.7%.

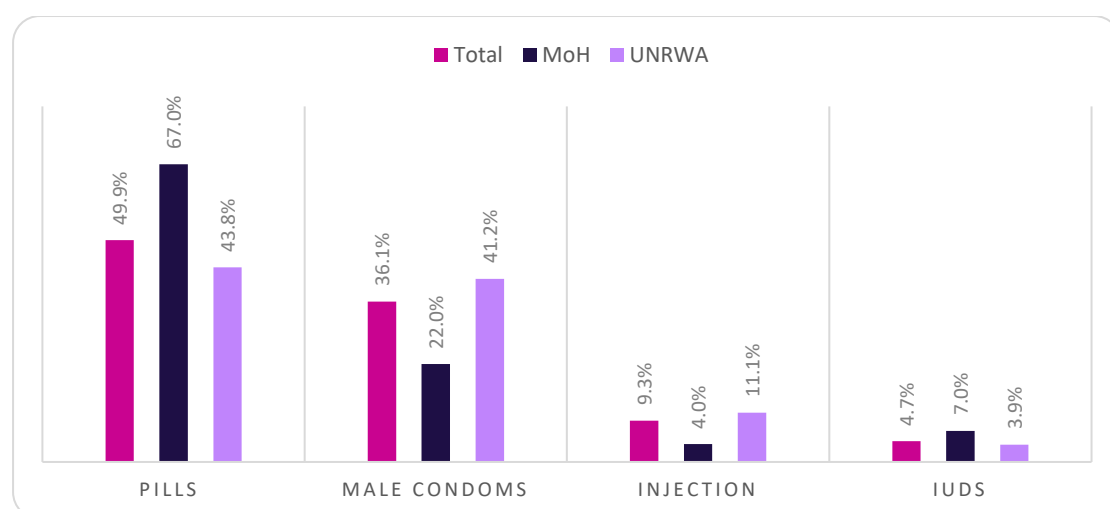


Figure (1.1) Distribution of family planning services by provider and method

I.1 Preconception Care Services

Preconception counseling services were provided to 15,341 women, of whom 32.3% received services through the Ministry of Health.

Despite the severe challenges facing the healthcare system, the Ministry of Health and partner institutions made significant efforts to strengthen preconception counseling services to promote healthy pregnancies, ensure safe deliveries, and reduce risks affecting maternal and fetal health.

I.2 Antenatal Care

The number of newly registered pregnant women at Ministry of Health and UNRWA facilities reached 58,911 women, representing a 48% increase compared with 2022.

Approximately 66% of newly registered pregnant women attended their first antenatal visit during the first trimester of pregnancy.

The total number of antenatal visits conducted through Ministry of Health and UNRWA facilities reached 231,081 visits, with an average of 3.9 visits per pregnant woman. This remains below the updated World Health Organization (WHO) recommendation of at least eight antenatal visits during pregnancy. Partner institutions recorded 144,080 antenatal visits.

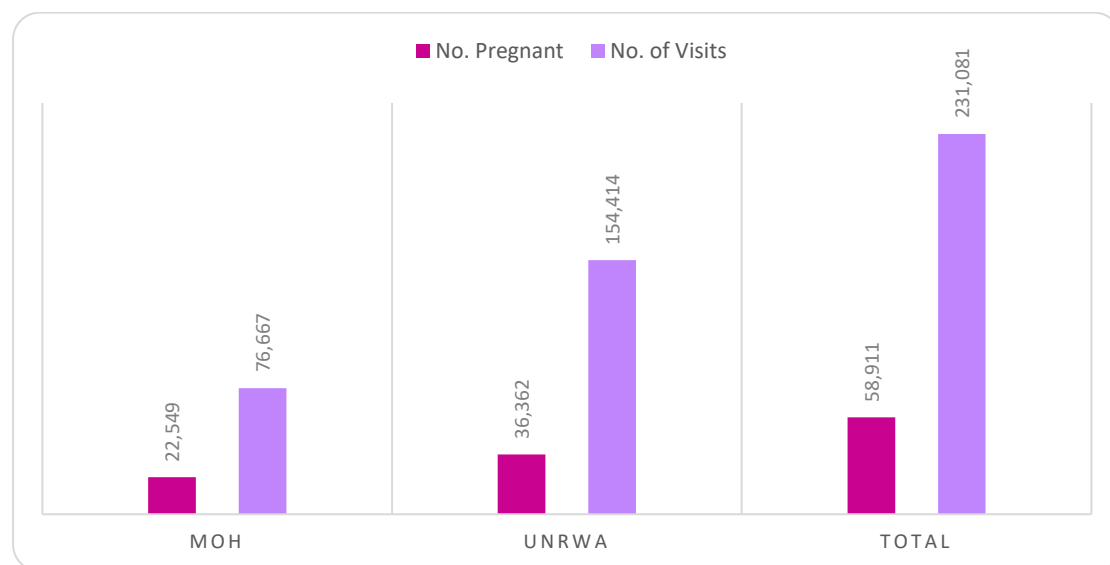


Figure (1.2) Number of new pregnancies and visits by service provider

I.3 Distribution of Pregnant Women by Age Group

Among newly registered pregnant women:

- 825 women (1.4%) were under the age of 16 while it was 0.4% in 2022.
- 7.6% were aged between 16 and 18 years.
- The highest proportion (86.5%) belonged to the age group 19–40 years.
- 4.5% were over 40 years of age.

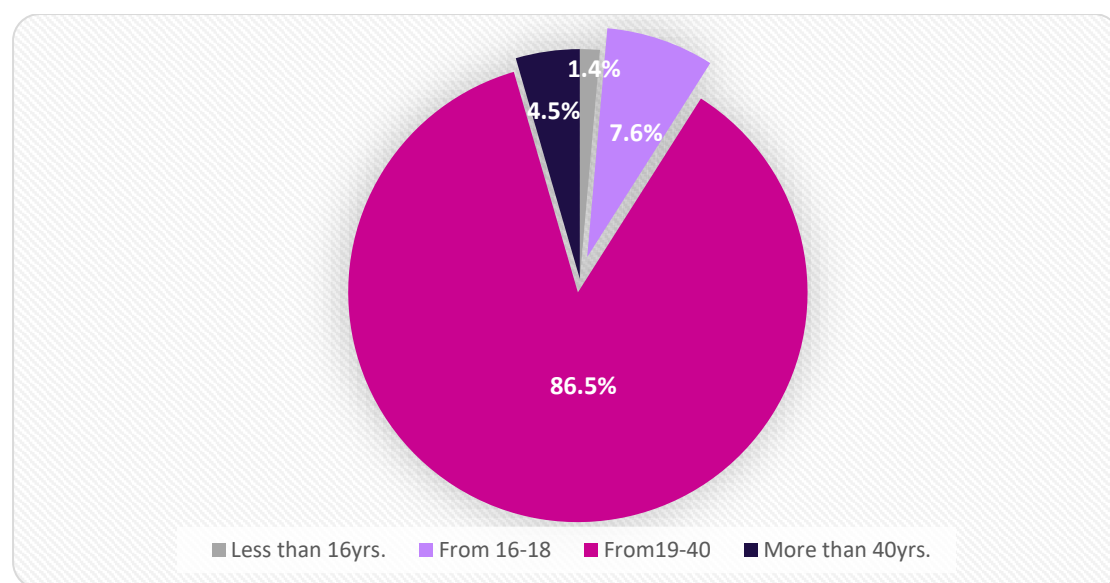


Figure (1.3) Number of new pregnancies by age group

I.4 Distribution of Pregnant Women by Governorate

The following Figure illustrates changes in the number of registered pregnant women across the governorates of the Gaza Strip throughout the reporting period.

A significant increase was observed in the number of pregnant women registered in Khan Younis during the first months of the year, particularly in April. This trend can be attributed to the governorate becoming one of the primary destinations for internally displaced persons from North Gaza and Gaza City during the early stages of displacement. The resulting population influx increased pressure on healthcare facilities and led to a higher number of pregnant women seeking and receiving antenatal care services in the area.

The subsequent gradual decline in registrations in Khan Younis may be associated with the expansion of military operations and the movement of new waves of displaced populations toward other areas, particularly Rafah and the Middle Area (Deir Al-Balah Governorate).

