



Supplies being processed inside the Gaza Strip. Photo by OCHA, 9 July 2024

Gaza Humanitarian Response Update | 24 June-7 July 2024

10 Jul 2024

Period: 24 June-7 July 2024

The information below is provided on a bi-weekly basis by Clusters and select Technical Working Groups operating in the Occupied Palestinian Territory (OPT). For an overview of priority needs and activities by cluster, please see the [Flash Appeal](#).

Health

Response

- During the reporting period, over 57 Health Cluster partners continued to provide services to more than 291,700 beneficiaries across the Strip. As of 8 July, 15 Emergency Medical Teams (EMTs) are currently deployed to support the local healthcare workforce, including two in northern Gaza.
- The Health Cluster continues to address soaring needs at Nasser Medical Complex in Khan Younis, which received the majority of patients evacuated from the European Gaza Hospital and is currently the last tertiary hospital available in southern Gaza. On 4 July, WHO, UNRWA, and OCHA transferred medical equipment, supplies, and medicines from the European Gaza Hospital to Nasser Medical Complex. WHO is also working to expand bed capacity at Nasser by 100 beds in coordination with the Ministry of Health.
- Other key response interventions during the reporting period include:
 - WHO provided medicines and medical supplies to As-Sahaba, Indonesian, Kamal Adwan, and Al-Awda hospitals in the North Gaza and Gaza governorates. These supplies enabled life-saving interventions in support of approximately 50,000 patients. The rehabilitation of health facilities in the Gaza Governorate is also ongoing.
 - As part of inter-agency efforts to expand Sexual and Reproductive Health (SRH) outpatient services and strengthen preparedness, UNFPA deployed 12 midwives to five medical points in Deir al Balah and Khan Younis and distributed nine midwifery kits to these facilities.
 - Approximately 53,000 liters of fuel have been distributed to health facilities in northern and southern Gaza, a quantity that is largely insufficient to sustain the scale of health system operations.
 - Two Trauma Stabilization Points were established in West Rafah and An Nuseirat.
 - WHO trained 20 healthcare workers on wound care management and trauma care.
 - WHO supported 16 health partners in transporting medical supplies from Al Arish, in Egypt, to Deir al Balah to ensure continuity of essential health services.
- On 27 June, 22 pediatric cases were evacuated outside Gaza through Kerem Shalom Crossing to receive necessary advanced medical treatment abroad. This was the first medical evacuation outside Gaza since the closure of the Rafah Crossing on 7 May.
- As of 8 July, only 13 of Gaza's 36 hospitals remained partially functional, four in the Gaza governorate, three in North Gaza, three in Khan Younis, and three in Deir al Balah. The evacuation orders issued by Israeli forces in eastern Khan Younis on 1 July and in two different areas of Gaza city on 7 and 8 July rendered three hospitals out of service – the European Gaza Hospital in Khan Younis, Al Ahli Baptist and Patients Friends Association hospitals in Gaza city. In all three cases, the

facilities were hastily evacuated by patients and medical staff in fear that intensified military activities would render them inaccessible or non-functional.



Challenges

- The healthcare sector in Gaza requires a daily supply of 80,000 liters of fuel to maintain life-saving services, including trauma care, hemodialysis, and emergency surgeries. As evacuation orders issued by Israeli forces continue and hostilities intensify, hospitals, other health facilities and ambulances operated by the Palestine Red Crescent Society (PRCS) are being confronted with a soaring scale of health needs, and increasing fuel provision is vital to maintain and expand services.
- At present, dire fuel shortages are severely disrupting life-saving services in hospitals, including adult and neonatal Intensive Care Units (ICUs) and kidney dialysis units, which rely heavily on electricity. Beyond the critical lack of fuel, hospital generators are at a breaking point as they have been operated overtime, amid a lack of alternative power generation options and constrained access to spare parts. All this is placing the lives of critically ill and injured patients at risk.
- Due to heightened insecurity, births are increasingly taking place at outpatient facilities, including medical points and Primary Healthcare Centers, as women seek safer alternatives for giving birth.
- The lack of access to clean water, hygiene kits, and sanitation facilities continues to drive a surge in acute respiratory infections (currently exceeding 923,000 cases), diarrheal illnesses, acute jaundice syndrome and skin infections. These health issues are exacerbated by poor living conditions and overcrowding in Gaza, making it even more challenging for healthcare providers to respond effectively.



