

Appeal

Occupied Palestinian Territories

Follow on appeal – Gaza and West Bank - PSE101

Appeal Target: US\$ 3,539,998

Balance requested: US\$ 3,464,998

Geneva, 11 March 2010

Overall, in both Gaza and the West Bank, Palestinians are facing an overall crisis in their education, health and economic sectors as well as a crisis in protection of civilians. Children and their families continue to face violence, poverty, and insufficient access to water and other basic services. Ultimately, only a resolution to the long running political conflict between Israel and the Palestinians will begin to address the root of these afflictions, but in the interim, it is the duty of the humanitarian community to address these humanitarian concerns.

In Gaza, population 1.5 million, the situation can be described as an ongoing humanitarian crisis. The year 2009 began with the most intense episode of Israeli military violence in the history of the occupation. Between 27 December 2008 and 18 January 2009, 1,383 Palestinians (including 333 children) were killed, and 5,303 (including 1,815 children) were injured. At the height of the conflict some 80,000 to 90,000 Gazans were displaced, of which over 50,000 took refuge in 50 UNRWA emergency shelters. As of July 2009, 20,000 Gazans were still displaced. Given the import embargo, people are not able to rehabilitate their homes..

In the West Bank, population 2.4 million, 2009 saw continued displacement due to eviction and home demolition; land confiscation; drought and lack of access to existing water sources; Israeli military and settler violence; settlement construction; construction of the separation wall; food insecurity; aid dependency; and insufficient access to land, jobs, ongoing services, healthcare and education.

ACT alliance has supported a response to the on-going crisis since 2000, the latest being ACT appeal MEPL81 that was launched in July 2008 and concluded by the end of 2009. An external evaluation is presently under way to assess the results of the appeal implementation and draw lessons for how future improving. As the situation requires continued support to the affected Palestinian people, ACT members plan to implement activities both in Gaza and the West Bank in the following areas:

DanChurchAid proposes to provide assistance to education centers for 7,000 children in the age 6 to 12 years (50% girls), of which 1,920 children (50% girls) will take part in a remedial education program, 500 children will be referred for additional individual counselling, and 100 children will be referred to psychological health care providers for further psychological treatment. In addition, up to 7,200 family members of these children will participate in awareness workshops, and up to 150 community leaders will receive training as to how to support trauma affected children.

Department of Services to Palestinian Refugees/ Middle East Council of Churches (MECC) intends to provide: 6,000 families in the Gaza Strip with cash support, 90 people with work in the fields of general medicine, pharmacy, lab assistance and office support. About 10,000 patients will receive financial help to cover medical services. Community based psychosocial support and recreational activities are planned for 10,000 women, 170 men, 1500 children and 220 students. 100 students at its Vocational Training Centres are to be provided with scholarships. In the West Bank, DSPR also provides food security activities to 200 farmers.

Evangelical Lutheran Church in Jordan and the Holy Land plans to provide school fees for approximately 350 very needy students and psychosocial support to 1312 students in group sessions, individual therapy sessions and treatment by specialized institutions. ELCJHL also plans to provide teachers, staff and parents with awareness raising sessions.

International Orthodox Christian Charities together with YMCA East Jerusalem plans to create job activities benefitting 560 households in Gaza and 448 households in the West Bank, to provide food security interventions for 100 households in Gaza and 80 households in the West Bank and carry out activities to improve the educational environment of five schools in the West Bank benefitting 3,000 students.

Lutheran World Federation / World Service plans to support Augusta Victoria Hospital (AVH) in providing 208 patients from Gaza (146 women, 41 men, 21 children) with specialised cancer care, dialysis and therapeutic surgery. AVH will also supply psychosocial support to patients and families from Gaza receiving treatment.

Norwegian Church Aid plans to support Al Ahli Hospital in responding to particular needs of patients that have been caused by blockade and war, specifically to provide about 1,500 outpatients with free medical care, 750 malnourished and underweight children, 550 chronically ill women and 100 men with treatment for hypertension, diabetes, osteoporosis, 200 children with burn injuries, 600 poor women 40 years of age and older with breast cancer diagnosis. In addition, up to 1,300 people are planned to receive psychosocial support. Some 60 youth, undergraduates, and graduates will receive training for healthcare careers and 60 people will be trained to be trainers of trainers for community psychosocial support.

ACT Forum coordination and advocacy: ACT Palestine Forum (APF) members are conscious of the need to increase their joint capacity to respond to emergency and long-term development needs in the OPT in an effective and coordinated manner. To this end, activities are included to develop a strategy to address the long term emergency in the West Bank and Gaza and to better respond to accountability issues. The APF faces the need of adequate advocacy in the context of the political conflict in the regions and plans, therefore, to continue working on a communication and advocacy strategy to render the ACT alliance work both more relevant and effective.

APF members realized the critical need in Gaza for widespread psychosocial support, especially after the Gaza war in January 2009. To respond to that need, a **Psychosocial Support** component was implemented in the previous Appeal under the leadership of APF member NCA. Under the present appeal, psychosocial support services will continue to be provided to ACT alliance members and its partners. The programme plans to reach an overall number of about 180 staff members and up to 30,000 people (patients, students, parents, teachers, guardians).

Start and completion Date as follows:

Requesting member	Start date	Completion date
Dan Church Aid	1 February	31 December 2010
DSPR / MECC	1 March	28 February 2011
ELCJHL	1 March	28 February 2011
IOCC/ YMCA	1 March	31 December 2010
LWF / AVH	1 March	28 February 2011
NCA/ Al Ahli Hospital	1 March	28 February 2011
NCA / Psycho-social component	1 March	28 February 2011
NCA/ Coord, comm, advocacy	1 March	28 February 2011

Reporting as per ACT Guidelines:

Reports due to ACT	Interim narrative & financial reports	Final narrative & financial reports	Audit
Dan Church Aid	31 July 2010	28 February 2011	31 March 2011
DSPR / MECC	31 July 2010	30 April 2011	31 May 2011
ELCJHL	31 July 2010	30 April 2011	31 May 2011
IOCC/ YMCA	31 July 2010	28 February 2011	31 March 2011
LWF / AVH	31 July 2010	30 April 2011	31 May 2011
NCA/ Al Ahli Hospital	31 July 2010	30 April 2011	31 May 2011
NCA / Psycho-social	31 July 2010	30 April 2011	31 May 2011
NCA/ Coord, comm, advocacy	31 July 2010	30 April 2011	31 May 2011

Summary of Appeal Targets, Pledges/Contributions Received and Balance Requested:

	<u>Appeal Target(s)</u>	<u>Less: Pledges/ Contribution received</u>	<u>Balance Requested from the ACT Alliance</u>
Dan Church Aid	290,839	0	290,839
DSPR / MECC	983,278	0	983,278
ELCJHL	250,786	0	250,786
IOCC/ YMCA	410,319	0	410,319
LWF / AVH	362,503	0	362,503
NCA/ Al Ahli Hospital	992,366	0	992,366
NCA / Psycho-social component	148,515	75,000	73,515
NCA/ Coord, comm, advocacy	101,392	0	101,392
TOTAL	3,539,998	75,000	3,464,998

Please kindly send your contributions to either of the following ACT bank accounts:

US dollar

Account Number - 240-432629.60A
IBAN No: CH46 0024 0240 4326 2960A

Euro

Euro Bank Account Number - 240-432629.50Z
IBAN No: CH84 0024 0240 4326 2950Z
Account Name: ACT - Action by Churches Together
UBS AG
8, rue du Rhône
P.O. Box 2600
1211 Geneva 4, SWITZERLAND
Swift address: UBSW CHZH12A

Please also inform the Finance Officer Jessie Kgoroadira (jkg@actalliance.org) and the Regional Programme Officer Michael Zschiegner (mzs@actalliance.org) of all pledges/ contributions and transfers, including funds sent direct to the implementers.

We would appreciate being informed of any intent to submit applications for back-donor funding and the subsequent results. We thank you in advance for your kind cooperation.

For further information please contact:

ACT ACT Alliance Deputy General Secretary, Jill Hawkey (phone +41 22 791 60 69 or mobile phone + 4179 376 1711) **or**

ACT Regional Program Officer, Michael Zschiegner, (phone +41 22 791 6420 or mobile phone +41 79 608 8133)

Jill Hawkey
Deputy General Secretary
ACT Alliance Secretariat

0. DESCRIPTION of the EMERGENCY SITUATION

During 2009, life in the occupied Palestinian territory (oPt) continued to be characterized by poverty; unemployment; Israeli military, settler, and Palestinian factional violence; forced displacement; lack of access to basic goods and services; impeded freedom of movement; aid dependency; food insecurity – 40% overall across the oPt ([OCHA](#)); land confiscation; and inadequate access to healthcare, education, jobs and markets.

Gaza

In Gaza, population 1.5 million, the situation can be described as an ongoing humanitarian crisis. The year 2009 began with the most intense episode of Israeli military violence in the history of the occupation. Between 27 December 2008 and 18 January 2009, 1,383 Palestinians (including 333 children) were killed, and 5,303 (including 1,815 children) were injured ([OCHA](#)). At the height of the conflict some 80,000 to 90,000 Gazans were displaced ([OCHA](#)), of which over 50,000 took refuge in 50 UNRWA emergency shelters ([OCHA](#)). As of July 2009, 20,000 Gazans were still displaced ([OCHA](#)).

In addition to the human casualties, there was also large-scale damage and destruction of Gaza's infrastructure, including: 280 schools (of which 18 were totally destroyed), 29 ambulances, 58 health facilities (including 15 hospitals), government and UN buildings, water, electricity and waste-management facilities, agricultural land, roads, and 6,400 residential structures ([OCHA](#)). Damaged infrastructure in turn caused widespread electricity blackouts, interrupted water provision, and seriously compromised public sanitation due to untreated sewage. Little significant reconstruction of damaged infrastructure in Gaza has taken place since the end of the war ([OCHA](#)).

This devastation came on top of the long-running Israeli-imposed blockade of Gaza, which began in June 2007, following the Hamas political take-over. During 2009, the blockade continued to prevent or impede the transport of numerous humanitarian and civilian goods including medical equipment and supplies; building materials needed to rebuild and repair damaged infrastructure and homes; spare parts needed for water, electricity and sewage treatment plants; fuel to operate generators, vehicles and plants; paper for textbooks; food items including baking flour; cooking gas; cash; and chlorine needed for water treatment. The blockade also continued to suspend virtually all Gaza exports. In addition, Israel continued to prevent access to large swaths of agricultural land in Gaza's so-called 'buffer zone', the land abutting the Israeli border. And on the coast, Israel continued to impose a restrictive fishing zone. These measures effectively destroyed the livelihoods of some 14,000 Palestinian farmers and fishermen ([OCHA](#)).

Patients seeking specialized medical care outside of Gaza also continued to face routine delay or denial of access, sometimes with fatal results. According to OCHA, between January 2008 and July 2009, 40% of such cases were either delayed or denied and in January 2010 a two-year-old child died following delayed access to external medical care ([OCHA](#)). In general, Gaza's health sector was and is under duress: thousands were injured during the offensive and Gaza's health facilities, struggling as they are with damages and dwindling supplies, were not equipped to cope with the scale of injury. Compromised water and sanitation facilities also posed a threat to public health: even before the December 2008-January 2009 offensive, the World Health Organization (WHO) estimated that 80% of the water in Gaza was not suitable for human consumption ([OCHA](#)). By December 2009, this figure reached 90% ([OCHA](#)). Also, with raw sewage being dumped into the Mediterranean Sea, contaminated fish and shellfish were and are a concern.

Psychosocial health is another major concern in Gaza, especially for children. According to WHO estimates, as a result of the offensive, 20,000 to 50,000 people will suffer long-term mental health consequences ([OCHA](#)). A Gaza Community Mental Health Program survey revealed that, "61.5% [of children] showed severe to very severe PTS (Post-Traumatic Stress) reactions. 29.9% showed moderate PTS reactions. Trauma exposure was significantly associated with PTS reactions" ([GCMHP](#)).

During 2009, the combined impact of the ongoing blockade and the Israeli offensive further compromised and degraded Gaza's already devastated educational system. Schools were unable to grow or rebuild due to lack of building materials, classes were frequently interrupted by electricity cuts, school materials were in short supply, and student failure and dropout rates rose ([OCHA](#)).

During 2009, Gaza's beleaguered economy deteriorated even further. In late 2008, 80% of the Gaza population was already aid-dependant to varying degrees ([OCHA](#)) and 95% of Gaza's industrial operations had been brought to a complete halt ([OCHA](#)). Following the three-week offensive, estimated food insecurity reached 75% and unemployment (Palestinians 15 years-of-age and above who are actively seeking employment) in Gaza is now over 40% ([OCHA](#)).

West Bank

In the West Bank, population 2.4 million, 2009 saw continued displacement due to eviction and home demolition; land confiscation; drought and lack of access to existing water sources; Israeli military and settler violence; settlement construction; ongoing construction of the separation wall; food insecurity; aid dependency; and insufficient access to land, jobs, basic services, healthcare and education.

The separation wall is now approximately 60% complete, with an additional 10% under active construction. Upon completion, the wall will effectively annex almost 10% of West Bank land, including East Jerusalem. Some 35,000 Palestinians with West Bank IDs will be entirely cut-off from the rest of the West Bank and an additional 125,000 Palestinians will be surrounded by the barrier on three sides ([OCHA](#)).

Displacement and threat of displacement also continued in 2009. In East Jerusalem alone, conservative estimates suggest some 60,000 Palestinians are currently at risk of home demolition ([OCHA](#)) and during 2009, home demolitions and evictions in East Jerusalem and Area C of the West Bank caused the displacement of 672 Palestinians, including 336 children ([OCHA](#)). At the end of 2008 there were some 485,000 Israelis living in West Bank settlements, 195,000 of them in East Jerusalem alone ([OCHA](#)). During the year, 771 Palestinians were injured due to Israeli settler violence ([OCHA](#)).

Across the West Bank, Palestinians continued to experience unemployment with a rate of over 23% in mid-2009 ([UNRWA](#)).

Overall, in both Gaza and the West Bank, Palestinians are facing a crisis in their education, health and economic sectors as well as a crisis in protection of civilians. Children and their families continue to face violence, poverty, and insufficient access to water and other basic services. Ultimately, only a resolution to the long running political conflict between Israel and the Palestinians will begin to address the root of these afflictions, but in the interim, it is the duty of the humanitarian community to address these humanitarian concerns.

A. COMMUNITY – BASED PSYCHO-SOCIAL SUPPORT

I. REQUESTING MEMBER

Norwegian Church Aid (NCA) on behalf of ACT Palestine Forum (APF)

II. IMPLEMENTING MEMBER AND PARTNER INFORMATION

NCA is an ecumenical non-governmental organization working to protect and uphold people's rights. NCA has supported local organizations and institutions since the 1950s and has had an office in Jerusalem since 2005, which covers the Middle East including the Occupied Palestinian Territories (OPT).

The ACT Palestine Forum (APF) was established in 2008 and is composed of ACT members Middle East Council of Churches/Department of Service to Palestinian Refugees (MECC/DSPR), Lutheran World Federation (LWF), International Orthodox Christian Charities-Jerusalem West Bank Gaza (IOCC-JWBG), East Jerusalem-Young Men's Christian Association (EJ-YMCA) (not an ACT member but implementing in partnership with IOCC-JWBG), DanChurchAid (DCA), Christian Aid, Evangelical Lutheran Church in Jordan

and the Holy Land (ELCJHL) and Norwegian Church Aid (NCA). Since its inception, APF has focused on improving the coordination and cooperation between member organizations, and on conducting needs assessments, emergency preparedness planning, evaluations, and strategic planning.

As a result of the activities of the Forum, APF members realized the critical need in Gaza for widespread psychosocial support, especially after the Gaza war in January 2009. To respond to that need, a Psychosocial Support component was implemented in the previous Appeal under the leadership of APF member NCA.

Background of APF Psychosocial Program

A number of the ACT members working in Gaza had valuable experience in psychosocial support from previous and present interventions, but only very limited knowledge and practice in applying structured psychosocial *community-based* activities. The ACT members worked in different ways to support their staff as well as the beneficiaries of their humanitarian programs. Therefore, the objectives of the previous Psychosocial Support program were 1) coordination of efforts and staff-care 2) building capacity of ACT member staff to provide staff care and training for others to ensure sustainability of the psychosocial activities 3) to develop relevant and effective psychosocial support programs.

In order to assist the ACT members in achieving these objectives, two psychosocial consultants were seconded in February 2009 from FinnChurchAid and the Church of Sweden (COS). In August another consultant was seconded from NCA. The capacity of the ACT Forum members in Gaza was assessed and the immediate needs of psychosocial community-based work were identified. Workshops on staff-care were held for the staff of Al Ahli Hospital and DSPR/Near East Council of Churches (NECC) clinics. These were followed by workshops for the staff of DCA and YMCA/IOCC in Gaza. It proved that that there was good potential and high motivation among all staff members, but there was great need for better understanding of the conditions for staff care and basic psychosocial “first aid”. Staff-care sessions and Training of Trainers (ToT) were conducted throughout the remainder of 2009, and a mental health textbook was prepared by the Al Ahli team in cooperation with the local advisor in English and Arabic.

At the end of the activities implemented during 2009, APF members observed a great deal of progress in the extent of understanding psychosocial support and in the quality of psychosocial support services that were being provided to member beneficiaries. However, it was also apparent at the end of 2009 that the circumstances and situation in Gaza had not improved and that people were continuing to experience severe hardships, deprivations, and ongoing exposure to violence. Especially among children, the need for psychosocial support was growing rather than abating. At the same time, APF members had identified some continuing needs among staff members in understanding the *community* aspect of psychosocial support and among member organizations in sharing and collaborating in the services being provided. For these reasons, APF members determined to expand the psychosocial support program to include more coordination, direction, and cross-cutting psychosocial, educational and team-building activities and a plan of action was developed for 2010. The program proposed in this Appeal is based on that plan of action and addresses those needs.

III. DESCRIPTION OF THE SITUATION RELATIVE TO PROPOSED RESPONSE

Since 2006, the situation in Gaza has been characterized by border blockade and the embargo of basic materials, needs and services; restricted movement within and restricted immigration and emigration abroad; ongoing violence; displacement; and internal political division. The unrelenting nature of these circumstances has created large-scale unemployment and poverty, which in turn weakened basic community services and undermined normally protective community support systems. Against this background, the conflict of December 2008-January 2009 brought great suffering in the form of death and injury to civilians; destruction of homes, schools and other civilian facilities; impeded access to essential humanitarian assistance; and widespread displacement.

A population already under significant stress and deprivation was brought to a full-fledged humanitarian crisis. Following the conflict, there was little relief, as the embargo continued along with periodic Israeli military airstrikes, shootings, shellings, and incursions. Social relief and assistance services, and community and family supports were eroded further. These stressors led to problems at the individual and family levels and the psychological and social wellbeing of people were threatened.

