



Gaza Health Cluster Meeting Minutes

Date: Tuesday 22 January, 2019

Time: 10:20 AM-11:45 PM

Venue: PMRS Meeting Room

Chair: Sara Halimah, Health Cluster Coordinator (HCC), and Abdelnaser Soboh, Health sub-Cluster Coordinator (HsCC).

Participants: 53 participants representing 36 organizations (refer to annex 1).

Meeting Agenda

| Agenda Item |
|---|
| Opening Remarks. |
| Health Humanitarian Update. |
| Working Groups Update (Trauma, Nutrition and Disability). |
| Health Cluster Contingency and Preparedness Plans. |
| The New Cluster Online Tool for Partners' Reporting. |
| Partners Updates. |
| AOB. |

Meeting Highlights

1. Opening remarks

- The Health sub-Cluster Coordinator (HsCC) started the meeting by thanking PMRS for hosting the meeting and welcoming all participants for their attendance. The HsCC explained that the meeting has been conducted to update partners on the humanitarian situation in the Gaza Strip.
- Dr Mahmoud Daher, Head of WHO Gaza sub-Office, commended the cooperative efforts of the Cluster partners for their ability to maintain service provision in this chronic and unstable situation. He also stated that the energy crisis is perhaps the most urgent concern of the health sector due to critical shortages in fuel availability.

2. Humanitarian update

Fuel Update:

- The Health Cluster has been supporting 54 critical health facilities with the fuel. This includes covering the needs of all of the 14 public hospitals and supporting the 22 UNRWA primary healthcare centers, in addition to some NGO hospitals.
- The last humanitarian donation for fuel, which was for 1M USD, was due to run out in November. However, the Qatari donation reduced the time of power blackouts from 6 to 8 hours, which in turn allowed the fuel reserve to suffice until the second week of January.
- The HsCC pointed out that, so far, there is no fund available for fuel procurement, which means that many hospitals are facing the possibility of a shut down within the next few days. In an effort to delay the ramifications of this impending crisis, the MOH reallocated some of the fuel to maintain service provision in most hospitals. Hospitals were also forced to suspend some services during blackout hours, e.g. diagnostic imaging, sterilization and catering services, in order to decrease demand on the generators and preserve fuel.
- A more sustainable solution to the energy crisis is to connect hospitals to more than one electricity feeding line. The project is estimated to cost approximately 1.5M USD to cover public hospitals, which will be secured by the Ministry of Finance, and will take about 6 months to complete, as estimated by the Gaza Electricity Distribution Company (GEDCo). This leaves the health sector with a funding gap in order to cover the needed fuel procurement for the upcoming 6 months.
- WHO conducted field visits to a number of public hospitals and met with the MOH to discuss the current situation and look into ways to meet the hospitals' energy needs during the upcoming 6 months. Therefore, WHO appeals to all parties, including the local government, NGO and private sectors, to fund the health sector's needs, particularly for fuel.
- WHO also issued a statement detailing the humanitarian situation in regard to the energy crisis
- Ahli Arab Hospital stressed the importance of including NGO hospitals in the double-line electricity project, as they also suffer from long hours of power outage.
- MOH stated that the Emarati Hospital, which is the only provider of delivery and neonatal services in Rafah governorate, had almost shut down. However, IHH made

an urgent donation of 4,700L of fuel to the hospital, which should be enough to meet the needs of the hospital's generators for a week. MOH also stated that Beit Hanoun hospital suspended all surgical services and is running on the power generated from solar panels to provide other services. Alfalah society has also donated 5,000L to the Nasser paediatric complex, which should be enough to maintain services for 5 days. Nonetheless, all in all, the situation remains extremely critical and partners' support is acutely needed.

- OCHA added that Qatar has expressed interest in funding the fuel program for one to two months. OCHA then stated that UNRWA will manage the logistics and procurement of fuel.
- The Humanitarian Coordinator (HC) will arrive to Gaza on 23 January and will be meeting with the Clusters coordinators, Clusters Lead Agencies and the MOH to discuss the humanitarian situation in Gaza Strip.

