HEALTH
CLUSTER
OCCUPIED PALESTINIAN TERRITORY

End of Flash Appeal Report (Oct 2023-Mar 2024)

Photo credit: UNRWA

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Summary of Humanitarian Health Needs and Response Activities

Humanitarian Health Needs

- Trauma and emergency healthcare services, including early post-operative rehabilitation for thousands of injured.
- Procurement of trauma and emergency care drugs, medical disposables, laboratory supplies, medical kits, and equipment which are in critical shortage.
- Electricity or fuel supplies at key hospitals and for ambulance services to continue providing lifesaving services.
- Access to essential primary and secondary healthcare services to the general affected population, especially women, children, chronic illness patients and survivors of GBV.
- Additional bed capacity and human resources to support case management.
- Disease surveillance due to significant risk of outbreaks because of lack of adequate water and sanitation, overcrowded shelters.
- Mental health and psychosocial support to the highly traumatized population.

Priority Response Activities

- Maximize and support the service delivery capacity at pre-hospital, hospital, and post-hospital levels of trauma care.
- Provide early access to multidisciplinary postoperative care and rehabilitation services for the injured.
- Deploy Emergency Medical Teams to key hospitals and establish three field hospitals.
- Provide fuel to key hospitals, primary healthcare centres, and ambulance services.
- Maximize and support the existing capacity and provision of essential primary and secondary healthcare services, including treatment of adult and childhood illnesses, management of non-communicable diseases, preventive, and curative nutrition interventions, sexual and reproductive health, maternal, newborn and child health services and clinical management of GBV survivors.
- Re-establish referral pathways to outside the Gaza Strip.
- Scale-up early warning alert and response, disease surveillance, diagnostic and response capacity for communicable diseases.
- Provide mental health and psychosocial support to the affected population and provide psychotropic medicines to those with mental health disorders.
- Maintain essential supplies at community and facility levels.

Partners Response Highlights

2.5M targeted
2.1M reached

85%
of beneficiaries reached

63%
of funding requirement received

$204.2M
required

$128.8M
received

254
missions involving health activities were facilitated

23
EMTs deployed

Supplies

$71.2M
Worth of supplies procured

$54M
Worth of supplies delivered

7M litres
of fuel utilized by functional health facilities and partner operations

Health Service Points Setup

6
field hospitals

188
medical points

10
temporary PHCs

169
disease surveillance sites

Medical Evacuations

1,500
Evacuated from north to south

3,621
Evacuated from Gaza to Egypt and at least nine third countries

Gaza		West Bank	
145,810	Trauma and emergency interventions	Trauma and emergency interventions	5,521
4,186,294	Primary healthcare consultations	Primary healthcare consultations	181,058
105,839	Children immunized	Children immunized	13,146
71,378	Antenatal consultations	Antenatal consultations	13,754
75,932	Postnatal consultations	Postnatal consultations	3,911
326,829	Noncommunicable diseases management	Noncommunicable diseases management	29,660
21,148	Multi-disciplinary rehabilitation	Multi-disciplinary rehabilitation	2,834
443,951	MHPSS	MHPSS	24,196
50,067	Awareness sessions on various topics	Awareness sessions on various topics	66,656
14,654	Dignity kits	Prepositioned supplies	118,499
174,420	Hygiene kits	Health workers & community volunteers trained in life-saving techniques	1,012

Photo credit: PMRS

Gaza Thematic Areas of Interventions

Trauma and emergency care

Partners faced significant challenges in providing access to trauma and emergency services at community, pre-hospital, hospital, and post-hospital levels for the over 75,000 injured in Gaza. The number of injured was 150% higher than what had been anticipated in the Flash Appeal. Despite these challenges, partners directly provided services to patients, from first aid to advanced surgical procedures, including limb-saving and reconstruction procedures. They also provided resources, including medicines, medical supplies, equipment, and technical expertise. Emergency Medical Teams (EMTs) were deployed either as standalone temporary facilities or embedded in the pre-existing health facilities, enhancing the bed capacity, which was heavily depleted due to the war and boosting the health workforce and specialities needed for specialized care. The six established field hospitals (two times the number that had been planned) provided 446 additional beds. However, there is still a significant gap in needs, considering over 2,500 hospital beds have been lost, and the crisis has increased inpatient needs.

