Convened by: Health Cluster Coordinator
Meeting Notes taken by: Health Cluster Coordinator

Date: 11 November 2020
Time: 1000-1130hrs
Venue: Virtual Microsoft Teams

AGENDA
Opening remarks
Overview of the humanitarian situation
Operational needs, priorities and gaps
Humanitarian Response Plan (HRP) update
AOB, action points and closing

Participants: AIDA, Care, CCP-Japan, CISL, CRS, Gazze Destek, GCMHP, Hayfa Charity Hospital, HI, Human Appeal, HWC, ICRC, IFRC, Igatha 48, IMC, Italian Cooperation Agency, JICA, JVC, LWF/AVH, MAP, MdM-CH, MdM-Spain, MDM-F, MoH, MSF Belgium, MSF Spain, MSF-France, OCHA, PCRF, PHR, PNGO, PRCS, PUI, QRC, RCS4GS, Red Noses Palestine, Save the Children, St. John Eyes Hospital Group, Taawon (Welfare Association), UHCC, UHWC, UNDP, UNFPA, UNICEF, UNOPS, UNRWA, UNWOMEN, WeWorld-GVC, WFP, WHO

Key issues Raised

Overview of the humanitarian situation
- oPt remains a protracted protection crisis, where protection concerns drive most humanitarian needs.
- 2020 witnessed an increase in the severity of humanitarian needs, due to issues related to the COVID-19 outbreak and measures taken by the Palestinian Authority in the context of Israel’s threat to annex additional parts of the West Bank.
- Unemployment in Gaza reached a high of 49% during the second quarter
- The economy is expected to shrink by between 2.6-7.6% by the end of the year
- Proportion of poor households will increase from around 53% to 64% in Gaza and from 14% to 30% in West Bank
- While conflict-related casualties decreased in 2020, there is a potential for increased violence in 2021, particularly in Gaza, due to the general deterioration in living conditions, lack of security and coordination
- Demolitions of structures in the West Bank since the start of the COVID-19 outbreak have resulted in the displacement of almost 700 people, including over 350 children. When compared with 2019 data from the same period, this represents a 50% increase in the number of targeted structures and 40% increase in people displaced.
- Also concerns about the excessive use of force by the Israeli forces that result in the killing or serious injury of Palestinians remain, alongside lack of accountability for violations of international law.
- Significant shortfalls in funding for humanitarian organizations alongside an increasing constriction of operational space is making it more difficult for humanitarian organizations to operate and respond to the growing needs across oPt.
- 2.45 million Palestinians across oPt have been identified by partners as in need of assistance in 2021; 64% are from Gaza

Operational needs, priorities and gaps

Gaza:
- COVID-19 situation deteriorating as numbers continue to rise with highest daily positive cases (300) recorded on 11 November
- Persistent precarious supply of laboratory testing supplies is very concerning as it is limiting the testing capacity. The supplies are constantly in red depending mostly on emergency supplies, which is not sustainable especially as cases are anticipated to continue increasing
• All confirmed cases continue having to be isolated as the poor living conditions in many communities in Gaza do not allow for this, however, plans are underway to enable home isolation and follow up at home for mild cases whenever the conditions allow.
• There is an urgent need for oxygen plants as there is increased demand for oxygen therapy. The currently available O2 generating plant, upon enhancement of its capacity, produces 1,200 litres of medical oxygen. Taking into consideration that the average requirement of oxygen for 300 hospitalized patients in the EGH is 3,000 litres/minute, the Ministry needs additional plants in order to meet the increasing needs, and eventually to avoid loss of patients’ lives.
• Increasing number of healthcare workers getting infected with COVID-19, currently there are 450 healthcare workers who have been infected.
• There are plans to increase the bed capacity of EGH and the Turkish Hospital.
• There is hesitation to have a full lockdown due to the daily income dependency of many households.
• Non-COVID-19 essential services such as elective surgeries, MCH, SRH, cancer treatments, NCDs have suffered as they have been side-lined as COVID-19 response is being prioritised.