Gaza Governorate exhibited considerable fluctuations throughout the reporting period. The number of registered pregnant women increased steadily during the first half of the year, reaching a peak in June, before declining sharply in September and October. This decrease is likely linked to the continuation of hostilities and forced displacement from Gaza City, which prompted large numbers of residents, including pregnant women, to relocate to southern governorates in search of safety and access to healthcare services.

The Middle Area Governorate recorded a notable increase in registrations toward the end of the reporting period, particularly during September and October. This trend reflects its growing role as a destination for displaced populations following the intensification of military operations in North Gaza and Khan Younis. Consequently, demand for maternal and reproductive healthcare services increased substantially in the governorate.

In contrast, North Gaza and Rafah recorded the lowest numbers of registered pregnant women throughout the period, largely due to challenging security conditions and the limited return of displaced populations to these areas.

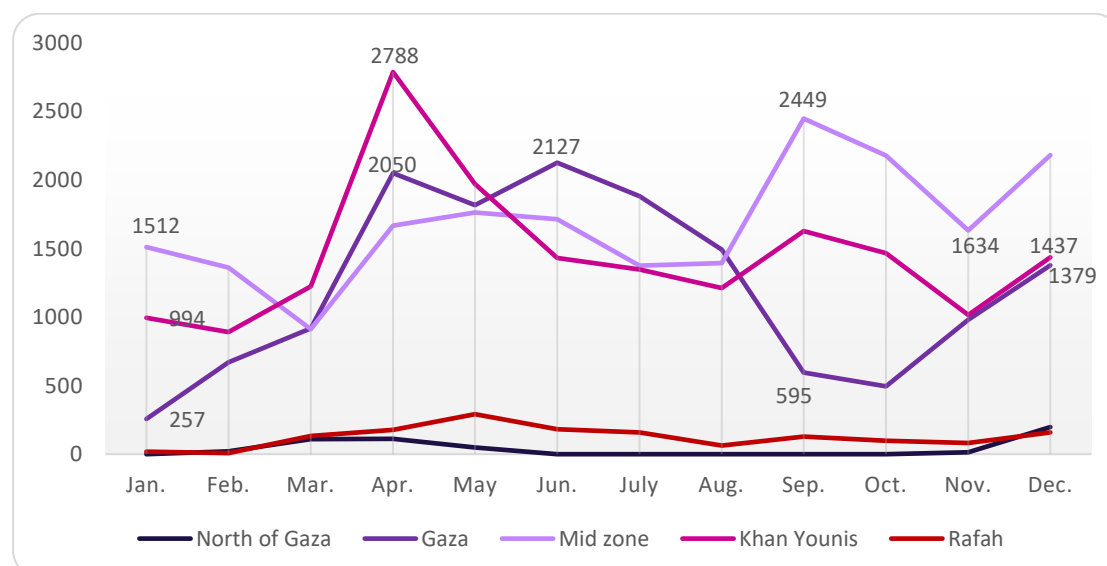


Figure (1.4) Number of new pregnancies by governorate and month

I.5 High-Risk Pregnancies

A total of 7,402 high-risk pregnancy cases were recorded by the Ministry of Health PHC in Gaza in 2025, consist about 32.8% of registered pregnancies in contrast, UNRWA was unable to provide a reliable number due to the significant challenges associated with data collection.

The disproportionately high number of high-risk pregnancy cases reflects the severe humanitarian conditions in Gaza, including the disruption of health services, limited access to specialized maternal and reproductive healthcare, displacement, overcrowded

living conditions, inadequate nutrition, and shortages of essential medicines and medical supplies. These compounding factors increased the vulnerability of pregnant women and contributed to a heightened risk of pregnancy-related complications during the reporting period (2).

High-risk pregnancies were classified according to factors related to maternal health before or during pregnancy, maternal age, previous pregnancy or delivery history, and conditions arising during the current pregnancy that increase pregnancy-related risks.

Within Ministry of Health facilities, the most common risk factors included:

- Previous cesarean sections (15%)
- Recurrent miscarriages (10%)
- Antepartum hemorrhage (2%)

A total of 10,811 women were referred to hospitals across the Gaza Strip as high-risk pregnancy cases, representing 18.4% of all newly registered pregnant women. Of these referrals, 35.4% were categorized as high-risk referred cases.

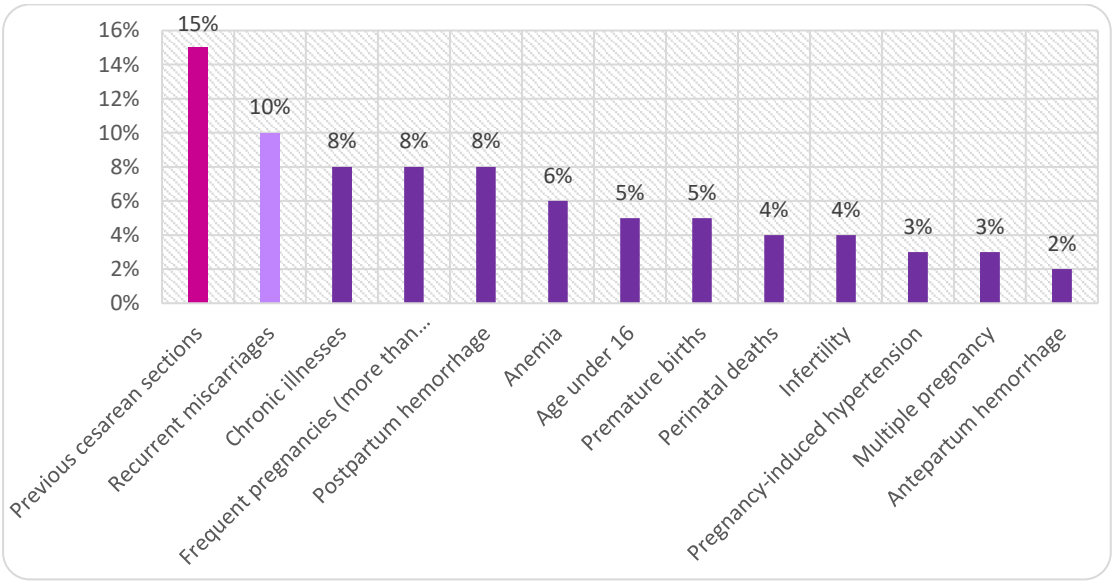


Figure (1.5) Distribution of the most common risk factors during pregnancy in Ministry of Health care centers according to risk factors

I.6 Pregnancy and Anemia

Anemia remains a major public health concern affecting maternal and fetal health. During the reporting period, 30,743 pregnant women were diagnosed with anemia, representing 52.2% of all newly registered pregnant women.

Within Ministry of Health (MoH) primary healthcare centers, anemia prevalence increased from 55% at the first antenatal care (ANC) visit to 63% by the 36th week of gestation, and it's representing a 33.3% increase compared with 2022. This rise is largely attributed to deteriorating living conditions, food insecurity, inadequate nutrition, and severe shortages of essential nutritional supplements, particularly iron.

I.7 Postnatal Care Services

During the reporting period, 25,775 women received postnatal care through Ministry of Health primary healthcare centers and UNRWA health facilities, representing a 33% decrease compared with 2022. Of these, 8,110 women (31.5%) received services through MoH primary healthcare centers.

Among postnatal care beneficiaries, 22% experienced postpartum complications, while the prevalence of postpartum anemia reached 85%, highlighting the need to strengthen postnatal follow-up, improve maternal nutrition, and ensure the availability of iron supplementation and essential maternal health services.

Part 2

Pregnancy outcomes and neonatal health

2. Number of deliveries

Delivery services in Gaza Strip are provided by 18 hospitals, only three hospitals affiliated with the Ministry of Health. Two of these hospitals (Kamal Adwan and Al-Awda Hospital in Jabalia) was closed by the occupation in May 2025, and in December 2025, the International Medical Corps opened new Field hospital in Gaza city.

