



Operational Response for Gaza 2019

Ongoing health response & 96-hour Contingency Planning



Representatives:

Gerald Rockenschaub, Head of West Bank & Gaza. WHO

Sara Halimah, Health Cluster Coordinator. WHO. Halimahs@who.int

Executive Summary

Conflict-related trauma remains a major burden of disease on the health sector in Gaza and since the mass demonstrations by Palestinians began on 30 March 2018, every week there is a **growing number** of injured people in need of urgent life and limb saving interventions. According to the latest information from the Health Cluster Situation Report issued on the 31st January, 261 people have been killed; and almost 28,000 injured by Israeli security forcesⁱ.

Meanwhile, there are **ongoing complex and serious injuries** that require specialised treatment over a period of time; which is currently not available or with limited capacity in the Gaza Strip. In addition, rates of bone infection amongst injured patients have continued to grow, increasing the risk of amputations and even death.

As Health Cluster partners respond these ongoing needs, there is also an increasing likelihood of heightened conflict in Gaza from 30 March and onwards, which marks the anniversary of the Gaza mass demonstrations. Enhancing the Health Cluster preparedness capacity to deal with the first 96 hours of the conflict is essential in order to prevent death and disability.

From the total cohort of estimated 676,522 people in need of essential healthcare in 2019, the Health Cluster partners, are able to target 555,615 people for a total of \$ 28.2 million¹. Out of this total, \$ 9.7 million has been received, leaving a funding gap of \$ 18.5 million. An additional \$1.5 million is required to the **minimum needed resources in order to prepare for and respond to the first 96 hours of violent conflict**.

The package of essential health services presented here lists the details of the ongoing response and the 96-hour contingency plan. It is in line with the Health Clusters responsive action, which in the HRP is: **“Life-saving health interventions for trauma patients and access to essential health services for the most vulnerable”**. The overall aim of this plan is to enhance the quality and emergency care and trauma care in Gaza to reduce conflict related mortality and morbidity.

See table below for a summary of the ongoing health response and 96-hour contingency response budget needs.

¹ ¹ MSF will target additional 300 patients in need of specialised tertiary treatment.

Summary of ongoing health response and 96- hour contingency response with budget needs

Type	Phase of care	Estimated people in need	Targeted Response	Budget gap USD
PART 1: Ongoing health response	Pre-hospital care	41,150	38,975	2,256,850
	Major trauma hospitals	362,350	282,040	3,098,150
	Emergency back-up hospitals	161,250	160,365	3,124,850
	Post-operative care, rehabilitation and support to primary healthcare centres	105,400	70,120	3,039,050
	Tertiary specialised care	6,372	4,115 ²	6,434,750
	Coordination, information & leadership	-	-	519,050
PART 2: 96-hr Contingency Plan	96-hour Contingency Response Plan	2,300	2,300	1,522,300
	TOTAL	678,822	557,915	19,995,000

² MSF will cover 300 patients in need of osteomyelitis

PART 1: Ongoing health response

Needs

Conflict-related trauma remains a major burden of disease on the health sector in Gaza. Since the mass demonstrations by Palestinians began in Gaza on 30 March 2018 until the end of January 2019, 261 people have been killed; and almost 28,000 injured by Israeli forces, according to the Gaza Ministry of Health (MoH). From the total number of injured, over half were transferred to emergency departments, and over 44% of the casualties arriving to the hospitals have gunshot woundsⁱⁱ. 122 amputations have taken place with the numbers expected to further increaseⁱⁱⁱ.

The huge numbers of patients with gun shots wounds is overwhelming an already fragile health system. These are complex and serious injuries require specialised treatment over a period of time; which is currently not available or with limited capacity in the Gaza Strip. Meanwhile, rates of bone infection amongst injured patients have continued to grow, increasing the risk of amputations and even death. According to MSF, 2,800 people are estimated to need complex surgical interventions, half will need immediate treatment for bone infection (otherwise known as osteomyelitis) before limb reconstruction surgery can begin, and half are in need of limb reconstructive surgery immediately.

In addition to death and physical injuries, mental health and psychosocial consequences of the demonstration-related violence are expected to be high, exacerbating the frustrations and despondency that a growing portion of people in Gaza feel. The violence experienced at the fence – whether through being injured directly, witnessing an injury or death, or knowing someone injured or killed – can significantly impact the mental health and psychosocial well-being of a person both immediately as well as over the long-term. The current violence takes place within an already high rate of mental health disorder in Gaza, of which an estimated 210,000 people or over 1 in 10 people suffer from severe or moderate mental health disorders in Gaza^{iv}.

Such a large number of injuries affects not just the injured, but it also puts a strain on the provision of regular healthcare in Gaza. In order to cope with this weekly influx of trauma casualties, there has been a direct impact on the capacity of the wider health sector to deliver essential services, with suspension of elective surgeries, reallocation of hospital beds to serve surgical patients, diversion of health staff and ambulances, and a strain on even basic primary healthcare services providing medication to critical non-communicable disease patients.

