2.1 Presence in the Area :

Describe your presence in the area (countries and/or sectors), for instance: number of years, type of intervention, type of presence (either with an established office or through a local partner), the existing infrastructure in place. (Bytes limit: 4000)

Médecins du Monde (MdM) has been working in the Occupied Palestinian Territory (oPt) since 1996. This presence in Palestine has allowed MdM to develop a trust relationship with the community, local authorities, national and international organizations present in the area. Nowadays MdM is present in the oPt through its three offices located in East Jerusalem, Nablus and Gaza with a team of 48 staff composed by a coordination team, a support team and a program team with medical professionals (psychologists, doctors, etc.) and psychosocial, advocacy and protection specialists.

In Gaza:

Since 2007, MDM worked in upgrading of 25 PHC clinics from level 2 and 3 by reinforcing the staff's capacity, rehabilitating and equipping structures, and providing needed drugs and disposables.

Following the attacks on Gaza in 2009, 2012 and 2014 MdM-FR focused its intervention in strengthening the emergency preparedness and response capacities and the management of emergency cases at PHC and community levels including Mental health. Thus, 11 Emergency Rooms (ER) were established, rehabilitated and equipped. Staff were capacitated. At community level, volunteers of community-based organizations (CBO) all along the Strip were trained in Basic Life Support (BLS).

Following a deep assessment implemented at the end of 2017 in the emergency departments of 6 hospitals. MDM is working in increasing the capacities of the 2 Emergency departments in triage of cases/patient flow, data collection and registration, technical knowledge and skills, availability of drugs, disposables and medical equipment. At the same time, a theoretical training is conducting for the 6-hospital emergency department medical and managerial staff across the Gaza Strip on medical emergencies.

In 2018 and following the Great March of Return, MDM has been present in Al Aqsa hospital providing the support to the Emergency department through direct deployment of MDM national mobile teams to reinforce the triage system and decrease the load on the ED by expanding bed capacities through inside triage tent. In addition, MDM has been working in Enhancing trauma pathway from the point of injury to post-operative care and rehabilitation in Deir el Balah Governorate and Kahn Younis Governorate.

In North West Bank:

Between 2008 and 2011, facing a general gap in the provision of mental health issues, MdM partnered with the MoH to establish Community Mental Health Centres (CMHC) in Nablus and Jenin and to build the mental health referral system. As a complementary intervention, MDM set up a pilot program to integrate mental health services in Primary Health Care Centres “PHCCs) in Nablus Governorate. The success of this pilot program led MDM and MoH to extend this mental health integration approach until 2016 to all Nablus Governorate, in partnership with a local partner specialized in mental health (the Arab Centre for Counselling and Education – ACCE known as the Palestinian Counselling Centre(PCC)).

Since 2012, MDM started, in coordination with the Protection Cluster, to provide a Psychosocial Emergency Response in NWB after potentially traumatic events. This intervention also involves a protection component through the protection referrals and Case management, in addition to advocacy. In complement to this immediate psychological response, MdM promotes the resilience of the vulnerable communities through Psychoeducation. Since 2017, MDM is covering 4 governorates of the NWB (Nablus, Salfit, Qalqilya and the Northern Jordan valley located in Tubas governorate) with MHPSS emergency response following demolitions, settlers related violence and Israeli Security Forces excessive use of force incidents.

In Jerusalem:

MdM initially worked in Jerusalem on harm reduction for drug users in 1996, since then MDM is present in east Jerusalem through its coordination and is keeping an active presence in different clusters and forms.

2.2 Synergies with other actors:

Describe potential synergies with other initiatives, with other major donors present in the country, or other humanitarian actors. Where the action is part of a larger programme/project, briefly explain how it fits or is coordinated with this programme/project. (Bytes limit: 4000)

The proposed actions are in line with the Humanitarian Response Plan 2018-2020 Specific objective 1 and 2.

In Gaza the intervention will be in line with the strategic objective 2 “The basic needs of vulnerable Palestinians living under occupation are met through the provision of quality basic services and improved access to resources, in accordance with the rights of protected persons under IHL.” Following the health main response approach of ensuring that acutely vulnerable groups in the oPt have

access to essential and lifesaving health services. MDM intervention will contribute in ensuring the accessibility to main health services through it’s different project components. In cooperation with Health, Protection and shelter clusters MDM will contribute to ensure health integration plan in DES for displaced and host communities during crises, through an assessment and drafting a contingency health plan for the PHC to enable them to maintain the provision of health services during crises. Capacitation of the Primary Health Care providers including response to the needs for conflict-related trauma, from the point of injury to rehabilitation; maternal and child health; and providing mental health to the most vulnerable across all levels of healthcare, at

the facility or through community outreach teams. As part of the health cluster contingency plan, community engagement will be reinforced through increasing their involvement and resilience to prepare, response and properly act in regard to main first aid alert and gestures including psychological first aid in which is part of national emergency mental health plan

In West Bank, the MDM action is linked with the Strategic Objective 1 of the HRP: The rights of Palestinians living under occupation, including those living under the blockade and other restrictions, are protected, respected and promoted in accordance with IHL and IHRL .MDM activities are under the priority responsive interventions of the Protection Cluster and more concretely under the Psychosocial Support and Case Management activities. MDM advocacy initiatives are directly linked with the Protection Cluster Responsive and Remedial priority interventions of “Advocacy initiatives that address protection concerns, prevent violations or enhance accountability for violations of IHL and IHRL by all duty bearers” and “Awareness raising on protective mechanisms for communities at risk of settlers’ violence.

The WB intervention will be implemented in close coordination the ECHO funded WB Protection Consortium. MDM’s intervention is complementary to the work done by the Protection Consortium actors which provide the basic and protection services, while MDM complete the intervention layer by providing the MHPSS emergency responses. The coordination and complementarity between MDM and the Protection consortium is reflected clearly as follows:

* Protection Consortium is the main trigger provider for MHPSS ER interventions of MDM, the triggering system of settlers’ related violence incidents will be completely handover to OCHA, MDM is already part of the pilot triggering system of COHA. In massive incidents, the MDM and Protection Consortium teams will be deployed together to conduct the first visit and evaluate the size of the intervention and other needs.
* Protection Consortium is the main target for MDM protection referrals
* PUI as a focal point of the Protection Consortium is MDM’s partner in Advocacy initiatives related to settlers’ violence at national and international levels
* MDM and PUI teams in the field are in continuous communication in relation to the identification of settlers’ violence hotspots, protection trends and are conducting community meetings and Focus Groups Discussions to identify needs.