**Highlights**

- The Rafah area was subject to the heaviest shelling and fighting recorded since the start of the emergency, resulting in dozens of fatalities; many of the bodies could not yet be recovered or identified.

- The public health system is on the verge of collapse: while the number of casualties continues to grow, five hospitals and 34 clinics have shut down due to damage and insecurity.

- Up to 25 per cent of Gaza’s population may now be forcibly displaced, of whom 259,000 are hosted in UNRWA shelters alone.

- Lack of electricity and fuel shortages disrupt the functioning of hospitals and affect access to water for the entire population. The current lack of adequate water chlorination may have serious public health consequences.

**Situation Overview**

Following yesterday’s collapse of a 72-hour humanitarian cease-fire brokered by the UN and the USA, hostilities intensified. The Rafah area in southern Gaza was subject to the heaviest shelling and fighting recorded since the start of the emergency, as well as the advancement of Israeli forces westwards into the most densely populated areas. According to Israeli media reports, these developments took place in the context of the Israeli army’s attempts to locate a soldier missing in action and reported to have been captured.

Amid a massive increase in casualties, the single government hospital serving Rafah had to be evacuated and closed after it was hit by a projectile and unable to operate due to the hostilities. Prior to that, the hospital received anonymous calls warning...

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1 Data on fatalities and destruction of property is consolidated by the Protection and Shelter clusters based on preliminary information, and is subject to change based on further verifications.

For more information, see “background on the crisis” at the end of the report.
of imminent attacks, causing major panic and chaos among patients and staff. Similar calls were received at Shifa, Gaza’s largest hospital.

The insecurity and lack of access affecting ambulances and rescue teams remains a major concern. Yesterday, an ambulance evacuating patients in Rafah was hit by tank fire, killing three paramedics. Despite coordination with the Israeli forces, Palestinian Red Crescent Society (PRCS) teams have been largely unable to operate in the Khuza’a town, east of Khan Younis, to retrieve bodies and potentially injured people from under the rubble, due to the fighting and access restrictions.

**Hostilities and casualties**

Since the last situation update, at least 86 persons have reportedly been killed and identified, the majority during bombardments in the Rafah area. However, some reports indicate that the total number of fatalities in Rafah alone may include as many as 136 people, many of whom could not yet be retrieved from under the rubble or their identity established. Many of these casualties occurred yesterday in the morning hours, during the initial fighting and shelling, while they were in the streets, believing a ceasefire was in force. Other casualties fell during the targeting of homes:

- Yesterday at approximately 23:00, an Israeli airstrike attacked the house of the Zoroub family, in a UNDP housing project in Rafah, killing at least 13 family members, including seven children and three women.
- Today at around 11:30, another airstrike targeted a two storey residential building located in Al Sabra neighbourhood of Gaza city, belonging to the Al Nyrab family, who lived there together with another four families. While members of the latter managed to escape, the owner of the building, along with his wife and three of their children, 8, 10 and 14 years old, were killed.

Since the launch of the Israeli military operation, hundreds of homes have reportedly been directly targeted by Israeli airstrikes, and it is estimated that nearly 900 houses have been totally destroyed or severely damaged, causing civilian casualties, including multiple members of the same families. Up to 30 July, at least 76 families have lost three or more family members in the same incident, for a total of 407 fatalities. Such cases raise concerns about the targeting of civilians and civilian objects and the launching of indiscriminate attacks.

This brings the cumulative death toll among Palestinians to at least 1,525, according to preliminary data collected by the Protection Cluster from various sources, which includes 301 persons (20 per cent), who could not be identified or their status established. Of the fatalities whose identity and status could be verified (1,196), nearly 84 per cent (1,033 people) are believed to be civilians, including 329 children and 187 women, and 16 per cent (191) members of armed groups.