The surge in humanitarian needs takes place against a backdrop of an overall precarious humanitarian situation in the Gaza Strip, with a health system on the verge of collapse and increasing, widespread despair as basic resources deplete. According to the MoH, in 2018, the availability of essential medicines reduced to 46% at less than one month's supply; the lowest rate of availability since 2012. When categorised, lifesaving emergency related medicines were at 23% less than one month's supply throughout much of 2018. Many health professionals have little or no access to training to update their skills and the remaining workforce struggle to get access to medical training. Options to refer patients for care outside Gaza remain extremely limited. Meanwhile punitive measures have resulted in additional healthcare staff having their salaries suspended. As such, the potential impact of the current crisis on the people of Gaza – and on the already fragile health system – should not be underestimated.

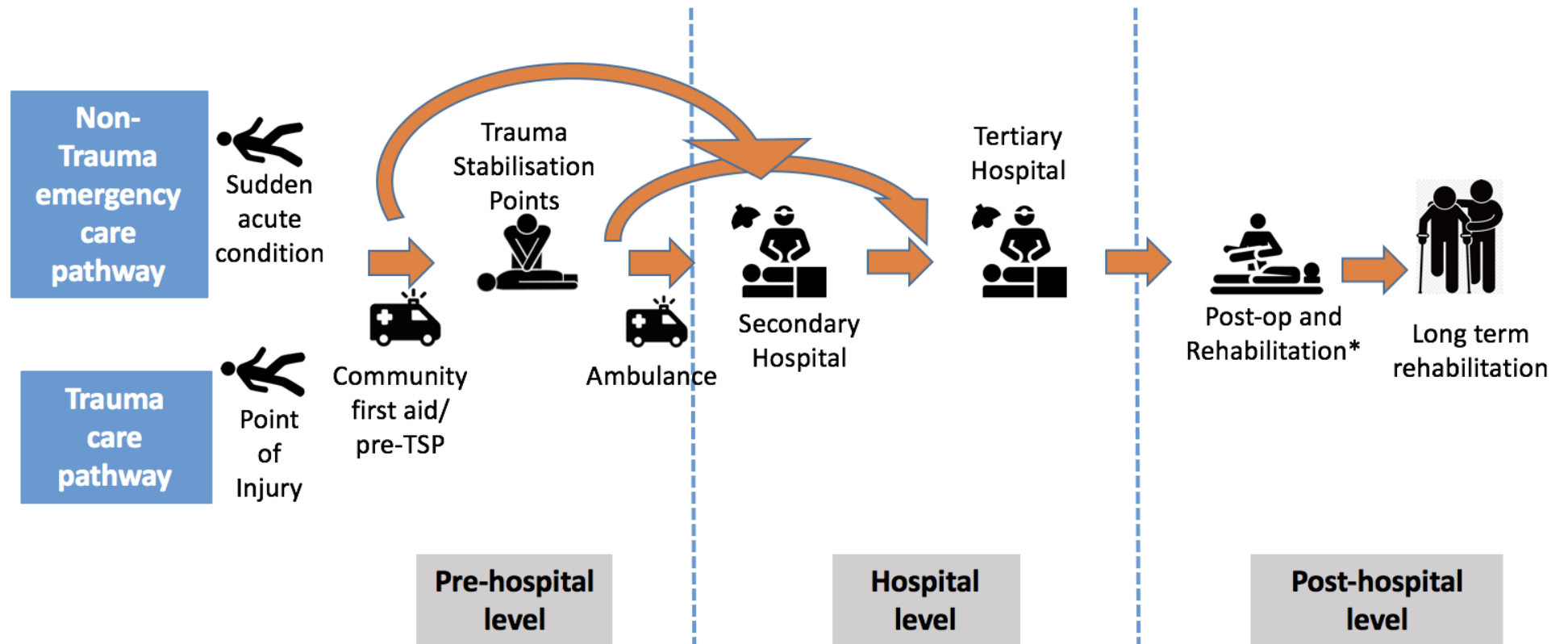
Operational Response Approach

Response Approach: The Health Cluster will respond to the urgent life- and limb saving needs through a targeted response at each step of the trauma pathway, from first aid and triage, trauma stabilization points, referral and patient transfer, surgical interventions, post-operative care and rehabilitation, and the integration of mental health and psychosocial support at various stages of trauma care. The below is an illustration of the key stages along the pathway of an injured or emergency patient.

Aligned with the HRP: This operational response is in line with the Health Cluster strategic objective 1. “Ensure the availability, accessibility, acceptability and quality of essential lifesaving health services to vulnerable communities in Gaza and West Bank/EJ, including through health system strengthening, preparedness and community resilience building”.

The emergency pathway

* Often taking place at the primary healthcare clinics



Agreed priority activities, response and budget

(1) Pre-hospital level

Prehospital care comprises of a variety of emergency care domains, including initial first aid on the scene, which can be delivered by a community members, or volunteers, ambulance and emergency medical services, trauma stabilisation points, dispatch of ambulance with proper communications. Lives and limbs can be saved if the appropriate care is available on time.

Priority activities:

- Community first aid training
- Pre-TSP **First Aid Training** & Kits with integrated PFA
- **Trauma stabilisation points:** life-saving training, medical supplies, protective personal equipment, emergency information.
- **Ambulance services:** first response training with integrated psychological first aid, medical supplies, communication systems, upgrading dispatch centre.

