

# health department



## first 100 days and beyond unrwa health response to covid-19



supplement to  
health department annual report 2019



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this document is a supplement to  
health annual report 2019  
**first 100 days and beyond**  
**unrwa health response to covid-19**

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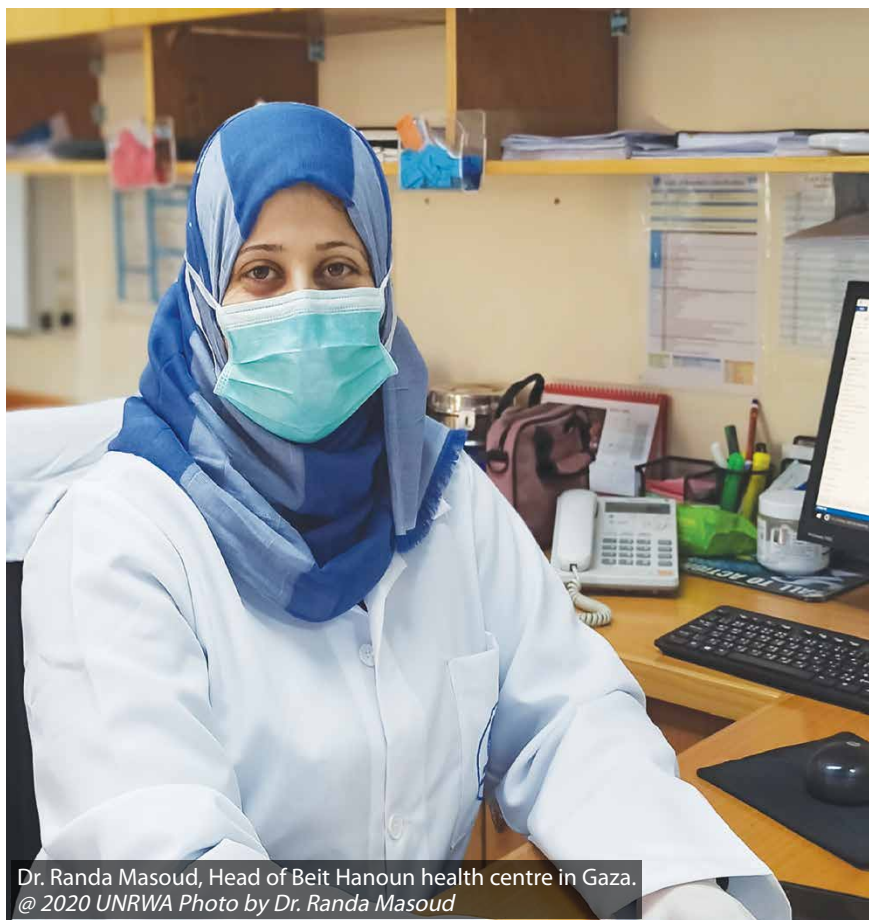
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**Cover photo:** A dentist checking teeth of a girl at a health centre in Syria. © 2020 UNRWA Photo by Ibrahim Miari



Dr. Randa Masoud, Head of Beit Hanoun health centre in Gaza.  
@ 2020 UNRWA Photo by Dr. Randa Masoud

“

“My hope is that humanity as whole, Palestine, Gaza Strip, all UNRWA fields of operations, and Palestine refugees will recover from this pandemic very soon. By “recover”, I mean to recover from all negative aspects; to recover medically, to recover economically, and to recover psychologically, and that we can go back to our normal life. However, after gaining a lot of new knowledge and new experiences, I hope that when we come back to normal life, we would become a better version of each of us.”

Dr. Randa Masoud

Beit Hanoun Health Centre

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# first 100 days and beyond

## unrwa health response to covid-19

### Highlights

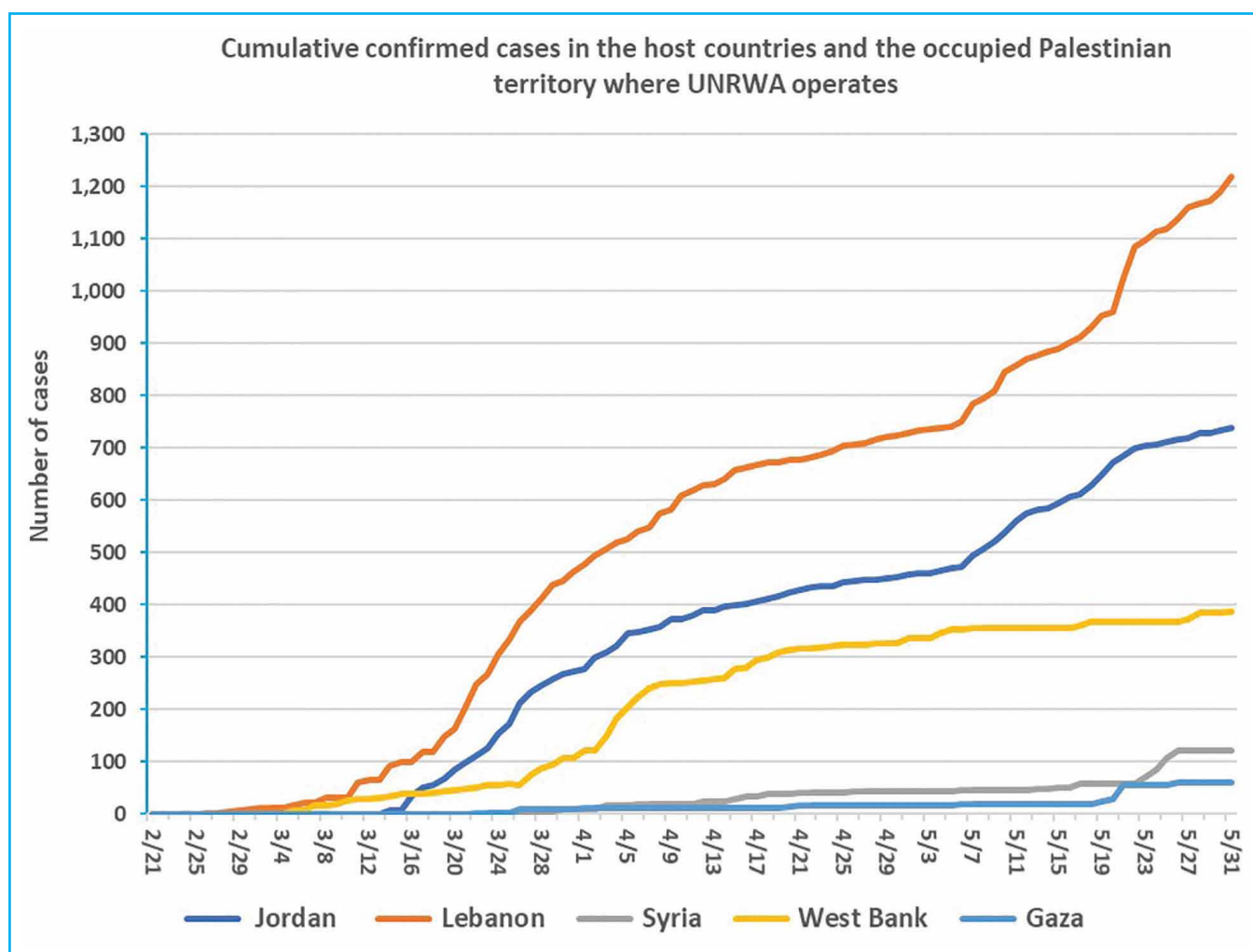
UNRWA Health Department is working closely with the World Health Organization (WHO), Ministries of Health, and partners in all five field locations to protect the safety of Palestine refugees and minimize the risk of COVID-19 transmission in the fragile refugee camp settings. The following key steps were taken:

- UNRWA acted quickly to ensure the continuity of lifesaving primary healthcare services and to strengthen the health system for Palestine refugees, including through the establishment of a triage system and hotline services.
- Establishment of innovative programmes to reach its beneficiaries under restricted conditions. An e-health system was modified to support non-communicable diseases (NCD) medicine home-delivery services for high-risk populations in the camps during the lockdown in Jordan. Quarantine centres have been prepared in Lebanon.
- All health personnel are continuing to work and all health centres are functioning with minimal

exceptions. Personal protective equipment (PPE) have been secured for at least 3 months in all field locations to protect the frontline health workers and work of medicine procurement is on-going despite global disruptions to the supply chains.

### Context

The outbreak of the novel coronavirus (COVID-19) was first reported in Wuhan China in late December 2019, and was declared a Public Health Emergency of International Concern by the World Health Organization (WHO) on the 30<sup>th</sup> of January 2020 [1]. WHO ultimately recognized the COVID-19 outbreak as a global pandemic on the 11<sup>th</sup> of March 2020 [2]. As of the 31st of May, there were 5,891,182 confirmed cases globally [3]. Within the host countries and the occupied Palestinian territories where UNRWA operates, there were a total of 2,494 confirmed cases of which 734 cases were in Jordan, 1,191 in Lebanon, 122 in Syria, 386 in West Bank and 61 in





Gaza. According to unofficial data from the fields, these confirmed cases include 158 Palestine refugees, including 6 in Jordan, 10 in Lebanon, 0 in Syria, 99 in West Bank and 43 in Gaza.

By the end of January, 2020, UNRWA had already begun to prepare and respond to the COVID-19 pandemic. Given the densely populated, poor living conditions in Palestine refugee camps, UNRWA was deeply concerned about the high potential for rapid flareups of COVID-19 outbreaks in these camp settings. Therefore, as the provider of primary healthcare services for over 5.6 million Palestine refugees across 141 health centres in Jordan, Gaza, West Bank, Lebanon and Syria, UNRWA began to implement measures to protect Palestine refugees and frontline workers. This report outlines the initial UNRWA COVID-19 health response from January until May.

## Response across the five fields: Priority of Continuing Care and Protection

UNRWA prepared for COVID-19 spread in its five field locations. By the end of February, a COVID-19 Coordination Body, representing the concerned programmes, departments and units, was established. The body at headquarters established a "COVID-19 Strategic Preparedness and Response Plan for UNRWA" based on a WHO strategic preparedness and response plan [4, 5]. Its primary goal was to outline the top priorities and actions for public health preparedness and response, including for its health services across all field locations. The plan is continuously updated and adapted in relation to the global circumstances of the pandemic and the local situation in UNRWA's five fields of operations.

Prior analysis from the 2014-2015 Ebola outbreak showed that routine health services were commonly interrupted and that the increased number of deaths caused by measles, malaria, HIV/AIDS and tuberculosis which were attributed to interruptions in health system availability, exceeded deaths from Ebola [6, 7, 8]. Due to the risk of interruptions in health system services, UNRWA's health department continuous priority has been to maintain its essential primary healthcare services for Palestine refugees, including those with respiratory symptoms, whilst protecting the refugees and its frontline workers from infection, based on guidance from WHO[9].

Several measures across the fields were taken to continue the provision of essential services while enhancing the protection of refugees and frontline workers. Where the governmental regulations required adaptations to the office working modality, staff adapted to working remotely, with frequent meetings and communications using various channels and platforms. The health department continued to work closely with Central Support Services Division (CSSD) at UNRWA HQ in Amman to sustain the procurement of essential medicines and other supplies to all field locations as per the main pharmaceutical procurement plan 2020. All health centres remained open to provide critical primary health care services with minimal exceptions.

## Triage and Personal Protective Equipment (PPE)

From early March, in all field locations, the health centres introduced triage, the separation of patients with respiratory symptoms from other patients for further identification and referral, in accordance with WHO technical guidelines [10]. Infrastructure renovations were rapidly conducted to facilitate an effective triage process and optimize patient flow at most health centres in all fields. All health staff in all the field locations received training on how to identify suspected cases of COVID-19 among patients with respiratory symptoms. Personal protective equipment (PPE), including masks, gloves, gowns and eye protection were provided to all health centres and are used in accordance with the setting, personnel and type of activities [11]. With the funds from the first appeal to the donors launched on the 17<sup>th</sup> of March [12], the procurement of sufficient PPE was covered for at least 3 months for all field locations. This included over 2 million medical masks, 6.9 million gloves and 270,000 gowns among others. Over 40,000 hand hygiene products were also procured for both patients and staff. Because this outbreak will likely continue for many months, additional PPE is still urgently needed and the funds for it are requested in the updated flash appeal to the donors [13].

## Psychosocial support, disability inclusion and gender-based violence

To further protect its staff, all fields implemented additional psychosocial support for its staff including peer support groups, online and in-person self-care sessions, and specialised psychosocial hotlines. All field locations are also working on continuing the support for critical mental health cases and securing psychiatric medications. Modifications to working



hours or place of work are being made for health staff that need to take care of children due to closure of schools and nurseries.

