Highlights

- 9 Palestinians were killed and 1,306 were injured by the Israeli forces during the reporting period from the 7th to the 20th October, according to the Ministry of Health (MoH).

- Eight Palestinians, including one child, were killed during the demonstrations, while the ninth was killed due to an Israeli attack, which took place on the 7th October.

- Out of the total 1,306 injured, 62% (815 people) transferred to MoH hospitals or NGO health facilities, including 168 children and 35 females. The remaining 38% (491) were treated and discharged directly from the trauma stabilization points (TSPs).

- Out of the total 815 injured people referred to a hospital, 16 were critically life threatening (1%), 299 moderate (23%), 470 mild (36%), and the remaining 30 were unspecified cases due to limited data collection.

- Since the starts of the mass demonstrations, a total of 23,573 people have been injured, of which 5,652 were live ammunition gunshot injuries (23%). From the 5,652 patients, 78% (4,388) are lower limb gunshot injuries.

- Gaza’s health sector continues to rely on donated fuel to run its services. On 17 September the Humanitarian Coordinator (HC), released $1 million USD from the humanitarian fund for fuel. From this fund, a total of 635,000 litres were purchased for the health sector. This donation will support 54 health facilities; 28 hospitals, 22 primary healthcare centres and four key health administrative departments.

- In September 2018, the Central Drug Store of the MoH in Gaza reported 47% of essential drugs at less than one month’s supply and 41% completely depleted. 30% of essential disposables were at less than one month’s supply.

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**Figure 1: Type of emergency consultations treated at hospitals from the 7th to 20th October**

<table>
<thead>
<tr>
<th>TYPE OF CASUALTIES</th>
<th>TOTAL (815)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live bullets</td>
<td>331</td>
</tr>
<tr>
<td>Shrapnel</td>
<td>163</td>
</tr>
<tr>
<td>Gas canister</td>
<td>72</td>
</tr>
<tr>
<td>Falls, hits, and cuts</td>
<td>68</td>
</tr>
<tr>
<td>Gas inhalation</td>
<td>54</td>
</tr>
<tr>
<td>Rubber bullets</td>
<td>19</td>
</tr>
<tr>
<td>Other</td>
<td>108</td>
</tr>
</tbody>
</table>

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1 Source: Ministry of Health
Caseload of casualties related to the conflict

- From the 30th of March until the 20th October, **214 people have been killed**. Out of the total killed, 198 people were killed by Israeli forces during the demonstrations and 16 people killed during Israeli attacks.

- The **total figure of people injured since 30th March stands at 23,573**. From this total, **11,259 (48%) were treated at the TSPs** and immediately discharged and the remaining **12,314 (52%) people were transferred for treatment at the emergency departments (ED) at MoH and NGO hospitals**.

- From the cohort of people referred to hospital, 2,163 were children (18%), 770 (6%) were female and 11,544 (94%) were male.

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2 207 have been reported by the MoH and an additional 7 have been held by the Israeli Authorities reported by OCHA.
Out of the total 12,314 injured referred to emergency departments (ED) at hospitals, **46% (5,652 cases) were live ammunition gunshot injuries.** From the 5,652 patients, **78% (4,388) are lower limb gunshot injuries.**

There is a growing concern on the number of patients in need of longer-term limb reconstruction, which requires up to 7 surgeries and extensive rehabilitation for up to 2 years. According to the MoH limb reconstruction unit at Shifa Hospital, supported by MAP-UK, **initial screening shows that 460 patients will be in need of long-term limb reconstruction** from the recent mass demonstrations. The numbers are expected to increase.

**Amputations:** Since the 30th March until the 21st October, the total number of amputations was 86, including 15 children and 1 female. Out of this total, 78 were lower limb amputations and 8 upper limb amputations³.

**Paralysis:** Since the 30th March until the 21st October, the total number of patients with paralysis due to spinal cord injury was 13.

**Patients discharged early:** Patients are 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. Most of these patients are receiving trauma follow-up care through Health Cluster partners.