Response:

- Population in need:
 - People injured: **30,000 people**
 - Emergency frontline health providers: **11,150 people**
 - **TOTAL: 41,150**
- Potential targeted population, if resources are made available:
 - People injured with access to full pre-hospital care from initial first aid, stabilisation and ambulance care: **30,000 people**
 - Emergency frontline health providers: **8,975 people**
 - **TOTAL: 38,975**

Budget gap: \$ 2,256,850 USD

Providers include:

Medicins Du Monde –France
Palestinian Red Crescent Society
Palestinian Medical Relief Society
Union of Health Workers
Committee
Medical Aid for Palestinians –UK
World Health Organisation
Gaza Community Mental Health
Programme
ICRC

(2) Secondary Care Major Trauma Hospitals

The proper organisation and distribution of trauma casualties and emergency non-trauma patients is essential in order save lives. The Health Cluster will identify one trauma hospital in each governorate and one non-trauma emergency hospital. Through a range of activities, the Health Cluster will upgrade the emergency departments at these hospitals. By doing so, we will promote and optimise the existing hospitals by allocating the right patient to the right hospital during emergencies, ultimately saving lives.

Priority activities:

- **Emergency departments:** small scale infrastructure, clinical emergency training, trauma team training, trauma managers training, emergency hospital communication material (i.e radio systems), mental health services, medical supplies.
- **Emergency surgery:** emergency surgical supplies and deploy international medical teams.

Response:

- Population in need:
 - Emergency patients, including trauma: **362,000 people**
 - Hospital emergency providers: **350 people**
 - **TOTAL: 362,350 people**
- Potential targeted population, if resources are made available:
 - Emergency patients, including trauma: **281,690 people**
 - Hospital emergency providers: **350 people**
 - **TOTAL: 282,040 people**
- Funding required/ budget gap: **\$ 3,098,150 USD**

Providers include:

Medicins Du Monde –France
Palestinian Red Crescent Society
Palestinian Medical Relief Society
Union of Health Workers
Committee
Medical Aid for Palestinians –UK
World Health Organisation
Gaza Community Mental Health
Programme
ICRC
UNICEF
Qatar Red Crescent
Medicins Du Monde –Spain

(3) Secondary emergency back-up hospitals

The proper organisation and distribution of trauma casualties and emergency non-trauma patients is essential in order save lives. The Health Cluster will identify one emergency back-up hospital in each governorate. Through a range of activities, the Health Cluster will upgrade the emergency departments at these hospitals; by doing so, essential emergency cases, such as child pneumonia, high risk delivery etc., will not be neglected as a result of the ongoing trauma casualties.

Priority activities:

- **Emergency departments of back-up hospitals:** small scale infrastructure, clinical emergency training, emergency leaders training, emergency health information, integrated mental health services, and medical supplies.
- **Elective surgery:** elective surgical supplies and deploy international medical teams.

Response:

- Population in need:
 - Emergency patients and elective surgeries: **161,000 people**
 - Hospital emergency providers: **250 people**
 - **TOTAL: 161,250 people**
- Potential targeted population, if resources are made available:
 - Emergency patients and elective surgeries: **160,250 people**
 - Hospital emergency providers: **115 people**
 - **TOTAL: 160,365 people**
- Funding required/ budget gap: **\$ 3,124,850 USD**

Providers include:

Medicins Du Monde –France
Palestinian Red Crescent Society
Palestinian Medical Relief Society
Union of Health Workers
Committee
Medical Aid for Palestinians –UK
World Health Organisation
Gaza Community Mental Health
Programme
ICRC
UNICEF
Qatar Red Crescent
UNRWA
Al-Ahli Arab Hospital
Medicins Du Monde –Spain

(4) Post-operative care and rehabilitation level

Although the health sector continues to rely heavily on these agencies for rehabilitation, the ability to meet this demand remains insufficient. The Health Cluster proposes to enhance the rehabilitation services across all governorates in the Gaza Strip with the aim is to serve wounded patients restore functionality through clinic, hospital and community level interventions; with a clear integrated MHPSS component at each step of the pathway. Patients who have been neglected essential care at the primary healthcare level due to the depleting resources to respond to the injured, are also accounted for.

Priority activities:

- Wound dressing
- Early surgical management of wound complications
- Provision of assistive devices
- Provision of medication
- Physiotherapy services
- Mental health and psychosocial support
- Occupational therapy
- Home adaptation
- Drugs shortages for non-communicable disease patients in primary healthcare centres

Response:

- Population in need:
 - Patients in need of rehabilitation services and primary healthcare: **105,100 people**
 - Rehabilitation service providers in need of essential training: **300**
 - **TOTAL: 105,400 people**
- Potential targeted population, if resources are made available:
 - Patients in need of rehabilitation or essential basic primary healthcare access **69,850**
 - Rehabilitation service providers: **270**
 - **TOTAL: 70,120 people**
- Funding required/ budget gap: **\$ 3,039,050 USD**

Providers include:

Medicins Du Monde –France
Palestinian Red Crescent Society
Palestinian Medical Relief Society
Medical Aid for Palestinians –UK
World Health Organisation
Gaza Community Mental Health
Programme
UNRWA
Humanity & Inclusion
Turkey Doctors World Wide

(5) Tertiary specialised care level

In the current Gaza context, severe limb injuries from gun shots are very common. This has resulted in wounds with more extensive composite tissue losses, often complicated by ongoing bone infections. So far, reconstructive and bone infection treatment is limited across Gaza and there is neither dedicated operating room capacity or ward bed capacity. The scale up of treatment for bone infection and then the follow up surgery for limb reconstruction is essential to prevent amputations.

