

HEALTH CLUSTER BULLETIN March 2022

occupied Palestinian territory (oPt)

Emergency Type: Complex

Reporting Period: 1January - 31March 2022

HEALTH SECTOR

1.4 M Need Assistance

1.2 M Targeted

42 Active Members





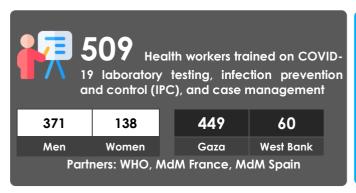


Communicable Diseases

COVID-19 SITUATION IN NUMBERS (As of 31 March 2022)



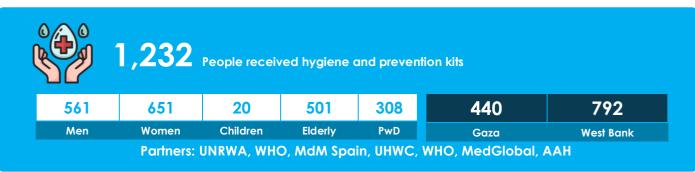
*The number of tests does not include East Jerusalem







Risk Communication and Community Engagement

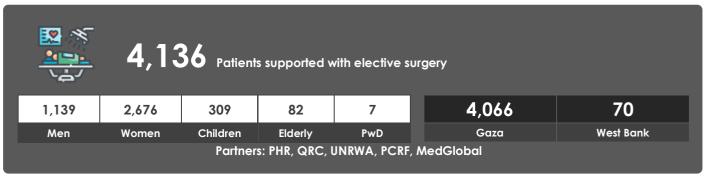






Trauma and Emergency Care















Disability and Rehabilitation

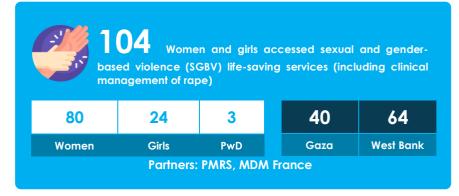








Sexual and Reproductive Health (SRH)







9,212 People benefited from supplies provided medical	
	9,212
Gaza	West Bank
Partners: PMRS, MdM Spain	



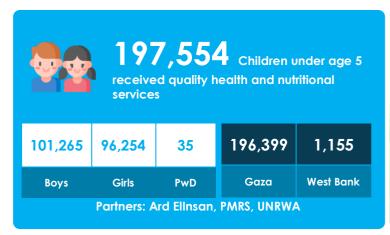
公 Mobile Clinics







Mother and Child Health and Nutrition

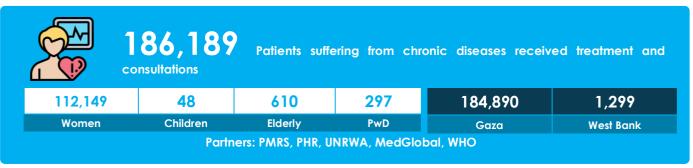








Non-communicable Diseases (NCD)