In the end of 2025, the total number of deliveries reported in the Gaza Strip reached 49,617 deliveries, this appears to be a notable reduction, given that 54,694 deliveries were recorded in 2022. Assuming equal distribution of birth across the calendar year in 2022, this indicates that there has been a reduction in births of approximately 9% between the totals in 2022 and 2025. Factors causing an actual decline in deliveries and live births are numerous including, such as launched genocide but not limited to changes in behavior many women in the Gaza Strip have consciously avoided pregnancy due to the catastrophic humanitarian conditions, including shortages of food, clean water, medical care, and the constant threat of violence and displacement (3). The instability has made raising children under such circumstances seem unbearable and unsafe. women avoided pregnancy due to the disastrous conditions in the Gaza strip), fertility patterns, increased spontaneous abortion; inaccessibility of fertility treatments during genocide; and the reduction in the overall population figures due to genocide-related deaths due to killings so about 10,899 martyrs of female in reproductive age, while there were 17,469 female injuries in 2025, among which 9,735 or 55.7% are women aged (15-49) and populations movement outside of Gaza.

The figure below shows that 50.1% of deliveries were in NGOs hospitals, 28.7% have been in hospitals affiliated with the Ministry of Health, while 21.2% in field hospitals.

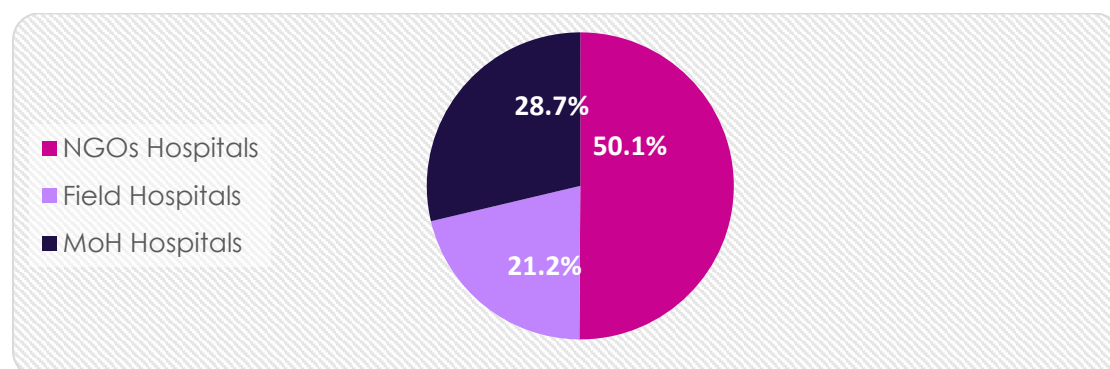


Figure 2.1 Distribution of deliveries in Gaza Strip by type of hospital

2.1 Deliveries by age group

Deliveries percent in the 16-40 age group accounted for 97.8% of total deliveries, while the number of deliveries among women under the age of 16 was 118 deliveries, accounting for 0.2% of the total number of deliveries.

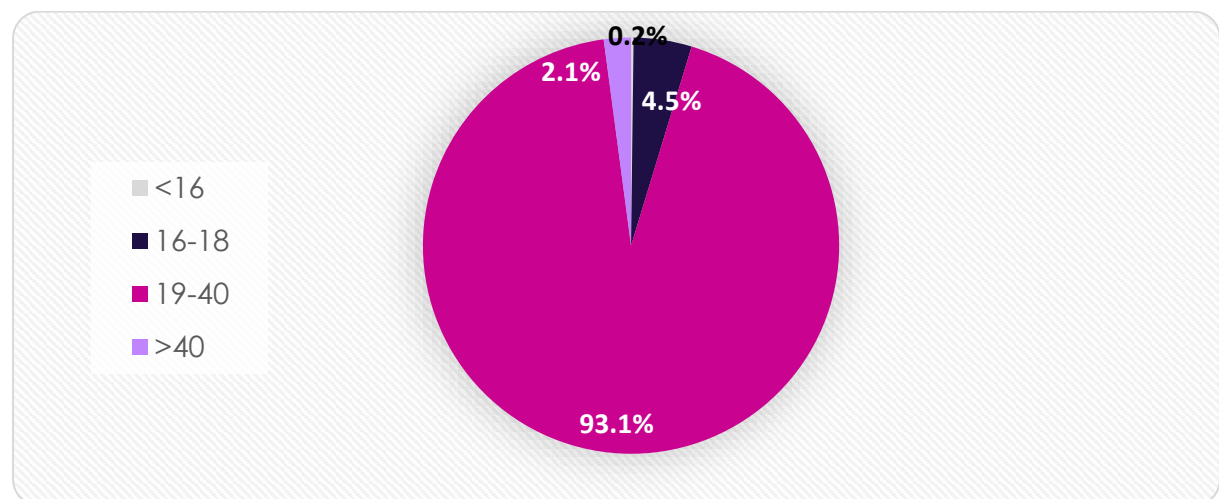


Figure 2.2 Distribution of deliveries in Gaza Strip by age group

2.2 Monthly Number of Deliveries by Maternal Age Group

Analysis of the delivery data reveals a highly centralized age distribution. The 19-40 year-old age group constitutes the overwhelming majority, accounting for 89.8% to 96.1% of monthly deliveries, indicating that childbearing is predominantly concentrated within this standard reproductive age range.

Conversely, deliveries in the under-18 and over-40 groups represent a small minority. Notably, the 16-18 age group shows noticeable rise in June (8.3%), suggesting variable influences on this demographic. The More than 40 group remains a small but persistent segment, while the "Less than 16" group is consistently negligible.

The data confirms a stable maternal demographic centered on the 19-40 age group, with minor fluctuations in younger and older cohorts that may warrant further investigation.

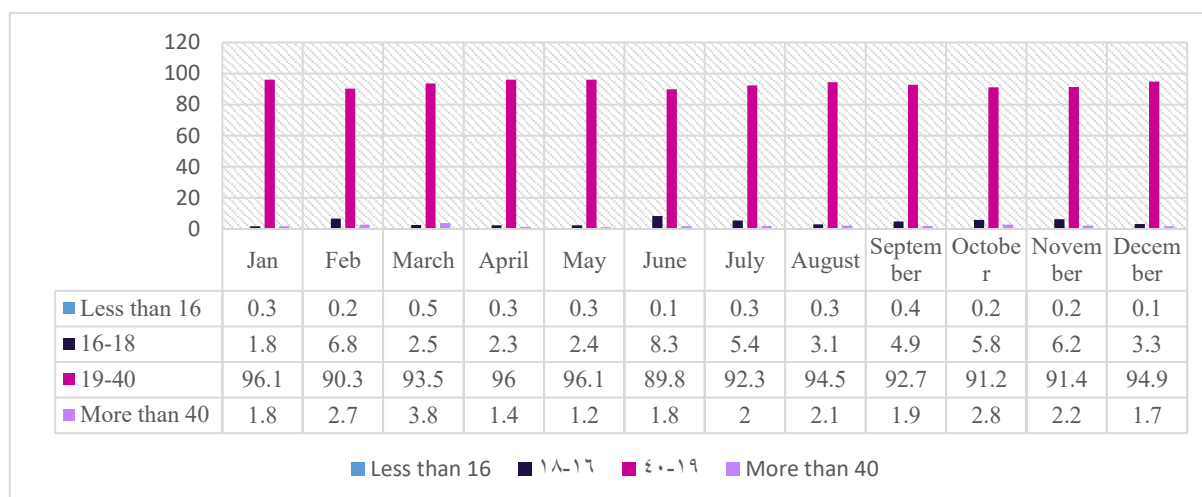


Figure 2.3 Monthly Number of Deliveries by Maternal Age Group

2.3 Deliveries by Governorate

Geographically, more than one-third (35.8%) occurred in Gaza Governorate, followed by in Khan Yunis Governorate with 34.9%, and 27.5% in the middle zone. The lowest percentage of deliveries reported was 1.8% in North Gaza Governorate which corresponds to the large population displacements from the North due to the evacuation orders and large-scale destruction; there were no functional hospitals in North Gaza from May 2025 until the end of the reporting period.

From Figure (2.5), we note that the number of deliveries began to decline from February, while an increase occurs in Gaza and North Governorates as a result of the return of the displaced people to these governorates after starting truce, then decrease suddenly in August in Gaza governorate as a result of Gaza invasion while it began to increase in Khan Yunis and Middle zone.