Priority activities:

- **Microbiology laboratory:** training, supplies, microbiologists
- **Osteomyelitis treatment:** ward beds, antibiotics, Surgical Capacity
- **Limb reconstruction:** Supplies (medical equipment, consumables), deploy emergency medical teams (ortho-plastics teams), on-job training, ortho-prosthetic capacity, continued care for highly dependent patients (example paralysis).
- Emergency medical teams for **neurosurgery**

Response:

- Population in need:
 - Patients in need of tertiary care services: **6,340 people**
 - Healthcare staff: **32 people**
 - **TOTAL: 6,372 people**
- Potential targeted population, if resources are made available:
 - Patients: **4,093 people**
 - Healthcare staff: **22 people**
 - **TOTAL: 4,115 people**
- Funding required/ budget gap: **\$ 6,434,750 USD**

Providers include:

Palestinian Red Crescent Society
Medical Aid for Palestinians –UK
World Health Organisation
Al-Ahli Arab Hospital
Assalama Charitable Society
Artificial Polio & Limb Centre
(ALPC)

(6) Coordination, Information & Leadership

Coordination saves lives.

Priority activities:

- Provide, leadership, coordination and information for the health sector trauma response in Gaza, including establishment of the rehabilitation working group
- Emergency care services assessment
- Establish an emergency medical team coordination cell
- Development of the sub-national emergency trauma network

Funding required/ budget gap: **\$ 519,050 USD**

Summary of agreed priority activities, response and budget gap for ongoing needs

Phase of care	Estimated people in need	Targeted Response	Budget gap USD
Pre-hospital care	41,150	38,975	2,256,850
Secondary care major trauma hospitals	362,350	282,040	3,098,150
Secondary emergency back-up hospitals	161,250	160,365	3,124,850
Post-operative care, rehabilitation and support to primary healthcare centres	105,400	70,120	3,039,050
Tertiary specialised care	6,372 people	4,115 ³	6,434,750
Coordination, information & leadership	-	-	519,050
TOTAL	676,522	555,615	18,472,700

For further details on the response plan, refer to Annex 1.

³ MSF will cover 300 patients in need of osteomyelitis

PART 2: Hazard based 96-hour Contingency Plan

Scope and Hazard:

The scope of this contingency plan is to address the health needs within the 96-hours onset of a potential rapidly evolving event in Gaza. The hazard most likely triggering the 'event' is violent conflict. The oPt is currently characterised as a complex emergency and within this complex setting an escalating 'violent conflict' can result in aggravating further hazards and causes of vulnerability. For example, violent conflict can result in population displacement with increased risk of communicable disease outbreaks. It is important to consider these factors and to include risk mitigation measures as part of the 96-hour contingency response.

This document outlines the minimum needed resources in order to prepare for and respond to the first 96 hours of violent conflict.

Scenario- 96 hours:

- 2,000 injuries (25% of which are severe injuries = 500)
- 300 deaths
- Number of inaccessible or damaged hospitals and primary health facilities:
 - Hospitals: Southern governorate (Rafah) is often cut off. Governorates can become isolated and cut off from the rest of the Gaza Strip.
 - PHC: approximately 38 closed. Leaving only 11 MoH primary healthcare clinics (PHCs) functioning and some UNRWA PHCs
- Electricity cuts: **highly likely + high impact**
- Lack of or limited access: **highly likely + high impact**
- Access restrictions: **highly likely + high impact**
- Insufficient access to trauma and emergency care: **highly likely + high impact**
Reduced access to essential health services in hospitals and PHC facilities:
 - MHPSS services- low impact as MHPSS should be up-scaled and is critical **after** the event: **highly likely + low impact**
 - NCD management services: **highly likely + high impact**
- Poor water quality and spread of water-borne diseases: **unlikely + low impact**
- Imposition of additional restriction on accessing health facilities outside of Gaza: **likely + low impact**
- **Communication channels are interrupted or cut.** Contact may be reduced.

Response: 96 hours

Please note that blue coloured boxes illustrate an overlap of activities with the Health Cluster “Operational Response for Gaza 2019” document.

AREA	ACTION NEEDED DURING THE FIRST 96 HOURS	What is currently prepositioned/ in place? ⁴	Gap	Funds required USD
Pre-hospital medical supplies	Release 15 Trauma stabilisation kits across the 10 TSPs with the aim to distribute 3 kits in each governorate. Enough to treat 600 people in each governorate. Total capacity: 3,000.	TSP kits are prepositioned but likely to be consumed beforehand due to the ongoing needs.	15 TSP kits with capacity to treat 3,000 injured.	368,700
Activation of the centralised dispatch centre	Activate ambulance dispatch team to the central unit	Currently there 5 dispatch centres navigating only PRCS movements. During acute emergencies, an additional 8 providers need coordination.	Activate and expand one central dispatch centre (in Gaza city) through deployment of teams and resources.	270,350 ^v
Emergency Departments at Designated Trauma Hospitals	Activation of the ‘trauma hospitals’ by closing the hospitals for non-trauma cases to focus on the trauma cases only:	To be agreed by Emergency Committees in the different Governorates	Definition of activation triggers, minor structural upgrades and internal communication system	157,350 ^{vi}
Emergency Departments (ED) at secondary back-up Hospitals	Expand capacity to receive non-trauma cases If necessary, consider setting up TSPs at the entrance of the emergency department for triage.	To be agreed by Emergency Committees in the different Governorates	Minor structural upgrades and internal communication system in the ED and 5 trucks for TSP self-transportation capacity	350,000

