



occupied Palestinian territory (oPt)

Emergency type: Complex

Reporting period: 1-October-2021 to 31-December-2021

HIGHLIGHTS

- COVID-19 response activities continued in the fourth quarter focusing on supporting MoH with diagnostics, case management, IPC and vaccination.
- Partners supported community engagement efforts to encourage COVID-19 vaccination and fight misinformation.
- The trauma and emergency partners continued to focus on response preparedness across oPt.
- Challenges facing vulnerable people with disability remained a concern in the fourth quarter.
- Continued support to essential health services such as primary health care including those provided via mobile clinics, sexual and reproductive health, mother and child health.
- The double burden of undernutrition and overnutrition continues to be of concern.
- Partners continued to monitor health access challenges related to permit issuance and attacks on healthcare.
- A few partners conducted some assessments on limb reconstruction and orthopaedic needs, IPC and emergency response capacity at PHC level.



HEALTH SECTOR

1.4 M need assistance
1.2 M targeted
942 K reached
85 members

HEALTH FACILITIES (GAZA)

29 (100%) fully functioning hospitals
148 (99%) fully functioning primary health care clinics
1 (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 31 January 2022

535,160 confirmed cases
54,661 active cases
5,104 deaths

AVAILABILITY OF MEDICAL SUPPLIES (GAZA)

December 2021

40% of essential medicines, less than one-month supply
19% of essential disposables, less than one-month supply

HEALTH CLUSTER FUNDING STATUS

	Funded	Requested US\$
HRP 2021	81%	46.4 M
Flash Appeal	67%	10 M

Public Health Risks, Priorities, Needs and Gaps

Communicable diseases

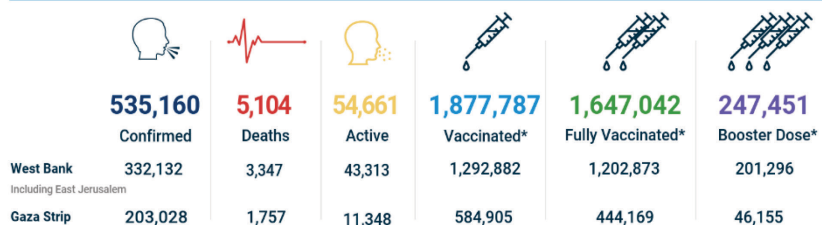


200

Home isolated people benefited from medical follow up and isolation kits with adequate messaging

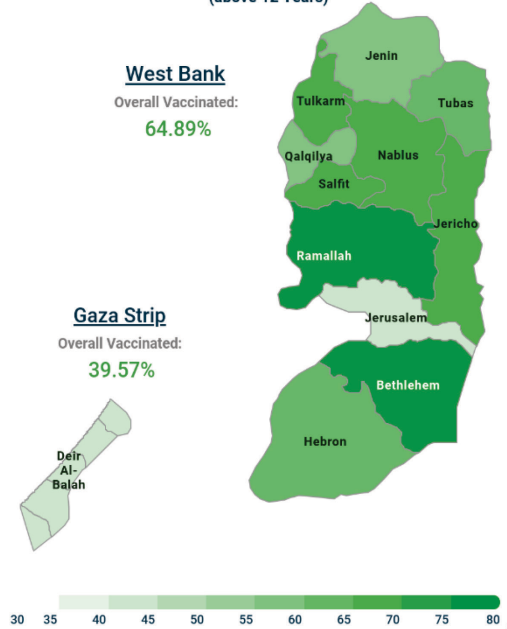
Women	74	Elderly	5	Gaza	200	UHC, MedGlobal
Children	23	PwD	2			

COVID-19 pandemic in occupied Palestinian territory

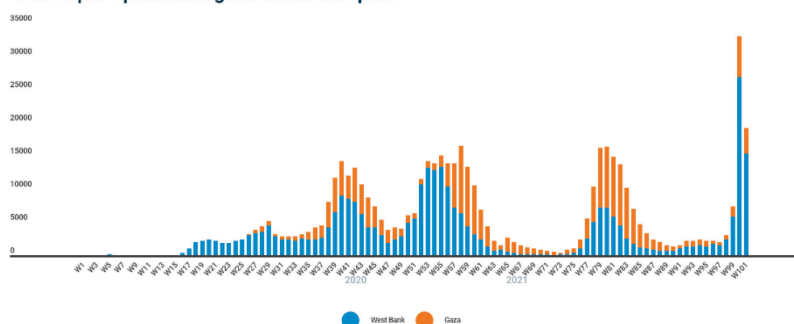


* These figures do not include EJ

Percentage of vaccinated among targeted population (above 12 Years)



Cases per epidemiological week of report



COVID-19 UPDATE as of 31 January 2022

Needs and gaps

- The cold chain storage capacity for COVID-19 vaccine at district and sub-district level, remains a challenge mainly as the temp to keep each vaccine is different.
- COVID-19 information management continues to require attention including identification of MoH focal person to be responsible.
- There is need for support for the transportation of Rota samples (serum) to be tested outside oPt.
- Severe shortages of clean drinking water, lead to increased prevalence of diarrhoea and other communicable diseases among children.

