



FACTSHEET 2022

The impact of explosive weapons in Gaza

The people behind the numbers

"I have observed that there are two types of people with injuries. The first group encompasses those who receive care and support from their family members and from their friends. These people are strong and confident. The second group includes those who are neglected, abused, and unable to reach services. They are excluded. One of these people, a child, sustained a long-term impairment due to their injury, leading to disability. The family concealed the child because of their disability. We supported the family and now the child is enrolled in a school."

Lima, Palestine Avenir for Childhood Foundation (PACF) Social Worker, Gaza.

The heavy toll of explosive weapons on civilians in Gaza

Between 2014 and the end of 2021, the Gaza Strip experienced two major escalations in hostilities: the first in July 2014 called "Operation Protective Edge", which lasted 51 days, the second in May 2021 called "Guardians of the Wall", which lasted 11 days.

According to the available data, **2,150 Palestinian civilians were killed between 7th July 2014 and 31st December 2021;**¹ 1,840 were killed by air-launched explosives, 258 by live ammunition, 28 by surface-launched explosives, and 24 by other means. Girls below the age of 18 years' old accounted for 10.3% of the civilians killed, women 16.2%, boys under the age of 18 years' old 22%, and men 51.5%. During the same period, **53,372 people were injured;**² 2,202 by air-launched explosives, 25 by surface-launched explosives, and 51,145 people by other means in the context of demonstrations and/or conflict.³ Casualties mostly resulted from air and surface-

¹ Data and statistics according to the UN Office for the Coordination of Humanitarian Affairs (OCHA)'s dashboard, available online at: <https://www.ochaopt.org/data/casualties>

² The number of people injured takes into consideration the period between 2014 and 2021 incorporating escalations in hostilities, including the Great March of Return between 2018 and 2019 (when 36,245 Palestinians were injured), as well as sporadic and isolated strikes across other years. Data and statistics according to OCHA dashboard.

³ The disaggregated data relating exclusively to the July 2014 escalation are: 1,694 civilians killed (195 girls, 349 boys, 297 women, 853 men) and 11,231 persons injured (data on injuries include both civilians and combatants: 322 girls, 3,114 boys, 3,538 women, 4,257 men).

launched explosives, followed by live ammunition, the collapse of infrastructure and debris.⁴ In addition to killing and injuring civilians at the time of their use, the use of explosive weapons in populated areas (EWIPA) also causes explosive ordnance contamination.⁵ The precise extent of this contamination is unknown, but in 2014 alone, it is estimated that approximately 7,000 items of abandoned or unexploded ordnance remained in Gaza due to the shortfall⁶ of ordnance from Gaza itself and Israeli airstrikes. Since 2014, 8,786 explosive remnants of war (ERW)⁷ have been removed and destroyed under the supervision of the United Nations Mine Action Service (UNMAS).⁸



Buildings in Shejaiya, Gaza, an area largely destroyed during Operation Protective Edge in Summer 2014.
© Tom Shelton / HI

The impact on civilians of rockets launched from Gaza into Israel.⁹

During the 2014 escalation in hostilities, 6 civilians, including one child under 18, were killed in Israel, while 2,433 civilians were injured by mortars and rockets launched from Gaza into the State of Israel.¹⁰ During the 2021 escalation, 4,000 rockets were launched from Gaza, with a significant number intercepted by the Iron Dome defence system and others landing short inside Gaza.¹¹ In Israel, 12 civilians were killed by these rockets and mortars while hundreds were injured.¹²

The disaggregated data relating exclusively to the May 2021 escalation are: 130 civilians killed (23 girls, 44 boys, 39 women, 23 men) and 2,211 persons injured (data on injuries include both civilians and combatants: 272 girls, 413 boys, 480 women, 1,046 men).

⁴ According to the OCHA dashboard and the report "Bombs under the rubble. Study of awareness of Explosive Remnants of War among the population of Gaza", Humanity & inclusion - Handicap International, 2015.

⁵ According to the IMAS 04.10, Second Edition (Amendment 10, February 2019), the term "Explosive Ordnance" encompasses Mines, Cluster Munitions, Unexploded Ordnance, Abandoned Ordnance, Booby traps, other devices (as defined by CCW APII) and Improvised Explosive Devices.

