



Highlights

- The latest figures provided by the Ministry of Health (MoH) indicate that 3 Palestinians were **killed** (including two children) and 298 were **injured** by Israeli forces from 31st July to the 6th August.
- Out of the total 298 injuries, 129 required transfer to the MoH hospitals or to NGO clinics including 35 children, and 5 females. From the hospitalized injuries, 7 cases were critically life-threatening, 48 moderate, 70 mild, and the remaining 4 were unspecified cases¹. For the types of casualties by body part, and age, refer to Figures 1 and 2 on the following page.
- An additional 169 injuries were managed and discharged at 9 trauma stabilization points (TSP) and primary healthcare centers. These TSPs are led by MoH, and primarily supported by Palestinian Red Crescent Society (PRCS). WHO is strengthening the capacity of the TSPs across Gaza to provide life-saving interventions.
- Gaza's 14 public hospitals rely on **UN donated fuel** to run generators during the electricity black-outs, which is experienced 16-20 hours per day. However, by the 31st August, the UN funded emergency fuel will completely deplete, forcing public hospitals to significantly reduce essential services. Intensive care units, operating theatres and other critical units may face interruptions. This will be immediately life-threatening for over 2,000 patients relying on electrical devices, including neonates in incubators. Over 1.27 million people will be directly affected by the closure of hospitals. 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.



Photo: patient is being stabilised at the Trauma Stabilisation Point (TSP) in the field, credit: WHO

¹ Source: Ministry of Health

Figure 1: Type of casualties treated at the MoH & NGO hospitals from 31 July – 6 August ²

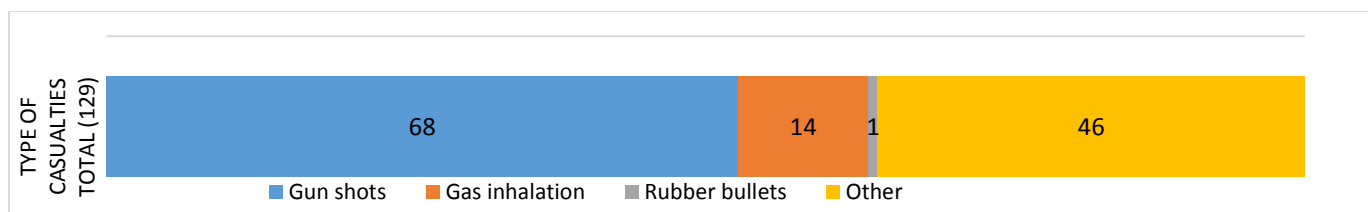
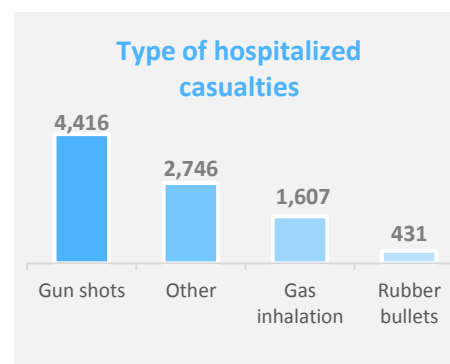


Figure 2: Casualties disaggregated by injury, gender and age at MoH & NGO hospitals from 31 July – 6 August ³

Total	By gender		By affected body part							By age	
	Male	Female	Head and neck	Upper limbs	Lower limbs	Chest and back	Abdomen and pelvis	Multi-injuries	Other	Children	Adults
129	124	5	7	25	74	0	3	2	18	35	94

Caseload of casualties related to the conflict

- Casualties:** Since the 30th March until the 6th August, 165 people have been killed⁴. 156 were killed by Israeli forces during the demonstrations and 9 from Israeli heavy artillery. The figure of people injured amidst the conflict since the 30th March stands at 17,557. From this total, 8,357 were treated and immediately discharged from the TSPs and the remaining 9,200 were transferred to a hospital.
- Hospitalization:** Out of the total 9,200 injuries that required hospitalization:
 - 48% were live ammunition gunshot injuries, at a total of 4,416 cases.
 - 1,522 were children (17%), 612 (7%) were female and 8,588 (93%) were male.
 - 411 (4%) cases were critical, 4,189 (46%) were moderate, 4,424 (48%) were mild and 176 cases were unspecified.
- Incidence of limb injuries:**
 - A total of 5,793 limb injuries have been hospitalized. This represents the highest type of injury at 63% of the total hospitalized injuries.
 - 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 years⁵.



