



HEALTH CLUSTER BULLETIN

September 2021



occupied Palestinian territory (oPt)

Emergency type: Complex

Reporting period: 1-July-2021 to 30-September-2021

HIGHLIGHTS

- The third quarter continued to witness a decline in COVID-19 cases across oPt
- Risk communication and community engagement activities on COVID-19 were intensified to increase vaccination uptake.
- The trauma and emergency partners focused their attention on preparedness both in Gaza and West Bank. Although the situation has been relatively calm in Gaza, in the West Bank sporadic clashes persist in various locations increasing need for trauma and emergency support.
- Partners continued with essential health services such as primary health care including those provided via mobile clinics, sexual and reproductive health, mother and child health.
- Health access challenges related to permit issuance persisted and attacks on healthcare were recorded in the West Bank.
- Preparations for the 2022 Humanitarian Response were initiated with identification of humanitarian needs and priority response activities.

HEALTH SECTOR



1.4 M need assistance



1.2 M targeted

817 K reached

85 members

HEALTH FACILITIES (GAZA)



29 (100%) fully functioning hospitals

147 (99%) fully functioning primary health care clinics

2 (1%) not functioning primary health care clinics

MOBILE CLINIC SERVICES (WEST BANK)



150 Locations are currently being provided with mobile primary health care services

COVID-19 UPDATE as of 28 October 2021



452,997 confirmed cases

6,362 active cases

4,663 deaths

AVAILABILITY OF MEDICAL SUPPLIES (GAZA)