⁴ Not including prepositioned stocks for UNRWA PHCs

Medical supplies for emergency departments at the 5-7 major trauma hospitals	Disseminate essential medical supplies to the 5-77 key emergency departments in Gaza to be able to treat the injured.	20 drugs, 20 disposables and 3 lab reagents in north Gaza for 54,900 emergency trauma related consultations.	Preposition additional 20 drugs, 20 disposables and 3 laboratory reagents in key locations in Gaza.	300,000
Blood supplies and laboratory	Distribute 200 units of blood to each of the 5 governorates.	Blood unit storage capacity is yet to be confirmed. Transportation for blood is necessary.	Transportation cost of blood units.	80,000
Data collection	26 data collectors released to verify data	Currently no data collectors are on standby	26 data collectors at 100 USD per day needed.	30,000
Medical supplies for back-up hospitals	Disseminate essential medical supplies to the 4 backup emergency departments in Gaza.	None	20 drugs. 20 disposables and 3 laboratory reagents non-trauma consultations.	300,000
Emergency Public Communication	Disseminate radio, TV and social media information to the population	None	Prepare radio, TV and social media contents to instruct the population	10,000
Establish communication with partners for coordination	Activate SMS alert back-up system and/or online communication system is internet is still available.	None	None	0
Fuel distribution costs	Release prepositioned fuel IF supplies deplete	None	100,000 litres of fuel for key emergency hospitals	100,000
Personnel costs	Surge support for human resources (logistics, emergency medical teams, technical expertise, coordination etc)	Standby partners	Surge support costs Total 20 %	333,600 ^{vii}
TOTAL USD				2,300,000
TOTAL USD (removing costs included in part 1)				1,522,300

Annex. 1 Detailed 'ongoing health response' plan

Specific Area & Activities	Population in Need	Agency	Potential Target with resources	Total Budget 2019	Budget Gap 2019	HRP Y/N
1 Pre-Hospital Care						
1.1 Community First Aid Training & Kits	10,000 frontline health providers	MDM-F	2,500	30,000	0	Y
		PRCS	5,000	34,000	13,600	N
		PMRS	165	3,000	3,000	N
		UHWC	200	40,000	40,000	N
		TOTAL	7,865	107,000	56,600	
1.2 Pre-TSP First Aid Training & Kits with integrated PFA	600 frontline health providers	MDM-F	150	114,000	114,000	N
		PRCS	150	45,000	22,000	N
		PMRS	40	6,000	6,000	N
		MAP-UK	200	100,000	100,000	N
		UHWC	20	4,200	4,200	N
		TOTAL	560	269,200	246,200	
1.3 Trauma stabilisation points:						
		MDM-F	38	5,000	0	Y
		PRCS	60	15,900	6,500	N

1.3.1	Training (integrated help the helpers, protection, and awareness on PFA)	250 frontline health providers	GCMHP ^{viii}	250	36,000	36,000	N
			PMRS	40	8,000	8,000	N
			WHO	250	202,350	47,350	Y
			ICRC	100	-	-	-
			TOTAL	250 ^{ix}	267,250	97,850	
1.3.2	Medical supplies (drugs, disposables)	30,000 people	PRCS	16,500	247,500	247,500	N
			WHO	30,000 ^x	368,700	0	Y
			TOTAL	30,000	616,200	247,500	
1.3.3	Emergency health information	For all 10 TSPs (5 MoH and 5 PRCS)	WHO	10	88,000	38,000	Y
			TOTAL	10	88,000	38,000	
1.3.4	Provision of personal protective equipment (shrapnel protected vest, gas mask, helmets)	750 frontline health providers ^{xi}	PRCS	300	90,000	90,000	N
			UHCW ^{xii}	20	20,000	20,000	N
			WHO	100	100,000	100,000	N
			TOTAL	420	210,000	210,000	
1.4 Ambulance Services:							
1.4.1	Training (integrated help the helpers and awareness on PFA)	300 frontline health providers	PRCS	143	36,800	36,800	N
			GCMHP ^{xiii}	100	14,000	14,000	N
			UHCW	10	2,500	2,500	Y
			WHO	300	137,350	47,350	N
			ICRC	100	-	-	-

		TOTAL	300^{xiv}	190,650	100,650	
1.4.2 Medical supplies	30,000 patients	PRCS	13,332	400,000	400,000	N
		UHCW	3,335	100,000	80,000	Y
		WHO	12,333	464,700	464,700	
		PMRS	1000	30,000	20,000	N
		TOTAL	30,000	994,700	964,700	
1.4.3 Ambulance communication and patient data	For 150 ambulances	PRCS	75	37,500	15,000	N
		UHCW ^{xv}	3	10,000	10,000	N
		TOTAL	78	47,500	25,000	
1.4.4 Upgrade dispatch centre	1	WHO ^{xvi}	1	490,350	270,350	N
		TOTAL	1	490,350	270,350	
TOTAL	41,150		38,975	3,280,850	2,256,850	