Indiscriminate firing by Palestinian armed groups in Gaza into southern and central Israel continued, with most falling in open areas or intercepted by the Iron Dome system, resulting in no additional fatalities. Since 8 July, three civilians in Israel have been killed, including one foreign national, and dozens directly injured by rockets or shrapnel. The number of Israeli military fatalities remains at 63.

**Displacement**

Thousands of residents from the eastern part of Rafah governorate fled westwards towards Rafah City and the coast, with many seeking refuge in UNRWA shelters. As of this afternoon, UNRWA was providing shelter to 259,321 in 90 schools throughout the Gaza Strip, 6,000 more than yesterday. This represents an average of over 2,800 IDPs per shelter, which normally have the capacity to accommodate only 500 people.

Another 15,700 IDPs are residing in 19 government schools and other institutions and some 7,000 are reportedly seeking refuge in public buildings/ informal shelters. The Ministry of Social Affairs (MoSA) estimates that the number of persons staying with host families throughout the Gaza Strip could be as many as 200,000. The total number of IDPs in Gaza is estimated at approximately 475,000, which represent one quarter of the Gaza population.

Overcrowding at shelters is challenging the already stretched capacity to provide IDPs with basic necessities, maintain hygiene conditions, and prevent the outbreak of epidemics. While showers in shelters have improved personal hygiene and decreased the risk of spread of disease, an accelerated level of diarrhea has been reported among children. WHO and UNRWA are monitoring health in shelters in order to prevent and control any outbreak of communicable disease.

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**A strong mobilization of resources is required to meet the most urgent needs, particularly those stemming from the massive number of displaced persons and those arising from wide-scale damage to infrastructure. But resources will mean little if the blockade on Gaza and the denial of Palestinian rights continue. As a first step, all humanitarian agencies should receive safe passage or safe access.**

**The Humanitarian Coordinator, James W. Rawley, on the launching of Gaza’s humanitarian appeal, 1 August**
Health services and infrastructure

While the number of people injured over the course of hostilities continues growing rapidly, the public health system is nearing collapse. At least 12 hospitals have been damaged since the start of the Gaza emergency, of which five have had to shut down. Fourteen (14) primary health clinics also sustained damage and nearly half of all clinics in Gaza (34 out of 75) have closed, primarily due to insecurity, including all those located within the three kilometer buffer zone declared by Israel. Hospital are increasingly forced to discharge patients prematurely, to accommodate newer and most urgent cases, even though these patients often do not have any place to go to, let alone an adequate one.

Following the drastic reduction in electricity supply since 29 July, hospitals are now dependent, almost exclusively, on unreliable back-up generators as their main power source. Constant fluctuations in power supply have resulted in the malfunctioning of sensitive medical equipment, including ultrasound, X-ray, laboratory machines, cardiac monitors, sterilizing machines and infants’ incubators.

The operation of hospitals is being further disrupted due to the constant inflow of IDPs into their facilities, who are seeking refuge, using the bathrooms, washing their clothes and other necessities.

The functioning of, and access to obstetric services is of increasing concern. Nursing attendance in the maternity department of Shifa Hospital, the largest in the Gaza Strip, was reduced in the past days to 40 per cent. At the same time, the closure of Harazeen Maternity Hospital in the As Shuja’iyeh neighborhood of Gaza City, increased the number of women seeking delivery assistance at Shifa by around 25 per cent. It is feared that the recent closure of Shifa’s antenatal services for high-risk pregnancies may have an impact on fetal and maternal morbidity and mortality.

We are now looking at a health and humanitarian disaster, the fighting must stop immediately

The Humanitarian Coordinator, James W. Rawley, 2 August

Key humanitarian priorities

Protection of civilians: ensuring respect for the IHL principles of distinction, proportionality and precaution in attack.

Humanitarian space: increased access for humanitarian workers to carry out life-saving activities, for example, through regular and meaningful humanitarian pauses or corridors for the evacuation of the injured. This is needed among other reasons, to complete search and rescue operations in several areas, and repair critical water and electricity infrastructure.