Priorities

- Continue monitoring and responding to the COVID-19 pandemic
- Increase cold chain storage capacity for COVID19 vaccine at district and sub district level.
- Improve COVID-19 information management and support the MoH in the identification of a focal point and capacity building.



414,772

Suspected/ confirmed cases of COVID-19 benefited from PCR testing

Gaza	414,772	WHO, UNRWA	
Women	136,914	PwD	15,259
Children	144,626		



733

Healthcare workers trained on COVID-19 laboratory testing, IPC, and case management

West Bank	405	UNRWA, WHO, MdM Spain	
Gaza	328	UHC, WHO, MedGlobal, MdM Spain, AAH	
Women	434		

Risk communication and community engagement



4,804

People received hygiene and prevention kits with adequate messaging

Women	1,856	Elderly	541	West Bank	3,630	UNRWA, MdM Spain
Children	1,322	PwD	206	Gaza	1,174	UHCW, MedGlobal, GCMHP

Needs and gaps

- Communication challenges within the national RCCE taskforce which negatively impacted COVID-19 vaccination promotion and demand generation.
- Prompt actions were needed to respond to all misinformation around COVID-19 vaccines, collected through UNICEF's feedback channels from communities (mainly social listening tools).
- Informative sessions were needed on vaccination and COVID-19 related topics, to support building the capacities of our partners who are implementing community engagement activities with several communities throughout WB and Gaza.

Priorities

- Increase the RCCE taskforce's focus on community engagement.
- Informative sessions are still needed (and it is a priority) on vaccination uptake, and COVID-19 related topics, to support building the capacities of implementing partners.
- Strengthen national coordination on community engagement activities to avoid duplication and promote complementarity.
- Enhance the utilization of social listening tools to be able to address concerns/ misinformation instantly through the community engagement activities intended in 2022.

Trauma and Emergency Care



734

Patients treated for limb reconstruction

Women	84	Elderly	15	West Bank	11	UNRWA
Children	159	PwD	27	Gaza	723	MAP, WHO, AAH, PHR, PUI



4,609

Patients benefitted from provision of elective surgery

Women	3,187	Elderly	115	Gaza	4,609	UNRWA, AAH, PHR, UHCW
Children	609	PwD	23			

Needs and gaps

- As sporadic episodes of escalation of hostilities across oPt persist, so has been the need to ensure better preparedness for trauma and emergency response.
- Need to enhance the Gaza Trauma Pathway including increasing the PHC level preparedness against any surge of casualties, pandemic included
- Across the West Bank there is need to strengthen capacity for emergency and trauma care

Priorities

- Development of the two Gaza Emergency Medical Teams: Two Gaza National Medical Emergency Teams have been created with the overall objective to be deployable and able to support the Gaza Health system at any level of care, against any sudden onset disaster. During the last quarter of 2021 an orientation workshop was organised for the roster of participants, and during the first quarter of 2022 our priority is to initiate a training with a focus in Mass Casualty Management and in parallel intensify the deployability through small scale simulations.
- Further invest in the emergency response capacity of PHCC with Emergency Rooms, through capacity building of the Health Workers, through procurement of equipment and supplies for the optimal management of trauma patients, and through minor rehabilitation to support patient flow.

- Follow up on the previous Mass casualty Management trainings, for the Emergency departments of Major Gaza Trauma Hospitals, and continue to include all major health facilities. In parallel, institutionalisation of the Limb reconstruction Centre in Nasser Medical complex is always among priorities.
- Support the development of Advanced Medical Points in hot zones in West Bank, replicating the Gaza Trauma Stabilisation Points success story.
- Initiate Mass casualty Management trainings, for the Emergency departments of Major public Trauma Hospitals, and continue to include all major health facilities.