Multi-disciplinary rehabilitation

The Rehabilitation Taskforce estimated that 25% of the injured have potentially life-changing injuries and are likely to require significant rehabilitation. Interventions provided by partners included initiating rehabilitation as early as possible, provision of assistive devices, physiotherapy, nursing care, etc. In addition to the injured, partners also provided rehabilitation assistance to persons with non-trauma-related disabilities as the impact of the war has made them more vulnerable. Unfortunately, many people with injuries could not receive the critical rehabilitation services that they needed due to limited access to services. At least 40 physiotherapists and occupational therapists (10% of the rehabilitation workforce) have been killed.

Primary and secondary healthcare

Guided by the post-war developed Health Service Package (which was developed by the Health Service Delivery Working Group), partners (in)directly supported access to primary and secondary healthcare services across the Gaza Strip using the remaining partially functioning primary healthcare centres (PHCs) and hospitals. In addition to these pre-existing health facilities, partners (including through EMTs) setup temporary health service points in the form of medical points in shelters, mobile units, PHCs and field hospitals to support the management of non-trauma-related essential health service needs. In the Flash Appeal, there was an underestimation of the devastation that was to come; thus, there had been no plans to establish medical points in shelters, mobile units, or temporary PHCs. Rather, the Health Cluster had planned to repair partially damaged health facilities and resume service delivery there. However, as the situation evolved, it was clear this would not be possible as 62/77 health facilities remained inaccessible and the massive population in IDP shelters; thus, partners set up almost 200 temporary health service points in and around the IDP shelters.

Services provided by partners included:

- Primary and secondary healthcare consultations and treatment;
- Sexual and reproductive health services, including basic and comprehensive emergency obstetric newborn care, antenatal care, postpartum, maternal and neonatal care, GBV, including clinical management of rape and intimate partner violence, treatment of STIs, family planning and menstrual hygiene;
- Routine and catchup immunizations against vaccine-preventable childhood illnesses;
- Management of communicable diseases and disease surveillance to prevent, early detect and respond to outbreaks; and
- Management of non-communicable diseases, including diabetes, cardiovascular disease, oncology, kidney disease and also providing palliative care
- In support of Nutrition Cluster interventions integrated prevention and treatment of acute malnutrition.

Documenting attacks on healthcare and impediments to access

Partners monitored and reported to WHO attacks on healthcare and impediments to accessing healthcare services, who documented the incidents. The reports form a critical evidence base for advocacy with member states and other stakeholders. Due to the war, the number of healthcare attacks in Gaza increased from 6 in the second quarter of 2023 to 435 by 31 March 2024.

Mental health and psychosocial support

The magnitude of mental trauma needs across the population, and the MHPSS workforce is overwhelming. Partners mainly provided the affected population with basic psychosocial support and psychological first aid. There were significant limitations in the provision of counselling for moderate and severe cases of mental trauma, as well as providing psychotropic medicines to patients with mental health disorders; thus, many patients remained without access to services.

Emergency preparedness

Partners' emergency preparedness activities focused on disease outbreak preparedness and preparing for different scenarios related to the evolution of the war. At the beginning of the war, it was preparing for the mass displacement to the south of Wadi Gaza, then further down to Rafah, a potential 30-day ceasefire, an incursion on Rafah, etc.

Health system strengthening

Partners supported the provision of fuel to critical health facilities across the Gaza Strip. They also recruited staff who were deployed to public health facilities and, in addition, provided incentives to MoH staff and other volunteers who were supporting health service provision. Through the Health Logistics Working Group and the Logistics Cluster, there was support provided to ensure the availability of health supplies at health facilities; this was despite the stringent restrictions on the entry of equipment; partners were able to bring in some field hospital equipment, ambulances, and cold chain capabilities.

Photo credit: MdM France

West Bank Thematic Areas of Interventions

Trauma and emergency care

Partners supported access to trauma and emergency services at community, pre-hospital, hospital, and post-hospital levels for the over 4,750 injured in the West Bank. Since the beginning of the war in Gaza, the West Bank has seen increased military operations and settler violence, which has increased the monthly average of casualties by four times. Ambulances and medical teams, despite significant challenges, including threats to their own lives, evacuated patients from locations of injury to the hospitals for further management. In the event that ambulances could not reach the injured due to impediments imposed by the IF, trained community volunteers with basic supplies whenever it was safe to do so and provided some first aid and bleeding control interventions to stabilize cases until professional help arrived. Partners also provided hospitals with medicines, medical supplies and technical expertise to support case management.

