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Gaza Family Doctor Initiative in the refugee camp in the middle of Gaza during the War

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Abstract

Introduction: Family medicine responses to armed conflict are rarely documented, especially those led by refugees. This brief report describes the creation, scope, and early outcomes of the Family Doctor Initiative (FDI), a refugee-led primary care response during the Gaza war. The FDI was launched in January 2024 by a displaced family physician to deliver comprehensive care in tent-based clinics located within refugee camps in the middle of the Gaza strip. Services include acute care, chronic disease management, mental health support, breastfeeding and nutrition counselling, and health education.

Methods: Service and staffing data from May 2024 through April 2025 are reported.

Results: Over 12 months, the FDI conducted 38,326 patient encounters across three sites. Most visits addressed acute concerns (79%), while 14% focused on chronic conditions such as diabetes and hypertension. Additional services included 495breastfeeding and nutrition counselling visits and 8,225 mental health consultations. The FDI is staffed by locally trained health professionals and integrates family medicine's biopsychosocial model within the surrounding community of tents.

Conclusions: The FDI exemplifies a community-embedded, continuity-focused, family medicine approach to crisis care. It demonstrates how family physicians, even as refugees, can lead localized, sustainable, and responsive care models in conflict settings where traditional systems have collapsed or are focused on acute care. It also underlines the value local expertise can add to the relief efforts of international NGOs.

Introduction

Little is published on primary health care delivery, especially Family Medicine, during armed conflict. Depending on the degree of destruction to the health care infrastructure, primary care physicians, as has occurred in parts of the Ukraine, remain in place but expand their scope to include more acute trauma management.[1]However, when health care structures are targeted and destroyed, as in the Gaza War, hospitals and clinics are vacated or continue to function under severe strain, often with the support of international aid agencies (NGOs).[2]Health professionals are sometimes killed, and many are forced to flee. Some continue to practice in the damaged facility, often risking their lives.[2,3]As staff are

lost and patient loads increase, health profession students, nearing the end of their trainingareoften pulled into service.[4]

In Gaza, the ongoing war has created continuing casualties, but health needs extend beyond acute injury that are often ignored because trauma takes precedence. Chronic health issues, such as diabetes, need management.[5]Health prevention education and activities,and mental health services also require attention.[6]The continued Israeli military presence and supply blockades, and the cost of transportation prevent many from seeking care for non-urgent issues. Even when they do, they are often dissatisfied.[7]

In late 2023, Dr. Khashan, a displaced family physician, founded the Family Doctor Initiative (FDI) in the Al-Bassa area of Deir Al-Balah area of the camp where she was living with her extended family. She was inspired to do so when she encountered a depressed and anxious mother trying to secure care for her child's pneumonia.[7]The objectives were: 1) To give comprehensive, whole person and whole family care, with a biopsychosocial family approach that targeted the needs of all family members and 2) To provide services where people lived they are not subjected to danger when trying to access health care. The report describes the initiative and summarizes one year of care data.

Setting and Services

The Mawasi Al-Qarara camp is the temporary home to nearly a million Gazans, with approximately 34,000 per square kilometer.[8]TheFDI opened its first tent in January 2024 with a family physician, a general practitioner (GP), a nurse, and a logistician. By March, the initiative had grown to three tents offering acute care, chronic disease management, mental health support, breast feeding and nutrition counselling and health education. Locations are within ten minutes of the sea, distributed seven to ten kilometers apart, within ninety minutes to two hours walking distance, running north to south (Al-Zawayda, Deir AlBalah, Al-Qarara). Services are available for all ages six days a week.

Breast feeding and nutrition support as well as mental health services were expanded at the Al-Qarara, Khan Yunis site in June 2024 and August 2024, respectively, based on community assessment. Health education includes learning about topics such as poliomyelitis to encourage immunizations and diabetes education groups. Referral hospitals are located 8 to 30 km, or one to three hours walking, from the tents.

