



HEALTH AND NUTRITION CLUSTER  
oPt  
2021  
HUMANITARIAN PROGRAMME CYCLE  
Outcomes of Consultation Workshops

Gaza: 18 August 2020 and  
WB: 23 August 2020

# Health and Nutrition Cluster – West Bank

## 1. What are the critical new needs, directly caused by COVID-19?

- *Deteriorated access to essential primary and secondary health services due to travel restriction and re-allocation of funds to combat COVID-19 outbreak, and fiscal deficit, including:*
  - *Provision of immunization and other primary health care services: SRH, MCH and nutrition, NCDs, EMS*
  - *Provision of secondary and tertiary care: maternity services for COVID-19 affected, emergency rooms, suspended elective surgeries, East Jerusalem Hospitals operational costs*
- *Increased need in IPC due to provision of services amidst the COVID-19 pandemic*
- *Increased MHPSS and SGBV needs due to confinement and economic impact of COVID-19*
- *Increased needs to support health access to services not available in the WB*
- *Increased burden on Emergency Medical Services (EMS)*
- *Preparedness needs (for all-hazard scenarios)*

## 2. Do cluster programs need to be adapted to address these needs and if so, how?

- *Scale-up service delivery to the most vulnerable groups, including through mobile clinics, etc*
- *Use remote services where possible and feasible*

## 3. (for West Bank) What new humanitarian needs could annexation cause and how can those be addressed?

- *Increased casualties (potentially) following military clashes would need to be taken care of across the pathway (EMT, ED, etc)*
- *Restrictions would further limit access to essential health services to be addressed via mobile health clinics*

# Health and Nutrition Cluster- Gaza

## 1. What are the critical new needs, directly caused by COVID-19?

- *Increased need for some vulnerable groups to access treatment outside Gaza, i.e Cancer patients, organ transplantation pts, open heart surgery pts,...etc*
- *Decreased access of specialized and expert medical teams to deliver services in Gaza.*
- *Disruption of PHC services due to closure of 20 public PHCs, and limitation of services to other PHCs, as a result of deploying PHCs employees at the quarantine centers.*
- *Increase in the prevalence of malnutrition among children, and pregnant women due to increased poverty and food insecurity.*

## 2. Do cluster programs need to be adapted to address these needs and if so, how?

- 1- *To secure access to specialized treatment by enhancing the local capacity and maximize the use of resources.*
- 2- *To employ the advanced technology for improving access of local medical teams to advanced medicine.*
- 3- *To sustain the provision of PHC services through the expansion of services by local NGOs*

# Health and Nutrition Cluster

## 3. What are the vulnerable groups to consider?

- *Children 0-5 years*
  - *Women of reproductive age*
  - *Young people (10-19 years)*
  - *Elderly 65+*
  - *Health workers*
- \* *Pregnant and lactating women*
  - \* *People with disabilities*
  - \* *Victims of conflict-related violence, SGBV*
  - \* *Bedouin Communities, IDP, refugees*
  - \* *Patients in need of transfer and with NCDs*

## 4. What are the available secondary data sources or fresh assessment available?

- *MICS*
- *PCBS*
- *Other studies/surveys*

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## Geographical focus:

- *Gaza Strip:*
  - *Entire Gaza Strip*
- *West Bank:*
  - *Area C*
  - *Hebron/H2*
  - *Seamzones*
  - *East Jerusalem and adjacent areas*