⁶ "Shortfall" is the standard term used by the United Nations to describe the launch of rockets by militias in the Gaza strip that do not reach Israel but fall on Gaza itself.

⁷ According to the IMAS 04.10, Second Edition (Amendment 10, February 2019), the term "Explosive Remnants of War" (ERW) encompasses Unexploded Ordnance (UXO) and Abandoned Explosive Ordnance (AXO).

⁸ According to UNMAS, available online at: <https://www.unmas.org/en/programmes/state-palestine>

⁹ In addition to the two major escalations of hostilities in 2014 and 2021, an undetermined number of rockets have been launched from Gaza into Israel between 2014 and 2021. However, no comprehensive data is available on all the period regarding the number of casualties resulting from these attacks. No comprehensive data from UN and other sources related to casualties during the brief escalation of violence of 2018 was available either.

¹⁰ These figures do not include active military personnel. Data according to B'tselem and OCHA dashboard.

¹¹ Security Briefing Council – 27 May 2021. Available: <https://unsco.unmissions.org/security-council-briefing-27-may-2021>

¹² Ibid.

The complexity of injuries caused by Explosive Weapons in Populated Areas

Explosive weapons cover a broad category of weapons, including mortars, rockets, grenades, artillery shells, aircraft bombs, and improvised explosive devices. These are of varying sizes, delivered from the air or the ground, but they all share the same characteristic: they affect an area around the point of detonation, usually through the effects of blast and fragmentation. Civilians both in immediate proximity and at a distance will suffer from blast injuries caused by the multiple effects of explosive weapons, including the 'overpressure' they create. The force of this pressure is not only enough to cause injury itself, but can also create fragments, hurl civilians, especially children, into surrounding objects, and cause buildings and other structures to collapse.

In Gaza, between 2014 and 2021, HI and its partners provided a range of services to people with **blast injuries affecting their lungs, ears, eyes, and intestines.** The explosion itself, or in some cases fragments and shrapnel from the explosion, caused **broken bones and flesh wounds,** which frequently required surgical amputation.

Due to the projection of the body by the blast, injured persons also suffered from traumatic **brain and spinal injuries** caused by collision, as well as traumatic amputations. Finally, our patient population also included people with **burns** to the skin and even respiratory damage from inhaling smoke, dust and chemicals. Some patients presented with a combination of all these injuries, and many of them showed signs of severe psychological trauma.

The difficulties faced when assisting persons injured from explosive weapons relate to a number of factors, but it is very important to highlight the environment where these weapons are used and the **complex domino effects that explosive weapons create when used in populated areas.** In towns, cities, and other areas populated by civilians, explosive weapons damage or destroy vital civilian infrastructure, such as hospitals and other health facilities, reducing access to emergency medical care for the person injured and for the conflict-affected population more broadly. The wide area effects of explosive weapons also include damage to and destruction of roads, water, electricity, and other critical infrastructure, all of which reduce access to essential services, which challenges the provision of health services in general.

In addition to the immediate need for emergency medical care and rehabilitation, injured people, their families, and, more broadly, the affected communities are facing longer-term challenges in terms of accessing psychological support and returning to school or work.

Short-, mid-, and long-term needs of survivors: the unmet pyramid of Victim Assistance

Victim Assistance aims to save the lives of people injured by explosive ordnance (EO) and to address the diverse needs of survivors, the family members of people injured and killed, and EO-affected communities, as well as to facilitate the enjoyment of their rights. It entails the adequate

provision of disability-, age-, and gender-sensitive services, including emergency and ongoing medical care, rehabilitation, psychological and psychosocial support, and socio-economic inclusion. Victim Assistance should be implemented in compliance with the Convention on the Rights of Persons with Disabilities. This is why HI refers to a non-discriminatory approach to implementing Victim Assistance obligations that includes the following sectors/policy areas: health, physical and functional rehabilitation, psychological and psychosocial support (including cultural, sports and leisure activities – CSL), education, and work and employment. In addition, HI proposes an additional service component, namely: adequate standards of living and social protection. Victim Assistance also encompasses data collection, as well as policies and laws.