Health awareness messages in an audio-visual format regarding COVID-19 were created to support persons with disabilities in adhering to hand hygiene and physical distancing. In health centres, the triage areas which were assigned to separate patients with respiratory symptoms were modified to be accessible to persons with disability. In Lebanon, the Siblin Isolation Centre was modified to be accessible for mild/moderate confirmed COVID-19 patients with disability. Further, home visits to persons with disability were conducted to avoid the need to come to the health centre. Expecting an increase in gender-based violence due to home quarantine and financial crisis, the medical staff continued to screen refugees for gender-based violence, identifying the protection concern even during lock-downs.

### Minimizing the number of in-person visits, establishing alternatives

Strict measures were taken to minimise the number of non-critical in-person visits to UNRWA health centres and to reduce the risk of COVID-19 infection among the refugees. Some services which were assessed as less critical have been put on hold across all fields, such as dental and laboratory services except for urgent cases. The status of these services is continuously reassessed and vary based on the needs at each location.

To reduce the need for in-person visits to the health centres, but still provide necessary care, telemedicine hotlines were established. This service allows a medical officer to provide important medical

advice including arrangements for a home visit for particularly urgent cases. Although some field offices already had hotlines, these were expanded and patients are now encouraged to utilise them as the primary way to communicate with their doctors and health service providers. Likewise, patients with non-communicable diseases (NCDs) that need consistent access to medications, are receiving their medicine supply for up to 3 months, either delivered to their homes or through a nominated person collecting the medicines on the patients' behalf from the health centre. This aims to minimize their exposure to other patients with respiratory symptoms whilst securing a supply of essential medications to high-risk patients in case there are any unprecedented disruptions to services. Fields have also established community campaigns to promote preventive measures within the community.

### Devising a strategy for the resumption of services and return to the office

By the end of April, UNRWA had begun to work on a strategy for the gradual resumption of services in the different field locations. The return to the office plan is currently lead by the director of the health department and includes a detailed four phased strategy for a gradual return. This includes adapting to a 'new normal' as a result of COVID-19. Each day, UNRWA is learning more about physical distancing and establishing preventive measures. As national authorities relax the lockdown measures, UNRWA services are also returning to their full-service offerings, but with new precautions. Regardless, UNRWA will remain committed to providing primary healthcare to Palestine refugees with new preventive measures in place in health centres.



Health staff in Gaza worked hard to deliver the medicines to patients at their homes.  
@ 2020 UNRWA Photo by Dr. Khalil Hamad



## COVID-19 Response Timeline

21/12/2019

26/12/2019

31/12/2019

5/1/2020

10/1/2020

First case  
detected  
in **Wuhan**

15/1/2020

9/2/2020

4/2/2020

30/1/2020

25/1/2020

20/1/2020

Public Health  
**Emergency** of  
international  
concern declared  
by **WHO**

**UNRWA**  
begins  
preparations  
for the response

14/2/2020

19/2/2020

24/2/2020

29/2/2020

5/3/2020

10/3/2020

Taskforce  
for  
**COVID-19**  
established

First  
**COVID-19**  
case in  
**UNRWA**  
field

**PPE**  
requisition  
starts

Global  
Pandemic  
declared by  
**WHO**

Implementatio  
n of Triage  
begins

9/4/2020

4/4/2020

30/3/2020

25/3/2020

20/3/2020

15/3/2020

NCD  
medication  
delivery begins  
in **Jordan**,  
other fields  
follow shortly

**LFO**  
Isolation  
centre  
establishment  
preparations  
begin

One health  
centre closed in  
**WBFO**.  
All closed in  
**JFO**. Rest  
operational

Nation-wide  
lockdown  
begins in  
**jordan**. Health  
Centres closed

**UNRWA**  
flash  
appeal  
launched

Telemedicin  
implementati  
on begins

14/4/2020

19/4/2020

27/4/2020

29/4/2020

4/5/2020

6/5/2020

**PPE**, including  
over 2 million, medical  
masks and 6.9 million  
gloves, delivered  
to all field

**JFO** Health centres  
open for  
immunization and  
family planning  
services

Most fields have  
reacjched 80% of  
the medical  
delivery for NCD  
patients

**Kalandia**  
health center  
in **West Bank**  
temporarily  
closed

96-bed  
Isolation  
centre at Sibling  
Vocational  
Training Centre  
was opened at  
**LFO**

**Dera'a**  
health centre  
in **Syria**  
was  
temporarily  
closed

31/5/2020

20/5/2020

Returning to  
the office plan starts  
implementation in  
**HQ** and **JFO**

26,707 calls received via the  
hotlines in Gaza and 100% of  
targeted high risk NCD  
patients received medicines  
via home delivery

**Hebron**  
health centre in  
**West Bank**  
temporarily closed

## Challenges

Both the governmental and private sectors have adapted and implemented restrictions to mitigate the risks posed by COVID-19. As UNRWA health department is working closely with governmental and private partners, and works in vulnerable refugee camp settings, it has been exposed to significant challenges which UNRWA has limited to no control over.

Global restrictions in movements of people and goods have created great difficulties in two top and urgent priorities for UNRWA: the procurement and delivery of medicines and PPE. As UNRWA prioritised giving a 2-3 months' supply of lifesaving medication to NCD patients, this resulted in a need to urgently procure and fill the depleted stocks. However, due to the national lockdowns in exporting countries, such as India, the suppliers could not assure that goods would reach UNRWA health centres without delays. It was however essential for the NCD medications, including psychiatric medicines, to arrive in a timely manner. In order to do this, alternative medicines were chosen whenever possible, and local markets, where medicines would reach the fields promptly, were utilised. UNRWA aimed to ensure that all health centres would be equipped with an appropriate number and type of PPE. This required a rapid assessment of PPE needs in the different fields and adaptation of WHO guidelines according to the requirements of a primary healthcare setting. Locally procuring PPE was challenging as it was difficult to ensure that locally available stock met the standards needed by healthcare centres. Likewise, price volatility made sourcing adequate quantities additionally difficult. International market procurement however involves a higher cost and requires more time. Ultimately, a 3-month supply was secured for all field health centres while a 6-month supply was secured for Gaza. However, additional PPE for the rest of the year is still needed and urgently sought.