Nutrition



Response

- Partners continue to conduct Mid-Upper Arm Circumference (MUAC) screenings in shelters and healthcare facilities across the Gaza Strip. Since mid-January, 138,062 children aged 6-59 months have been screened for malnutrition. Of the total, 9,629 have been diagnosed with acute malnutrition and have been receiving treatment in line with the simplified protocols; these include 7,508 children diagnosed with Moderate Acute Malnutrition, and 2,121 with severe acute malnutrition (SAM).
- Nutrition Cluster partners continue to expand their service delivery points, especially in Al Mawasi, Khan Younis, Deir al Balah and Gaza city. Following two months of efforts, partners have been able to re-open the same number of nutrition sites that operated by the end of April, before the intensification of military activities in Rafah. Currently, nutrition services are being offered at 105 Outpatient Therapeutic Programme sites throughout the Strip. Three Stabilization Centres are also operational in North Gaza, Deir al Balah and Khan Younis, providing inpatient treatment for the most severe cases of acute malnutrition with medical complications. A fourth Stabilization Center in the Patients Friends Association Hospital in Gaza city had to close on 8 July due to intensified military activities.
- Cluster partners continue to expand their capacities to provide comprehensive nutrition services. During the reporting period, 15 WFP partner staff received training by UNICEF on MUAC screenings and by Save the Children on Infant and Young Child Feeding (IYCF) practices, to expand these services in their activities. The International Medical Corps (IMC) also trained six project officers, 49 supervisors and 107 volunteers on the Find and Treat Campaign, aiming to scale up the screening of children.



Challenges

- Insecurity and access constraints continue to hamper the early detection of children and women requiring nutrition services and the scale-up of operational presence to provide needed support. Between 1 and 8 July, the Find and Treat Campaign had to be temporarily paused for security reasons, while the evacuation order issued in eastern Khan Younis on 1 July led to the closing of at least two UNRWA medical points, hampering continuity of treatment, and the intensified military activities in Gaza city have resulted in the closure of one Stabilization Center.
- Insecurity and access restrictions have also significantly limited pipeline supplies, including for the Blanket Supplementary Feeding Programme. Less than 20,000 children and women received Lipid-Based Nutrient Supplements for the prevention of malnutrition in June, compared to 70,000 in May and almost 140,000 in April.
- The general distribution of Breast-milk Substitutes (BMS), such as infant formula and other milks, has been observed and are concerning because they are associated with increased infant morbidity and mortality in emergencies. The Cluster has launched a soft survey to acquire a better picture of the situation and adapt its awareness raising strategy.

 Response

- As of 8 July, 10 out of 18 bakeries supported by humanitarian partners remained operational in Gaza, seven in Deir al Balah, one in Gaza city and two in North Gaza. Three bakeries in Gaza city, including the largest in the Strip, ceased operations due to the lack of fuel and being in areas subject to evacuation orders. In total, eight bakeries have shut down due to lack of fuel and intensified hostilities, including three in Gaza city and five in Rafah.
- Food parcel distribution continues for newly displaced families and the planned caseloads. During the reporting period, Food Security Sector (FSS) partners scaled up the provision of cooked meals in neighbourhoods such as Al Nasser and Al Remal, which received a large influx of internally displaced people from Shuja'iyeh neighbourhood and other parts of eastern Gaza city but were subsequently placed under new evacuation orders.
- In July, partners are working to prioritize the distribution of food parcels to families displaced from eastern Khan Younis who only received wheat flour in June due to supply shortages. At least 14 cooked meal provision points are located in the area recently placed under an evacuation order in Khan Younis, but some have remained open to serve families who did not leave. Other partners have been delivering cooked meals from their kitchens in Al Mawasi area of Khan Younis.
- Overall, as of early July, at least 650,000 cooked meals prepared in nearly 200 kitchens run by 16 FSS partners were distributed daily to families across the Gaza Strip.