In Gaza, 15 years of blockade, several escalations in violence, poor institutional capacities and intra-political conflicts,¹³ lack of data on the number and situations of persons with injuries and disabilities, and the absence of information on available services have all hindered the adequate provision of Victim Assistance to the point where it has become practically non-existent. Trauma care is often insufficient due to the damage to public health structures, the lack of modern materials, and the lack of available health infrastructure and trained personnel – making it more difficult to provide general access to health services for injured people and all people in need. The post-trauma response and rehabilitation services are limited, and unevenly distributed across the territory, relying mostly on civil-society organisations. On the long path towards recovery and inclusion, the collapse of Gaza’s economy has made any return to normal life almost impossible for people with severe injuries, making families primarily reliant on humanitarian aid.

The stories of Fatima, Yousef, Layla, and Osama

Fatima, Yousef, Osama, and Layla¹⁴ share with us four different stories of survival. Along with their families, they struggle every day to overcome the challenges they face, in order to fulfil their hopes and plans for the future, while rebuilding their lives.

Fatima – the struggle to access a continuum of qualitative services in Gaza

“Now I am dependent on someone else even for the simplest things. I have gotten used to the fact that there is nothing I can do. Suddenly, I need help to even go to the bathroom. Everybody is constantly telling me to be careful and watch out, so now I feel anxious and afraid.”

Fatima is a 37-year-old woman, married with children. She and her family were sheltering at a school in 2014 when the shelling began. It left her and several of her family members lying injured on the ground. She woke up hours later at the hospital, with multiple fractures and one of her legs amputated. In the immediate aftermath of the hostilities, she was referred to a hospital outside of the Gaza Strip due to the complexity of her injuries and the impossibility of receiving appropriate

¹³ Political struggles between the representatives of the Palestinian Authority sitting in Ramallah and the Authorities in Gaza.

¹⁴ Names have been changed to protect the people mentioned in the testimonies.

care there. However, the referral was unsuccessful for unknown reasons and Fatima had no choice but to continue receiving care in Gaza.

After five months, she managed to access a neurosurgery operation in a private clinic, paid for by her family. Seven months later, she was ready to be fitted with a prosthesis. In the months after the fitting of the socket, rehabilitation was crucial in order to improve her coordination and range of motion. However, the sessions did not have the expected outcome and, soon after, Fatima experienced muscle atrophy.

She had to change her prosthesis, and now has to do so approximately every year. Her access to health services is entirely dependent on her family's financial means or services delivered by non-governmental organisations in the area.

Since 2017, Fatima has been able to access rehabilitation services more consistently, along with psychological support.

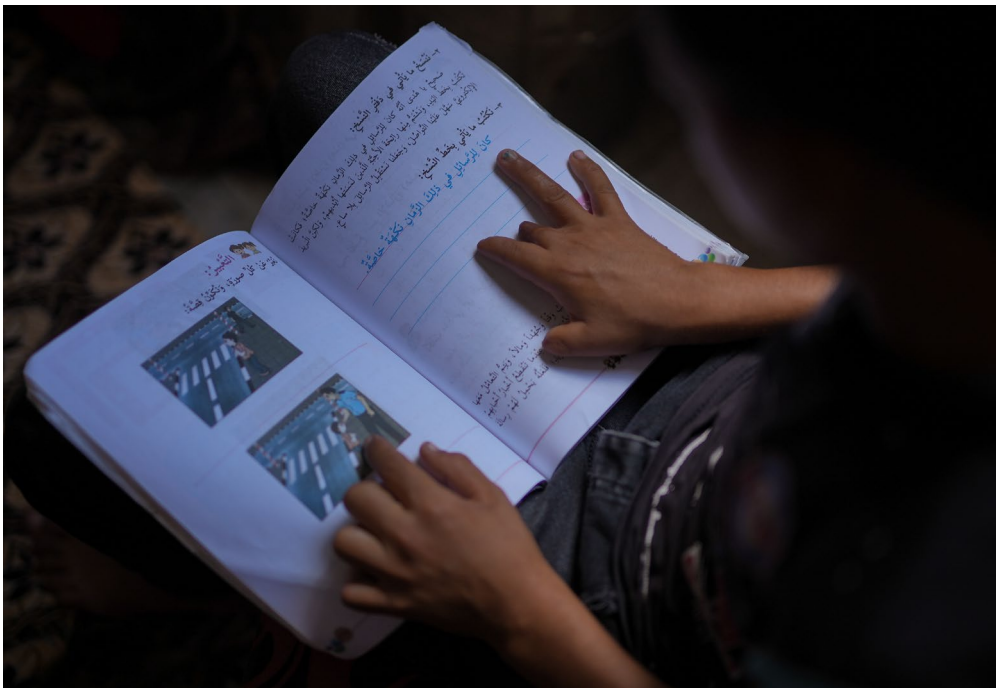
Her life has changed drastically since 2014. Despite the lack of access to a continuum of services and the extensive financial resources deployed to compensate for the lack of accessible, free, quality health services, Fatima and her family have been able to find a new sense of normality and now face their daily struggles together.



