

HEALTH CLUSTER NARRATIVE

1. OBJECTIVES

In 2020, the COVID-19 outbreak put further strain on an already fragile healthcare system in the occupied Palestinian territory (oPt). Health Cluster objectives for 2021 centre on provision of essential healthcare services to vulnerable communities across oPt; ensuring uninterrupted and equitable access for those in need; continuing the ongoing COVID-19 outbreak response; and ensuring health system emergency preparedness.

Linkage of Health Cluster Objectives to Strategic Objectives:

Health Cluster Objective 1: Ensure the availability of acceptable and quality essential healthcare services to vulnerable communities across oPt is directly linked to Strategic Objective 2, meeting health needs and providing basic health services. The Cluster will work to ensure the availability of essential primary and secondary healthcare services, including for trauma, maternal and child health, sexual and reproductive health (SRH) including Sexual and Gender-Based Violence (SGBV), mental health and psychosocial support (MHPSS), and rehabilitation of persons with disabilities.

Health Cluster Objective 2: Strengthen the healthcare system's capacity to respond to emergencies and build community resilience to cope with the impact of current and future crises is directly linked to Strategic Objective 3, building the capacity of vulnerable Palestinians to cope with and overcome the protracted crisis. The Cluster will enhance preparedness through the development of contingency plans, strengthened surveillance, capacity building, prepositioning essential supplies and strengthened communication and coordination.

Health Cluster Objective 3: Advocate for unhindered and equitable access to healthcare and protection of the right to health for all, including the most vulnerable in oPt is directly linked to Strategic Objective 1, to uphold respect, protection and fulfilment of the rights of Palestinians living under occupation. The Health Cluster will document and monitor barriers to healthcare access and attacks on healthcare, and advocate for the right to health for all.

2. RESPONSE

Health Cluster partners will scale-up the COVID-19 response through technical support to the MoH and health authorities as well as procurement of supplies, laboratory testing, infection prevention and control, surveillance and contact tracing, case management, trainings, risk communication and community engagement. The Health Cluster will expand its activities in HeRAMS, early warning alert system, emergency preparedness and surveillance.

Focusing on the most vulnerable communities in the Gaza Strip and West Bank, including Area C, H2 and the Seam Zone, Health Cluster partners will provide primary healthcare, including preventive health services. Health Cluster partners will also work to tackle noncommunicable diseases (NCDs), the major cause of mortality in the oPt, through enhanced monitoring of

shortages of medicines and other essential supplies; capacity-building for enhanced quality of life-saving healthcare; and support to preventive programs and diagnostic services.

Children under the age of 5 are highly vulnerable to health risks, especially in times of emergencies. Health Cluster partners will scale-up their response to major childhood illnesses and causes of neonatal morbidity and mortality while ensuring effective systems and referrals for child protection. This will include integration of early essential new-born care, community case management of childhood illnesses and treatment of malnutrition.

Needs for sexual and reproductive healthcare services including interventions targeting SGBV survivors remain high, particularly during the times of lockdown and its impact associated with the COVID-19 outbreak. The Health Cluster will work to ensure access to sufficient and quality healthcare and family planning that prevents maternal and new-born morbidity and mortality. Gender-sensitive case management procedures will be embedded into routine healthcare services for women, infants, children and adolescents.

Mental Health and Psychosocial Support needs continue to rise among adults, adolescents and children across oPt as a result of violence and COVID-19 restrictions. Health Cluster partners will provide specialised mental health care and integrate MHPSS services in essential healthcare service delivery, while strengthening community and family support and Psychosocial First Aid (PFA) following trauma.

Time-sensitive and longer-term trauma care needs remain, particularly in the Gaza Strip. The Health Cluster will increase its response to meet the needs of those requiring limb reconstruction and elective surgeries as well as rehabilitation services, working at the levels of community first aid, triage, emergency care, surgery and specialised services, and rehabilitation.

Given the shrinking humanitarian space, movement restrictions, and vulnerability to attacks on healthcare, the Health Cluster will promote protection of the right to health for Palestinians in the oPt through monitoring and documenting barriers and attacks on access, enhanced capacity of rights holders and duty bearers, and evidence-based advocacy.

3. PEOPLE TARGETED AND GEOGRAPHICAL SCOPE

In 2021, the Health Cluster will target 1,445,534 Palestinians, identified as most vulnerable and at high risk of morbidity and mortality, including women of reproductive age; children, including neonates; the elderly; people with disabilities (PWD); and non-communicable disease (NCD) patients (including mental health patients) that face the risk of death or a severe deterioration in their health status. Interventions will be focused on key geographical areas, including: the whole of the Gaza Strip and within the West Bank, Area C, H2 of Hebron, the “Seam Zone”, communities living behind the “Barrier” in East Jerusalem, and acutely vulnerable people in East Jerusalem who cannot access healthcare services.