² Source : Ministry of Health. 'Other' refers to the fact that the hospital records did not state the type of injury

³ Source : Ministry of Health. 'Other' refers to the fact that the hospital records did not state the affected body part

⁴ 158 have been reported by the MoH and an additional 7 have been held by the Israeli Authorities reported by OCHA.

⁵ According to a recent assessment conducted by MAP-UK.



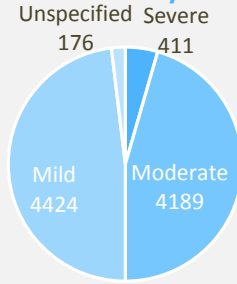
Husam Jarbou from Rafah, 26 years old. His leg was injured during the mass demonstrations in April and his leg was later amputated.

- **Amputations:** Since the 30th March until the 6th August, the total number of amputations was 72, including 14 children and 1 female. Out of this total, 64 were lower limb amputations and 8 were upper limb amputations⁶.

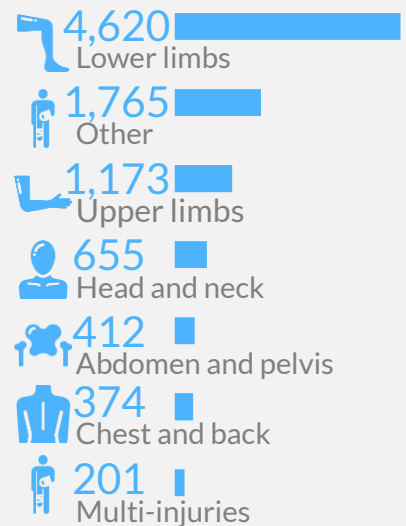
- **Paralysis:** Since the 30th March until the 6th August, the total number of patients with paralysis due to spinal cord injury was 10, two of which have died, with a remaining 8 cases.

- **Patients discharged early:** Patients are being discharged early every week to make room for a new wave of expected casualties. Approximately 600 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 7,000 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.

Hospitalized injuries by severity



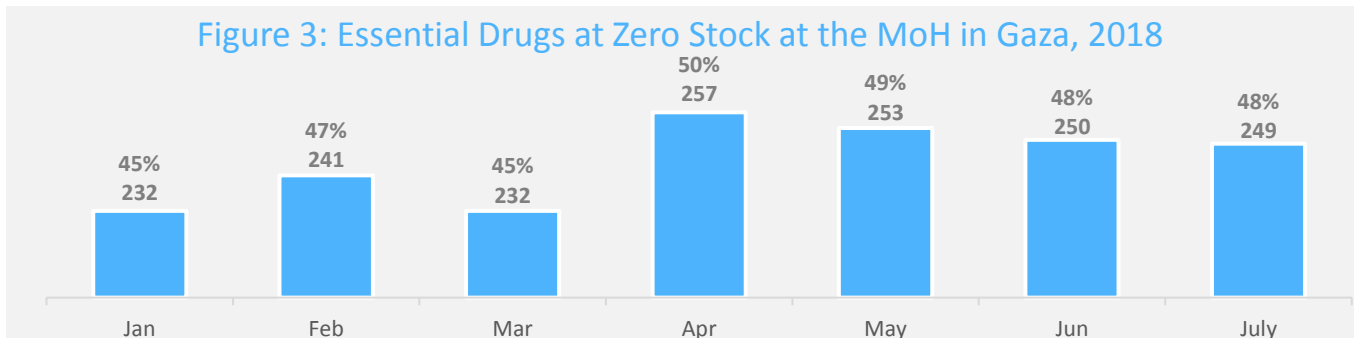
Hospitalized injuries by affected body part



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.
- According to Gaza’s Central Drug Store Ministry of Health, in July, 249 essential medicines out of the total 516 essential medicines list (48%) were at less than one month’s supply and 206 essential medicines (40%) were completely depleted at the MoH store in Gaza. In addition, 250 essential disposables out of the total 853 essential disposables list (29%) were at less than one month’s supply. See figure 3 below.