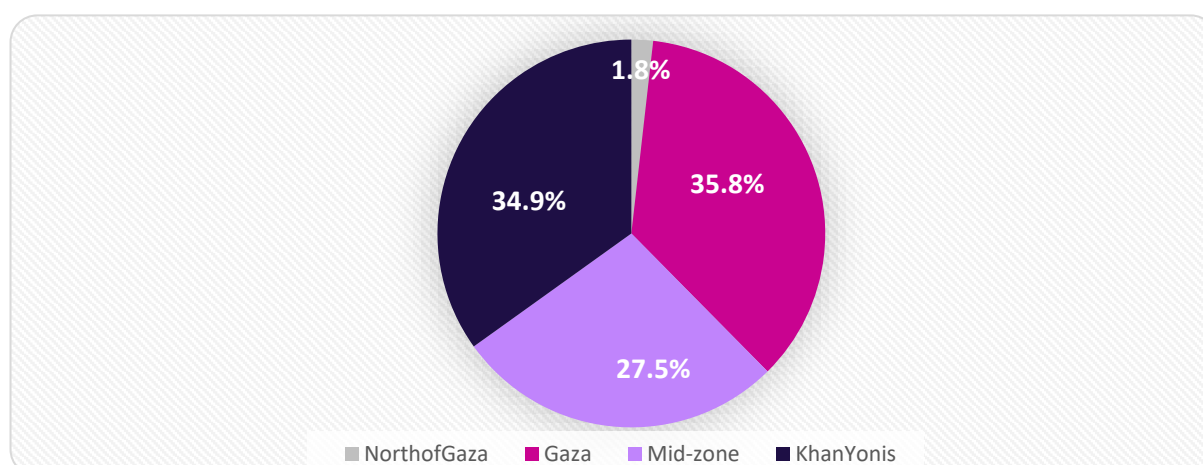


Figure 2.4 Distribution of deliveries in Gaza Strip by Governorate

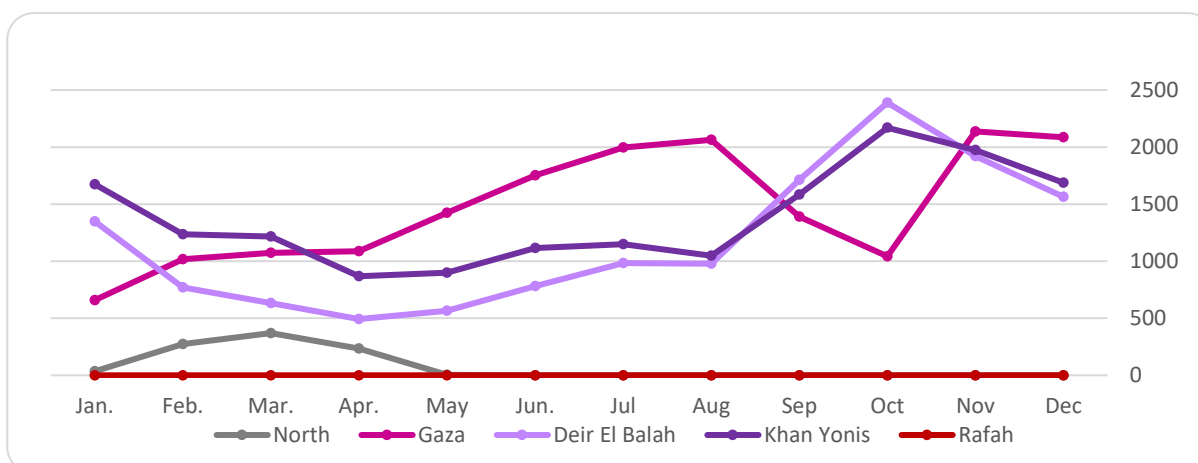


Figure 2.5 Numbers of deliveries in Gaza Strip by Governorates & months

2.4 Number of Deliveries by place of Deliveries

A total of 98.4% of reported deliveries took place in hospitals, while 1.6% occurred outside health facilities. Cases of emergency or precipitate deliveries that happened outside hospitals, the mothers and newborns were immediately or shortly thereafter brought to the hospital for examination and official registration. Consequently, all neonates regardless of delivery location were registered at the hospital. So, in Figure (2.7) we notice that a relative increase begun in Jun continued until the beginning of cease fire.

Nasser Hospital reported the highest number of deliveries, 9,364 cases (19% of the total), followed by El Awda Nuseirat Hospital with 8,426 deliveries. Meanwhile, Jordan Field Hospital recorded 163 delivery cases only in the same period (from Jan -Dec. 2025).

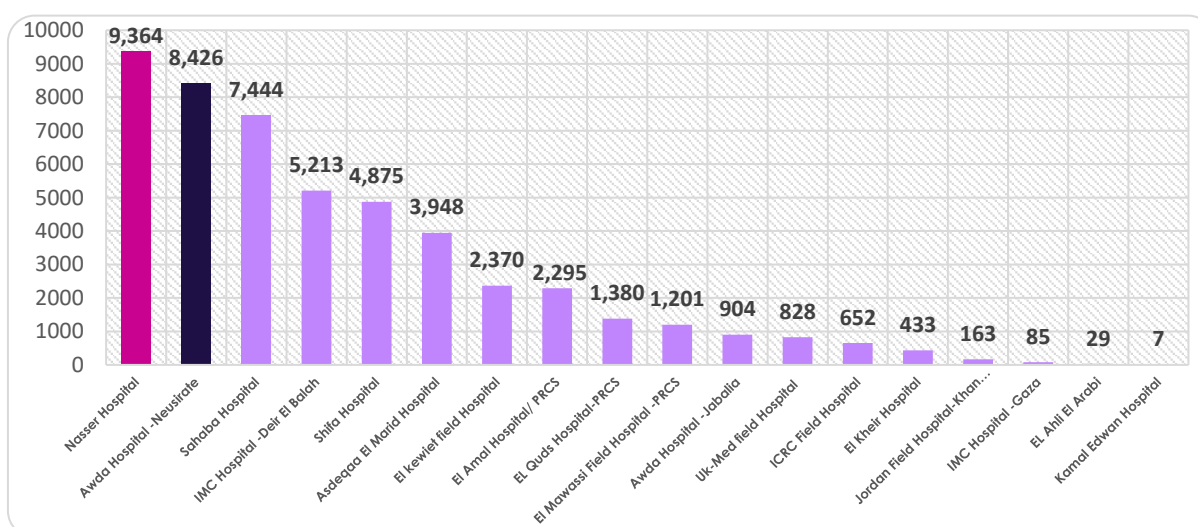


Figure 2.6 Number of deliveries in Gaza Strip by hospital

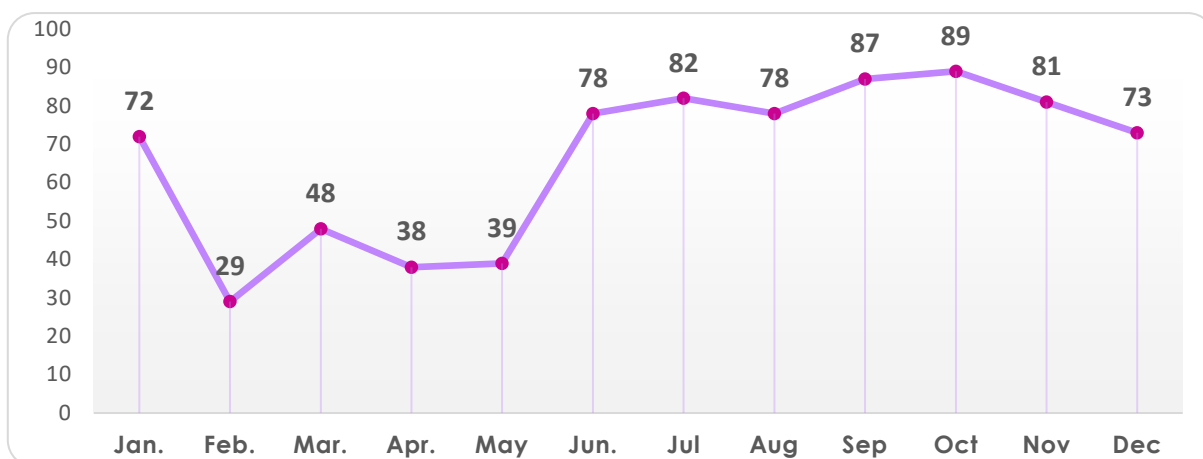


Figure 2.7 Numbers of deliveries outside hospital by month

2.5 Number of deliveries by Mode of delivery

Normal vaginal deliveries accounted for 72.4% of all births, while 3.8% were assisted vaginal deliveries (using vacuum or ventouse). Cesarean sections represented 23.8% of total deliveries, of which 60% were planned and 40% were emergency sections. Although this cesarean rate exceeds the WHO's recommended range of 10–15%, it remains lower than the Ministry of Health (MOH) rates recorded in Gaza between 2020 and 2022, when cesarean deliveries showed an upward trend, reaching over 27% in 2022. Cesarean sections performed for infertility are no longer observed due to the closure of all infertility facilities.

