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Emergency Plan of Action Final Report

Israel: Complex Emergency

International Federation of Red Cross and Red Crescent Societies

DREF operation	**Operation n° MDRIL002**
Date of issue: 20 January 2015	**Glide n° CE-2014-000091-ISR**
Operation start date: 7 July 2014	**Operation end date: 13 August 2014**
Host National Society: **Magen David Adom Israel** **(7 branches, 700 staff members, 1,000 volunteers)**	**Operation budget: CHF 192,268**
Number of people affected:3,000,000 (population in the areas under the threat of missiles attack)	**Number of people assisted: 100,000**
N° of National Societies involved in the operation: 1	
N° of other partner organizations involved in the operation: 10	

A. Situation analysis

Description of the disaster

During the last escalation of tension in the region in July 2014, a total of 4,562 rockets have been launched towards Israel, striking the civilian population throughout the country (mainly the population surrounding the Gaza strip, but also targeting as far as Tel Aviv, Jerusalem and Haifa). Approximately 2,000 of these rockets hit Israel

MDA teams treating a civilian injured from shrapnel.
Photo: MDA

Almost the whole Israeli population appeared to be living under the threat of rocket attacks with 3 million people in the areas with a high risk, where public events were forbidden, the educational system was not functioning, many businesses were closed, and public transportation was also limited.

The health infrastructure in general and the emergency health services in particular had to deal with a wide range of casualties: civilians with direct physical trauma from the rockets or shrapnel, secondary trauma that occurred when civilians were looking for shelter during the alarms, motor vehicle accidents, soldiers who were injured during the fighting and civilians with stress related symptoms.

Hospitals faced an increase in the patient load, resulting in a shortage of intensive care beds. In certain hospitals, especially those within a 40 km distance from Gaza, some departments were to be moved to protected spaces and shelters.

Summary of response

Overview of the National Society activities– MDA

To accomplish the maximum coverage of communities all over the country, the Magen David Adom (MDA) utilised all its ambulance fleet; including 150 ambulances from emergency storage and re-integrated ambulances that were out of service. In addition, new MDA posts were opened in vulnerable communities.

In order to meet the needs for additional personnel for the ambulances, volunteers were mobilized from all over the country, and staff members were required to work in additional shifts.

All of MDA emergency operation centres were transferred to sheltered facilities to ensure the continuation of the operations during rockets attacks.

Distribution campaign of first-aid kits to bomb shelters in Yerucham.
Photo: MDA

As MDA is the responsible national blood service provider, it was required to move the production of the blood units and their storage to sheltered facilities (in the central blood services facilities in Tel Ha'Shomer and Haifa). MDA also collected and maintained additional 2,500 units of blood above the regular stock, as a strategic reserve.

During the response phase, MDA identified two specifically vulnerable communities in the southern part of Israel - these communities lacked physical protection and had less response capacities in the medical field. MDA placed four mobile shelters in those communities, from its emergency storage depot, handed out 125 first aid bags to be placed in public bomb shelters and arranged for a first aid training in these communities to ensure provision of the first aid to victims prior to the ambulance arrival.

In addition to the regular daily patient load, during the 50 days of fighting in the region, MDA treated and transported 842 injured patients, five of whom had died, 17 with considerable to life threatening injuries, 20 with minor injuries and 581 with stress related symptoms.

In addition – MDA supported the evacuation of casualties from the hospital's helipad to the emergency department with its ambulances, the families of those notified on the death of a beloved one (medically and with Psychological First Aid) and the transportation of those who died in the conflict, civilians, soldiers and arm carriers, from the field to the morgue.

All this time, the organization closely monitored the well-being of its staff and volunteers, activities to ensure appropriate working conditions in the emergency set-up such as hot meals and resting facilities are being implemented.

Overview of Red Cross Red Crescent Movement in country

MDA coordinated with the ICRC and the IFRC on a daily basis. The situation assessment, as well as the risks and the details of the operation were shared. MDA issued situation reports on a regular basis that were distributed widely. In coordination between MDA and the Turkish Red Crescent, patients were transferred from Erez checkpoint and Palestinian hospitals in the West bank and Jerusalem, where they received treatment by MDA ambulances and intensive care ambulances to Ben Gurion airport, where they were flown to Turkey for further medical care.

Patients transferred from MDA to Turkish medical teams.
Photo: MDA

Overview of non-RCRC actors in country

During the entire operation, MDA maintained close coordination with the participating authorities at the national, regional and local levels. There was a solid collaboration and a constant information flow throughout the emergency system: including the law-enforcement, fire and rescue services, civil protection, health authorities and the medical core of the IDF (Israel defence force).

Needs analysis and scenario planning

Since the beginning of the crisis, MDA undertook a consultation with branches to assess their needs to ensure preparedness and response at all levels (disposals and consumables, equipment, materials, etc.).

Based on the needs assessment done by MDA staff and volunteers, the needs and risks that were identified include:

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 conflict (8 blood units and 12 components units to each critical patient) and maintain the necessary stockpile.

