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## Emergency Plan of Action (EPoA)

### Israel: Complex Emergency



<b>DREF Operation</b>	<b>Operation n° MDRIL002 Glide n° CE-2014-000091-ISR</b>
<b>Date of issue: 16 July 2014</b>	<b>Expected timeframe: 14.07 – 13.08.2014</b>
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<b>Operation start date: 7 July 2014</b>	
<b>Overall operation budget: CHF 192,268</b>	
<b>Number of people affected: 3,000,000 (population in the areas under the threat of missiles attack)</b>	<b>Number of people to be assisted: 100,000</b>
<b>Host National Society presence (n° of volunteers, staff, branches): Magen David Adom Israel (7 branches, 700 staff members, 1,000 volunteers)</b>	
<b>Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant): -</b>	
<b>Other partner organizations actively involved in the operation: -</b>	

#### A. General context

Since mid June 2014, with the abduction of three Israeli teenagers in West Bank (near Hebron) on 13 June whose bodies were found on the evening of 30 June, the security situation in Israel and occupied territories has been experiencing a dramatic deterioration. With the abduction and killing of a Palestinian teenager in Jerusalem on 2 July, widespread protests and violent clashes between Palestinians and Israeli police forces have been ongoing through East Jerusalem, Hebron and other areas in West Bank and Arab communities in Israel. The Israeli military operations carried out during the period have included raids, search and arrests in refugee camps, villages and cities in West Bank. These operations resulted in clashes with Palestinians and increased tension between Israeli settlers and Palestinian communities. During this period, the Israeli communities around Gaza suffered from daily shelling.

As of 7 July 2014 there has been a significant escalation of hostilities in the Gaza Strip and southern Israel as a result of the gradual collapse of the Egyptian-brokered ceasefire understanding reached in November 2012. Israeli media reports indicate that the operation will be gradually scaled up, and may include ground operations. This has been described to be the worst unrest since an eight-day war in 2012.

So far, more than 180 people have been killed and more than 1,600 wounded between West Bank and Gaza, according to the figures from the Palestinian Ministry of Health.

Reportedly more than 1,000 rockets were launched from Gaza in the direction of the Israeli territories. The number of deceased and injured people in these territories has not been as big as the losses in the occupied territories, but the risks of increasing the casualties continue to be very high.

The regrettable political and military developments in this part of the world which continue to pose direct threat to the thousand of civilians on both sides have led to the substantial deterioration of the emergency humanitarian situation with the direct consequences for the civil population both in the occupied territories and in Israel.

Both Magen David Adom in Israel and Palestine Red Crescent have launched emergency response operations through mobilizing their human and material resources, drawing on their reserves. However, the

scale and scope of the current humanitarian needs has been exceeding the available capacities of both national societies.

The International Federation has been requested to launch DREF operations in support of both national societies.

## B. Situation analysis

### Description of the disaster

On 7 July 2014, after two weeks of escalation of tension around Gaza, the Israeli Armed Forces (IDF) launched a military operation to cease the rocket attacks against Israeli territory. As a result, a significant escalation has taken place, with reportedly more than a thousand rockets launched to the range of 150 km from Gaza, threatening the territories inhabited by more than 3,000,000 Israeli citizens.

During the last seven days the escalation of tension and military activities has been witnessed. Missiles have been launched in the direction of Jerusalem, Tel Aviv, Haifa and its surroundings, threatening the range of up to 150 km from Gaza. The intensity and frequency of the attack on Israel has mounted: reportedly more than 1,000 missiles have been launched, and about 150 of them have been intercepted by the anti-missile system.

Significant restrictions on daily life of the public in the area of the 40 km from Gaza are in place in order to minimize the risk – no public gatherings are allowed, mass transportation is reduced, activities are mainly conducted in places that meet the authorities' requirements for safety. Critical units in the hospitals in the 40 km area have been moved to sheltered locations.

The situation is escalating further, with more attacks aiming at larger distances as the days pass by.