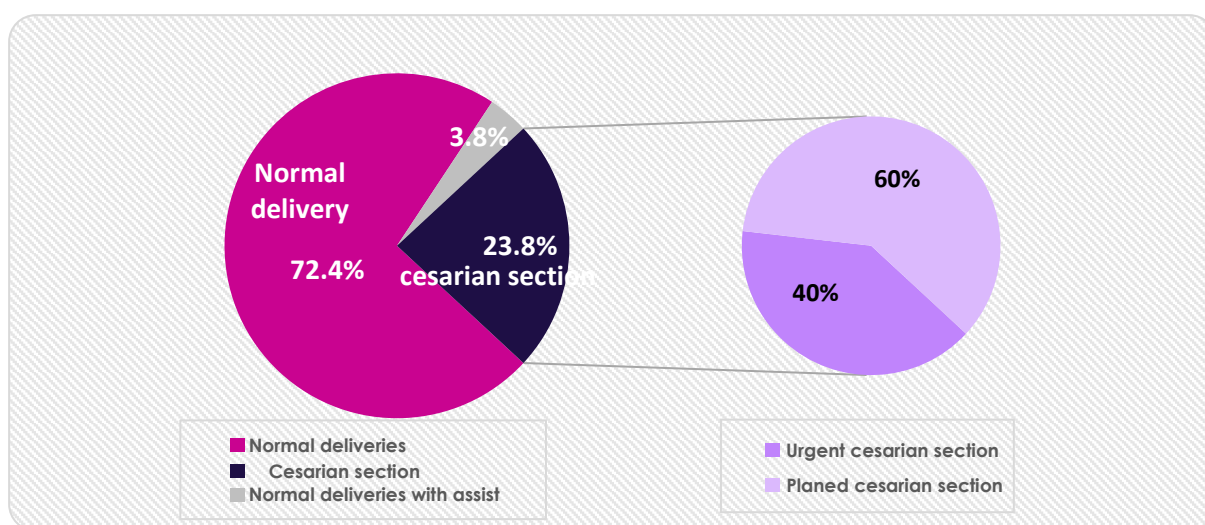


Figure 2.8 Distribution of deliveries in Gaza Strip by Mode of delivery

2.6 Cesarean Sections Across Different Hospitals

Table 2.1 provides a set of data on Cesarean sections (CS) across different hospitals in the Gaza Strip. The numbers show clear and important differences between these hospitals. These patterns highlight how the long-standing humanitarian and security crisis in the region is directly affecting maternal healthcare.

A key finding is the major difference in how many patients each hospital serves. Some, like Nasser Medical Hospital (9,364 deliveries) and El Awda Nuseirat Hospital (8,426 deliveries), are high-volume centers while Jordan Field Hospital reported 163 deliveries. Others, particularly Kamal Edwan Hospital, handled very few cases only 7. This shows a healthcare system that is damaged, where a few main hospitals carry most of the burden. The data from Kamal Edwan Hospital is a clear example of how war disrupts healthcare. It's extremely high CS rate of 71.4% (5 out of 7 deliveries) is not a normal clinical statistic. It is a direct result of the hospital being closed for a long time due to conflict. This number likely represents only a handful of desperate emergency cases it could handle when partially open, which heavily distorts its data. Also EL Ahli El Arabi hospital had high CS rate of 58.6% (17 out of 29 deliveries).

Furthermore, the data shows two distinct models of care among the hospitals. One group, including Al Amal City Hospital and Kuwait Specialist Field Hospital, focuses mainly on planned CS. At Al Amal, 91.6% of its 756 CS procedures were planned, making up nearly 33% of all births there. This suggests these hospitals may act as specialized centers for low-risk pregnancies, using scheduled CS as a way to manage risk in an unstable environment.

In contrast, other major hospitals deal with a much higher load of emergency CS procedures. For example, 66.6% of the 1,832 CS procedures at Nasser Medical Hospital were emergencies. This means over 13% of all births there required an unplanned surgical intervention. A similar trend is seen at ICRC Field Hospital, where 77.4% of its CS procedures were emergencies. These high rates point to a failure in preventative and basic prenatal care. This is likely caused by factors like poor pregnancy screening, malnutrition in mothers, and the high stress of conflict, leading to more complications during childbirth.

In summary, the data in Table 2.1 reveals a two-tiered system for maternal care in Gaza. The landscape is split between hospitals overwhelmed with emergency cases and care with high-risk pregnancies and those that function as specialized centers for planned surgical care with specialized neonatal units. The extreme outlier of Kamal Edwan Hospital serves as a clear numerical example of how military conflict directly damages healthcare infrastructure, reducing a hospital to a minimal, crisis-response unit. Overall, these figures demonstrate that maternal health outcomes in Gaza are not just about medical decisions, but are fundamentally determined by the larger humanitarian and infrastructural collapse.

Table 2.1 Cesarean Sections Across Different Hospitals in the Gaza Strip

Hospital Name	Total Deliveries	Total CS	Overall CS Rate	Urgent/Emergency CS	% of CS that are Urgent	Planned CS	% of CS that are Planned
Nasser Hospital	9364	1832	19.6	1221	66.6	611	33.4
Awda Hospital -Neusirate	8426	2301	27.3	991	43.1	1310	56.9
Sahaba Hospital	7444	1458	19.6	299	20.5	1159	79.5
IMC Hospital - Deir El Balah	5213	1064	20.4	467	43.9	597	56.1
Shifa Hospital	4875	1309	26.9	755	57.7	554	42.3
Asdeqaa El Marid Hospital	3948	1009	25.6	352	34.9	657	65.1
El kewiet field Hospital	2370	797	33.6	78	9.8	719	90.2
El Amal Hospital/ PRCS	2295	825	35.9	69	8.4	756	91.6
EL Quds Hospital-PRCS	1380	284	20.6	60	21.1	224	78.9
El Mawassi Field Hospital -PRCS	1201	236	19.7	66	27.9	170	72.1
Awda Hospital -Jabalia	904	214	23.7	91	42.5	123	57.5
Uk-Med field Hospital	828	159	19.2	121	76.1	38	23.9
ICRC Field Hospital	652	115	17.6	89	77.4	26	22.6
El Kheir Hospital	433	39	9.0	20	51.3	19	48.7
Jordan Field Hospital-Khan Yunis	163	79	48.5	11	13.9	68	86.1
IMC Hospital - Gaza	85	28	32.9	16	57.1	12	42.9
EL Ahli El Arabi	29	17	58.6	2	11.8	15	88.2
Kamal Edwan Hospital	7	5	71.4	2	40.0	3	60.0

2.7 Premature Deliveries

4,051 cases reported as Premature deliveries under 37 weeks of gestation representing 8.2% of the total deliveries, this percentage reflects a notable rate of premature births, highlighting the need to strengthen maternal healthcare during pregnancy and raise awareness of the factors that may contribute to premature delivery, with the aim of reducing the incidence of preterm births and improving the health outcomes of both mothers and infants. This need is particularly pressing in the Gaza Strip, where the ongoing humanitarian crisis has contributed to a rise in premature deliveries and preterm births (4).