Specific Area & Activities	Target Population	Agency	Proposed	Total Budget 2019	Budget Gap 2019	HRP Y/N
2 Secondary Major Trauma Hospitals: Al-Aqsa / Bait-Hanoun / Shifa / EGH / Nasser / Indonesian / Najjar tbc						
2.1 Emergency department						
2.1.1 infrastructure upgrade	7 emergency departments	MDM-F	2	35,000	0	Y
		UNICEF ^{xvii}	4	60,000	60,000	Y
		WHO	5	194,700	194,700	Y
		TOTAL	7	289,700	254,700	
2.1.2 Clinical Training	350 hospital providers	MDM-F	300	50,000	50.000	N
		QRC ^{xviii}	12	27,000	27.000	N
		WHO	50	50,000	50,000	Y
		ICRC	300	-	-	-
		TOTAL	350 ^{xix}	127,00	127,000	
2.1.3 Trauma and emergency team leaders training	100 hospital providers	MDM-F	42	5,000	0	Y
		TOTAL	42	5,000	0	
2.1.4 Trauma team training	350 hospital providers	MDM-F	300	50,000	50,000	N
		MAP-UK	50	30,000	30,000	N
		WHO	350	113,350	113,350	N
		ICRC	60	-	-	-
		TOTAL	350 ^{xx}	193,350	193,350	

2.1.5	Emergency hospital communication and information (radio, GPS etc)	7 emergency departments	WHO	7	147,350	147,350	Y
			MAP-UK	1	10,000	10,000	N
			TOTAL	7	157,350	157,350	
2.1.6	Supplies (drugs and disposables)	350,000 consultations	MDM-F	12,625	101,000	0	Y
			MDM-S	10,000	80,000	0	N
			UNRWA	100,000	800,000	0	Y
			UNICEF	141,875	1,135,000	435,000	Y
			MAP-UK	7,500	60,000	60,000	N
			QRC	6,250	50,000	50,000	N
			WHO	52,00	414,700	414,700	Y
			TOTAL	278,250	2,640,700	959,700	
2.1.7	Mental Health services	7 emergency departments	MDM-F	1	30,700	0	Y
			WHO	5	347,350	332,350	Y
			TOTAL	6	378,050	332,350	
2.2 Emergency surgical capacity:							
2.2.1	Supplies (drugs, disposables, equipment)	12,000 surgical interventions	QRC ^{xxi}	1,100	550,000	550,000	N
			WHO	640	414,700	414,700	
			ICRC	1,700	-	-	-
			TOTAL	3,440	964,700	964,700	
2.2.2	I-EMT with supplies (vascular and ortho-plastic teams, cardiac)		MDM-S	1	100,000	100,000	Y
			QRC ^{xxii}	1	156,000	0	N
			TOTAL	2	256,000	100,000	
TOTAL BENEFICIARIES		363,350		282,040	5,011,850	3,098,150	

Specific Area & Activities	Target Population	Agency	Proposed	Total Budget 2019	Budget Gap 2019	HRP Y/N
3 Secondary emergency back-up hospitals Al-Ahli (Gaza)/ Amal (KY)- PRCS/ Awda (North) / Quds (Gaza)/Kuwaiti Hospital (Rafah) tbc						
3.1 Emergency department:						
3.1.1 Infrastructure upgrade	4 emergency departments xxiii	PRCS	2	120,000	120,000	N
		AAH	1	150,000	150,000	N
		UNICEF ^{xxiv}	1	15,000	15,000	N
		TOTAL	3	285,000	285,000	
3.1.2 Clinical Training	250 emergency providers	PRCS	50	50,000	50,000	N
		UHCW	15	3,500	3,500	Y
		AAH	50	10,000	10,000	N
		WHO	50	50,000	50,000	Y
		TOTAL	115	113,500	113,500	
3.1.3 Emergency managers training	75 emergency providers	PRCS	30	60,000	60,000	N
		UHCW	15	3,500	3,500	N
		AAH	10	4,000	4,000	N
		WHO	15	30,000	30,000	Y
		TOTAL	55	97,500	97,500	
3.1.4 Communications (i.e radio) and emergency health information	5 emergency departments	PRCS	2	50,000	50,000	N
		UHCW	1	30,000	30,000	N
		AAH	1	9,000	9,000	N