 Challenges

- While humanitarian partners continue to distribute wheat flour and canned food to northern Gaza via the Erez West Crossing, no commercial supplies have been entering the area for months. This has culminated in a near total lack of protein sources (e.g. meat and poultry) on the local market and only a few types of locally produced vegetables available at unaffordable prices. Commercial good delivery in northern Gaza must urgently resume to complement humanitarian efforts, stimulate the local economy and improve cash liquidity.
- Shortages of fuel and cooking gas continue to hinder partners' ability to keep community kitchens and bakeries operational, while forcing displaced households to rely on burning wood and plastic from furniture and waste to cook, hindering proper food preparation, as well as exacerbating health risks and environmental hazards. As partners endeavour to scale up the food response, more fuel is required to conduct relevant activities, including distribution and monitoring.
- Insecurity, damaged roads, the breakdown of law and order, and access limitations continue to hamper movement along the main humanitarian cargo route between Kerem Shalom Crossing and Khan Younis and Deir al Balah. This has resulted in critical shortages of aid commodities to sustain humanitarian operations, in addition to increasing the risk of spoilage and infestation of stranded food supplies due to extremely high temperatures. The sector is working with partners to strengthen sensitization on food safety and proper storage at both community and household levels. Partners were forced to provide only reduced food rations in central and southern Gaza in June and some kitchens had to decrease the number of cooked meals prepared per day.
- Continued military operations in Rafah, and recent displacement from eastern Khan Younis, where significant agricultural production was concentrated prior to the war, have resulted in additional damage to greenhouses and forced more people to leave their farms unattended, further destabilizing food systems. Although resuming agricultural activities, including on a limited scale at the household or community level, would contribute to enhancing diet diversity and reducing food gaps in the Gaza Strip, ensuring a constant flow of seeds, fertilizers and other agriculture inputs via all crossings remains a key obstacle hampering the rehabilitation of food systems.
- Limited cash liquidity and insufficient access to financial services and telecommunications also continue to hinder partners' day to day operations and prevent the scale up of Cash and Voucher assistance to the population.

 Water, Sanitation and Hygiene (WASH) Response

- Between 24 June and 7 July, the Coastal Municipal Water Utility/Palestinian Water Authority (CMWU/PWA) reported that about 78,500 cubic metres of water were produced per day for safe drinking and domestic purposes across the Gaza Strip, a significant decrease compared to the 112,000 cubic meters reported during the preceding two weeks. The groundwater well supply dropped from an average of 47,000 cubic metres per day in June to only 35,000 in July, and the two operational short-term low-volume water desalination plants are now producing only 3,500 cubic metres of water per day, compared to 5,100 previously due to fuel shortages. In addition, the Mekerot pipeline to Gaza city sustained damage due to the hostilities, resulting in a further loss of 18,000-20,000 cubic metres of water per day. Overall, field observations and site visits by WASH partners suggest that the range of water availability and consumption in the Gaza Strip is between two and nine litres per capita per day. According to humanitarian standards, the minimum amount of water needed in an emergency is 15 litres per capita per day, which includes water for drinking, washing, and cooking.
- Efforts to rehabilitate critical WASH infrastructure continued during the reporting period:

- Repair works on the supply line from the Sinai-based UAE desalination plant are ongoing, but the timeline for completion is unclear and subject to change due to ongoing hostilities in the area.
- Damages to the Mekerot pipeline to Gaza city have been assessed, materials have been sourced and coordination efforts are underway to ensure safe access for the repair works.
- The repair of the electric feeder line to the southern Gaza Seawater desalination plant is over 70 per cent completed, and testing is expected to start in the upcoming days.
- Five water testing kits for chemical, physical and biological parameters are being rolled out, and training of key partners is ongoing. Surveillance teams are now more capable of locating contamination hotspots, which will enable them to undertake repairs more easily.
- Cluster partners continue with water chlorination efforts utilizing contingency reserves of sodium hypochlorite. Chlorine dosing pumps are being installed at 35 groundwater production wells and water supply trucks are dosing chlorine tablets before distribution.
- Alongside participating in inter-agency assessments, the Cluster is engaging with partners to conduct WASH-specific assessments at informal displacement sites. A PWA-led infrastructural assessment is underway, focusing on major reservoirs, and CMWU technical assessments are also ongoing.
- A total of 17,000 jerry cans/buckets for water collection have arrived in northern Gaza and are being distributed to households. Partners are also identifying ways to raise awareness among the population on practices to safeguard water quality and ensure the cleanliness of water containers.
- The Gaza-based Solid Waste Management Task Force continues to assess sites adequate for solid waste collection and plans to deploy human and material resources necessary to operate these sites efficiently.



Challenges

- The shortage of fuel and spare parts to operate generators, as well as the lack of alternative energy sources, continue to severely hamper water production and sewage pumping, exposing the population to major health risks across the Gaza Strip. Due to the lack of fuel, water production has drastically decreased, driving down public water distribution by 38 per cent since early July. CMWU was also forced to temporarily close two desalination plants, which have been only intermittently operational due to lack of sufficient fuel consignments.
- Chlorine reserves, already eight-month-old, are degrading rapidly, being now consumed at double the previous rate. There is a critical need to initiate new chlorine imports to maintain water quality.
- With the loss of the Mekerot line, the capacity to produce groundwater in Gaza city is being significantly hampered by the lack of fuel and the high salinity in the area.



Protection



Response

- Protection teams continue to identify and respond to the exponentially increasing protection risks and needs of displaced people in Khan Younis and Deir al Balah, by: conducting visits to shelters and IDP sites, undertaking focus group discussions and key informant interviews with IDPs, monitoring aid distribution, and ensuring follow up on previously identified vulnerable cases.
- Protection teams continue to track the release of Palestinians previously arbitrarily detained in Gaza, providing them with emergency assistance, including medical care and support to reunite with their families.
- Child Protection partners continue to follow up on child protection cases, strengthening case management and continuing to identify child friendly spaces at informal displacement sites, jointly with the Education Cluster.
- During the reporting period, GBV Area of Responsibility (AOR) partners provided services to 12,000 displaced women and girls, including Psychological First Aid (PFA), psychosocial support, case management, referral, legal counselling, recreational activities and awareness sessions on menstrual and personal hygiene. The AOR partners also distributed over 80,000 hygiene and Menstrual Hygiene Management (MHM) kits, as well as available sanitary pads, to the most vulnerable women and girls, and is advocating for the entry into Gaza of additional hygiene supplies for women and girls to address existing shortages. GBV response partners have so far established six mobile safe spaces in Deir al Balah and Khan Younis. Twenty GBV service providers received Psychosocial Support through care-for-carer sessions.
- The Protection Cluster continues to provide PFA, identification and referral training to non-protection professionals. The training targets first-line service providers from other sectors to enable them to provide PFA, identify protection cases, and refer them to protection experts for further assistance. So far, the first training targeted 17 first-line workers. Additional focused training will be provided to medical staff in field hospitals in Khan Younis. Moreover, jointly with UNRWA, a tailored Training of Trainers (ToT) on the same topics is being finalized and will be organized for 7,000 UNRWA staff so that they can also support the provision of basic protection services in UNRWA shelters.
- Efforts continue to deploy additional Explosive Ordnance Disposal (EOD) officers to Gaza, but EOD related activities had to be placed on hold following the evacuation order issued by the Israeli forces in eastern Khan Younis. UNMAS will prioritize emergency support, in particular to respond to requests related to medial access routes, and areas around hospitals. During the reporting period, six Explosive Ordnance (EO) spot checks were conducted, and seven inter-agency convoys were escorted. Raising awareness messages on risks of explosive ordnance continue to be disseminated, including

through: in-person sessions in Rafah, Khan Younis and Deir al Balah; digital campaigns using SMS, radio and social media; awareness-raising sessions for humanitarians; and ToT sessions for local partners.