5,456

People benefiting from the provision of medical supplies

Gaza	5,456	PHR, WHO
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303

Health staff trained on essential life-saving interventions

West Bank	25	UNRWA
Gaza	278	AAH, PHR, UHWC, WHO

Disability and rehabilitation



6,067

Patients provided with multidisciplinary rehabilitation services

Women	2,509	Elderly	109
Children	558	PwD	3,905

West Bank	1,014	UNRWA
Gaza	5,053	AL Salama, DWWT, Hamad Hospital, HI, PUI, WHO

Needs and gaps

- Unavailability of assistive devices in the local market made responding to needs difficult.
- Limited outreach targeting people living in hard-to-reach locations and those with mobility limitations.
- Lack of multidisciplinary rehabilitation services provided by NGOs, private rehabilitation services and PHCs to respond to the holistic needs of people discharged from hospitals or in need to continue the rehabilitation care.
- Due to COVID-19 restrictions there is limited opportunities to conduct coaching and on-the-job trainings.
- Lack of funding for projects supporting the provision of multidisciplinary rehabilitation services, which keeps people with disabilities and others in need for rehabilitation services excluded and worsen their health and functional conditions.





Priorities

- Mobilize fund to ensure the provision of multidisciplinary rehabilitation services for people in need.
- Disability mainstreaming in health services to ensure better access of people with disabilities to the health services, equal treatment and enhance referral mechanisms.
- Integration of MHPSS services within the health and rehabilitation services.
- Follow up for the trainings conducted under the Rehabilitation Task Force through coaching and on the job training to improve the skills.
- Continue the collaboration under Rehabilitation Task Force to enhance referral, information sharing and capacity building of rehabilitation professionals.



HI provides outreach multidisciplinary rehabilitation services for vulnerable people with disabilities through its local implementing partner PACF - Photo: HI

Sexual and Reproductive Health

	536	Women	512	PwD	4	West Bank	18	UNRWA
		Girls	24			Gaza	518	UNRWA, Save the Children
Women and girls accessed sexual and gender-based violence (SGBV) life-saving services (including CMR)								
	337	Women	325	PwD	11	West Bank	135	UNRWA
		Girls	12			Gaza	202	UNRWA, Save the Children
Women and girls referred to shelters, Mental Health and Psychosocial Support services (MHPSS) and/or legal services								


Needs and gaps


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- The need to have an SRH emergency plan remains, such a plan would help to avoid any interruption of SRH services and ensure well-planned and coordinated system.
- The role of SRH thematic group should be more enhanced to promote joint efforts and comprehensive service provision.
- The midwifery role in improving SRH services is a must/structural and system factors are hindering progress in this area.
- SRHR services for young people at different universities were also interrupted due to external factors.
- Commitment to technical SRH protocols including COVID-19 pregnancy protocol is still an issue leading to increase ratio of maternal mortality during the last 2 years.



Priorities

- Support the development of an SRH emergency plan.
- Enhancing quality SRH services mainly MCH at both PHC and secondary level.
- Continue MISP training and institutional integration.
- Family planning services including commodity security.

		
11,798		
People benefiting from the provision of medical supplies		
Gaza	11,798	WHO, Save the Children, MAP, MedGlobal

		
1,098		
Healthcare workers trained on neonate interventions, SRH topics and management of malnutrition		
West Bank	459	MdM Spain, WFP
Gaza	639	MAP, WHO, WFP, AAH

Mother-Child Health and Nutrition



238,180

Children under 5-years-old received quality health and nutritional services

Boys	121,467	PwD	10	West Bank	28,180	CARE, UNRWA, UNICEF
Girls	116,713			Gaza	210,000	WHO, UNRWA, UHWC, AAH, UNICEF



126,255

Pregnant and lactating women received quality Sexual and Reproductive Health and nutritional services

Women	125,255			West Bank	7,448	CARE, UNRWA, WFP
Girls	1,000			Gaza	118,807	WHO, UNRWA, UHWC, WFP, Save the Children

Maternal and Child health

- Provision of essential medicines is one of the core challenging gaps.
- The quality of antenatal care is a pressing concern, with infrastructure, equipment, and human resources all under severe strain to meet the needs of the growing population. In addition, in remote and hard-to-reach locations access is a major issue which requires more strategic planning interventions in terms of service coverage. The percentage of deliveries carried out by C-section has increased from 20 per cent of births in 2014 to 25.8 per cent in 2019-20 above the internationally accepted threshold of 15 per cent.¹
- Postnatal home visiting is only applied in Gaza and implementation in the West Bank remains a challenge. The outreach services could be a means to consider covering this essential service at least for high-risk pregnant women and new-borns.
- Early detection of developmental delays and disability services for children remains a gap. Access to basic services is governed by the basic law, however the ECD package of services is not well defined and requires further development and roll out to all districts.
- Developing a package for adolescent health remains a gap.
- Within this context, not only must children's basic needs for health, nutrition and development, education and protection be met, but there is also a strong necessity for psychosocial support to build their resilience, self-determination, and entrepreneurship in the face of an uncertain future. This requires robust, cross-sectoral programming that is sensitive to the multi-faceted nature of poverty and deprivation, and that identifies clear entry points to reach children with appropriate support and protection across the span of their childhood.
- Improvement of neonate quality health care at primary and secondary levels



