


268 DAYS OF WAR





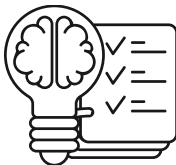
PMRS Efforts in Gaza's Emergency



PALESTINIAN
MEDICAL
RELIEF SOCIETY

7 OCT 2023 - 30 JUNE 2024 

Overview

PMRS Work in Gaza	Services Provided	Challenges	PMRS Work in West Bank	Lessons
				

Executive summary

Since October 7, the West Bank and Gaza Strip have endured ongoing attacks by Israeli Occupying Forces, resulting in severe impacts on civilians. In Gaza, these attacks forced over 1.5 million people from northern and central Gaza to seek refuge in the south. Most recently attacks on Rafah and Khan Younis area, have caused several forced displacements over the last few months. Vital infrastructure, including schools, shelters, UN facilities, hospitals, and healthcare centres, suffered extensive attacks and damage.

As of June 30 the death toll in Gaza has risen to more than 45,223, with over 86,000 injuries, disproportionately affecting women and children. Almost 1.7 million people are now displaced, living in makeshift shelters or out in the open. Ongoing conflicts around Rafah continue to displace thousands more, pushing many to return to central and northern areas.

In the West Bank, the situation has markedly worsened. Israeli forces have escalated attacks on civilians, making living conditions increasingly difficult. Settler violence has also intensified, while road blockades have severely hampered travel. A significant number of Palestinians have been detained in hard conditions by the Israeli military. Moreover, intentional attacks on healthcare workers have severely limited access to vital medical services, exacerbating the suffering of the population.

PMRS Reach During Emergency

Throughout the escalation in violence, PMRS has been a beacon of hope, deploying over 80 teams across Gaza, including mobile clinics/outreach.clinics and emergency teams in the West Bank to provide essential healthcare services. These services include primary healthcare, women's health, and mental health and psychosocial support (MHPSS), reaching 1,408,648 beneficiaries in Gaza and the West Bank.



Crisis Snapshot in Gaza

The situation in Gaza after October 7, 2023, has been marked by a deepening humanitarian crisis, with large-scale military operations leading to a significant increase in excess mortality. As of now, the number of mortalities has reached 45,223, with over 1.7 million internally displaced persons, and 86,969 injuries. This severe escalation has resulted in widespread suffering and displacement among the civilian population, exacerbating an already dire situation. It is important to note that the figures are likely to be higher, but due to reporting constraints the figures are usually delayed.



45,223 fatalities



86,969 injuries



1.7 million internally displaced.



>50,000 children are estimated to require treatment for acute malnutrition in 2024.

464 Attacks on Health Care



102 health facilities destroyed



113 ambulances affected

Communicable Diseases



+923,000 cases of acute respiratory infections



+700,000 cases of diarrhea.





PMRS RESPONSE IN GAZA

Since the beginning of the Israeli aggression on the Gaza Strip, PMRS has enhanced its readiness to respond emergency situation. Accordingly, PMRS has established more than 80 teams, with teams consisting of: a general physician, a women's specialist Dr, a village healthcare worker, and a psychosocial specialist working in various areas across the Gaza Strip. Outreach teams have been connected with shelters and schools. Additionally, a number of medical points have been established to provide primary healthcare, sexual and reproductive health services, including support for gender-based violence (GBV), and mental health support.

Centers Destruction

Despite the destruction of several PMRS centers across Gaza leading to a loss in operational space and medical supplies, operating under insecure conditions and experiencing evacuations like other citizens, PMRS teams have continued providing essential services, including treating injuries, performing wound dressings, and ensuring follow-up care for surgical patients, helping to relieve pressure on hospitals overwhelmed by the increased number of patients and loss of functionality across the entire healthcare sector. Much of the burden of disease and care has fallen on PMRS teams.



Healing Again

Our heroes in the PMRS teams have successfully rehabilitated and reopened centers in Jabalia, Rafah, and Gaza City. Additionally, we managed to open a new center in Deir Albalah. These developments will significantly enhance our operations, enabling us to better serve the affected populations by providing more accessible and comprehensive healthcare services.

