



COVID-19 Situation Report: Gaza

29 September 2020

As of September 29, Gaza has surpassed 2,900 cases, 21 of which have been fatal.¹ While this makes for a very low fatality rate, the number of confirmed cases per day have risen significantly since the end of August. The emerging pattern of contraction does not appear to indicate any kind of plateau in case numbers. Fortunately, it appears that while the number of tests administered per day is on the rise, the percentage of positive tests per day has seen a small decline. Anera's response has been to partner with multiple donors to send shipments of PPE, medicines, and medical supplies to Gaza's healthcare workers to help stem the spread of the virus. This includes working in the region with the Cooperative Society for Saving and Lending (CSSL) to provide hand-sewn face-masks.

The areas hit hardest by COVID-19 are, unsurprisingly, the ones with the highest population clusters. The area around Gaza City and North Gaza account for a combined 87% of confirmed cases and remain in complete lockdown.² Beginning in April and continuing through July, entry into Gaza – ranging from persons to trucks carrying supplies – was heavily restricted. As of August, truckload entries through the Rafah crossing on the Egyptian border resumed; however, the number of trucks entering into Gaza from its northern and eastern crossings remains lower than normal.³ The quarantine period for most individuals entering Gaza has been reduced to 14 days, while humanitarian staff are subject only to a five-day quarantine, provided they test negative upon entry. Gaza's poverty rate has, in the meantime, increased from 53% before COVID-19 to 64%, giving vulnerable families less disposable income for healthcare needs and steady nutrition. Finally, power outages, brought about by the ongoing fuel crisis, are common, and Gazans only have access to electricity for four hours per day.

These overlapping crises have put increased pressure on Gaza's already strained healthcare system. Gaza's 14 hospitals had critical shortages in equipment before the outbreak, with ventilators and ICU beds already in short supply. In August, the percentage of essential drugs at zero-stock level reached 47%.⁴ Power outages have affected clinics and hospitals, with some having to close temporarily during the worst of the fuel shortages. To respond to COVID-19, a number of makeshift treatment facilities have sprung up, many of which are converted school buildings, which are empty of students under the lockdowns. UNRWA, which operates 22 mobile facilities, has reported increased food and water insecurity, making proper hygiene protocols and quality

¹ [WHO Coronavirus Disease 2019 \(COVID-19\) in the occupied Palestinian Territory](#)

² [OCHA Occupied Palestinian Territory COVID-19 Emergency Situation Report 18 \(9/22/2020\)](#)

³ [Gaza Strip: Snapshot – \(Aug. 2020\) – OCHA Infographic - Question of Palestine](#)

⁴ [OCHA Occupied Palestinian Territory COVID-19 Emergency Situation Report 18 \(9/22/2020\)](#)

nutrition during the pandemic nearly impossible in the world's most densely populated area (5,154 persons per square mile).⁵

Monthly Consumption Rate for Medical Supplies during the COVID-19 Emergency

No.	Item	Unit	Qty/month
1	3-ply disposable face mask	Pcs.	112,900
2	Face Shield	Each	2500
3	N95 Mask	Pcs.	15000
4	latex examination gloves (different sizes S,M,L,XL)	Box/100	600
5	Sterile surgical gloves, 7, 7.5, 8	Box/100	250
6	Protective Gown disposable	Pcs.	14000
7	Reusable gown l,xl, M	Pcs.	3000
8	Safety goggles	Each	3000(for one time)
9	shoes cover	Pcs.	20000
10	Head covers	Pcs.	20000
11	Ethyl Alcohol 70%	Liter	1500
12	Hand gel Sanitizer (ethyl alcohol 70%)	Liter	700
13	Chlorine Solution	Liter	3000

⁵ <https://www.unrwa.org/activity/health-gaza-strip>