General Health Humanitarian Update:

- According to Gaza's Central Drug Store, at the end of December, 42% of essential drugs (217 essential medicines out of the total 516 essential medicines list) and 23% of essential disposables (192 essential disposables out of the total 853 essential disposables list) were at less than one month's supply at the MoH store in Gaza.
- The most affected services with shortages in drugs include Mother and Child services, primary healthcare, ophthalmology, and immunology and epidemiology services, as the percentage of drugs at zero-stock reached 69%, 59%, 56% and 51%, respectively.
- The most affected services with shortages in medical disposables include dentistry, cardiac catheterization and open heart surgery, ophthalmology, and stoma surgery, as the percentage of consumables at zero-stock reached 52%, 49%, 39% and 33%, respectively.
- From the beginning of the demonstrations on 30 March until 31 December 2018, 255 people were killed and 26,405 were injured. Out of the total injured, 12,333 (47%) were treated at the TSPs and immediately discharged and the remaining 14,072 casualties were stabilized and transferred for treatment at the emergency departments (ED) of MoH and NGOs hospitals.
- Out of the total 14,072 referred to emergency departments (ED) at hospitals, 6,239 (44%) cases were live ammunition gunshot injuries. From the total of 6,239 live ammunition gunshot injuries, 5,429 are limb gunshot injuries (87%).

| Action points | Person/organization responsible | Deadline |
|--|---------------------------------|----------|
| Partners to support in meeting fuel needs for the upcoming 6 months. | Cluster partners | ASAP |

3. Working Groups Update

Trauma Working Group (TWG) Update:

- Regarding pre-hospital support, the TWG Coordinator stated that the TWG now collects data on ambulance movements. Since December, 1,500 ambulance

movements were documented and are now being analyzed to find out ways to optimize service provision.

- One of the main priorities of the TWG in 2019 is to expand the dispatch centre capacity for PRCS.
- The Limb Reconstruction Unit (LRU) at Nasser hospital is also under development and procurements are in process. The Unit is expected to start running by the month of April.
- The Health Cluster also developed the Patient Allocation Tool (PAT), which aims to track patients at the postoperative and rehabilitation stages of the trauma pathway. The tool aims to coordinate partners' efforts and prevent duplication of services.
- Custody of the tool will be transferred from WHO to MOH next week. Afterwards, MOH will be regulating partners' use of the tool.
- The Health Cluster Coordinator (HCC) pointed out that TSP coordinators are receiving a large number of volunteers that offer to provide first aid (FA) services in the field. However, those volunteers are being turned down, due to shortages in FA bags. One of the proposed solutions was to use some of the prepositioned FA bags to meet the needs. The HCC requested Partners' opinion on whether to dispatch some of the prepositioned FA bags to meet those needs.
- The TWG Coordinator stated that since the primary goal of prepositioning is to have items readily available to meet emerging needs, like in this situation, releasing some of UNICEF's prepositioned items makes for a good option.
- On the other hand, MdM-Spain suggested keeping the prepositioned supply and pointed out that they might have enough funds to procure the needed FA bags for direct delivery to the TSPs. MdM-S might have some funds available for this
- WHO suggested to first check the expiry date of UNICEF's prepositioned bags. If the date is found to be close, the bags can be released and delivered to TSP coordinators. Otherwise, partners, like MdM-S, can step in and procure the needed items.
- The HCC also inquired about the progress in the LRU in Nasser hospital, the expected time for the hospital to start running, the role of the different partners and if there is information on the estimated running cost and staffing support.
- The TWG Coordinator explained that TWG partners agreed on the limb reconstruction pathway, i.e criteria for identifying and screening patients and referring them to the LRU. MAP-UK has also been providing great support in this initial phase and MSF is working on setting up an Osteomyelitis Treatment Centre in the old building in Nasser hospital.
- The TWG Coordinator also requested that all partners planning to work in limb reconstruction to approach the TWG first, in order to ensure complementarity in service provision.
- Regarding the hospital's staffing, the TWG Coordinator stated that there is an initial agreement from MoH to support the human resources component at the LRU by assigning capable orthopaedic surgeons and nurses.
- On a side note, PMRS requested to clarify instructions for ambulance service providers in the field, as some providers tend to bypass the TSPs and transfer patients directly to hospital emergency departments (ED) if their case was critical.

- The TWG Coordinator explained that the main two purposes of the TSPs is to alleviate some of the burden from hospitals EDs, and to minimise the risk of critical patients dying during transportation from the field to the hospital due to improper case stabilisation.

