Contingency Plan
Health Cluster
occupied Palestinian territory

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HEALTH CLUSTER
OCCUPIED PALESTINIAN TERRITORY

World Health Organization
occupied Palestinian territory

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Acknowledgements

Hereby the Health Cluster Coordination Team would like to thank all the Strategic Advisory Group (SAG) members and Health Cluster members for their contribution to the Health Cluster Contingency Plan and commitment to helping Palestinian communities become better prepared to prevent and respond to the consequences of new disasters.

Foreword

The process of revising the Health Cluster emergency preparedness plan has been led by the Health Cluster Team and the Strategic Advisory Group, where Health Cluster partners have been asked to review and comment on the document considering changes in the situation and lessons learned from the last Gaza crises which took place in May 2021 and August 2022, the prolonged COVID-19 pandemic and the unrest in the West Bank which is persisting since 2022.

It will be reviewed and revised on a regular basis following any significant change of humanitarian situation, or once a year if no changes of humanitarian situation occur, to ensure its technical soundness and context appropriateness.

It should be stressed that this Plan does not replace individual agency contingency plans. Health Cluster partners are encouraged to consult this plan to develop their own agency specific and locally adapted contingency plans.

Finally, it must be noted that emergency preparedness does not exist in a vacuum; the Health Cluster will engage as much as possible with various sectors to ensure that the health contingency plan suits the context and is encompassing all relevant sectors. Platforms such as the national inter-cluster coordination group, will help reinforce the necessary interoperability.

DEFINITIONS

	Understanding key definitions
Disaster risk reduction	The practice of reducing disaster risks through systematic efforts to analyse and manage the causal factors of disasters, including through reduced exposure to hazards.
Hazard	A dangerous phenomenon, substance, human activity, or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage.
Risk	Probability of an event (x) negative consequences.
Resilience	The ability of a system, community or society exposed to a hazard to resist, absorb, accommodate, and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions.
Preparedness	Effectively anticipate, respond to, and recover from, the impacts of likely, imminent, or current hazard events or conditions.
Readiness	Effectively and timely initiate the implementation of the sequence of actions that comprise the agreed contingency action plan.
Mitigation	Reducing the negative effects caused by the hazard.
Prevention	Outright avoidance of the negative effects related to the hazard.
Vulnerability	Vulnerability is the result of several factors that increase the chances of a community being unable to cope with an emergency. Not all sections of a community are vulnerable to hazards, but most are vulnerable to some degree. Vulnerability consists of two aspects - susceptibility and resilience. Susceptibility concerns the factors of a community which allow a hazard to cause an emergency, e.g., living in an earthquake-prone area or the level of development of the community.

Acronyms and Abbreviations

CEmOC	Comprehensive Emergency Obstetric Care
CSO	Civil Society Organizations
DRM	Disaster Risk Management
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HeRAMS	Health Resources and services Availability Monitoring System
ICCG	Inter-cluster coordination group
MIRA	Multi-Cluster Initial Rapid Assessment
MoH	Ministry of Health
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
oPt	Occupied Palestinian Territory
PCBS	Palestinian Central Bureau of Statistics
PCD	Palestinian Civil Defence
PFA	Psychological first aid
PHC	Primary Health Care
PRCS	Palestine Red Crescent Society
SAG	Strategic Advisory Group
UNICEF	United Nations International Children's Emergency Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization

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INTRODUCTION

Purpose of document: The purpose of this document is to lay the **foundation** of the emergency preparedness approach for the Health Cluster in the occupied Palestinian territory. The primary aim of the emergency preparedness approach is to optimize the speed and volume of critical assistance delivery immediately after the onset of a humanitarian emergency.

Integrated preparedness means that all interventions, including response programming, are to be risk informed. Analysis and design should be based on a sound assessment of risk and all interventions designed by the Health Cluster should seek to reduce immediate and future risks. In practice, all preparedness actions listed in this plan must be part of the response strategy of the Health Cluster. Preparedness and response activities should go hand in hand. Furthermore, the Health Cluster must be able to reach vulnerable populations at community level, while at the same time looking at gaps at regional or national levels and addressing those when necessary. This is recognized as a major contribution to the current approach to disaster risk reduction.

Putting preparedness into context: The Health Cluster intends to work closely with the Humanitarian Coordinator (HC), the Humanitarian Country Team (HCT), and the Inter-Cluster Coordination Group in preparing and responding to potential emergencies with the appropriate humanitarian assistance and protection. As part of this broader response, the role of the Health Cluster is to reduce the loss of lives and morbidity in emergencies. Therefore, the Health Cluster partners' ability to respond within 24 hours is most important if lives are to be saved.

Finally, the international procedures for surveillance, preparedness, assessment, and management of public health emergencies of international concern are set out in the International Health Regulations (2005) and led by WHO. This plan will guide the preparedness for the management of potential humanitarian relief requirements arising with these crises.

GUIDING PRINCIPLES

Accountability to Affected Population – people are at the core of the plan. That means including that in the entire planning, implementation process, those receiving the services are involved, listening to their feedback, and addressing concerns.

Investing in risk assessments – it is key that collectively, the Health Cluster partners invest in risk assessments to identify at-risk groups. This is crucial if we are to better understand what their needs and their capacity are.

Do no harm – strive to minimize the harm that may done inadvertently by our presence and by providing humanitarian assistance.

Inclusivity - ensure inclusive, gender-age-disability sensitive programming in interventions

Protection – Protection of the most vulnerable is a priority in humanitarian action. The most vulnerable include children, women, persons with disability, the elderly and the economically disempowered. Protection also includes protection from sexual exploitation and abuse. Abuse and violence are often heightened during disasters, recognizing this, and responding accordingly is fundamental.

Information – collecting and analysing data and ensuring that it is disaggregated allows it to be universally accessible. Therefore, establishing real time monitoring system and inclusive early warning systems is fundamental.

Meaningful partnerships – the role of civil society must not be underestimated when planning. Civil Society Organizations (CSOs) may not be a key player in the Health Cluster; however, it is the duty of each partner to proactively engage with CSOs and establish linkages that can be mobilized during a disaster.

Building back better – Preparedness, response, and recovery[1] are strategies implemented during and after emergencies that have specific humanitarian and social objectives. Effective emergency preparedness programs ensure that response and recovery strategies lead to enhanced development. Emergencies may be viewed as a 'springboard' for development, in that they may create a situation where resources can be applied to improve the conditions of communities.

BACKGROUND INFORMATION

Demographics and health outcomes

The estimated population living in the occupied Palestinian territory (oPt) by mid-2023 is 5.48 million, with 3.26 million in the West Bank and 2.22 million in the Gaza Strip. [2] Over 390,000 Palestinian residents live in East Jerusalem.[3] More than 2.4 million registered refugees reside in the oPt, with 1.5 million refugees living in Gaza alone (comprising almost 70% of Gaza's population). One quarter of the refugees in the West Bank live in the 19 camps located there and over half a million refugees in Gaza live in the 8 camps in the Gaza Strip.[4] The overall Palestinian population is young: nearly 38% of Palestinians are aged 0–14 years, while 3.4% are aged 65 years or older.[5]

Total fertility rate in the occupied Palestinian territory is 3.8 with marked differences between Gaza (3.9) and the West Bank (3.8). Life expectancy at birth for Palestinians was 74.3 years in 2022. In 2022, the maternal mortality ratio was 21.9 / 100,000 livebirths (17.4 in Gaza and 25.1 in West Bank), infant mortality for Palestinians in the West Bank and Gaza was reported to be 10.4 per 1,000 live births and under-5 mortality was 12.7 per 1,000. Health inequalities exist, with, for example, health indicators for populations in Area C of the West Bank and in the Gaza Strip worse than compared to the Palestinian average.

Non-communicable diseases remain the leading cause of mortality in oPt, accounting for more than three-fourths of all Palestinian deaths in 2022.

Palestinians living under occupation are exposed to various forms of violence. In 2022, a total of 224 Palestinians, including 53 children were killed and close to 11,000 were injured because of military conflict and Israeli forces operations and attacks by settlers. According to MoH, among the total hospitalized casualties, more than 90% were male and 33% were children under the age of 18. According to MoH, 38% of injuries were in the upper body, 50% lower extremities and 3% in the abdomen/ pelvis.[6] Several people acquired a disability as a result of injuries they sustained.

	Gaza	West Bank
Deaths	53	171
Injured	383	10,587
Hospitalized	383	1,644

Source: MoH reports, 2022

A violence survey by PCBS updated in 2022 shows that 59% of ever-married women have been exposed to some sort of violence; 70% in Gaza and 52% in the West Bank[7]. In emergencies, the prevalence, and risks of GBV increase as existing gender inequalities are exacerbated by the chaos and tensions within households, communities, and society. GBV survivors experience multiple layers of discrimination and difficulties in receiving support, medical care, and counselling.

[1] 'Relief' and 'rehabilitation' are subsets of response and recovery.
[2] PCBS 2023
[3] OCHA, HNO 2023 oPt
[4] https://www.unrwa.org/where-we-work (accessed 01.02.2019)
[5] https://www.pcbs.gov.ps/Downloads/book2595.pdf (accessed 03.02.2022)
6 MOH Annual Report 2022: "The Israeli Aggression Against Palestinians"
[7] https://www.ochaopt.org/content/humanitarian-needs-overview-2023

The mental health of Palestinians is affected by the exposure to violence and the context of chronic occupation, with mental distress representing one of the most significant public health challenges. Overall, the occupied Palestinian territory has one of the highest burdens of adolescent mental disorders in the Eastern Mediterranean Region. About 54% of Palestinian boys and 47% of Palestinian girls aged 6 to 12 years reportedly have emotional and/or behavioural disorders, and the overall disease burden for mental illness is estimated to account for about 3% of disability-adjusted life years.[8]

National and international response capacity

The authorities have in place a national disaster risk management (DRM) system, which includes DRM legislation and an institutional framework for DRM. The DRM is led by the Prime Minister's Office (PMO) and composed of three main components:

(1) a high-level executive National DRM Committee;

(2) a technical/operational National DRM Team; and

(3) a national DRM Centre to provide over-all coordination support and monitoring of the national DRM process.

However, there is still a lot of work that needs to be done to operationalize DRM ensuring that it is coherent and comprehensive. As a result of administrative fragmentation and access restrictions, most Palestinian communities are not part of an established and tested comprehensive national response plan and are to a large degree relying on local – formal and informal – structures and volunteer resources for emergency response. Palestinian communities, civil society and primary service providers are normally primary responders to critical events. Therefore, it is important to consider volunteers and community-level response as a crucial part of an efficient response.

Given the complexity of the Palestinian operational environment, it is important to have in place a close and well-functioning coordination and cooperation mechanism with relevant national DRM authorities in the region. There are already internationally coordinated efforts to develop networks and tools to enhance coordination and cooperation within the region. At direct emergency response level, there is need to ensure that the Palestinian Civil Defence (PCD) in both the West Bank and Gaza have the capacity and resources to perform effective search and rescue operations.