		WHO	1	72,350	72,350	Y
		TOTAL	4	161,350	161,350	
3.1.5 Supplies	152,000 patient consultations	PRCS	43,750	350,000	350,000	
		UHWC	62,500	500,000	400,000	Y
		AAH	11,250	90,000	50,000	N
		UNICEF	18,750	150,000	150,000	Y
		MAP-UK	2,500	20,000	20,000	N
		WHO	12,500	147,500	147,500	
		TOTAL	151,250	1,257,500	1,117,500	
3.1.6 Mental Health unit/ teams in the emergency departments	5 emergency departments	PRCS	2	100,000	100,000	N
		AAH	1	30,000	30,000	N
		WHO	1	50,000	50,000	Y
		TOTAL	4	180,000	180,000	
3.2 Surgical capacity:						
3.2.1 Elective surgery (waiting list plus ongoing elective demands)	9,000 elective surgeries	UHWC	1,000	420,000	370,000	N
		AAH	3,000	750,000	750,000	N
		UNRWA ^{xxv}	5,000	3,000,000	0	N
		TOTAL	9,000	4,170,000	1,120,000	
3.2.2 I-EMT with supplies		MDM-S ^{xxvi}	1	50,000	50,000	N
		TOTAL	1	50,000	50,000	
TOTAL BENEFICIARIES	161,250		160,500	6,314,850	3,124,850	

Specific Area & Activities	Target Population	Agency	Proposed	Total Budget 2019	Budget Gap 2019	HRP Y/N
4 Post-op and Rehab						
4.1 Wound dressing	7,900 patients	MDM-F	1,000	230,000	230,000	N
		UNRWA	1,500	300,000	0	N
		PMRS	1,200	220,000	70,000	Y
		DWWT	1,200	70,000	20,000	N
		HI	3,000	160,000	100,000	Y
		TOTAL	7,900	980,000	420,000	
4.2 Early surgical management of wound complications	4,000 patients	PRCS	2,000	400,000	400,000	N
		UHCW	120	24,000	24,000	N
		TOTAL	2,120	424,000	424,000	
4.3 Provision of assistive devices (average price 70 dollars per)	7,700 injured^{xxvii} 1,000 elderly patients^{xxviii}	UNRWA	2,000	137,000	0	N
		PMRS	500	75,000	25,000	Y
		DWWT	500	7,000	7,000	N
		HI	1,400	200,000	120,000	Y
		PRCS	200	14,000	14,000	N
		TOTAL	4,600	433,000	166,000	
4.4 Provision of medication	7,000 patients	MDM- F	1000	114,000	114,000	N
		UNRWA	400	4,100	0	N
		PMRS	1,400	72,000	25,000	Y
		DWWT	1,200	90,000	30,000	N
		AAH	3,000	6,000	6,000	N

		TOTAL	7,000	286,100	175,000	
4.5 Physiotherapy:						
4.5.1 Physiotherapy services	12,000 patients	UNRWA	400	500,000	0	N
		PMRS	600	45,000	15,000	N
		DWWT	400	70,000	10,000	N
		HI	3,000	140,000	80,000	Y
		TOTAL	4,400	755,000	105,000	
4.5.2 Training of physiotherapists	300	MAP-UK	170	100,000	100,000	N
		HI	100	20,000	10,000	Y
		TOTAL	270	120,000	110,000	
4.6 Mental health	13,000 ^{xxix}	UNRWA	15,000	240,000	240,000	N
		WHO	1,000	347,350	347,350	Y
		GCMHP	1,000	290,000	290,000	Y
		TOTAL	17,000	877,350	877,530	
4.7 Psychosocial support	65,000 ^{xxx}	MDM-F	5,000	17,000	17,000	N
		UNRWA	15,000	240,000	0	N
		PMRS	2,000	30,000	20,000	N
		DWWT	50	35,000	10,000	N
		HI	1,500	140,000	80,000	Y
		PRCS	1,800	27,000	27,000	N
		GCMHP/WHO	5,000	100,000	100,000	N
		TOTAL	30,350	589,000	254,000	

4.8 Occupational therapy	600 patients	PMRS	100	22,000	22,000	N
		HI	3,000	140,000	80,000	Y
		TOTAL	3,100	162,000	102,000	
4.9 Home adaptation	300 ^{xxxi} patients	PMRS	25	22,000	11,000	N
		HI	100	200,000	200,000	Y
		ICRC	20	-	-	-
		TOTAL	145	222,000	211,000	
4.10 Drugs shortages for non-communicable disease patients	39,500 consultations	WHO	39,500	194,700	194,700	N
		TOTAL	39,5000	194,700	194,700	
TOTAL BENEFICIARIES	105,400		70,120	5,043,150	3,039,050	

Specific Area & Activities	Target Population	Agency	Proposed	Total Budget 2019	Budget Gap 2019	HRP Y/N
5 Tertiary Care						
5.1 Microbiology Lab						
5.1.1 Training	20 micro-biologists	PMRS	8	2,500	2,500	N
		AAH	6	3,000	3,000	N
		TOTAL	14	5,500	5,500	
5.1.2 Medical supplies		PRCS	2,353	40,000	40,000	N

	30,000 Samples/Year ^{xxxii} for 6,000 patients	AAH	1,400	25,000	25,000	N
		TOTAL	3,753	65,000	65,000	
5.1.3 Microbiologists	12 staff	PRCS	6	18,000	18,000	N
		AAH	2	3,000	3,000	N
		TOTAL	8	21,000	21,000	
5.2 Osteomyelitis treatment:						
5.2.1 Ward beds	240 beds	PRCS	50	150,000	150,000	N
		AAH	30	100,000	100,000	N
		TOTAL	80	250,000	250,000	
5.2.2 Antibiotics	1,200 patients	PRCS	100	120,000	120,000	N
		AAH	500	600,000	600,000	N
		TOTAL	600	720,00	720,00	
5.2.3 Surgical Capacity	1,200 patients	PRCS	400	200,000	200,000	N
		AAH	150	90,000	90,000	N
		TOTAL	550	290,000	290,000	
5.3 Limb reconstruction						
5.3.1 Supplies (medical equipment, consumables)	3,000 patients	MAP-UK	600	2,400,000	2,400,000	Y
		AAH	400	600,000	600,000	N
		WHO	350	1,494,700	782,350	Y
		TOTAL	1,350	4,494,700	3,782,350	

