



Emergency Plan of Action (EPoA)

Israel: Complex Emergency



International Federation
of Red Cross and Red Crescent Societies

DREF Operation n°	MDRIL003	Glide n°:	CE-2021-000062-ISR
Date of issue:	3 June 2021	Expected timeframe:	3 months
		Expected end date:	31 August 2021
Category allocated to the crisis: Yellow			
DREF allocated: CHF 224,082			
Total number of people affected <i>(people directly affected and at risk of rocket strikes and mass events):</i>	6,000,000	Number of people to be assisted:	6,000 people supported with ambulance services, FA/PFA and blood component units
Provinces affected:	<i>Same as targeted</i>	Provinces/Regions targeted:	Up to 170 km from the Gaza strip border including Jerusalem, Tel Aviv, and Beer-Sheba
Host National Society presence: Magen David Adom (MDA) 1,000 volunteers, 1,000 staff members, 8 branches assisting			
Red Cross Red Crescent Movement partners actively involved in the operation: ICRC, IFRC			
Other partner organizations actively involved in the operation: Police, Fire services, local authorities, Ministry of Health, Supreme Health Authority in Emergencies, Hospitals, IDF (Israeli Defense Force), Home Front Command (Civil Defense), Ministry of Interior, Ministry of Internal Security, Ministry of Defense, National Emergency Management Agency, National Committee for Economy in emergencies,			

A. Situation analysis

Description of the disaster

Since 6 pm 10 May, Israel faced a complex emergency that escalated during the following days, during which thousands (approx. 4,300) of rockets were fired from Gaza towards Israeli villages and cities surrounding and up to 170 km from the Gaza strip border including Jerusalem, Tel Aviv, and Beer-Sheba. This is the largest and most significant attack on the Israeli population for years. **The situation got to a peak in the week following 14 May** with rockets fired all over the country, massive civil unrest spread throughout the country. This has triggered the activation of the MDA National response mechanism (highest level of alert) not only at the local branches level (in the areas directly affected by the rockets– 170 km from Gaza border), but activating on the highest level of alert all MDA branches nationwide. This highest level of alert nationally was sustained between 14 and 22 May.

On 14 May rockets were fired from Lebanon towards the north of Israel for the first time during the escalation. The rockets fired from Lebanon landed in the Mediterranean Sea or uninhabited areas, activating rockets alarm but not causing any casualties. It was the first day when rockets were fired from Gaza and Lebanon, threatening both the north, center and south of Israel.

Rockets continued to be fired in high quantities until cessation of hostilities took place on 21 May at 02:00 AM. During this whole period, population in the South, Center and North of Israel was under direct threat of rocket attacks (having the south of Israel suffering repeated firing of rocket and shell mortars against them).

In addition to the rocket strikes, in many cities all over Israel, civil unrest has broken out and violent demonstrations have taken place, during which hundreds of people have been injured and severe damage has been caused to buildings and infrastructure.

The civil unrest peaked in East Jerusalem on 10 May, and spread within the next days to more cities. On the night of 11 May, for the first time in the history of Israel, a state of emergency and a night curfew were declared in the city of Lod, and the public at risk was evacuated from their houses in one night (all their needs have been taken care of by the local authorities). On 12 May, the civil unrest spread to more cities, also in the north of the country, and on 14 May, violent incidents were reported also in Judea and Samaria, as well as in many other locations in Israel.

In the center and south of Israel (in the areas at risk of rocket strikes), schools have been closed, and public gatherings in open places were prohibited. The affected population in the villages and cities in the range of the rockets has been required to remain in the vicinity of 15-90 seconds from the shelters, depending on their distance from the border. Within several kilometers from the Gaza strip border, the movement on roads and train tracks has been restricted.

Since the beginning of the escalation, 13 people in Israel were killed and hundreds were injured. MDA treated 799 and transported most of them to hospitals.

On 21 May at 02:00 AM a ceasefire was declared.

Summary of the current response

Overview of Host National Society Response Action

In response to these events, MDA Paramedics and EMTs provided life-saving treatment, psychosocial first aid, and transported the casualties to hospitals. MDA staff and volunteers treated 799 casualties (two critically injured, 18 severely injured, 48 moderately injured, and 731 casualties with minor injuries and stress-related reactions)¹.