Due to the prolonged conflict and humanitarian crisis in oPt, there is a long history of international assistance, thus the international community has an important role to play in investing in an effective emergency preparedness system just as it has done providing support to recurrent emergencies linked to the prolonged conflict and COVID-19 response, mobilizing in-country and international resources.

Health resources availability, health access and attacks on health care

There are several providers of health care services in the West Bank: Ministry of Health, UNRWA, Nongovernmental organizations, Palestinian Military Medical Services, and the private sector, each with its own respective network of primary health care centres and hospitals.

In the Gaza Strip, there are a total of 94 primary healthcare facilities with MoH operating 52 facilities, UNRWA 22 facilities and NGOs 20 facilities. In the West Bank, there are 424 MoH PHC facilities and 43

[8] Charara R, Forouzanfar M, Naghavi M, Moradi-Lakeh M, Afshin A, et al. The burden of mental disorders in the Eastern Mediterranean Region, 1990–2013. PLOS One, 2017 Available at: http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0169575 (accessed 07.02.19).

UNRWA clinics. There are also 14 mobile teams providing mobile clinic services to communities in Area C. Majority of these mobile teams are NGOs operated.

There are 89 hospitals in total in the occupied Palestinian territory, with 53 in the West Bank and 36 in the Gaza Strip. Bed capacity is approximately 12.8 beds per 10,000 of the population, which is 13.2 per 10,000 in the West Bank and 16.1 per 10,000 in Gaza Strip. According to MoH reports, public hospital facilities account for 43.8% of bed capacity in the West Bank and 78.4% of bed capacity in the Gaza Strip. Comprehensive emergency obstetric care (CemOC) is provided at 5 MoH and 8 NGO hospitals in Gaza, while family planning is provided at all UNRWA 22 clinics, and 16 MoH clinics only.

NGOs account for 39% of bed capacity in the West Bank and 15% in the Gaza Strip, while private institutions provide 15.7% of bed capacity in the West Bank and 1.3% in the Gaza Strip[9].

For further information on the mapping of health resources availability in Gaza, refer to the HeRAMS on www.healthclusteroPt.org.

Further information on the needs and gaps can be found in the 'Humanitarian Needs Overview 2023'.

Barriers to accessing health services represent a serious challenge to ensuring adequate health care provision for Palestinians. Israeli-issued permits are required to reach health consultations in different parts of the occupied Palestinian territory, as well as for referrals to Israel or abroad. In 2022, 33% of patient permit applications from the Gaza Strip were delayed or denied, while in the West Bank 15% of patient permit applications were denied. Most permit applications were for services within the occupied Palestinian territory.

The protracted protection crisis in the occupied Palestinian territory means that health care is frequently exposed to attacks. In 2022, there were 187 (181 in West Bank including East Jerusalem and 6 in the Gaza Strip) health attacks, with 103 injuries of health care workers and affecting 108 health vehicles and 9 health care facilities.

[9] Palestine Health Information Centre, Health Annual Report: Palestine; 2020.

RISK ANALYSIS AND MONITORING

'Risk Analysis and Monitoring' identifies the hazards that could trigger a crisis and ranks them by impact and likelihood. In this plan, the Health Cluster partners have decided to use all-hazard approach.

The risk ranking determines whether thresholds are low, medium, or high. The monitoring provides an early warning of emerging risks, which in turn allows for early action such as tailoring the advanced preparedness action and where possible taking action that could mitigate the impact of the emerging risk. A clear and common understanding of the risks which may trigger a crisis significant enough to require a coordinated humanitarian response is fundamental to the entire emergency preparedness plan including advanced preparedness actions as part of a hazard and risk threshold specific contingency plan.

Analysis informs the planning, while monitoring ensures that the process is responsive to emerging risks. Development of a contingency plan is then undertaken when triggered. Table below indicates the outcome of the agreed Health Cluster description of impact and likelihood description.

Table 1. Description of impact and likelihood

IMPACT	LIKELIHOOD
Negligible (1) Minor additional humanitarian impact. Government capacity is sufficient to deal with the situation.	Very unlikely (1) A remote chance of an event occurring in the current year, from 0-5%. E.g. Seasonal hazards that have happened once or less in the last twenty years.
Minor (2) Minor additional humanitarian impact. Current country level inter-agency resources sufficient to cover needs beyond government capability.	Unlikely (2) The event has a low chance of arising in the current year, from 5 to 15%. E.g. Seasonal hazards that have happened one to three times in the last twenty years.
Moderate (3) Moderate additional humanitarian impact. New resources up to 30% of current operations needed to cover needs beyond government capacity. Regional support not required.	Moderately likely (3) The event has a viable chance of arising in the current year, from 15-30%. E.g. Seasonal hazards that have happened two or three times in the last ten years, or once or twice in the last few years.
Severe (4) Substantive additional humanitarian impact. New resources up to 50% of current operations needed to cover needs beyond government capacity. Regional support required.	Likely (4) the event has a significant chance of arising in the current year, from 30-50%. E.g. Seasonal hazards that happen every second or third year, e.g. two times in the last year.
Critical (5) Massive additional humanitarian impact. New resources over 80% of current operations needed to cover needs beyond government capacity. L3- scale emergency.	Very Likely (5) The event has a positive chance of arising, over 50%. E.g. Seasonal hazards that have happened three or more times in the last five years, or five or more times in the last ten years.
RISK = IMPACT x LIKELIHOOD LOW: 1–7 MEDIUM: 8-14 HIGH: 15-25	

Table 2. Health Cluster Risk Analysis – Gaza

HAZARD	IMPACT	LIKELIHOOD	CALCULATED RISK	RISK RATING
Military escalation	5	5	25	HIGH
Communicable Diseases Outbreak	4	4	16	HIGH
Floods	3	3	9	LOW
Earthquake	5	1	5	LOW

Table 3. Health Cluster Risk Analysis – West Bank

HAZARD	IMPACT	LIKELIHOOD	CALCULATED RISK	RISK RATING
Violence and unrest	5	5	25	HIGH
Communicable Diseases Outbreak	4	3	12	MEDIUM
Increasing restrictions on access and coercive environment	5	5	25	HIGH
Earthquake	5	4	20	HIGH

Military escalation in Gaza: Within this complex emergency, the hazard of 'military escalation' can result from several different hazards, or more often, to a complex combination of both natural and man-made causes and difference causes of vulnerability. For example, the triggering of increased military escalation can result in displaced population and therefore increased risk of an outbreak. When planning the preparedness measures, it is important to consider all these factors and establish risk mitigation measures as part of the emergency preparedness plan. Moreover, in the recent May 2021 escalation of hostilities, it was recorded that access to major Hospitals had been obstructed by roads destroyed from debris and shelling.

Parameters and triggers for a response
Monitor political situation and temperature within the population. Increase in confrontation in West Bank and East Jerusalem especially Al Aqsa usually precedes military escalation, violence, and civil unrest.

Trigger(s) suggested: Unauthorised entrance of settlers to Al Aqsa Mosque esplanade.

Violence and unrest in the West Bank including East Jerusalem:
Continued Israeli settlement expansion, dispossession, and displacement of Palestinians, and use of excessive force in the West Bank mean high risk of exposure to violence and its consequences for health and health care provision. For contingency planning purposes, a combination of the worst-case outcomes will be considered. Below are the areas that may be affected.

- The West Bank experiences mass protests, increased settler violence, demonstrations met with violence by Israeli forces, with high risk of further excessive use of force as observed in 2021 and 2022.
- In East Jerusalem, demonstrations and confrontations with Israeli forces and settlers continue. Approximately 126k Palestinians live adjacent to settler communities or in areas vulnerable to confrontations and attacks.

Area C: In Area C of the West Bank, where approximately 300K Palestinians and some 427K Israeli settlers live, an increase in confrontations with the occupying army and settlers will occur alongside additional restrictions on access as well as a continued comprehensive freeze of any Palestinian activity in the area (e.g. construction agriculture, grazing etc). 90 separate locations in Area C are identified as areas of settlement expansion creating friction and demonstrations, including communities adjacent to settlements and settlement infrastructure, such as roads restricted for use by settlers. In addition to direct attacks against Palestinians, settler violence also takes the form of damage to Palestinian properties. Up to one third of the communities in Area C will be affected at any one time.

Parameters and triggers for a response
Monitor political situation and temperature within the population. Increase in confrontation in West Bank and East Jerusalem. In addition, number of security incidents in the areas affected or nearby, and increase in the number of attacks on health, problems in accessing health services.

Trigger(s) suggested: Sustained IF operations or armed clashes for longer than 24hrs in more than one location. More than 100 injured from live ammunition in a 24hr period. Closures affecting more than one location. More than 100,000 affected by movement restrictions. Unauthorised entrance of settlers to Al Aqsa Mosque esplanade.

Increasing restrictions on access and coercive environment: Further tightening of existing severe restrictions on access could occur across the occupied Palestinian territory. This includes limitations on movement into East Jerusalem from the rest of the West Bank, restrictions on access to and for communities in the Seam Zone, Area C and H2, and the ongoing blockade and closure of the Gaza Strip. The main entry points to major Palestinian towns in the West Bank can be completely shut down by Israeli forces with prevention of exit and entry, as has occurred in the past, while the proportion of permits approved for patients and companions varies substantially each year, particularly for the Gaza Strip. Access for ambulances and health care workers, similarly, may be further restricted relative to policies and approvals in 2021.

In Area C, there already exist severe restrictions on planning and development accompanied by many communities with demolition orders at high risk of displacement. The number and the severity of demolitions and confiscation incidents as well as settler violence is expected to continue and may rise in different areas, particularly with lack of effective measures for accountability or redress. This would result in further degradation of communities' basic services and assets and the forcible transfer of some communities. New regulations are applied and enforced by the Israeli authorities and movement and access will be highly affected in specific areas, particularly in E1, H2, the Jordan Valley and the firing zones.

With the enforcement of new regulations from the Israeli authorities, indicatively 140,000 people are estimated to be potentially affected, an average of 10,000 people will be displaced every month and 100,000 people will lose their livelihood. Public services are expected to be impeded and a growing number of cases requiring legal support due to the implementation of new regulations will be registered. Many people will require assistance in other areas such as MHPSS, in addition to the basic needs and services such as WASH and temporary shelters.

In recent years there is progressively shrinking space for local and international NGOs, due to restrictive counter-terrorism laws, Israeli authorities' procedures, etc. This is relevant considering the important role of NGOs and INGOs as health services providers, among other roles.

Parameters and triggers for a response
Monitor political situation and temperature within the population. Increase in number of confiscations or demolitions, number of security incidents in the areas affected or nearby, number of temporally or permanently displaced people and increase in the number of attacks on health, access to health services and other sectors such as education, WASH, shelter.