Nutrition Working Group (NWG) Update:

- UNICEF in collaboration with Save the Children, conducted a 4-day training on infant and child feeding in emergencies that was attended by most NWG partners. UNICEF out that there is an opportunity to re-organize the training for the partners who have missed it the first time.
- UNICEF cooperated with Save the Children and World Food Program to conduct a nutrition assessment in access-restricted areas (ARA) and vulnerable communities. So far, the available preliminary data indicate an increase in malnutrition among those communities. However, since the sample is not representative, the findings could not be generalized to the whole population. The preliminary results will be shared with the NWG and final findings will afterwards be presented to the Health Cluster.
- The NWG supported Ard El-Insan by providing them with multi-micronutrient powder sachets that will be used as a pilot to evaluate their effectiveness in treating malnutrition. If the sachets proved to be highly effective, the NWG will coordinate with MOH and UNRWA to substitute the currently used supplements.
- The NWG reached out to the Health Cluster to support training NWG partners on the cluster approach.

Disability Working Group (DWG) Update:

- The DWG aims to support the needs of people with disability (PWD) by identifying gaps in service provision and ensuring their inclusion in partners' interventions.
- Since disability is a cross-cutting issue, the DWG reports to the ICCG directly and supports all clusters, including the Health, Shelter and Education Clusters.
- DWG conducted an assessment study to identify needs and gaps in service provision to PWD and will be sharing the results with all clusters after finalizing the results.
- The HCC enquired whether the DWG is coordinating with all partners and service providers. The DWG Coordinator verified that they have about 25 partners in the DWG and that they work closely with partners from the different clusters to ensure complementarity of services.

| Action points | Person/organization responsible | Deadline |
|---|---------------------------------|------------------------|
| UNICEF to check the expiry date of their FA bags and discuss the possibility of dispatching them to TSP coordinators. | UNICEF | ASAP |
| TWG Coordinator to provide the details of the needed FA bags (quantities and specifications) to MdM-Spain. | Trauma Coordinator | Pending UNICEF's reply |
| UNICEF to share the assessment's findings with the Cluster. | NWG Coordinator | Next Cluster meetings |
| Health Cluster to support NWG by providing partners with a training on the Cluster approach. | Health Cluster | March |
| DWG Coordinator to share the assessment's findings with the Cluster. | DWG Coordinator | March |

4. Cluster Contingency and Preparedness Plans

- The HsCC stated that the Health Cluster's contingency plan was last updated in 2016, as the situation in Gaza is a protracted crisis and the plan was still applicable to the situation. However, in light of the current Mass Demonstrations, the Health Cluster plans on updating its contingency and preparedness plans to meet the newly arising needs.
- The HCC stated that updating the contingency and preparedness plans should be a continuous process that is dynamic with the changing situation, in order to be able to effectively drive the cluster's operational work in response to emergencies.
- The HCC added that the humanitarian community expressed an interest in supporting clusters' preparedness planning. Hence, the Health Cluster is in the process of receiving 1.3M Euros to support preparedness in Gaza.
- The HCC explained that the contingency plan is a very specific plan that regulates partners' initial response by outlining who will do what in the first 24 hours, 72 hours, 2 weeks and then 4 weeks. On the other hand, the preparedness plan outlines the structural support currently needed to build resilience in the health sector so it can absorb any emerging emergencies. This means that preparedness needs to be dynamic and be an integral part of any response.

- The HCC mentioned that the Health Cluster, with participation from most partners, has already had a brainstorming session that outlined the key areas to focus on in the preparedness plan. Examples include:
 - A standardised list for prepositioning for all public and NGO hospitals and PHC centres;
 - Supporting preparedness for prehospital care;
 - Supporting preparedness in secondary health care, especially by preparing the NGO hospitals to immediately intervene in order to alleviate the burden from public hospitals;
 - Clearly identified vulnerable groups, including those in ARA, so they are prioritised and specifically targeted in the cluster's response, bearing in mind that the MOH is responsible for meeting the needs of the general population.
- The Health Cluster will establish a specific task force group to study these issues and develop clear contingency and preparedness plans that will continuously be updated. That plan can then be presented to the donor community in Jerusalem and used to secure more funds.
- When asked if the plan will address only the conflict scenario, the HCC replied that the situation in Gaza is considered a complex crisis, i.e. whenever a conflict happens, the likelihood of an outbreak increases as well. So, a multi-hazard approach needs to be used for planning.
- The NWG Coordinator stated that the NWG has updated the nutrition contingency plan and are waiting for the final results of the nutrition assessment to add it to the plan.
- UNICEF also stated that they have updated their organisation's health contingency plan. The HCC stressed that every organisation need to have their own contingency plan and make sure that it is complementing the Cluster's overall plan.

| Action points | Person/organization responsible | Deadline |
|---|---------------------------------|---------------------------|
| NWG Coordinator to share the nutrition contingency plan with the Cluster. | UNICEF | 15 th February |

5. The New Cluster Online Tool for Partners' Reporting.

- The Health Cluster is in the process of developing a new unified and comprehensive online reporting tool that will allow partners to enter their data and access it in one platform.
- Partners will enter their projects and activities and link them to needs they are responding to (from the list agreed on at HNO). The activities will also be linked to a set of indicators that needs to be updated on a regular basis.