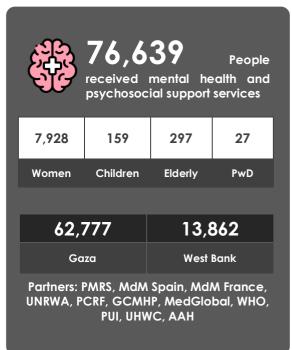




Mental Health and Psychosocial Support

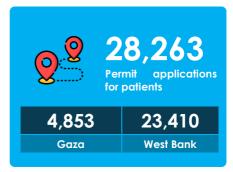


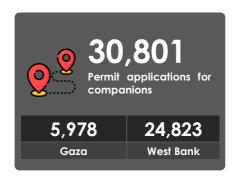




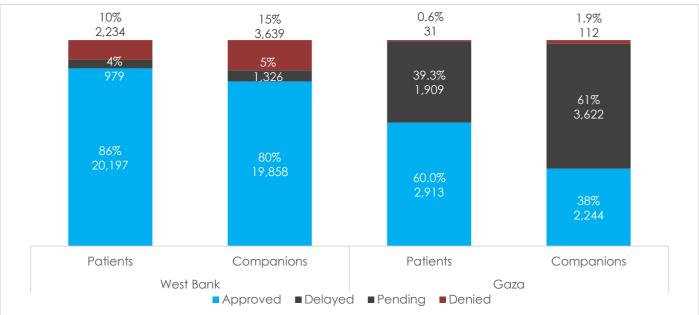


Health Access









A total of 21 health attacks were recorded in the occupied Palestinian territory from January to March 2022, all the in the West Bank. Of this, 12 incidents involved the use of physical violence against health care.

These incidents resulted in:

- Injury of 12 health care workers (one from live ammunition; six from rubber-coated bullets; two from gas inhalation; two from physical force, including the use of skunk water in one incident); one hit with sound bomb)
- Injury of one patient (from rubber-coated bullet)
- Damage to four ambulances (three from rubber coated bullets; one from gas canister)

In addition to permits delays and denials, there were 10 incidents of obstruction to health care delivery (one incident involved both physical violence and obstruction), resulting in:

- Access prevention for 9 ambulances
- Access prevention for one mobile clinic

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



Needs and Gaps Requiring Support

Currently, health activities in the Humanitarian Response Plan are less than 5% funded. Below are some key needs:

- Funding for mobile clinic teams, which provide crucial services to around 150,000 people in Area C, East Jerusalem, Hebron/H2 and the Seam Zone.
- Advocacy to support policy change to enable construction of fixed health care facilities in Area
 C to reduce dependence on mobile health services, and for unhindered access to essential
 health care throughout oPt.
- Strong advocacy needed with the Palestinian Authority, EU, and USAID to support the East Jerusalem Hospital Network, which is experiencing a substantial financial crisis, particularly Augusta Victoria and Al-Makassed hospitals.
- The persistent volatile situation in the West Bank including East Jerusalem emphasizes the need to increased investment in trauma and emergency response capacity, especially in hotspot locations.
- Vast needs in non-communicable disease management, specifically oncology, cardiovascular and diabetes need to be covered.

Assessments

Rehabilitation needs assessment in Gaza, Humanity & Inclusion (HI) (Completed, link to report)

The assessment was carried out to identify the need for rehabilitation services for the population of Gaza. This will guide HI in developing future actions and approaches for the provision of rehabilitation services and contribute to the Palestine Rehabilitation Strategy.

Preparedness assessment of primary healthcare facilities in Gaza, MdM-France (Ongoing)

Assess the level of preparedness of 19 primary health care facilities.

Early essential newborn care (EENC) annual implementation review in Gaza, WHO (Completed)

The review aimed to monitor progress of EENC and assess IPC-COVID related practices in the maternity departments of 10 hospitals. In addition, a baseline environmental assessment was conducted for the maternity departments of six hospitals where EENC has been recently introduced. The results will help to identify key EENC practices, and strengths and gaps in maternity departments of the 16 health facilities.

Primary health care facility mental health integration checklist in Gaza, MHPSS IASCS Global Reference Group (Completed)

The objective was to assess the level of integration of mental health in primary health care, gaps, challenges, services provided (psychological support, medical support), reporting of cases and referral.

Assessment of specialised mental health services in Gaza, MHPSS IASCS Global Reference Group (Completed)

The objective was to assess the specialised service available and human resource capacity.

Gender analysis of the health sector across oPt, Health Cluster (Ongoing)

The Health Cluster has been working on a gender analysis of the health sector across oPt. The analysis will help partners in framing gender within their projects and identify key areas and opportunities for action. The first part of the analysis, which involved a survey of Health Cluster partners, has been completed. The Health Cluster will contact partners regarding the next step soon. This will involve focus group discussions and key informant interviews.

Contacts

Ms. Chipo Takawira

Health Cluster Coordinator

ctakawira@who.int

Dr. Abdelnaser SobohGaza Sub-National Health Cluster

soboha@who.int