Trigger(s) suggested: Policy change/ implementation resulting in multiple mass demolitions &/or evictions in more than one location. More than >5,000 displaced. Alongside increase in settler violence (compared to previous month). As well as protests/ confrontations in more than one location.

Communicable disease outbreak: The COVID-19 pandemic exposed how an outbreak of a communicable disease can take place any time and infect a significant number of people throughout the oPt at a rapid rate.

Post an emergency such as war, the risk of communicable diseases is influenced by pre-existent levels of disease, ecological changes which are the results of the emergency, population displacement, changes in population density, disruption of public utilities, and interruption of basic health services.

According to the communicable disease characteristics, climate, people behaviour and other environmental and social factors, oPt may experience many people infected upon declaration of the first confirmed case. If not properly contained, disease may rapidly spread in an uncontrollable manner, exposing, and impacting people at an exponential rate. In response, lockdown measures will be declared by the authorities depending on the level of the infection, and people will be ordered to apply social distancing and other preventive measures to contain the outbreak as much as possible. Quarantine centres may be established for suspected cases as well as facilities appointed for the treatment of the confirmed cases with clear symptoms. If the infection cannot be contained to certain areas, a state of emergency will be declared at the national level. Various services will be disrupted or heavily affected, with an expected impact especially on vulnerable groups. Israel may apply similar measures – thus also to East Jerusalem – and strongly regulate the movement of people with the rest of the West Bank and Gaza.

Crowding due to population displacement provides the opportunity for an increase in person-to-person transmission of communicable disease, this is particularly the case in Gaza, which is already classified as one of the highly populated areas in the world. Therefore, emergencies may create opportunities for increase in the numbers of disease vectors. Fleas and lice may increase in crowded living conditions, such as designated emergency shelters. The failure of water supplies and sewage systems can also result in increased disease transmission.

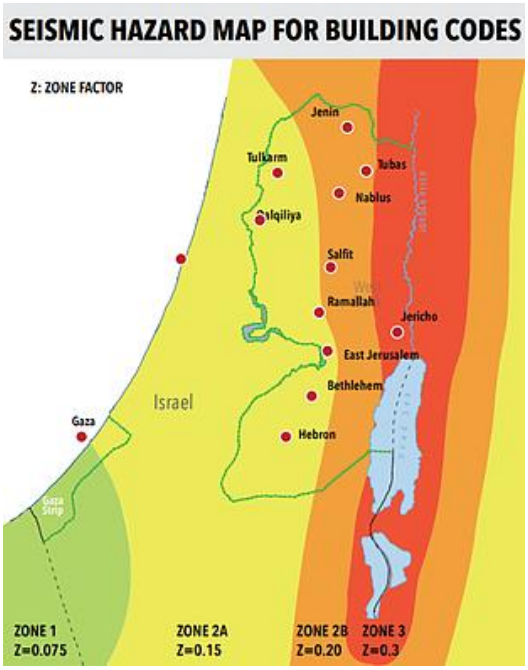
Parameters and triggers for a response

* Threshold for trigger will be determined by the disease guided by WHO

Monitor the number of confirmed cases (mild, moderate, and severe cases), number of people in quarantine or isolation facilities and home-quarantine or home-isolation (if applicable), number of people treated or in need of ICU treatment or specialized treatment, number of children separated due to quarantine measures, due to abandonment or due to loss of both parents/caregivers.

Trigger(s) suggested: Report of outbreak prone disease, declaration of the national state of emergency, lockdown, and other movement restriction measures.

Earthquake:



The earthquake risk is associated with the tectonic plate boundary in the Jordan Valley known as the Dead Sea Transform (DST). As shown in the map above, the whole of West Bank is considered part of Zone 2-3 whilst in Gaza the majority is Zone 1 and the northern part Zone 2. In the event of an earthquake 6 or more on the Richter scale, the most affected would be those on the edge of the Jordan Valley including the cities of Jericho, Tubas, Jenin, Nablus, Salfit, Ramallah, and Jerusalem. The Jordan Valley is an active seismic region. Eight significant earthquakes have happened in the last 1,000 years ranging from 6 to 7 on a magnitude scale. Time intervals for earthquakes ranging from 6 to 7 Richter is from 10 years to 213 years, with the latest one in 1927, measuring 6.3 Richter scale. This level of seismicity calls for a constant high level of mitigation and preparedness. The recent earthquake that struck southern and central Turkey as well as northern and western Syria has prompted oPt together with Jordan and Israel to review earthquake preparedness.

Parameters and triggers for a response
Monitor local and regional seismic reports.

Trigger(s) suggested: Report of potential earthquake, declaration of the national state of emergency, lockdown, and other movement restriction measures.

The oPt is particularly challenging to monitor as the high rated hazard "military escalation/civil unrest" is classified as an "evolving hazard". In other words, it does not emerge from a single, distinct event but rather a manifestation of various political, economic, and social factors (drivers) and it is often unpredictable during times throughout the year. The risk that it poses is irregular over time. The Health Cluster sees this as an opportunity for disaster risk reduction, early response and implement procedures to avoid a catastrophic outcome. Early response should be encouraged: It is better to activate the contingency plan and upon re-evaluation freeze the implementation, than to respond in a delayed manner.

LESSONS LEARNT FROM PREVIOUS EVENTS

The following lessons have been captures from previous emergencies in the Gaza Strip:

Service delivery:

- Most of the primary healthcare centres are closed during conflict periods, hindering treatment for non-communicable diseases patients, pregnant women, children, the elderly, and persons with disability who often rely most on primary healthcare services[10]. However, in May 2021 escalation, the PHCCs resumed activities on day 5 of the 11 days military escalation, and this proved beneficial not only for NCD needs, but for minor physical Trauma patients, as well. [11]
- Hospitals remain open but are unable to cope with the increased influx and are often lacking in proper organization (including crowd control, cleanliness, and hygiene standards). In May 2021 escalation though, the application of Mass Casualty Management principles improved the outcome compared to previous events[12]
- Elective surgeries are put on hold increasing the backlog of patients.
- Importance of having alternative power sources (fuel supply) as access to electricity is normally impacted specifically in Gaza.
- Substantial damage to health care facilities may affect major hospitals and health care centres required for the emergency response.
- Medical supplies across all levels significantly deplete, even basic supplies can be exhausted within the first few days, depending on the severity. Pre-positioning equipment and supplies within the facilities to ensure speed in response.
- Medical attention and resources are diverted to cope with the huge influx of injuries, at the expense of other groups/services i.e. obstetric care, non-communicable diseases etc. For example, during the 2014 military operations, operation theatres in Shifa maternity were dedicated to cope with surgery[13]. NGO and private hospitals in Gaza have addressed the needs for acute, non-conflict, surgical interventions in May 2021 and August 2022.
- Although PHCs might be closed, primary healthcare staff could be better utilized during emergencies. Emergency teams (incl. health professionals, community volunteers, CBR workers, etc) distributed geographically might be helpful to ensure linkage and coordination between the affected population and the health facilities.
- All health facilities should be taking into consideration that in times of need they may be having to operate only with personnel that lives within walking distance from the health facility
- Mobile clinics have a role in emergencies.
- Designated emergency shelters should have basic treatment facilities such as medical/ nursing station with capacity to screen, detect, and refer cases for urgent treatment.
- Designated emergency shelters must be accessible by outreach teams from the closest emergency primary healthcare unit and should be physically, informationally, and geographically accessible for affected population especially for persons with disability and other vulnerable groups.
- Bureaucracy of the large agencies leads to delays in response.
- Health workers after emergencies get burnt out and in need of self-care and MHPSS support.
- People with severe mental health disorders have no access to the specialised services during an emergency and do not receive their psychotropics in time which leads to being more agitation

[10] HeRAMS
[11] WHO https://healthclusteropt.org/admin/file_manager/uploads/files/shares/Documents/60bc871f8dc5e.pdf page 8
[12] WHO https://healthclusteropt.org/admin/file_manager/uploads/files/shares/Documents/60bc871f8dc5e.pdf page 9
[13] WHO

and relapses occur.

- Need for MHPSS support for those in shelters, host communities and the humanitarian workers.
- Persons with disability who rely on carers are often neglected during emergencies.
- Provision of multi-disciplinary rehabilitation (MDR) services are suspended and not prioritized in emergency leaving people in need behind and worsen their functional and psychological situation.

Access and attacks against health care:

- Health workers found it difficult to reach injured persons or operate in a safe space due to the increased frequency of attacks against healthcare staff and facilities[14][15].
- Patient and companion permits to reach essential health care outside the Gaza Strip are suspended[Error! Bookmark not defined.].
- Delays caused by back-to-back transfer of patients at Gaza crossing and checkpoints.
- Governorates and certain localities can be cut-off, hindering access of patients to hospitals, including pregnant women in labour, and increasing the risk of maternal mortality and morbidity due to increased home deliveries, and others in need such as patients suffering from a trauma injury or persons with chronic disability in need for medical care.
- Emergency medical teams / ambulance movements can be restricted due to damage to buildings and infrastructure, as well as attacks on health facilities or roads reaching health facilities.
- Patient injured because of the conflict face additional barriers in obtaining a permit for treatment, especially outside of Gaza.
- International shipments face severe delays from the Israeli authorities, making availability of essential supplies unpredictable and unreliable during times of crisis.
- People with NCD and mental health problems will have difficult access to essential health services

Coordination and information

- Accurate, complete, and timely information is a major obstacle in the emergencies. Pre-hospital and hospital data (especially the emergency departments) have no system of obtaining the information necessary in a timely manner.
- Coordination between partners can be cut off, and distance conference modules (like Teams and Zoom) should be ready to be used, to achieve some level of coordination.
- Partners can be direct and indirect targets during conflict.
- Movement of cluster partner staff within the West Bank, including East Jerusalem and the Gaza strip during incursions, lockdowns, bombardment, escalation of conflicts is restricted.

[14] WHO

[15] WHO https://healthclusteropt.org/admin/file_manager/uploads/files/shares/Documents/60bc871f8dc5e.pdf page 6

PREPAREDNESS ACTIVITIES & CONTINGENCY

It is the responsibility of the Health Cluster to decide which phase should be activated, when it is activated, and when to return to the recovery phase. **It is also of cardinal importance for the local authorities to be providing continuous feedback to the Health Cluster, so that partners are all aware of the current state.**

The different phases include:

- **Phase 1 (preparedness activities)** – This is where ongoing preparedness happens alongside with and the continuous daily work of the Health Cluster. This is in-line with the IASC minimum actions for preparedness. It is not scenario specific.

- **Phase 1a (heightened readiness)**- This is an optional phase, and it is scenario-specific, related to planned major incidents. During this phase, initial coordination with all relevant partners takes place and the overall objective is to ensure business continuity while readiness is enhanced. Immediate action points and steps forward are agreed.