September 2021



39% of essential medicines, less than one-month supply

21% of essential disposables, less than one-month supply

HEALTH CLUSTER FUNDING STATUS



HRP 2021

Funded

Requested US\$

67 %

46.4 M

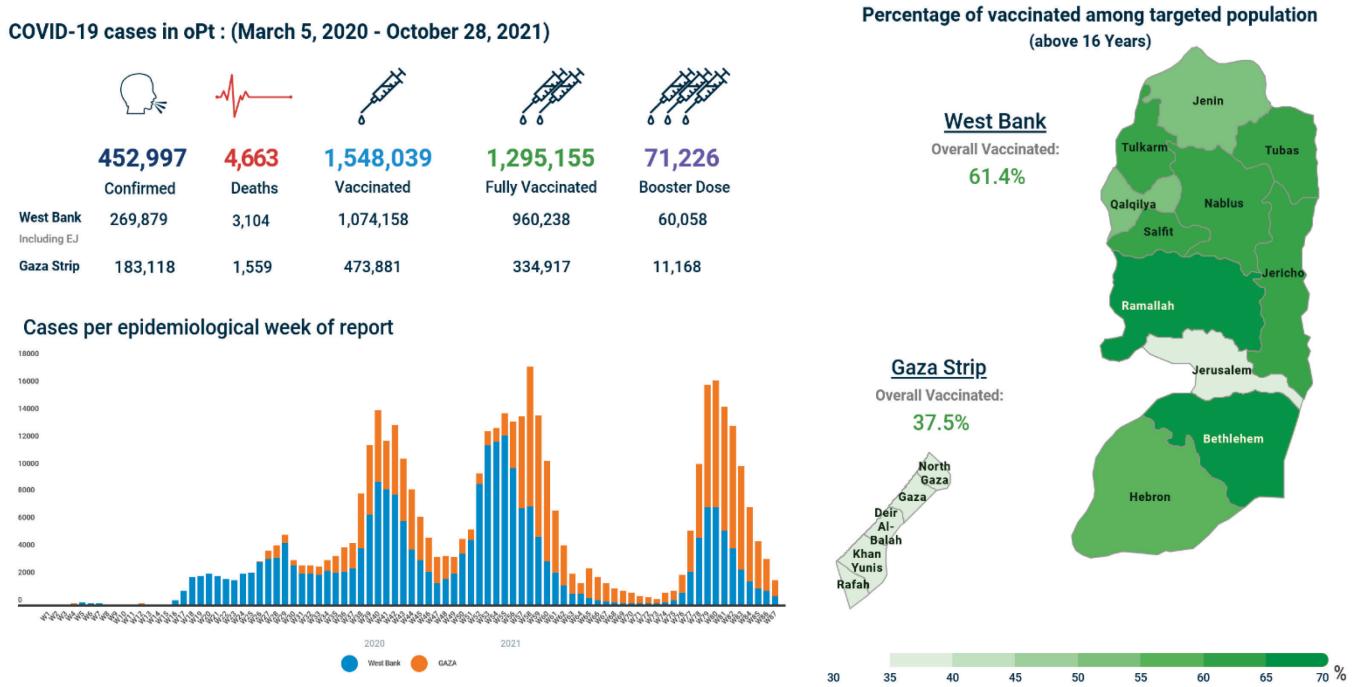
Flash Appeal

65%

10 M

Public Health Risks, Priorities, Needs and Gaps

Communicable diseases - COVID-19

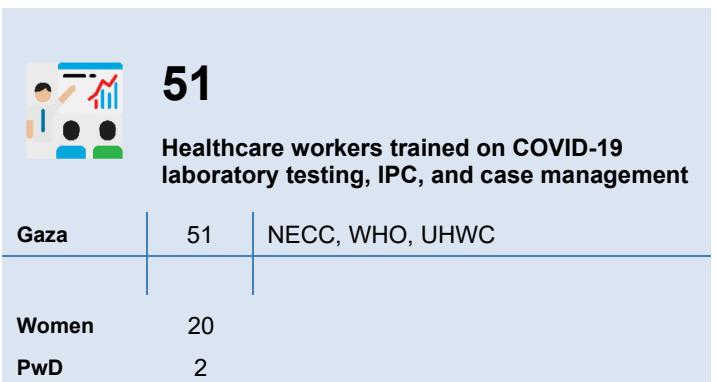
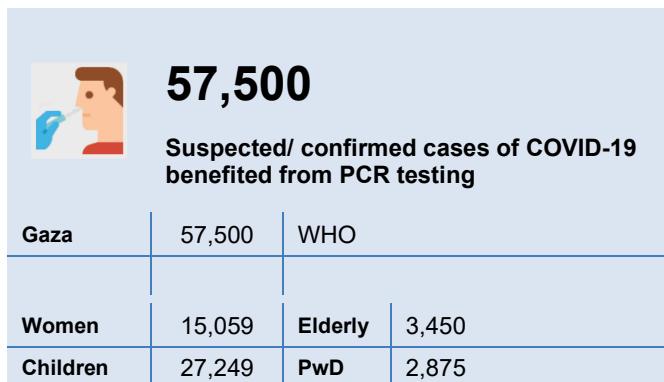


Needs and gaps

- In the third quarter, there continued to be a decline in new cases of COVID-19 both in the West Bank and Gaza.
- There remains a need for continued support to the MoH to diagnose, manage cases and vaccinate the population.
- There are about 50% of the target population yet to be vaccinated.

Priorities

- Continue supporting MoH in vaccination efforts ensuring that vaccines are consistently available and accessible to targeted groups.
- Support service providers with supplies such as syringes, needles, freezers, and other needed items to guarantee the capacity to vaccinate and keep the vaccines according to recommended temperatures.



Risk communication and community engagement



4 million

Reached online and benefited from Risk Communication and Community Engagement (RCCE) activities

oPt

RCCE Task force and partners



1,142

People received hygiene and prevention kits with adequate messaging

| | | | | | |
|----------|-------|---------|-----------|------|------|
| Women | 1,062 | Elderly | West Bank | | |
| Children | 13 | PwD | 166 | Gaza | 1142 |

ASHA, NECC, UHWC, MedGlobal

Needs and gaps

- There is still huge gap in the community on information related to vaccine efficacy, duration of immunity after vaccination, vaccine safety and side-effects. The biggest demand is amongst the youth, females, residents of camps and villages, the less educated and those with poor internet access.
- The practices of wearing masks, shaking hands, using hand sanitizers, and staying home when sick still have not widely become lifestyles.

Priorities

- Community engagement for hard-to-reach groups, training on communication skills for community facilitators/mobilizers/opinion leaders. (Household visits to at risk population and people with disability)
- Support MoH mobile vaccination teams
- Strengthening the capacity of MoH team to generate and use social and behavioural science driven communication.
- Targeted scale-up of the RCCE mass media and social media activities and campaigns including materials production and dissemination.
- Brand and trust building of MoH as a trusted source of information is crucial.
- Social listening and community feedback mechanisms- national system strengthening.
- Community and youth led vaccination campaigns remain a top priority

Trauma and Emergency Care



716

Patients treated for limb reconstruction

| | | | | | | |
|----------|-----|---------|----|------|-----|---------------|
| Women | 110 | Elderly | 19 | Gaza | 716 | MAP, PHR, WHO |
| Children | 126 | PwD | 64 | | | |



35

Patients benefitted from provision of elective surgery

| | | | | | | |
|----------|----|--|--|------|----|-----|
| Women | 19 | | | Gaza | 35 | PHR |
| Children | 3 | | | | | |