PMRS RESPONSE IN GAZA

Aids Distribution

Despite the difficulties and restrictions posed by the Israeli occupying forces on aid entry to Gaza, PMRS committed to its mission of delivering aids to those in need, regardless of the dangers and the limited supplies that are disproportionate with the actual needs of the affected population. Our aid distribution at the beginning covered all affected areas, however, due to displacement and increasing danger, we had to shift our focus to the south and middle areas, while still maintaining some level of distribution in the north. The aid we provided came from various donors, including supplies sent from Amman, which entered Gaza through Jordan.



Milk for new born and children



over 40,000

Infant formula and children's milk formula has been distributed across Gaza.

Medications

2 Million \$

Allocated for medications distributed to patients with chronic diseases, children's health, and women's health in both fixed and mobile clinics.



Aid Distribution



We also distributed **High Energy Biscuit** and a variety of essential kits to support the health and well-being of people in shelters. These include **Hygiene Kits**, that contain essential sanitary items; **Dignity Kits**, **Midwifery Kits**, which contain vital tools and supplies for midwives, **Clean Delivery Kits**, equipped with necessary items for safe childbirth, and as well as **First Aid Kits** for all teams and communities.

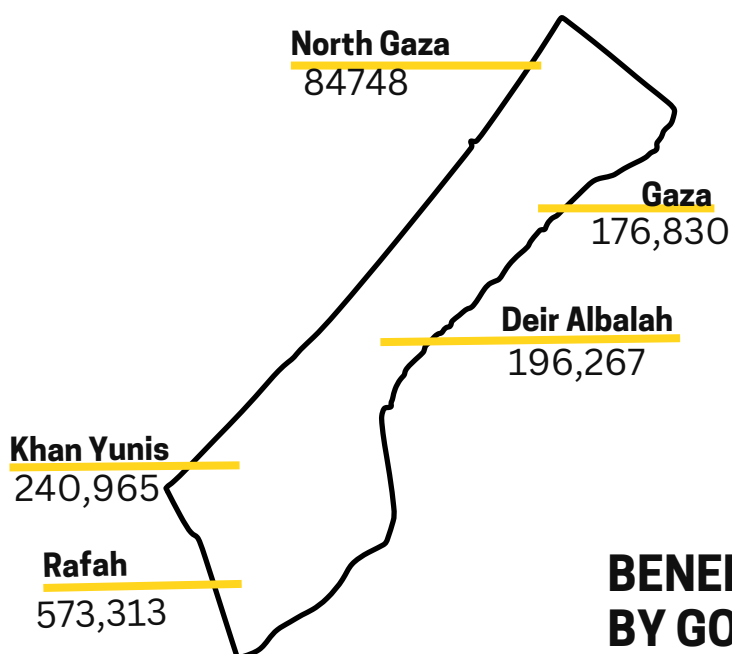
“Despite the dangers and restrictions, our teams worked tirelessly to ensure aid reached those most in need.”

Additionally, clothes, phone cards, and assistive devices were distributed to citizens. Disposables, lab materials, and equipment and supplies were distributed to clinics.



GEOGRAPHICAL DISTRIBUTION OF PMRS SERVICES IN GAZA

Our primary operational focus up until Rafah was attacked, was in the central and southern regions, where populations were the most densely concentrated and in critical need of assistance through our **fixed clinics** and **outreach teams** including mobile clinics.



BENEFICIARIES DISTRIBUTION BY GOVERNORATE

Overcrowding, especially in southern areas like Rafah, had led to an increase in the demand on the provided services.

Meanwhile, the displacement of our teams and citizens from North Gaza has resulted in a reduction of available services in that area.

North Gaza



7%

Gaza



14%

Deir Albalah



15%

Khan Yunis



19%

Rafah



45%

PMRS SERVICES IN GAZA

Primary HealthCare

Emergency Medical Care

PHC services primarily focus on delivering emergency medical care for injured, basic medical care for communicable diseases and chronic conditions. We also include vital health education to increase awareness among individuals regarding health risks and safety protocols during emergencies. This comprehensive approach aims to improve the overall health outcomes in such conditions. The critical nature of these services has led to it being the most utilized service with **653,867 beneficiaries**.



Disease Management

The ongoing war has displaced many people into crowded shelters that lack adequate hygiene and sanitary conditions. This environment fosters the spread of communicable diseases among the displaced population. Diseases such as respiratory infections, diarrhea, skin rashes, and jaundice have affected large numbers of people in shelters, leading them to seek treatment at the nearest healthcare points and mobile clinics, such as those provided by the PMRS PHC clinics.