2.8 Major Maternal complications

In the current context, it's difficult to collect comprehensive data on maternal and neonatal complications around the time of births. The limitations include gaps in continuity of services and reporting challenges in documentation. To partially mitigate some errors, an "open field" qualitative indicator has been added in the dashboard to allow providers to describe the nature of major complications which increased mainly as a result of humanitarian crisis in the Gaza Strip, worsening malnutrition, restricting care, and reducing access to essential obstetric medicines and services (5). The results of complications reported are presented in table 2.2.

A pregnancy and delivery related complication was recorded for 3,569 or 7.2% from all reported deliveries, 1,456 cases reported as postpartum hemorrhage representing 40.8% of the total complications, 19.0% suffered from preeclampsia, 15.5% Sepsis, and 9.3% were Surgical, bladder and bowel complication.

Table 2.2 Distribution of Maternal complications and delivery by type

Indicator	No.	%
Postpartum hemorrhage	1,456	40.8
Pre-eclampsia & eclampsia	679	19.0
Sepsis	553	15.5
Antepartum hemorrhage	550	15.4
Surgical, bladder and bowel comp.	331	9.3
Total	3,569	100.0

2.9 Maternal Complications by hospital

The data presented in Table 2.3 offer a critical insight into the prevalence of maternal complications across various hospitals in the Gaza Strip, highlighting considerable variability in rates among facilities. The complication rate ranges from as low as 0.2% at El Kheir Hospital to as high as 19.0% at El Mawassi Field Hospital, signalling marked heterogeneity both in reported outcomes and clinical capacities. Of particular note, general hospitals such as Al-Shifa Medical Complex and Nasser Medical Hospital report complication rates exceeding 10%, which may reflect higher caseloads, referral patterns, or resource constraints.

These findings must be interpreted within the context of the broader health system challenges in Gaza, where recurrent conflict, limited medical supplies, and restrictions on movement severely impact access to quality obstetric care. The elevated complication rates observed in this setting may be attributable to constrained infrastructure, shortages of essential medications and staff, and barriers to timely emergency intervention. Furthermore, field hospitals and international medical teams (e.g., International Medical Corps, UK-Med, ICRC) report high rates, possibly reflecting the referral of high-risk cases to established facilities during crisis periods.

The data also draw attention to the need for systematic monitoring of maternal health outcomes and standardization of complication reporting across hospitals. Strengthening surveillance mechanisms and harmonizing clinical protocols could support targeted interventions and resource allocation, both vital under Gaza's protracted humanitarian emergency. Overall, the findings underscore the urgency for sustained investment in maternal health services, workforce training, and inter-agency coordination to mitigate preventable complications and safeguard maternal and newborn wellbeing in the Gaza Strip.

Table 2.3 Prevalence of Maternal Complications by Hospital

Hospital Name	Maternal Complications	Total Deliveries	Complication Rate (%)
Nasser Medical Hospital	1000	9364	10.7
Al-Shifa Medical Complex	500	4875	10.3
Al-Sahaba Medical Complex	580	7444	7.8
Al-Awda Hospital - Al-Nuseirat	434	8426	5.2
International Medical Corps Field Hospital	432	5213	8.3
El Mawassi Field Hospital -PRCS	228	1201	19.0
The Patient's Friends Benevolent Society Hospital	115	3948	2.9
UK-Med Field Hospital	96	828	11.6
Kuwait Specialist Field Hospital - Shifa Pal	64	2370	2.7
Al-Awda Hospital - Jabalia	45	904	5.0
EL Quds Hospital-PRCS	38	1380	2.8
ICRC Field Hospital	20	652	3.1
Al Amal City Hospital- PRCS	12	2295	0.5
Jordanian Hospital/ Khan Younis	4	163	2.5
El Kheir Hospital	1	433	0.2
EL Ahli El Arabi	0	29	0.0

Maternal near miss And Maternal death

The number of women who were admitted to Intensive care unit as a result of severe complications of pregnancy and delivery reached 141 women rates about 2.8/1000 delivery, However, 5 cases of maternal death were recorded by Gaza Maternal Mortality Committee as a direct result of complications of pregnancy and delivery and this number may not reflect the real number of maternal deaths, noting that 3 of maternal deaths were in Nasser hospital.

2.10 Characteristics of births outcomes

2.10.1 Number of live births

Total number of live births was registered in Gaza Strip 50,227 live births, with crude birth rate was 23.6/1000 people in the year 2025, while the crude birth rate in 2022 was 26.5/1000, with decrease percent 12.6%, this decline caused by the same reason of deliveries number decreased such as launched genocide, behavioral changes and disastrous conditions. It is worth noting that the total number of incubators reached 122 in 10 hospitals provide SRH services, compared to 162 in 2022.

From the following graph we notice that the percentage of low birth weights LBW was increased in May, Aug., Sep. and Oct. ranging between (11.1% - 13.1%) of the total livebirths, we notice an increase in the number of low-weight births by month, As a result of crossings closure, Famine outbreak, and lack of nutritional supplements in health centers.

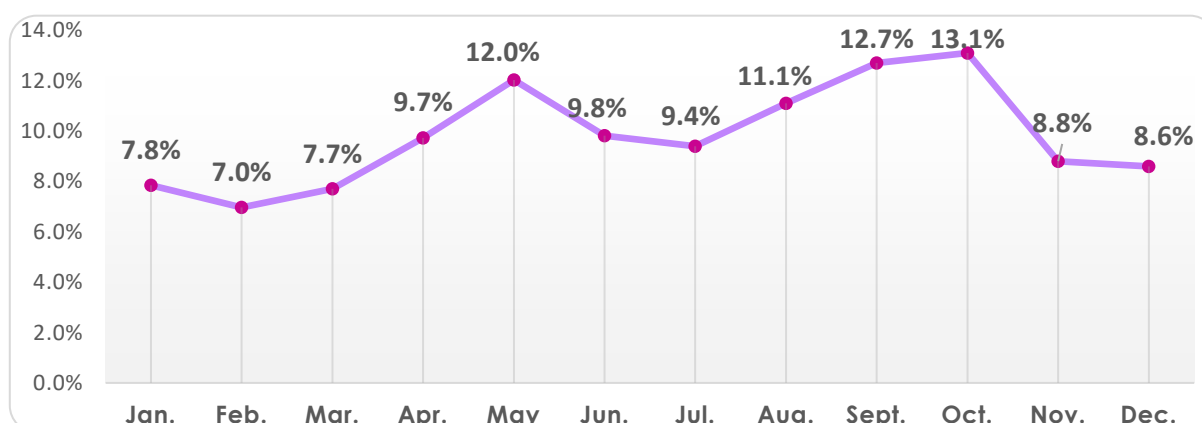


Figure 2.9 Percentage of low-weight births by month

2.10.2 Spontaneous Abortion (miscarriage) and Still birth

As per national and WHO protocols miscarriage or spontaneous abortion defined as fetal deaths at 24wks. or less of gestational age, there were 4,831 Abortion (under 24 weeks of gestation), which constitutes approximately 1:10 of the number of deliveries, with a rate of 96.2/1000 live births.

The rate of **stillbirth** was 10/1000 delivery reported, of which 51.8% were decomposed and fragmented dead fetuses (defined as "macerated"), high rates of miscarriage, abortion-related pregnancy loss, and stillbirth has linked to the humanitarian crisis in the Gaza Strip (5).

2.10.3 Breastfeeding within the first hour of birth

A total of 31,870 women-initiated breastfeeding within the first hour after birth, representing 63.5% of all Live births. This indicator reflects the quality of newborn care and is a well-established factor in promoting both newborn survival and maternal recovery. However, it does not indicate the percentage of infants who are exclusively breastfed, a practice that was particularly difficult to sustain during the war.

2.10.4 Prevalence of Congenital Anomalies by Hospital

Number of registered Congenital Anomalies cases were 322 cases representing about 0.6% from total Livebirths, notice that it were 184 cases in 2022 with increase rate 75%, This increase in number of cases may be due inhaling toxic chemicals as a result of continuous bombing, in addition to drinking contaminated water and eating contaminated crops as a result of soil and groundwater pollution(7).