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

3. Increase the capacity of remote communities to respond and treat casualties, based on local capacities. The city of Dimona (33,000 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

In addition, MDA was prepared for the following scenarios during the escalation:

1. Mass casualty incidents caused by the conflict since the military strategy can be changed at any 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 attackers, 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 conflict.
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 were:

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

Risk Assessment

The main operational risks were:

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. Since the situation continued for a period of more than 2 weeks, burnout of staff and volunteers became an issue and there was a need to provide them with substantial time to rest.

B. Operational strategy and plan

Overall objective

The overall objective of the current operation was 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 focused on providing Emergency Medical Services (EMS) to meet the immediate needs of the affected population. In addition of the EMS service MDA staff and volunteers provided First Aid training and first aid kits to the selected communities.

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

- Deployment of additional 400 ambulances to increase the speed and scope of the response capacities. This included staffing stations 24/7, opening new stations in the affected areas and the ones which were considered to be under the special risk. Out of 1,000 response vehicles in MDA, about 700 vehicles were on call 24/7.
- Additional staff and volunteers were 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 were provided to civilians in remote communities:

The city of Dimona with the population of 35,000 people had been chosen for this health care activity because it is located as far as 45 km from the nearest hospital (Beer Sheba hospital).

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 were involved directly in the emergency operation. Many of the volunteers are trained and equipped by the National Society so that, when an emergency accrue they can react prior to the arrival of the ambulance. No international staff deployment was required within the DREF implementation timeframe.

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 technologies (IT)

The MDA maintained 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 was 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 were 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, 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 with the following major components:

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 monitored the implementation of activities. Updates were provided by the MDA to the IFRC on the general progress of the operation.

MDA organized a "lessons learned exercise" which contained the following components:

1. Discussion with MDA managers to assess the operation and the lessons learned.
2. Discussion with movement partners (ICRC, IFRC – including a visit of EZO DMC, Partner NSs) on the operation and lessons learned
3. Discussion with local authorities and MDA staff and volunteers on the field.

For more details on the lessons learned, please refer to the "Lessons learned and challenges" section of this report.

Administration and Finance

The MDA was 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, through its Zone Financial Unit of the Europe Zone Office provided the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to the National Societies on procedures for justification of expenditures, including the review and validation of invoices.

C. DETAILED OPERATIONAL PLAN

Achievements against outcomes

Emergency response preparedness / capacity building

Outcome 1: Strengthening First Aid capacities in remote communities.
Output 1.1 Members of the communities in Dimona and Yerucham are trained in first aid and able to respond in case of an attack on their city
Activities Implemented
MDA instructors held 1 First aid courses for representatives from Dimona (33,000 inhabitants) and Yerucham (9,000 inhabitants).(1 out of 6 training planned)
Output 1.2 First aid kits are available during emergency situations for the use of the community
Activities implemented
Distribution campaigns of 80 first aid kits to public bomb shelters in Dimona and 45 first-aid kits to public bomb shelters in Yerucham.

Emergency Health Services

Outcome 1:Increase EMS response capacities across the country throughout the operation
Output 1.1 Reinforcement of the national society workforce with additional staff and volunteers throughout the operation
Activities implemented
Staff and volunteers were mobilized to provide service with additional 400 ambulances deployed 24/7
Appropriate accommodation and food as provided to 175 team members on a daily basis
Additional 21 staff members were deployed in operations centers to increase unsure rapid response to emergency calls
3 additional logistics vehicles operated 24/7 to provide logistics support to the teams throughout the operation.

Impact

Thanks to the implemented activities, the MDA was able to maintain its operating capacities during the whole operation despite the increase in the patient load and the complexity of the situation. In addition, MDA was able to enhance the medical capacity of remote communities with first-aid training and first-aid kits distribution campaign, targeting a population of 42,000 inhabitants in total.

The table below provides details of items and activities achieved with the funding of the DREF.

No	Item name / activity	Quantity
1	First-aid kits distributed to shelters	80 in Dimona 45 in Yerucham
2	First-aid courses	1
3	Additional staff members deployed in operations centers to increase rapid response to emergency calls	21
4	Provision of appropriate accommodation to team members on a daily basis - cleaning services	
5	Provision of appropriate food to 175 team members on a daily basis	
6	Additional logistics vehicles are operated 24/7 to provide logistics support to the teams	3
7	Additional ambulances deployed 24/7	400

Lessons learned and challenges

MDA conducted a full-scale lessons learned exercise. The main conclusions are as follows:

1. The main challenge MDA faced was the need to sustain an extremely high level of preparedness throughout 50 days in the entire country. The volunteers were essential in this task. MDA needs to maintain its high investment in the volunteers and their preparedness.

2. Conducting community-based activities in areas under constant bombing proved to be extremely difficult. The public is afraid to leave their homes and go to a central place for an activity, and the local authorities, being busy with the "emergency operation" have little attention to "non-emergency response activities". A "door-to-door" approach must be considered. For future intervention, the National Society needs to consider holding the first aid courses in shelters in the neighbourhoods or in places identified as more frequented than the others.