Management of Difficult Living Conditions

Weather conditions have posed significant challenges for people displaced in shelters. During winter, inadequate shelter and clothing exacerbate physical health issues such as hypothermia, respiratory infections, and influenza. These conditions also contribute to heightened mental health concerns, including stress and depression, due to the constant struggle to stay warm.

In summer, high temperatures present major challenges for displaced individuals. This includes risks such as dehydration, discomfort, and stress, as well as exacerbation of chronic illnesses. Additionally, the heat can lead to the spread of reptiles and potentially fatal snakes between shelters, posing further risks to the lives of displaced people.



Mental Health and Psychosocial Support Services



**397,286 MHPSS
Beneficiaries**

According to the latest WHO report there are more than 485,000 people in need of MHPSS support, this number for MH beneficiaries highlights the important work and reach of our impact in Gaza.

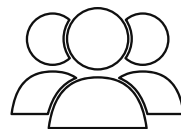
In our clinics and through our outreach teams, we documented numerous cases showing the severe effect of war on mental health, including ongoing trauma responses, depression, social isolation, aggression, bedwetting, suicide attempts, bullying, and verbal and physical assaults. The psychosocial workers deliver MHPSS either through individualized or group face-to-face sessions, and organize entertainment and recreational activities for children in shelters.

Additionally, women and girls face multifaceted challenges exacerbated by inadequate living conditions and ongoing hostilities. Many reported experiencing increased domestic violence, family tensions, anxiety, and fear due to continuous bombardment, displacement, and loss of family members. Additionally, they suffer from limited access to essential resources such as toilets, showers, sanitary pads, food, water, electricity, and adequate clothing. These conditions collectively intensify their burden and impact their mental health and overall well-being significantly. Further, there has been a sharp rise in female led households, further placing additional pressures on females.

These cases clearly demonstrate the acute psychological challenges faced by individuals in war areas, and underscore the essential role of PMRS in providing crucial mental health services to support and aid the affected population during these difficult times.



Sexual and Reproductive and Rights Health Services



220970 Beneficiaries

From SRHR Services including:

- 1 Prenatal Care
- 2 Postnatal Care
- 3 Midwifery Services
- 4 GBV Services
- 5 Education + Awareness Raising Sessions



Description

The substantial number of pregnant and breastfeeding women in Gaza, totaling almost 160,000, underscores the urgent need to support this vulnerable group. Alongside maternal and newborn care, midwifery services, and raising awareness sessions we prioritize preventing GBV and supporting survivors. Our approach includes proactive awareness campaigns, community engagement, and collaboration with shelter management to promptly address and resolve any reports of sexual harassment or GBV.

220,970 beneficiaries have received our services, provided by our outreach teams composed of midwives and village health workers. They received emergency delivery kits, which include medications and supplements for both the mother and baby. However, the unstable environment people in Gaza live in often discourages them from seeking treatment for these essential services, as it could put their lives in danger. Consequently, they tend to prioritize the most urgently needed services



CHALLENGES IN GAZA

Lack of Safety

The continuous bombardment, sniper attacks targeting civilians, and the bombardments of shelters of displaced people have left Gaza devoid of safe places. In addition, the invasion of Rafah by the Israeli forces, has put civilians in further danger of being detained in Israeli prisons. The danger is exacerbated on our workers, due to the intentional attacks on healthcare providers.

Response: PMRS maintains communication with its staff and actively seeks locations that are least dangerous, where teams can continue their work effectively.

Displacement

Our teams along with more than 85% of the population in Gaza continue to experience forced internal displacement and evacuations. Most of our staff that have been forced to flee from the North, have been displaced multiple times.

Response: To mitigate the risks, we ensure mobilizing our staff to the nearest possible locations where they are seeking refuge in and support with the setup of teams in those areas, so they are not forced to travel to dangerous areas, or additionally they do not lose their work.

Electricity/ Communication Cuts

Since the beginning of the war on Gaza, the strip has faced an ongoing electricity blackout. The destruction of the mobile and communication network has worsened communication difficulties with residents of Gaza. These disruptions have not only hindered our ability to reach and assess the needs of our team members but have also compromised their capacity to deliver high-quality services, as the limited access to electricity has restricted the use of devices needed for effective service provision.