4. CRITERIA USED TO PRIORITIZE INTERVENTIONS

The Health Cluster determined the vulnerability threshold based on the likelihood of death or severe morbidity, such as disability, or deterioration of physical or mental health, if timely healthcare services were not made available. The Health Cluster also considered vulnerabilities based on structural discrimination, such as that based on gender and ad hoc discrimination, such as that against COVID-19 infected patients. In the Gaza Strip, the entire geographic location is considered while in the West Bank locations such as Area C, H2 of Hebron, the “Seam Zone”, and specific groups within East Jerusalem and behind the “Barrier”, were identified as locations where negative health outcomes are more likely if no health interventions are implemented.

Consequently, the Health Cluster prioritised the following interventions for 2021:

- Life-saving health interventions
- Life-sustaining health interventions

5. INTER-SECTORAL LINKAGES

In order to enhance health outcomes and impact, the Health Cluster will provide technical support and guidance to other Clusters and aim to identify key areas for joint programming. In particular, the Health Cluster will work closely with the Protection Cluster to advocate for the protection of the healthcare services against violent attacks and ensure mainstreaming of protection in health humanitarian response.

Mental Health and Psychosocial Support remains a critical crosscutting issue, therefore in 2021, the Health Cluster will work with the Protection and Education Clusters to ensure the effective implementation and coordination of MHPSS activities across oPt. This includes establishing and maintaining clear referral mechanisms as well as ensuring quality of care at all levels.

An integrated response to SGBV will also be coordinated with the Protection Cluster, as SGBV encompasses protection, psychosocial and medical elements, with the Health Cluster focusing more on the medical aspects at the facility level to ensure appropriate SGBV detection, Clinical Management of Rape (CMR) and referral.

Finally, the Health Cluster will work with the WASH Cluster to ensure that healthcare facilities have access to water, sanitation and integration of hygiene education into health promotion materials.

6. LINKAGES AND SYNERGIES WITH INTERVENTIONS OUTSIDE THE SCOPE OF THE HUMANITARIAN PLAN

The lack of access to essential healthcare services for vulnerable groups in oPt is the result of multi-dimensional challenges affecting the availability, accessibility, affordability, acceptability

and quality of the healthcare system available to Palestinians. Such a complex environment requires a multi-faceted approach over the immediate, medium and long term. Humanitarian and development interventions need to occur simultaneously in order to be effective. Where opportunities exist, the Health Cluster will aim to ensure that humanitarian and development programming is coherently aligned to provide more durable and sustainable assistance to vulnerable people, in order to more effectively reduce needs and vulnerability and build resilience. Ultimately, the chronic and political nature of the crisis in the oPt is the main driver of humanitarian needs and requires action outside the scope of humanitarian interventions.

7. EXCLUDED ACTIVITIES, GROUPS AND/OR AREAS OF RESPONSE; LIKELY IMPACT/CONSEQUENCES; AND ACTIONS NEEDED BY OTHER ACTORS

The Health Cluster will focus on key life-saving and life-sustaining activities targeting the most acutely vulnerable, consequently other people in need of healthcare services may suffer negative outcomes. For example, although people with disabilities (PwDs) have been identified as a vulnerable group, the Health Cluster will only prioritise PwDs with no alternative access to healthcare, or who are suffering from a conflict-related injury. Additionally, although drugs and disposables continue to deplete, impacting non-communicable disease patients, the Health Cluster has prioritized the elderly (60+) as at highest risk of mortality, in addition to patients with diseases for which treatment interruption may cause rapid deterioration and death, such as insulin dependent diabetic patients, patients with severe hypertension and those in need of dialysis.

Local authorities are encouraged to take on responsibility for excluded groups, and this has proven successful in the past and the Health Cluster will continue advocating such mechanisms.

8. MAINSTREAMING: PEOPLE WITH DISABILITIES, INCLUDING DURING COVID, PROTECTION, GENDER, AND AAP, INCLUDING AAP IN COVID AND

The Health Cluster will ensure that protection is mainstreamed across the partners' interventions through upholding a human rights-based approach, alongside with the centrality of protection, core principles of accountability, meaningful access, prioritization of safety, dignity and do not harm principle, participation and empowerment of people in need.

Strengthened equity monitoring includes disaggregation of data for gender, age and disability. The Health Cluster will prioritise disability mainstreaming, through field monitoring and promoting the safety and dignity of affected people during service delivery. Partners will contribute to gender equality through gender-mainstreaming programming and addressing gender-specific vulnerabilities faced by men, women, girls and boys.

Empowerment and participation of communities will be promoted at all stages of health project design, implementation, monitoring and evaluation, including through consultation, open channels for communication and promotion of access to health-related information.

Risk communication and community engagement will be used not only as tools to enhance public awareness on improved health seeking behaviour and practices but also as part of ensuring accountability to affected populations across oPt.

Finally, the Health Cluster will promote accountability through establishment of complaints and feedback procedures as well as introducing robust response and adjustments of its interventions based on the received feedback from affected population. The Health Cluster will be environmentally accountable through promoting environmentally friendly solutions and proper environmental health control in all healthcare facilities.

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