With each round of violence and loss, the number of people with mental health and psychosocial problems increases. The violence, loss and living conditions are creating increases in mental disorders, severe mental distress, and diverse social/psychosocial problems in large segments of the population. Despite the strength and resilience of the people in Gaza, enormous effort is still needed to help support Gazans to cope with their experiences and rebuild their lives.

Emergency situations induced by disasters or conflicts disrupt normal support networks, both on the personal and community level. Experience has shown, however, that very few people usually need individual therapy. Instead, people who have a similar experience can support and assist each other to overcome the traumatic experience. There is strong empirical evidence linking positive mental health outcomes to the presence of social engagement and a strong social network. Hence Community-Based Psychosocial Support aims to reintegrate individuals and families within their communities, as well as identify and restore natural community networks and coping strategies. By focusing on strengthening the capacity of the community itself to handle the situation, fewer people will suffer from long lasting psychological problems. The availability of collective coping strategies and social support networks such as supportive families, friends, peer groups, religious and cultural institutions and communities reduce the likelihood of lasting adverse effects after a traumatic event. Thus adopting a community-based approach will enable the project to reach and help a large number of people. In addition, involving the community with its knowledge, resources, experiences, values and practices makes a long lasting culturally appropriate response more likely.

IV. TARGETED BENEFICIARIES

Beneficiaries of the Community-Based Psychosocial Support program can be considered in two broad categories:

1. First are the direct beneficiaries of each member organization’s particular psychosocial services and activities. Those programs are detailed in the individual member’s proposals in this appeal. (**Column I** in the chart below.)
2. The other group of beneficiaries is composed of the staff of the ACT Palestine Forum member organizations that will benefit from the cross-cutting programs for staff psychosocial support, education, and team-building; from the guidance and expertise of the national Advisor; and from the camaraderie and enhanced efficiency of the coordinated approach to psychosocial services. (**Column II** in the chart below.)

The ACT members will select staff according to certain qualifications and experience:

1. Staff in positions working with community based organizations.
2. Staff with background in psychosocial work.
3. Staff who received previous training in psychosocial support.
4. Staff willing to commit themselves to the program trainings and activities.
5. Staff with the ability to work under pressure and in crises.

Targeted beneficiaries of the program can be classified as shown in the table below:

Organization	Column I	Column II
Al Ahli Hospital	1,300 patients (women, men, children) 60 Community leaders	60 Staff members
DSPR/NECC	10,000 women 1,500 children 170 guardians 220 students	70 Staff members
DCA/YEC	7,000 children 5,760 – 7,200 parents	6 psychosocial specialist, 3 psychosocial workers, 3

	120-150 community leaders	animators and 6 remedial education teachers. And 4 additional staff members.
ELCJHL	1312 students 300 parents 76 staff/teacher	
LWF/AVH	Approximately 208 patients	
IOCC		32 psychosocial assistants

V. PROPOSED EMERGENCY ASSISTANCE AND IMPLEMENTATION

Goal

The community-based psychosocial program has protected and promoted the psychosocial well-being of women, men, youth, and children living in Gaza.

Objectives

1. Women, men, youth, and children have access to and benefit from psychosocial support services provided by ACT members
2. The quality of psychosocial support services provided to targeted communities and groups has been improved

Activities

The activities of this program will be carried out at two levels. At one level, each of the member organizations will implement particular activities that are consistent with that member’s psychosocial objectives. At the other level, the APF will perform overarching and cross-cutting activities providing support to the member organizations. Community-based psychosocial support embodies the belief that the capacity for recovery and resilience in affected communities lies in the strength, resources, and strategies of individuals within the communities. The two-level approach of this program capitalizes on the strengths and resources of each member within its own community and constituency, while at the same time enhancing the capacities of each member as well as the APF alliance as a whole.

1. Women, men, youth, and children have access to and benefit from psychosocial support services provided by ACT members (as detailed in their individual proposals in this appeal)
 - 1.1 Provide psychosocial support services (counseling, support groups according to need to 1,300 patients; men, women, and children. (Al Ahli Hospital)
 - 1.2 Provide Training of Trainers to 60 new trainers who can provide support and training to their community-based organizations. (Al Ahli Hospital)
 - 1.3 Provide psychosocial support to 10,000 women through community clinics through awareness-raising, counseling, and discussion groups about gender issues, psychosocial care for children, and life skills. (DSPR/NECC)
 - 1.4 Provide psychosocial support to 1,500 children through summer camps and recreational activities. (DSPR/NECC)
 - 1.5 Provide psychosocial support to 220 youth through discussion groups and age-appropriate activities such as sports; to 170 guardians of the youth who are enrolled at the various vocational training centers. (DSPR/NECC)
 - 1.6 Provide psychosocial activities for 7,000 children in schools and community centers, using classroom-based interactions, drama, play and sport, discussion groups, extracurricular activities, and remedial education. (DCA/YEC)
 - 1.7 Provide support to 5,760 – 7,200 parents through family counseling, awareness-raising discussion and support groups, and capacity building for 120-150 community leaders and caregivers. (DCA/YEC)
 - 1.8 Provide group and individual support for 1312 students. (ELCJHL)
 - 1.9 Provide support to 76 teachers/staff and approximately 300 parents through awareness raising sessions. (ELCJHL)

- 1.10 Provide approximately 208 patients with a variety of psychosocial services. (LWF/AVH)
2. The quality of psychosocial support services provided to targeted communities and groups has been improved.

2.1 Deployment of national psychosocial Advisor in Gaza

He/she will be responsible for the implementation of the programme through coordination and facilitation of activities based on a plan of action developed by the consultants in cooperation with the ACT member organizations. The Advisor will provide technical support and coaching to the psychosocial staff and keep member organizations updated on psychosocial issues by disseminating information of interest and relevance among members, including training activities of common interest. The Advisor will carry out at least six peer group sessions and team building activities among all staff to strengthen motivation, coordination, and collaboration between members. Staff care was provided during the first phase and will be continued and further developed by the Advisor. He/she will together with the member organizations identify training needs and coordinate capacity building activities.

2.2 Capacity building

In order to support and strengthen the local Advisor and the member organizations the program includes the engagement of an additional local trainer and three international consultants. The international consultants will provide specific trainings and workshops in addition to contributing to coaching of psychosocial staff, will provide technical support, staff care systems and advice on further development of the program including project planning, implementation, monitoring and reporting.

Specific capacity building activities already identified:

- Training of Trainers level 2 and 3, which is a continuation and follow up of level 1 in previous year. The training will focus on various capacities which include communication skills, drama training, group and family counseling, child development and training practices for teachers and children at schools.
- Five workshops address needs already identified:
 - One day workshop for the teachers at the Orthodox school.
 - Two days follow-up workshop for Al Ahli staff. The workshop will address how to plan a ToT training and what is the recommended process when planning for a ToT. In addition one learning objective is for the participant to better understand how a community based approach can be applied.
 - Two days follow-up workshop for DSPR/NECC staff. The training will emphasise on youth, anger, conflict resolution and diversity.
 - Five day workshop for the psychosocial staff of NECC, Al Ahli and DCA/YEC on the project cycle (assessment, project design, implementation, monitoring and evaluation). This workshop will be implemented by an international consultant.
 - Three day workshop for all the psychosocial staff of NECC, Al Ahli and DCA/YEC. The topic will be about gender and disaster. Subject to be addressed is how disasters affect men and women differently and how men affected by disasters can be addressed. This workshop will be conducted by an international consultant.
- Three workshops addressing needs not yet identified. In March and August 2010 the national Advisor will do a mapping of further training needs. Subsequently the Advisor will design workshops according to needs.
- Supervision/peer groups. The psychosocial group comprises 20 people from three organizations (Al Ahli, NECC and DCA/YEC). In order to exchange knowledge and experience the group will meet three times during 2010.
- Ongoing technical support and coaching for the psychosocial staff

2.3 Team building

During 2010 two days with team building and staff care activities will be provided for the psychosocial staff. In addition to the direct benefit of such activities the aim is to strengthen coordination between ACT members.

2.4 Emergency Planning

Contribute to the development of an emergency preparedness plan that specifically includes plans and contingencies for providing psychosocial support in emergency circumstances.

Project Implementation Methodology

As noted, there is a dual aspect to this program. First, each member organization will implement its own psychosocial activities which align with its objectives. The implementation methodologies for these member activities are detailed in their sections of this Appeal.

The second aspect is the oversight and coordinating role of the APF in bringing about improved psychosocial services in the member communities. The deployed national psychosocial Advisor will play the lead role in managing the joint activities through overseeing, administering, and coordinating the Community-Based Psychosocial Support program. Although each member will carry out its own specific activities, the national Advisor will facilitate communication among members to enhance everyone's capacity.

Trainings and workshop will be based on a rights based, participatory approach with active involvement of the participants. Technical support and some of the trainings are follow up from the previous year while others will be based on needs identified by the Advisor in cooperation with the members and the communities.

The program includes the involvement of three international consultants, preferably the two consultants who have been involved in 2009. Consultant 1 is scheduled for two visits with duration of 2-3 weeks each time. Consultant 2 who has been seconded from FCA is present from the start of the year and will continue doing training of trainers the first one and a half months. It is planned for her to come back for one period for around 1-2 weeks. A third consultant, not yet identified, is scheduled to have training on men in disasters for about one week.

The Advisor will be assisted in implementation by NCA who will play a local supervisory role, by Church of Sweden, the lead ACT agency for psychosocial issues, and by the APF infrastructure.

Planning Assumptions, Constraints and Prioritisation

The implementation could be affected by

- Limited experience in coordination and collaboration among the ACT members as well as with other NGOs and UN clusters.
- Events on the ground such as new conflicts, internal political divisions, deprivations, etc.
- Limited knowledge about the concept of community-based psychosocial support among staff and general population.
- Ongoing trauma to member staff and the persistent need for staff-care.
- Physical access to Gaza is restricted, in particular for Palestinian colleagues with residence in the West Bank.
- Extremely difficult working conditions in bombed residence quarters, lack of basic medical supplies.

Implementation Timetable

The anticipated project duration is 12 months from March 2010 to February 2011.

Transition or Exit Strategy

The ultimate exit strategy is the end of psychosocial trauma and injury in Gaza; at the present time, this outcome seems far in the future. In the interim, the transition strategy should be to increase the capacity of targeted individuals, local caregivers and community-based organizations to carry on independently. In the face of continued and ever-increasing need and the limited capacity at this time, however, this strategy cannot likely be accomplished within the one-year project period and so continuation of the project beyond that time will almost certainly be required.

VI. ADMINISTRATION & FINANCE

NCA will be responsible for the administration of the joint psychosocial support program on behalf of ACT Palestine Forum.

- Funds will be channeled through NCA HQ for proper recording in the NCA financial system
- NCA allocates the income to activities in the program
- NCA reports on expenditures
- NCA reports on the implementation of activities
- NCA is responsible for personnel administration of the local advisor in Gaza
- NCA is responsible for signing agreements with external trainers and other consultants on the project

Necessary additional administrative support will be provided by one of the ACT members in Gaza. A local office in Gaza will be funded by ACT and administered by the ACT Palestine Forum through the ACT Coordinator in Jerusalem.

VII. MONITORING & REPORTING

The local Advisor will be responsible for the implementation of activities in cooperation with ACT members and NCA on the basis of work plans prepared and approved by the APF at the beginning of the roll out of activities.

The joint program will be monitored by the ACT members in Gaza, ACT Palestine Forum and NCA. Church of Sweden, as ACT’s psychosocial lead agency, will provide oversight and support by monitoring and providing input to the program through communication and consultations and at least two visits during the year. In addition, NCA will conduct field and monitoring visits for ACT members to follow up with activities and achievements of the program.

The Gaza based Advisor will initially provide weekly reports to NCA. S/he will provide monthly reports to the ACT Palestine Forum assisted by the members who will integrate the psychosocial components into their own reports. These reports should comply with standards set by the ACT Palestine Forum. NCA will be responsible for submitting an interim and final report to the ACT Coordinating Office according to ACT formats and guidelines.

VIII. CO-ORDINATION

ACT Members included in this appeal are members of the ACT Palestine Forum and maintain good working relationships and communications with one another. The psychosocial community-based activities will be coordinated through the approved structures and processes established by the ACT Palestine Forum. The Forum holds regular meetings attended by the representatives of the Forum members. Members will be focusing on improved coordination, cooperative work, needs assessments, emergency preparedness, evaluations, and other priorities. The intervention areas and sectors have been fully communicated among ACT members involved in the appeal.

The local Advisor together with implementing ACT members in Gaza will be responsible for coordinating with UN clusters and other relevant actors.

IX. BUDGET

	Type	No.	Unit Cost	Budget
INCOME - Through ACT Geneva				
List by donor name and fill in amount				
INCOME - Cash and In Kind Donations Received Directly				0
List by donor name and fill in amount				

	Type	No.	Unit Cost	Budget
INCOME PLEDGED (both through ACT Geneva and directly)				0
NCA				50,000
Church of Sweden				25,000
TOTAL INCOME				75,000
EXPENDITURE				
DIRECT ASSISTANCE				
<u>Psychosocial Support Workshops</u>				
Workshop: teachers Orthodox school (15-20 persons)	day	1	225	225
Follow-up workshop Al Ahli (6 persons)	day	2	135	270
Follow-up workshop NECC (14 persons)	day	2	225	450
ToT level 2 (20 persons)	day	14	430	6,020
ToT level 3 (20 persons)	day	4	430	1,720
Workshop: Project cycle (32 persons)	day	5	1,060	5,300
Workshop: Disaster and gender (32 persons)	day	3	1,060	3,180
Workshop: topic not yet identified (10-15 persons)	day	6	917	5,502
Supervision/peer groups (20 persons)	session	3	334	1,002
Emergency Planning				0
Team building (32 persons)	activities	2	1,000	2,000
Technical support: ongoing	ongoing			0
<u>Direct Programme Related Costs</u>				
Local advisor salary (incl. insurance & benefits)	month	11	2,500	29,700
Translator	day	12	200	2,400
<u>Consultancy Cost</u>				
Consultant Fees # 1 (21 days+20)	day	41	500	20,500
Consultant Fees # 2 (20 days)	day	20	500	10,000
Consultant Fees # 3 (7 days)	day	7	500	3,500
Consultant Fees # 4 (6 days) not identified	day	6	500	3,000
Consultant Fee (proposal writing)	day	5	350	1,750
Local consultant Fees	day	10	250	2,500
<u>Accommodation for Consultants</u>	day	74	100	7,400
<u>Other</u>				
Travel & transportation	trip	4	1,667	6,668
Recruitment - advertisements	advertisement	3	75	225
Sub Total				114,979
TOTAL DIRECT ASSISTANCE				114,979
TRANSPORT, WAREHOUSING & HANDLING				

	Type	No.	Unit Cost	Budget
Transport				264
TOTAL TRANSPORT, WAREHOUSING & HANDLING				264
OPERATION COST (Gaza Office)				
Gaza Office rent	month	12	850	10,200
Gaza Office Utilities	month	12	250	3,000
Gaza Office Stationary	month	12	70	840
Communications				
Telephone and fax (Gaza Office)	month	12	100	1,200
TOTAL OPERATION COST (Gaza Office)				15,240
Audit	estimate			4,000
TOTAL AUDIT				4,000
INDIRECT COSTS: PERSONNEL, ADMINISTRATION, OPERATIONS & SUPPORT				
Staff salaries & Benefits (Jerusalem Office Support)				
Accountant 5%	month	12	100	1,200
Programme Coordinator 15%	month	12	550	6,600
Communication	month	12	20	240
Total Salary				7,800
Staff benefits				936
-				
Staff Travel to Gaza	visit	5	150	750
Accommodation	day	4	55	220
-				
TOTAL EXPENDITURE				144,189
International Coordination Fee (3%)			0	4,326
TOTAL EXPENDITURE incl Int coordination fee				148,515
Income				75,000
BALANCE REQUESTED				73,515

B. COORDINATION/CAPACITY BUILDING & ADVOCACY/COMMUNICATIONS

I. REQUESTING ACT MEMBER

Norwegian Church Aid (NCA) on behalf of ACT Palestine Forum (APF)

II. IMPLEMENTING ACT MEMBER & PARTNER INFORMATION

NCA is an ecumenical non-governmental organization working to protect and uphold people's rights. NCA has supported local organizations and institutions since the 1950s and has had an office in Jerusalem since 2005, which covers the Middle East including the occupied Palestinian territories (OPT).

Coordination of ACT members in the OPT and coordination of the ACT appeal is the responsibility of the ACT Palestine Forum (APF). The APF was established in April 2008 and is composed of ACT members Middle East Council of Churches/Department of Service to Palestinian Refugees (MECC/DSPR), Lutheran World Federation (LWF), International Orthodox Christian Charities-Jerusalem West Bank Gaza (IOCC-JWBG), East Jerusalem-Young Men's Christian Association (EJ-YMCA) (not an ACT member but working in partnership with IOCC-JWBG), DanChurchAid (DCA), Christian Aid, Evangelical Lutheran Church in Jordan and the Holy Land (ELCJHL) and Norwegian Church Aid (NCA). Since its inception, APF has engaged in a range of activities including: improving the coordination and cooperation between member organizations, conducting needs assessments, emergency preparedness planning, conducting evaluations, and strategic planning.

The chairing of the Forum meetings rotates among the members. The present chair is MECC/DSPR.

Background of ACT Palestine Forum

After its inception in April 2008 APF was meeting monthly, learning to work as a Forum, and identifying priorities for the Forum to focus on in order to improve the functioning of the Forum and its members. The Israeli war against Gaza in December 2008/January 2009, forced APF to act quickly without having a preparedness plan in place. The APF agreed to a coordinated response to the Gaza emergency through ACT Appeal MEPL81. The APF established a Gaza Emergency Coordination Team to facilitate procurement and logistics on behalf of the Forum in the emergency phase of operations (January - March). This team and the broader Forum were supported by a number of facilitators, seconded by APF members, through the end of February 2009. In May a local coordinator was seconded by NCA to coordinate and facilitate all issues related to the APF, including the ACT appeal. This includes arranging and facilitating meetings and workshops; circulating various documents, forms, and meeting minutes; and supporting an emergency preparedness planning. The secondment of this coordinator (hereafter APF Coordinator) continues on a half-time basis.

It was a challenge for many organizations, accustomed to working individually, to adapt to collective response, especially in the midst of an emergency. It was clear to the Forum that effective coordinated response requires a change in thinking and attitude from individual to collective action and profile. Despite these challenges the members are committed to move towards a more effective coordinated response. The members believe that jointly they achieve much more and play a more important role than they can do as individual actors.