- **Phase 2 (plan activation / response within 72 hours)** –This phase encompasses event-based preparedness and response, such as the preparation for a scheduled event or during a conflict situation with ongoing hostilities, whilst ensuring business continuity and minimum disruption of the chronic emergency needs. Phase 2 is scenario specific.

- **Phase 3 (beyond 72 hours)** – The event has been going on for more than 72 hours and requires a continuous response. The likely impact of routine services is detrimental and even some non-communicable diseases patients are severely impacted. Stocks must be replenished, and plans adjusted. Staffing requirements need to be considered to reduce burn out. Phase 3 is scenario specific. Increased frequency of monitoring for health care functioning, access and attacks on health care is required to support coordination of the humanitarian health response.

- **Phase 4 (recovery)** – The event is declared over. Medicines and consumables need to be replenished, kits and assistive devices need to be re-stocked, damaged equipment should be replaced, partner debriefing should occur, and the Health Cluster should return to phase 1. Phase 4 is not scenario specific. Strong advocacy is required to reinstate access to essential health care, throughout the occupied Palestinian territory and abroad.

PHASE 1 – MULTI-HAZARD PREPAREDNESS ACTIVITIES

Activity	Indicator	Responsible	Area of intervention	Current Capacity
Establish contact with the Director of International Cooperation at the MoH level	Contact with MoH agreed	Health Cluster Coordinators	oPt	
Ensure that most health projects submitted to the HRP have a component of 'preparedness'' and disaster risk reduction.	% projects in HRP with a preparedness component.	Health Cluster Coordinators	oPt	
Map partner's capacity to respond in emergencies including those with capacity to establish mobile clinics or field hospitals including capacity of each field hospital	Up to date 5Ws	Health Cluster Coordination Team	oPt	
Establish a mechanism of improved, timely communication	Public Health Emergency Operational Centre (PHEOC) with the Cluster representative present	PHEOC and WHO	oPt	
Improve readiness and preparedness for 14 Major MoH Hospitals in oPt, through the WHO Mass Casualty Management training, and prepositioned equipment and supplies	Number of MoH hospitals with updated, written, Mass casualty Management plans, and pre-positioned equipment and supplies.	WHO and MoH	oPt	
Improve readiness and preparedness for the two Gaza National Emergency Medical Teams through prepositioning equipment and supplies, establishment of SOPs and performing small level simulations	Public Health Emergency Operational Centre (PHEOC) with the WHO support	PHEOC and WHO	oPt	
Improve preparedness and clinical response capacity for a selection of MoH Hospitals in entire MoH through clinical trauma training	Number of health workers successfully participating in the trainings	Trauma Working Group partners	oPt	
Initiate the Early Warning and Response mechanisms with agreed frequency during acute and chronic situations	Early warning system	Health Cluster Coordination Team	oPt	
Inventory of the prepositioned and in pipeline medicines and supplies, including trauma kits and IAHK (Inter-Agency Health) Kits (MoH, national and international partners). Wound dressing kits and ICP kits.	Up-to-date inventory of stocks	Health Cluster Coordination Team	oPt	
Designate emergency shelters and prepare them accordingly	Designated emergency shelters are identified and appropriately prepared to host people	Local authorities, UNRWA	oPt	
Develop a funding request for the preparedness plan	Preparedness plan (phase 1) has a budget tag shared and uploaded on the Cluster website	oPt Health Cluster Coordinator	oPt	
Undertake coordinated advocacy to strengthen protection of healthcare access of populations during major events	Frequency of advocacy outputs	Health Advocacy Taskforce	oPt	
Implement protection strategy for healthcare and ensure that healthcare staff are trained on protection issues	Protection strategy in place and training conducted at least once per year, in line with WHO Surveillance System for Attacks on Health Care	WHO	oPt	

Ensure effective reporting and monitoring of violations against health care, including restrictions on access and health attacks	Maintain database available to all partners on health care access and attacks on health care, in line with WHO Surveillance System for Attacks on Health Care	WHO	oPt	
Expand number of warehouses for prepositioning in high-risk areas	Potential warehouses identified in each governorate are activated	Cluster partners	oPt	
Agreed long-term agreements (LTA) with suppliers for timely delivery of supplies	LTA established	Cluster partners	oPt	
Identify back-up trauma stabilization point (TSP) location for safety and protection	List of TSP locations and alternative locations per governorate	MoH, WHO, PRCS	oPt	
Preposition TSPs / EMTs / Advance Medical Points (AMPs) across each governorate (including infrastructure)	Each governorate has the capacity to set-up a TSPs/EMTs/AMPs to absorb minor and some moderate cases and stabilise, treat, and refer critical cases to hospitals	Trauma partners	oPt	
Preposition 5 trauma care supplies (1,000 beneficiaries per kit), 5 Trauma Stabilisation Kits (500 beneficiaries per kit), 5 weapon wounded kits (500 beneficiaries per kits) and 5 surgical supply kits (1,500 surgical interventions per kits), 1,000 community first aid kits.	4,000 injured people have access to essential and adequate medical supplies, including medicines and disposables	Trauma partners	oPt	
Preposition medicine and supplies for non-trauma care	4,000 people have access to acute care (non-trauma) through the provision of NCD kits or supplies 500,000 women of reproductive age (WRA) have access to lifesaving SRH (sexual and reproductive health) care through the provision of RH kits 2000 people have access to dignity kits (coordinated with protection cluster)	Cluster partners	oPt	
Preposition assistive devices	6,400 people have access to assistive devices	Rehabilitation partners	oPt	
Preposition Diarrheal Diseases Kits in case of diarrheal disease (e.g. Cholera) outbreak	700 DDK in-country	MoH, WHO, UNICEF	oPt	
Prepositioning of nutrition supplies for children 6-23 months in high-risk areas	500 children 6-23 months have access to nutrition supplies for treatment of various forms of malnutrition	Nutrition partners	Gaza	
Expand Safe Delivery Network, and procure safe delivery kits to ensure women can safely give birth in the case they cannot reach a health facility in an emergency	200 members across all of Gaza included in Safe Delivery Network. In the WB, MoH safe motherhood centres and 16 district emergency SRH teams.	MoH, UNFPA, Cluster partners	oPt	
Preposition emergency reproductive health kits	List of kits and quantities, enough for 500,000 WRA, including 45,000 pregnant women at any time for 3 months	MoH, UNFPA, Cluster partners	oPt	
Preposition 37 medicine items and 35 disposable items	Available 24 hours, 7 days a week. Always kept up to date and constantly replenished if released.	Cluster partners	oPt	

6 IEHK (Inter-agency Emergency Health Kit) to serve 10,000 primary healthcare patients. Each kit includes 65 medicines, 52 disposables and 42 equipment.	Available 24 hours, 7 days a week. Always kept up to date and constantly replenished if released.	Cluster partners	oPt	
300 external fixators	Available 24 hours, 7 days a week. Always kept up to date and constantly replenished if released.	Trauma partners	oPt	
Preposition of psychotropic drugs	Patients in need for medicine as a part of their psychotherapy plan will benefit from medicines as per their need and as available in the GCMHP stocks.	MHPSS partners	oPt	
Ensure that 24-hour MHPSS hotline that can be upscaled during emergencies	Hotline is established and can be activated upon trigger	Sawa, GCMHP, MSF Spain, PRCS, AWDA, MdM France	oPt	
Ensure centralised ambulance dispatch centres in Gaza and Ramallah for primary providers of pre-hospital care are operational	There is a centralised dispatch centre in Gaza able to coordinate the key providers of ambulance care	PRCS	oPt	
Ensure that 24-hour PSEA/AAP hotline that can be upscaled during emergencies	Hotline is established and can be activated upon trigger	MoH, Sawa, WFP, MSF Spain, AWDA, MdM France	oPt	
Conduct mass casualty management training for all pre-hospital and emergency unit hospital staff (simulation and clinical coaching) + surge support staff	500 prehospital staff trained, and 500 emergency unit staff trained on MCM (mass casualty management) + surge staff	Trauma partners	oPt	
Conduct first aid training for community volunteers in vulnerable communities and provide first aid kits	1,000 community volunteers trained and supplied with first aid kits	Trauma partners	oPt	
Training of local authorities in nutrition interventions for children delivery in high-risk areas	100 health staff trained	Nutrition partners	Gaza	
Training of primary health care workers in high-risk areas on IYCF-E	100 health staff trained	Nutrition partners	Gaza	
Training of community volunteers in high-risk areas on IYCF-E counselling	100 community volunteers trained	Nutrition partners	Gaza	
Training in emergency community volunteers in trauma and rehabilitation response including PSS, inclusion, nursing dressing sessions	1,000 community volunteers	Partners	oPt	
Development of counselling cards and information materials on IYCF (breastfeeding and age-specific complementary feeding)	Counselling card and information packs	Nutrition partners	Gaza	
Conduct ToT and further training on MISP (the Minimal Initial Service Package for Reproductive Health)	100 trained	MoH, UNFPA	oPt	
Build the capacity of MHPSS professionals on psychological interventions such as PM+	50 MHPSS professionals trained	MHPSS partners	oPt	
Build the capacity of PHC health workers and emergency department at hospitals on MHPSS	200 health staff trained	MHPSS partners	oPt	
Train healthcare providers in CMR	15 healthcare providers trained in training of trainers for CMR and 50 providers trained by trainers on CMR	GBV Sub-Cluster partners	oPt	

Train healthcare providers in detection and referral of gender-based violence (GBV), with a focus on the referral pathways during an acute emergency – In coordination with GBV sub-cluster	200 healthcare providers are trained in detection and referral of GBV in an acute emergency	GBV-Sub cluster partners	oPt	
Conduct education awareness campaigns so that communities know where to go to access healthcare including rehabilitation services	Vulnerable communities receive key messaging	Cluster partners	oPt	
Train the health workers/ community volunteers o minimum standards on rehabilitation in disasters and conflict	At least 100 trained	HI	oPt	
Development of guidelines and minimum standards for the provision of health services including rehabilitation	Guidelines produced	MoH, HI	oPt	
Provide caring sessions of supervision and stress management to MHPSS and health professionals	50 professionals from different specialities	MHPSS partners	oPt	
Ensure a functioning EMT-CC with fully functioning components (EMT roster, EMT agreed standards etc)	EMT-CC is functional EMT roster is established	MoH, WHO	oPt	
Emergency Psychological First Aid (PFA) satellite teams are functioning and ready to provide PFA services to affected people.	MHPSS assigned locations or responsibility for PFA	MHPSS partners	oPt	

RESPONSE ACTIVITIES

Phase 2-4 is in response to a scenario/ activation of the plan. As mentioned before, the plan can be activated at any point by the Health Cluster, in close coordination with the MoH. If Phase 2 is activated, the ICCG and the HC must be informed, especially as it may trigger the need for a full ICCG response.