In addition to the challenge of medicine and PPE procurement, the crowded environment in the refugee camps remained a serious problem. In refugee camps the infrastructure is constricted and families live in distinctly close quarters, resulting in difficulties in maintaining physical distance even during government-imposed lockdowns. In order to improve the situation, UNRWA implemented sanitation activities as well as community informational campaigns in the camps in collaboration with the host governments.

Lastly, devising an exit-strategy for gradually resuming services in the different field locations has constituted a challenge due to the changing epidemiological profile of the disease in addition to rapidly changing national and international guidelines relating to the outbreak. UNRWA health department continues to work closely with the different fields in envisaging the different scenarios and adapting plans as needed in order to return to full-services with new precautions. By the end of May, careful gradual resumption of services has begun.

## Field specific response

All field locations are responding to the pandemic based on technical guidance from WHO while also taking into consideration the unique circumstances in each area.

### Gaza

In Gaza, the first two cases were detected on the 21<sup>st</sup> of March. To protect the two million Palestine refugees living in one of the world's most densely populated areas, UNRWA took prompt action. Gaza field office established 18 medical points in UNRWA schools near the health centres. These medical points serve as triage to separate patients with respiratory symptoms from other patients visiting the health centres. Currently 21 days of quarantine after entry into Gaza is required and the Gaza field office is supporting the Ministry of Health in creating quarantine centres using UNRWA facilities.

All the health centres continued to provide vaccinations, visits for high-risk cases of maternal and child health, and emergency dental care throughout. In early May, given that there had been no cases of community transition, health centres also resumed antenatal health check and urgent physiotherapy visits with additional precautions. Patients that need



Home delivery of NCD medicines to elder patients at the doors of their homes by health staff in Gaza.  
© 2020 UNRWA Photo by Khalil Adwan



care for other non-critical services are encouraged to use telemedicine to minimize in-person visits to health centres. From the 31<sup>st</sup> of March to 31<sup>st</sup> of May, 26,707 calls were received via the hotlines. NCD patients, with priority to patients over 70 years old and/or those who have type 1 diabetes, are receiving essential medicines through home delivery. By the end of May, 18,348 NCD patients received home delivery of their medications, including 100 per cent of the high-risk priority group.

## Jordan

Jordan implemented a full nation-wide lockdown and curfew on the 21<sup>st</sup> of March, which led to UNRWA health centres being temporarily closed. However, the Jordan field office responded promptly, within the constraint of limited movement permissions, by arranging NCD medication home delivery services. This covered a minimum of 2 months of prescriptions for NCD patients with the help of both health workers and community volunteers. The new medicine delivery service platform and e-Health system was successfully implemented to support the NCD medicine delivery. As of the 21<sup>st</sup> of May, 74,798 (94 per cent of the target) NCD patients received their essential medicines. Since the government of Jordan eased the lockdown measures, the Health Programme started resuming the immunization services on the 27<sup>th</sup> of April, followed closely by the resumption of family planning services on the 5<sup>th</sup> of May. Between 27<sup>th</sup> of April and 30<sup>th</sup> of May, 17,743 children were vaccinated.

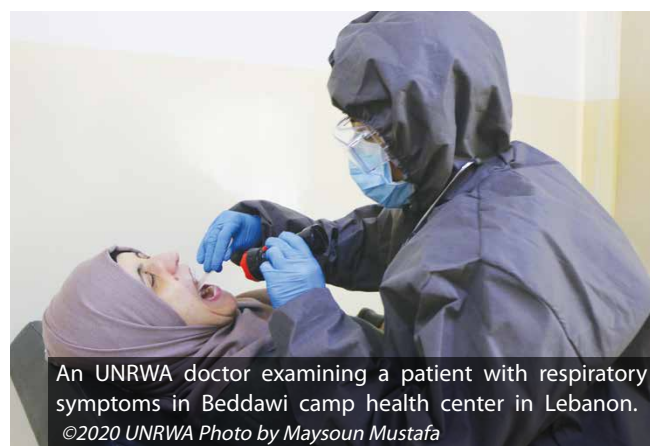
Jordan field office has also been working on the implementation of community-based awareness campaigns in the camps. Volunteers are selected and trained to disseminate scientific information about COVID-19 as well as encourage proper preventive measures such as physical distancing and staying at home. The volunteers would go to the areas where people are normally gathering to improve the accessibility of health information at the community-level.



Volunteers at Suf camp in Jordan helping in the distribution of NCD medicines to patients at their homes.  
© 2020 UNRWA Phot by Dr. Mustafa Ammoura

## Lebanon

In Lebanon, the increased number of cases has the potential to overwhelm the capacity of national hospitals. UNRWA, in partnership with Médecins Sans Frontiers (MSF), opened a 96-bed quarantine centre at Siblin Vocational Training Centre on the 6<sup>th</sup> of May to host mild to moderate confirmed COVID-19 patients to reduce the burden on the national health system. The second isolation facility is being prepared at Sammouh School in Ein El Hilweh camp. UNRWA health centres are functioning normally in offering critical primary healthcare services. Patients are required to make an appointment by phone before coming to the clinic and NCD patients are receiving a 2-month supply of medication through collection from the health centre.



An UNRWA doctor examining a patient with respiratory symptoms in Beddawi camp health center in Lebanon.  
©2020 UNRWA Photo by Maysoun Mustafa

Concerning hospitalisation, Palestine refugees with COVID-19 in need of medical care are transported to a suitable hospital by the Lebanese Red Cross, in coordination with the Palestine Red Crescent Society and UNRWA Area health officers. The Agency and the Palestinian Embassy in Lebanon are covering the medical costs of Palestine refugees hospitalised with COVID-19.

## West Bank

In the West Bank, the main challenge was the limited number of health workers available due to the restrictions of movement between the governorates. Therefore, the West Bank field office started a rotation plan with two teams in each health centre. Each team covered 2 weeks while the other team covered the next two weeks. This measure aimed to allow for flexibility in traveling under the restricted movement. Since the movement restrictions were removed at the end of May, all current work is back with full staffing capacity.