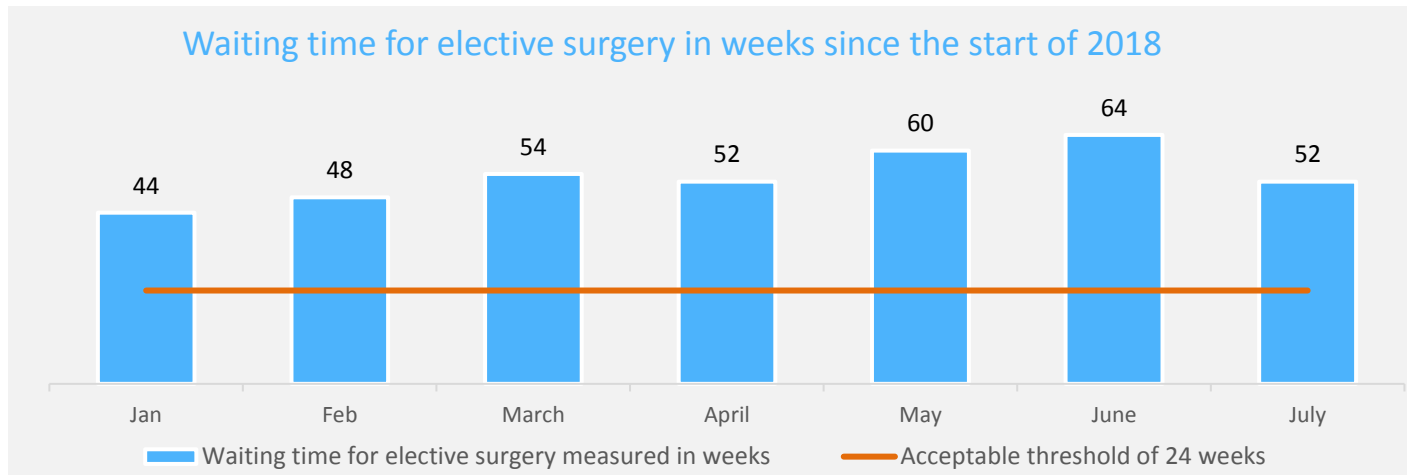
Figure 3: Essential Drugs at Zero Stock at the MoH in Gaza, 2018



⁶ According to Al Salama Society

Electricity crisis in Gaza

- The health sector in Gaza relies on fuel provided by the UN every month to run backup electricity generators in order to sustain the minimum critical health services for 1.27 million people. The 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 420,000 liters of 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 weeks⁷. 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.



- Any disruption in the power supply will be immediately life-threatening 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.
- Every month, a total of \$ 500,000 USD is needed to purchase fuel for the generators in order to sustain 58 hospitals and critical health facilities.

Kerem Shalom Closure

- On 9th July, Israeli authorities announced the closure of Kerem Shalom crossing, which prohibits entry of all goods except medical and food supplies. This includes construction material for health facilities and other essential items. On 17 July they stopped the entry of fuel till the 24th of July, then again they totally prohibited the entry of fuel from the 2nd of August to date. The Health Cluster is constantly monitoring the situation.



Credit: WHO

⁷ WHO is monitoring the elective waiting time each month.

Attacks against health⁸

- According to the Ministry of Health, PMRS, UHWC and PRCS, for the period of 31st to the 6th August, 2 health workers were injured in 2 different incidents in the Khan Younis and Gaza governorate. One health worker was injured by live ammunition and one by tear gas inhalation.
- **Cumulative figures on health attacks:**
 - From 30th March to 6th August, two health workers have been killed and 371 injured in 203 recorded incidents against health staff and facilities. 59 health vehicles were left 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.
 - Of the health workers affected, 7% were injured with live ammunition; 10% were hit directly with tear gas canisters; 4% were hit with shrapnel, 76% were injured by gas inhalation and 3% sustained other injuries including rubber bullet, physical injuries and combined injuries.

Emergency Response

Provision of medical supplies:

- WHO provided the Ministry of Health in Gaza with almost \$250, 000 USD worth of life-saving medical supplies and pharmaceuticals to ensure wounded patients have access to emergency surgical care.

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 837 persons with injuries who have received a cumulative total of 8,145 multidisciplinary sessions. HI has also distributed a total of 156 assistive devices.
- **The Palestinian Medical Relief Society (PMRS)** provided first aid to 97 injured people. Since the start of demonstrations, PMRS has provided first aid to a total of 3,240



Credit: WHO

patients. PMRS has also mobilized three outreach teams in Gaza, Khan Younis and the North governorate. The teams provided post-operative care to 25 new cases. To date, PMRS has provided postoperative care to 641 casualties, out of those, 170 have received assistive devices.

⁸ 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).