As the escalation evolved, MDA has gradually raised the level of alert, from the regions that are in close proximity to the Gaza strip, to those in the center of Israel and Jerusalem, and later, on **14 May**, when the rockets and the civil unrest affected other places- all over the country **to the highest level**. MDA manned hundreds of additional ambulances in preparation for any further escalation, or a massive attack resulting in multiple sites of mass casualty incidents,



MDA EMTs and paramedics are treating people with injuries after a rocket strike and transporting them to hospitals.

¹ A demographical breakdown of the figures as well more details on the geographical regions covered by the MDA services will be added to the DREF final report.

triggering this request for a DREF allocation.

Operations centers moved and functioned from bomb shelters (operation that lasted from 10-15 May as the situation escalated further). Bomb shelters in all MDA stations were used and personnel was equipped with helmets and flak jackets (PPE). MDA blood services moved their activities to bomb shelters, collected blood and maintained a national blood stockpile, being ready to supply blood products as needed to the hospitals, and have provided them with more than 6,000 blood components units. All the ambulances were equipped with personal protective equipment (helmets and flak jackets) to be used by the patients transported to the hospitals.

Due to the civil unrest in several incidents, MDA ambulances and personnel were hit by stones thrown at them, resulting in damage to the vehicles and a few MDA members with minor injuries. MDA logistics division was prepared to initiate emergency medical equipment distribution. All personnel was instructed regarding security procedures, volunteers were mobilized and activated to have additional ambulances on call for any eventuality. MDA has published communication materials and informative videos for the public, that include behavioral instructions during rockets attacks, first aid instructions, and information on how to contact MDA when there are casualties. MDA monitored the situation closely and was prepared to respond to humanitarian needs. MDA representatives participated in multiple coordination forums on a daily basis.



MDA EMTs and paramedics are searching for casualties after a rocket strike, using PPE.

The highest level of alert and full-scale response of MDA, started on 14 May, and remained in place also two days following the ceasefire (until 22 May) as a manner of precaution.

Due to the COVID-19 pandemic, all MDA personnel had to wear a face mask during the shifts, and face masks were also provided to the patients and casualties as well.

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Overview of Red Cross Red Crescent Movement Actions in country

- ICRC and IFRC ROE were in close contact, on daily basis with MDA, monitoring the situation.
- ICRC and MDA shared real-time information in an attempt to ensure the unrestricted access of ambulances to people in need.
- In association with MDA, the ICRC has conducted a number of field trips to document the humanitarian impact of the rocket attacks.
- As part of its confidential and bilateral dialogue with the concerned authorities, the ICRC is following up on allegations of violations of IHL and on any incident impacting the activities of all Movement partners, including those affecting MDA personnel, ambulances and facilities.
- IFRC issued a press release on IFRC newswire on 18 May and 25 May.
- IFRC ROE has organized a Movement Coordination Call on 20 May which was co-facilitated by ICRC and IFRC.
- ICRC is planning to provide financial support to MDA to cover MDA's additional costs linked to the crisis which would not be covered neither by the government nor by IFRC DREF support, including additional salary costs, travel and accommodation costs etc, and in preparation for future escalations enhancing MDA capacity to respond to similar emergencies by further integrating and implementing the Safer Access Framework (SAF), notably provide additional training to its EMS staff and volunteers to ensure they are able to ensure their personal safety during similar escalations of violence.

Overview of other actors' actions in country

- The Israeli government declared a "state of attack in Civil Defense" in the whole area 170 km from the Gaza border. This legal situation allows for restrictions on civilian activities and movements by the home front command and gives the emergency response organizations special powers.

- The Israeli government declared a "state of activation of economy in emergencies" on 12 May, allowing the government to order providers of critical services to maintain operations (including obligation of staff to show up to work) in order to ensure continuity of services to the public.
- On 11 May at night, the Israeli Government declared a "civil emergency situation" in the town of Lod (including a night curfew). It was in place until 20 May (inclusive).
- Guidelines for sheltering in place and behavior during attacks were issued by the home front command (civil protection)
- The local authorities were responsible of mental health and psychosocial support, and opened dedicated centers and hotlines for the population in need.
- Local authorities were in charge and provided temporary housing to those whose houses are damaged or had to be evacuated.

Coordination cells were active at the local level (at the local authority level), district level (by the home front command and police), and at the national level. MDA was present at all those coordination cells.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

As a result of the rocket strikes and the civil unrest, hundreds of casualties were in need of first aid, immediate medical attention, psychosocial first aid, and transportation to hospitals. MDA ambulances were deployed also to people who experienced stress-related reactions due to the high intense stressful situation as a result of the violence, alarms and sirens, difficult sights, and the feelings of helplessness, loss of control, and immediate threat for lives.