Home care and delivery of medicines for disabled persons in West Bank as part of disability inclusion.  
© 2020 UNRWA Photo

The Biddou health centre was initially temporarily closed due to being attended by suspected case who later tested positive with COVID-19 in Ministry of Health hospital. The health centre remained closed for longer due to the lockdown in the area. However, during the closure of the Biddou health centre, its communities were committed to provide life-saving medication for NCD patients through the Biddou emergency committee and village council. The Kalandia health centre was closed at noon on the 4th of May due to clashes between Israeli security forces and Palestinians in the camp. Hebron health centre was shortly closed on the 20th of May to carry out disinfection due to a confirmed COVID-19 visit. Health staff who were in contact with the COVID-19 cases were tested by Ministry of Health and all health staff were at home quarantine for one week (total 2 weeks from the visit date). Since the 28<sup>th</sup> of May, all health centres are operating as usual in providing critical health care. Other health services are resumed including the registration of new antenatal cases, laboratory test for high-risk pregnancy women, emergency cases for dental and physiotherapy, and full NCD services with laboratory tests.

## Syria

In Syria, the ongoing humanitarian situation creates further difficulties in responding to COVID-19. Despite the challenges, Syria field office managed to procure both PPE and essential medicines for the response. The triage system has been implemented in the health centres with full PPE to separate the patients with respiratory symptoms in an emergency room. Qaber Essit health centre in Rif Damascus, where the camp was under isolation, was only run by staff living in the camp. The security situation in the Dera'a area, southern Syria, was continuously highly volatile, resulting in the temporary closure of the health centre. However, all health centres have been operating from the 17<sup>th</sup> of May.

In order to maintain health provision but also reduce the crowdedness in the health centres, telemedicine hotlines were rapidly set up in all 26 health centres. Patients are encouraged to use the hotlines as the primary means of communication with healthcare providers. Health centre visits were reduced by approximately 50 per cent via the use of telemedicine and suspension of non-critical health care services. Given the high workload of health workers in challenging circumstances, 15 hotlines were established for providing psychosocial support to health workers by psychosocial counsellors.



Nurse Georgette's personal initiative to deliver medicines to the homes of patients living 50 Km from Homs in Syria.  
© 2020 UNRWA Photo Dr. Kinan Fanous

## Frontliners share their stories

### Jordan

During the nation-wide lockdown in Jordan, some movement permissions were issued for essential NCD medication delivery purposes. Dr. Mohammed Farra was assigned to be in charge of five health centres to manage a small team of four pharmacists and local staff in this task.



Dr. Mohammad Farra, the medical officer at North Shuneh HC in Jordan.  
© 2020 UNRWA Photo Dr. Mohammad Farra

"Every story was special really...because seeing patients receiving their medication with a tear in their eyes, and seeing the gratitude... It happened for more than just one patient. I wouldn't do justice in choosing one story over another. So, let's say, that



after this mission I feel very honoured and happy that at the end of this hopefully, we managed to do our humanitarian mission. At least we did our Hippocratic oath - this is why we joined a humanitarian organisation. We left something for these people, it wasn't just the medication, it is something in the soul. They are our people and we are used to helping them and serving them with all we can."

- Dr. Mohammad Farra, North Shuneh health centre

## Gaza

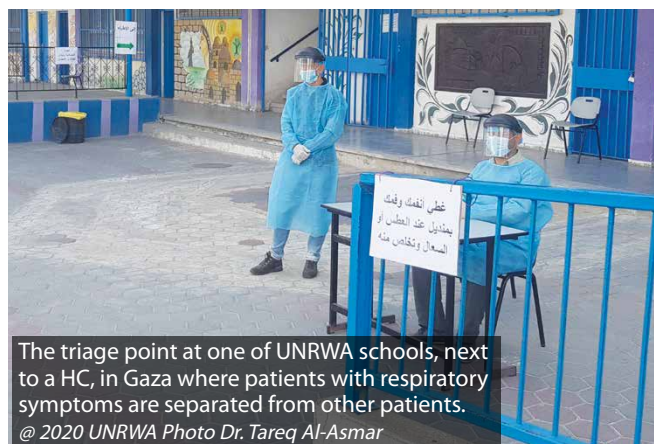


Health staff at Beit Hanoun HC in Gaza wearing full personal protective equipment to protect themselves and others from the transmission of COVID-19 virus.

@ 2020 UNRWA Photo Dr. Nisreen Halabi (Head HC)

"About hotline, we had a case that was complaining about fever after delivery. We discovered during the phone call that this lady may have puerperal sepsis. We did an urgent visit for her and we discovered that she had an infected wound. We managed her condition and we did a follow-up visit for her and she improved very well. Puerperal sepsis - it has a high mortality. So, I think via this hotline, we saved the life of this lady and also saved all her family."

- Dr. Nisreen Halabi, Bureij health centre



The triage point at one of UNRWA schools, next to a HC, in Gaza where patients with respiratory symptoms are separated from other patients.

@ 2020 UNRWA Photo Dr. Tareq Al-Asmar

"After our communities see what we are doing, especially the separate medical points and how restricted we are in implementing the public health protection measures. They started to be aware about

the seriousness of COVID-19, and they started to follow the measures."

- Dr. Tareq Al-Asmar, Khanyounis health centre

## Lebanon



Staff at Mar Elias HC in Lebanon received several psycho-social support sessions to help them cope with the COVID-19 pandemic stress.

@ 2020 UNRWA Mona Lwahid

"I want to say that we feel lucky because of the presence of psychological support specialists at UNRWA, whom keep talking to us (as staff) daily and without them we couldn't have continued working in this difficult time. They supported us, gave us tips on how to remove stress and cope with COVID-19 during work and what to do at our houses. They keep calling us and we find them whenever we need them. Now after months, COVID-19 is still there but because of the psychological support our smile is there too."

- Mona Lwahid, Mar Elias health centre

## West Bank



A child receiving vaccination at Biddu HC in West Bank. The health staff wears full personal protective equipment and the mother wears a mask.

@ 2020 UNRWA Photo by Dr. Khaled Alrai

"As you know, the camp is overcrowded residential area. So, if COVID-19 attacks, it will become terrible. That's why I coordinated as a medical officer with my colleagues, especially with school principals and camp service officer, to start awareness campaigns targeting school boys and girls and the local community. So,

we started this campaign to let people know what is COVID-19, what are the measures of preventive care and how to protect ourselves. Also, we coordinated with the Imams of the mosques to help us. Because you know, good number of people listen to the Imams and believe in what they say.”