In February 2009, the APF conducted a strategic planning process to strengthen the effectiveness of the Forum. Two workshops were held with the support of an external consultant. As a result of the planning the following priorities for the Forum were identified:

- Need to enhance advocacy and communication systems
- Develop APF's and members' capacities on emergency preparedness and response
- Improve monitoring and evaluation systems

To achieve these objectives and reach its maximum potential the APF needs facilitation, support, time and effort, particularly in the early phase. Following the emergency in Gaza and the joint response by the Forum in 2009 it is believed that it is essential to continue this coordination support through 2010. The geographical and

political divide between Jerusalem, the West Bank and Gaza make coordination even more important. Since Oct 2009 regular video conferences between Jerusalem and Gaza have been arranged to enhance cooperation and coordination.

The goals, objectives and activities of this proposal have been divided, below, into the following two categories of I - Coordination/Capacity Building and II - Communications and Advocacy.

III. COORDINATION/CAPACITY BUILDING CONTEXT AND BACKGROUND

Emergency Preparedness

Based on the Gaza crisis of 2008-09 the development of an emergency preparedness plan is considered critical. A team of individuals from APF, led by the APF Coordinator, has been tasked with taking the lead in this process. A first draft of an Emergency Preparedness Plan is expected in April 2010.

Capacity Building

It is necessary to conduct organizational self-assessments and establish a capacity building plan to strengthen preparedness and response of the Forum. The APF will utilize the tools provided by ACT Capacity Development Initiative (CDI) for this effort.

Code of Conduct

The APF members are committed to integrating the Code of Conduct, participatory methodologies, and protection principles in all activities – in both emergency and post emergency phases. Essential mechanisms will be required throughout the implementation of the response. The APF is committed to the following 9 basic participation/protection principles and CoC mechanisms:

- All APF members have signed the Code of Conduct and the staff of all APF members are informed and knowledgeable of the Code of Conduct.
- Joint procedures and monitoring mechanisms will be agreed upon by APF members regarding the selection of beneficiaries and monitoring of beneficiary assistance with a specific focus on gender balance.
- Supporting female heads of households signing for food rations whenever possible.
- Informing beneficiaries about the Code of Conduct (CoC); designating CoC monitors (from within the APF members including a female representative); and informing beneficiaries of these monitors.
- Report on all complaints and CoC reports and relevant issues.
- Follow up on all complaints and CoC reports and relevant issues.
- Report to APF confirming these mechanisms and / or provide explanation if not implemented.
- To increase awareness and training on these mechanisms.

In order to fully operationalise this, further awareness raising and training is needed for APF members.

Humanitarian Networks

It is important to engage in the various coordination mechanisms of the broader humanitarian and development community, especially, the NGO network Association of International Development Agencies (AIDA) and UN cluster meetings. AIDA is the principle coordination forum for international NGOs operating in the OPT. It has served and facilitated the work of its NGO members for over 30 years. AIDA's core functions are information provision, policy analysis, linkages with the relief and development assistance community, advocacy, security and training. Participation in AIDA and UN cluster networks in Jerusalem and Gaza will provide valuable information to ACT members and inform other AIDA members and UN agencies of the ACT response. Although attendance of such meetings can be by individual Forum members, it is recommended that an ACT coordinator also attend in order to keep records of the operation and the policy discussions and strengthen networking.

IV. PROPOSED IMPLEMENTATION OF COORDINATION/CAPACITY BUILDING

Goal

ACT members have the capacity to respond to emergency and long-term development needs in the OPT in a relevant, effective and coordinated manner, and which supports Palestinian society to cope effectively.

Objectives

1. Develop an emergency preparedness plan.
2. Develop a strategy for addressing the emergency in the West Bank.
3. Develop the capacities of APF through the ACT Capacity Development Initiative (CDI).
4. Develop monitoring and evaluation mechanisms.
5. Train Forum members to provide timely and high quality humanitarian assistance in accordance with international standards; participation/protection principles and COC mechanisms.
6. Regularly report and update on appeal activities and financial status.
7. Participate in and distribute relevant information from broader humanitarian and development network.

Activities

- 1.1 Support the Task Team (formed in Nov 2009) in establishing a draft emergency preparedness plan based on experience gained through the Gaza crisis. Develop quality indicators while being aware of ACT members' main concerns and needs when moving towards closer coordination and joint planning.
- 1.2 Present preparedness plan draft to ACT members, document comments/reactions.
- 2.1 Facilitate a strategic planning process for the West Bank among APF members.
- 3.1 Facilitate a self assessment process based on the ACT Capacity Development Initiative.
- 3.2 Facilitate the formulation of a plan for capacity building among ACT members in order to meet bench marks agreed upon.
- 3.3 Conduct training according to capacity building plan (may require external consultants).
- 4.1 Facilitate discussion on joint monitoring and evaluation systems.
- 4.2 Prepare draft procedures for monitoring and evaluation
- 5.1 Facilitate training on monitoring and evaluation, and on ACT basic principles including participation, protection, and Code of Conduct.
- 6.1 Maintain and distribute records of the implementation of the ACT Appeal and produce quarterly progress reports.
- 7.1 Attend and report on relevant meetings from AIDA (Association of International Development Agencies) and UN clusters.

Project Implementation Methodology

Due to the needs, scope of work and limited capacity of the members, the ACT Forum agreed in December 2009 to continue the engagement of a part time coordinator in Jerusalem at least through the end of 2010. The acting coordinator has been requested to continue for 2010.

Based on the experience in 2009, the coordinator is expected to continue assisting members through enhancing coordination, cooperation and developing their response and capacity. External consultants will be involved to assist when needed. Forum meetings will be chaired by members on a rotational basis and decisions will be made by the Forum. The coordinator will assist in preparing meetings, and facilitating and implementing plans according to decisions made by the APF members.

Planning Assumptions, Constraints and Prioritisation

As noted above it is assumed that funding for coordination, and an APF coordinator, will be needed at least through the end of 2010 in order to continue and capitalize on the work already done. It is further assumed that a Coordinator working at 40% of full-time will be able to provide the support needed as long as the APF members continue to be involved and cooperatively support the various activities listed above.

It is simultaneously acknowledged that much remains to be done in the context of an ongoing crisis and extremely difficult working conditions under occupation.

Priority will be given to staffing for the Coordinator position in the event of insufficient funds.

Implementation Timetable

Implementation of coordination is for March 2010 through February 2011. The APF Coordinator is already hired and working. Timeframe goals:

- First draft of Emergency Preparedness Plan by end of April
- Other tasks related to coordination will be decided in the upcoming APF meetings. A Plan of action is in the drafting process. It needs to be reviewed and approved by APF members.

Transition or Exit strategy

- Funding for coordination of the APF and an APF Coordinator is needed for several reasons, including: the relatively recent formation of APF, the many coordinated activities being undertaken at present, and the ongoing humanitarian crisis being addressed. Funding for these activities and a Coordinator is expected to decrease as the APF becomes more developed and/or as the humanitarian crisis lessens. This need could, however, continue for the medium term.

V. ADVOCACY/COMMUNICATION CONTEXT AND BACKGROUND

During the war on Gaza, the APF had significant information and communications needs. Various communication officers were engaged, both local and international, in order to meet the needs of international ACT members and media. Although the response was not based on a developed communication and advocacy strategy the information from the field was used to inform various audiences. It was also used to inform and lobby governments on behalf of the people of Gaza.

One of the results of the strategic planning process was recognition of the need to enhance the communication and advocacy capacity of the Forum. Establishing a strategy on communication and advocacy will increase the effectiveness of the Forum since it will contribute to addressing root causes of both ongoing and acute emergencies in the OPT.

A part-time Advocacy and Communication Officer was recruited in July 2009 for a period of five months. It proved to be a bit premature since the Forum had not developed an advocacy/communications strategy or focus and the recruited person had limited experience in advocacy. Even the understanding of the term advocacy was not uniform among APF members due to the different organizational backgrounds and policies around advocacy. Therefore an advocacy workshop was conducted for ACT members in Jerusalem in November. Christian Aid, an ACT member with considerable advocacy expertise, facilitated the workshop. The workshop resulted in a common understanding of the concept and an agreed focus; the blockade of Gaza. It was agreed to have a future workshop developing a detailed strategy.

VI. PROPOSED IMPLEMENTATION OF ADVOCACY/COMMUNICATION

Goal

ACT Palestine Forum is an effective and visible actor advocating for the rights of Palestinians.

Objectives

1. ACT Palestine Forum develops an advocacy strategy and allocates necessary human and financial resources to implement it.
2. ACT Palestine Forum is an active participant in advocacy networks.

Activities

- A workshop will be held to design an advocacy strategy.
- One to three areas of focus will be identified for advocacy initiatives.
- An experienced person to strengthen the advocacy efforts of the Forum will be recruited.

Project Implementation Methodology

During the advocacy workshop in November 2009, it was agreed that it was necessary to recruit an experienced person to support the advocacy and communication work of the Forum. It was further agreed that this person (hereafter Advocacy/Communications Officer) will need to be a non-national to allow for travel between Jerusalem and Gaza given Israeli restrictions.

A committee will be formed by the APF members to draft the TOR for this new position and go through the recruitment process. The Advocacy/Communication Officer will report to the APF chair and the Forum.

Planning Assumptions, Constraints and Prioritization

The most critical component for achieving the advocacy and communications objectives is sufficient funding in order to hire the Advocacy/Communications Officer. Without this additional support the Forum will continue to struggle to provide the communications and advocacy information and function it strives to.

As noted above funding priority will go to the APF Coordinator position.

Implementation Timetable

Implementation of advocacy and communication is for March 2010 through February 2011.

Transition or Exit strategy

- The humanitarian crisis in OPT is the result of a political crisis rooted in occupation. As long as such conditions continue it is imperative that the Forum have an effective communication and advocacy function. The need for funding support could continue for the medium term.

VII. ADMINISTRATION AND FINANCE

NCA will provide support to the implementation and monitoring of the coordination/capacity building and advocacy/communications through its regional office in Jerusalem. The funds will be managed and reported by NCA.

NCA will be responsible for the recruitment of external consultants in cooperation with ACT Office in Geneva.

NCA finance officer will keep records and assist in processing payments and ensure accurate financial record keeping and adherence to the cooperative agreement

NCA will be responsible for signing the agreements for coordination (this includes external consultants) and advocacy & communication positions.

VIII. MONITORING, REPORTING & EVALUATION

The APF shares a collective responsibility for the monitoring of this component of the Appeal. These functions are for the benefit and strengthening of the entire Forum. As such it is critical that all the members are engaged with these components throughout this appeal.

Ultimately, however, monitoring and reporting to ACT is the responsibility of NCA as the requesting agency. Reporting will be as follows:

- Interim report – 31 July 2010
- Final report: 28 February 2011.

An evaluation is not planned for this appeal. An evaluation was carried out on previous ACT Appeals, the results and recommendations of which will help to implement the present appeal.

IX. CO-ORDINATION

The APF, in particular the monthly meetings, will be the primary mechanism to ensure that coordination, capacity building, advocacy, and communication activities are carried out as planned. The APF Coordinator and Advocacy/Communications Officer will need to take lead roles in keeping the APF apprised of developments and issues, and to keep various processes moving forward.

The APF Coordinator and Advocacy/Communications Officer will attend relevant AIDA meetings and UN clusters to serve as an information link between those mechanisms and the APF.

X. BUDGET

	Type Unit	No. Units	Unit Cost USD	Budget USD
INCOME - Cash and In Kind Donations Received Directly				0
INCOME PLEDGED (both through ACT Geneva and directly)				0
TOTAL INCOME				0
EXPENDITURE				
DIRECT ASSISTANCE				
<u>Appeal Coordination</u>				
Consultant (ACT RST-writing the Appeal)				0
Travel Expenses for ACT RST Consultant		1	1,300	1,300
Information-communication- visibility- refreshments		estimate		8,500
APF Coordinator salary (40%)	month	12	1,841	22,092
Transportation	month	12	100	1,200
Communication	month	12	100	1,200
Stationary	month	12	50	600
Advocacy/Communications Officer salary	month	12	3,500	42,000
ACT Secretariat Coordination	visit	2	2,000	4,000
Sub Total				80,892
TOTAL DIRECT ASSISTANCE				80,892
TRANSPORT, WAREHOUSING & HANDLING				
TOTAL TRANSPORT, WAREHOUSING & HANDLING				0
INDIRECT COSTS: PERSONNEL, ADMINISTRATION, OPERATIONS & SUPPORT				
TOTAL PERSONNEL, ADMIN & SUPPORT				0

**Occupied Palestinian Territories –
Follow on response for Gaza and West Bank**

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ACT Appeal - PSE101

	Type Unit	No. Units	Unit Cost USD	Budget USD
AUDIT & MONITORING				
Audit of ACT Funds	Estimate			1,500
Review				20,000
TOTAL AUDIT & MONITORING				<u><u>21,500</u></u>
TOTAL EXPENDITURE				<u><u>101,392</u></u>
BALANCE OF FUNDS				<u><u>101,392</u></u>

C. DANCHURCHAID

I. REQUESTING ACT MEMBER INFORMATION

DanChurchAid (DCA)

II. IMPLEMENTING ACT MEMBER & PARTNER INFORMATION

ACT member

- **DanChurchAid (DCA)** is among the largest Danish NGOs working worldwide. It has been supporting work in the occupied Palestinian territory (oPt) since 1950. DCA is a member of both the VOICE and Concord NGO networks in Europe and has a Framework Partnership Agreement with ECHO holding a “P” partner status (the highest status). DCA also has a decentralized office in Palestine with a Program Coordinator on the ground in Gaza

ACT member’s implementing partners

Youth Enhancement Center (YEC)

YEC empowers children, adolescents and young people in the Palestinian Community and contributes to improving their life conditions through a participatory and rights-based approach to their core constituency – students and youth groups. As the first step of a twinning program between a Dutch city and the municipality of Jabalia-Nazla, Gaza, in 2004 the Youth Enhancement Centre (YEC) was established as a non-profit membership-based organisation affiliated with Jabalia Municipality. In 2008 the centre became a fully independent and registered nongovernmental organization (NGO).

YEC offers psychosocial support to youth and fosters youth capacity building, youth empowerment and encourages youth participation in all aspects of daily life. It also undertakes scientific research and targeted studies related to children.

YEC believes in the participatory approach in all levels of the project cycle. YEC has a strategic plan and it has recruitment procedures that reflect equality. YEC is a well-managed organization with job descriptions for all staff and transparent administrative and finance procedures.

YEC also works in coordination with the relevant UN cluster mechanisms inside Gaza (in this case, the Psychosocial Cluster).

YEC is a community-based organization, has good experience in community outreach services, is well respected and has a strong network inside the community.

YEC has good capacities in terms of established technical and administrative systems. They are also open to further developing their capacities to meet international standards and donor requirements.

This project continues to focus on fostering gender equality as a cross-cutting issue throughout all of DCA’s programmatic work. Therefore, the project will target girls and boys equally. In addition, YEC is a very progressive forward-thinking organization in Gaza. It has 20 staff members (50% of which are women) with gender equality represented at all levels of the organization’s management including at the very highest management levels.

III. DESCRIPTION of the SITUATION relative to PROPOSED RESPONSE

DanChurchAid (DCA) and its local partner YEC (Youth Enhancement Center) began psychosocial work in Gaza during the war that took place in Gaza in December 2008 and January 2009. That work continued in the immediate aftermath of that conflict and throughout 2009.

This ongoing work is undertaken because Gaza's children (and in fact the whole population) are facing very serious psychosocial health issues. In this regard, we can point to the following:

- A UNDP survey published early 2009, has shown that the recent fighting has taken a great economic, social and psychological toll on the lives of Gazans. The survey shows that almost two-thirds of the households polled said they needed assistance, identifying emotional and psychological aid as a top priority, followed by employment, housing, financial support and medical attention. The survey also cited signs of stress among children, such as bedwetting, nightmares, aggressive behaviour and anxiety.¹
- According to the survey/needs assessment released 1 May 2009, "Voicing the Needs of Women and Men in Gaza," produced by the UN Inter-Agency Gender Task Force, which surveyed 1,100 adults in Gaza in the immediate aftermath of the war "The highest reported health problem among all respondents is psychological trauma and stress."²
- According to the Gaza Community Mental Health Program, "61.5% [of children] showed severe to very severe PTS (Post-Traumatic Stress) reactions. 29.9% showed moderate PTS reactions. Trauma exposure was significantly associated with PTS reactions."³
- Thousands of children have lost their homes and at least 280 schools and kindergartens were damaged including 18 schools completely destroyed.⁴ Early Recovery work remains on hold due to the blockade on Gaza.
- Little significant reconstruction of damaged infrastructure in Gaza has taken place since the end of the war.⁵

In response to ongoing situation of children (and their families) in Northern Gaza, based upon our ongoing work in the area, DanChurchAid and our implementing partner YEC, plan to continue this work into 2010. This proposition has been confirmed by:

- The prioritization of the local population on the need to invest their limited financial resources on psychosocial health following food and water as their highest priorities: "There is a strong consensus between men and women concerning changes in household expenditure after the war. The overall pattern is that expenditure has increased between approximately 40 to 45% on three basic needs: food, water and psychosocial health."⁶
- DCA's own field visits and project assessments and the information learned by DCA and YEC through the previous project work
- The high prioritization of psychosocial work within the UN CAP 2010 process⁷
- The ongoing need for the project demonstrated by evidence in the UN Inter-Gender Task Force Needs Assessment (May 2009)⁸
- The acceptance (with the highest priority "A" according to the UN designation) of a project (similar to the intervention logic proposed in this proposal) proposed by DCA and YEC into the UN CAP 2010 process focusing on psychosocial work for children in Gaza

This project continues to address the fact that Gaza's children (and their families) face a conflict situation and their lives are far from any semblance of normalcy. When considered together with the ongoing Israeli blockade, extremely depressed economic conditions, environmental catastrophe, health crisis and widespread food insecurity, it is essential to continue working with children and their families. Such work seeks to give them opportunities for normal childhood experiences, which will allow them to orient themselves and their lives around something other than conflict.

¹ The CP, MHPSS and SR 1612 Working Groups - oPt - Need Analysis Framework and response strategies

² <http://www.unifem.org/jo/pages/publication.aspx?chid=6> – pg. 31

³ <http://www.gcmhp.net/> - Report: Trauma, grief, and PTSD in Palestinian children victims of War on Gaza

⁴ The Gaza Blockade: Children and Education Fact Sheet. July 2009

⁵ http://www.ochaopt.org/documents/ocha_opt_humanitarian_monitor_monthly_report_2009_09_15_english.pdf - pg.2.