Challenges

- Insecurity and the disruption of aid flows through the crossings, coupled with the denied entry of critical items, including mine action supplies, sanitary pads, dignity and MHM kits for women and girls, as well as recreational materials for children, remain key challenges. These supplies are absent or extremely limited on the local market and, when available, they have been subjected to soaring prices. The closure of the Rafah Crossing is also impeding the entry/exit of international humanitarian workers.
- Breakdown of law and order and theft of supplies including hygiene materials is a significant challenge. The delay in securing hygiene and dignity kits has resulted in a severe lack of personal care materials. This shortage makes women and girls more vulnerable to diseases and violence.
- Cash shortages are hindering the use of Cash and Voucher Assistance (CVA) by some recipients; this is negatively affecting living conditions, increasing the risk of exposure to violence or exploitation for women and girls, and hindering the ability of partners to pay local service providers and staff salaries.
- Logistic and security constraints continue to hamper the creation of safe spaces for confidential GBV case management activities, such as safe houses/shelters for high-risk cases, case management response, and the implementation of alternative care options for unaccompanied children. Unavailability of safe shelter options exposes the IDPs, especially the most vulnerable, to heightened protection risks. Furthermore, intense heat and soaring temperatures are exacerbating living and working conditions in tents and makeshift shelters.
- Frequent interruptions of internet and communications services and damage to key infrastructure continue to curtail mobility and operations.
- The abrupt interruption in the entry of fuel has nearly halted the implementation of mine action and other protection activities, as well as monitoring and coordination by the Cluster.
- Lack of funding continues to limit the deployment of additional EOD experts and Explosive Ordnance Risk Education and Conflict Preparedness and Protection (EORE-CPP) teams to meet soaring needs. Administrative hurdles, such as registration of organizational entities and delayed provision of visas, are a compounding factor preventing the scaling up of mine action work.



Education



Response

- During the reporting period, 14 additional community-led education initiatives were kickstarted in Deir al Balah and Khan Younis, bringing the total number of such initiatives to 59. The Cluster has linked 30 of these initiatives with partners, who are assisting in the expansion of services. Moreover, eight new partner-supported Temporary Learning Spaces (TLS) have been set up. These efforts are increasing access to informal learning opportunities for school-aged children, who for nine months have been deprived of formal education.
- The Cluster has completed the mapping of 10,394 teachers (75 per cent of whom are female) in 227 targeted informal shelters, with 99 per cent of them expressing their readiness to resume work and 64 per cent indicating their ability to handle students of different age groups. This provides the Education Cluster with teaching capacity to scale up informal learning activities at displacement sites, as well as recreational and Mental Health and Psychosocial Support (MHPSS) to school-aged children.



Challenges

- The recent evacuation orders issued in eastern Khan Younis have posed significant challenges to the expansion of the Education response. Some of the existing TLSs had to be evacuated, and finding alternative suitable spaces in new areas of displacement is proving challenging. Moreover, ongoing displacements have increased safety concerns by parents, resulting in reduced children's participation in activities at the established spaces.
- The continued denial, or limited entry, of education supplies into Gaza and their shortage in the local market hamper the implementation of the Education response. Without these supplies, volunteer teachers and facilities are unable to actively engage children in learning and other recreational activities aimed at addressing the traumatic events they have experienced.
- In addition, funding remains critically low to scale up the Education Cluster response, with only 35 per cent of the required funds received.