173

Patients provided with multidisciplinary rehabilitation services

| | | | | | | |
|----------|----|---------|----|------|-----|------------|
| Women | 49 | Elderly | 1 | Gaza | 173 | GCMHP, WHO |
| Children | 29 | PwD | 13 | | | |

Needs and gaps

- Need for investment in the Gaza and West Bank health systems to ensure better preparedness for trauma and emergency response.
- There are still gaps in implementation of standard operating procedures and protocols.
- Shortages of drugs, disposables and equipment persist.
- Mental health and psychosocial support services at primary health care centres are needed to enhance emergency and trauma response

Priorities

- Streamline the emergency response to all levels of care, prehospital, hospital and tertiary care
- Partners will be working to improve emergency and response capacity at primary health care centre level in Gaza
- Work with the MoH to find solutions to issues related to shortages of drugs, disposables and equipment.
- Support health facilities in the implementation of standard operating procedures and protocols

| | | |
|---|----------------|--|
|  | 203,213 | People benefiting from the provision of medical supplies |
| Gaza | 203,213 | MAP, PHR, WHO |

| | | | | |
|---|--------------|--------------------|---------------|-------------------------|
|  | 463 | Women 443 PwD | West Bank 102 | PFPPA, UNRWA, UNFPA |
| | Girls 20 | | Gaza 361 | ACHA, PFPPA, UNFPA |
| Women and girls accessed sexual and gender-based violence (SGBV) life-saving services (including CMR) | | | | |
|  | 2,431 | Women 2,162 PwD 60 | West Bank 350 | MDM-SPAIN, UNRWA, UNFPA |
| | Girls 269 | | Gaza 2,081 | ASHA, UHWC, UNFPA |
| Women and girls referred to shelters, Mental Health and Psychosocial Support services (MHPSS) and/or legal services | | | | |

Needs and gaps

- Availability and accessibility of essential sexual and reproductive health services in Gaza, and West Bank due to the very bad socio-economic situation following to COVID-19 pandemic and the last war in Gaza.
- Coordination between different SRH providers needs more improvement especially the follow up on the ground where this is believed to be core component to strengthen complementarity roles.

Priorities

- Ensure continuation of essential and life-saving primary healthcare services, including antenatal / postnatal care and family planning services are being provided.



Mother-Child Health and Nutrition

| | | | | |
|---|----------------|---------------------|------------------|--|
|  | 263,511 | Boys 134,955 PwD 19 | West Bank 53,164 | ASHA, MAP, NECC, PFPPA, Save the Children, WHO, UNRWA, UNICEF, WFP |
| | Girls 128,556 | | Gaza 210,347 | UNRWA, UNICEF, WFP |
| Children under 5-years-old received quality health and nutritional services | | | | |
|  | 57,948 | Women 57,102 PwD 11 | West Bank 8,678 | MAP, PFPPA, UNRWA, WFP |
| | Girls 846 | | Gaza 49,270 | ASHA, NECC, PFPPA, Save the Children, WHO, UNRWA, WFP, UHWC |
| Pregnant and lactating women received quality Sexual and Reproductive Health and nutritional services | | | | |

**138,644****People benefiting from the provision of medical supplies**

| | | |
|-----------|---------|--|
| West Bank | 526 | PFPPA, PHR, UNFPA |
| Gaza | 138,118 | ACHA, NECC, PFPPA, PHR, Save the Children, WHO, UNRWA, UHWC, UNFPA |

**341****Healthcare workers trained on neonate interventions, SRH topics and management of malnutrition**

| | | |
|-----------|-----|------------------------------|
| West Bank | 298 | UNRWA |
| Gaza | 43 | NECC, Save the Children, WHO |

Non-communicable diseases

**76,887****Patients with chronic diseases receive treatment and consultations**

| | | | | | | |
|----------|--------|---------|-----|-----------|--------|------------------------|
| Women | 45,950 | Elderly | 224 | West Bank | 10,000 | UNRWA |
| Children | 1,083 | PwD | | Gaza | 66,887 | ASHA, UNRWA, MedGlobal |

Needs and gaps

- Instability in supplies of essential medicines and technologies, screening and diagnosis, and limited access to resources including health workers and other support services critical for the existing management of NCDs. This shortage of essential drugs has affected mainly NCDs services provided in PHCCs and haemodialysis services.
- Due to limited NCD case management capacity in Gaza, complicated cancer patients are referred to the West Bank, East Jerusalem and further abroad, resulting in high levels of expenditure and access further complicated by the high number of delayed and denied permit applications.
- A high-level, multi-sectoral approach is needed to address NCD risk factors through the development and implementation of relevant healthy public policies, increasing community health awareness on healthy behaviours, nutrition and lifestyles

Priorities

- Address challenges of a sustainable supply of NCD medications and the shortage of specialized human resources. Partners working on procurement of some of the high priority NCDs medicines and diagnostic equipment that were requested by MoH.
- Promote efforts to enhance the NCD control programs, including prevention and early detection of NCDs, community health awareness on healthy behaviours, nutrition and lifestyles.