⁶ <http://www.unifem.org/jo/pages/publication.aspx?chid=6> – pg. 37

⁷ DanChurchAid has participated actively in the whole process including a highly visible role in the psycho-social sector

⁸ <http://www.unifem.org/jo/pages/publication.aspx?chid=6>

In addition, we note that according to recent needs assessments undertaken in Gaza,⁹ the following problems were highlighted regarding psychosocial support:

- 25% of survey respondents mentioned that they did not have access to information of where they could get psychosocial support¹⁰
- 16% of survey respondents noted that the location where they could secure psychosocial support was far from where they lived¹¹
- 14% of survey respondents noted that they could not afford psychosocial care.¹²
- 10% of survey respondents were ashamed to ask for help.¹³

IV. TARGETED BENEFICIARIES

Number and type

- 7,000 six to twelve (6-12) year-old children (50% girls)
- 5,760 – 7,200 family members of these children
- 120-150 Civil Society Leaders

Number of targeted beneficiaries according to proposed assistance

- 7,000 six to twelve year (6-12) old children (50% girls) will participate in the three centers' activities. Some of these children will benefit from additional support:
 - 1,920 children (50% girls) take part in a remedial education program
 - Approximately 500 of the children will be referred for additional individual counselling
 - Approximately 100 children will be referred to psychological health care providers for further psychological treatments.
- 5,760 – 7,200 family members of these children will participate in awareness workshops
- 120-150 Civil Society Leaders will receive training on how to support trauma affected children

Location

The project will provide psychosocial activities for 7,000 young people (aged 6-12) in three YEC sponsored community centers in Northern Gaza border areas hard hit as 'front line' communities in the war.

1. Jabalia Camp Region – Northern Gaza
2. Beit Lahiyah Region – Northern Gaza
3. Bet Hanoun Region – Northern Gaza

Criteria for the selection

Through coordination with INGOs, UN agencies and local NGOs, DanChurchAid will ensure that its intervention responds only to those children who continue to be negatively affected by the war and who are not receiving any other assistance.

This will be ensured through:

- Social worker consultations with relevant stakeholders
- Coordination and networking with local community based organisations (CBOs)

These consultations and coordination will be done utilizing the previous experience of YEC and DCA in working with children in Northern Gaza's schools during 2009.

⁹ <http://www.unifem.org/jo/pages/publication.aspx?chid=6> - "Voicing the Needs of Women and Men in Gaza"

¹⁰ <http://www.unifem.org/jo/pages/publication.aspx?chid=6> – pg. 33

¹¹ Ibid.

¹² Ibid.

¹³ Ibid.

V. PROPOSED EMERGENCY ASSISTANCE & IMPLEMENTATION

Goal

Develop sustainable coping strategies for Gazan families by providing psychological and emotional recovery for children moderately¹⁴ traumatized by the recent war in Gaza through community-based psychosocial support.

Objectives

1. To facilitate 7,000 Gazan children's return to normal psychological and emotional development by addressing irrational fear, anxiety, insecurity, rage, withdrawal, and other symptoms of moderate traumatization.
2. To strengthen the social support networks surrounding traumatized children by establishing networks of individuals in their lives, such as parents, family members, friends, teachers and community leaders who may participate in the children's psychosocial rehabilitation.
3. To develop sustainable specific targeted coping strategies for vulnerable families and children in Gaza facing the current situation.

Activities and Methodology

Objective 1: To facilitate 7,000 Gazan children's return to normal psychological and emotional development by addressing irrational fear, anxiety, insecurity, rage, withdrawal, and other symptoms of moderate traumatization.

Based upon our own internal assessments and the facts on the ground in Gaza, DCA and YEC are responding to the need to continue with psychosocial activities in Gaza. We are focusing our project intervention logic on moving outside of the school environments and into the local communities with the opening of three community centers in Northern Gaza.

The project will provide psychosocial activities for 7,000 young people (aged 6-12) in three YEC-sponsored community centers in Northern Gaza's border areas; "front line" communities that were hard hit during the December 2008-January 2009 war.

The physical set up of the centres will ensure equal access for all, and the conditions will be safe and hygienic (with facilities for girls and boys) with adequate lighting and space for the proposed activities. (All physical assets secured in the project will be transferred to YEC at the project end.)

The project targets the 7,000 children referenced above in the target areas through the three centers.

These centers operate according to the following general outline:

- The three centers are open six days per week
- The three centers operate six hours a day (minimum)
- The three centers will reach 200 children a day (minimum 50% girls)
- The total number of children/day that the three centers will reach during the project period is 187,200
- The three centers will publish a schedule for their work

Throughout the psychosocial/therapeutic activities, including (amongst others) psychodrama, art and counselling, the project will also informally identify severely traumatized and psychologically disturbed children in the target group and refer them to qualified mental health professionals for psycho-therapeutic treatment.

¹⁴ Severely traumatized children in need of psycho-therapeutic treatment will lie outside the scope of this project and will therefore be referred to qualified mental health professionals.

The approach of the project includes a mix of activities in the YEC sponsored centers:

1. Fun activities
2. Drama work,
3. Art (drawing) therapy, and
4. Guided play,
5. Group counselling activities.¹⁵

With a ‘right to play’ focus, which also facilitates parental participation and involvement, a comprehensive plan for the activities at each center will be developed to include these and all activities below.

At the end of the project period, three exhibitions of the children’s paintings and drawings will be presented to show all interested people and stakeholders how the children expressed their feelings during the project, giving a better glimpse into their lives in Gaza.

Objective 2: To strengthen the social support networks surrounding traumatized children by establishing networks of individuals in their lives, such as parents, family members, friends, teachers and community leaders who may participate in the children’s psycho-social rehabilitation.

Through the establishment of networks of parents, family members, friends, teachers and community leaders, the project seeks to strengthen the social support networks surrounding the traumatized children.

This will include:

2. 264 awareness workshops for families and parents of the children on different psychosocial topics.
 - Three teams will conduct a total of 264 community awareness raising sessions (each team will conduct 96 sessions over 48 weeks – two per week) in CBOs or institutions outside of the centers. At 20 to 25 attendees per session total participation is expected to be between 5,760 – 7,200 individuals. It is also hoped that at least one parent of at least 35% of the children from the centers will be among these attendees (about 2,450 parents).
 - These 264 activities will be enhanced with the distribution of leaflets, books, educational handouts and other awareness-building materials. The role of parents and building community awareness will be prioritized.
3. Six training courses organized at each center targeting local civil society leaders focusing on the psychosocial interventions and the best techniques to address the trauma-affected children. Each civil society leader will be exposed to 30 training hours, totalling 180 training hours.
4. Referral of traumatized children for more intensive psychotherapeutic treatment with professional mental health organizations – this will be undertaken for severely disturbed children with the view to get these children back to a level of normalcy as soon as possible.
5. Supplementary remedial education for needy students – The three YEC-sponsored centers will conduct remedial education classes for 1,920 needy students. Each of the three centers will employ two teachers full time to work six days per week. Each day a total of eight classes (based on shifts) will be taught. Each class targets 20 students and these classes will operate for a one-month time frame after which a new cycle of classes targeting other students will be undertaken. Following each cycle, the YEC team will undertake an activity targeting the benefiting students families to ensure that the families have tools to assist them in following up on their children’s education.

¹⁵ Note that children who take part in the daily program will be identified for more advanced psycho-logical interventions based upon the design of the program. There will be no individual counselling taking place in this program. All identified children will be referred to psychological professionals in an informal private way based upon YEC’s identification of psychologically needy children based upon the design of the program and YEC’s staff experience.

Objective 3: To develop sustainable specific targeted coping strategies for vulnerable families and children in Gaza facing the current situation.

A key output of this project is the collection of ideas and inputs from the benefiting communities on how they see specific targeted coping strategies being developed for their benefit. Through the mobilization of resources, our own experience, solid data and stakeholder analysis, DCA will work to produce specific targeted coping strategies for vulnerable children and families in Gaza to help them to better face the current circumstances. These strategies will focus on the whole community looking within and seeking to first help the most vulnerable and then the community as a whole. Children will have a key role in this program segment as the key entry point where DCA and YEC can engage the community to learn of their specific needs in light of the current situation. In December 2009, a short term DCA Consultant completed work on a study of the development of sustainable coping mechanisms for very poor families in Gaza.

Adherence to the standards and cross-cutting issues

DCA is committed to the NGO Red Cross and Red Crescent Code of Conduct, Sphere Standards, Humanitarian Accountability Partnership (HAP) benchmarks, and as an ACT member is a signatory to all relevant ACT standards.

DCA also conducts its work with gender equality and a 'rights based approach' as cross cutting issues. For more information on these issues, see:

http://www.danchurchaid.org/newsletter_publications/publications - documents - Gender Equality and Rights-Based Commitment

Inputs for Project Implementation

- Staff salaries
- Theatrical props
- Toys
- Painting equipment
- Musical instruments
- Exhibition materials
- Center equipment (chairs, tables, office chairs, carpets, cupboards, sport equipments)
- Computers
- Furniture
- Sport equipments
- Office supplies

Planning Assumptions, Constraints and Prioritisation

The project does have risks inherent in its work. Chief of these in Gaza would be the resumption of war. However, our experience indicates that even during active conflict it is possible to undertake emergency psychosocial interventions by phone and through community-based outreach. Project work can be delayed until fighting stops and, alternatively, can be moved directly out into the affected communities.

If conflict were to escalate, there could be a possibility of reoccupation and the reinstatement of strict closures and curfews. In that case, the project would have to rely more on the efforts of community-based actors, and work more through localized actions and via telephone.

Beneficiaries may be reluctant to participate in such a situation. However, this risk is mitigated through working closely with stakeholders and relying on the good reputation of YEC in Northern Gaza. Mitigation strategies, if needed, could also include working with smaller groups at the community level and possibly holding focus group meetings with beneficiaries to determine other possible approaches.

There also exists a risk that the psychosocial work we are undertaking may also be undertaken by other actors in the North Gaza area. To ensure that this risk is mitigated, DCA and YEC has submitted the project through the

UN Cluster/CAP mechanism (with the project receiving the highest priority) so the visibility of the project is assured and coordinated through the UN Cluster leads for Mental Health/Psycho-Social Health sector.

Activities proposed under this Appeal will be prioritized according to the geographic areas needing the most attention in the event that full funding is not secured. The activities proposed in the centers will be reduced.

Implementation Timetable

Activities February 2010 and end December 2010 (11 months duration).

Transition or Exit strategy

After the project period ends, YEC will continue to work with the children (and their families) in order to strengthen the children's (and their families) ability to live under the hard conditions in Gaza. DCA will also assist YEC to mobilize additional resources to expand YEC's community outreach in North Gaza. It is a part of YEC's long term strategy to create multiple YEC community centers in Gaza, providing alternative services that benefit all of Gaza's children regardless of their economic condition, social status, culture, age, disability or gender.

Additional research studies on the subject of children and their families will be undertaken during the time frame of this project with support from other agencies. These studies, coupled with the findings from this project, will provide DCA with relevant data to assist in the design of additional programs to help the families in Gaza who benefited from this program to participate in sustainable coping mechanisms and strategies. DCA is now studying the development of sustainable coping mechanisms for very poor families in Gaza.

VI. ADMINISTRATION & FINANCE

Inputs for project implementation - The following items are partially financed within this project. For precise budget details, please see attached budget.

- **DCA Palestine Gaza Program Officer** will consult with his supervisor; make decisions within an assigned scope of work, assign tasks and responsibilities, conduct field visits, arrange services and goods and coordinate payments to partners in the actions and network with other organizations to ensure adherence to the cooperative agreement.
- **DCA Gaza Finance Officer** will keep records and assist in processing payments and ensure accurate financial record keeping and adherence to the cooperative agreement.

Inputs for project implementation - The following items are included in the budget on a smaller percentage basis:

- **DCA Middle East Regional Representative (Mads Lindegaard)** monitors, assesses, directs, decides on, and is the accountable person for the targeted interventions.
- **DCA's Palestine Office Program Officer** will assist the Gaza Program Officer in every capacity required.
- **DCA's Palestine Office Finance Officer** in Ramallah will support the work of her Gaza colleague and help ensure compliance with Caritas Switzerland's regulations.
- **DCA's Palestine Global Funding Officer** in Ramallah assists in preparation of the initial proposal in coordination with colleagues and provides assistance for the preparation of project reports.
- DCA staff in Copenhagen provide additional inputs as needed. These include the relevant **Country Coordinator**, the **Humanitarian Response Coordinator**, the **Middle East Administrator**, the **Middle East Global Funding Program Officer**, the **DCA Procurement Officer** and the **Program Finance Officer**.

For the various positions proposed by YEC in Gaza, job descriptions and staff assignments will be provided upon request.

VII. MONITORING, REPORTING & EVALUATIONS

Monitoring and reporting

In the **Gaza Strip**, the monitoring process involves the **DCA Palestine Gaza Program Officer** in close coordination with and under the supervision of the **DCA Middle East Regional Representative** who will ensure that the interventions are undertaken according to plan, are documented accordingly, and are reported on according to the cooperative agreement.

DCA has assisted YEC with the following issues:

1. Supervision of project activities and ensuring grant compliance
2. Quality assurance and documentation of activities
3. Capacity building of the YEC program and financial team

Reporting Schedule

Interim and Final narrative/financial reports are submitted at six-month intervals to ACT or according to another agreed upon schedule defined in the cooperation agreement.

Evaluation

YEC's activities under this proposal will be evaluated by DCA's Gaza staff and supported by the DCA Middle East Regional Representative.

Activities will be evaluated as part of the joint ACT Appeal evaluation following ACT guidelines and procedures

Audit

DCA will secure the services of a reputable audit firm to undertake a complete audit of the project accounts in coordination with our DCA Palestine Finance Officer and our DCA headquarters Finance and Anti-Corruption Officer.

VIII. CO-ORDINATION

Co-ordination within the project

DCA will continue its coordination with relevant clusters lead by UN agencies (CAP Process – note that this project is approved within the 2010 CAP process), other INGOs and private individuals to ensure that the assistance offered adheres to internationally recognized standards (such as Sphere standards, where relevant) and is continually meeting the assessed need. DCA is an active participant in the psychosocial, health, logistics, and food clusters. DCA and YEC will coordinate their activities with other psychosocial actors in Gaza to ensure that no duplication is taking place.

Co-ordination with other ACT members

DCA will cooperate with other ACT members and is an active participant of the ACT Palestine Forum and coordinates with other ACT members in Gaza.

IX. BUDGET

	Type Unit	No. Units	Unit Cost US£	Budget US\$
EXPENDITURE				
DIRECT ASSISTANCE				
Sub Total				
<u>Post Crisis Phase</u>				
<u>Direct Programme Related Costs</u>				
<u>YEC Staff Salaries</u>				
Project Coordinator (100%)	Month	11.00	1,300	14,300
Technical Supervisor 3 (100%)	Month	33.00	700	23,100
Psychosocial Specialist 6 (100%)	Month	66.00	450	29,700
Animators 3 (100%)	Month	33.00	450	14,850
Psychosocial Workers 3 (100%)	Month	33.00	450	14,850
Remedial Education Teachers 6 (100%)	Month	66.00	400	26,400
Project Assistant (100%)	Month	11.00	450	4,950
Accountant (50%)	Month	5.50	450	2,475
Logistics & Supply Assistant (100%)	Month	11.00	450	4,950
<u>DCA Staff Salaries</u>				
DCA Program Officer - Gaza (30%)	Month	3.30	3,000	9,900
DCA Finance Officer - Gaza (50%)	Month	5.50	1,600	8,800
<u>Material and Training Support</u>				
Theatre Units	Set	3.00	150	450
Toys	Set	3.00	400	1,200
Painting Tools & Stationary	Set	3.00	1,000	3,000
Recorders	Units	3.00	50	150
Puppets	Set	3.00	400	1,200
Exhibition for Child Initiatives	Item	3.00	3,000	9,000
Refreshment for Awareness Workshops (2workshop X 4weeks X 3 Centers X 12 Months)	Per Workshop	264.00	30	7,920
Educational Materials for the Workshops	Per Workshop	264.00	30	7,920
Center Rent	Months / centers	33.00	400	13,200
Office Desk	Units / centers	6.00	250	1,500
Computer Tables	Units / centers	6.00	100	600
Office Chairs	Units / centers	15.00	100	1,500
Table (for adults)	Units / centers	15.00	95	1,425
Chairs (for adults)	Units / centers	105.00	18	1,890
Table (for children)	Units / centers	15.00	50	750
Chairs (for children)	Units / centers	150.00	25	3,750
Cupboards	Units / centers	9.00	200	1,800
Carpets or sport mattresses	Units / centers	6.00	100	600
Other setup cost (Telephone, Internet Installation, water tank, filter, boiler...)	Per Center	3.00	1,000	3,000
Sport Equipment, Games & Toys	Per center	3.00	5,000	15,000
Other Center related Cost (cleaning, utilities, maintenance, supplies, communications...)	Per Month / Center	33.00	600	19,800
Project Visibility Cost	Per Center	3.00	800	2,400

	Type Unit	No. Units	Unit Cost US£	Budget US\$
Sub Total				252,330
Other Related Project Cost , necessary for the Implementation				
YEC Local Transportation (Direct Staff)	Month	11.00	100	1,100
YEC- Consumables - Office Supplies and Stationaries	Month	11.00	200	2,200
YEC- Other Cost - Communication (Tel, Faxes , Internet..)	Month	11.00	100	1,100
Sub Total				4,400
TOTAL DIRECT ASSISTANCE				256,730
TRANSPORT, WAREHOUSING & HANDLING				0
CAPITAL ASSETS (over US\$500)				
Computers (1/ center)	Units	3.00	900	2,700
Printers (1/ center)	Units	3.00	250	750
Laptop (1) for Project Coordinator	Units	1.00	1,000	1,000
TOTAL CAPITAL ASSETS				4,450
INDIRECT COSTS: PERSONNEL, ADMIN, OPERATIONS & SUPPORT				
<u>DCA Staff salaries</u>				
DCA Palestine Regional Representative (5%)	Month	0.55	7,700	4,235
DCA Palestine Global Funding Officer (3%)	Month	0.33	4,900	1,617
DCA Palestine Finance Officer (10%)	Month	1.10	3,080	3,388
DCA Palestine Programme Officer (4%)	Month	0.44	2,800	1,232
DCA Palestine Administrative Officer (2%)	Month	0.22	2,100	462
DCA HQ Middle East Country Coordinator (2%)	Month	0.22	7,000	1,540
DCA HQ Procurement and Logistics Officer (1%)	Month	0.11	7,000	770
DCA HQ Finance and Anti Corruption Officer (1%)	Month	0.11	7,000	770
TOTAL PERSONNEL, ADMIN & SUPPORT				14,014
AUDIT & MONITORING				
Audit of ACT Funds	Estimate	1.00	1,500	1,500
Monitoring & Evaluation	Estimate	1.00	5,674	5,674
TOTAL AUDIT & MONITORING				7,174
TOTAL EXPENDITURE				282,368
ACT International Coordination Fee		0.03		8,471
BALANCE OF FUNDS REQUESTED				290,839

D. Middle East Council of Churches/Department of Service to Palestine Refugees (MECC/DSPR)

I. REQUESTING ACT MEMBER INFORMATION

Middle East Council of Churches/Department of Service to Palestine Refugees (MECC/DSPR)

II. IMPLEMENTING ACT MEMBER & PARTNER INFORMATION

MECC/DSPR is an ecumenical and Church-related organization which is an integral part of the Middle East Council of Church MECC; it was founded in 1950 following the 1948 Arab-Israeli War and the creation of the Palestine refugee problem. MECC/DSPR continues to operate in the Palestinian Territories (Gaza Strip and West Bank, including East Jerusalem), Jordan, Lebanon and Israel.