©HI, Fatima.

Yousef – the need for inclusion at school

Yousef¹⁵ is a 14-year-old boy. When he was 10 years' old, he picked an object up off the ground, at the seaside. He recalls that it was shaped like a pen, or something similar. It turned out to be a trigger that exploded in his hands. He lost three fingers on his right hand in the blast. Taken to the hospital, he required extensive surgery to try to restore the blood flow to one of his fingers. The surgery was unsuccessful and his finger was amputated. The other two fingers were intertwined and required additional surgery. After the surgery, Yousef required rehabilitation and Mental Health and Psychosocial Support (MHPSS) services to aid his recovery. An artificial finger implant was attempted without success; at the time of this interview, Yousef was still struggling to hold a pen and could not write.



©HI, Yousef.

His mother says:

“After this unsuccessful attempt, Yousef became very upset, started to refuse support and did not want to learn to write again. He refused to interact with his family and friends, and started to show some signs of violence.”

At school, he was a victim of bullying because he was stigmatised for his difference, i.e. the loss of his fingers. The school reported violent incidents to his family. The family tried to support him, but eventually he dropped out of school.

Yousef now stays at home. It has been 9 months since his last day in class, despite his love of reading and his inquisitive nature.

¹⁵ Yousef barely speaks. The testimony was collected from his parents.

Osama – the struggle to provide for his family

During the 2014 escalation in the conflict, Osama evacuated from his house and ended up in the street with his family during an airstrike.

A bomb hit the ground just behind them. Osama, his wife, and child were instantly thrown to the ground.

“I realised at this moment that my left leg was blown off and both my wife’s legs were also blown off. And unfortunately, my son also lost his left leg at the same time.”

Osama’s son also lost his left eye due to shrapnel. Osama needed several surgical interventions and spent months at the hospital recovering from his open wound. Once healed, he was provided with a prosthetic leg; however, he could not adapt to the model provided and soon gave it up, preferring to use crutches.

Since then, he and his family have required continuous rehabilitation and MHPSS services. Osama lost his job as a driver and occasional daily worker, because of his impairment. The family is forced to rely on their extended family to meet all their needs. Support from suitable income-generating activities remains his top priority today, together with the hope of owning a house that will meet the new needs of the family.



©HI, Osama and his younger daughter

Layla – the struggle to accept and be accepted

Layla is 5 years’ and 9 months’ old now. At the time of the incident, she was only 4. She was sitting with her mother at home when, suddenly without warning, a bomb hit the floor above their apartment. A wall in the room fell on Layla and shrapnel penetrated her body.

Layla lost consciousness and was rushed to hospital. She was diagnosed with spinal cord injury, hand and thigh injuries, and a skull fracture. After five days in intensive care, she was transferred to Jordan, where she remained for five months. Although her minor injuries healed, the spinal injury was declared irremediable. Since then, Layla has used a wheelchair to get around. Later, the family faced multiple challenges in providing adequate care for their daughter. Layla needs regular and consistent rehabilitation to ensure the mobility of her lower limbs and to avoid complications. She also needs an accessible school able to accommodate her. Her mother shares her story:

"Layla kept asking when she would walk again, and struggled to 'come to terms' with her new life. Even now, she is much more solitary than she used to be. She does not spend as much time with her siblings anymore."