**39,719****People benefiting from the provision of medical supplies**

| | | |
|-----------|-------|----------------------------|
| West Bank | 7150 | PHR, UNRWA |
| Gaza | 32569 | ASHA, PHR, UHWC, MedGlobal |

**445****Healthcare workers providing NCD treatment trained on NCD management**

| | | |
|-----------|-----|------------------|
| West Bank | 95 | UNRWA |
| Gaza | 350 | MAP, UHWC, UNRWA |

Mental Health and Psychosocial Support



17,664

People received Mental Health and Psychosocial Support services

| | | | | | | |
|----------|--------|---------|-----|-----------|--------|--|
| Women | 10,658 | Elderly | 383 | West Bank | 5,319 | PFPPA, UNRWA |
| Children | 2,701 | PwD | 147 | Gaza | 12,345 | ASHA, GCMHP, MedGlobal, PFPPA, UHWC, UNRWA |



1,030

Healthcare providers and community workers trained on MHPSS, including mhGAP

| | | |
|------|-------|-------------------------------|
| Gaza | 1,030 | ASHA, GCMHP, PHR, UHWC, UNRWA |
|------|-------|-------------------------------|

Needs and gaps

- The effects of the May escalation are still prominent and are seen in the increased need for MHPSS especially amongst children, adolescents, and frontline workers.
- Lack of investment in mental health programmes at the national and international levels.
- Gaps in the MHPSS multisectoral services for children and adolescents in MoH and Ministry of Education (MoE) and Ministry of Social Development (MoSD) and referral mechanisms
- Continuity of essential health services including mental health services at primary health care and community mental health centres.

Priorities

- Support the MoH in the revision of the national Mental Health Strategy
- Evaluate the interventions made by different partners responding to the action plan for MHPSS COVID-19 response in 2020 and formulate recommendations
- Support the MoH in the implementation of suicide prevention strategy
- Continue the integration of mental health into health facilities (general hospitals, emergency departments and primary health care).
- Build the capacity of GBV services providers on providing MHPSS support to GBV survivors.
- Recruit mental health professionals to work at the community mental health services since there is low number of mental health human resource
- Provide mental health services for adolescents with risky behaviours (substance abuse, self-harm, attempting suicide)

Mobile Clinics



28,117

People received treatment and consultations through mobile clinics

| | | | | | | |
|----------|--------|---------|-------|-----------|--------|------------------------------|
| Women | 15,057 | Elderly | 1,945 | West Bank | 20,166 | CARE, MAP, PFPPA, PHR, UNRWA |
| Children | 8,121 | PwD | 195 | Gaza | 7,951 | MedGlobal, PFPPA, PHR, UHWC |

Needs and gaps

- Continuation of mobile clinic services is threatened by the impending end of financial support for programming.
- Movement restrictions have been affecting access to services.
- There are still some vulnerable locations not covered by mobile clinics services, and with one of the major local service providers experiencing major funding issues this list is likely to grow.