MECC/DSPR has always been committed to working with Palestinian refugee communities and the neediest among them to promote acceptable living conditions. Based on Christian witness through direct support, awareness-raising, capacity building, and advocacy, DSPR seeks to guarantee that Palestinian refugees' basic human rights are being realized and that they live in reconciliation with the larger communities in which they live.

In Gaza DSPR works through the Near East Council of Churches Committee for Refugee Work in Gaza (NECC) and in the West Bank through The Near East Council of Churches – International Christian Committee (ICC).

NECC (Gaza) has operated a service program for Palestine refugees in the Gaza Strip since 1951. This program covers the fields of health (primarily through Mother and Child Primary Health Clinics), vocational training, relief and rehabilitation. NECC has handled five previous similar emergency appeals.

ICC (West Bank) is a service institution that has operated since 1949. It undertakes programs in the fields of community service and infrastructure, land reclamation and rehabilitation with refugees.

MECC/DSPR and all of its local partners uphold the principles of the Code of Conduct of the International Red Cross and Red Crescent Movement, ACT Vision, Mission and Values and to the Code of Conduct on Sexual Violence, Abuse of Power, and Corruptive Behaviour. MECC/DSPR also upholds the Humanitarian Charter and Minimum Standards in Disaster Relief (SPHERE) and will follow these standards in implementing all the activities and programs of this emergency appeal.

III. DESCRIPTION of the SITUATION relative to PROPOSED RESPONSE

In the Gaza Strip, the proposed response will include all five governorates: Rafah, Khan Younis, Middle Area, Gaza, and North Gaza; whereas in the West Bank, the food security activities would be carried out only in the northern West Bank governorates of Qalqilya, Jenin and Tulkarm.

In both the Gaza Strip and the West Bank, needs and constraints are increasing everyday. People are suffering from a lack of basic health and education services and damaged, destroyed or out-dated infrastructure. The MECC/DSPR response aims at contributing to reduce the suffering of poor and affected families in the Gaza Strip and northern West Bank. With MECC/DSPR assistance families will have cash available to purchase food and other household necessities. Patients who cannot pay for medical fees will be assisted. The psychosocial program which has already started will continue with the implementation of debriefing and counselling activities. Children and mothers will have the opportunity to take their minds off the crisis and have fun by participating in recreational activities and trips organized by NECC staff with the assistance of social workers. Palestinian youth living in the Gaza Strip will be given a chance to equip themselves with useful skills by attending vocational training centres.

IV. TARGETED BENEFICIARIES

Number of targeted beneficiaries according to proposed assistance

- 6,000 families in the Gaza Strip will benefit from cash support in the amount of \$75 per family.
- Approximately 90 unemployed men and women will benefit from the generation of 5,000 working days in the fields of general medicine, pharmacy, lab assistance and office support.
- 10,000 patients (male and female) will benefit from partially covered medical services.
- 10,000 women, 170 men, 1500 children, and 220 students will benefit from psychosocial interventions, summer camps and recreational activities.
- 100 male and female students will benefit from scholarships to continue their training at the NECC Vocational Training Centres.
- 200 farmers (male and female) in the West Bank will benefit from food security activities.

Location

The majority of the activities for this appeal will take place in the Gaza Strip, with the exception of the food security activities that will take place in the northern West Bank – an area that is characterized by food insecurity.

Criteria for the selection

The beneficiary selection criteria are based on the premise that beneficiary families and individuals have become further impoverished due to the increased emergency situation.

- Individuals who have been unemployed for at least six months and whose families are dependent on them.
- Female heads of household who seek employment and are unable to find work.
- Female graduates of specialized courses, schools or universities who have not yet joined the labor force but are searching for employment.
- Families with no source of income and with children in need of basic provisions, including nutritional and medical attention.
- Families experiencing unemployment who have no alternative source of steady income.
- Families incapable of meeting the costs of medical attention and the medications required.
- Families with one or more members having special needs (e.g. medical, short-term rehabilitation, access and mobility, etc) and who have no or limited access to public or private help.
- Families with chronically ill members that cannot meet the recurring medical expenses of the chronic illness.
- Families on lists of the very needy maintained by municipalities, village and town councils, governorates, charitable organizations and community groups.

V. PROPOSED EMERGENCY ASSISTANCE & IMPLEMENTATION

Goal

To reduce suffering and improve livelihoods of the affected population

Objectives

1. Enable families through cash grants to cope with the on-going emergency situation.
2. Enable families through cash for work to cope with the on-going emergency situation.
3. Provide access to Primary Health Care services to underserved families.
4. To help Palestinian's recover from the post-war trauma and the after war stresses through a variety of interventions.
5. To empower and strengthen Palestinian youth.
6. Improve livelihoods of vulnerable farmer families.

Activities

1. Provision of cash support for an amount of \$75 for 6,000 families, so that they can cover the purchase of basic food necessities and commodities in the Gaza Strip.
2. Provision of work through the creation of job opportunities. All together 5,000 working days will be generated in the Gaza Strip.
- 3.1 Partial coverage of health care fees (in the amount of \$5 per individual) for 10,000 patients visiting the Primary Health Clinics in the Gaza Strip.
- 3.2 Provision of medicines and medical supplies for the NECC clinics.
- 4.1 Conducting summer camps and recreational activities including for children.
- 4.2 Providing group counselling sessions for women.
- 4.3 Supporting men and students with relevant trainings.
5. Provide Palestinian youth with Vocational Training scholarships to help secure a better quality of life
6. The food security program in the West Bank will include: (1) Preparation of 3,600m² of land; (2) provision of greenhouses; (3) provision of 100 sheep, feed for 6 months, 500 chickens, 750 tree seedlings, and 5,000 vegetable seeds; (4) capacity building for 200 male and female farmers.

Project Implementation Methodology

Cash for Food

Over 60 community-based organizations (CBOs) maintain lists of needy families from their communities, and provide these lists to NECC. Appointments for these families are arranged with NECC social workers who prepare a brief social study of each family. A file is established for each potential recipient which includes the social worker study, a copy of their ID, and a certificate from the referring CBO.

The beneficiary with his/her documents is then referred to the cashier who will verify approval status with the NECC Executive Director. Once approved, the beneficiary signs a receipt on which his/her ID number is also recorded and the cashier issues the cash assistance.

The equivalent sum of a food package (USD \$75) will be given in cash to the head of household, irrespective of gender. If a married couple, efforts are made to notify both spouses of the cash assistance being provided for their family. In cases where the male head of household is incapacitated for any reason, his wife will be eligible to receive the relief assistance against a duly signed receipt.

Job Creation

In the Gaza Strip, social workers will establish contact with various public and private institutions and organizations to determine job creation needs and to specify the skills and qualifications of potential candidates to fill these jobs.

Priority will be given to women and to NECC Vocational Training graduates in the fields of carpentry, metal work, secretarial studies, dressmaking, drivers, clerks, accountants, medical staff, nurses, cleaners, engineers, social workers etc.

NECC will also involve its Medical Coordinator to determine the job needs in the primary health clinics, the dental clinic, the laboratory and other medical services.

The cash-for-work applications are either received directly in our office or requests are made to local organizations for assistance in providing laborers in a variety of fields. Additionally, some applicants are referred to NECC social workers in case she or he would be available to work for two to three months. The applicants will not perform public work, as this lies within the responsibility of the authority or municipal councils.

Health Support

The staff of the primary health care centers decides on the eligibility of cases as each beneficiary family has a record at the centers that can be reviewed and verified. The three clinics are now operating at full capacity.

The three family health care centers in Shija'ia, El Daraj and Kherbet Al Adas provide medical and health awareness services, mainly targeting women and children, with emphasis on preventive care. In addition, NECC staff at the Al Shija'ia health care center conduct anti-malnutrition and anemia services.

The destruction of the NECC Shija'ia Health Care Center during the last Israeli war on Gaza was a catastrophic event, resulting in the loss of the medical equipment and medical records. Therefore, time and funds were dedicated for re-establishing the center, including: procuring needed equipment, finding an alternative site, and contacting all parents of the children who were enrolled in the program in order to continue with the treatment plans which were interrupted for two months. By the end of March Al Shija'ia Family Center was able to resume the provision of medical services.

The Health Support Program in the appeal includes assisting patients by covering part of the medical fees at a time when Gaza people most need it.

Psychosocial Support

NECC has benefited from the Capacity Building and Staff Care Program implemented in the last appeal, MEPL81, in which NECC social workers and medical staff received training by the APF Psychosocial Consultant and mental health professionals. This training has enabled NECC staff to detect problems of psychosocial nature and to provide counseling.

NECC staff will continue with the capacity building program in conjunction with APF members and the APF Psychosocial Team. NECC will also implement separate psychosocial activities which will be integrated into the operations of NECC's health clinics. Since the war has had a very severe effect on the psycho-social state of children in Gaza, there is a grave demand for social workers, psychological specialists, and other human resources in this field. The children have experienced scenes of death, blood, demolitions, family loss, injuries, and a general climate of fear and confusion. They face a particular feeling of insecurity, especially when parents seem helpless in easing their fears and concerns. Taken together, all of these factors may have a permanent effect on the development of the traumatized child's personality.

The psychosocial component in this appeal will mainly focus on working with women and children. Interventions will include support groups and the integration of art components such as theatre, drama therapy, handicrafts, and music that will empower children and increase their creativity, analytical skills, and motivation to find healthy solutions to their problems. It is expected that children will be able to enjoy their time, their self-esteem and self-confidence will improve, and they will experience an increase in creativity, self expression and motivation to learn. Moreover, children will have enhanced resilience and coping mechanisms. They will be able to process what happened to them and their families through play and creative activities in a safe environment and will have an opportunity to express their worries and concerns to trusted peers and adults. Finally, the structured activities will provide the children with a safe and secure environment, thus limiting trauma and providing protection from violence, abuse and exploitation.

Mothers have a key role to play in the psychosocial well being of their children and families. Women who come to the clinics with their children will have afternoon social worker facilitated sessions available to them. While their children are involved in the activities outlined above, mothers will be able to visit with one another as they share a snack and tea. Through these meetings, supported by the social workers, women can gain knowledge and learn skills and coping mechanisms, which in turn may help other members of their families to adjust.

During the summer when children are on their summer vacation (end of May), nine two-week summer camps will be conducted in the areas of Shijaiya, Kherbet Al Adas, and Darraj/Tuffah of the Gaza Strip. Children ages 6 to 10 years old living in the vicinity of each area will attend these summer camps. Meetings will be held between NECC Staff, and members of the various communities to plan for these camps, thus ensuring beneficiary participation and ownership.

Community members are ready to provide the places where the summer camps are to be conducted, with no charges as this will be part of the communities' contribution towards this program for the welfare of the children. Appropriate furniture and the needed tools will be moved to these places prior to the beginning of the summer activities.

Summer Camps will include handicrafts, folk dancing, singing, painting, indoor and outdoor games, lectures on hygiene, and field trips. Children will also be offered refreshments and biscuits during their stay at the camps.

The primary beneficiaries of the psychosocial program are women and children at NECC's three health clinics. But the program will also provide men with conflict resolution skills training, and students from NECC's vocational training centers with psychosocial support.

Food Security

ICC's food security intervention will provide direct and indirect assistance to 80 households in a cluster of at least four villages within the target governorates of Jenin and Tulkarm. Actions will be labor intensive and will require not less than 10,000 skilled and unskilled job opportunities throughout the set-up phase.

The communities have been selected because of the severe economic and social hardships that they have undergone during the past years. The selecting of the communities and the planning of activities was done in collaboration with community organizations, such as municipal committees and village councils.

First, ICC identifies under-served or marginalized communities that are below the standard of living relative to other areas of the West Bank. As the northern and the southern West Bank bear a higher percentage of households below the poverty line, ICC choose impact areas from these regions. Within these regions, particular attention is made to avoid areas where there is a concentration of Palestinian National Authority (PNA) and development agency activity and resources. By avoiding these areas, ICC avoids the likelihood of duplication and the waste of resources. Through this intervention, ICC is able to contribute to a socio-economic balance in the West Bank.

Village-by-village a socio-economic profile is conducted in each community within the designated cluster area. This profile charts the socio-economic condition of each village - including income sources and levels, the availability and status of agricultural lands, the structure of local governance (local village council), and what development projects, if any, have been conducted in recent years.

Initial information regarding the vital statistics and resources of the village is obtained from relevant PNA Ministries. After the initial evaluation of this information, a detailed needs assessment is obtained through direct contact with the communities. ICC field workers conduct interviews with the local village council, as well as various target groups such as women, farmers, etc. In this way, the extent of the lack of basic services is assessed and familiarity with those services that do exist would be gained. The individual area profiles are then evaluated and categorized, with consideration given to the ability of area clusters to share resources and services.

ICC will be the direct implementer of the "food security" program. It will be responsible for undertaking and completing the activities outlined above.

ICC's local partners are community members, Village Councils and Municipalities. Community participation is a major component of the ICC development strategy and, as mentioned, the community is involved from the very beginning of the project. Full community participation fosters a sense of ownership over projects and greatly contributes to sustainable human development. In the strategy of ICC, the target group not only assesses its own needs but is also requested to commit resources to the completion of the project.

The value added element of the ICC is the nature of relationship with communities. We chose to "accompany" people in setting and prioritizing their needs.

Planning Assumptions, Constraints and Prioritisation

This appeal is based on the assumptions that the situation in Gaza will continue as it is, with no escalation of the conflict or military activities. It is widely known that access of individuals and humanitarian aid, including medical equipment, will continue to be inhibited and will need coordination with the Israeli authorities.

In case of a second war, NECC's priority is to keep the family health centres running, continuing the provision of health services to patients, and to keep the staff safe and secure. To these ends, it is very important to ensure the availability of fuel, and medicines. Fuel is needed primarily for electricity, but for transportation as well.

It is also assumed that the situation in the West Bank will continue to be difficult under the reality of occupation, the separation wall, and settlement expansion, negatively impacting livelihoods, food security, and human dignity.

In the event that this appeal isn't fully funded priority will be given to the health objectives and activities in Gaza.

Implementation Timetable

Activities in this appeal will take place during a period from March 2010 – February 2011.

Transition or Exit strategy

As long as the political situation remains the same, there is no prospect of resuming normal economic activities in the Occupied Palestinian Territories. All parties involved in emergency relief have repeatedly asked the question of how the intervention relates to the sustainable economic activity of beneficiaries. As various studies have pointed out, the economic malaise of the Palestinian Territories is caused primarily by the continuing Israeli occupation. Internal political division among Palestinians exacerbates the situation yet even if this division were resolved but occupation measures continues as at present, then the dire economic and social conditions affecting a majority of Palestinians will not change - except perhaps for the worse.

An exit strategy, in the context of political turmoil and instability, will continue to be the focus of ongoing discussions among NGOs, public institutions and international agencies and partners. The ACT Palestine Forum has proposed a study on intervention strategies that can be tied to some sustainability in terms of individual and family economic independence.

The Food Security Program of DSPR West Bank would be sustainable in that the families and households involved should be able to produce their own fruits and vegetables within the first six months and barter the rest for cash. It is expected that within 14 months these families would also become self sufficient in dairy products. But this example of sufficiency or sustainability is always subject to the macro factors, particularly those military and political factors (such as land confiscation, settler violence, settlement expansion, home demolition, and movement and access restrictions) that remain decisive in constraining the hoped-for overall sustainability of intervention strategies to combat induced poverty. Thus, together with emergency intervention, there is a need for a strong advocacy program that would insist on the need to end Israeli military occupation and all of its inhibiting measures and obstacles.

Despite these challenges, MECC/DSPR is keen to link development and sustainability of projects with emergency intervention so that our work will provide needed aid to people and, at the same time, foster their self-reliance rather than their aid-dependence.

VI. ADMINISTRATION & FINANCE

MECC/DSPR's experience in issuing and implementing ACT Appeals began well before October 2000. The success of MECC/DSPR in carrying out multiple appeals is credited in part to the fact that there is no interference of Area Committees (of NECC and ICC) or the Central Committee (of DSPR) with the Appeals and their implementation. Usually, the Central Office together with the Executive Directors and Staff of Gaza and West Bank initiate discussion of the emergency situation and carry forward the process of planning for the appeal and its eventual implementation, supervision and evaluation. The Area Committees (ACs) and Central Committee (CC) are informed of the ACT appeal and of the progress done at each stage. Audited statements together with periodic reports are given to the ACs and CC for their review and comments. The ACT evaluation report and recommendations was also discussed with the CC of MECC/DSPR since it remains the highest authority for MECC/DSPR and it is empowered to step in if the situation warrants.

The Area Committees are the boards of MECC/DSPR in both the West Bank and the Gaza Strip. Board members hail from different church families and are mostly professionals such as medical doctors, teachers, tourist agents, pharmacists, etc. The practice is that each Area Committee forms subcommittees (such as a project sub-committee, health sub-committee, loan and finance subcommittee) which meet more regularly and supervise activities related to the overall program as well as to specific ACT Appeals. In the Gaza Strip the staff numbers over 70 in various fields of work and hence the organization is structured and the division of labor is spelled out. In the West Bank, the project and other subcommittees work in a supervisory manner and monitors activities and plans of work. Overall there are nine employees, five core and four in the field on a part-time basis. The Central Committee of MECC/DSPR is the ultimate overseeing body and is composed of five delegates from the various Area Committees of MECC/DSPR and four members at large nominated by the four families of Churches. The Central Committee reviews and approves individual budgets, including ACT Appeal budgets, and makes recommendations and binding decisions on planning and implementation.

Distribution of Roles and responsibilities:

- Health Coordinators will consult with the relevant board subcommittees such as medical subcommittee and project subcommittee and staff; make decisions, assign tasks and responsibilities, conduct field visits, and network with other organizations.
- Social workers will have the responsibilities of visiting local community organizations, welfare offices and families at home, check lists of families and ensure the delivery or receipt of food or equivalent. Together with the Medical Subcommittee and the staff they will decide on localities where eligible families need to receive assistance either in cash or in kind. The social workers will also undertake to assess job creation needs and to form a list of eligible candidates in the various localities, as directed by the administration. Ongoing coordination by the relevant subcommittees and staff in the centres will enable social workers and coordinators to meet regularly and review the needs of the target families.
- New Short-Term Employed Personnel will ensure capacity to deal with the community-based needs in the various projects, activities, and services to which they are attached in short contract employment.
- The Finance Officer of the Central Office; of NECC in Gaza and of ICC in the West Bank will keep separate ACT appeal balances and issue, in cooperation with coordinators, the proper bids/tenders for food supplies and other materials. The finance officer in each Area and Central Office has also the responsibility of following up all financial transactions and issuing periodic reports.
- Responsibility for the Food Program is the charge of the Executive Secretary, the Engineer, the local part-time staff, including two on-site engineers, who all have been working on food security related issues for at least the last five years.
- Executive directors of Gaza and West Bank will have overall responsibility to oversee the process of screening according to criteria of eligibility. He will also authorise dispensing of cash and funds for purchase of food and other commodity supplies and to keep updated financial and narrative records, together with lists of names of families who benefited from this appeal. The final responsibility on the implementation of the Appeal falls within the competency of the executive directors and staff
- MECC/DSPR program development officer is the designated representative for APF. The Executive Secretary of Central Office decides who is to fill this function to the best interest of MECC/DSPR and APF. Since we work as a team, the finance officer and program development officer with the executive secretary work in unison over the appeal and related issues. MECC/DSPR Central Office, in coordination with APF is contemplating having a communication officer who will coordinate reporting on the various activities of APF as well as DSPR activities and will attend the meetings of APF and if possible travel also to Gaza to report from the field there.