**West Bank:**
• Working to increase the COVID-19 response capacity to test and manage cases of health facilities across West bank. However, there is high need for support with laboratory testing and case management supplies as well as PPE.
• With the approaching winter season, cases are anticipated to go up and added burden of seasonal flu-related cases.
• Need for ambulances for transporting patients.
• Worrying numbers of healthcare workers infected, currently 1,000 healthcare workers have been infected.
• In addition to the COVID-19 response concerns the MoH is concerned about the health of Palestinians imprisoned in Israeli prisons.
• Partners operating in West bank providing mobile clinic services requested to meet and discuss operations in order to maximize coverage of vulnerable communities.

**General updates from partners:**
• Risk communication and community engagement regarding COVID-19 is ongoing with partners encouraged to liaise with WHO and UNICEF if there are any gaps or need material support.
• PRCS started the multi-disciplinary teams (doctor, nurse, SW, volunteers) who are visiting communities affected with COVID-19 in WB and Gaza providing support, relief items and Hygiene kits in addition to health awareness, psychosocial support and referral. this is part of PRCS Community and Primary health program in West Bank and Gaza Strip.
• PRCS teams provided relief supplies, including (tents, mattresses, blankets, kitchen sets, cleaning equipment and shades) in response to the demolishing in Hemsa Al Foqa- Northern of Jordan Valley.
• UNDP currently implementing C4W project in the health sector by providing health workers 736 health workers (Doctors, nurses, lab tech. skilled workers, etc.)
• PCRF started new project at Shifa hospital for dental unit, 3 dental chairs, 3 suction pumps, 3 compressors and 1 autoclave at the same time renovation the existing clinic, this project should be finished and equipment will installed before December 31.
• GCMHP launched intensive media campaigns which aimed at sensitizing the community about the psychosocial effects of COVID-19 and handling the stigmatization of patients; precautionary measures; managing stress during the emergency situation and dealing with children during the lockdown. It has provided Psychological First Aid (PFA) to quarantined people through its crisis teams. The PFA teams conducted home visits that targeted the quarantined people (after they return home). GCMHP scaled up the free telephone counselling service to enhance accessibility and reach more beneficiaries.
GCMHP continued providing specialized therapeutic services including medications, reaching more than 2500 cases at its three community centres. In addition to provide training and supervision services to the professionals working at frontline interventions. GCMHP also issued two factsheets and five snapshots regarding the MH situation in GS.

**Humanitarian Response Plan (HRP) update**

- Please refer to the attached PowerPoint
- The Health Cluster would like to see greater participation by NNGOs in the submission of projects for HRP
- NNGOs are encouraged to go through the OCHA due diligence process for them to be able to submit proposals independent of UN agencies or INGO, whenever possible
- Partners showed weaknesses in gender, protection, disability and PSEA mainstreaming highlighting need for training of partners on these key issues

**Any other business**

- The deadline for partners to send their bi-weekly OCHA SitRep input has been moved to Friday
- Many thanks to partners who submitted information for the Health Cluster Bulletin, all partners are encouraged to submit information on their activities for inclusion in the Bulletin. The next Bulletin will cover October-December and will be published in January.
- Partners encouraged to contact the Gender Focal Point for assistance on gender and PSEA mainstreaming issues. She can be reached on atria.mier@unwomen.org A training is being arranged, please follow this link https://whenavailable.com/invite/alsKNyjG5iHikZJGdgUF to choose a date most convenient for you.

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<th>Action Points</th>
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<td>Urgently source oxygen plants for Gaza</td>
<td>Health Cluster to follow up with organizations that have been contacted for assistance and revert to MoH</td>
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<tr>
<td>Work with partners who received funding for COVID-19 response to ensure faster mobilization of COVID-19 testing and case management supplies including PPE as well as home isolation and RCCE</td>
<td>Health Cluster</td>
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<td>Follow up on COVID-19 vaccine developments and COVAX facility</td>
<td>WHO, UNICEF and MoH</td>
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<td>Partners to continue with winterization planning</td>
<td>All partners</td>
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<td>Follow up on flu vaccine supplies</td>
<td>UNICEF</td>
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<td>Training of partners on gender and PSEA mainstreaming</td>
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<td>Advocate for respect of healthcare facilities</td>
<td>Health Cluster and OCHA</td>
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<td>Follow up on the revision of emergency plan for SRH services</td>
<td>MoH and UNFPA</td>
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