Additional fuel supply: needed to operate backup generators at essential facilities, including water, sanitation and health, for longer hours.

Scale up response to IDPs: additional shelters are needed to reduce overcrowding and accommodate new IDPs, alongside the replenishment of food, water and hygiene materials, and NFI stocks. Assistance for IDPs living with host families also needs to be increased, particularly the provision of NFIs and water and hygiene kits.

Humanitarian needs and response

Needs

- At least 326,000 children require direct and specialized psychosocial support (PSS). Children are showing symptoms of increasing distress, including bed wetting, clinging to parents and nightmares.
- Child protection and psychosocial support is urgently required to address issues of child abuse, exploitation and violence inside shelters and refuges.
- Thousands of explosive remnants of war are left in civilian areas affected by conflict, causing a major threat to children.
Gaza’s sole power plant remains shut down after being shelled on 29 July. According to the Palestinian Energy Authority, repairs could take months to complete, exacerbating the Gazan electricity crisis. This will affect private households, companies and public services provision, including water, sanitation and health facilities.
Response

• Protection Cluster members continue monitoring and investigating incidents to identify possible violations of international law, as well as consolidating information on civilian fatalities.

• Since 8 July, emergency PSS teams and PRCS teams have been able to provide initial psychosocial support to 2,213 children across the Gaza Strip.

• Since 20 July, 180,000 child protection and PSS text messages have been sent to Jawal subscribers in Gaza.

• Since 13 July, the Sawa Child Protection Helpline has provided counselling to 1,204 callers, including 375 children.

• World Vision is providing PSS to children in hospitals and UNRWA shelters.

• Save the Children, in cooperation with partners, has distributed 400 nursing kits since 8 July.

• The Community Training Centre and Crisis Management (CTCCM) has conducted activities for a total of 475 children in UNRWA shelters in Jabalia since 27 July.

• UNRWA Community Mental Health Programme has reached a total of 47,378 children since the beginning of the emergency. Partners of the Community Mental Health Programme have provided PSS services to an additional 27,306 children in coordination with UNRWA.

• Since 18 July, Tamer has been conducting daily activities for children in their libraries. It has also started to distribute children’s books and games to children and their families hosted in the Holy Land school shelter.

• UNICEF through its partnership with AMAAN organization is providing daily PSS and extracurricular activities to 2,000 children in six shelters in Gaza city, that are managed by Ministry of Social Affairs (MoSA) and other NGOs.

• 30 recreational kits and other supplies were provided to six shelters, and girls were provided with life skill sessions focusing on hygiene and health.

• UNRWA continues to prove basic unexploded ordnance (UXO) awareness in shelters UNRWA’s television channel shows clips about the danger of UXO.

• Since 13 July, UNMAS has been distributing leaflets including safety messages on UXOs at UNRWA schools.

Gaps and Constraints

• Ongoing hostilities continue to impede movement of child protection staff and emergency PSS teams, as well as access to basic services for children and their families.

• Communication with emergency PSS teams in Gaza was not possible due to ongoing hostilities in the reporting period.

• Local organizations continue to face fuel and electricity shortages.

• Quicker coordination is required to allow for urgent evacuations of injured children to hospitals in East Jerusalem.

• Sawa Child Protection Help Line needs additional trained counsellors.

• Displaced children and their families hosted with community members remain largely unreached by child protection interventions.

• Due to ongoing military operations, verification of information, in particular in regards to casualties, is difficult.

Shelter and Non-Food Items (NFI)

Needs

• Opening of government schools identified as potential shelters is required to accommodate new and expected IDPs.

• 10,366 families (approximately 62,200 individuals) whose homes were totally ruined or sustained major damage are in need of emergency NFI kits. In the medium term, they will also need cash assistance.
• NFI emergency shelter repair interventions are needed for about 5295 families (31,770 individuals), whose homes sustained damage but are still inhabitable. Another 29,850 families (an estimated 179,100 individuals), whose homes sustained minor damage need basic NFI assistance but less urgently.