Response: To address this challenge, we have equipped our team members with E-Sims to improve communication partially. Additionally, we have established connections with various parties that can provide information on areas where electricity can be provided.

Mental Health

The mental health status of our staff and teams has been severely affected by the ongoing attacks, loss, and tragic deaths.

Response: We provide the teams via our hotline and also our teams on the ground mental health first and when possible.

CHALLENGES IN GAZA

Resource scarcity

Resources of all kinds are severely lacking in Gaza. Water has been cut off since the beginning of the war, and access to essential aids such as food, medication, medical supplies, and fuel has been restricted to minimal amounts. This difficult situation has profoundly impacted our team members, who have experienced starvation and have been unable to deliver necessary services due to the scarcity of medical resources.

Response: PMRS staff in the West Bank have been pushing for the opening of crossings to facilitate the entry of aid. Additionally, we have collaborated with partners who can deliver aid via Egypt or Jordan

Increased Spread of Disease

Due to the hard conditions in shelters, such as crowding, lack of privacy, poor sanitation and hygiene, shared bathrooms and strained healthcare systems, diseases are spreading rapidly among displaced people.

Response: to mitigate the spread of disease, PMRS staff collaborates with other service providers and stakeholders to manage the situation and enhance the health outcomes.

Transportation Movement Restrictions

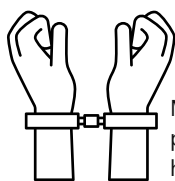
Infrastructure damage, vehicle destruction, fuel shortages, and safety risks imposed by the Israeli occupation have severely hindered mobility between areas in Gaza. These challenges have significantly impeded our teams' ability to operate effectively, particularly in northern regions. Movement between shelters has also become dangerous, further complicating our operations.

Response: Efforts are continuously made to provide alternative transportation methods. When feasible and safe our team transport via bicycles, donkey/horse carts and walking.

THE SITUATION IN **THE WEST BANK**

The situation in the West Bank has been extremely challenging since the beginning of the conflict in Gaza. People have faced severe restrictions and frequent attacks from Israeli forces. Settlers near settlements have targeted villages, causing harm, destroying homes, and damaging property. They along with the Israeli forces have attacked people on roads, disrupting movement between cities and villages and blocking the roads several times. Moreover, there have been intentional attacks on health workers and paramedics by Israeli forces, which have hindered their ability to reach and provide medical treatment to injured individuals.

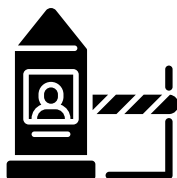
Additionally, many Palestinians have been detained in Israeli prisons, enduring the worst conditions and suffering from brutal torture and neglect. Many Gazans working in the areas occupied by Israel in 1948 have either been imprisoned by Israeli forces or relocated to the West Bank. These individuals have required assistance and support from Palestinian organizations in the West Bank, including provisions of food and shelter. Furthermore, the withholding of tax money by Israel from the Palestinian Authority has left government workers without salaries, reducing their work week to just two days. These collective challenges have significantly restricted the provision of healthcare services to residents of the West Bank.



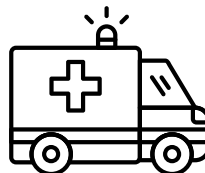
More than 10,000 prisoners are currently held in Israeli prisons.



Increased military operations and rising settler violence.



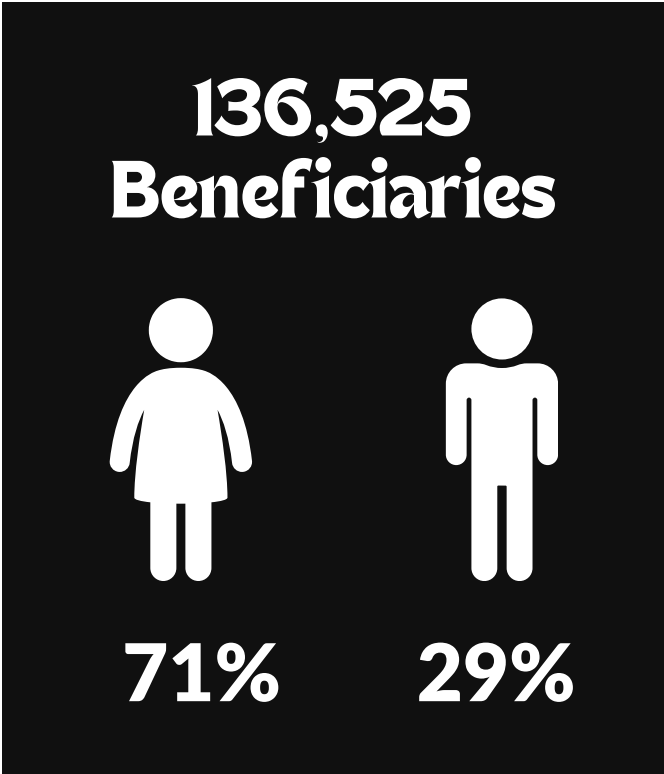
Closure of checkpoints and movement restrictions.