- This tool will facilitate coordination and information sharing with the cluster. It will also allow partners to know who is doing what, when and where, which will prevent duplication of services and activities, and help partners in determining the needs and identifying the remaining gaps. Moreover, the tool will allow partners to monitor their projects and activities and facilitate reporting to donors.
- The tool will also have a dashboard that allows partners to analyse data and observe trends in needs. Donors can also use it to see organisations' contribution and response to the health needs.
- The HsCC emphasised that this system requires cooperation and contribution from all partners in order to succeed. Most partners are highly cooperative when it comes to information-sharing with the Cluster, and this tool will work on regulating and standardising this process to be easier and more efficient for all parties.
- The HsCC pointed out the Cluster will be providing full support to partners by training the focal points on how to use the tool for data entry and obtaining reports ...etc.
- WHO noted that it is important to obtain partners' input on the type of indicators collected, the reporting frequency and deadlines. Therefore, WHO suggested having a small task force from partners to support the Cluster team in developing the tool.

6. Update on funding:

- The HCC explained that 4 times a year, OCHA administers a grant called the Standard Allocation that is led by the HC. The first Standard Allocation, worth 12M USD, will be released soon and partners will have to submit their projects, which will then be given a score based on the quality of the project. And instead of allocating some fund to each cluster, this year, the top scoring projects across all clusters will be given fund.
- The HCC continued that, this year, the Central Emergency Response Fund (CERF), which supports underfunded emergencies, allocated 8M USD to the Occupied Palestinian Territory, to support UN agencies only. Therefore, the Humanitarian Country Team agreed that the first Standard Allocation should focus on NGOs, to increase their chances of getting funded.
- The HCC pointed out that projects applying to either fund should be complementing each other.
- The HCC requested an initial meeting with all UN agencies working in the health sector (WHO, UNICEF, UNFPA, and UNRWA) to discuss strategies to advocate for the health sector in the CERF.
- The HCC noted that, for the Standard Allocation Fund, NGOs will need to submit time-sensitive projects that illustrate why funds are needed right now. Activities will also need to be cost-effective and the project's proposal needs to be innovative and showcase the lessons learnt from previous proposals.
- The HCC asked NGO partners to share a paragraph on the concept of the projects they are planning to submit for the Standard Allocation Fund to her for initial review.
- WHO suggested to have some selected cluster advisors, e.g. working group coordinators, with which partners can share the preliminary draft of their full proposals for support and feedback. Whilst the idea was welcomed, partners felt unable to free much time for checking proposal. The suggestion will be tabled and discussed further at the following meeting.

| Action points | Person/organization responsible | Deadline |
|---|---------------------------------|---------------------------|
| NGOs to share a paragraph on the concept of the projects they are planning to submit for the Standard Allocation Fund to the HCC. | NGO partners | 29 Jan |
| HsCC to share the vetting criteria with partners. | HsCC | 15 th February |

Annex 1: Participants

| No. | Organization |
|-----|-----------------------|
| 1 | CBBS |
| 2 | WHO |
| 3 | NSR |
| 4 | HI |
| 5 | MSF- F |
| 6 | MSF- Belgium |
| 7 | RCS4GS |
| 8 | Wafa Hospital |
| 9 | MoH |
| 10 | AAH |
| 11 | MdM-Spain |
| 12 | UNFPA |
| 13 | PMRS |
| 14 | DWT |
| 15 | IRPAL |
| 16 | MAP-UK |
| 17 | Baitona |
| 18 | PRCS |
| 19 | ICC |
| 20 | PCRF |
| 21 | OCHA |
| 22 | UHCW |
| 23 | GVC |
| 24 | St John |
| 25 | AEI |
| 26 | UNRWA |
| 27 | QRC |
| 28 | MdM-France |
| 29 | UNICEF |
| 30 | Hayfa hospital |
| 31 | NECC |
| 32 | NCCR |
| 33 | IOSH |
| 34 | TRCS |
| 35 | Aged care association |
| 36 | Human Appeal UK |