Multi-disciplinary rehabilitation

Although the number of casualties in the West Bank is not as high as in Gaza, according to the Rehabilitation Taskforce, 62% of the injured have suffered potentially life-changing injuries and are likely to require significant rehabilitation. Partners have supported the early initiation of rehabilitation and provided assistive devices, physiotherapy, nursing care, etc. They have also provided rehabilitation assistance to persons with non-trauma-related disabilities who are in vulnerable communities and circumstances.

Primary and secondary healthcare

Partners (in)directly supported access to primary and secondary healthcare services to vulnerable communities across the West Bank, particularly in Area C, H2, Seam Zone, and refugee camps. Despite challenges linked to checkpoint closures and other movement impediments, partners provided primary healthcare services to 124 communities (72% of communities in need) in Area C, H2 and the Seam Zone through mobile clinics as planning and zoning restrictions prevent the construction of permanent infrastructure. In addition to communities in Area C and surroundings, partners also provided services to about 10,000 Gaza workers (according to the Ministry of Labour) and 400 patients and companions who got stranded in the West Bank at the beginning of the war.

Services provided by partners included:

- Primary and secondary healthcare consultations;
- Sexual and reproductive health services, antenatal care, postpartum, maternal and neonatal care, GBV, including clinical management of rape and intimate partner violence, treatment of STIs, family planning and menstrual hygiene;
- Routine immunizations against vaccine-preventable childhood illnesses; and
- Screening and management of non-communicable diseases, including diabetes, cardiovascular disease, oncology, and kidney disease, and also providing palliative care.

Documenting attacks on healthcare and impediments to access

Partners monitored and reported to WHO attacks on healthcare and impediments to accessing healthcare services, who documented the incidents. The reports form a critical evidence base for advocacy with member states and other stakeholders. As a result of the war, the number of attacks on healthcare in Gaza increased from 62 in the second quarter to 412 by 31 March 2024.

Mental Health and Psychosocial Support

Partners provided basic psychosocial support and psychological first aid to survivors of military and settler violence as well as those who had lost their homes or livelihoods due to demolitions and displacement. They also provided counselling to moderate and severe cases of mental trauma as well as providing psychotropic medicines to patients with mental health disorders.

Emergency Preparedness

Partners' emergency preparedness activities focused on decentralized prepositioning of supplies at regional, health facility, and community levels. Due to the nature and context of the West Bank, where whole governorates, towns, cities, refugee camps, and villages can be blocked off during military operations, trauma and emergency care and rehabilitation supplies must be strategically located and ready to be mobilized when needed. Partners have been actively training community volunteers and health workers at PHCs and hospitals to build their capacity to manage trauma and emergency cases, including mass casualties.

Health system strengthening

Partners provided some imaging equipment, cold chain capabilities (both fixed and mobile), and laboratory equipment.

Photo credit: WHO

Gaza Operational Challenges

- There are significant safety and security concerns across the Gaza Strip. Unfortunately, more than 400 health workers and partner staff have lost their lives as a result of the high level of insecurity and active conflict.
- The targeting of health facilities has resulted in reported damage to 32 hospitals (89% of all pre-existing hospitals), and several primary healthcare centres have been damaged. At least hundreds of thousands of dollars worth of medical supplies and equipment have been destroyed as a result of the attacks on health facilities and assets. It has also caused fear among health workers; and some are now afraid of returning to work in some health facilities. Additionally, unrelenting attacks on health care workers and ambulances resulting in reduced capacity for medical referrals.
- The majority of partners and the general population have been forced to move from the north to the south due to the war and forced displacements. This has severely limited the humanitarian interventions being implemented in the areas located north of Wadi Gaza where there is a residual population and mounting humanitarian needs.
- Missions denied or cancelled due to delays in receiving the green light to proceed put at risk the lives of patients in need of evacuation to the south and hindered the delivery of needed medical supplies, fuel, and other essential commodities. According to OCHA data, 27% of missions which included health interventions were denied or cancelled.
- Due to significant logistical challenges and entry restrictions, medical supplies and equipment are severely lacking. Medical equipment and instruments, energy sources (generators and solar systems), laboratory and diagnostic supplies, assistive devices, disinfectants, and spare parts for equipment, generators, and solar systems are some of the items that are urgently required in Gaza. Tents for setting up and expanding health service delivery points, mobile maternity units, mobile laboratories, and mobile haemodialysis units. Logistical challenges partners encounter also include storage capacity issues, cold chain capacity and limited transportation options.