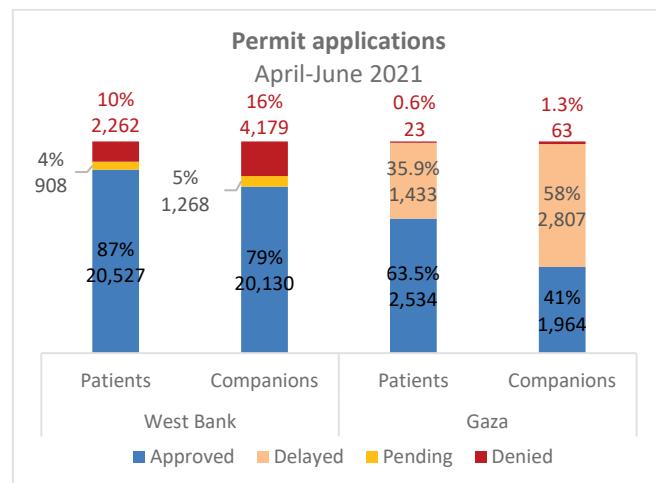
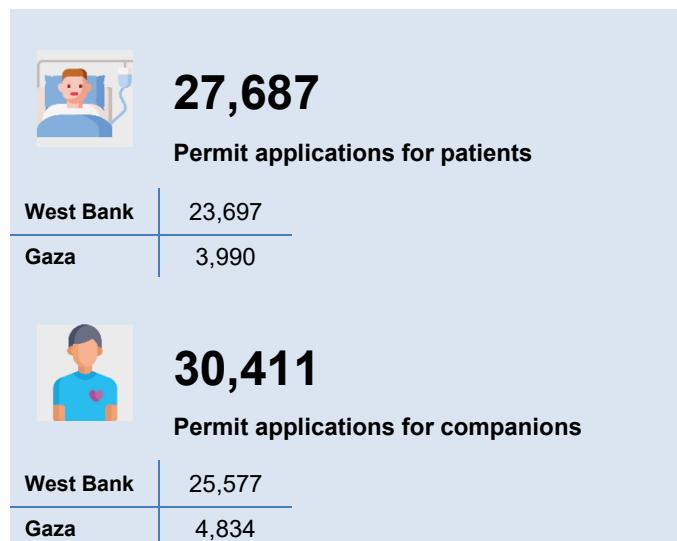


At Twani-Yatta Mobile clinic doctor is taking care and doing dressing for the diabetic foot patient. Photo: Care

Priorities

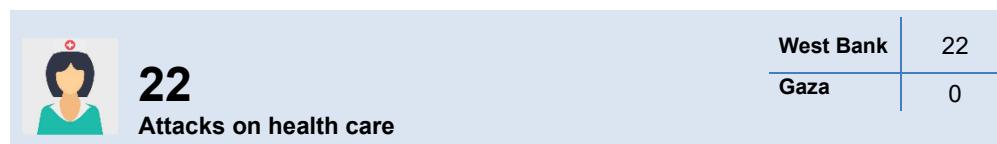
- Mobilize funding to ensure continuation of service delivery.
- Increase home visits specifically for those with limited capacity to access health care services including pregnant women with high-risk pregnancy and persons with disabilities.
- Improve quality of services and referral system especially for persons with disabilities and GBV survivors.
- Continue supporting MoH in vaccination efforts in hard-to-reach locations.

Health Access



Read more in WHO's monthly Health Access reports: <http://www.emro.who.int/pse/publications-who/monthly-referral-reports.html>

Attacks on health care



Twenty-two attacks against health care were recorded in the occupied Palestinian territory from July to September 2021. All attacks were in the West Bank, with 19 attacks involving physical violence against health care and 3 incidents involving obstruction to access, including an incident of prevention of access for medical teams to a person who was fatally injured. Seventeen health workers injured in the attacks, one health worker arrested and detained, and 11 ambulances damaged.

Assessments

Assessing the perception of Bedouin communities about COVID -19 pandemic, MdM Spain, West Bank

This assessment was an evaluation for (knowledge, attitudes, and practices) with the representatives of five Bedouin communities, to explore their level of knowledge, as well as practices and attitudes towards COVID-19, identify gaps of information, or strengths that must be enhanced to support response to the pandemic.

Improvement of health and wellbeing of mothers and children in vulnerable areas in Gaza strip, NECC, Gaza

This assessment included screening of children under 5 for nutritional disorders and provision of antenatal care for pregnant and provision of postnatal care, providing treatment to sick children, adolescents, and adults, providing supplements to malnourished children, and anemic pregnant.

2022 Humanitarian Programme Cycle Planning

- In September, the Health Cluster organized Humanitarian Needs Overview (HNO) workshops in Gaza and West Bank. Partners reviewed the humanitarian health needs in Gaza and West Bank and updated the numbers of people in need (PiN). The outcome of the workshops will be part of the 2022 HNO document to be published at the end of the year by OCHA.
- The Health Cluster also conducted Humanitarian Response Plan (HRP) workshops in Gaza and in West Bank. These determined the strategic activities required to respond to the assessed needs of vulnerable populations identified in the HNO.
- To support HRP project proposals, the Health Cluster facilitated workshops for both Gaza and West Bank partners. The workshops aimed at improving partners' capacity in writing a good HRP proposal, particularly focusing on mainstreaming cross cutting issues such as Gender, PSEA, protection, AAP, and disability.



Contacts

Ms. Chipo Takawira

Health Cluster Coordinator

ctakawira@who.int

Dr. Abdelnaser Soboh

Gaza Sub-National Health Cluster

soboha@who.int