Scenario 1: Gaza Military Escalation

Considering the Health Cluster Risk Analysis for Gaza (refer to table 2), military escalation was identified as a high priority scenario. Phase 2 and 3, therefore outlines the response measures to this scenario.

The immediate effects of this scenario may include deaths, injuries, and disease, requiring emergency and trauma care and rehabilitation. However, the impact on the overall system and lifestyle may lead to an increased risk of infectious diseases, such as water-borne or respiratory infections, psychosocial effects, and the disruption of regular health services such as, for instance, provision of basic and/or emergency comprehensive obstetric and neonatal care. Epidemics following a disaster are frequent, and mostly they result from an insidious break-up of community infrastructure, basic health services including vaccination and from overcrowding. Food security emergencies can also lead to undernutrition, requiring supplementary and therapeutic feeding.

Main needs identified

- 15,000 injuries. Over 20% of these will require emergency care at the hospital level.
- Number of inaccessible or damaged hospitals and primary health facilities:
    - Hospitals: Southern governorate (Rafah) is cut off. Governorates can become isolated and cut off from the rest of the Gaza Strip. Worst case scenario all five Governorates will be separated from the adjacent ones.
    - PHC: approximately 38 closed. Leaving only 11 MoH primary healthcare clinics (PHCs) functioning and some UNRWA and NGO PHCs
- Electricity cuts and fuel shortage: 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 + high impact
    - NCD management services: highly likely + high impact
- Poor water quality and spread of water-borne diseases: unlikely + high 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

Main response actions:

- Provision of first aid and primary trauma care at the pre-hospital and hospital level.
- Establish TSPs / EMTs / AMPs at a safe distance.
- Emergency referral services/ambulance.
- Release of pre-positioned medication, equipment, and supplies, to the major Gaza hospitals, based on access, security and needs.
- Establishment of a coordination platform including the MoH PHEOC, PRCS Central Ambulance dispatch centre, and the HC and Trauma Working Group.
- Establishment of coordination with UNRWA in support of the immediate needs for UNRWA refugee centres.
- Provision of Psychological First Aid (PFA) services for populations in the affected areas and especially for at-risk people such as PwD and patients with mental illness and in need for medicines.

- Maintain lifesaving primary health services for the populations in the affected areas, including nutrition care, reproductive and MH services, as well as services for chronic patients.
- MHPSS and care/services in coordination with other clusters and in compliance to IASC standards.
- Procurement of medical supplies, including essential drugs and disposables reagents, in accordance with the MoH protocols and approved lists and in compliance to international standards.
- Information dissemination and advocacy about the availability of services, restrictions on access and attacks against health care.

PHASE 2 RESPONSE ACTIVITIES <72 HOURS				
Activity	**Indicator**	**Responsible**	**Area of intervention**	**Notes**
Conduct emergency Health Cluster coordination meeting: ● Context update ● Activate information exchange and information systems upscaling using the early warning indicators tracking system ● Activation of the Health Cluster contingency plan and update the response plan (Who, will do What and Where)	Health Cluster meeting has been conducted within the timeframe of the phase. Information on health status and resources availability is collected and shared daily. The PARP system is updated by relevant active partners	Gaza Health Cluster Coordination team	Gaza	
Activate the WHO-led Incident Management System (IMS)	IMS is activated and the Incident Manager is named by WHO.	WHO	oPt	
Ensure participation in the PHEOC, inter-cluster coordination meetings; contribution to inter- cluster analysis and planning	Health Cluster Coordinators, Trauma Working Group Coordinator participate in the PHEOC, ICCG	Gaza and oPt Health Cluster Coordinators	oPt	
Activation of the Mass casualty Management plan in the 7 Major Gaza Hospitals and set up of the Step 1 Triage point	Feedback from the PHEOC has been received for the MCM phase of the 7 major Gaza hospitals	PHEOC and WHO	Gaza	
Activate trauma- hospitals and non-trauma hospitals (moving all elective cases to non-trauma hospitals)	The trauma and non-trauma hospitals are named and shared	MoH, WHO	Gaza	
Activation of the Gaza EMT CC and the two Gaza National EMTs and deployment either embedded in hospitals, or as field health facilities	Feedback from the PHEOC has been received	PHEOC and WHO	Gaza	
EMT call based on needs through the global alert system	EMT needs are issued	MoH, WHO, PRCS	Gaza	
Begin the process of deployment of national and international EMTs and emergency community volunteers communicate any barriers to HCT	A schedule and timetable illustrating the type and location of deployed international teams is shared with partners.	MoH, Trauma partners	Gaza	
Prepare and disseminate regular humanitarian health situation report	At least one Health Cluster SitRep is issued within the first 72 hours.	Health Cluster Coordination team	oPt	
Activate GBV emergency referral system	GBV emergency referral system has been activated and shared with Cluster Partners	MoH, GBV Sub-Cluster	Gaza	
Provision of essential primary healthcare for IDPs at the DES' (designated emergency shelter), including maternal and child health and MHPSS and rehabilitation services. Mobile clinics and outreach teams can be utilized.	Number of people with access to essential healthcare services.	MoH, UNRWA and Cluster partners	Gaza	
Provision of sexual and reproductive health, including maternal health services, such as emergency obstetric and SGBV (sexual gender-based violence) care. This should be done through the activation of the MISP	The health facilities providing maternal services are identified, located, and shared.	MoH, UNRWA, UNFPA and partners	Gaza	
Activate the disease outbreak monitoring and response system (e.g. Measles, Cholera and Polio)	Development of operational plan for disease outbreak and response is initiated.	MoH, WHO	Gaza	
Ensure blood safety and availability (for e.g. trauma and obstetrics)	Blood banks are identified	Central Blood Bank Society	Gaza	

Distribute prepositioned medicine and supplies	Release of prepositioned items is shared by partners.	MoH, MAP, Al Awda, WHO	Gaza	
Conduct joint initial rapid health and nutrition assessment for identifying the needs and prioritising the immediate health and nutrition activities	Initial rapid health and nutrition assessment is initiated.	MoH, WHO, UNICEF	Gaza	
Activate communication with community (in coordination with ICCG)	Input from health key informants is collected and analysed.	Gaza Health Cluster Coordinator	Gaza	
Upscale MHPSS hotline	The MHPSS hotline numbers are shared.	GCMHP	Gaza	
Preparation and submission of proposals for CERF and the Flash Appeal.	Proposals for CERF and Flash Appeals are prepared.	oPt Health Cluster Coordinator	oPt	
Upscale monitoring of health attacks and access restrictions	The health attacks are identified and shared daily.	WHO	oPt	
Ensure that protection issues, access concerns, or other human rights violations are being adequately recorded and communicated	Protection issues are included in the SitRep and shared.	WHO	oPt	

PHASE 3: RESPONSE ACTIVITIES BEYOND 72 HOURS				
Activity	**Indicator**	**Responsible**	**Area of intervention**	**Notes**
Update and maintain the early warning alert system, 5Ws, and information system	PARP system is updated	Gaza Health Cluster IMO Cluster partners	Gaza	
Conduct an evaluation of the MIRA results, disseminate and update programming as necessary	MIRA results are disseminated to partners	oPt Health Cluster Coordinator	oPt	
Conduct Health Cluster meetings	Health Cluster meetings are conducted as necessary.	Gaza Health Cluster Coordinator	Gaza	
Convening of working groups, as needed	Working groups are functioning	Working Group Chairs	oPt	
Continuing participation in PHEOC, inter-cluster coordination meetings; contribution to inter- cluster analysis and planning and effective integration of cross-cutting issues	Active participation in the PHEOC, ICCG activities is well demonstrated.	Gaza and oPt Health Cluster Coordinators	oPt	
Continuing receiving feedback on the MCM implementation of the 7 Major Gaza MoH Hospitals	Number of patients passed from the Step 1 Triage point of the 7 Hospitals	PHEOC and WHO	oPt	
Continuous support to trauma care and early rehabilitation (including referral to prosthesis support service and assistive devices, wound dressing kits)	Number of injured receiving trauma and rehabilitation care	WHO, HI	Gaza	
Al Darj Clinic, Old Nuseirat Clinic, Tal Al Sultan clinic become operational and address mild and moderate Trauma needs	Number of patients seen in the three clinics	PHEOC and WHO	Gaza	
Support the creation of referral pathways or strengthen the existing ones to ensure access of affected population to health and other services	Improved access of affected population to other services based on their needs	Working groups	Gaza	
Continue to support the DES- take stock of impact and effectiveness and revise approach accordingly	Health needs of the people at DES are identified and shared for response.	MoH, UNRWA and Cluster partners	Gaza	

Continue deployment of international EMTs for emergency and acute care	Needs for International EMTs are identified and shared.	MoH, WHO	Gaza	
EMTCC coordinates the deployment of the two Gaza National EMTs and updates on the needs for international EMTs	Number of patients seen in the two Gaza National EMTs	MoH PHEOC and WHO	Gaza	
Release primary healthcare supplies and non-communicable disease kits to ensure uninterrupted health access	primary healthcare supplies and non-communicable disease kits are released.	MoH, Cluster partners	Gaza	
Maintain the upscaled MHPSS hotline	MHPSS hotlines are maintained.	GCMHP	Gaza	
Provide PFA services to affected people in addition to PFA kits.	Emergency satellite teams are mobilized.	MHPSS partners	Gaza	
Ensure continued operation of the MISP, including access to maternal health care, family planning services, and CMR. Continued operation of the Safe Delivery Network, if deemed necessary	Access to MISP and maternal services are ensured and maintained.	MoH, UNFPA, PRCS	Gaza	
Child and maternal care activities to maintain a minimum service based on the needs identified	Child and maternal care activities are maintained	MoH. UNICEF, UNFPA	Gaza	
Activate restocking of any supplies released and consider increasing stocks	Restocking of supplies is identified and located.	MoH, WHO, MAP, Al Awda, PRCS	Gaza	
Consider surge staff needs and act accordingly	Surge staff needs are identified and shared.	Cluster partners	Gaza	
Sustain reporting on access restrictions and attacks against health care, with continued advocacy to improve protection of health care, including patients, companions, health care staff, ambulances, and health facilities.	Report on access and attacks on health care	WHO	oPt	