**Elective surgeries postponed:** Since 30th March approximately 8,000 elective surgeries had to be postponed due to the massive influx of trauma casualties, lack of bed capacity and limitations through electricity shortages.

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³ According to Assalama Society
Depleting essential medical supplies

- The Central Drug Store in Gaza supplies all 14 MoH hospitals (2,243 beds) and 49 MoH primary healthcare clinics (PHC) 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 at the end of September, **47% were at less than one month’s supply** (245 essential medicines out of the total 516 essential medicines list) and **41% were completely depleted** (211 essential medicines) at the MoH store in Gaza.

- In addition, **30% of essential disposables were at less than one month’s supply** (253 out of the total 853 essential disposables list). See also figure 3 below.

![Figure 3: Proportion and number of drugs at less than one months supply in the Central Drugs Store in Gaza, 2018](image)

Electricity crisis in Gaza

- The health sector in Gaza relies on donated fuel to run backup electricity generators in order to sustain minimum critical health services. Every month, approximately $500,000 USD is needed to purchase fuel for emergency generators in order to sustain provision of service at 54 critical health facilities.

- On 17 September the Humanitarian Coordinator (HC), released $ 1 million USD from the humanitarian fund for fuel. A total of 635,000 litres of fuel were purchased for the health sector. This fuel will support 54 health facilities; 28 hospitals, 22 primary healthcare centres and four key health administrative departments. Furthermore, during this reporting period, fuel donated from Qatar has improved the number of hours of electricity available from the main grid for the health sector.

- Although the electricity situation has shown some improvement, the MoH has continued to rationalize the fuel supplies and key services, such as elective surgeries, sterilization and diagnostic services continue to work at reduced capacity. **In September, the waiting time for elective surgery was 60 weeks**, which is well beyond the
Ministry of Health (MoH) threshold of 24 weeks. Delays of necessary medical 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 trigger further medical complications.

As generators become increasingly overused, this has translated into accelerated wear and tear and increased need for repairs or replacement. This has also increased the maintenance demands, which is difficult to provide, as spare parts are part of the “dual-use list” and restricted from entry to Gaza. According to the Health Cluster HeRAMS assessment results, currently 6 generators supporting the public hospitals are in need of repair or replacement.

Emergency Response

Provision of medical supplies:

- WHO procured and delivered eight types of laboratory items that would benefit 239,600 patients in Gaza. As part of the CERF fund, WHO also delivered wheelchairs and crutches to support people injured during the mass demonstrations.

- The International Committee of the Red Cross (ICRC) donated 19 Weapon Wounded Kits to treat 950 surgical cases, 210 Dressing Sets to treat 10,500 patients, and 40 external fixation sets to support 200 external bone fixation procedures. ICRC also donated other items, such as stretchers, walking devices and medical sets.

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4 WHO is monitoring the elective waiting time each month.
5 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.
6 http://healthclusteropt.org/pages/9/herams-hospitals
Partners’ Response:

- **Palestine Children’s Relief Fund (PCRF)** deployed:
  - A pediatric neurosurgery mission to Gaza European Hospital (EGH). The mission was able to screen 32 cases and operated on 13 cases.
  - A pediatric orthopedic mission to Shifa hospital. The teams screened 31 cases and operated on 8 cases, mainly congenital deformities and amputations.
  - A prosthetics and orthotics mission to the Artificial Limbs and Polio Center (ALPC) in Gaza to train staff and fit prostheses for amputees.
  - A pediatric cardiac surgery team to European Gaza Hospital. The team screened 22 cases and operated on 11 cases.
  - An emergency and clinical ultrasound training team to European Gaza Hospital and Shifa Hospital.

- **The Union of Health Work Committees (UHWC)** teams provided first aid to 45 cases, including 12 gunshot injuries at their medical points in Rafah and the Middle zone. In addition, Al-Awda hospital was able to provide emergency services for 118 cases at their emergency department, 15 of which underwent urgent surgery.

