

SITUATION REPORT occupied Palestinian territory, Gaza 7 – 13 August 2018













Highlights

- The latest figures provided by the Ministry of Health (MoH) indicate that 10 Palestinians were killed and 439 were injured by Israeli forces from the 7th to the 13th August.
- 6 were killed (including one pregnant woman and her two child) and 42 were injured by Israeli airstrikes during this reporting period. The remaining 4 deaths and 397 injuries were caused by Israeli forces during the demonstrations.
- Out of the total 439 injuries, 237 required transfer to the MoH hospitals or to NGO clinics including 47 children and 24 females. From the hospitalized injuries, 6 cases were critically life-threatening, 99 moderate, 117 mild, and the remaining 15 were unspecified cases¹. Refer to Figures 1 and 2 on the following page.
- 9 Trauma stabilization Points (TSPs) were set up by the MoH and Palestinian Red Crescent Society (PRCS). 202 injuries were managed and directly discharged at the trauma stabilization points (TSP). WHO is strengthening the capacity of the TSPs across Gaza to provide lifesaving interventions.
- Gaza's 14 public hospitals rely on **donated fuel** to run generators during the electricity black-outs, which lasts 18-20 hours per day. The last batch of UN donated fuel, approximately 370,000 litres, entered Gaza via Karem Shalom on the 12th and 13th August; and there is currently no funding to procure more fuel. As a result, by the 31st August, the UN funded emergency fuel will completely deplete,



Photo: Abdullah Al-Qutati (right), a first responder, was killed by Israeli forces while working to help those injured during protests east of Rafah Governorate, located in the south of Gaza.

forcing public hospitals to significantly reduce essential services. Intensive care units, operating theatres and other critical units will face interruptions. This will be immediately life-threatening for over 2,000 patients relying on electrical devices, including neonates in incubators. An additional 120,000 ill patients regularly receiving treatment at the hospitals will also be immediately affected and 1.27 million people relying on public secondary healthcare will be impacted. There is also an increased risk of waterborne disease and outbreaks across Gaza.

• In July, 48% of essential drugs were at less than one month's supply and 40% were completely depleted at the MoH. In addition, 29% of essential disposables were at less than one month's supply.

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¹ Source: Ministry of Health

Figure 1: Type of emergency consultations treated from the 7th to 13th August

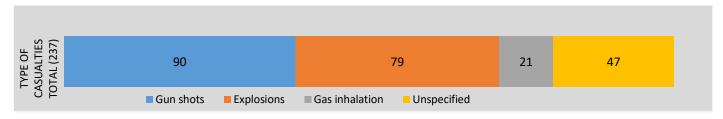


Figure 2: Emergency consultations disaggregated by gender and age from the 7th to 13th August

Total	By gender		By age	
	Male	Female	Children	Adults
237	213	24	47	190

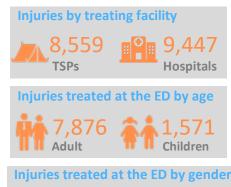
Caseload of casualties related to the conflict

- Casualties: Since the 30th March until the 13th August, 175 people have been killed². 160 people were killed by Israeli forces during the demonstrations and 15 people killed by Israeli attacks. The total figure of people injured amidst the conflict since the 30th March stands at 18,006. From this total, 8,559 were treated and immediately discharged from the TSPs and the remaining 9,447 were transferred to a hospital.
- **Emergency Department (ED):** Out of the total 9,447 injuries that arrived to the emergency department:
 - 48% were live ammunition gunshot injuries, at a total of 4,508 cases.
 - 1,571 were children (17%), 636 (7%) were female and 8,811 (93%) were male.
 - 417 (4%) cases were critical, 4,293 (45%) were moderate, 4,546
 (48%) were mild and 191 cases were unspecified.

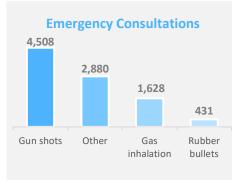
Incidence of limb injuries:

- A total of 5,924 limb injuries arrived to the emergency departments in the hospitals.
- Approximately 1,200 cases of injured people will be in need of limb reconstruction, and will require up to 7 surgeries and extensive rehabilitation and treatment for up to 2 years³.









² 168 have been reported by the MoH and an additional 7 have been held by the Israeli Authorities reported by OCHA.

³ According to a recent assessment conducted by MAP-UK.