EENC training - coaching of doctors and midwives on immediate through drying of the baby – Photo: WHO

NUTRITION

- Provision of nutrition services for malnourished children under 5 is critical. Given there is a noticeably deterioration in key nutritional indicators for children with increasing levels of malnutrition (it refers to undernutrition and overnutrition), micronutrient deficiencies and obesity.
- There is need to roll out the updated national maternal, child and adolescent nutrition protocol to ensure harmonized services are provided across service providers.
- It is important to improve the quality of services for SAM cases especially in Gaza.
- Provision of essential commodities; micronutrient supplements for all population groups (PLW, children U5 and adolescents).
- Behavioural change and social mobilization to promote lifestyle and diet change to ensure diet diversity and responsive feeding for children under 5 as well as encourage iron-rich food items uptake mainly among adolescents and vulnerable PLW.
- Need to address the double burden of malnutrition as we have both underweight and overweight trends among the different age groups.
- Promoting exclusive breast feeding remains a priority.

¹ MICS 2020

Non-communicable diseases



165,295

Patients with chronic diseases receive treatment and consultations

Women	94,189	Elderly	44,157	West Bank	42,203	UNRWA
Children	1,043	PwD	231	Gaza	123,092	AHH, ASHA, UNRWA, MedGlobal

Needs and gaps

- Limited specialized human resources and advanced technology required for NCDs management and treatment in Gaza lead to increasing the demand to referring abroad for the NCD complicated cases especially cancer patients.
- 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

- The challenges of a sustainable supply of NCD medications and the shortage of specialized human resources should be addressed.
- Promote efforts to enhance the NCD control programs, including prevention and early detection of NCDs, community health awareness on healthy behaviours, nutrition and lifestyle.



423,143

People benefiting from the provision of medical supplies

Gaza	423,143	WHO, MAP, MDM Switzerland
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420

Healthcare workers providing NCD treatment trained on NCD management

West Bank	215	UNRWA
Gaza	205	MAP, WHO, UHWC, MedGlobal

Mobile Clinics



14,960

People received treatment and consultations through mobile clinics

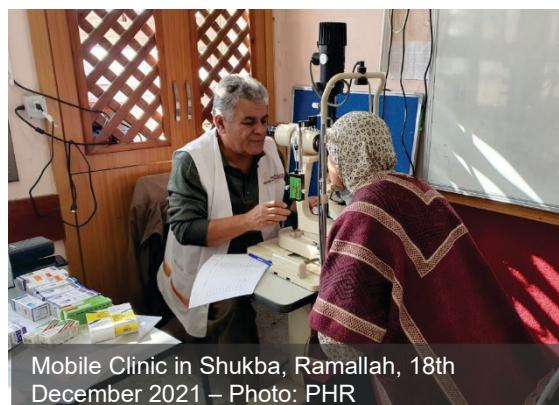
Women	7,370	Elderly	655	West Bank	11,128	PHR, UNRWA, MAP UK
Children	2,909	PwD	258	Gaza	3,832	UHWC, AAH, GCMHP, PHR, MedGlobal

Needs and gaps

- The end of the year saw the end of funding for many of the mobile clinics, which will be a major issue in 2022 as many vulnerable people in Area C will be left without access to services and increasing the burden on the remaining service providers.

Priorities

- Mobilize resources to ensure the continuation of the mobile clinic services for all the locations.
- Improving the infrastructure of the mobile clinic hosting premises including accessibility for persons with disabilities.
- To improve the mobile clinics list of medications by including new items to cover the needs of those with specific medications.
- Capacity building for the mobile clinic health workers on: SRHR, GBV detection and referral, and mainstreaming disability.