Table (2.4) provides a comprehensive overview of the prevalence of congenital anomalies among neonates delivered across major hospitals in the Gaza Strip. The data reveals considerable variation in prevalence rates, ranging from as high as 1.4% at Al Shifa Hospital to as low as 0.04% at Al Amal City Hospital (PRCS), with the overall prevalence among the studied facilities standing at 0.6%. Such disparities likely reflect differences in case mix, hospital referral patterns, diagnostic capabilities, and possible reporting inconsistencies, which are often compounded by the challenging

circumstances prevailing in Gaza, including restricted access to advanced medical technologies, limited healthcare resources, and ongoing systemic disruptions.

These findings underscore the need for harmonized surveillance and reporting mechanisms in Gaza to support accurate epidemiological assessments and targeted health interventions. Moreover, the data highlight the importance of enhancing perinatal and neonatal health services, including access to genetic counselling and diagnostic facilities, particularly given the constraints imposed by recurring conflict and resource scarcity.

Table 2.4 Prevalence of Congenital Anomalies by Hospital

Hospital Name	Congenital Anomalies	Total number of Livebirths	Prevalence (%)
Asdeqaa El Marid Hospital	12	3989	0.30
Al-Sahaba Medical Complex	19	7507	0.25
Al-Awda Hospital - Jabalia¹	9	902	1.00
Al-Awda Hospital - Al-Nuseirat	45	8731	0.52
Kuwait Specialist Field Hospital - Shifa Palestine	9	2395	0.38
El Mawassi Field Hospital -PRCS	1	1200	0.08
Al Amal City Hospital- PRCS	1	2324	0.04
IMC Hospital -Deir El Balah	31	5248	0.59
EL Quds Hospital-PRCS	8	1384	0.58
UK-Med Field Hospital	2	828	0.24
Nasser Medical Hospital	115	9421	1.22
Al-Shifa Medical Complex	70	4928	1.42

2.10.5 Neonatal care

The number of cases of newborns admitted to neonatal intensive care units (NICU) reached 6,182 neonates, representing 12.3% of the total live births, there were 457 neonatal deaths recorded by NICU, with neonatal mortality rate 9.1/1000 livebirths, representing 7.4% of the total neonatal admission cases, noting that 61.7% of these deaths were early neonatal deaths, occurring within the first week after birth.

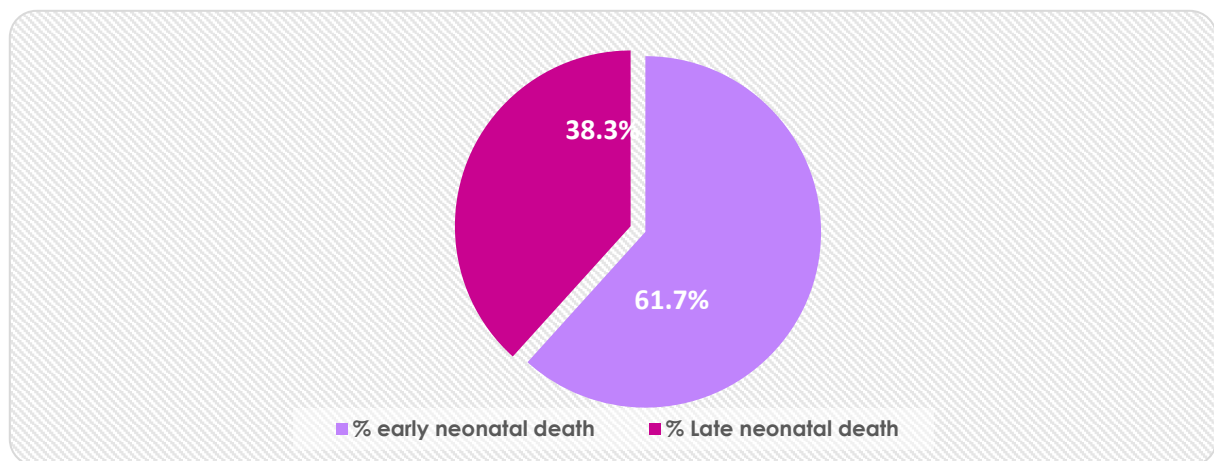


Figure 2.10 Distribution of neonatal deaths by age

2.10.6 Reported causes of neonatal mortality

Prematurity was reported as the main cause of the registered neonatal deaths in Gaza Strip with 35.2% percent, followed by Congenital Abnormalities which accounted 28.1%, while Asphyxia constituted 8.9% as the lowest percent.

Note that most newborns have co-morbidity and precipitating factors leading to death (for instance a newborn who died from sepsis could also be premature, etc.).

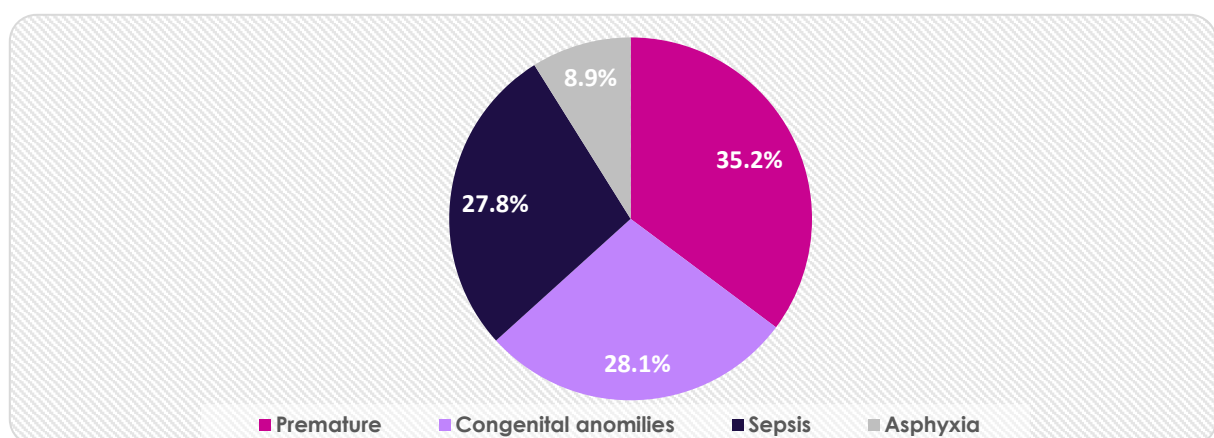


Figure 2.11 Distribution of neonatal deaths by cause of death

Conclusion

The data presented in this report provides an overview on the inpatient and outpatient data related to sexual and reproductive health services reported through the DHIS2. While some trends can be observed from the data, there is a need for further analysis and triangulation between population movement data, and health facility functionality to provide more conclusive findings.

Nevertheless, the data indicate observed increase in both new family planning beneficiaries and pregnant women reflects the complex impact of the ongoing humanitarian crisis in Gaza in 2025. While worsening socioeconomic conditions and increased awareness of the need to plan pregnancies encouraged more women to seek contraceptive services, repeated displacement, interruptions in the availability of reproductive health services and contraceptive supplies, and reduced continuity of care also contributed to an increase in unintended and planned pregnancies.

However, deliveries recorded have fallen largely below expected levels, reflecting mainly the impact of mass displacement, rising injuries and fatalities, and barriers to accessing care, and to some extent the disruption of the MoH data server and difficulties in reporting. Despite these constraints, health providers and humanitarian partners Particularly NGO hospitals and remaining MoH facilities have continued to deliver thousands of safe births under extraordinarily difficult circumstances.

Over 98.4% of deliveries occurred at hospitals during the reporting period. Slightly more than Seventy-two percent of deliveries were normal vaginal deliveries; data on reported caesarean section rates remain above WHO's recommended threshold of 10-15%. Hemorrhage and Eclampsia continue to be the most leading reported complications of pregnancy and delivery.

Neonatal outcomes continue to be concerning, with high rates of intensive care admissions. Preventable causes such as prematurity and congenital anomalies accounting for the majority of deaths, and congenital anomalies remain a significant health and social burden.

Once again, it is important to highlight that findings must be interpreted with caution as the system is not a fully functional health information management system. Nevertheless, the data reveals urgent needs; restoring access to comprehensive maternal and new born care, protecting the capacity of health facilities, and investing in reliable data collection systems. Without sustained support, the health and survival of women and newborns in Gaza will remain at severe risk.