VII. MONITORING, REPORTING & EVALUATIONS

The Area Committee together with the Executive Director of the MECC/DSPR Central Office will have the responsibility to monitor ACT assistance. In the Gaza Strip, the monitoring process involves ensuring that the lists of neediest families and employable individuals that are provided by the governorates and institutions are verified in the offices; to ensure that these families have not received relief assistance within a year. In the West Bank ICC constantly monitors the implementation of the activities through field visits and meetings with the

beneficiaries. ICC's Project Manager is responsible for planning the activities in a timely manner and ensuring that activities are being implemented accordingly.

The Central Office receives periodic narrative reports together with monthly financial reports. The Finance Officer and Program Development Officer are responsible for report writing.

At the end of the appeal period, the external auditor assigned by MECC/DSPR Central Office will verify the process and prepare the report.

MECC/DSPR Central Office - On an ongoing basis, the Central Office Finance Officer monitors all financial transactions related to the appeal by receiving and reviewing a monthly backup of the accounting system from both the West bank and Gaza. The Finance Officer also reviews all of the internal control procedures in both localities. At the end of the appeal the External Auditor coordinates with the Central Office Finance Officer in issuing the Audit Report for the appeal after a series of reviews and in-depth verification of the accounts.

A special separate external audit will be done for the ACT funds within the prescribed period of time required by ACT. The MECC/DSPR Central Office Finance Officer together with the Executive Secretaries of both Gaza and the West Bank and their respective accountants will ensure the timely release of this audit report. The Executive Secretary of the Central Office will oversee the process.

VIII. CO-ORDINATION

Co-ordination within the project

Activities are coordinated within the project area. Staff directly related to the appeal activities will be appointed and will report to the Executive Directors of NECC-ICC and NECCCRW. Plans of action will be revisited once funding arrives, and implementation of activities starts taking place. The Central Office is always in the picture through periodic reports and photos. Moreover, the progress of appeal activities is always on the agenda of the APF meetings for discussion and sharing experiences and information.

▪ Development Committees

Coordination with other organizations depends on the nature of the activity undertaken. In the West Bank, activities related to the food security program are coordinated with the village CBOs, with local village councils and the Ministry of Agriculture. In Gaza, ongoing coordination with UNRWA, the Ministry of Health and CBOs is part of our work and its implementation. In the Family Health Centers and Vocational Training Centers various organizations of civil society are involved in enabling our students to gain first hand knowledge and to practice in their respective fields.

Co-ordination with other ACT members

MECC/DSPR is an active participant in the ACT Palestine Forum and is currently serving as Chair of the Forum. Forum members meet almost twice a month to follow up on appeal activities and other issues related to coordination. Forum members have conducted a joint Strategic Planning Process, created an Advocacy plan, and will soon be undertaking the process of preparing an Emergency Preparedness Plan.

Co-ordination with other organisations in the area of intervention

ICC and NECC are constantly coordinating with local NGOs that are working on the ground in the same field. Moreover, ICC and NECC participate in the relevant UN Clusters and are in contact with other INGOs.

IX. BUDGET

	Type Unit	No. Units	Unit Cost USD	Budget USD
INCOME - Through ACT Geneva				
				0
INCOME - Cash and In Kind Donations Received Directly				
				0
INCOME PLEDGED - directly for West Bank Food Security Program				
TOTAL INCOME received and pledged				0

EXPENDITURE

2010 APPEAL ASSISTANCE: 01 Jan - 31 Dec 2010

DIRECT ASSISTANCE

DSPR Gaza - Relief Assistance

One time Cash grant to needy families	Family	6,000	75.00	450,000
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DSPR Gaza - Health

Medical Fees	Patients	10,000	5.00	50,000
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Medications	Lump			25,000
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psycho-social program

9 Summer camps 120 children each camp	Camp	9	2,000.00	18,000
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Staff salaries - social worker 4 average \$650	Individual	4	650.00	31,200
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Staff Training & Capacity Building & Group meetings	Lump			2,600
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DSPR Gaza - Emergency Job Creation

5000 working days @ 18 Per day each	Working Days	5,000	18.00	90,000
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Education

Support towards educational fees	Student	100	500.00	50,000
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716,800

DSPR West Bank -

West Bank - Food Security Initiatives

Project Direct Cost

500 m ² per farm land prepared (fencing-soil preparation-drip irrigation system-fertilizers)	Lumpsum			34,375
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Small plastic greenhouse over a space area of 3600m ²	Lumpsum			42,000
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100 sheep supplied	Piece	100	269	26,905
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Feed for six months(1.3kg*2*180)*.38/kg=178	Feed/LS			9,790
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500 chickens supplied	Piece	500	7.7	3,850
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750 trees supplied	Piece	750	12.1	9,075
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Diversity of seeds and seedlings (5,000)				2,310
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Capacity building 5 modules of 15 hours/module for 200 beneficiaries or 8 groups of 25 participantsEA	Training	5	792	3,960
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Project Indirect Cost

Project Manager Supervision 50%	Months	12	600	7,200
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2 Site Engineers (100 %)	Months	12	900	10,800
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	Type Unit	No. Units	Unit Cost USD	Budget USD
Sub total Food Security Initiatives				150,265
 <u>TOTAL DIRECT ASSISTANCE DSPR West Bank</u>				
 Transport , Warehousing & Handling				
<u>Transport</u>				
Hire Vehicles and transportation expenses	Lump			7,500
TOTAL TRANSPORT				7,500
 Indirect Costs: Personnel, Administration, Operations & Support				
<u>Staff salaries</u>				
Chief Coordinator - Central Office	month	12	1,013	12,160
Finance Officer- Central Office	month	12	747	8,960
Secretarial & other Support- Central Office (2)	month	12	533	3,198
Chief Coordinator - West Bank	month	12	925	11,100
Finance Officer- West Bank	month	12	613	7,360
Secretarial & other Support- West Bank	month	12	533	6,396
Finance Officer- Gaza	month	12	500	6,000
Secretarial & other Support- Gaza	month	12	400	4,800
Communication Officer	month	12	1,200	14,400
 Telephone, Fax & Postage, Stationary (Local Calls, Banks, internet Charges, International Calls)				
	LS			4,200
Hospitality and Act Meetings				1,500
 <u>TOTAL PERSONNEL, ADMIN & SUPPORT</u>				 80,074
 Total Estimated Expenditure 1 January-31 December 2010				 954,639
 ACT International Coordination Fee (3%)			 0	 28,639
 <u>TOTAL EXPENDITURE</u>				 983,278
 BALANCE REQUESTED				 983,278

E. EVANGELICAL LUTHERAN CHURCH IN JORDAN & THE HOLY LAND

I. REQUESTING ACT MEMBER INFORMATION

Evangelical Lutheran Church in Jordan and the Holy Land (ELCJHL)

II. IMPLEMENTING ACT MEMBER & PARTNER INFORMATION

The Evangelical Lutheran Church in Jordan and the Holy Land (ELCJHL) has been engaged for more than 150 years in educational work. The ELCJHL is running various educational institutions in Ramallah, Beit Sahour, Bethlehem, Jerusalem and Beit Jala.

Since the establishment of those educational institutions, the ELCJHL has been providing her services to the whole community regardless of religious, denominational or social affiliation. The Lutheran schools are unique in a number of ways:

- They are inter-religious and ecumenically inclusive.
- They practice co-education.
- They contribute towards economic justice by offering scholarships.
- They promote peace, justice, reconciliation, coexistence & human rights in a multi-cultural and multi-religious society.

The ELCJHL operates her educational ministry within the difficult economic and political situation of the Israeli occupied West Bank. The ELCJHL schools use methods that promote a holistic and innovative approach to education through the ongoing implementation and evaluation of clearly stated objectives within an established tradition that has offered quality education to both girls and boys since the mid-nineteenth century. The student body of the schools is about 50% Muslim and 50% Christian.

As an indigenous Palestinian church, the ELCJHL sees her role as that of peace-making and bridge-building in a society that has faced conflict for sixty years. The mission of the Schools and Educational programs reflects this spirit in a school community which includes Eastern Orthodox, Latin Catholics, Anglicans, Lutherans, and Muslims. Recent political developments and their economic ramifications have imposed the more immediate goal of obtaining emergency economic relief in order to maintain economic sustainability and ensure that education, dialog, and intercultural cooperation can continue in these distressed communities in crisis

III. DESCRIPTION of the SITUATION relative to PROPOSED RESPONSE

The political situation in Palestine and Israel is wreaking havoc on Palestine's economy. The primary cause of the economic crisis is the general closure and separation policy imposed by Israel in 1993, and which continues to the present. The closure policy, which violates international law, is used as collective punishment against the Palestinian people. The unemployment rate, according to the ILO, was 22.2% in June 2009, 15.9% in the WB and 36% in Gaza.

According to the World Food Program (WFP) and the Food and Agriculture Organization (FAO), one-quarter of households in the West Bank are food insecure and an additional 16% are at risk of becoming so. On-going drought and lack of access to land due to the occupation have caused significant challenges in the agricultural sector, while a steady decline in tourism and business has devastated other economic sectors as well. Families throughout the West Bank, East Jerusalem, and Gaza are experiencing vulnerability on an unprecedented level.

Due to this crisis parents are finding it increasingly difficult to pay tuition fees for their children to attend private schools. People want their children to have an excellent education but are no longer able to afford it. Funds are urgently needed to support the tuition fees of students most critically affected by the crisis.

Without the private schools, such as the ELCJHL's, 10% of the students in the West Bank will have no schools to go to. Public schools are overcrowded, ill equipped and possess very poor facilities. There is a lack of

classroom space even with the existence of the private school system. The last thing the region needs under the prevailing conditions is a new generation which is poorly educated.

A recent report by two Israeli non-governmental organization claims that 5,000 Palestinian children in East Jerusalem will not be able to attend classes this year because there are not enough classrooms. The Arab neighborhoods of East Jerusalem lack more than 1,000 classrooms needed to accommodate schoolchildren, according to the report issued by the Association for Civil Rights in Israel (ACRI) and Ir Amim, an Israeli non-profit organization that promotes coexistence in the Jerusalem. The report also reports that once these children are out of the education system, it is difficult for them to get back in.

The political situation and the violence that often comes with it also necessitate programs to accommodate children who have experienced trauma, as so many young Palestinian children have. Many children have experienced or witnessed violence. Many more feel humiliated at the Israeli checkpoints throughout the West Bank. As the Separation Barrier continues to be built and human rights continue to be violated, the need for social workers in the schools is much greater than what is currently provided. Affected students experience stuttering, bed wetting, insomnia, attention disorders, nightmares, separation anxiety, phobias, depression, and behavioral disturbances due to the situation. These are long-term issues and at least one full-time social worker is needed to help address these pressing and long lasting concerns in each school.

It is anticipated that students in the ELCJHL schools will graduate well-equipped to peacefully and creatively deal with the political and socio-economic situation. Through this response traumatized children will receive the attention they need to be able to function as fully integrated responsible members of society. These students will contribute to building a better society and a future filled with hope and higher expectations.

IV. TARGETED BENEFICIARIES

Number and type

- 1312 students in the West Bank and Jerusalem
 - About 50% Christian and 50% Muslim
 - About 50% boys and 50% girls
- 76 teachers/staff
- Approximately 300 parents

Number of targeted beneficiaries according to proposed assistance

1. School Fees
 - Approximately 350 students
2. Psychosocial Intervention
 - 100% (1312) of the students benefit from group sessions held for each class individually at least once per month.
 - About 45% (590) of the students benefit from individual therapy sessions.
 - Around 10% (131) of the students with more complex cases are referred to experts or specialized institutions outside the schools.
 - Approximately 76 teachers and staff will take part in awareness raising sessions.
 - Approximately 300 parents of the children will participate in awareness raising sessions.

Location

- ELCJHL schools in the West Bank (1312 students)
 - The Evangelical Lutheran School of Hope, Ramallah (482 boys and girls);
 - The Evangelical Lutheran School in Beit Sahour (481 boys and girls);
 - The Evangelical Lutheran School of Dar al Kalima, Bethlehem (292 boys and girls);
 - Boys' Boarding Home, Beit Jala (39 boys)
 - Al Mahaba Kindergarten, Mount of Olives (18 boys and girls)

Criteria for the selection

The total cost per student is currently 6826 NIS. Approximately half this cost (3413 NIS) is covered by student tuition fees; the other half is subsidized by other funding sources.

About 50% of students receive tuition fee exemption on the basis of financial need. These tuition fees exemptions are decided and granted through each school's exemptions committee which consists of the local pastor, the Director of Education, the Principal, the Vice Principal, and a member of the local church elders. The applications for exemptions are comprehensive and are carefully reviewed before any decision is made. These exemptions amount to about 10% of the total budget.

Given the worsening economic conditions resulting from the occupation it is anticipated that additional exemptions will be needed that average 1633 NIS (about 440 US\$) per student. About 25% of the students with the most critical financial needs will be targeted for additional support in the midst of this acute crisis. The above mentioned exemptions committee will be responsible for identifying these students.

V. PROPOSED EMERGENCY ASSISTANCE & IMPLEMENTATION

Goal

To improve access of Palestinian children and youth from all religious, economic and social backgrounds to valuable educational and life opportunities.

Objectives

1. Help cover tuition fees so that children can continue to receive an education that reinforces a culture of peace, tolerance and coexistence.
2. Support trauma affected children through expanding services of social workers and relevant programs and activities in the schools.

Activities/Methodology

1. Student fee support:
 - Students receiving additional financial assistance will be identified as detailed above. Those students most acutely affected by the Israeli occupation will be given preference for this support.
 - Those students will be notified and their fees will be reduced accordingly.
2. Psychosocial Support
 - The social work program has been in place since the second intifada in 2000. Teachers and staff have received periodic trainings on a variety of issues including: child psychology, special education, learning disabilities, drama in teaching/learning, pedagogy, and leadership training. The institutional framework is already in place for the expansion of this social work program. This framework includes a number of complimentary programs to support children. These are funded outside the annual running budget and include:
 - A program sponsored by "Love thy neighbor", a US NGO, which runs summer camps that encourages accepting differences, dialogue, leadership skill training, and promotes non-violence and conflict resolution.
 - A class-room based intervention program sponsored by Save the Children, which deals with trauma and similar effects. Experts train local staff to introduce targeted class-room activities that deal with traumatized students.
 - Crisis Intervention Fund through which the current part-time social workers were hired.
 - The NIR school project, sponsored by the Peres Center and a Palestinian NGO called MEDINOLA, which bring people of different ethnicity and backgrounds together.
 - Peace through sports project sponsored by the International Sports League (ISL). It's goal is to bring unity to communities in conflict.
 - Psychosocial consultant Päivi Muma (ACT International/FinnChurchAid) visited ELCJHL Schools to assess psychosocial related needs and make recommendations.

- The current half-time social workers were found to have a lot of work to do with students, teachers/staff, and parents. Children are experiencing a variety of learning, behavioral and mental health challenges as a result of trauma, family problems or personal struggles. These problems have been increasing since 2000 under the many effects of the occupation.
- These social workers have facilitated a variety of interventions that have proved effective. They include individual student sessions, group therapy for students, and various information sessions for parents and teachers on the children's psychosocial needs. It is critical for parents and teachers to be well informed of the issues affecting the children and how to support them. It is also important that children with more serious issues are identified and referred to a relevant specialist.
- These activities need to be continued and increased to meet the growing challenges. It is proposed that three full-time social workers be hired to meet these needs.

Planning Assumptions, Constraints and Prioritisation

This appeal is based on the assumption that the economic situation in the West Bank will continue to be impacted severely by the occupation.

It is also assumed that the security situation will continue to allow children to travel to and attend school. In the event of increased conflict it is possible that Israel would further restrict movement in the West Bank making school attendance unpredictable. The current security and political climate, however, will allow the program to be implemented as planned.

If less than the requested funds are received the amount of student fee support will be reduced by reducing the number of recipients and/or reducing the amount of support per student.

Implementation Timetable

Activities will be carried out in the period from March 2010 to February 2011.

Transition or Exit strategy

The Educational Ministries of ELCJHL completed a strategic plan in early 2005 (available upon request). Under that plan the educational work aims towards self-sustainability through local income and other income-generating projects over the next five to seven years. According to the strategic plan the ninth goal, to be financially responsible, sets specific objectives and activities to reach this aim, taking into consideration means and ways to allow needy students to be sponsored financially.

VI. ADMINISTRATION & FINANCE

Administration & Finance

Psychosocial Program:

Upon the receipt of approval and transfer of ACT Appeal funds, the Financial Officer will inform the Director of Education. Funding for the psychosocial program will be discussed amongst the Director of Education, School principals and the social worker as to how to use the funds in accordance with the funds available and upon the priority of needs.

Students' fees:

The tuition fees exemptions to the needy students are decided and granted through each school's exemptions committee (defined above). As funds for student fee support are received, the Director of Education will alert the school principals and exemption committees to identify students in the most critical financial need. As students are identified funds will be spent according to the budget and valid procedures. The school administrators will be requested to provide a receipt voucher for each student.

Accountants of the ELCJHL central finance department visit the schools frequently where they conduct internal financial controls to ensure that funds are spent according to the budget and the appeal guidelines.

Funding agreements are signed by the ELCJHL bishop.

The ELCJHL will open a separate bank account according to ACT guidelines and procedures.

VII. MONITORING, REPORTING & EVALUATIONS

The ELCJHL Educational Ministry is among the oldest school systems of the educational ministries of Palestine and has a long tradition of providing excellent education to Palestinian children. There is extensive experience in administration, strategic planning, and project management. There are well-established structures in place to carry out these programs, including church bodies, boards, relevant committees, and individuals in key positions. Long experience in administration, planning, monitoring, supervision, evaluation, organization and management ensures that projects will be well-run and executed. The ELCJHL submits annual audit reports to all its supporters and partners, which are conducted by independent and registered auditors. Recently we worked on implementing a mapping and scanning system to improve transparency and efficiency.