PHASE 4: RECOVERY				
Activity	**Indicator**	**Responsible**	**Area of intervention**	**Notes**
Continuation of regular Health Cluster meetings	Meetings are conducted as needed	Gaza Health Cluster Coordinator	Gaza	
Information exchange and coordination of response	Information exchange is facilitated.	Gaza Health Cluster IMO	Gaza	
Deactivation of the 7 Major Gaza Hospitals MCM plan and stock-taking of equipment and supplies	Total number of patients passing from the Step 1 Triage point and needs in equipment and supplies to be replenished	PHEOC and WHO	Gaza	
Update 5Ws database	PARP database is updated	Gaza Health Cluster IMO	Gaza	
Continue the deployment of EMTs for specialised services and non-acute care	The need for specialized EMTs is identified and shared.	MoH, WHO	Gaza	
Deactivation of the two Gaza National EMTs and stock-taking of equipment and supplies	Number of patients seen in the two Gaza National EMTs and needs in equipment and supplies to be replenished	PHEOC and WHO	Gaza	
Release of surge staff and return to normal staffing levels	Non-needed surge staff are released.	Cluster partners	Gaza	

Compilation of lessons learnt and update contingency plan	Lessons learnt are agreed upon and shared. Contingency plan is updated	SAG	oPt	
Organization of in-depth assessment to identify health impact of the emergency and needs	In-depth health assessment report is shared with partners.	SAG	Gaza	
Restock all supplies and return to “Phase 1 Advanced Preparedness Actions” Support MoH partners to replenish the depleted medication, supplies and consumables, and apply	Information on restocking of supplies is shared.	Cluster partners	Gaza	
Sustain reporting on access restrictions and attacks against health care, with continued advocacy to improve protection of health care, including patients, companions, health care staff, ambulances, and health facilities.	Report on access and attacks on health care	WHO	oPt	
Construction of destructed accessible health facilities and procurement of equipment and vehicles	Damaged health facilities rehabilitated	Cluster partners	Gaza	

Scenario 2: Violence and Unrest in the West Bank

Main needs identified:

- Israeli forces operations and settler violence at various hotspots across West Bank and East Jerusalem resulting in 1,000 injuries/ week.
- Use of live ammunition
- 300,000 people in need of healthcare services
- Limited access to lifesaving primary health care, emergency care and ambulance services.
- Referrals of Palestinians to health services in East Jerusalem.
- Stockpiles and procurement of medical supplies.

Main response actions:

- Maintain lifesaving primary health services for the populations in the affected areas, including nutrition care, reproductive and MHPSS services, as well as services for chronic patients (MoH, UNRWA or mobile clinics by NGO).
- Provision of first aid and primary trauma care at the community, pre-hospital, and hospital level.
- Establish AMPs at safe distance from the confrontation spots. Make known the position of these facilities to all actors involved and reassure that ICRC communicates their position with the Israeli authorities
- Emergency referral services/ambulance including mapping of emergency stations and services.
- MHPSS and care/services in coordination with other clusters and in compliance to the Inter-Agency Standing Committee (IASC) standards.
- Release of prepositioned/ procurement of medical supplies, including essential drugs and disposables reagents, in accordance with the MoH protocols and approved lists and in compliance to international standards
- Information dissemination and advocacy about the availability of services, restrictions on access and attacks against health care.

PHASE 2 RESPONSE ACTIVITIES <72 HOURS				
Activity	**Indicator**	**Responsible**	**Area of intervention**	**Notes**
Conduct emergency Health Cluster coordination meeting: ● Context update ● Activate information exchange and information systems upscaling ● Activation of the Health Cluster contingency plan and update the response plan (Who, will do What and Where)	Health Cluster meeting has been conducted within the timeframe of the phase. Information on health status and resources availability is collected and shared daily. The PARP system is updated by relevant active partners	West Bank Health Cluster Coordination team	West Bank	
Activate the WHO-led Incident Management System (IMS)	IMS is activated and the Incident Manager is named by WHO.	WHO	oPt	
Ensure participation in the PHEOC, inter-cluster coordination meetings; contribution to inter- cluster analysis and planning	Health Cluster Coordinator and Trauma Working Group Coordinator participate in the PHEOC, ICCG	oPt Health Cluster Coordinator	oPt	
Activate the Mass Casualty Management plan in the 7 Major West Bank Hospitals and set up of the Step 1 Triage point	Feedback from the MoH Directorate of Emergencies has been received for the MCM phase of the 7 major WB hospitals	PHEOC and WHO	West Bank	
Move all elective cases to non-trauma hospitals)	The non-trauma hospitals are named and shared	MoH, WHO	West Bank	
Prepare and disseminate regular humanitarian health situation report	At least one Health Cluster SitRep is issued within the first 72 hours.	Health Cluster Coordination team	oPt	
Activate GBV emergency referral system	GBV emergency referral system has been activated and shared with Cluster Partners	MoH, GBV Sub-Cluster	West Bank	
Provision of essential healthcare services. Mobile clinics and outreach teams can be utilized.	Number of people with access to essential healthcare services	MoH, Cluster partners	West Bank	
Provision of sexual and reproductive health, including maternal health services, such as emergency obstetric and SGBV (sexual gender-based violence) care. This should be done through the activation of the MISP	The health facilities providing maternal services are identified, located, and shared.	MoH, Cluster partners	West Bank	
Ensure blood safety and availability (for e.g. trauma and obstetrics)	Blood banks are identified	MoH	West Bank	
Distribute prepositioned medicine and supplies	Release of prepositioned items is shared by partners.	MoH, WHO, MAP, UNICEF	West Bank	
Activate communication with community (in coordination with ICCG)	Input from health key informants is collected and analysed.	oPt Health Cluster Coordinator	West Bank	
Upscale MHPSS hotline	The MHPSS hotline numbers are shared.	MHPSS partners	West Bank	
Preparation and submission of proposals for CERF and the Flash Appeal.	Proposals for CERF and Flash Appeals are prepared.	oPt Health Cluster Coordinator	oPt	
Upscale monitoring of health attacks and access restrictions	The health attacks are identified and shared daily.	WHO	oPt	
Ensure that protection issues, access concerns, or other human rights violations are being adequately recorded and communicated	Protection issues are included in the SitRep and shared.	WHO	oPt	

PHASE 3: RESPONSE ACTIVITIES BEYOND 72 HOURS				
Activity	Indicator	Responsible	Area of intervention	Notes
Update and maintain PARP information system	PARP system is updated	West Bank IMO Cluster partners	West Bank	
Conduct an evaluation of the MIRA results, disseminate and update programming as necessary	MIRA results are disseminated to partners	oPt Health Cluster Coordinator	West Bank	
Conduct Health Cluster meetings	Health Cluster meetings are conducted as necessary.	West Bank Health Cluster Coordination team	West Bank	
Convening of working groups, as needed	Working groups meet	Working Groups Chairs	West Bank	
Continuing participation in PHEOC, inter-cluster coordination meetings; contribution to inter- cluster analysis and planning and effective integration of cross-cutting issues.	Active participation in the PHEOC, ICCG activities is well demonstrated.	oPt Health Cluster Coordinator	oPt	
Continuing receiving feedback on the MCM implementation of the 7 Major West Bank MoH Hospitals	Number of patients passed from the Step 1 Triage point of the 7 major West Bank Hospitals	PHEOC and WHO	West Bank	
Continuous support to trauma care and early rehabilitation (including referral to prosthesis support service and assistive devices, wound dressing kits)	Number of injured receiving trauma and rehabilitation care	WHO, HI	West Bank	
Support the creation of referral pathways or strengthen the existing ones to ensure access of affected population to health and other services	Improved access of affected population to other services based on their needs	Working groups	West Bank	
Deployment of EMTs for emergency and acute care	Needs for EMTs are identified and shared.	MoH, Trauma partners	West Bank	
Release primary healthcare supplies and non-communicable disease kits to ensure uninterrupted health access	Primary healthcare supplies and non-communicable disease kits are released.	MoH, Cluster partners	West Bank	
Maintain the upscaled MHPSS hotline	MHPSS hotlines are maintained.	MHPSS partners	West Bank	
Provide PFA services to affected people in addition to PFA kits.	Emergency satellite teams are mobilized.	MHPSS partners	West Bank	
Ensure continued operation of the MISP, including access to maternal health care, family planning services, and CMR. Continued operation of the Safe Delivery Network, if deemed necessary	Access to MISP and maternal services are ensured and maintained.	MoH, UNFPA	West Bank	
Activate restocking of any supplies released and consider increasing stocks	Restocking of supplies is identified and located.	MoH, WHO, MAP, UNICEF	West Bank	
Sustain reporting on access restrictions and attacks against health care, with continued advocacy to improve protection of health care, including patients, companions, health care staff, ambulances, and health facilities.	Report on access and attacks on health care	WHO	oPt	

PHASE 4: RECOVERY				
Activity	Indicator	Responsible	Area of intervention	Notes
Continuation of regular Health Cluster meetings	Meetings are conducted as needed	oPt Health Cluster Coordinator	West Bank	
Deactivation of the 7 Major WB Hospitals MCM plan and stock-taking of equipment and supplies	Total number of patients passing from the Step 1 Triage point and needs in equipment and supplies to be replenished	PHEOC and WHO	West Bank	
Information exchange and coordination of response	Information exchange is facilitated.	West Bank Health Cluster IMO	West Bank	
Update 5Ws database	PARP database is updated	West Bank Health Cluster IMO	West Bank	
Continue the deployment of EMTs for specialised services and non-acute care	The need for specialized EMTs is identified and shared.	MoH, WHO	West bank	
Release of surge staff and return to normal staffing levels	Non-needed surge staff are released.	Cluster partners	West Bank	
Compilation of lessons learnt and update contingency plan	Lessons learnt are agreed upon and shared. Contingency plan is updated	SAG	oPt	
Organization of in-depth assessment to identify health impact of the emergency and needs	In-depth health assessment report is shared with partners.	SAG	West Bank	
Restock all supplies and return to “Phase 1 Advanced Preparedness Actions” Support MoH partners to replenish the depleted medication, supplies and consumables, and apply	Information on restocking of supplies is shared.	Cluster partners	West Bank	
Sustain reporting on access restrictions and attacks against health care, with continued advocacy to improve protection of health care, including patients, companions, health care staff, ambulances, and health facilities.	Report on access and attacks on health care	WHO	oPt	

Scenario 3: Increasing restrictions on access and coercive environment in the West Bank

Main needs identified:

- 300,000 people in need of healthcare services
- Limited access to essential healthcare services.
- Guarantee the movement of ambulances and health workers.
- Safe and protected environment for both patients and medical staff.
- Supply chain, maintenance and operating capacity ensured.

Main response actions:

- Maintain healthcare services, including nutrition care, sexual, reproductive, and mental health services, trauma and emergency care and services for chronic patients (MoH, UNRWA or mobile clinics by NGO).
- Information dissemination and advocacy about the availability of services, restrictions on access and attacks against health care.
- Trauma care at the community level, including first aid.
- Establish trauma stabilization points at safe distance from the confrontation spot.
- Strengthen the emergency department at major hospitals to enable the management of mass casualties.
- Procurement of medical supplies including drugs, and disposables reagents in accordance with the MoH protocols and approved lists as well as in compliance with the international standards.
- Dedicated information circulation and culturally sensitive MHPSS.