- Amputations: Since the 30th March until the 13th August, the total number of amputations was 74, including 14 children and 1 female. Out of this total, 66 were lower limb amputations and 8 were upper limb amputations⁴.
- Paralysis: Since the 30th March until the 13th August, the total number of patients with paralysis due to spinal cord injury was 11, two of which have died, with 9 cases remaining.
- Patients discharged early: Patients are being discharged early every week to make room for a new wave of expected casualties. Approximately 700 patients have been discharged early since the 30th March. These patients are being requested to receive trauma care from Health Cluster partners.
- Elective surgeries postponed: Since 30th March, according to the MoH, approximately 7,500 elective surgeries have been postponed due to an influx of trauma casualties, lack of bed capacity and limited availability of electricity from the mains supply.

Depleting essential medicines supplies

■ The Central Drugs Store in Gaza supplies all 14 MoH hospitals (2,243 beds) and 49 MoH primary healthcare clinics in Gaza. These health facilities provide 40% of Gaza's primary healthcare covering approximately 600,000 people and 90% of all hospital care services.



⁴ According to Al Salama Society

Severity of injuries treated

at hospitals
Unspecified Severe

Injuries treated at hospitals by

affected body part

4,721 Lower limbs

1,820

Óther

426

1,203 Upper limbs

Head and neck

Chest and back

Abdomen and pelvis

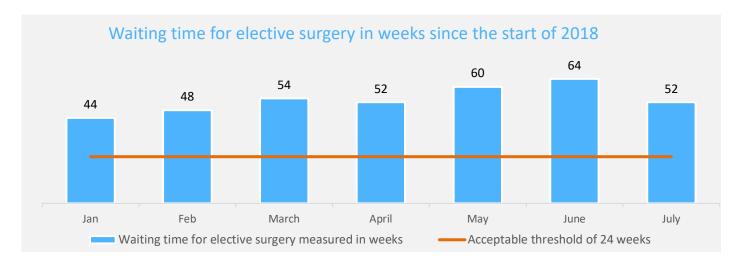
417

191

On the 12th August, in Gaza, shortages in cancer drugs have reached around 85%, which halted the provision of all cancer services in the Gaza Strip. Following this, the MoH has released 29 cancer drugs from the central drugs store in Nablus, West Bank on the 14thAugust. According to the MoH, 12 items will cover the need for one month and the remaining 17 will cover the needs for three weeks.

Electricity crisis in Gaza

- The health sector in Gaza relies on donated fuel to run backup electricity generators in order to sustain the minimum critical health services. Every month, approximately \$500,000 USD is needed to purchase fuel for the generators in order to sustain 58 hospitals and critical health facilities. However, the current UN donation is only enough to sustain the critical health services until the 31st August 2018.
- Meanwhile, the MoH has continued to implement drastic measures to rationalize the remaining donated fuel.
 Only 32 health facilities, from the initial 58 health facilities, are now supported through the UN fuel programme.
- Key services in the 14 public hospitals, such as elective surgery, sterilisation and diagnostic services continue to work at reduced capacity. In July, the waiting time for elective surgery was 56 weeks, which is well beyond the Ministry of Health (MoH) threshold of 24 weeks⁵. Delays of necessary surgical interventions may involve a prolonged period of suffering and ill health, and affects the psychological and social life of the patient. In some cases, this can lead to further medical complications.



■ The extended power cuts mean that generators become increasingly overused. The more heavily generators are used, the more quickly they will degrade and need to be repaired or replaced. This has also increased the maintenance required, which is difficult to provide, as spare parts are on the "dual-use list" and restricted from entry to Gaza. According to the Health Cluster HeRAMS tool, currently 6 generators supporting the public hospitals are in need of repair or replacement.

⁵ WHO is monitoring the elective waiting time each month.

⁶ The Government of Israel restricts the entry of a large number of materials, particularly machinery and related equipment, on the grounds that these serve dual-purposes (i.e. civilian and military) and are misused by the Hamas and armed groups in Gaza. As such, every import of a good or material on the dual-use list must be individually approved by the relevant Israeli authorities.

Any disruption in the power supply will be immediately lifethreatening for over 2,000 patients relying on electrical devices, including neonates in incubators, and over 1.27 million people will be directly affected by the closure of the hospitals, in addition there will be an increased risk of waterborne disease and outbreaks across the Gaza strip.



Dialysis patients are one of the most vulnerable patients affected by the lack of electricity. Photo credit: WHO

Karem Shalom Closure

On 9th July, Israeli authorities announced the closure of Karem Shalom crossing, which prohibits entry of all goods except medical and food supplies. This includes construction material for health facilities and other essential items. The Health Cluster has been informed that Karem Shalom will be fully operating again on the 15th August. The Health Cluster is constantly monitoring the situation.