• NFI emergency intervention is needed to address the 3,000 IDP families (18,631 individuals) residing with hosting families. The shelter cluster is working on identifying vulnerable families and their needs.

Response

• 259,321 people are being provided with shelter in 90 designated UNRWA schools across the Gaza Strip and an estimated 15,700 individuals are sheltered in at 19 government and private schools and other facilities.

Gaps and Constraints

• Cash assistance of over USS 42 million is needed for 10,370 families to cover rental fees and urgent expenses.

• Emergency shelter kits are required for 6,495 families.

• Additional shelters for IDPs are required to reduce overcrowding at existing shelters and accommodate for the needs of new IDPs.

• Thousands of IDPs have reportedly moved into shelters in the southern Gaza Strip due to ongoing hostilities over the course of the past 24 hours. The security situation hinders assistance to those newly displaced.

• UNRWA’s NFI stock at minimum level. Workers face difficulties accessing some storage warehouses safely.

Water, Sanitation and Hygiene (WASH)

Needs

• Water and sanitation service providers need regular access to the relevant facilities to repair and operate them, in particular water chlorination.

• Electricity feeder lines need urgent repair.

• There is an urgent need for drinking water and water for domestic use as well as access to sanitation and hygiene articles for IDPs.

• Fuel is urgently needed to operate critical WASH facilities.

Response

• During the reporting period, a total 447 cubic meters of potable water and 516 cubic meters of non-potable water were tankered to UNRWA schools by the Agency, its suppliers and municipalities.

• Oxfam GB, through local partners, have provided drinking water to 43,168 IDPs hosted in 88 IDP shelters, including UNRWA shelters, government schools and informal shelters. Drinking water was also tinkered to Shifa hospital. Also 72 cubic meters of desalinated chlorinated drinking water have been distributed.

• Oxfam GB, through local partners, have provided safe drinking water to filling points in Khan Yunis, Ash Shuja’iyeh and Bani Suhaila serving 5,500 people.

• UNRWA supplied fuel for UNRWA vehicles and generators in shelters, and offered logistical support to fuel distribution to municipalities and selected WASH facilities.

• On 1 August, UNRWA sanitation staff and hired labourers via the Job Creation Programme (JCP) removed an estimated 238 tons of solid waste.

• Radio public health and hygiene messages are ongoing. A plan to deliver messages via mobile phones is under design.

Gaps

• The damaging of the GPP (the Gaza Power Plant) on 29 July has had a devastating effect on all WASH facilities in Gaza.

• While showers in shelters have improved personal hygiene and decreased the risk of spread of disease, the situation in overcrowded shelters is becoming increasingly tense. Fights between families over water were reported on multiple occasions.
• Al Maghazi and Bureji camps remain inaccessible and no solid waste could be collected in these areas.
• Lack of energy to operate facilities and limitations on access hinder the critical operations of WASH facilities, including operations of water service providers as well as maintenance and repairs, with potential devastating consequences for the entire population of the Gaza Strip.
• One of CMWU’s dosing units for chlorination has sustained damage by attacks and is currently non-operational. The lack of chlorination may have serious public health implications.
• PEF continues to face challenges to reach Absan village (Khan Yunis) filling point due to security reasons.

Health and Nutrition

Needs:
• Emergency care for the increasing number of injuries remains a high priority.
• The immediate health needs of IDPs remain a high priority as well, especially those with chronic diseases, those who are more vulnerable to communicable diseases, and pregnant women, new mothers and infants.
• High numbers of patients are seeking care at hospitals for acute, non-trauma related reasons.
• There is a need for a follow up at community level of all injured who were discharged from hospitals.
• Fuel reserves for hospitals are decreasing more rapidly than anticipated due to the loss of the Gaza power plant. WHO is seeking solutions for fuel re-supply through donations from other sources, in addition to that provided by the Islamic Development Bank which had been intended to meet hospital needs for a six-month period.