PHASE 2 RESPONSE ACTIVITIES <72 HOURS				
Activity	**Indicator**	**Responsible**	**Area of intervention**	**Notes**
Conduct emergency Health Cluster coordination meeting: ● Context update ● Activate information exchange and information systems upscaling ● Activation of the Health Cluster contingency plan and update the response plan (Who, will do What and Where)	Health Cluster meeting has been conducted within the timeframe of the phase. Information on health status and resources availability is collected and shared daily. The PARP system is updated by relevant active partners	West Bank Health Cluster Coordination team	West Bank	
Ensure participation in the inter-cluster coordination meetings; contribution to inter- cluster analysis and planning	Health Cluster Coordinator participate in the ICCG	oPt Health Cluster Coordinator	oPt	
Prepare and disseminate regular humanitarian health situation report	At least one Health Cluster SitRep is issued within the first 72 hours.	Health Cluster Coordination team	oPt	
Activate GBV emergency referral system	GBV emergency referral system has been activated and shared with Cluster Partners	MoH, GBV Sub-Cluster	West Bank	
Provision of essential healthcare services. Mobile clinics and outreach teams can be utilized.	Number of people with access to essential healthcare services	MoH, Cluster partners	West Bank	
Ensure blood safety and availability (for e.g. trauma and obstetrics)	Blood banks are identified	MoH	West Bank	
Distribute prepositioned medicine and supplies	Release of prepositioned items is shared by partners.	MoH, WHO, MAP	West Bank	
Activate communication with community (in coordination with ICCG)	Input from health key informants is collected and analysed.	oPt Health Cluster Coordinator	West Bank	
Upscale MHPSS hotline	The MHPSS hotline numbers are shared.	MHPSS partners	West Bank	
Preparation and submission of proposals for CERF and the Flash Appeal.	Proposals for CERF and Flash Appeals are prepared.	oPt Health Cluster Coordinator	oPt	
Upscale monitoring of health attacks and access restrictions	The health attacks are identified and shared daily.	WHO	oPt	
Ensure that protection issues, access concerns, or other human rights violations are being adequately recorded and communicated	Protection issues are included in the SitRep and shared.	WHO	oPt	

PHASE 3: RESPONSE ACTIVITIES BEYOND 72 HOURS				
Activity	**Indicator**	**Responsible**	**Area of intervention**	**Notes**
Update and maintain PARP information system	PARP system is updated	West Bank IMO Cluster partners	West Bank	
Conduct an evaluation of the MIRA results, disseminate and update programming as necessary	MIRA results are disseminated to partners	oPt Health Cluster Coordinator	West Bank	
Conduct Health Cluster meetings	Health Cluster meetings are conducted as necessary.	West Bank Health Cluster Coordination team	West Bank	
Convening of working groups, as needed	Working groups meet	Working Groups Chairs	West Bank	

Continuing participation in inter-cluster coordination meetings; contribution to inter- cluster analysis and planning and effective integration of cross-cutting issues.	Active participation in ICCG activities is well demonstrated.	oPt Health Cluster Coordinator	oPt	
Continuous support to trauma care and early rehabilitation (including referral to prosthesis support care, nursing dressing care and assistive devices)	Number of injured receiving trauma and rehabilitation care	WHO, HI	West Bank	
Support the creation of referral pathways or strengthen the existing ones to ensure access of affected population to health and other services	Improved access of affected population to other services based on their needs	Working groups	West Bank	
Maintain the upscaled MHPSS hotline	MHPSS hotlines are maintained.	MHPSS partners	West Bank	
Provide PFA services to affected people in addition to PFA kits.	Emergency satellite teams are mobilized.	MHPSS partners	West Bank	
Ensure continued operation of the MISP, including access to maternal health care, family planning services, and CMR. Continued operation of the Safe Delivery Network, if needed	Access to MISP and maternal services are ensured and maintained.	MoH, UNFPA	West Bank	
Activate restocking of any supplies released and consider increasing stocks	Restocking of supplies is identified and located.	MoH, WHO, MAP	West Bank	
Sustain reporting on access restrictions and attacks against health care, with continued advocacy to improve protection of health care, including patients, companions, health care staff, ambulances, and health facilities.	Report on access and attacks on health care	WHO	oPt	

PHASE 4: RECOVERY				
Activity	**Indicator**	**Responsible**	**Area of intervention**	**Notes**
Continuation of regular Health Cluster meetings	Meetings are conducted as needed	oPt Health Cluster Coordinator	West Bank	
Information exchange and coordination of response	Information exchange is facilitated.	West Bank Health Cluster IMO	West Bank	
Update 5Ws database	PARP database is updated	West Bank Health Cluster IMO	West Bank	
Release of surge staff and return to normal staffing levels	Non-needed surge staff are released.	Cluster partners	West Bank	
Compilation of lessons learnt and update contingency plan	Lessons learnt are agreed upon and shared. Contingency plan is updated	SAG	oPt	
Organization of in-depth assessment to identify health impact of the emergency and needs	In-depth health assessment report is shared with partners.	SAG	West Bank	
Restock all supplies and return to “Phase 1 Advanced Preparedness Actions” Support MoH partners to replenish the depleted medication, supplies and consumables, and apply	Information on restocking of supplies is shared.	Cluster partners	West Bank	
Sustain reporting on access restrictions and attacks against health care, with continued advocacy to improve protection of health care, including patients, companions, health care staff, ambulances, and health facilities.	Report on access and attacks on health care	WHO	oPt	

Scenario 4: Communicable Disease Outbreak

Main needs identified:

- Large number of people to test, quarantine and treat while keeping other services running.
- Early detection (surveillance, contact tracing), large need for supply.
- The need of PPEs, test kits and swabs.
- If vaccination is available, large number of people will need to be vaccinated through campaigns.

Main response actions

- Stopping further transmission of the disease across the oPt and reducing the demand for hospital critical care services and to avoid any overload of hospital care capacity.
- Providing adequate care for patients affected by the disease and to support their families and close contacts.
- Minimizing the impact of the epidemic on the functional capability of the health system.
- Establishment of the coordination centre and early detection of cases and surveillance.
- Scale-up of IPC protocols, use of stockpile and dedicated procurement.
- Activate RCCE and dedicated communication and information sharing system.
- MHPSS and care/services in coordination with other clusters and in compliance to the Inter-Agency Standing Committee (IASC) standards.

PHASE 2 RESPONSE ACTIVITIES <72 HOURS				
Activity	**Indicator**	**Responsible**	**Area of intervention**	**Notes**
Conduct emergency Health Cluster coordination meeting: ● Context update ● Activate information exchange and information systems upscaling ● Activation of the Health Cluster contingency plan and update the response plan (Who, will do What and Where)	Health Cluster meeting has been conducted within the timeframe of the phase. Information on health status and resources availability is collected and shared daily. The PARP system is updated by relevant active partners	Health Cluster Coordination team	oPt	
Ensure participation in the PHEOC, inter-cluster coordination meetings; contribution to inter- cluster analysis and planning	Health Cluster Coordinator participate in the PHEOC, ICCG	Gaza and oPt Health Cluster Coordinators	oPt	
Activate the diseases outbreak response system and treatment	Development of operational plan for disease outbreak and response.	MoH, WHO, other Cluster partners	oPt	
Identify treatment and non-treatment centres	Treatment and non-treatment centres are named and shared	MoH	oPt	
Provide PPE for health workers	Number of PPE supplies procured and distributed	MoH, Cluster partners	oPt	
Prepare and disseminate regular outbreak situation report	At least one Health Cluster SitRep is issued within the first 72 hours.	Health Cluster Coordination team	oPt	
Deploy response teams and outreach teams to the areas with highest number of cases/ fatalities	Number of rapid response teams and outreach teams deployed	MoH, Cluster partners	Affected areas	
Provision of essential healthcare services. Mobile clinics and outreach teams can be utilized.	Number of people with access to essential healthcare services	MoH, Cluster partners	oPt	
Distribute prepositioned medicine and supplies	Release of prepositioned items is shared by partners.	MoH, Cluster partners	oPt	
Activate risk communication and community engagement (RCCE)	Input from health key informants is collected and analysed.	RCCE Taskforce	oPt	
Development and distribution of key messages and activities	Number of RCCE activities	RCCE Taskforce	oPt	
Upscale MHPSS hotline	The MHPSS hotline numbers are shared.	MHPSS partners	oPt	
Preparation and submission of proposals for CERF and the Flash Appeal.	Proposals for CERF and Flash Appeals are prepared.	oPt Health Cluster Coordinator	oPt	
Ensure that protection issues, access concerns, or other human rights violations are being adequately recorded and communicated	Protection issues are included in the SitRep and shared.	WHO	oPt	

PHASE 3: RESPONSE ACTIVITIES BEYOND 72 HOURS				
Activity	**Indicator**	**Responsible**	**Area of intervention**	**Notes**
Update and maintain PARP information system	PARP system is updated	oPt Health Cluster Coordination team	oPt	
Continuous monitoring of the outbreak response, disseminate and update programming as necessary	Outbreak response monitoring report	oPt Health Cluster Coordination team	oPt	

Conduct Health Cluster meetings	Health Cluster meetings are conducted as necessary.	oPt Health Cluster Coordination team	oPt	
Continuing participation in the PHEOC, inter-cluster coordination meetings; contribution to inter- cluster analysis and planning and effective integration of cross-cutting issues.	Active participation in ICCG activities is well demonstrated.	Gaza and oPt Health Cluster Coordinator	oPt	
Support the creation of referral pathways or strengthen the existing ones to ensure access	Improved access of affected population to services	MoH, WHO	oPt	
Maintain provision of essential healthcare services. Mobile clinics and outreach teams can be utilized.	Number of people with access to essential healthcare services	MoH, Cluster partners	oPt	
Maintain the upscaled MHPSS hotline	MHPSS hotlines are maintained.	MHPSS partners	oPt	
Provide PFA services to affected people in addition to PFA kits.	Emergency satellite teams are mobilized.	MHPSS partners	oPt	
Activate restocking of any supplies released and consider increasing stocks	Restocking of supplies is identified and located.	MoH, WHO	oPt	

PHASE 4: RECOVERY				
Activity	**Indicator**	**Responsible**	**Area of intervention**	**Notes**
Continuation of regular Health Cluster meetings	Meetings are conducted as needed	Gaza and oPt Health Cluster Coordinator	oPt	
Outbreak response information exchange	Outbreak response report.	Health Cluster IMOs	oPt	
Update 5Ws database	PARP database is updated	Health Cluster IMOs	oPt	
Release of surge staff and return to normal staffing levels	Non-needed surge staff are released.	MoH, Cluster partners	oPt	
Compilation of lessons learnt and update contingency plan	Lessons learnt are agreed upon and shared. Contingency plan is updated	SAG	oPt	
Organization of in-depth assessment to identify health impact of the emergency and needs	In-depth health assessment report is shared with partners.	SAG	oPt	
Restock all supplies and return to “Phase 1 Advanced Preparedness Actions” Support MoH partners to replenish the depleted medication, supplies and consumables, and apply	Information on restocking of supplies is shared.	Cluster partners	oPt	

Scenario 5: Earthquake

Main needs identified:

- An earthquake of 6 to 6.5 on Richter scale may result in approximately 1,000 fatalities, 10,000 casualties and 100,000 displaced whilst an earthquake with a magnitude of more than 7.5 Richter scale will affect neighbouring countries, hindering their capacity to help. Casualties could reach hundreds of thousands.
- Some sources estimate that 6% of all buildings in the main cities of the West Bank will totally collapse at that magnitude. Hundreds of people could be trapped in collapsed buildings in need of being rescued.
- Damages to health facilities disrupting access essential healthcare services.
- Tens of thousands of homeless and displaced people seeking refuge.
- Children will be separated from their families and/or protective environment.
- Deterioration in mental and psychosocial wellbeing, including among children, women, persons with disabilities and the elderly will be evident.
- Damage to infrastructure, transportation, communication, and supply chain networks. This may also prevent healthcare workers from accessing health facilities.
- Damage to water and sewage networks leading to concerns over the spread of communicable diseases.
- Potential for environmental contamination by chemical/ radiological agents if in the case of an industrial infrastructure destruction.