- **Humanity and Inclusion (HI)** in partnership with 4 local disability partners has deployed 10 multidisciplinary teams in all the five governorates of Gaza Strip. So far, HI has provided nursing and rehabilitation services for 295 injured persons with the total of 1,733 multidisciplinary sessions. HI has also distributed a total of 63 assistive devices including wheelchairs, crutches, and anti-bed sore mattresses for persons with injuries.

- **Assalama Charitable Society** has provided more than 780 people with 2,588 multidisciplinary postoperative consultations, including wound dressings, assistive devices, physiotherapy, medicines, disposables and psychosocial support.

- **Médecins Sans Frontières (MSF)** admitted 154 new trauma patients to their clinics, raising the total number of admitted cases to 2,327 patients. MSF medical teams also performed 45 operations on 34 patients. Since the start of the mass demonstrations, MSF EMTs have performed 1,139 surgeries on a total of 734 patients.

- **Doctors Worldwide - Turkey (DWWT)** provided 292 cases with a total of 2,187 multi-disciplinary sessions, including nursing, medical examinations, physical therapy and psychosocial support.

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7 Baitona for Community Development in North Gaza, Palestine Avenir for Childhood Foundation (PACF) in Gaza City, National Society for Rehabilitation (NSR) in Middle Area, and Khan-Younis, and Society of Physically Handicapped People (SPHP) in Rafah.
- Médecins du Monde-France (MDM- F) has been providing support on wound management to five MoH PHC centers (Bani Suhaila, Abassan Kabira, Shuhada Deir El-Balah, Old Bureij and Old Nuseirat). During this period, 195 new patients benefited from these services, including 75 patients for post-op care. MDM France is also working on strengthening the referral system. The clinics have referred 8 patients from PHCs to hospitals and have received 83 patients from hospitals at the PHCs.

- ICRC has admitted 124 patients over a 19-week period, since June until October, 161 surgeries and 241 other surgical procedures were performed. 507 patients received ICRC outpatient surgical consultations in Shifa hospital and at the outreach posts.

- Union of Health Care Committees (UHCC) provided first aid services to 129 cases, including 71 gunshot injuries.

- United Nations Relief and Works Agency (UNRWA) provided 216 post-op consultations. Since the 30th March, UNRWA has provided a total of 4,393 postoperative consultations at their 22 primary healthcare clinics.

- The Palestinian Medical Relief Society (PMRS) paramedics provided first aid support to 263 cases, including 105 gunshot injuries. Since the start of demonstrations, PMRS has provided first aid to 4,392 patients. PMRS has also mobilized three outreach teams in Gaza, Khan Younis and the North governorate. The teams provided post-op care to 48 new cases, raising the total of beneficiaries to 792, out of which, 190 are still receiving postoperative care and 278 have received assistive devices. PMRS have recently released a video on their emergency services in the Gaza Strip.

- WHO supported capacity building of 60 health workers in Gaza on integrated emergency mental health services at the primary health care and hospital levels.

Coordination and Information:

- The Health Cluster led the vetting process for HRP projects in the West Bank and Gaza. Vetting panel members consisted of representatives from the MoH, local NGOs, international NGOs, and UN agencies. Key technical staff also joined the vetting, including the gender focal points, and mental health advisors.

- WHO continues to monitor the access of patients from Gaza and attacks against healthcare across the oPt. For additional information on access barriers for Palestinian patients, see WHO’s latest monthly access report.
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 oPt HF Standard Allocation was launched by the Humanitarian Coordinator (HC) on 22 September 2018. The Standard Allocation was for $8.3 USD million, of which $6.3 USD million was allocated to Health, Food Security and WASH activities in the Gaza Strip, and $2 USD million to Food Security & Livelihood & Shelter and Child Protection & Education activities in the West Bank. The outcome of the funding for the Health Cluster will be outlined in the next Situation Report.
- Funding for the Health Cluster is necessary to support the following activities:
  - 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 new-born’s and other vulnerable groups;
  - Strengthening the reporting and monitoring of attacks on healthcare;
  - Strengthening emergency preparedness.

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