Eventually, Layla's family was able to find an accessible school that welcomed her in, allowing her to be more active and engaged.



©HI, Layla and her mother

The need for action

On 17th June 2022, states, civil society, and international organisations met for one last time in Geneva to agree on and finalise the latest version of the '**Political Declaration on Strengthening the Protection of Civilians from the Humanitarian Consequences arising from the use of Explosive Weapons in Populated Areas (EWIPA)**'.

On the 18th November 2022, 83 states signed the declaration in Dublin, marking another historic step in the protection of civilians from explosive weapons and paving the way for another critical phase in the process: its implementation and follow-up mechanism.

During the consultative political process to finalise the text, HI documented the harm caused to civilians by the use of EWIPA in Syria, Iraq, Yemen, and Ukraine, to name only a few. The concrete examples were used to demonstrate to states the importance of the declaration and the need to respond to the humanitarian consequences of the use of explosive weapons in populated areas.

Focused on Gaza, this factsheet testifies to these consequences, highlighting the pattern of injuries caused by the use of explosive weapons, as well as the short- and long-term needs and challenges of the people injured, through the voices of four survivors.

The stories of Fatima, Yousef, Osama, and Layla are striking testimonies to the disastrous human consequences of the use of explosive weapons in populated areas. They also demonstrate the struggle faced by survivors and their families to rebuild their lives.

Action is needed at multiple levels to prevent the use of explosive weapons in populated areas and the suffering it brings about, and to support people injured, survivors, and their families in their daily lives.

All parties to the conflict should:

- Comply with International Humanitarian Law (IHL) and the UN General Assembly resolution on “Basic principles for the protection of civilian populations in armed conflicts”, adopted on 9th December 1970, (A/RES/2675) and subsequent declarations.
- Avoid the use of explosive weapons with wide area effects in populated areas, in the spirit of the widely adopted 'Political Declaration on Strengthening the Protection of Civilians from the Humanitarian Consequences arising from the use of Explosive Weapons in Populated Areas',¹⁶ which includes also firm commitments on Victim Assistance and humanitarian access.

¹⁶ The final text of the political declaration is available online at:

<https://www.dfa.ie/media/dfa/ourrolepolicies/peaceandsecurity/ewipa/EWIPA-Political-Declaration-Final-Rev-25052022.pdf>

The international community, including Humanitarian Mine Action actors (operators, the UN...) and States, should:

- Commit funding to significantly scale up humanitarian mine action activities, including all pillars of Victim Assistance, and reconstruction of vital civilian infrastructure to ensure service delivery. This should include funding to:
 - Expand training of medical personnel and volunteers on proper evacuation and first aid for injured people and other persons in need.
 - Ensure emergency rehabilitation and the continuum of services within existing humanitarian assistance to respond to the needs of trauma patients and post-trauma cases.
- Advocate for easing restrictions and administrative procedures on all items linked to emergency and recovery medical pathways.
- Collect data on casualties and the needs of survivors and other persons with disabilities while conducting other humanitarian mine action operations.

National authorities should:

- Undertake and support the elaboration of a national action plan on victim assistance to support victims' access to basic services by recognising the multi-sectoral nature of Victim Assistance, in the spirit of the International Mine Action Standard (IMAS) 13.10 on Victim Assistance.
- Integrate MHPSS into health interventions to respond to the urgent needs of affected persons.
- Ensure a continuum of services for survivors, the families of people injured or killed, and affected communities, which incorporates inclusive health assistance, education, MHPSS, and livelihood opportunities.
- Commit to funding the full inclusion of persons injured in livelihood activities and to promote inclusive work environments.
- Commit to integrating rehabilitation into existing approaches to health in order to respond to the needs of trauma and post-trauma patients, including free provision of assistive devices.

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