Team and operations

Unemployed Gazans were hired as staff. Dr. Khashan assembled a trusted team that included a nurse, physician and an administrator to determine roles and salaries. To ensure sustainability, wages were set below government and NGO levels. Transportation support was later added due to safety and cost concerns in order to support the team in reaching the tents. The positions include family physician, GP (who completed medical school and an additional year of training in predominantly hospital rotations) nurse, health educator, pharmacist, logistician, driver, psychologist, and community liaison. The administrative team is composed of the director, social media overseer, in-the-field supervisor, treasurer, photographer, two logistic assistants, and driver. They communicate routinely through WhatsApp. In April 2024, Dr. Khashan relocated to Oman for her infant's safety but continues to direct the FDI remotely.[7]

Given the toll of the ongoing war and repeated displacements, Dr. Khashan sought ways to support the team's morale. Monthly gatherings, which included sharing food and fun, were held when funds allowed. Though these ended due to financial constraints, a proposal to renew support remains unfunded.

Funding and Supplies

The Ministry of Health (MOH) was supportive of the FDI from the beginning and provided encouragement and has helped to facilitate access to medications and supplies but provides no funding. FDI shares data with MOH. Monies were secured by building a network of relationships inside and outside of Gaza through personal and organizational connections and social media. Dr. Khashan used social media, especially Facebook, to communicate about FDI activities. The UK NGO Doctors Worldwide began funding the FDI in September 2024 and is committed through September 2025.[9]

Securing supplies amid border blockades is an ongoing challenge. Personal and professional networks have been key. A colleague's connection facilitated two vans of medication transported through the Egyptian Red Crescent. The MOH director of primary health care had been Dr. Khashan's professor. That connection facilitated MOH helping to secure medications for FDI at times when the borders were closed. FDI hired drivers and rented trucks to travel to various locations where FDI supplies could be secured or purchased. FDI family physicians created a list of essential medications and supplies, and the field director has negotiated deals on

the "black market" when the bordersare closed. Black market supplies are understood to be either stolen or smuggled.

Security and Community connections

Bombing threats and military presence pose constant threats and continued re-displacement. In February 2025, the most northern FDI tent (Al-Zawayda) closed when the physicians returned to their pre-war locations. The tents made of UV-stabilized polyethylene on aluminium poles are weather resistant, but not secure.[10]Anyonecandisassemble the tent, sleep inside, or enter the tent and steal supplies after hours. Early onDr. Khashan organized a community liaison at each sitewho built relationships with the community by assessing needs, promoting the health services, and recruitinglocal community members to protect the tent. A strong partnership with the community has been essential.

METHODS:

Although the FDI began in January 2024, consistent daily reports on patient talliesand demographicsbecame available in May 2024.One year of data on patients and health personnel are presented using descriptive statistics.

RESULTS

Across the threetents FCI recorded 38,326 primary care encounters between May 2024to April 2025, averaging 42 patients per tent per day.Patients were evenly split by gender, 53% were adults, 35% were children and 12% over age sixty.Most visits (79%) were for acute issues such as lice, skin rashes, and gastroenteritis.Chronic health issues (e.g., diabetes, hypertension, thyroid disorders) accounted for 14%of the time.About 1% of visits were referred for advanced evaluation, including suspected appendicitis, meningitis, acute coronary syndrome, respiratory distress in children, and severe cellulitis, and trauma.

The breastfeeding/nutrition and the mental health centers managed 1644 and 8225 encounters, respectively. Breastfeeding offered support for breastfeeding mothers. As food became increasingly scarce, malnutrition assessment was added, andfamilies were supplied with prepared meals, honey, tahini, peanut butter and Vitamins. Cases dropped off in early 2025 when the ceasefire allowed Gazans to move back to their cities. However, when bombardment started again, displacement increased,and the need resumed;FDI is training a nurse to restart the service.Mental health services are delivered by trained psychologists and include individual and group sessions, education, and psychological debriefs. See Table 1.

FDI health care personnel totals and current employment for the tents are presented in Table 2. All graduated from Gaza universities. Three family physicians were in the final years of the4-year residency program. Staff roles remained stable, though individuals rotated due to war conditions. No staff deaths occurred during the study period.