### Summary of the current response

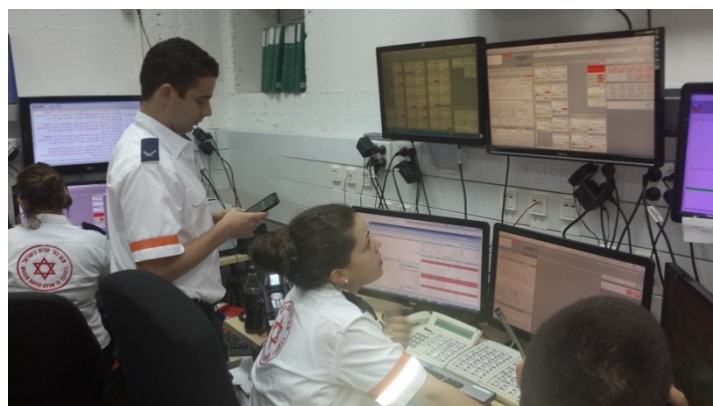
#### Overview of the Magen David Adom

From the beginning of the operation MDA teams treated over 250 casualties, 75 were injured directly from missiles or shrapnel (6 critically injured, 3 deceased) or with minor injuries (mainly falls while running for shelter), 6 from car accidents that occurred as a result of the alarms, and more than 180 cases with stress related symptoms.

The number of people who require assistance either through the use of the emergency medical services (helpline 101) or through the use of the ambulance services can mount to 100,000 during one month of an intense conflict.

MDA is currently operating on the highest level of alert and the operational capacities of the national society have been tripled:

- The national society's regular staff has been working around the clock and extra shifts have been added.
- Volunteers were mobilized to reinforce the daily activities of MDA; these teams are using emergency reserve vehicles.
- The volunteers have been assigned to the national society stations through the duration of the whole operational period; there is a need for daily food distribution and proper accommodation for the staff and volunteers of these teams.
- In addition as part of the community resilience capacity building activities MDA launched a first aid training campaign to the general population in remote communities. Training is followed by the distribution of the First Aid kits in some 80 shelters across the country.
- Operations centres and blood services facilities have been moved to bomb-sheltered facilities.



MDA National Operations Centre working from a shelter during a rocket attack.  
Source: MDA spokesman

## Overview of non-RCRC actors in country

### 1. Actions by the government:

- The government has declared several legal decisions that allow the state agencies restricting public gatherings, instructing the general public, critical service providers and infrastructure owners on measures to enhance their preparedness, and ensuring continuity of critical services.
- Multi-organizational situational status evaluations are conducted on a regular basis by different governmental agencies at the national and local levels.
- Response capacities of the relevant organizations have been increased, including the deployment of the Home Front Command (Civil protection) staff to the cities.
- The ministry of social welfare is providing social and psychological support to elderly or disabled people who need assistance in the affected regions.
- The Home Front Command has issued clear instructions for public behaviour and sheltering in place, during the missile attacks. No public gatherings of more than 300 persons are allowed in the zone up to 40 km.

### 2. Hospitals:

- Hospitals across the country are working in high alert level, especially the ones in the southern part of the country. The hospital staff is on call in case of emergency incidents; hospital shelters have been prepared and utilized.

## Needs analysis, beneficiary selection, risk assessment and scenario planning

Since the beginning of the crisis, the MDA Headquarters has undertaken a series of consultations with the branches to assess their needs to ensure preparedness and response at all levels (disposals and consumables, equipment, materials, etc.) as a response to this situation.

Based on the needs assessment done by MDA staff and volunteers the main needs are the following:

1. Capacity to respond to the several dozens of operational sites simultaneously, with MDA EMS personnel, trained in using personal protective equipment and managing emergency situations.
2. Provide blood and blood components to the victims of the deteriorating security situation (8 blood units and 12 components units to each critical patient) and maintain the necessary stockpile.
3. Increase the capacity of remote communities to respond and treat casualties, based on local capacities. The city of Dimona (35,000 inhabitants) is situated 45 minutes' driving time from the nearest hospital (in Beer Sheba), connected to Beer Sheba by a single road, and served by a small MDA station. The mayor of Dimona met with MDA Director General, and took upon the local authority the long term sustainability of the first aid equipment and the refresher of the personnel trained in this project



MDA paramedic at the scene of a missile strike in the city of Ashdod, where one person suffered critical injuries and 8 others were injured.  
Source: MDA spokesman

MDA is preparing for the following scenarios during this current escalation:

1. Mass casualty incidents resulting from the deteriorating security situation at the moment. As missiles are launched in large numbers at each attack, and with short intervals, MDA is prepared to deal with a large number of simultaneous sites with a significant number of victims on each one. Management of these sites might be under fire.
2. Mass casualty incidents due to armed attacks, including complex and evolving attacks.