While most of the casualties of the rocket strikes are from cities and villages located up to 80 km from the Gaza strip border, the casualties of the civil unrests were injured in different cities and roads, all over the country. The injuries of the casualties of the rocket strikes were caused by the rocket hit itself (blast, shrapnel, and broken glasses), or from falls and injuries caused when running to the shelter.

As the situation evolved, there was a need to prepare for a possible mass response in one incident or in several incidents simultaneously (caused by rocket attacks, the civil unrests, or their combination). There was also a need to support the hospitals across the country with blood components for treating casualties.

To increase the EMS response capacities to the population affected by rockets fired from Gaza, within the range of 170 km, and the population affected by the civil unrests, MDA Director General ordered that all MDA fleet (1,200 ambulances and additional 200 special response vehicles) have been manned 24/7. Approximately 1,000 staff members and 1,000 volunteers were involved in the response to the escalation daily, manning ambulances in shifts or in stand-by, receiving emergency calls in MDA operation centers, and collecting and distributing blood and blood components to hospitals. With additional ambulances, there was a need for supplement fuel, and the additional teams required food during some of the shifts. There was a need for repairs of ambulances damaged due to the civil unrest, and for providing the teams with additional sets of uniforms, identifying vests and protective equipment. MDA on-call resources, grew for around 750 ambulances on the largest shift, to more than 1,350 twenty-four-seven.

With a very effective immunization programme implemented by the authorities (with an active role of MDA), the COVID-19 pandemic in Israel has decreased significantly over the weeks prior to the escalation, with only dozens of active cases during those days. At the time of the operation, some of the restrictions are still in place (gathering of more than 500 in open places and 50 indoors is prohibited, face masks must be used indoors), but its influence on the needs and the response was minimal. The Home Front Command published instructions and restrictions on gatherings in the areas affected by the rocket attacks that also limited the number of people allowed in one place, and informed (in coordination with the Ministry of Health) that any number of people is allowed in the shelters when rocket alarm sounds, regardless of the COVID-19 restrictions. The entire public health system was not significantly influenced by the COVID-19 pandemic during the escalation, was not overloaded, and was completely ready to respond to the needs of the affected population caused by the escalation.

After the ceasefire was declared, MDA decided replenishing and equipping with additional protective equipment to increase response capacity at community level by providing first response volunteers with PPE.

Targeting

MDA supported the affected population all over the country, in all the affected areas (around 6 million persons affected and under direct threat from the rockets and civil unrest), providing first aid, immediate medical attention, psychosocial first aid to 799 people, including transportation to hospitals. This includes the population in the rockets' range, and those affected by the civil unrest in cities in different places all over the country. MDA also supported the hospitals nationwide, providing them with blood and blood components (over 6,000 units). MDA activated the system to ensure response capacity to any eventuality occurring at community level all over the country, including possible multiple events simultaneously.

Scenario planning

Scenario	Humanitarian consequence	Potential Response
Re-initiation of rocket strikes and civil unrest and / or with the same intensity	Additional casualties (at the same rate), the unrests will spread to additional locations and more will be injured. Mistrust among communities decreases MDA acceptability and access to victims of violence	MDA returns to the highest level of alert to provide support to the affected population.
Continuum of the ceasefire situation for a long time, and a significant reduction in the civil unrest	No casualties as a result of the conflict and the civil unrest	MDA will continue providing EMS to the public and will be prepared for potential future escalations. MDA will replenish and will revisit its contingency plans according to the lessons learned from the escalation. MDA will work to increase acceptance and decrease the risk of attacks targeting MDA teams.

Operation Risk Assessment

1. Further civil unrest may decrease the accesses of MDA teams to victims of violence, thus having a negative impact on the response to certain community.
2. Sudden deterioration in the ceasefire around Gaza, may result in another escalation, including wider geographical region resulting in more rockets fired, and in larger quantities. This is the scenario put forward by the civil defense authorities, MDA is preparing for.
3. As persons stayed during attacks in shelters, disregarding their possible COVID-19 status of infection, there is a potential risk of a new spike in cases. The MoH is closely monitoring the situation of cases among the 6 million affected, and stands by to activate COVID-19 contingency measures if needed. MDA is ready to activate the COVID-19 plan as needed.