- Dr. Jawad Khairan, Arrob health centre

## Syria



Clerk at Khan El-Sheih HC in Syria taking precautions for the protection from COVID-19 infection.  
© 2020 UNRWA Photo by Dr. Ali Ghaza (Head HC)

“Another challenge was noticed in Syria field office, was related to the transportation issues, in which staff at the beginning if the curfew (Rural areas), couldn't make it to the health centres due to the stop of transportations. But UNRWA overcame this issue and got permissions for them.”

- Dr. Ali Ghazi, Khanelsheh health centre

“Some of our beneficiaries living away from the Homs city centre, with no transportation to reach them. So, one of our colleagues, senior staff nurse Georgette, she is living near their town so she, as a personal initiative, she delivered medications for them. The area called Al-Nasrah, it is about 50 km away from Homs. ”

- Dr. Mahmoud Faysal, Homs health centre

Table 1: Type of health care visit during the period (Jan-May 2020)

Type of health care visit	Jan	Feb	March	April	May	% of decrease (Jan to May)
Medical consultations	497,574	517,121	395,947	194,156	209,179	58.0
Non-communicable diseases	168,038	162,378	154,617	121,365	94,588	43.7
Antenatal	52,035	50,994	37,381	17,263	15,516	70.2
Family planning	37,196	36,607	28,486	15,206	9,993	73.1
Preconception care	15,189	15,475	9,466	1,745	1,019	93.3
Postnatal	5,833	5,294	4,572	3,551	2,782	52.3
CHR Imm/GM	103,827	102,386	76,576	41,176	61,454	40.8
CHR Newborn	6,444	5,658	4,873	3,539	5,043	21.7

## Core Primary health care services

The agency has focused on reducing the number of in-person visits to the health centres to reduce the risk of potential COVID-19 transmission without compromising the quality of the critical lifesaving primary health care services.

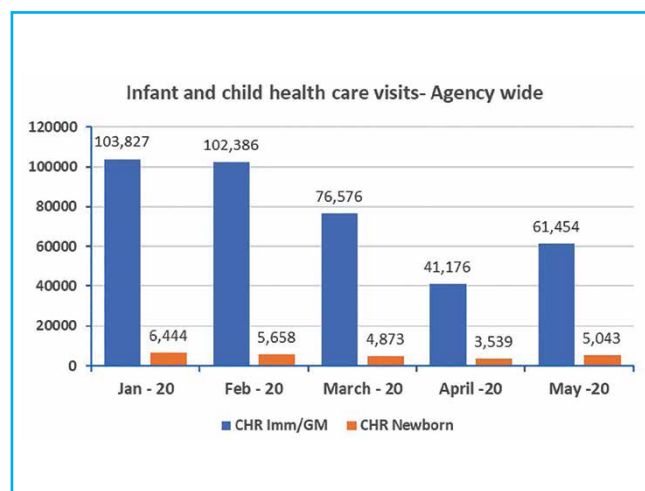
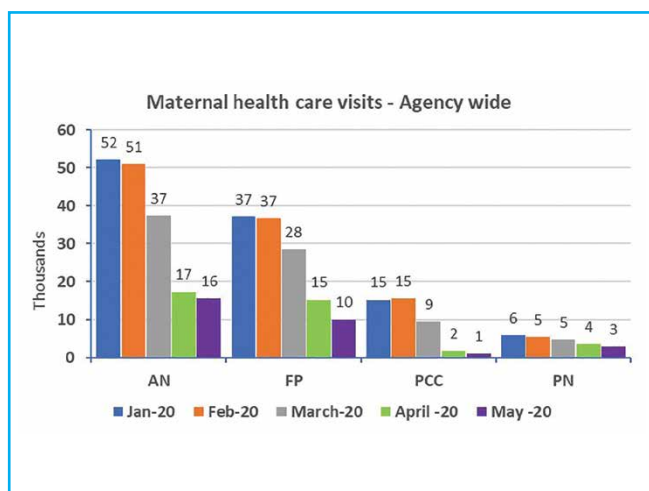
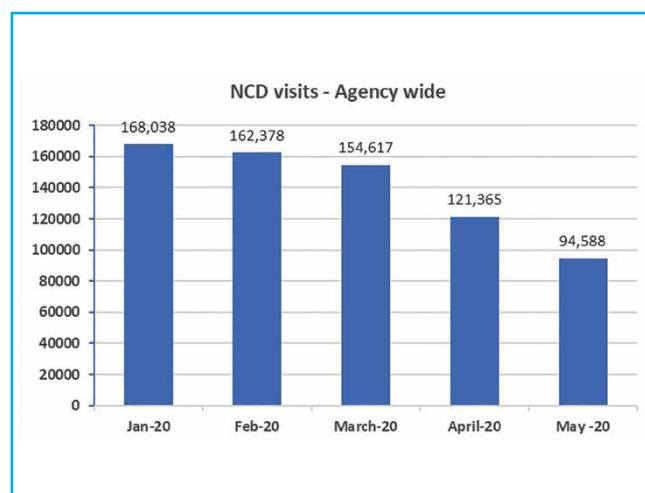
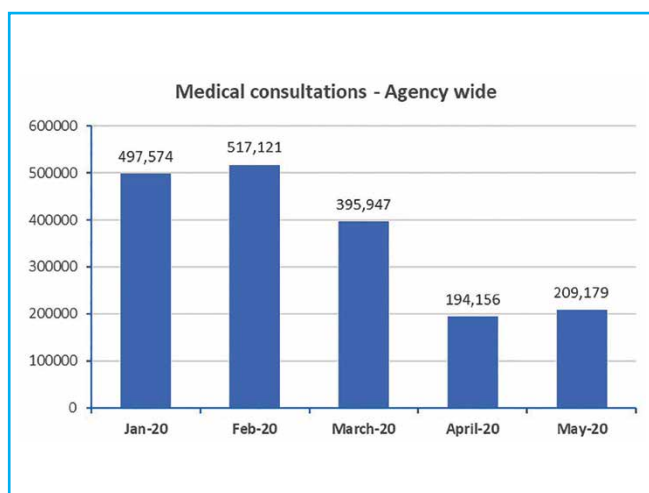
UNRWA prioritised the establishment of telemedicine hotlines to ensure the refugees can still receive the necessary medical consultations by healthcare workers remotely. Most field locations have active hotlines available covering all the health centres. In Lebanon, where the host government hotline is responding to all the calls, establishment of hotlines in each UNRWA health centre is in process. UNRWA equally focused on delivering NCD medications to patient homes. This was done over a short period in Jordan due to nationwide movement restrictions. From late March until 21<sup>st</sup> of May, 94 per cent of the targeted patients in Jordan received their 2-3-month medicine supply via delivery. In Gaza, 18,348 NCD patients received their medicine supply via home delivery by the 31<sup>st</sup> of May. This includes 100% of the prioritised high-risk NCD patients. In other field locations, the NCD patients received their medicines through both home delivery and through a nominated person collecting it on their behalf from the health centre.