3. To support the health care system with the supply of sufficient blood units and blood components units, as needed by the health care system to treat the casualties of the deteriorating security situation.
4. Support the health care system in secondary reallocation of victims in event of a large mass casualty incident or damage to a health care facility.
5. Response to remote locations, where the medical capacity (pre hospital and intra hospital) is limited.

The target beneficiaries for the operation will be:

1. Persons seeking MDA ambulance services through the designated emergency lines (101) and treated by the ambulance services.
2. Victims of the deteriorating security situation treated in the health care facilities.
3. Population living in remote communities, with limited medical capacities.

### Risk Assessment

The main risks are as follows:

1. Security situation is deteriorating rapidly. Any mass casualty incident might escalate the situation further. Any casualties among first responders during a response might have a devastating impact on the willingness of staff and volunteers to respond.
2. If the situation continues for a period of more than 2 weeks, burnout of staff and volunteers will become an issue and there will be a need to provide them with substantial time to rest.

## C. Operational strategy and plan

### Overall objective

The overall objective of the current operation is - to increase the emergency preparedness and response health service for the possible affected population and scaling up the resilience capacity of the remote communities.

### Proposed strategy

To accomplish the overall objective the MDA staff and volunteers focus on the provision of Emergency Medical Services (EMS) to meet the immediate needs of the affected population. In addition to EMS, MDA staff and volunteers will provide First Aid training and first aid kits to the selected communities.

The key activities planned as part of this operation are the following:

- Deployment of additional 400 ambulances to increase the speed and scope of the response capacities. This includes staffing stations 24/7, opening new stations in the affected areas and the ones which are considered to be under the special risk. Out of 1000 response vehicles in MDA, about 700 vehicles are on call 24/7.
- Additional staff and volunteers are mobilized and assigned to support the operation centers to ensure rapid and effective response to calls to MDA operations center.
- First aid courses and kits are provided to civilians in remote communities.

The city of Dimona, with a population of 35,000 people, has been chosen for this health care activity because it is located as far as 45 km from the nearest hospital (Beer Sheba hospital). The city has been targeted by rockets several times over the past few days.



First Aid Kits to be distributed in remote communities being prepared in MDA central warehouse  
Source – MDA spokesman

## **Operational support services**

### **Human resources**

1,000 volunteers and 700 staff members have been involved directly in the emergency operation. No international staff deployment is foreseen within the DREF implementation time frame.

The National Society staff and volunteers are covered by their own insurance scheme, therefore the IFRC volunteers' insurance is not included into the operation budget.

### **Logistics and supply chain**

The MDA has a logistic department and procurement guidelines which are in agreement with the IFRC's procurement standards and the locally pertaining legal requirements. The emergency stock of the NS is well maintained, and the transport capacities are ready to respond to an emergency situation.

### **Information technology (IT)**

The MDA will maintain the communication with its teams and volunteers in the field through using VHF radios, mobile phones, Nextel network and pagers.

### **Communications**

The visibility of MDA activities in the field will be reinforced with proper information dissemination to the media on all National Society activities during the operation. Operation-related news and photos will be disseminated through the electronic media, newspapers and the MDA's own website.

### **Security**

MDA teams are working under the following threats:

1. Rocket attacks while they are away from a shelter (on the scene of a previous attack, on another medical mission).
2. Armed attackers, either as part of the general public affected by the attack or specifically targeted by the armed attackers.

In order to mitigate those risks, MDA has a specific security and safety program. Its main components are:

1. Use of personal protective equipment by staff and volunteers.
2. Each MDA station has a shelter.
3. Staff and volunteers will be informed about missiles attacks' risks in all the available communication means available, and instructed with the safety measures needed.
4. Close coordination with the Home Front Command on the required measures to protect the teams from the missiles, with the concept of evolving threats, and adjustments being done accordingly.