DISCUSSION

The FDI offers a rare model of family medicine-led refugee care during war. Unlike many international NGOs or the UN services, it integrates three key elements: First, a biopsychosocial, whole-family care model grounded in family medicine; Secondly,accessibility and continuity, with care located where refugees live; Thirdly, deep community engagement, including needs assessment and engaging community members in protecting the FDI tents.
Few published examples describe primary care responses to war from within refugee populations. In Borkan's exploration of this topic, he discussed family medicine's commitment to the biopsychosocial model andhow the 4Cs of primary care—first contact, comprehensiveness, coordination, and continuity principles are paramount, all practiced within the community.[11]The FDI exemplifies this framework. In addition, this effort is led by a refugee family physician, grounded in local knowledge, and built on resilience and community trust.

Ideally, it would be good to have more comprehensive data like the types of problems seen, the numbers of patients participating in diabetes sessions, patient satisfaction assessment or interviews with patients or staff about their experiences. The rapidly evolving armed conflict, bombings surrounding the tent sites, the everchanging displacement affecting patients and staff, made more detailed data collection impossible. Research during armed conflict is difficult and research from family physicians during war is rare, especially researchers who are refugees themselves.

Unfortunately, war continues to devastate the lives of patients and health care professionals throughout the world, especially in the Middle East.[2]The FDI demonstrates a replicable model for crisis health delivery that honors family medicine principles under extraordinary circumstances. Family physicians, even in displacement, can lead impactful, community-based care.

The FDI exemplifies a community-embedded, continuity-focused, family medicine approach to crisis care. It demonstrates how family physicians, even as refugees, can lead localized, sustainable, and responsive care models in conflict settings where traditional systems have collapsed or are focused on acute care. It also underlines the value local expertise can add to the relief efforts of international NGOs.

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Table 1. Description of FDI activities including demographics of patients and types of cases at 3 tents and 2 centers (breast feeding and mental health between May 2024-April 2025

FDI Sites	Deir Al-Balah, Al-Bassa area	Al-Zawayda	Al-Qarara, Khan Yunis		Al-Qarara Breastfeeding + Nutrition support	Al-Qarara Mental Health support
Operation details	Opened first	Closed due to re-displacement Feb 2025			July 24-Jan 25	Oct 2024-June 25
Services provided	Primary health care, including acute care, chronic care management, health education, dressing changes, referrals				Breastfeeding support + feeding due to malnutrition*	Individual sessions, group sessions, psychological health education, psychological debrief
Visit totals each site for 1 year				**1-year FDI visit total**	Visit totals 7 months	Visit totals 8 months
	10,399	8, 758	19,169	38,326	495	8225
Daily patient average	37	30	60	42	3	41
Gender % female	49%	48%	50%	49%	New cases: 44%	Individual2%
Age distribution					Follow up case: 55%	Groupsessions[a]32%
Child (0-12y) %	38	33	35	35	Pregnant 3%	MH Education[b]47%
Adult (13-60) %	52	57	51	53	0-6 mos 31%	Psych debrief[c]22%
Elderly (60+) %	9	9	10	12	6-24 mos 66%	
Acute cases	7429	7782	15024	30235		
Chronic disease management cases	1342	976	3216	5534		
Medications^	6442	4658	11432	22532		
Health Education	2617	323	2338	5278		
Dressing changes	1914	1492	2315	5721		
Follow-up cases	1338	298	839	2475		
Referral	226	17	214	457		

*Support from the UK NGO Gaza infant nutrition alliance (GINA), https://www.gina.org.uk/

^Medication administration or distribution occurs with other types of visits

[a] Group session – therapy for a group of individuals facing similar challenges like depression, grief, etc.

[b] Mental Health education – discussion about stress management, depression, grief, etc. in group setting

[c] Psych debrief - providing emotional and psychological support immediately following a traumatic event, usually done for a group

Table 2. Employment totals for each position over 1 year and current health care personnel in twoFDI tents^

Position	**# who have held the position (current #)**
Family physician	6(2)
General practitioner	7(3)
Nurse	9(2)
Pharmacist	2(1)
Psychologist	2(2)

^Al-Zawayda tent closed Feb 2025 due to physician re-displacement