- The limited access to electricity and power generation supplies such as fuel and solar systems hinders the proper functioning of both health facilities and partner operations. Since the crisis began, the Gaza Strip has been cut off from electricity, leaving health facilities relying wholly on generators and solar systems to keep running 24/7. This has put a lot of strain on the generators and solar systems that were already available before the war, resulting in increased breakdowns and the need for spare parts, which have also not been allowed entry. Many health facilities have been forced to ration power supply and even close some of them down to focus the limited available energy resources on very few facilities. This has a direct effect on the functionality of the health facility and outcomes for patients.
- Limited access to fuel has led to the proliferation of a black market in which diesel is selling at almost 8 times the official cost and petrol is selling at 33 times the official cost. In a context where partners are wholly dependent on fuel for power generation, this drastically increases operational costs.
- Lack of access to water supply has increased the need for health facilities to have desalination systems set up in situ to ensure uninterrupted access to safe water. However, this has not been possible due to some of the supplies needed being on the dual-use list.
- The current medical evacuation mechanism is plagued by numerous challenges, including a limited number of patients evacuated per day, restrictive criteria, long waiting periods for patients, and competing priorities between patients with war injuries and those with chronic diseases.
- The staff and the general population are traumatized, and social stresses are affecting their capacity to work. There is a major gap caused by increasing needs for mental health and psychosocial support and diminished capacity to provide services at the required level. This has forced some staff who were able to raise the exorbitant fees to leave the Gaza Strip, starting a brain drain on the health system and other sectors.
- Limited risk communication and community engagement (RCCE) capacity and opportunities is a major challenge in a context in which RCCE is highly needed to support health and hygiene awareness as part of disease prevention strategy, and other key community engagement needs.
- The formal market system has collapsed, and the informal market now dominates economic activities. Prices of commodities and services have dramatically increased since the war started and remain unstable. According to the Cash Working Group, PalPay is the only functioning financial service provider with agents still active across the Gaza Strip. Although cash is still available, movement and access to it are increasingly challenging, posing significant issues for partner operations. Medicines are the second and third most reported expenditure for recipients of cash assistance in Rafah and the Middle Area.

West Bank Operational Challenges

- The increase in military operations and settler violence has led to an escalation in confrontations between IF and Palestinian civilians. This has resulted in a rise in injuries and fatalities, as well as damage to homes, schools, and other infrastructure.
- Ambulances, healthcare workers, and patients are facing obstacles due to the restrictions on movement and the increase in violence. This is making it difficult for people to access essential medical care and is putting the lives of patients and healthcare workers at risk.
- The closure of checkpoints and movement restrictions have severely limited people's ability to move freely within and between communities. This has significantly impacted access to essential goods and services, including healthcare, education, and employment.
- Community displacement is a growing concern, with families forced to leave their homes due to the threat of violence or the destruction of their property or livelihood.
- Permits are not being renewed for many Palestinians, which has a significant impact on their ability to travel for work or to access essential services. This has led to a rise in poverty and unemployment, particularly in areas where the economy is already struggling.
- Internationals are also experiencing challenges receiving visas, hugely impacting INGO partner operations.

Photo credit: PRCS

Mainstreaming Cross-cutting Issues

Protection is the overarching theme of mainstreaming cross-cutting issues, and it is a fundamental aspect of all humanitarian interventions. Health Cluster partners must integrate protection principles into all their interventions, focusing on assisting the most vulnerable and enhancing their safety and dignity. This approach also aims to promote and safeguard the human rights of the beneficiaries.

Prevention of sexual exploitation and abuse

All humanitarian actors responding to an emergency have a duty to protect the affected population during the crisis from sexual exploitation and abuse. Throughout the response, Health Cluster partners are required to have PSEA mechanisms in place as well as participate in the inter-cluster PSEA Network. The Health Cluster has also identified PSEA focal points that have received training from the PSEA Network, and they help support and guide the other Cluster partners. The Cluster shared with partners its own PSEA material and that produced by the PSEA Network. The material provided awareness about sexual exploitation and abuse and reporting mechanisms for further dissemination to the communities in which they are working. Briefings on PSEA have been delivered to Health Cluster partners in both Gaza and the West Bank.

Gender

Mainstreaming gender in humanitarian health response is critical, especially in the context of the war in Gaza and the increased military and settler violence in the West Bank. Health Cluster partners have had to consider the different health needs of women, men, girls, and boys in their programming. Women and girls, for example, have been faced with specific challenges related to reproductive health, access to healthcare, gender-based violence, etc. Similarly, men and boys have their own unique needs related to injury, for example. By mainstreaming gender in health, Cluster partners ensure that all affected individuals receive the care and support they need.