Impeded access for ambulances, health professionals, and patients. 319 ambulances affected.

PMRS IN THE WEST BANK AND EAST JERUSALEM

The situation in the West Bank has placed a significant responsibility on PMRS to deliver essential services and bridge the gaps in healthcare provision alongside other healthcare providers in the West Bank. Fixed clinics, mobile clinics and emergency teams all have been prepared and working throughout this period to provide essential health services. these services include PHC, SRHR, and MHPSS.



Our services reached 136,525 beneficiaries, with nearly 71% of them being females and 24% comprising persons with disabilities. This highlights PMRS's commitment to reaching vulnerable groups within society, even amidst emergencies.



PMRS IN THE WEST BANK AND EAST JERUSALEM

Primary HealthCare Services

The most utilized service was Primary Healthcare (PHC), with **82121 beneficiaries** constituting 60% of the total beneficiaries. This is primarily because emergency services fall under this category, and the demand for such services has significantly increased during this period.

1 Emergency Services

Our emergency teams have operated in areas of conflict between Palestinians and settlers, providing first aid to the injured and assisting cases of gas inhalation suffocation. These efforts have placed our team at great risk due to attacks on them and restrictions on ambulances accessing injured individuals in affected areas.



2 Mobile Clinics

through our mobile clinics, we provided comprehensive PHC services such as wound care, infection management, distribution of essential medications, and screenings for diabetes, hypertension. We also focused on reaching underserved areas that face movement restrictions. However, our teams were deliberately targeted and prohibited from accessing these areas, placing extra burdens on them.

3 Raising Awareness

We conducted several workshops to raise awareness and increase society's preparedness for emergency situations. First aid training sessions were also held for the same purpose.



PMRS IN THE WEST BANK AND EAST JERUSALEM

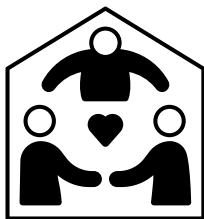
SRHR Services

Through our comprehensive services, we reached a significant number of beneficiaries, totaling **35,314**.

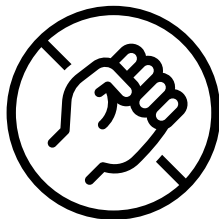
SRHR Services



Prenatal and Postnatal Care



Safe Spaces



Gender-Based Violence Support

MPHSS Services

Mental health is often overlooked in conflict settings, yet neglecting this component can have profound long-term consequences. Therefore, we prioritize a range of services aimed at improving the mental well-being. These services were provided for **19,090 beneficiaries** and include:

1

Support and Counselling

2

Awareness Raising

3

Recreational Activities

4

Mental support for Workers from Gaza



LESSONS FROM GAZA

PMRS continually evolves and adapts its services daily in Gaza, responding to ongoing attacks and shifts in aggression. The destruction of health infrastructure significantly impacts the nature of our work, necessitating constant flexibility. Key lessons include:

- Ensuring that teams working under emergency situations always have reliable backup communication options, this is vital for maintaining operations under challenging conditions.
- The importance of being flexible and adapting to changing conditions, demonstrated by our teams through their remarkable ability to adjust to makeshift workspaces and structures, such as field clinics, and to increase the allocation of shelter visits to reach beneficiaries effectively.
- The importance of being resourceful and innovative in overcoming obstacles.

These lessons highlight our dedication to providing comprehensive services for all, even in the most challenging situations.



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"We express our deepest appreciation to all of our donors, whose assistance profoundly impacted the lives we were able to reach."