Response:
• On 31 July, 20 patients were referred to treatment in Egypt and nine to hospitals in East Jerusalem. UNRWA health personnel are working together with shelter managers to raise awareness about food-related health risks as well as personal hygiene. UNRWA also cooperates with Palestinian Medical Relief Society, which served IDPs in three shelters with mobile health services.
• WHO’s first shipment of medical supplies, worth US$ 1.4 million donated by Switzerland, Norway, and Italy, was delivered to the MoH Central Drug Store in Gaza this week; additional shipments are scheduled to arrive over the next week.
• Medical supply donated to MoH hospitals by Bahrain and the Jordanian army are en route.
• On 1 August, a team of MoH specialist physicians and surgical nurses (24 members), led by the MoH Director of Hospitals, traveled to Gaza to assist colleagues in Gaza hospitals in neurosurgery, anesthesiology, plastic surgery, general trauma surgery, advanced orthopedics and burn management.

Gaps:
• The destruction of the Gaza Power Plant (GPP) impedes the ability of the health sector to provide care for patients.
• Shortage of medical equipment, supplies and specialized personnel means that complex surgeries for vascular, neurological and spine cord injuries are being referred outside of Gaza.
• Lack of adequate protection of health facilities and personnel is impeding emergency assistance to sick and injured.

Food Security

Needs
• IDPs are in need of emergency food assistance.
• Additional bread production capacity is required due to lack of electricity at home.
• Immediate emergency funds to cover massively increasing food needs of IDPs are required.
• Animal feed for 4,000 breeders/herders should be provided in order to avoid further loss of livestock and additional erosion of livelihood of herder’s communities.

~ 475,000
IDPs require food assistance and water tankering.

United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
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• Humanitarian access to allow for provision of food and other emergency assistance to the civilian population is urgently needed and should be guaranteed throughout the conflict.

Response

• WFP, in cooperation with UNRWA, is providing ready-to-eat emergency food rations to all IDPs sheltered in UNRWA or government schools on a daily basis.
• WFP provided ready-to-eat emergency food rations to 15,000 IDPs hosted in government schools and continues to provide food assistance to patients and hospital staff.
• Food Security Sector partners are delivering complementary food distributions to IDPs at UNRWA and government schools. Other partners are reaching approximately 25,000 displaced persons in private shelters and host families.

Gaps and Constraints

• IDPs residing in public schools and private shelters require food and other assistance. Immediate emergency funding to address the food needs of the increasing IDP population and for fodder provision for 3,000 herders.
• Some food stores are located in areas which require ‘prior coordination’ due to the Israeli-imposed “buffer zone” impeding the ability to provide much needed food assistance.
• The Israeli military ground operation is limiting access to food warehouses and putting at risk the provision of food commodities for those in need.
• The ongoing reduction of electricity supply has heavily impacted the commercial activities, the milling capacity and the bakeries performance.

Education

Needs

• In the past 24 hours, another UNRWA school was damaged by shelling for the second time. The total of damaged schools since the start of the emergency stands at 138, including 49 government schools and 89 UNRWA schools, in need of repair.
• Several buildings of the Islamic University in Gaza city sustained severe damages due to Israeli attacks.

Response

NTR

Gaps & Constraints

• Access restrictions impede the ability to assess impact of hostilities and carry out repairs to damaged school infrastructure.

General Coordination

The Emergency Operations Centre (EOC) continues its daily meetings, focusing primarily on the coordination of the IDP response and challenges related to humanitarian space. OCHA, UNRWA, Ministry of Social Affairs (MoSA), Ministry of Education and Higher Education (MoEHE), Palestinian Red Crescent Society (PCRS) and Internal Committee of the Red Cross (ICRC) continue the coordination of opening up additional government schools for IDP shelters.