Gender-based violence

Similar to PSEA, all humanitarian actors responding to an emergency have a duty to protect the affected population from gender-based violence. The Health Cluster works with trained GBV focal points and the GBV Sub-Cluster, which provides support and guidance to partners to ensure GBV programming is mainstreamed in all health interventions. This is guided by the results of gender analyses done by different partners and other resources.

Accountability to the affected population

Accountability to affected populations refers to organizations' responsibility to respond to and address the needs and concerns of those impacted by their interventions. It involves recognizing the rights of affected populations to participate in decision-making processes, access information, and have their voices heard. Additionally, it requires organizations to be transparent, responsive, and accountable for their actions. With support from the inter-agency AAP focal point, the Health Cluster and partners have been working on improving communication with communities and raising awareness of the existing Community Feedback Mechanism (CFM).

Social inclusion of persons with disabilities

Persons with disabilities are among the most vulnerable populations during war and conflicts. They face various challenges and barriers limiting their access to basic needs such as food, water, shelter, and healthcare. Furthermore, they may experience exclusion and discrimination due to the lack of understanding and awareness of their needs and capabilities. The war in Gaza has seen many suffering with life-changing, debilitating injuries. It is, therefore, imperative to promote the social inclusion of persons with disabilities. With support from the Health Cluster's Rehabilitation Taskforce, partners have access to guidance on including necessary accommodations and assistive technologies, ensuring that humanitarian aid includes the needs of persons with disabilities and that partners are better equipped to support patients who have experienced debilitating injuries and adjust.

Photo credit: UNRWA

Collaborations with other Clusters

Nutrition

Before being activated into a cluster, nutrition was a working group under the Health Cluster. After the war and it became clear that there would be a nutrition crisis, the Health Cluster supported the activation of the Nutrition Cluster and has continued to work closely with it. The Health Cluster has worked with the Nutrition Cluster to ensure the integration of nutrition interventions in health service delivery points, including establishing stabilization centres for treating SAM cases with medical complications.

Food Security

The Health Cluster collaborates with the Food Security Sector to address the interrelated issues of food insecurity and health. The collaboration involves sharing data and resources, coordinating activities and programs, and leveraging expertise across the two sectors.

WASH

The Health Cluster has been collaborating with the WASH Cluster on infection prevention and control and providing WASH in health facilities. The two clusters worked together and developed a joint Cholera preparedness and response plan. They also collaborated in advocating for the entry of WASH supplies to support WASH service delivery to the affected population, health facilities and other essential infrastructure to reduce the risk of disease outbreaks.

Protection

Worked closely on documentation of attacks on healthcare and advocating with member states to lobby for the protection of health facilities and health workers. Together with the GBV Sub-Cluster, developed the Clinical Management of Rape Concept Note and the integration of CMR at the primary healthcare level. Joint guidance note on menstrual hygiene management published.

Shelter and Site Management

The Health Cluster has worked with the Shelter Cluster and the newly created Site Management Working Group, highlighting the health impact of poor living conditions. The Health Cluster has set up medical points across different shelters in efforts to bring service delivery closer to the IDPs who may not be able to leave the shelters to seek care.

Cash Working Group

Medicines are the second most reported expenditure for multi-purpose cash assistance recipients; thus, the Health Cluster works closely with the Cash Working Group on cash assistance.

Logistics

Worked together to support partners at different stages of the supply chain and set up logistics capacities in Egypt and Jordan.

Education

Together with the Protection Cluster, the three clusters collaborated on providing mental health and psychosocial support to the affected population. There are also opportunities for further collaboration on activities related to risk communication and community engagement on health issues.

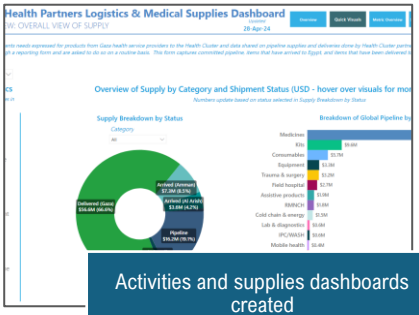
Health Cluster Coordination and Information Management

30 Health Cluster meetings held at national and subnational levels, including working groups

Deployment of the WHO EMTs Initiative, which took responsibility for coordinating all EMTs