5.3.2 EMTs (ortho-plastics teams)		MAP-UK	6	100,000	100,000	Y
		WHO	1	126,850	126,850	Y
		TOTAL	6	226,850	226,850	
5.3.3 EMTs (Neurosurgery)	150 patients	MAP-UK	150	280,000	280,000	Y
		TOTAL	150	280,000	280,000	
5.3.4 On-job training Physiotherapy, surgeons, nurses, MHPSS	TBC	MDM-S	3	50,000	50,000	Y
		MAP-UK	150	280,000	280,000	Y
		WHO	100	338,700	338,700	
		TOTAL	153	668,700 ^{xxxiii}	668,700	
5.3.5 Development of centralised limb reconstruction database	1	WHO	1	125,350	125,350	
		TOTAL	1	125,350	125,350	
5.4 Ortho-prosthetic capacity	300 people	Supported by the Artificial Limb and Polio Centre				
5.5 Continued care for highly dependent patients (example paralysis)	40 people	Supported by Assalama Society				
TOTAL BENEFICIARIES	6,340		4,093	7,147,100	6,434,750	

Specific Area & Activities	Population in Need	Agency	Potential Target with resources	Total Budget 2019	Budget Gap 2019	HRP Y/N
6 Coordination, information and leadership						
6.1 Provide, leadership, coordination and information for the health sector trauma response in Gaza, including establishment of the rehabilitation working group	-	WHO	-	348,350	348,350	Y
6.2 Emergency care services assessment	-	WHO	-	46,000	46,000	Y
6.3 Establish an emergency medical team coordination cell	-	WHO	-	237,350	77,350	Y
6.4 Development of the sub-national emergency trauma network	-	WHO	-	268,350	47,350	Y
		MDM-F	-	500,000	0	Y
TOTAL BENEFICIARIES				1,400,050	519,050	
GRAND TOTAL				28,197,850	18,463,700	

ⁱ Data source is Ministry of Health (MoH)

ⁱⁱ Health Cluster Situation Report 20-31 January 2019

ⁱⁱⁱ According to Assalama Charitable Society

^{iv} OCHA, 2018. Humanitarian Needs Overview 2019. Available at: <https://www.ochaopt.org/content/humanitarian-needs-overview-2019>

^v The total cost here is 443,000 USD. However, ECHO disaster risk reduction funds have partially covered the cost leaving a gap of 270,350 USD.

^{vi} Some contribution from ECHO disaster risk reduction has been pledged. The total represented here reflects the remaining funding gap.

^{vii} 15% of the total budget for the first 96 hour response plan

^{viii} Only Mental Health activity (PFA)

^{ix} No duplication as trainings are complimentary

^x WHO will supply PRCS TSPs and MOH TSPs. No duplication as trainings are complimentary.

-
- ^{xi} Estimate of TSP staff plus pre-hospital volunteers
 - ^{xii} Protective vest, helmet and mask
 - ^{xiii} Only Mental Health activity (PFA)
 - ^{xiv} No duplication due to type of training offered
 - ^{xv} Protective vest, helmet and mask
 - ^{xvi} Includes dispatch centre upgrade and development
 - ^{xvii} Child friendly spaces
 - ^{xviii} QRS will hire an emergency physician to be based in the emergency departments for one year
 - ^{xix} No duplication as trainings are complimentary
 - ^{xx} Trainings are complimentary
 - ^{xxi} Supplies for Cardiac surgery
 - ^{xxii} Cardiac and Vascular Surgery
 - ^{xxiii} Al Awda is complete
 - ^{xxiv} Child friendly
 - ^{xxv} Referred cases to PRCS
 - ^{xxvi} 12 surgeries
 - ^{xxvii} HI targeted 2,000 in 2018 out of the estimated 4,200 in need (all gunshot wounds). Out of these, approximately 700 have received the assistive devices leaving behind 3,500 from 2018. An additional 4,200 are expected to add to the caseload in 2019.
 - ^{xxviii} MAP-UK anecdotal evidence illustrates that the elderly are a neglected group in need of assistive devices
 - ^{xxix} 20% of the psychosocial estimated needs
 - ^{xxx} 6,000 people suffered from GSW in 2018. An additional 6,000 are expected in 2019. Plus their families (x5). Approximately 500 people were killed in 2018 and an additional 500 are expected in 2019. The families of these people would need psychosocial support.
 - ^{xxxi} Number of amputees in 2018 plus estimates for 2019
 - ^{xxxii} 50% of Limb GSWs are complex open fractures. Currently 6,000 Limb GSWs. 5 samples per patient. An additional 3,000 in 2019
 - ^{xxxiii} Cost of MAP-UK is not included as it is part of the EMT mission