Attacks against health7

- According to the Ministry of Health, PMRS, UHWC and PRCS, for the period of 7th to the 13th August, one health worker was killed and 8 health workers were injured in 8 different incidents: 2 by live ammunition from whom one, <u>Abdullah Al-Qutati</u>, a first responder, was killed by Israeli forces while working to help those injured during protests east of Rafah. A further health worker was hit by a gas canister, 1 had combined injury and 4 suffered injury from gas inhalation. 3 ambulances were targeted, of which 2 were damaged.
- Cumulative figures on attacks against health: From the 30th March to the 13th August, three health workers have been killed and 379 injured in 210 recorded incidents against health staff and facilities. 61 health vehicles were damaged, as well as 2 health facilities a specialized health center for people with disability and the MoH central ambulance station, which were damaged as the result of an Israeli air strike on 14th July.

Access through Erez

- As of 13th August, 245 patients injured in the demonstrations applied to exit Gaza through Erez Crossing for health care. The status of their permits are as follows:
 - 62 applications were approved (acceptance rate of 25%, which is significantly lower than the overall rate of 59% for the first half of 2018)
 - 92 were denied (denial rate of 38%, which is significantly higher than the overall denial rate of 9% for the first half of 2018)
 - 91 patient applications were still pending (37% of the total)
- For additional information on access barriers for Palestinian patients, see WHO's latest monthly access report.

Disclaimer: initial analysis based on preliminary aggregate and disaggregated data provided by the Palestinian Ministry of Health (MoH), the Palestinian Civil Defense medical teams, Palestinian military medical services, the Palestinian Red Crescent Society (PRCS), the Palestinian Medical Relief Society (PMRS) and the Union of Health Work Committees (UHWC).

Emergency Response

Provision of medical supplies:

- The World Health Organization (WHO) procured and delivered the following essential life-saving medical supplies to the MoH Central Drug Store in Gaza:
 - With funding from CERF, WHO delivered 18 Trauma Kits worth \$ 203,000 USD, enough to conduct surgery on 18,000 patients.
 - With funding from the Swiss Development Agency, 30 surgical supply kits worth approximately \$ 118,000 USD were delivered to cover the needs for approximately 300 surgical patients for 30 days. In addition, 10 noncommunicable disease kits (NCD Kits) worth approximately \$185,000 USD were delivered to



- support treatment of chronically ill patients in emergency settings. Each kit supports up to 10,000 patients for a period of 3 months.
- The United Nations Children's Fund (UNICEF) is coordinating the entry of 26,000 bottles of Normal saline through Karem Shalom. The item, funded by CERF, will be delivered to MoH and will be enough to cover the needs of around 55,000 beneficiaries.
- Medical Aid for Palestinians (MAP- UK) are finalizing the procurement of 57 drug items and 55 medical disposables for trauma and non-trauma cases treatment, in addition to 6 items for infection control use, with a total worth of \$ 1,625,879 USD.

Trauma Management & Emergency Medical Teams (EMTs):

- Humanity and Inclusion (HI), in partnership with local organizations, have deployed 10 multidisciplinary teams in all the five governorates of the Gaza Strip. So far, HI has provided nursing and rehabilitation services to 884 persons with injuries who have received a cumulative total of 9,435 multidisciplinary sessions. HI has also distributed a total of 168 assistive devices, including wheel chairs and crutches.
- The Union of Health Work Committees (UHWC) teams provided first aid to 6 gunshot injuries at their medical point in Rafah. In addition, Al Awda hospital, with funding from Muslim Aid, was able to provide emergency services for 11 cases at their emergency department, 8 of which underwent urgent surgical operations.
- The Palestinian Medical Relief Society (PMRS) provided first aid to 124 injured people, including 24 gunshot injuries. Since the start of demonstrations, PMRS has provided first aid to a total of 3,364 patients. PMRS has also mobilized three outreach teams in Gaza, Khan Younis and the North governorate. The teams provided post-operative care to 10 new cases. To date, PMRS has provided postoperative care to 651 casualties, out of those, 177 have received assistive devices.
- Palestine Children's Relief Fund (PCRF) has two maxillofacial teams deployed at Al-Shifa hospital; the teams
 have screened 95 cases and operated on 35. PCRF has also deployed two doctors to provide training courses in
 Advanced Life Support in Obstetrics (ALSO) and Helping Babies Breathe (HBB).