Mobile Clinic in Shukba, Ramallah, 18th December 2021 – Photo: PHR

Mental Health and Psychosocial Support



59,506

People received Mental Health and Psychosocial Support services

Women	39,071	Elderly	310
Children	2,154	PwD	872

West Bank	18,008
Gaza	41,498

MdM Switzerland, WHO, MdM Spain, UNRWA
PUI, WHO, UNRWA, UHWC, MedGlobal, AAH



1,299

Healthcare providers and community workers trained on MHPSS, including mhGAP

West Bank	205
Gaza	1,094

MdM Spain, UNRWA
WHO, UHWC, GCMHP, PHR, PUI

Needs and gaps

- People who got infected with COVID-19 and their families are under stress and stigma and in need of MHPSS support; as well families losing loved ones.
- The economic and financial situation caused by the pandemic has increased the level of unemployment, poverty lack of security and this will impact the mental health of people.
- Frontline health workers are experiencing increased stress and anxiety.
- There is need to integrate MHPSS component in the case management of COVID-19 patients; specifically, with old patients hospitalized with a manifestation of delirium; considering the high prevalence of delirium in COVID-19 old patients and the potential serious consequences on their physical and mental health.
- An increase of GBV and domestic violence during the pandemic has occurred.
- In addition, during the last escalation in Gaza in May 2021 has caused people to increase the need of MHPSS support (especially children and adolescents)
- Lack of investment in mental health programmes at the national and international levels.
- Strengthen the MHPSS multisectoral services for children and adolescents in MoH and Ministry of Education (MoE) and Ministry of Social Development (MoSD) and referral.
- Strengthen the coordination of MHPSS humanitarian response between the three main clusters (Health, Education and protection)



Group Counselling for People with Disability in Khan Yunis, Limb Reconstruction Centre – Photo: PUI

Priorities

- Evaluate the interventions made by different partners responding to the action plan for MHPSS COVID-19 response in 2020.
- Support the revision of the national Mental Health Strategy in 2022
- Integrate mental health into health facilities (general hospitals, emergency departments and PHC)
- 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).
- Strengthen psychosocial rehabilitation for people with mental health problems and substance abuse.
- Support the setting of a national action plan to suicide prevention.
- Strengthen referral between ministries and NGOs and the different levels of MHPSS service providers.
- Work with the Education Cluster to strengthen school mental health programmes.
- Continue the development of community mental health services and to provide specialized psychosocial support.
- Provide specialized mental health care for survivors of violence by integrating GBV component in mhGAP program.

Health Access



28,263

Permit applications for patients

West Bank	23,410
Gaza	4,853

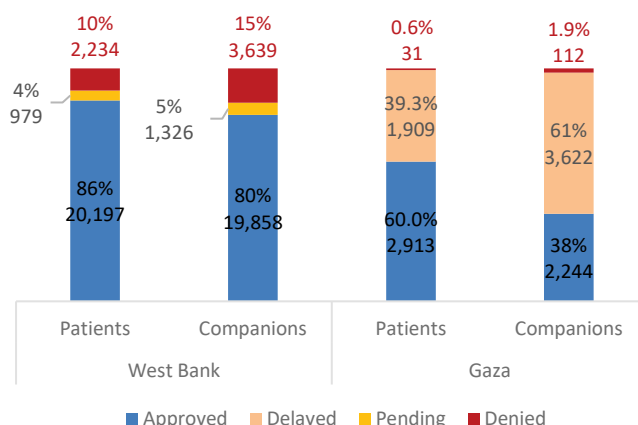


30,801

Permit applications for companions

West Bank	24,823
Gaza	5,978

Permit applications
October-December 2021



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



15

Attacks on health care

West Bank	13
Gaza	2

There were 15 attacks against health care recorded in the occupied Palestinian territory from October to December 2021. Of these, 13 attacks were in the West Bank and two in the Gaza Strip, with ten incidents involving physical violence against health care and 6 incidents involving obstruction to access. As a result of the attacks, 16 ambulances were obstructed from access; eight ambulance vehicles were damaged; one health facility was affected; seven health care workers were injured in the attacks; and one patient companions was arrested.

Assessments

Limb Reconstruction and Orthopedic Equipment Needs, MdM Spain, Gaza Strip

In collaboration with the Ministry of Health, MdM Spain conducted an assessment to identify equipment and consumables needs at the Limb Reconstruction and Orthopedic surgery departments at Naser medical Complex

Identifying essential Infection Prevention and Control (IPC) training and hot topics, MdM Spain, Gaza Strip

MdM Spain aimed to identify essential IPC gaps and support relevant IPC training to address the gaps. After extensive study of all topics with the IPC department at the MoH. Based on the findings, MdM Spain sponsored 5 workshops

Rapid Field Assessment of 3 Primary Health Care Centers in Gaza, World Health Organization, Gaza Strip

WHO conducted a rapid assessment for the 3 PHCCs (Al Darj Clinic, Old Nuseirat Clinic, and Tal Al-Sultan Clinic) that are selected to benefit from WHO intervention during the next year. Several Field visits were carried out to the targeted clinics since direct interviews were performed with the 1st management level within each facility. WHO assessment tool was used as well to assess each facility in terms of infrastructure, essential equipment, clinical services, diagnostic services, human resources, and so on.

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