### **Planning, monitoring, evaluation, & reporting (PMER)**

The MDA and the IFRC will monitor the implementation of activities. Brief weekly updates will be provided by the National Society to the IFRC on the general progress of the operation.

At the end of the operation, a two day lessons-learned workshop will be organised in order to evaluate the operation together with major partners such as operational partners as well as representatives of those municipal authorities where the operations took place.

This workshop will be followed by a short mission of IFRC Europe Zone DM Unit, in order to assess the movement coordination during this operation, the contingency plan activated and the use of expertise within the NS in order to improve the response in future operations.

A final report will be made available three months after the end of the operation, i.e. by 16 November 2014.

### **Administration and Finance**

The MDA will be responsible for managing the funds in Israel in accordance with standard practices for IFRC on operational transfers, based on the requirements and justifications specified in the letter of agreement to be signed between the National Society and IFRC for the implementation of the project.

The IFRC will provide, through its finance department in the Europe Zone, the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to the National Society on procedures for justification of expenditures, including the review and validation of invoices.

## D. DETAILED OPERATIONAL PLAN

### Emergency response preparedness / capacity building

<b>Outcome 1: Strengthening First Aid capacities in remote communities (week 2 – week 4)</b>
<b>Output 1.1</b> Members of the community in Dimona are trained in First Aid to respond in case of an attack on their city
<b>Activities planned</b>
MDA instructors will hold 6 First Aid courses for representatives from the local community
<b>Output 1.2</b> First aid kits are available during emergency situations for the use of the community
<b>Activities planned</b>
Distribution campaigns of the kits to 80 shelters in Dimona

### Emergency Health Services

<b>Outcome 1: Increase EMS response capacities across the country throughout the operation (week 1 – week 2)</b>
<b>Output 1.1</b> Reinforcement of the national society workforce with additional staff and volunteers throughout the operation
<b>Activities planned / taken</b>
Mobilization of staff and volunteers to provide service with additional 400 ambulances deployed 24/7
Provide appropriate accommodation and food to 175 team members on a daily basis
Additional 21 staff members deployed in operations centres to increase rapid response to emergency calls
3 additional logistics vehicles are operated 24/7 to provide logistics support to the teams

### National Society capacity building

<b>Outcome 1: Lessons are learned from the operation and implemented in future operations and Standard Operative Procedure (week 6-8)</b>
<b>Output 1.1</b> Lessons learned exercise after the operation contributes to future planning and preparing
<b>Activities planned</b>
Lesson learned workshop will be held right after the current operation

## Budget

Click [here](#) to see the EPoA budget.

## Contact information

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

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# DREF OPERATION

14/07/2014

## ISRAEL

Budget Group	DREF Grant Budget CHF
Shelter - Relief	
Shelter - Transitional	
Construction - Housing	
Construction - Facilities	
Construction - Materials	
Clothing & Textiles	
Food	
Seeds & Plants	
Water, Sanitation & Hygiene	
Medical & First Aid	4,000
Teaching Materials	
Utensils & Tools	
Other Supplies & Services	
Cash Disbursements	
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>4,000</b>
Land & Buildings	
Vehicles	
Computer & Telecom Equipment	
Office/Household Furniture & Equipment	
Medical Equipment	
Other Machinery & Equipment	
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>0</b>
Storage, Warehousing	
Distribution & Monitoring	
Transport & Vehicle Costs	100,100
Logistics Services	
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>100,100</b>
International Staff	
National Staff	
National Society Staff	70,185
Volunteers	
<b>Total PERSONNEL</b>	<b>70,185</b>
Consultants	
Professional Fees	
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>
Workshops & Training	3,248
<b>Total WORKSHOP &amp; TRAINING</b>	<b>3,248</b>
Travel	3,000
Information & Public Relations	
Office Costs	
Communications	
Financial Charges	
Other General Expenses	
Shared Office and Services Costs	
<b>Total GENERAL EXPENDITURES</b>	<b>3,000</b>
Partner National Societies	
Other Partners (NGOs, UN, other)	
<b>Total TRANSFER TO PARTNERS</b>	<b>0</b>
Programme and Services Support Recovery	11,735
<b>Total INDIRECT COSTS</b>	<b>11,735</b>
<b>TOTAL BUDGET</b>	<b>192,268</b>