The below data reflect a decrease in health care visits. Agency-wide, medical consultations decreased by 58 per cent across all services from January to May. The highest decrease in medical consultations was in the Jordan field which declined by 96 per cent from January to May. This is attributed largely to the closure of health centres during the nationwide lockdown. The lowest decrease was in Gaza with a 42 per cent reduction from January to May.



Across all types of visits, the largest decrease was for preconception care by 93.3 per cent, family planning by 73.1 per cent and antenatal care by 70.2 per cent. The smallest decrease in visits was

observed for child healthcare for newborns by 21.7 per cent, largely attributed to the visits returning in May. Field-specific individual indicators can be found in the annex for further information.



## Footnotes

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6. Piot P, Muyembe J, Edmunds WJ. Ebola in west Africa: from disease outbreak to humanitarian crisis. *Lancet Infectious Diseases* [Internet]. 2015;14(11):1034–5. Available from: [http://dx.doi.org/10.1016/S1473-3099\(14\)70956-9](http://dx.doi.org/10.1016/S1473-3099(14)70956-9)
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9. World Health Organization. Country & Technical Guidance - Coronavirus disease (COVID-19) [Internet]. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>
10. World Health Organization. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. Interim guidance. 13 March 2020. 2020.
11. World Health Organization. Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages. Interim guidance. 6 April 2020. 2020.
12. UNRWA. covid-19 response unrwa flash appeal for immediate needs. 2020.
13. Updated unrwa flash appeal for the covid-19 response. 2020.