Interim and annual narrative and financial reports are submitted to our donors and partners based on the specific guidelines and regulations of each donor/partner.

VIII. CO-ORDINATION

Co-ordination within the project: This project will be implemented through the institutional programs of the ELCJHL Educational Ministries. The institutional hierarchy involved in maintaining these programs includes the Evangelical Lutheran School Board, the Director of Education, the Principals of the Schools and Directors of Educational Ministry Programs, the Schools' Local Advisory Committees, the Schools' Staff, the Parent-Teacher Councils and the Student Councils of the various schools.

Co-ordination with other ACT members: ELCJHL is an active member of the ACT Palestine Forum

Co-ordination with other organisations in the area of intervention: The Educational Ministries maintains good relations and communication with local educational and social institutions as well as the ministry and directorates of education of the Palestinian National Authority, and a number of international partners and friends. All of these organizations and individuals work in tandem to ensure that programs are implemented effectively. The ELCJHL schools are also an active member of the League of Private Schools.

IX. BUDGET

	Type Unit	No. Units	Unit Cost USD	Budget USD
INCOME - Through ACT Geneva				
List by donor name and fill in amount				0
INCOME - Cash and In Kind Donations Received Directly				0
List by donor name and fill in amount				
INCOME PLEDGED (both through ACT Geneva and directly)				0
ACT Fund				

	Type Unit	No. Units	Unit Cost USD	Budget USD
TOTAL INCOME				<u>0</u>
EXPENDITURE				
DIRECT ASSISTANCE				
<u>School Fees For Most Needy</u>				
Beit Sahour School	students	130	441	57,330
DAR Alkalima School	students	75	441	33,075
School of Hope	students	130	441	57,330
Beit Jala Boarding Section	students	10	441	4,410
KG Mount of Olives 18 Students	students	5	441	2,205
<u>Psychosocial Program</u>				
Staff Cost 4 Social Worker Full Time		4	13,536	54,144
Recreational Activities for Students		165	25	4,125
Recreational Activities for Teachers		165	25	4,125
Visits to Students at their homes		50	20	1,000
Therapy information sessions For Students		10	100	1,000
Therapy information Sessions For Teachers		10	100	1,000
Referral of students to Relevant specialist		20	250	5,000
Sub Total				<u>224,744</u>
TOTAL DIRECT ASSISTANCE				<u><u>224,744</u></u>
INDIRECT COSTS: PERSONNEL, ADMINISTRATION, OPERATIONS & SUPPORT				
<u>Staff salaries</u>				
Administration Cost				11,237
<u>Staff Travel</u>				
Travel & Transport				1,000
<u>Office Operations</u>				
<u>Communications</u>				
Telephone and fax				1,000
TOTAL PERSONNEL, ADMIN & SUPPORT				<u><u>13,237</u></u>
AUDIT & MONITORING				
Audit of ACT Funds	Estimate			3,500
Monitoring & Evaluation	Estimate			2,000
TOTAL AUDIT & MONITORING				<u><u>5,500</u></u>
TOTAL EXPENDITURE				<u><u>243,481</u></u>
ACT International Coordination Fee (3%)			0	7,304
TOTAL EXPENDITURE (incl Coord Fee)				250,786
BALANCE OF FUNDS REQUESTED				250,786

F. INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES, IOCC Inc.

I. REQUESTING ACT MEMBER INFORMATION

International Orthodox Christian Charities (IOCC)

II. IMPLEMENTING ACT MEMBER & PARTNER INFORMATION

▪ International Orthodox Christian Charities, (IOCC) Inc.

IOCC – Jerusalem - West Bank - Gaza Program (IOCC-JWBG)

IOCC was established in 1992 as the official international humanitarian organisation of the Standing Conference of Canonical Orthodox Bishops in the Americas (SCOBA). IOCC's field programme office in Jerusalem has been active in Jerusalem and the Palestinian Authority since 1997.

Roughly \$13 million (USD) of programs have been implemented by IOCC in past years funded by donors including ACT, USAID, ECHO, Greece MFA, and Private Foundations - as well as IOCC's private donors and church constituency funding. IOCC has a professional core management and programme team with field staff located in Jerusalem and throughout the West Bank and Gaza. All IOCC projects are audited by internationally accredited auditing firms annually, and IOCC programmes are additionally evaluated by professional external evaluators. Implementation of all IOCC programmes and assistance is in strict compliance with the Humanitarian Code of Conduct, SPHERE Standards and all ACT policies, guidelines and procedures. IOCC fully participates as a member of the ACT-Palestine Forum (APF) in order to insure effective, coordinated and collaborative work with other ACT member agencies working in Palestine and worldwide.

East Jerusalem – Young Men Christian Association (EJ – YMCA)

The East-Jerusalem YMCA is a non-profit community-based Christian association (founded in 1948) whose mission is to build and empower individuals and communities by offering programs that develop a healthy spirit, mind and body based on Christian principles. Centered on core values of caring, honesty, respect, dignity, justice and responsibility, the East-Jerusalem YMCA strives to identify and assess the needs of the Palestinian community in an effort to develop programs that address identified aspirations of youth and families. Currently, the EJ-YMCA operates a variety of programs and activities that respond directly to the needs of people within all sectors of the Palestinian society, placing special emphasis on young men and women.

IOCC and EJ-YMCA participated in ACT MEPL81.

III. DESCRIPTION of the SITUATION in the AREA of PROPOSED RESPONSE

GAZA STRIP:

The recent conflict in the Gaza Strip caused extensive damage to the lives and livelihoods of the 1.5 million Palestinians living there. This after the sustained closure, coupled with a strict and harsh economic blockade, had already left Gaza's economy crippled and 80% of its inhabitants dependent on assistance¹⁶. The subsequent military conflict caused destruction on an unprecedented scale.

Public infrastructure and utilities, including water, sanitation, electricity, and transportation networks, were severely damaged. Military strikes on numerous government, municipal and even United Nations facilities further handicapped the provision of basic public services. Damage to businesses, factories, and farmland has contributed to the near collapse of the local economy. Unemployment has reached an unprecedented rate of

¹⁶ Palestinian Central Bureau of Statistics (PCBS): Census Final Results in the West Bank – Summary (Population & Housing 2007), 2009.

70%-80%¹⁷. Food insecurity has risen from 56% to over 76%¹⁸. The vast majority of Palestinians living in Gaza have been left unable to meet even their basic needs.

Official safety net mechanisms that previously constituted an important secondary source of income or food have become increasingly burdened, while many of the informal coping mechanisms on which households had previously relied have already been exhausted.

The North Gaza and Gaza governorates targeted under this Appeal have the highest unemployment rate, over 80%. These areas also sustained more than 80% of the 701 damaged or destroyed industrial infrastructure and commercial services, 72% of its damaged water networks and pipes and more than 30% of the damaged agricultural lands.

WEST BANK: Since the beginning of the second *Intifada* in September 2000, the political, economic and social conditions continued to deteriorate for the 2.5 million Palestinians¹⁹ living in the West Bank.

Poverty in the West Bank has increased and food insecurity affects one third of the population with an additional 10-15% vulnerable to becoming food insecure²⁰. The unemployment rate has increased to over 30%²¹. This increase is mainly stimulated by the external and internal closure systems imposed on the West Bank, coupled with the resulting restricted access to labour markets, and limited control over border and natural resources, which affects all aspects of the Palestinian life.

Areas close to the separation wall in the West Bank are particularly affected, as restrictions on movement and access to economic links and sources of livelihood seriously impact household budgets, in turn affecting food security, education, and health, mainly in the northern parts of the West Bank, as well as in much of the Bethlehem Governorate.

IOCC and EJ-YMCA will be targeting the most depressed and worst hit areas in the North Gaza and Gaza Governorates in the Gaza Strip, the northern part of the West Bank, and the Bethlehem governorate. There will be six locations in the northern Gaza governorate, two in the Gaza governorate, and three locations in the West Bank significantly affected by the Separation Wall.

IV. TARGETED BENEFICIARIES

Number and type

- 1,188 vulnerable households (est. 8,326 family members)
- 3,000 students

Number of targeted beneficiaries according to proposed assistance

- 560 households (est. 3,920 members) in Gaza and 448 households (est. 3,136 members) in the West Bank will benefit from job creation activities
- 100 households (est. 700 members) in Gaza and 80 households (est. 560 members) in the West Bank will benefit from the food security interventions
- Improve the educational environment for five schools in the West Bank benefiting 3,000 students

¹⁷ Palestinian Central Bureau of Statistics (PCBS): Q3 2008 Labour Force Survey.

¹⁸ WFP/FAO and UNRWA. Joint Rapid Food Security Survey in the oPt. May 2008.

¹⁹ Palestinian Central Bureau of Statistics (PCBS): Population, Housing and Establishment Census Preliminary Findings. Mid 2008.

²⁰ WFP-FAO-UNRWA: Joint Rapid Food Security Survey in the oPt. May 2008.

²¹ UNOCHA-oPt: Socio-Economic Fact Sheet. 2009.

Criteria for the selection

Individual Beneficiaries (Job Creation, Food Security/Poverty Mitigation Activities):

- The project beneficiaries will be identified utilizing IOCC's Damage and Losses Questionnaire (DLQ), which has been proven effective during the implementation of previous similar projects. The DLQ collects essential general and economic information about potential beneficiary families, including war damage (human and physical), location, etc in Gaza and will implement similar and modified criteria in the West Bank. In Gaza, priority will be given to families living in war-damaged remote areas who have experienced the death and/or injury of family members, have unemployed primary breadwinners, and/or have experienced damage to property (homes/agricultural land) as a result of the 2008-9 war/conflict. As for the West Bank, the focus will be on poor and vulnerable families and criteria for selection will take into consideration income source, age of primary breadwinner, employment status, available assets, access to social services, health and education status, etc.

Institutions (Education Activities and Support to Local Organizations):

- Education: Five schools will be selected from the Bethlehem area, serving approximately 3,000 students. The schools will be selected based on their immediate and direct need for improving the educational environment and will include minor rehabilitation of school facilities including painting, replacing doors, windows, etc.

V. PROPOSED EMERGENCY ASSISTANCE & IMPLEMENTATION

Goal

To provide emergency assistance to Palestinian families and communities in Gaza and the West Bank through job creation, food security / poverty mitigation, and helping to ensure adequate educational and social services to poor students, elderly, and people living with mental and physical disabilities negatively affected by current circumstances.

Objectives and Activities

Objective 1: Provide immediate job opportunities for unemployed members of 1,008 households (est. 7,056 beneficiaries) in Gaza and the West Bank, generating 7,056 person/days of work.

Activities/Methodology

To employ an estimated 560 workers for an average of seven days each (3,920 person/workdays) for the clean-up of war damages and debris of individual homes/facilities in Gaza; and to employ an estimated 448 workers for an average of seven days each (3,136 person/workdays) for the improvement and rehabilitation of private educational facilities, community centres, youth centres and recreational facilities - through the employment of unskilled persons to perform various works in the West Bank.

The IOCC/EJ-YMCA hiring process and procedure for beneficiaries of job creation does not discriminate on the basis of religion, nationality, or ethnic background. Local labor laws and internationally-recognized workers' rights are always adhered to and will be followed under this project. IOCC/EJ-YMCA will adhere to the following plan for hiring all laborers, as well as any required technical/engineering partners:

Advertisements will be placed in the local media and tender bids in a fair and competitive manner to hire any required engineering firm that will serve as a technical partner. This partner will be tasked with overseeing the design, tendering, management and quality control of all construction, rehabilitation and renovation works at the village level. The Village Committees, NGOs and village leadership will partake in the process of identifying and recruiting the local workers under the supervision of IOCC and EJ-YMCA. Village Committees will locally announce and advertise the availability of labor opportunities.

Based on past successful work experience of emergency employment projects in Gaza and the West Bank, IOCC and EJ-YMCA has developed strict selection criteria to help identify direct beneficiaries. When devising mechanisms and criteria for selecting the beneficiaries, all concerns of the local communities were taken into consideration especially those pertaining to possible patronage and nepotism. Furthermore, following several

discussions and community feedback, special forms (DL Questionnaire and others) were designed to collect data for the identification of the beneficiaries. The selection will be verified through the community committees coupled with home visits for verification. More detailed information on the selection criteria is mentioned in the selection criteria discussed earlier.

IOCC and EJ-YMCA will publicize the program in the targeted areas. The process will be fair and open to all people in the community irrespective of gender. The selection criteria of beneficiaries will be strictly applied. Prior to the final decision, IOCC and EJ-YMCA field staff and local community representatives will conduct home visits to the individual beneficiaries' homes to verify the information provided by the questionnaires. Leaflets, posters and notices in mosques and other public places will be posted in the targeted villages/communities to advertise the job creation programme. Specific emergency projects will be identified in the targeted communities through a collaborative process with IOCC, EJ-YMCA, village councils/leaders and local organizations to determine the priority needs for water, educational or community infrastructure rehabilitation.

Different tools and forms will be developed and will be applied in monitoring the project implementation. IOCC and EJ-YMCA project officers will be present at the project sites periodically providing beneficiaries with the needed support, meeting with partner staff and the committees for feedback, recommendations and reporting on project progress and problems encountered. Signed agreements with partners and beneficiaries, tracking records for beneficiaries' attendance at work sites, etc. will be developed in addition to documents confirming the salary paid to each beneficiary. The involvement of the beneficiaries in the implementation of the different activities is in adherence with the philosophy of IOCC and EJ-YMCA and is deemed necessary for the success of the program. Beneficiaries are the focal point for the implementation of all activities during the preparation stage, execution, follow-up and evaluation. Their involvement, interaction and feedback will determine the degree of success of the different activities.

Objective 2: Improve the food security and mitigate poverty of 180 families in Gaza and the West Bank.

Activities/Methodology

Improvement and proper use of household agricultural activities for 180 family beneficiaries by procurement and provision of needed equipment, tools, seedlings, irrigation materials and other inputs; and improvement of knowledge and skills for 180 family beneficiaries through the provision of theoretical and practical training for increased knowledge in agricultural production, and supplying them with the needed manuals and training kits.

IOCC/ EJ-YMCA will advertise the project and assistance in the targeted Gaza and West Bank villages. Selection of beneficiaries will be made according to set criteria. Bid advertisement, open tenders, and procurement of the necessary equipment will be accomplished. Training in the necessary techniques and processes will be provided, along with the distribution of the equipment, to 180 selected poor families (est. 1,260 members).

IOCC/ EJ-YMCA partner, the Union of Agricultural Work Committees (UAWC), which is present both in the West Bank and Gaza, will provide the technical expertise for theoretical and practical training designed for the management of household agriculture, nutrition, food production, marketing and cooperative work for 180 family members at a total of approximately 2,700 hours.

- Each training session will comprise three hours
- Training manuals, which will cover both the particular activity suited to the beneficiaries of that community, as well as marketing and cooperative work, will be distributed to the beneficiaries.
- IOCC/ EJ-YMCA and UAWC will hold regular meetings with trainers for feedback & progress review
- IOCC/YMCA and UAWC will conduct regular meetings with the trainees for feedback

IOCC/EJ-YMCA will provide technical support, follow-up and supervision of the beneficiaries throughout the life of the project, hold regular meetings with the beneficiaries to review progress, strengths and weaknesses and evaluation of the activities and lessons learned.

Objective 3: Improvement of the educational environment for 3,000 students in five schools in the West Bank.

Activities/Methodology

The activity will include minor rehabilitation activities that the facilities are unable to undertake due to current circumstances, preventing further deterioration and helping to ensure a safe learning environment. IOCC and EJ-YMCA will be responsible for the selection and identification of the schools. However, main indicators will be the most immediate need of the schools and the level of vulnerability as a result of the immediate effect of closures and the separation wall.

IOCC and EJ-YMCA will cooperate directly with the schools, which will be tasked to hire contractors through bidding/price quotations processes supervised by both IOCC/EJ-YMCA and the school itself. The activity will help open work opportunities for many unemployed or underemployed workers in the targeted area of Bethlehem governorate, much of which is affected and encircled by the separation wall - creating a major impediment and resulting in an increasing number of unemployed, poor, and vulnerable families.

Inputs for project implementation

Staff

Personnel, administration, operations and support for the program are available at the IOCC and EJ-YMCA offices in Jerusalem, West Bank and Gaza. Both IOCC and EJ-YMCA will give 10-20% of their time, depending on staff position, for the implementation of the Appeal. Additionally, as the project concentrates on both Gaza and the West Bank, for successful implementation, the project requires field staff both in Gaza and the West Bank, as well as support from a local technical Palestinian organization specialized in agriculture, the Union of Agricultural Work Committees (UAWC).

Materials and Vehicles

Materials required for activities will be purchased through bidding processes. For food security activities, materials will include seeds and seedlings, plastic sheets, main plastic pipes, pipe connectors, water filters, irrigation pipes, water connectors, water tanks, etc. Vehicles are IOCC and EJ-YMCA-owned. No new vehicles will be needed.

Planning Assumptions, Constraints and Prioritisation

- Security and Access: The Appeal implementation is based on the assumption that access to the Gaza Strip and the West Bank is possible and not life-threatening and that the program components will be implemented on time and schedule. IOCC possesses/will request the necessary permits for eligible staff to travel to the Gaza Strip and the West Bank.
- Acceptance of the Community: The local community is willing to cooperate for the implementation of the Appeal and will work towards its continuity beyond the period of implementation.
- Approval of the Authorities: The project does not need any local prior approvals from the Palestinian National Authority (PNA) since most of the beneficiaries are selected on individual basis and the schools and organizations involved are private non-profit organizations.
- Funding: To be provided by ACT and its back donors. If total proposed funding is not received, activities will be scaled down to meet received funding levels. IOCC and EJ-YMCA prefer to implement one full activity, based on available funding, rather than parts of several. Priority will be given to job creation and / or food security projects, with the final determinations made according to available funding.

Implementation Timetable

The Appeal will be implemented over a period of 8 months starting upon receipt of sufficient funds, anticipated for April 2010 and ending on 31 December 2010.

Transition or Exit strategy

Community participation in all IOCC/EJ-YMCA activities is a rule and begins with the inception and design of the projects. In this Appeal, IOCC/EJ-YMCA plan to support 1,188 households in Gaza and the West Bank as

well as six schools serving 3,000 students and who have been suffering as a result of the current situation in these areas. Cash for work beneficiaries will receive payment for approximately seven days of work, providing a little cash for household budgets and doing so in a way that enhances individual dignity. It is intended that households receiving household agricultural assistance will continue to develop their activities after the projects are closed. Schools receiving rehabilitation assistance should not expect that such assistance will continue in the future and thus make their budgetary planning accordingly, with the expectation that their economic situation will improve after the effects of the current situation are better absorbed or restrictions are eased.