Main response actions

- Emergency trauma care for people with injuries caused by building collapse
    - Initial triage, resuscitation, stabilization and referral.
    - Primary trauma care which includes wound, burn and fracture management (including tetanus vaccination), anaesthesia and life support, and immediate and damage-control surgery.
    - Complex trauma care which includes capacity for intensive care, complex reconstructive wound, burn and orthopaedic care, and advanced anaesthesia.
- Debris clearance plus search and rescue: it is worth noting that most survivors are rescued by family, friends, and neighbours rather than by organized teams whose access is often impeded by damage to transport infrastructure.
- Establish field hospitals or stabilization points
- Emergency health services to provide life-saving services for emergency obstetric and neonatal care, emergency child care, and general emergency medical care.
- Re-establishing primary healthcare services for the populations in the affected areas, including common illness care, chronic care, reproductive and mental health services through stationary (where health and crucial roads infrastructure is preserved) or mobile/temporary clinics.
- Public health risk communication on avoiding hazards, health promotion messages and handling of dead bodies
- MHPSS and care integrated within or closely coordinated with PHC services, emergency response
- Regular monitoring of potential outbreaks of diseases through physical examination and lab tests and monitor the risk of water pollution

PHASE 2 RESPONSE ACTIVITIES <72 HOURS				
Activity	**Indicator**	**Responsible**	**Area of intervention**	**Notes**
Conduct emergency Health Cluster coordination meeting: ● Context update ● Activate information exchange and information systems upscaling using the early warning indicators tracking system ● Activation of the Health Cluster contingency plan and update the response plan (Who, will do What and Where)	Health Cluster meeting has been conducted within the timeframe of the phase. Information on health status and resources availability is collected and shared daily. The PARP system is updated by relevant active partners	Health Cluster Coordination team	oPt	
Activate the WHO-led Incident Management System (IMS)	IMS is activated and the Incident Manager is named by WHO.	WHO	oPt	
Ensure participation in the PHEOC, inter-cluster coordination meetings; contribution to inter- cluster analysis and planning	Health Cluster Coordinators participate in the PHEOC, ICCG	Gaza and oPt Health Cluster Coordinators	oPt	
Support search and rescue operations of the PCD and communities	Number of people rescued	Cluster partners	oPt	
Activate trauma- hospitals and non-trauma hospitals (moving all elective cases to non-trauma hospitals)	The trauma and non-trauma hospitals are named and shared	MoH, WHO	oPt	
Activation of the Mass casualty Management plan in the relevant referral major oPt Hospitals and set up of the Step 1 Triage point	Feedback from the MoH Directorate of Emergencies has been received for the MCM phase of the relevant major oPt hospitals	PHEOC and WHO	oPt	
EMT call based on needs through the global alert system	EMT needs are issued	MoH, WHO, PRCS	oPt	
Begin the process of deployment of advance medical points, national and international EMTs and emergency community volunteers communicate any barriers to HCT	A schedule and timetable illustrating the type and location of deployed international teams is shared with partners.	MoH, Trauma partners	oPt	
Dead bodies management	Number of dead bodies recovered and buried	MoH, local authorities	oPt	
Prepare and disseminate regular humanitarian health situation report	At least one Health Cluster SitRep is issued within the first 72 hours.	Health Cluster Coordination team	oPt	
Activate GBV emergency referral system	GBV emergency referral system has been activated and shared with Cluster Partners	MoH, GBV Sub-Cluster	oPt	
Provision of essential primary healthcare for IDPs at the DES (designated emergency shelter), including maternal and child health and MHPSS and rehabilitation services. Mobile clinics and outreach teams can be utilized.	Number of people with access to essential healthcare services.	MoH, Cluster partners	oPt	
Provision of sexual and reproductive health, including maternal health services, such as emergency obstetric and SGBV (sexual gender-based violence) care. This should be done through the activation of the MISP	The health facilities providing maternal services are identified, located, and shared.	MoH, Cluster partners	oPt	

Activate the disease outbreak monitoring and response system (e.g. Measles, Cholera and Polio)	Development of operational plan for disease outbreak and response is initiated.	MoH, WHO	oPt	
Ensure blood safety and availability (for e.g. trauma and obstetrics)	Blood banks are identified	MoH	oPt	
Distribute prepositioned medicine and supplies	Release of prepositioned items is shared by partners.	Cluster partners	oPt	
Activate communication with community (in coordination with ICCG)	Input from health key informants is collected and analysed.	RCCE Taskforce	oPt	
Upscale MHPSS hotline	The MHPSS hotline numbers are shared.	MHPSS partners	oPt	
Preparation and submission of proposals for CERF and the Flash Appeal.	Proposals for CERF and Flash Appeals are prepared.	oPt Health Cluster Coordinator	oPt	
Upscale monitoring of health attacks and access restrictions	The health attacks are identified and shared daily.	WHO	oPt	
Ensure that protection issues, access concerns, or other human rights violations are being adequately recorded and communicated	Protection issues are included in the SitRep and shared.	WHO	oPt	

PHASE 3: RESPONSE ACTIVITIES BEYOND 72 HOURS				
Activity	Indicator	Responsible	Area of intervention	Notes
Update and maintain the early warning alert system, 5Ws, and information system	PARP system is updated	Health Cluster IMOs Cluster partners	oPt	
Conduct an evaluation of the MIRA results, disseminate and update programming as necessary	MIRA results are disseminated to partners	oPt Health Cluster Coordinator	oPt	
Conduct Health Cluster meetings	Health Cluster meetings are conducted as necessary.	Health Cluster Coordinators	oPt	
Convening of working groups, as needed	Working groups are functioning	Working Group Chairs	oPt	
Continuing participation in PHEOC, inter-cluster coordination meetings; contribution to inter- cluster analysis and planning and effective integration of cross-cutting issues	Active participation in the PHEOC, ICCG activities is well demonstrated.	Gaza and oPt Health Cluster Coordinators	oPt	
Continuing receiving feedback on the MCM implementation of the relevant Major oPt MoH Hospitals	Number of patients passed from the Step 1 Triage point of the relevant Hospitals	PHEOC and WHO	oPt	
Continuous support to trauma care and early rehabilitation (including referral to prosthesis support care, wound dressing kits and assistive devices)	Number of injured receiving trauma and rehabilitation care	WHO, HI	oPt	
Support the creation of referral pathways or strengthen the existing ones to ensure access of affected population to health and other services	Improved access of affected population to other services based on their needs	Working groups	oPt	
Continue to support the DES- take stock of impact and effectiveness and revise approach accordingly	Health needs of the people at DES are identified and shared for response.	MoH, Cluster partners	oPt	
Continue deployment of international EMTs for emergency and acute care	Needs for International EMTs are identified and shared.	MoH, WHO	oPt	
Release primary healthcare supplies and non-communicable disease kits to ensure uninterrupted health access	primary healthcare supplies and non-communicable disease kits are released.	MoH, Cluster partners	oPt	
Maintain the upscaled MHPSS hotline	MHPSS hotlines are maintained.	MHPSS partners	oPt	
Provide PFA services to affected people in addition to PFA kits.	Emergency satellite teams are mobilized.	MHPSS partners	oPt	
Ensure continued operation of the MISP, including access to maternal health care, family planning services, and CMR. Continued operation of the Safe Delivery Network, if deemed necessary	Access to MISP and maternal services are ensured and maintained.	MoH, UNFPA	oPt	
Child and maternal care activities to maintain a minimum service based on the needs identified	Child and maternal care activities are maintained	MoH. UNICEF, UNFPA	oPt	
Activate restocking of any supplies released and consider increasing stocks	Restocking of supplies is identified and located.	Cluster partners	oPt	
Consider surge staff needs and act accordingly	Surge staff needs are identified and shared.	Cluster partners	oPt	

PHASE 4: RECOVERY				
Activity	**Indicator**	**Responsible**	**Area of intervention**	**Notes**
Continuation of regular Health Cluster meetings	Meetings are conducted as needed	Health Cluster Coordinators	oPt	
Information exchange and coordination of response	Information exchange is facilitated.	Health Cluster IMOs	oPt	
Deactivation of the relevant Major oPt Hospitals MCM plan and stock-taking of equipment and supplies	Total number of patients passing from the Step 1 Triage point and needs in equipment and supplies to be replenished	MoH PHEOC, Directorate of Emergencies and WHO	oPt	
Update 5Ws database	PARP database is updated	Health Cluster IMOs	oPt	
Continue the deployment of EMTs for specialised services and non-acute care	The need for specialized EMTs is identified and shared.	MoH, WHO	oPt	
Release of surge staff and return to normal staffing levels	Non-needed surge staff are released.	Cluster partners	oPt	
Compilation of lessons learnt and update contingency plan	Lessons learnt are agreed upon and shared. Contingency plan is updated	SAG	oPt	
Organization of in-depth assessment to identify health impact of the emergency and needs	In-depth health assessment report is shared with partners.	SAG	oPt	
Restock all supplies and return to “Phase 1 Advanced Preparedness Actions” Support MoH partners to replenish the depleted medication, supplies and consumables, and apply	Information on restocking of supplies is shared.	Cluster partners	oPt	

TOP PRIORITY EMERGENCY CONTACT LIST

Emergency Contact list						
	Agency	Name	Location	Title	Email	Number
Cluster Lead Agency						
Local authorities						
UN agencies						
Local NGOs						
National Society						
INGOs						