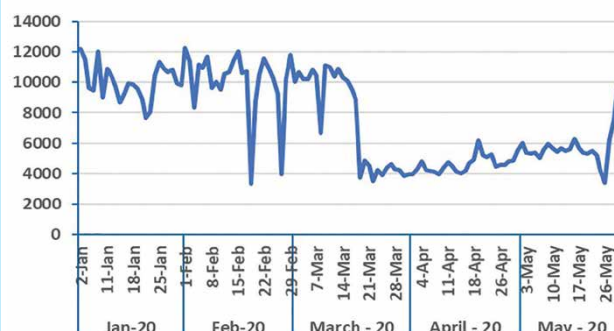
# Annex

## Fields- wide trends for selected indicators during the period (Jan – May 2020)

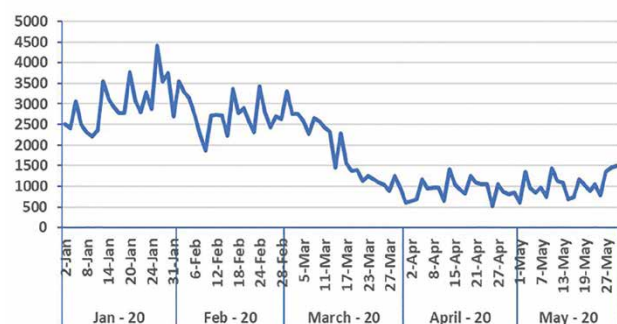
Medical consultations - Jordan Field



Medical consultations - Gaza Field



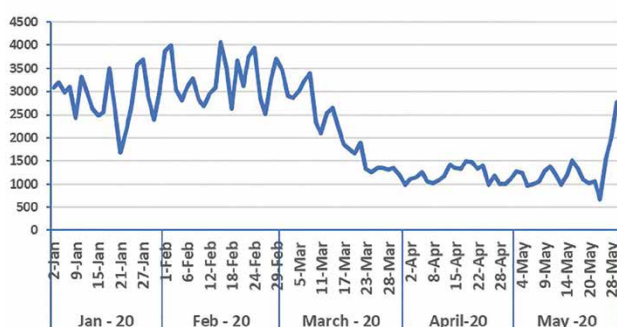
Medical consultations - Lebanon Field



Medical consultations - Syria Field



Medical consultations - West Bank Field



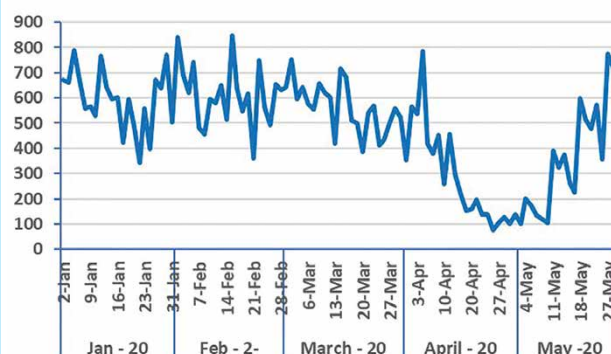
NCD visits - Jordan Field



NCD visits - Gaza Field



NCD visits - Lebanon Field



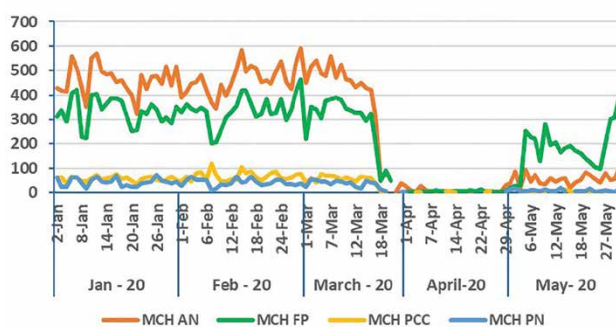
NCD visits - Syria Field



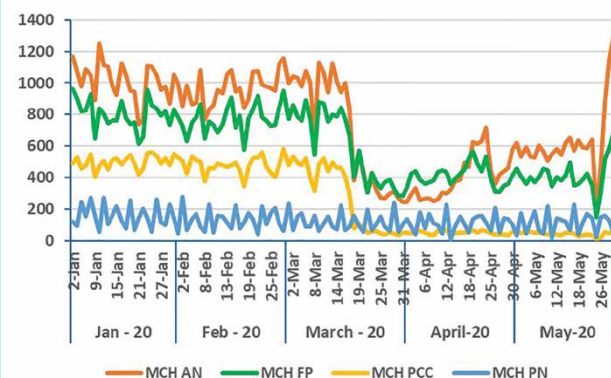
NCD visits - West Bank Field



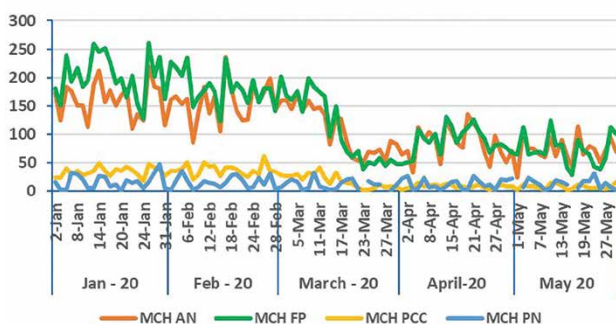
Maternal health care visits- Jordan Field



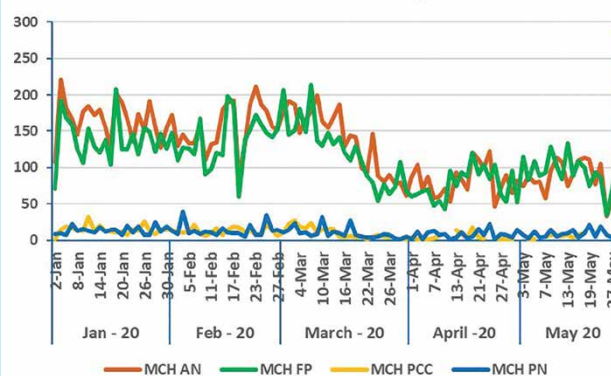
Maternal health care visits- Gaza Field



Maternal health care visits - Lebanon Field

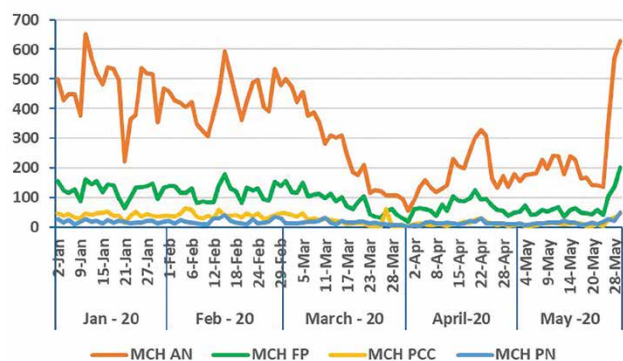


Maternal health care visits - Syria Field

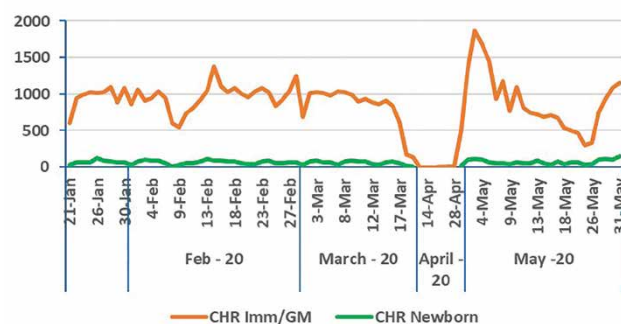




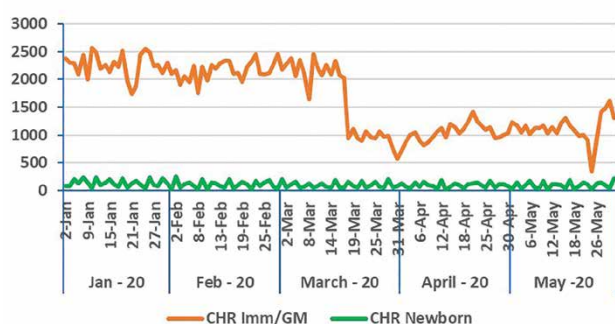
Maternal health care visits - West Bank Field



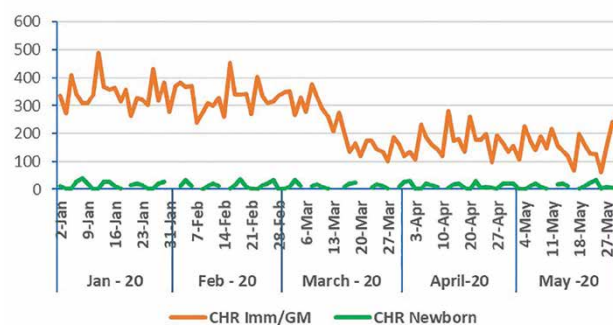
Infant and child health care visits - Jordan Field



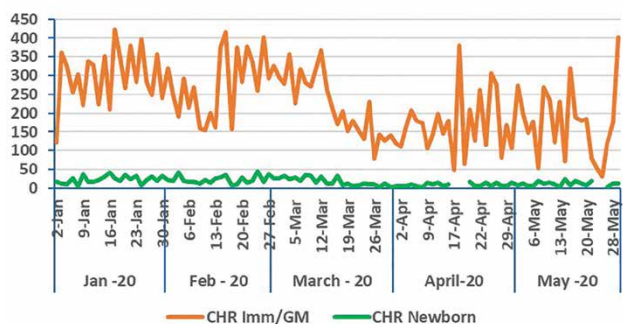
Infant and child health care visits - Gaza Field



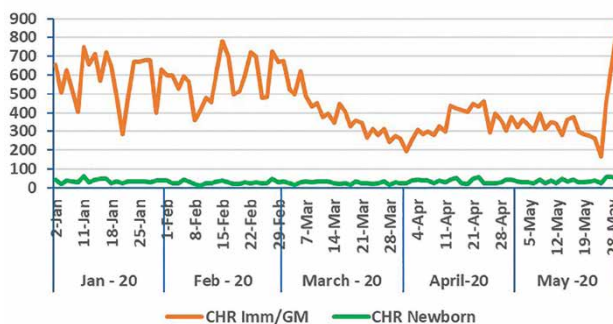
Infant and child health care visits - Lebanon Field



Infant and child health care visits - Syria Field



Infant and child visits - West Bank Field







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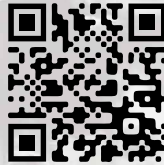
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