Funding

On 1 August, the Minister of Social Affairs and Minister of Agriculture of the State of Palestine, H.E. Mr. Shawqi Issa and the Humanitarian Coordinator, Mr. James W. Rawley, launched the Gaza Crisis Appeal which outlines the planned humanitarian response of the HCT, including UNRWA to the current emergency. The appeal projects are intended to address urgent needs in Gaza and requirements currently stand at US$ 369 million. The appeal is based on the latest analysis of the required
emergency assistance to meet the most critical needs of the affected population and will be revised as further information becomes available.

A number of bilateral contributions have already been received from donors who have provided funding for urgent needs in the most critical sectors.

The 2014 Strategic Response Plan (SRP) for the oPt has received US$ 170 million (43 per cent) out of a total request of US$ 390 million. Nearly 90 per cent of 1.9 million vulnerable people targeted in the SRP are in Gaza. Gaza-specific projects have received 32 per cent of their requested funding.

The Emergency Response Fund (ERF) is an additional mechanism available to fund interventions in Gaza through rapid and flexible support to affected civilian populations. The ERF has begun processing project applications in regards to the Gaza emergency.

To date, seven project proposals were approved for a total of US$ 1.6 million: ACF’s two projects to provide emergency shelter and NFIs and water, sanitation and hygiene to affected families; Medical Aid for Palestinians (MAP) project to support for the emergency needs of neonatal units in Gaza hospitals by procurement of essential drugs and disposables; Union of Health Work Committees (UHWC) emergency intervention to support the continuation of health services in the northern area of Gaza Strip by providing dedication fuel and consumables to Al Awda hospital, Dan Church Aid and PARC projects to provide food packages and hygiene kits to IDPs hosted in Shelters in Deir Al Balah, Rafah and Khan Yunis; by and UNMAS’ project for the management of ERW to reduce the risk posed to civilians. In addition, a proposal by Palestinian Medical Relief Society – PMRC for Emergency Intervention,(totalling US$ 249,845) to build community support teams in Gaza Strip, is under process.

A number of donors have come forward with expressions of interest or pledges for the ERF; thus far, Denmark, Sweden, Italy and Ireland have pledged a combined sum of US$ 3.3 million. Further funding for the ERF is still being sought. UN humanitarian agencies, in cooperation with NGO partners are finalizing an application to the CERF Rapid Response window covering urgent needs in food assistance, psychosocial support, WASH, rubble removal and critical drugs.
Background to the crisis

On 7 July 2014, the Israeli army launched a large military operation in the Gaza Strip, codenamed “Protective Edge”, with the stated objective of stopping Palestinian rocket firing at southern Israel and destroying the military infrastructure of Hamas and other armed groups.

This development marked the collapse of the Egyptian-brokered ceasefire understanding reached between Israel and Hamas in November 2012, which has been gradually undermined since December 2013. The latest escalation round started in early June, characterized by an intensification of Israeli airstrikes and rockets launched from Gaza at southern Israel. Tensions further increased following the abduction and killing of three Israeli youths in the southern West Bank, on 12 June, which the Israeli government attributed to Hamas. Overall, in the period leading up to the start of the current operation a total of 15 Palestinians, including one civilian, were killed, and another 58 others, mostly civilians, injured, as a result of Israeli airstrikes in the Gaza Strip; seven Israelis, five of whom were civilians, were injured due to rocket fire.

The current crisis comes against a backdrop of heightened vulnerability and instability. Unemployment increased dramatically since mid-2013, following a halt of the illegal tunnel trade, exacerbating the impact of the Israeli blockade in place since June 2007. Additionally, former de facto government employees, including the security forces, have not been paid salaries regularly since August 2013 and no salaries at all since April 2014. Delivery of basic services has been also undermined due to an ongoing energy crisis, involving power outages of 12 hours per day.

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