- Palestine Red Crescent Society (PRCS) teams provided first aid services to 256 casualties including 66 live ammunition cases; 106 tear gas cases, 37 tear gas canister wounds and 7 were killed. Twenty cases were transferred to Al-Quds Hospital. PRCS' Psychosocial Support Team provided Psychological First Aid (PFA) to more than 136 casualties and their families, in addition to 126 emergency providers. PRCS activated The National Disaster Response Team (NDRT), 55 staff members and volunteers were deployed in the field followed up on 58 cases.
- Credit: PRCS
- Doctors Worldwide Turkey Palestine (DWWT) provided 300 patients with 653 multi-disciplinary rehabilitation sessions, in addition to drugs and assistive devices through their outreach program.
- MDM-France provided trauma case management and postoperative follow-up for more than 15 beneficiaries in Bani Suhaila primary healthcare (PHC) clinic. MDM plans to apply the same project in 4 other PHC clinics in Khan Younis and Middle Zone Governorate before the end of August. In cooperation with the protection cluster, MDM is supporting the Cultural and Free Thought Association (CFTA) in the provision of emergency mental health and psychosocial support services (MHPSS) to victims of the conflict.
- MAP- UK is preparing for two limb reconstruction missions in September and October.
- Public Aid Hospital ambulances have transferred and provided first aid services to 7 injured patients, during the recent demonstration.
- United Nations Relief and Works Agency (UNRWA) provided 86 post-operative consultations offering medication and wound dressing. Since the 30th March, UNRWA has provided a total of 3,614 postoperative consultations at their 22 primary healthcare clinics.
- Assalama Society continues to provide post-operative services including wound dressings, assistive devices, physiotherapy, medicines and psychosocial support supporting more than 400 patients.
- WHO deployed a team of mental health experts to Gaza with the aim to begin the preparation work for a smartphone -supported intervention to reduce disabling emotional distress in adolescents living.

Coordination and Information:

- Health Cluster meeting took place in the West Bank on Tuesday 14th August to plan for the overall emergency response in the oPt. Partners also agreed for contingency planning in light of the potential closure of the UNRWA mobile clinics in the West Bank.
- On Sunday 12th August, WHO called for a meeting with key players involved in the



Health Cluster partners met in the West Bank to plan for the emergency response and discussed advocacy initiatives for improving access to health. The meeting was chaired by the Deputy Minister of Health and the Health Cluster Coordinator.

solar-electrification of the health sector. The purpose of the meeting was to discuss the joint objectives in order to harmonize and compliment solar projects in Gaza.

- The Humanitarian Needs Overview Workshop will take place in Gaza on the 16th August.
- WHO continues to monitor the access of patients from Gaza and attacks against healthcare across the oPt.

INFORMATION TOOLS AVAILABLE ON THE HEALTH CLUSTER WEBSITE HTTP://HEALTHCLUSTEROPT.ORG			
Health Cluster & WHO Situation Reports	http://healthclusteropt.org/pages/3/situation-reports		
	MoH Hospitals: http://healthclusteropt.org/pages/9/herams-hospitals		
Health Cluster HeRAMS dashboard The tool reflects the health services availability and functionality each month.	MoH PHCs: http://healthclusteropt.org/pages/10/herams-phcs		
, ,	UNRWA PHCs: http://healthclusteropt.org/pages/15/unrwa-phcs-dashboard		
Gaza Trauma Working Group	http://healthclusteropt.org/pages/16/trauma-working-group		
Infographics	http://healthclusteropt.org/pages/4/infograhics		
Health Sector Medical Supply Needs	http://healthclusteropt.org/pages/11/health-sector-needs		
EMTs calendar	http://healthclusteropt.org/pages/12/emt-calender		
Procurement activities conducted by partners	http://healthclusteropt.org/pages/13/procurement-activities		
Gaza Trauma Meeting Minutes	https://bit.ly/2Our0Gr		
Mobile Health Clinics infographic	https://bit.ly/2AqTi1l		

Funding needs

- From the 30th March until 31st December 2018, WHO and the Health Cluster partners require a total of \$43.8 million USD. To date, a total of \$21.5 million USD has been received, leaving a gap of \$22.3 million USD in order to cover the needs until the end of the year.
- The funding is necessary to support the following activities:
 - Fuel to run hospitals on back-up generators during the mains power cuts for a period of 8 weeks
 - Deployment, coordination and support to quality-assured emergency medical teams (EMTs) across the trauma path;
 - Expanding multi-disciplinary outreach teams, with a focus on physiotherapy and mental health and psychosocial support;
 - Providing essential medical supplies for the treatment of trauma patients, emergency patients and noncommunicable disease patients, including new-born's and other vulnerable groups;
 - Strengthening the reporting and monitoring of attacks on healthcare;
 - Strengthening emergency preparedness

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