Multi-purpose Cash Assistance (MPCA)

Response

- Between 24 June and 7 July, more than 11,500 households in Gaza received emergency MPCA, either first payments or top-ups in the case of vulnerable population groups, including persons with disabilities (PWD) and nursing mothers. Overall, between 7 October 2023 and 7 July 2024, 190,000 households (1,285,911 individuals) received at least one MPCA payment.
- Since 7 October, 140,481 households have cashed out their assistance. Cash out operations remain concentrated in governorates south of Wadi Gaza, while lack of connectivity and available agents, especially north of Wadi Gaza, continue to limit the ability of some households to cash out received assistance. About 6,417 payments have so far been cancelled after not being cashed out for months.
- The use of “e-wallets” to make digital transactions and purchases is expanding among humanitarian Cash actors, with very promising results: the first Post-Distribution Monitoring (PDM) survey for e-wallet payments indicates a redemption rate of up to 80 per cent in the first days following distribution, with 40 per cent of e-wallet recipients affirming their preference for digital means over traditional cash out operations through agents. A paper developed by the Cash Working Group (CWG) providing more information about the use of mobile money and e-wallet modalities in Gaza can be accessed [here](#).

Challenges

- A liquidity shortage driven by the inability of banks to transfer money between branches.
- Poor electricity supply and limited connectivity, which compromise the ability of financial service providers to make cash accessible to MPCA recipients.
- Informal markets are the primary source of accessing goods, which complicates efforts to track distributions and gather market data.
- Assistance falls short of needs due to price volatility and the collapse of formal markets, especially in northern Gaza. In recent weeks, a reported increase in private sector cargo entering Gaza has rendered commercial commodities relatively more available in the formal market.

Emergency Telecommunications (ETC)

Response

- The ETC Cluster is focusing on procuring 73 “Track24” satellite-based devices, which will allow real-time monitoring of UN mission movements inside Gaza, and it has requested approval by Israeli authorities to import these devices into Gaza.
- On 26 June, the Cluster met with the Office of the Quartet and the two Mobile Network Operators (MNOs)—Jawwal and Ooredoo—to identify telecommunications needs in Gaza. In follow-up to the meeting, the Cluster has intensified engagement with stakeholders to address shortages of fuel hampering telecommunications services, which are critically needed for continued humanitarian operations on the ground.
- The ETC is also engaging with the local Internet Service Provider (ISP) to strengthen internet connectivity in Deir al Balah and establish connectivity services at the offices and accommodation spaces of UN agencies and partners.
- The ETC Cluster also continues to advocate for the need to import more ICT and telecommunications equipment into Gaza to set up common communications services. For more information on ETC activities, please visit: [Conflict | Emergency Telecommunications Cluster \(ETC\) \(etcluster.org\)](#).

Challenges

- Due to escalating hostilities, increased restrictions on the movement of commodities, damaged infrastructure and lack of fuel and spare parts, local Mobile Network Operators and ISPs in the Gaza Strip are experiencing network outages and are unable to conduct the necessary repairs. Current conditions are also rendering it difficult to maintain the functionality of the remaining network and have resulted in the loss of connectivity in Rafah.
- The availability of telecommunications equipment is severely limited, hampering the delivery of ETC services. Much equipment has been damaged or destroyed and the import of new equipment has been lengthy and challenging. Only 20 satellite phones, 30 VHF digital radios, four VHF repeaters and four solar power solutions have been approved for importation into Gaza by Israeli authorities since 7 October 2023.
- Increasing insecurity, displacement, and relocation of staff from Rafah to Deir al Balah have rendered it difficult to deploy shared ETC communications services or provide face-to-face technical support for humanitarian responders.
- The lack of funding has limited the ETC Cluster’s capacity to address immediate communications needs for humanitarian responders in Gaza. Thus far, less than 32 per cent of requested funding (\$1.8 million) by the Cluster under the updated OPT Flash Appeal has been received.

Protection against sexual abuse and exploitation (PSEA) remains a cross-cutting priority for all clusters. Aid distribution must be delivered with dignity and respect. Any wrongdoing can be reported through SAWA toll-free number 164. SAWA will assist and provide services free of charge and with the utmost confidentiality.