Over the last few months, at the start of the operation, a decrease in the number of new and severe cases was demonstrated in Israel. A significant decrease in the number of new confirmed cases can be attributed to the vaccines, and it is demonstrated also in the number of the new severe cases. The easing of the restrictions raises the concern of another increase in mortality. Because of that, and because of the fear from vaccine-resistant variants, only some of the restrictions were eased and the Ministry of Health is monitoring the situation before recommending the next steps. For a detailed description of the COVID-19 pandemic trends in Israel and the response activities of the MDA, [please click here](#).

B. Operational strategy

Overall Operational objective:

MDA supported the affected population all over the country, in all the affected areas, providing first aid, immediate medical attention, psychological first aid, and transportation to hospitals. This includes the population in the rockets range, and those affected by the civil unrest in cities in multiple locations all over the country. MDA also supported the hospitals nationwide, providing them with blood and blood components. MDA activated its system to ensure response capacity to any eventuality occurring at community level all over the country, including possible multiple events simultaneously.

As the situation escalated, the NS had to scale up the response rapidly after 14 May which has led to depleting the resources especially for the EMTs and paramedics. Therefore, the need to replenish the resources /stocks emerged as a contingency measure to maintain the NS level of response in the future as well as reflecting on the lessons learned during the response phase.

During the days of escalation, MDA provided emergency medical services to the affected population as a result of rocket attacks and during civil unrests, by operating additional ambulances, twenty-four-seven, in the most affected areas. It ensured rapid and appropriate emergency medical care and psychosocial first aid in case of injury due to the current escalation, while maintaining appropriate response to routine calls. The activation of more ambulances and teams

increased the fuel consumption to reach and transport the many casualties and required support with food for the teams during some of the shifts. MDA blood services provided blood products to hospitals.

Some 1,000 MDA volunteers and 1,000 staff members were involved on a daily basis in the response to the emergency situation in the affected areas, mainly manning ambulances and responding to emergency incidents related to the current escalation. MDA was prepared to respond to any eventuality, resulting from the rocket attacks, civil unrest or both, resulting in mass casualty incidents – on a single or multiple sites simultaneously.

MDA blood services ensured national blood and blood products stockpile, stored in a safe environment, and was ready to respond to the needs of the casualties.

MDA logistics supported the operation by providing additional sets of flak jackets, helmets, uniforms and identification vests to those involved in the response, to increase safety and visibility, and was prepared to initiate emergency medical equipment distribution. COVID-19 precautions were used in all responses (as standard SOP for the last year). COVID-19 PPE was distributed to the teams and used as per SOP.

Having several ambulances that damaged during the civil unrests, repairs were needed to bring them back to service.

After the ceasefire was initiated, the level of alert in MDA remained the highest for an additional 2 days all over the country, and for additional four days in the regions surrounding the Gaza strip.

Operational support services

Logistics

MDA logistics division was prepared to initiate emergency medical equipment distribution, and has provided food to the team members responding to the escalation, provided additional sets of uniforms and identification vests to increase visibility, and provided personal protective equipment to be used by the staff and volunteers. The procurement was managed by MDA locally and is in line with IFRC procurement and DREF guidelines and procedures.

Communications

MDA has published short videos to the public, explaining how to act during rockets attack, provide first aid and how to call MDA when an ambulance is needed.

MDA communications department worked closely with the different media channels (national and international, T.V, radio, internet and social media) to highlight MDA activities and deliver messages on proper behavior during attacks, First Aid and how to call MDA. IFRC RoE communications team also created Key Messages document and contributed to an ICRC-produced Movement and MDA key messages document, both of which were shared in the IFRC Communications Newswire, alongside photos of the MDA response.

Security

MDA operations division published specific guidelines to staff and volunteers for the different possible scenarios. The guidelines specifically address issues of an “active violent scene” and the different coordination mechanisms to ensure personnel does not find themselves in the middle of an active violent scene. On each and every rocket attack, team members are alerted through several channels, and instructed to go into the shelters in place. The security situation is evaluated several times a day, and guidance is updated accordingly.

All team members receive an operational briefing at the beginning of every shift, including a safety briefing, and updated situational awareness.