MOH, with the support of UNFPA, PMRS, and all partners through the SRHR working group, continues to collect monthly the full list of minimum indicators agreed upon and to offer, to the extent possible in the current situation, supportive supervision and training to the service providers on classification, data collection and reporting. The dashboard itself is being upgraded and improved on a rolling basis, following feedback from partners and stakeholders.

References

1) Family planning new beneficiaries

Sentence: The substantial increase in family planning service utilization attributed to severe humanitarian conditions, has disrupted sexual and reproductive health services and access to family planning, affecting new beneficiaries.

*References (APA 6th)

Holding on to life: Restoring essential sexual and reproductive health care in Gaza.

<https://palestine.unfpa.org/en/news/holding-life-restoring-essential-sexual-and-reproductive-health-care-gaza>

2) High-risk pregnancies

Sentence: High number of high-risk pregnancy cases reflects the severe humanitarian conditions in Gaza, including the disruption of health services, limited access to specialized maternal and reproductive healthcare, displacement, overcrowded living conditions, inadequate nutrition, and shortages of essential medicines and medical supplies.

References (APA 6th):

UNFPA. (2025, May 20). As famine looms in Gaza, pregnant women and newborns face life-threatening health risks.

<https://www.unfpa.org/news/famine-looms-gaza-pregnant-women-and-newborns-face-life-threatening-health-risks>

UNFPA. (2025, July 17). UNFPA situation report on the crisis in the occupied Palestinian territory (May-June 2025).

<https://www.un.org/unispal/document/unfpa-situation-report-on-the-crisis-in-the-occupied-palestinian-territory-may-june-2025/>

3) Decline in births and livebirths

Sentence: Factors causing an actual decline in deliveries and live births are numerous including, but not limited to changes in behavior many women in the Gaza Strip have consciously avoided pregnancy due to the catastrophic humanitarian conditions

References (APA 6th):

UN News. (2025, July 22). “Catastrophic birth outcomes” in Gaza threaten a whole generation, warns UN agency. <https://news.un.org/en/story/2025/07/1165471>

The New Arab. (2026, June 19). Rapid decline in birth rates amid Israel’s ongoing war on Gaza.

<https://www.newarab.com/news/rapid-decline-birth-rates-amid-israels-ongoing-war-gaza>

4) Premature deliveries

Sentence: The ongoing humanitarian crisis has contributed to a rise in premature deliveries and preterm births.

References (APA 6th):

UNFPA. (2025, July 22). UNFPA warns of catastrophic birth outcomes in Gaza amid starvation, psychological trauma and shattered health system. <https://palestine.unfpa.org/en/news/unfpa-warns-catastrophic-birth-outcomes-gaza-amid-starvation-psychological-trauma-and>

UNFPA. (2025, July 17). UNFPA situation report on the crisis in the occupied Palestinian territory (May-June 2025). <https://www.un.org/unispal/document/unfpa-situation-report-on-the-crisis-in-the-occupied-palestinian-territory-may-june-2025/>

5) Maternal complications

Sentence: The humanitarian crisis in the Gaza Strip has increased maternal complications by worsening malnutrition, restricting care, and reducing access to essential obstetric medicines and services.

References (APA 6th):

UNFPA. (2025, March 24). Women in Gaza cut off from accessing maternal health supplies as aid blockade enters fourth week.

<https://www.unfpa.org/press/women-gaza-cut-accessing-maternal-health-supplies-aid-blockade-enters-fourth-week>

UN News. (2025, December 3). UN support helps Gaza mothers give birth amid collapsing health system. <https://news.un.org/en/story/2025/12/1166517>

6) Abortion and stillbirth

Sentence: The humanitarian crisis in the Gaza Strip has been linked to higher rates of miscarriage, abortion-related pregnancy loss, and stillbirth. [4][9]

References (APA 6th):

UNFPA. (2025, July 17). UNFPA situation report on the crisis in the occupied Palestinian territory (May-June 2025).

<https://www.un.org/unispal/document/unfpa-situation-report-on-the-crisis-in-the-occupied-palestinian-territory-may-june-2025/>

The Independent. (2026, July 30). Miscarriages soar in Gaza and birth rate drops, UN report says. <https://www.independent.co.uk/news/world/middle-east/miscarriage-rate-gaza-births-babies-premature-incubator-israel-b3025536.html>

7) Congenital anomalies prevalence

Sentence: This increase in number of cases may be due inhaling toxic chemicals as a result of continuous bombing.

References (APA 6th):

Al Jazeera. (2026, April 22). Gaza's unseen casualties: A surge in stillbirths and birth defects.

<https://www.aljazeera.com/features/2026/4/22/gazas-unseen-casualties-a-surge-in-stillbirths-and-birth-defects>

Di Giorgio, A., et al. (2012). Birth defects in Gaza: Prevalence, types, familiarity and risk factors. Journal of Maternal-Fetal and Neonatal Medicine. <https://pubmed.ncbi.nlm.nih.gov/22754469/>

Annexes

Table (1) – Shows Numbers of Maternity services by hospital and governorate

	Deliveries No.	Normal Deliveries No.	cesarean deliveries No.	Urgent cesarean deliveries	Premature delivery	Abortion	Livebirths	Low Birth Weight	Stillbirth	Admissions in NICU	Neonatal Deaths	Early Neonatal Deaths
Gaza Strip	49,617	35,734	11,771	4,710	4,051	4,831	50,227	4,974	494	6,182	457	282
North of Gaza Gov.	911	653	219	93	111	91	910	44	11	9	2	2
Kamal Edwan	7	2	5	2	0	0	8	0	0	0	0	0
Awda - Jabalia	904	651	214	91	111	91	902	44	11	9	2	2
Gaza Gov.	17,761	12,917	4,105	1,484	1,026	2,023	17,924	1,711	164	1,553	115	80
Shifa	4,875	3,464	1,309	755	538	653	4928	733	82	399	62	57
Asdeqaa El Marid	3,948	2,902	1,009	352	169	504	3989	288	36	227	21	6
Al-Sahaba Medical Complex	7,444	5,407	1,458	299	264	814	7506	620	38	341	24	14
El Quds/ PRCS	1,380	1,076	284	60	44	37	1384	60	7	5	1	1
ELAhli El Arabi	29	12	17	2	0	2	31	2	0	1	0	0
Rantesii	-	-	-	-	-	-	-	-	-	580	7	2
Medical Corps H. IMC Gaza	85	56	28	16	11	13	86	8	1	0	0	0
Deir El Balah Gov.	13,639	9,365	3,365	1,458	899	1,122	13,979	1,270	124	2,201	139	68
Awda - Neusirate	8,426	5,466	2,301	991	523	566	8731	783	70	29	1	1
Shuhada El Aqsa	-	-	-	-	-	-	-	-	-	1700	134	64
Medical Corps H. IMC Deir El Balah	5,213	3,899	1,064	467	376	556	5248	487	54	472	4	3
KhanYonis Gov.	17,306	12,799	4,082	1,675	2,015	1,595	17,414	1,949	195	2,419	201	132
Nasser H.	9,364	7,293	1,832	1,221	1,682	1124	9421	1438	157	2265	195	128
British field H. UK-Med.	828	639	159	121	7	88	828	59	2	0	0	0
ELAmal Hosp./ PRCS	2,295	1,435	825	69	30	111	2324	102	24	71	1	1
Red Cross field H. ICRC	652	517	115	89	6	63	651	12	4	0	2	2
Kuwait Specialist Field Hospital - Shifa Pal	2,370	1,559	797	78	17	188	2395	107	2	5	0	0
Jordanian Hospital/ Khan Younis	163	82	79	11	2	6	163	6	0	2	0	0
El Kheir	433	384	39	20	0	0	432	13	1	1	0	0
El Mawassi Field Hospital - PRCS	1,201	890	236	66	271	15	1200	212	5	75	3	1
Rafah Gov.	All Hospitals were destructed & It's under Israelian occupation and control											

*** (Source: MoH DHIS2, Bayan Platform, 2025)