3. The presence of an ambulance vehicle is considered by the community a key factor in their perceived "safety". MDA needs to be able to increase its presence in communities, where there are no MDA ambulance posts, by creating ad hoc posts when needed and based in assessment

4. The presence of MDA first responders is key, both to the capacity to respond efficiently, but also to the communities moral. The first responder's program should be increased, especially in the remote more vulnerable communities. Personal Protective equipment (helmet and flak jacket) should be considered for first responders, working in communities distant from the nearest ambulance post.

5. MDA needs the capacity (human resources, material, doctrine, resiliency over time), to be able to sustain high levels of alert over a long period of time, with the capacity to respond all over the territory, to a large variety of different scenario, and maintain the operations even under direct fire.

6. The partnership with NS and well established working mechanisms with EZO and ICRC proved to be a real asset. There is need to forester these relations.

7. As this is the second DREF operation of MDA, the support of EZO was essential. The timeframes planned for the activities covered by the DREF, should be better planned, taking into consideration unforeseen delays.

8. The evolving – long term nature of the operation was underestimated. As a result, the appeal covered only 2 out of 7 weeks of the operation.

9. Very good cooperation with the IFRC and ICRC media departments ensured consistent messages. An ongoing working relation with the media departments should be established.

10. The involvement of NDRT members in the reporting activities was a positive learning experience. Lesson learned to be maintained.

D. THE BUDGET

The DREF allocation of CHF 192,268 has been used in accordance with the approved budget. After finalizing the operations, there is a final balance of CHF 5,948 which will returned to the DREF account.

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Click here

1. Click **here** to see the DREF operation`s final financial report
2. Click **here** to return to the title page

Contact information

For further information specifically related to this operation please contact:

- **MDA Israel:**
  - Chaim Rafalowski, EU Project and Disaster Management Coordinator,

    Phone +972 3 630 222/281, email: haimr@mda.org.il
- **IFRC Europe Zone Office:**
  - Evgeni Parfenov, Head of Operations,

    Phone: +36 1 888 4522; email: evgeni.parfenov@ifrc.org
  - Alberto Monguzzi, DM Coordinator,

    Phone +36 1 888 4505; email: alberto.monguzzi@ifrc.org
- **In Geneva:**
  - Christine South, Operations Quality Assurance Senior Officer;

    Phone: +41.22.730.45.29; email: christine.south@ifrc.org

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 Disaster 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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Disaster Response Financial Report

MDRIL002 - Israel - Complex Emergency

Timeframe: 16 Jul 14 to 16 Aug 14

Appeal Launch Date: 16 Jul 14

Final Report

Selected Parameters			
Reporting Timeframe	2014/07-2015/06	Programme	MDRIL002
Budget Timeframe	2014/7-2014/08	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		**192,267**				**192,267**	
B. Opening Balance							
Income							
Other Income							
DREF Allocations		*192,268*				*192,268*	
C4. Other Income		***192,268***				***192,268***	
C. Total Income = SUM(C1..C4)		**192,268**				**192,268**	
D. Total Funding = B +C		**192,268**				**192,268**	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		192,268				**192,268**	
E. Expenditure		-186,320				**-186,320**	
F. Closing Balance = (B + C + E)		5,948				**5,948**	

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Budget Timeframe	2014/7-2014/08	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure						Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/ RC work	Joint working and accountability	TOTAL	
	A						B	A - B
BUDGET (C)			**192,267**				**192,267**	
Relief items, Construction, Supplies								
Food			25,672				**25,672**	**-25,672**
Medical & First Aid	4,000		2,676				**2,676**	**1,324**
Other Supplies & Services			1,103				**1,103**	**-1,103**
Total Relief items, Construction, Sup	4,000		29,451				**29,451**	**-25,451**
Logistics, Transport & Storage								
Transport & Vehicles Costs	100,100		98,635				**98,635**	**1,465**
Total Logistics, Transport & Storage	100,100		98,635				**98,635**	**1,465**
Personnel								
National Society Staff	70,185		43,636				**43,636**	**26,549**
Total Personnel	70,185		43,636				**43,636**	**26,549**
Workshops & Training								
Workshops & Training	3,248		2,039				**2,039**	**1,209**
Total Workshops & Training	3,248		2,039				**2,039**	**1,209**
General Expenditure								
Travel	3,000		1,151				**1,151**	**1,849**
Financial Charges			11				**11**	**-11**
Other General Expenses			25				**25**	**-25**
Total General Expenditure	3,000		1,188				**1,188**	**1,812**
Indirect Costs								
Programme & Services Support Recove	11,735		11,372				**11,372**	**363**
Total Indirect Costs	11,735		11,372				**11,372**	**363**
TOTAL EXPENDITURE (D)	**192,267**		**186,320**				**186,320**	**5,947**
VARIANCE (C - D)			**5,947**				**5,947**	

Disaster Response Financial Report

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Selected Parameters			
Reporting Timeframe	2014/07-2015/06	Programme	MDRIL002
Budget Timeframe	2014/7-2014/08	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	192,267		192,268	192,268	186,320	5,948	
Subtotal BL2	192,267		192,268	192,268	186,320	5,948	
GRAND TOTAL	**192,267**		**192,268**	**192,268**	**186,320**	**5,948**	