C. Detailed Operational Plan



Health

People targeted: 6,000 + 2,000 NS team members (staff and volunteers)

Requirements (CHF): 213,538

Needs analysis: As a result of the rocket attacks and the massive civil unrests, hundreds of casualties were in need for first aid, immediate medical attention, and transportation to hospitals. There was also a need to support the hospitals across the country with blood components for treating casualties. As the ceasefire is in place at the moment and given that MDA had been running a massive operation mainly including EMT services and blood provision to the health system, MDA is planning to replenish its capacity for future responses. As part of the lessons observed, the training provided to team members (staff and volunteers) in the past on psychological first aid to victims and self-care, is not streamlined, different members had different trainings over the years. In order to ensure one level of training, in line with the current guidelines of the IFRC PSS Reference Center, there is a need for an updated accessible training program.

Risk analysis: The plan is at risk in case of further escalation before the plan is implemented, when MDA resources will not be replenished and sufficient to provide a sufficient response.

Population to be assisted: The affected population in the affected area, who suffer injuries or stress-related reactions (in the area up to 170 KM from Gaza strip). In MDA, 1,000 staff and 1,000 volunteers were assisted with food and fuel, and 75 will be assisted with PPE (helmet and flak jacket). 10,000 MDA members will be assisted with the PSS online training.

Programme standards/benchmarks: Health provision services were in line with the Israeli Ministry of Health standards. MDA medical treatment protocols are approved by the Israeli Ministry of Health. The content of the psychosocial support training and provision of psychosocial support follow IFRC MHPSS standards

P&B Output Code	Health Outcome 1: The immediate health needs of the affected population as a result form the escalation are met														
	Health Output 1.1: Increase the EMS response to the population affected by rockets fired from Gaza or by the civil unrests, by adding ambulances to the shift roster, thus ensuring rapid and appropriate emergency medical care in case of injury due to the current escalation											# of people reached by First Aid services and psychosocial first aid (target: 6,000)			
	Activities planned / Week			1	2	3	4	5	6	7	8	9	10	11	12
AP025	Reimbursement of fuel costs for operating more ambulances to get to casualties, and transport them to hospitals. ²														
P&B Output	Health output 1.2: MDA staff and volunteers continue operating, their basic needs are covered.											# of food portions provided to staff and volunteers (target: 4,500)			

² A detailed breakdown of food cost and fuel cost calculations will be provided in the DREF Final report.

Code	Activities planned / Week	1	2	3	4	5	6	7	8	9	10	11	12
AP025	Reimbursement of costs of food for team members responding to the escalation												
P&B Output Code	Health Output 1.3: MDA staff and volunteers are identified as MDA members, are visible and safe	# of staff and volunteers equipped with visible and safe helmet and flak jacket (target:75)											
	Activities planned / Week	1	2	3	4	5	6	7	8	9	10	11	12
AP025	Procurement of flak jackets and helmets, to increase the safety and visibility of the staff and volunteers.												
P&B Output Code	Health Output 1.4: MDA staff and volunteers will be trained in Psychological First Aid and Self Care.	# of online training modules completed and tested (target:01)											
	Activities planned / Week	1	2	3	4	5	6	7	8	9	10	11	12
AP080	Development (and tentatively, the piloting) of an online training module in Hebrew and Arabic on Psychological First Aid, and Self Care.												

Strategies for Implementation

Requirements (CHF): 10,544

P&B Output Code	Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.												
	Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.	<i>Lessons learned exercise completed (target: yes)</i>											
	Activities planned/ Week	1	2	3	4	5	6	7	8	9	10	11	12
AP055	Lessons learned exercise is conducted and is used to inform the improvement of contingency plans.												

D. Budget

The total budget for this DREF operation is CHF **224,082**. [Please click here to see the budget.](#)

For further information, specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

DREF OPERATION

MDRIL003 - Israel - Complex emergency

03/06/2021

Budget by Resource

Budget Group	Budget
Distribution & Monitoring	45,000
Transport & Vehicles Costs	90,000
Logistics, Transport & Storage	135,000
Volunteers	30,405
Personnel	30,405
Workshops & Training	41,700
Workshops & Training	41,700
Communications	300
Financial Charges	3,000
General Expenditure	3,300
DIRECT COSTS	210,405
INDIRECT COSTS	13,676
TOTAL BUDGET	224,082

Budget by Area of Intervention

AOF4	Health	213,538
SFI3	Influence others as leading strategic partners	7,029
SFI4	Ensure a strong IFRC	3,515
TOTAL		224,082