- **The Union of Health Work Committees (UHWC)** teams provided first aid to 4 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 4 cases at their emergency department, two of which undergone urgent surgical operations.
- **Al Salama Society** continues to provide post-operative services including wound dressings, assistive devices, physiotherapy, medicines, and psychosocial support supporting over 500 patients.
- **MSF-France** admitted a total number of thirty six patients at the four clinics in the Middle Area in Gaza. Since the start of the crisis on the 30th of March, 1,752 patients have been supported by MSF- France and 45 surgeries have taken place at Shifa Hospital and Patient Benevolent Society Hospital.
- **Palestine Children’s Relief Fund (PCRF)** have deployed a vascular surgeon at Shifa Hospital. To date, the vascular surgeons has conducted 18 surgeries and 53 consultations.
- **Health Matters/ IMC** partners provided immediate care to a total of 51 injured cases at the TSPs; out of the 81 cases 35 received wound care at the TSPs and 16 were transferred to hospitals. Health Matters/IMC partner hospitals provided post-operative wound care for 138 patients.
- **Public Aid Hospital** medical team treated 5 injuries in the field.
- **WHO** is currently working closely with the MoH to establish an Emergency Medical Teams-Coordination Cell. The Cell will coordinate all national and international EMTs working in Gaza, including the reporting of EMTs, logistical support and ensuring that global professional standards are met. On 31st July and 1st August, WHO conducted training for over 40 staff working at trauma stabilization points. WHO has also deployed an energy specialist to Gaza to conduct a rapid assessment of solar in health. WHO will also be developing key health indicators to monitor the impact of the electricity crisis on the health facilities.
- **United Nations Relief and Works Agency (UNRWA)** provided 72 post-operative consultations offering treatment and wound dressing. Since the 30th March, UNRWA has provided a total of 3,528 postoperative consultations at their 22 primary healthcare clinics.



WHO leads the training for the trauma stabilisation staff, credit: WHO

Coordination and Information:

- Health Cluster partners met on the 7th August to discuss limb reconstruction services and agree steps forward. The following day, a general Trauma Working Group meeting took place on the 8th August.
- The Health Cluster is monitoring the availability of fuel at the critical health facilities and coordinating the fuel distribution plan in order to meet the urgent needs.
- The Health Cluster has extended the monitoring of availability and functionality of health facilities to include all 22 UNRWA primary healthcare clinics. The report for June can be accessed from [here](#).



- As part of the inter-cluster coordination group, led by OCHA, the Health Cluster is monitoring and reporting on early warning indicators.

INFORMATION TOOLS AVAILABLE ON THE HEALTH CLUSTER WEBSITE HTTP://HEALTHCLUSTEROPT.ORG	
Health Cluster & WHO Situation Reports	http://healthclusteropt.org/pages/3/situation-reports
Health Cluster HeRAMS dashboard <i>The tool reflects the health services availability and functionality each month. June data is now available.</i>	MoH Hospitals: http://healthclusteropt.org/pages/9/herams-hospitals 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/infographics
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 1st August until 31st December 2018, WHO and the Health Cluster partners require a total of \$ 29 million USD. 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 non-communicable disease patients, including newborns and other vulnerable groups;
 - Strengthening the reporting and monitoring of attacks on healthcare;
 - Strengthening emergency preparedness

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Gaza Strip - Conflict Related Palestinian Casualties

