



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.

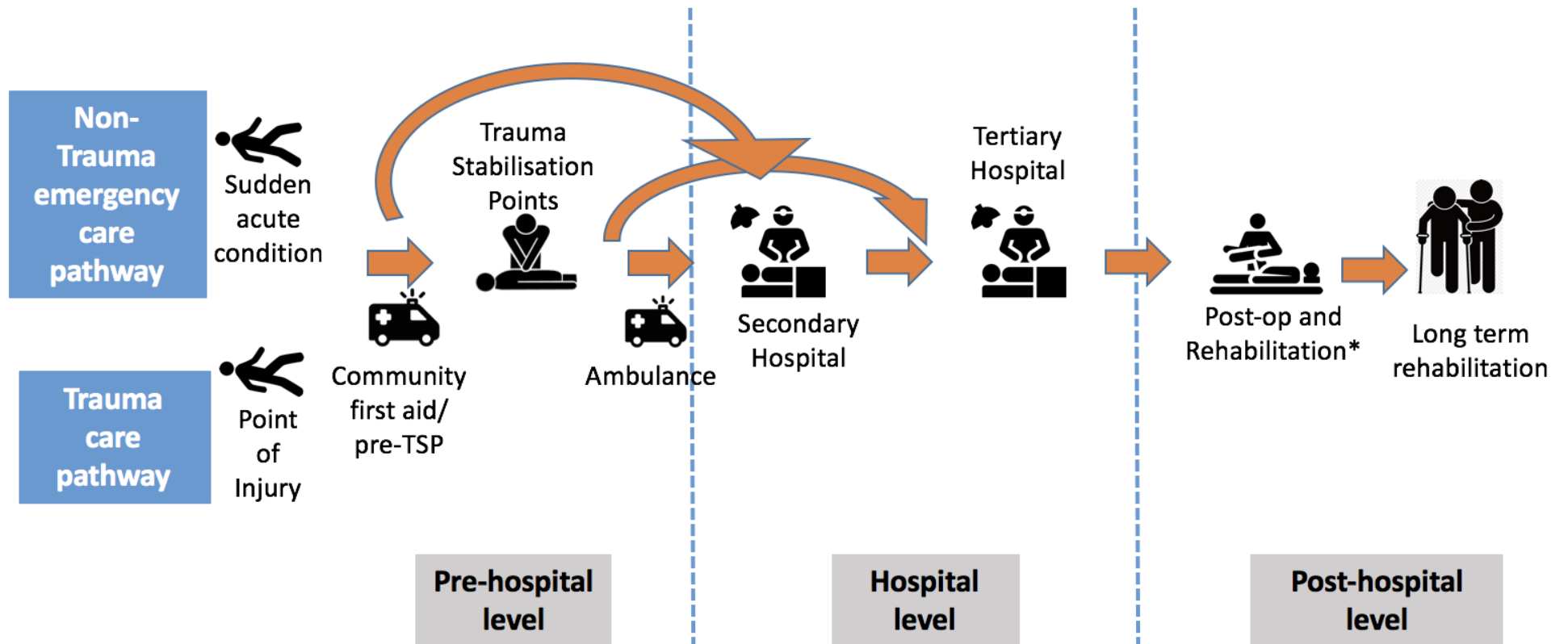
Operational Response Approach

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 the 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^x | 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 |
| | | UHWC | 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 |
| | | UHWC ^{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} | 127,000 | 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 |
| | | UHWC | 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 |
| | | UHWC | 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 |
| | | UHWC | 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 | 39,500 | 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 | 720,000 | 720,000 | |
| 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