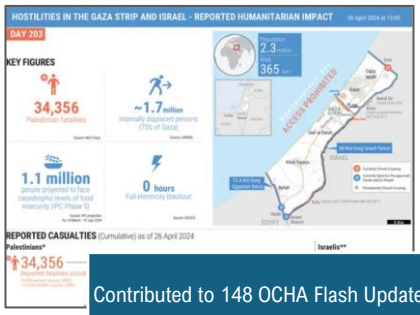
Four new technical working groups were activated to strengthen thematic area capacities

4 donors briefings which covered various thematic areas

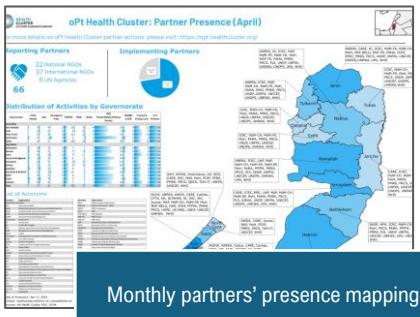


Activities and supplies dashboards created

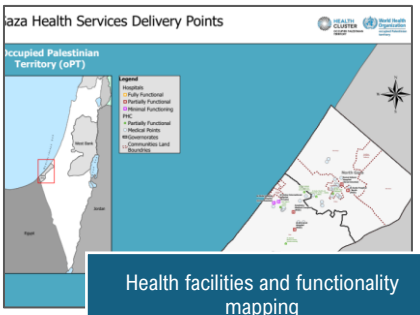
13 Health Cluster updates published



Contributed to 148 OCHA Flash Updates



Monthly partners' presence mapping



Health facilities and functionality mapping

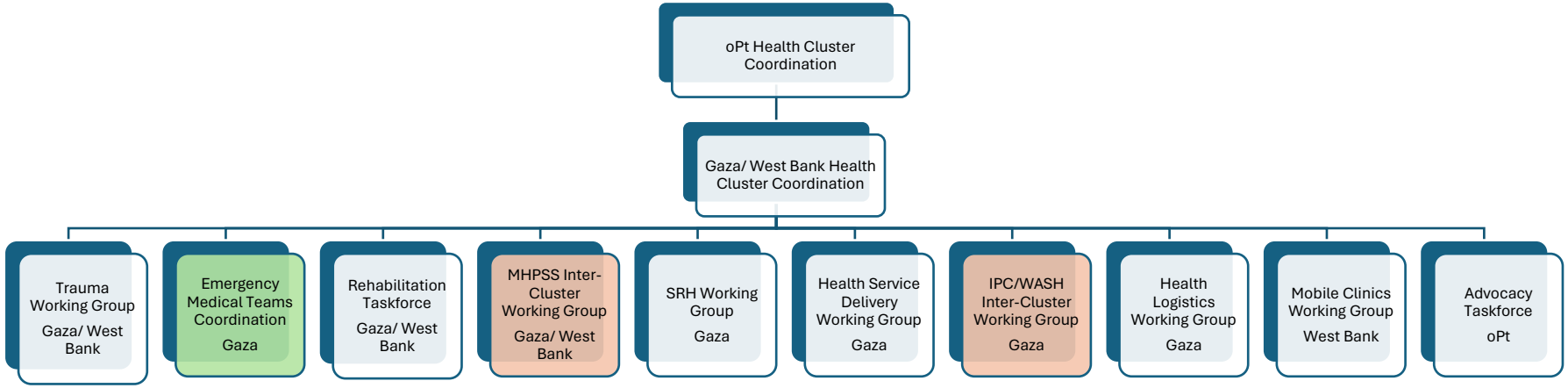
Photo credit: WHO

Health Cluster Coordination Capacity

After October 2023, the Health Cluster coordination team was expanded to include dedicated subnational cluster coordinators for Gaza and the West Bank and a GIS expert, who joined the team towards the end of the Flash Appeal period, to support mapping. The team now has six dedicated staff members. There is an Operations, Support, & Logistics team in Egypt supporting the Health Cluster partners with health logistics.

Position	No. of staff
National Cluster Coordinator	1
Subnational Cluster Coordinator	2
Information Management Officer	2
GIS Officer	1

oPt Health Cluster Coordination Structure



Working/ Taskforce	Gaza Lead	West Bank Lead	oPt Lead
Trauma	WHO	WHO	
EMTs Coordination	WHO		
Rehabilitation	HI/ WHO	HI	
MHPSS	GCMHP/ UNRWA	WHO/ TdH	
SRH	UNFPA		
Health Service Delivery	WHO		
IPC/WASH	UNICEF		
Health Logistics	WHO		
Mobile Clinics		UNFPA	
Advocacy			WHO/ MAP

Partners who participated in the response

Donors