Between 30 March – 06 August 2018



<http://healthclusteropt.org>

Caseload of casualties related to the conflict



Injuries treated by facility



Hospitalized injuries by gender

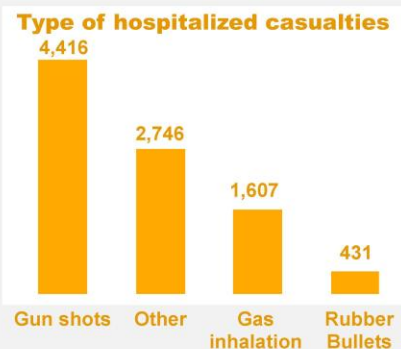
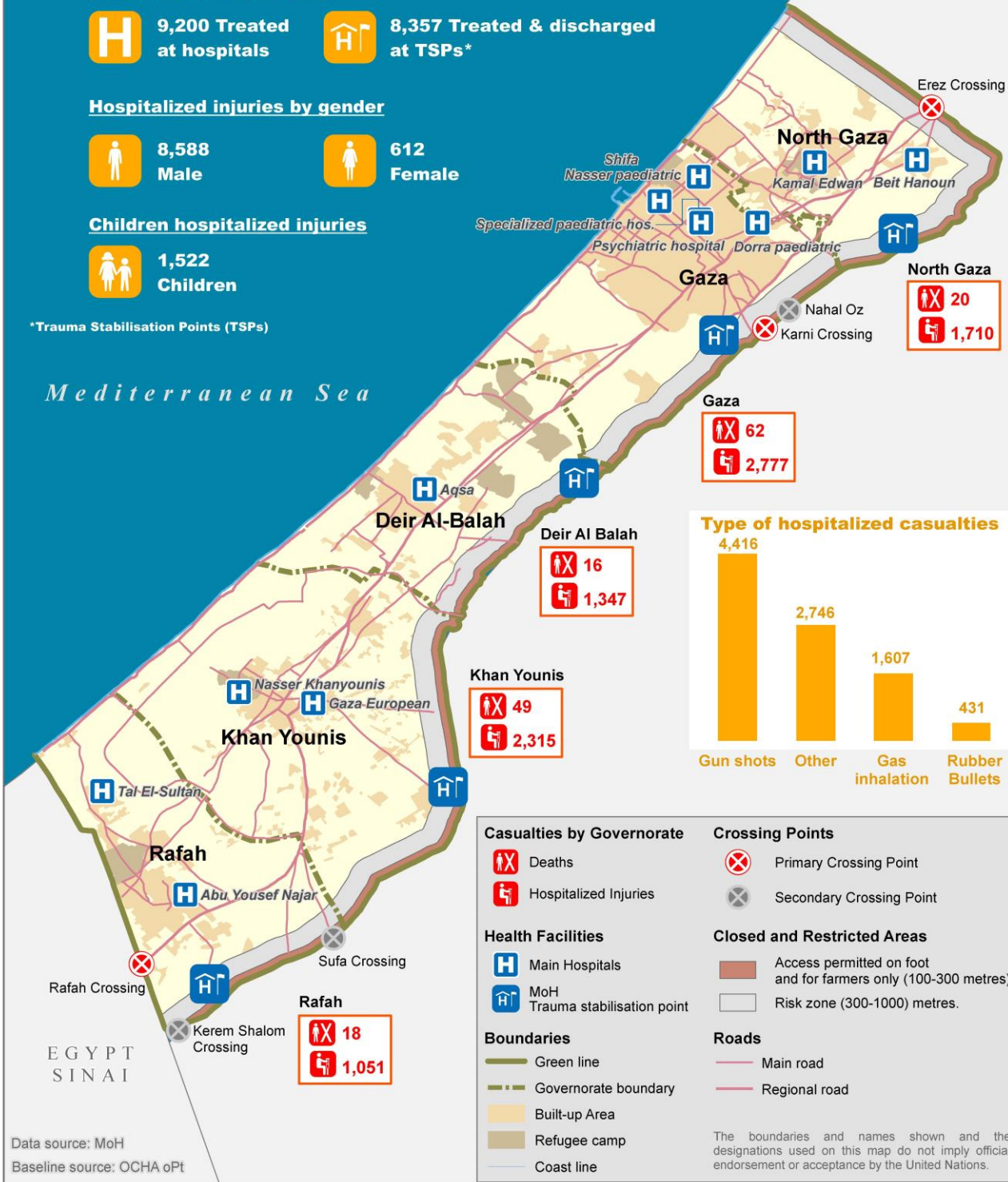


Children hospitalized injuries



*Trauma Stabilisation Points (TSPs)

Mediterranean Sea



<h4>Casualties by Governorate</h4> <ul style="list-style-type: none"> Deaths Hospitalized Injuries 	<h4>Crossing Points</h4> <ul style="list-style-type: none"> Primary Crossing Point Secondary Crossing Point
<h4>Health Facilities</h4> <ul style="list-style-type: none"> Main Hospitals MoH Trauma stabilisation point 	<h4>Closed and Restricted Areas</h4> <ul style="list-style-type: none"> Access permitted on foot and for farmers only (100-300 metres) Risk zone (300-1000) metres.
<h4>Boundaries</h4> <ul style="list-style-type: none"> Green line Governorate boundary Built-up Area Refugee camp Coast line 	<h4>Roads</h4> <ul style="list-style-type: none"> Main road Regional road

Data source: MoH
Baseline source: OCHA oPt

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.