VI. ADMINISTRATION & FINANCE

Procedure

- ACT - Geneva will notify IOCC about available funds and will make the necessary transfers.
- IOCC – Jerusalem will use a project-specific and separate bank account for ACT funds.
- IOCC will sign a Memo of Understanding (MOU) with EJ-YMCA to indicate the operational and implementation strategy of the Appeal. Similarly, IOCC will sign MOUs with beneficiary organizations and institutions.
- Upon the selection of the beneficiaries, IOCC will conduct bidding/price quotation process for the procurement of project materials.
- IOCC will document and report all financial expenditures as per ACT reporting requirements.
- IOCC’s international headquarters is ultimately responsible for the financial management and control of the project. Country supervision of the project will be carried out by IOCC Country Representative for Jerusalem – West Bank - Gaza.
- According to the host country laws, IOCC - Jerusalem is annually audited.
- IOCC - Baltimore has external auditors, the names of whom were mentioned above.
- IOCC financial systems will accurately and appropriately document revenues and expenditures and keep track of the financial status of every project activity.

VII. MONITORING, REPORTING AND EVALUATION

IOCC conducts monitoring for a four-fold purpose:

- To ensure that the project is implemented according to plan;
- To confirm that the assistance is reaching the targeted locations and beneficiaries and achieving the desired project objectives;
- To record results impact;
- To determine future needs.

IOCC and EJ-YMCA management will monitor the activities carried out in the field and provide general and operational supervision for all appeal-funded activities. IOCC and EJ-YMCA field staff will carry out periodic field visits during and after the implementation of activities to ensure that operations are proceeding as planned and that all procedures are being followed properly, and to collect information for the determination of impact and effectiveness, lessons learned, etc.

IOCC - Jerusalem will submit mid-term and final narrative and financial reports as required.

IOCC Country Representative will submit the completed narrative and financial reports to the Interim Director of Operations and the Director of Finance in Baltimore who will communicate with ACT-Geneva.

IOCC welcomes any ACT donor or other external evaluator to assess impact.

VIII. CO-ORDINATION

Co-ordination within the Project

IOCC and the EJ-YMCA shall work closely to coordinate the implementation, monitoring, and reporting for all Appeal – funded activities. IOCC and EJ-YMCA executive staff, management staff and field staff shall coordinate closely through a joint mechanism designed to ensure the proper and smooth flow of information.

Co-ordination with other ACT Members

IOCC and EJ-YMCA are active members of the APF and participate in all APF meetings and activities.

Co-ordination with other Organisations in the Area of Intervention

IOCC - Jerusalem is a member of the Association of International Development Agencies (AIDA) which coordinates globally with all the international donor agencies, private voluntary agencies, UNRWA, World Bank, the European Commission (EU) and the United States Agency for International Development (USAID). IOCC is well-informed on all relief and development aid programs implemented in the Palestinian territories.

Being officially registered in Israel and in the Palestinian Authority areas, IOCC works and maintains excellent contact with both sides and thus country priorities, donor involvement and access are facilitated.

IOCC seeks to ensure that it builds and maintains good relationships with the communities it works in, regardless of predominant religions, ethnicities, backgrounds, etc.

The EJ-YMCA is an integral part of Palestinian Society, and provides a positive influence and opportunities for personal development through its activities and infrastructure throughout the Palestinian territories.

IX. BUDGET

	Type Unit	No. Units	Unit Cost USD	Budget USD
DIRECT ASSISTANCE				
<u>Direct Activities</u>				
<u>Food Security / Poverty Mitigation</u>				
Household Agricultural Activities	Household	180	837	150,675
<u>Emergency Job Creation</u>				
Worker Wages	Workday	7,063	16	113,008
Construction Materials (Concrete, Nylon Sheets, Glass, Wood etc.) If available in Gaza	Lump	1	37,667	37,667
<u>Education</u>				
Improvement of Educational Environment	School	5	6,000	30,000

	Type Unit	No. Units	Unit Cost USD	Budget USD
TOTAL DIRECT ACTIVITIES				<u>331,350</u>
<u>Direct Programme Related Labor</u>				
IOCC: Driver/Security Officer (15% of Monthly Salary)	Mo	8	233	1,862
IOCC: Driver/Security Officer (15% of Monthly Benefits)	Mo	8	71	570
IOCC: West Bank Field Officer (20% of Monthly Salary)	Mo	8	320	2,560
IOCC: West Bank Field Officer (20% of Monthly Benefits)	Mo	8	59	474
YMCA: Field Officer (20% of Monthly Salary)	Mo	8	280	2,240
YMCA: Field Officer (20% of Monthly Benefits)	Mo	8	52	416
YMCA: Field Officer (20% of Monthly Salary)	Mo	8	290	2,320
YMCA: Field Officer (20% of Monthly Benefits)	Mo	8	54	432
YMCA: Asst. Field Officer (20% of Monthly Salary)	Mo	8	200	1,600
YMCA: Asst. Field Officer (20% of Monthly Benefits)	Mo	8	37	296
TOTAL DIRECT PROGRAMME RELATED LABOR				<u>12,770</u>
<u>Transport</u>				
IOCC: Vehicle Fuel (15% of 2 Vehicles)	Mo	8	180	1,440
IOCC: Vehicle Maintenance (15% of 2 Vehicles)	Mo	8	75	600
IOCC: Vehicle Insurance (15% of 2 Vehicles)	Mo	8	45	360
IOCC: Staff Vehicle Use/Reimburse (20% of Monthly Cost)	Mo	8	60	480
YMCA: Vehicle Fuel (15% of 2 Vehicles)	Mo	8	225	1,800
YMCA: Vehicle Maintenance (15% of 2 Vehicles)	Mo	8	94	752
YMCA: Vehicle Insurance (15% of 2 Vehicles)	Mo	8	56	448
TOTAL TRANSPORT				<u>5,880</u>
TOTAL DIRECT ASSISTANCE				<u><u>350,000</u></u>

INDIRECT COSTS: PERSONNEL, ADMIN, OPERATIONS & SUPPORT

IOCC Staff salaries

Country Representative (10% of Monthly Salary)	Mo	8	520	4,160
Program Manager (10% of Monthly Salary)	Mo	8	508	4,064
West Bank Project Manager (15% of Monthly Salary)	Mo	8	450	3,600
Finance Manager (10% of Monthly Salary)	Mo	8	300	2,400
Office Administrator (15% of Monthly Salary)	Mo	8	180	1,440

IOCC Staff benefits

Country Representative (10% of Monthly Benefits)	Mo	8	230	1,840
Programs Manager (15% of Monthly Benefits)	Mo	8	113	904
West Bank Project Manager (15% of Monthly Benefits)	Mo	8	120	960
Finance Manager (15% of Monthly Benefits)	Mo	8	80	640
Office Administrator (15% of Monthly Salary)	Mo	8	63	504

IOCC Staff Travel

	Type Unit	No. Units	Unit Cost USD	Budget USD
Local Travel Costs - Taxi,Parking, Tolls (15% of Monthly Cost)	Mo	8	15	120
<u>IOCC Office Operations</u>				
Office Rental (15% of Monthly Cost)	Mo	8	210	1,680
Office Utilities (15% of Monthly Cost)	Mo	8	60	480
Office Expendable Supplies (15% of Monthly Cost)	Mo	8	45	360
Computer Expendable Supplies (15% of Monthly Cost)	Mo	8	23	180
Postage & Delivery (15% of Monthly Cost)	Mo	8	15	120
<u>IOCC Communications</u>				
Telephones, Mobiles, Internet (15% of Monthly Cost)	Mo	8	105	840
<u>IOCC Other</u>				
Office Maintenance/Repair (15% of Monthly Cost)	Mo	8	45	360
Equipment Maintenance/Repair (15% of Monthly Cost)	Mo	8	15	120
Accounting Services (15% of Monthly Cost)	Mo	8	21	168
Computer/IT Services (15% of Monthly Cost)	Mo	8	15	120
Office Equipment Services (15% of Monthly Cost)	Mo	8	15	120
<u>YMCA Staff salaries</u>				
General Secretary (10% of Monthly Salary)	Mo	8	350	2,800
Program Director (10% of Monthly Salary)	Mo	8	280	2,240
Project Manager (15% of Monthly Salary)	Mo	8	300	2,400
Finance Assistant (15% of Monthly Salary)	Mo	8	195	1,560
				0
<u>YMCA Staff benefits</u>				
General Secretary(10% of Monthly Benefits)	Mo	8	65	520
Program Director (10% of Monthly Benefits)	Mo	8	52	416
Project Manager (15% of Monthly Benefits)	Mo	8	55.5	444
Finance Assistant (15% of Monthly Benefits)	Mo	8	36	288
<u>YMCA Staff Travel</u>				
Local Travel Costs - Taxi,Parking, Tolls (15% of Monthly Cost)	Mo	8	20	160
Staff Vehicle Use/Reimbursement (15% of Monthly Cost)	Mo	8	70	560
<u>YMCA Office Operations</u>				
Office Rent Including Taxes (15% of Monthly Cost)	Mo	8	275	2,200
Office Utilities (15% of Monthly Cost)	Mo	8	90	720
Office Expendable Supplies (15% of Monthly Cost)	Mo	8	60	480
Computer Expendable Supplies (15% of Monthly Cost)	Mo	8	40	320
Postage & Delivery (15% of Monthly Cost)	Mo	8	20	160
<u>YMCA Communications</u>				
Telephones, Mobiles, Internet (15% of Monthly Cost)	Mo	8	170	1,360
<u>YMCA Other</u>				
Office Maintenance/Repair (15% of Monthly Cost)	Mo	8	45	360
Equipment Maintenance/Repair (15% of Monthly Cost)	Mo	8	30	240
Accounting Services (15% of Monthly Cost)	Mo	8	75	600
Computer/IT Services (15% of Monthly Cost)	Mo	8	25	200

Occupied Palestinian Territories –
Follow on response for Gaza and West Bank

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ACT Appeal - PSE101

	Type Unit	No. Units	Unit Cost USD	Budget USD
Office Equipment Services (15% of Monthly Cost)	Mo	8	20	160
TOTAL PERSONNEL, ADMIN & SUPPORT				43,368
AUDIT & MONITORING				
IOCC/YMCA: Audit of ACT Funds	Estimate	1	5,000	5,000
TOTAL AUDIT & MONITORING				5,000
TOTAL EXPENDITURE				398,368
ACT International Coordination Fee (3%)			0.03	11,951
TOTAL EXPENDITURE (incl coord fee)				410,319
REQUESTED BUDGET				410,319

G. Lutheran World Federation

I. REQUESTING ACT MEMBER INFORMATION

Lutheran World Federation

II. IMPLEMENTING ACT MEMBER AND PARTNER INFORMATION

ACT Member

The Lutheran World Federation (LWF), through its program Augusta Victoria Hospital (AVH) in East Jerusalem, has been providing health care services and programs to refugees and other Palestinians in the West Bank and Gaza for over fifty years. LWF serves patients regardless of race, gender, religious belief, nationality, ethnic origin or political persuasion. It is a modern tertiary care facility that serves the most disadvantaged patients from Gaza and the West Bank and has a special historical relationship with the UN refugee relief services. In 1997, it was reengineered to provide specialties otherwise unavailable to Palestinian patients. It promotes sustainability, medical excellence, professional and interfaith relations as main components to building a modern functional civil society. Its staff, both Christian and Muslim, are frequently trained in Israeli hospitals and the hospital is a partner in a large international network of hospitals that develop the capacities of the local staff. The hospital serves patients from the West Bank (including East Jerusalem) and Gaza, approximately 20% of them refugees.

In 1997, a team of local professionals took on the responsibility for day to day management of the hospital and a new operational and strategic plan was implemented. As a result AVH has become a major player on the national health care scene. It has developed several specialties previously unavailable within the Palestinian Health Care System. Responding to community needs, in coordination with the Palestinian Ministry of Health, the hospital now has centers of excellence in: (1) Comprehensive Cancer Care (chemotherapy, radiotherapy, and cancer surgery for adults and children), (2) Comprehensive Diabetes Care, (3) Kidney Care and Dialysis, (4) Skilled Nursing and Long-term Care, (5) Ear, Nose, Throat and other Specialty Surgery, and (5) Gastroenterology Diagnosis and Treatment. It also supports several other clinical and non-clinical departments.

The AVH Cancer Center

As a result of the strategic initiatives outlined above, AVH has become the leader in Cancer Care in the Palestinian territories. It provides a full range of treatment including surgery, radiation therapy and chemotherapy for cancer patients. The Medical Oncology unit was started in 2002 and the Radiation and Surgical Oncology units in 2005. It is the only facility in the Palestinian territories with a linear accelerator for radiation treatment and it has established a pediatric oncology unit to treat the 150 children with cancer who are referred to AVH annually. Because the AVH Cancer Center has been operational for several years, it has now acquired an experienced team of oncologists, physicians, medical biophysicists, radiation therapists, oncology nurses and other personnel. AVH was the first hospital to be approved for a six year radiation oncology residency training program by the Palestinian Medical Council. The hospital also has a training program in medical oncology and is recruiting physics majors from local universities to train in the sub-specialty of Medical Biophysics. Oncology nursing is another main focus of the training programs at AVH. This core of skilled individuals provides a strong base on which to build further training capacity, particularly to add training programs for prevention, early detection and psychosocial care of cancer patients.

III. DESCRIPTION of the SITUATION in the AREA of PROPOSED RESPONSE

AVH is the only cancer center that can provide radiation therapy for the Palestinian people from the West Bank and Gaza. For those coming from Gaza, there is a need for treatment, accommodation and social support while they are away from home. The hospital has worked with the Palestine National Authority (PNA) and Israeli authorities and the Red Cross to facilitate the access of patients out of Gaza so that they can use public

transportation to get to the hospital in Jerusalem. Gaza patients cannot commute to Jerusalem on a daily basis for treatment, so need to have lodging in Jerusalem during their treatment. Many of these patients need a short session of radiation for a few minutes each day over a period of 8 to 10 weeks which often results in them becoming immune-compromised. Lodging at the hospital would further expose these patients to hospital-born infection. It is also expensive to house them as in-patients at Augusta Victoria Hospital where beds are in demand for other medical treatments and procedures. In light of these various issues, AVH has arranged a contract with the Mount of Olives hotel in East Jerusalem to provide housing for these Gaza patients. The hospital provides transport for patients to and from the hotel to the hospital and, with the help of local social welfare organizations, provides Gaza patients with food and life necessities. This housing program has been critical to assuring the uninterrupted treatment of Gaza patients.

The political situation is such that this program is critical to assure uninterrupted treatment protocols for these patients.

IV. TARGETED BENEFICIARIES

Number and type (numbers are approximations based on previous experience)

- 208 patients
 - 146 women
 - 41 men
 - 21 children (about half boys/half girls)

Location

All services will be provided at AVH in Jerusalem.

Criteria for the selection

The targeted population includes children and adults with needs for specialty medical services, especially cancer care. It also includes children with kidney failure and those in need of specialized surgery of the head and neck. In the adult population, AVH focuses on women with breast cancer and, in men and women, with colon and lung cancer as well as other types of cancer that are common within the population.

Referring agencies, namely UNRWA and the Palestinian National Authority (PNA), select patients for treatment in close coordination with AVH. Each of the referring agencies has a committee that reviews the condition of the patients and recommends them for referral. These committees are made up of community professionals working in the field of cancer care. AVH senior staff are then consulted about the cases and where appropriate, referral for treatment at AVH is made and a full history of health status of the patient is provided.

Refugees and non-refugees in the Palestinian community are all covered by the PNA for the specialty services offered by AVH (excluding hotel lodging for Gaza patients).

AVH provides medical services to all individuals regardless of race, gender, religious belief or political persuasion.

V. PROPOSED EMERGENCY ASSISTANCE AND IMPLEMENTATION

Goal: To assure and safeguard the lives of Gaza patients through provision of medical and human services without interruptions due to the political situation.

Objectives:

- to provide cancer care to Gaza patients at the rate of roughly 6,100 radiation treatments and 276 chemotherapy procedures per year.
- to treat children in Gaza suffering from kidney failure
- to treat Gaza patients in need of therapeutic endoscopy procedures and head and neck surgery
- to provide psychosocial support to patients and families from Gaza receiving treatment at AVH

- to provide hotel (housing) and life necessities to Gaza patients while at AVH for treatment

Activities

- Coordination of medical referrals and acquisition of permits for Gaza patients to access medical services at AVH.
- Provision of local transportation between hotel and hospital for Gaza patients at AVH for treatment.
- Medical and psychosocial services provided.

Project Implementation Methodology

- The Director of Nursing, Augusta Victoria Hospital, arranges permits for Gaza patients referred to AVH for treatment.
- AVH has a contract with the Mount of Olives hotel in East Jerusalem to house 30-40 patients at any one time. Funds for this contract have previously come from other agencies like Norwegian Church Aid through a development project for cancer but new sources of funds are needed to maintain this program.
- Patients travel to and from the Mount of Olives hotel to AVH either by taxi or AVH vehicle.
- The AVH Cancer Care center has all the necessary clinical and technical staff to provide treatment at the highest international standard. The staff includes three medical oncologists, three surgical oncologists, two oncology nurses, three radiation therapists, four radiation technicians, three medical biophysicists and a psychiatrist specializing in psychosocial care.
- The psychosocial support is provided by two full-time social workers. They arrange the patients stay in the hotel and manage their various medical appointments. They also provide regular individual and group counseling to cope with the change in environment, medical treatment, and dealing with their serious illness. They also link them up with Jerusalem and West Bank organizations that can provide them with additional support as needed. Finally, they plan and facilitate their discharge and return to Gaza.

Planning Assumptions, Constraints and Prioritization

It is assumed that the number of people from Gaza needing cancer treatment at AVH will continue to increase.

The program assumes and depends on the continued issuance of permits by Israeli authorities for patients to leave Gaza as well as the continued payment for treatment by the PNA. While not expected, barriers to the issuance of permits by Israeli authorities or problems with PNA funding will affect the implementation of the program.

If full funding for this appeal is not received AVH will use the available funding on a “first come first serve” basis until the funds are expended

Implementation Timetable

The application for funds is for 12 months of support to cover the period March 2010 to February 2011. The political situation that has resulted in restrictions of access to AVH for Gaza patients has remained unchanged since 2006. Financial support for the project outlined herein was initially provided by ACT in 2007 and then by Norwegian Church Aid from January 1, 2008 to March 31, 2009 through a development grant. This grant had a finite term and ended in 2009. Hence, this appeal is needed to maintain this important program to provide uninterrupted cancer treatment to patients from Gaza.

Transition or Exit Strategy

The sustainable income for treatment comes through billing the PNA. AVH will be working with the PNA to include some reimbursement for lodging and psychosocial care, but until then, AVH will need emergency funds to treat and support Gaza patients. Up till now the PNA has not been able to secure funds for such support for patients.

An additional period of 12 months support will help AVH to continue to look for a sustainable solution to this emergency need resulting from the difficult political situation.

VI. ADMINISTRATION AND FINANCE

Appeal funds will be transferred to the LWF Headquarters in Geneva where they will be managed by the Department of World Service Finance Office in cooperation with the Finance Office in the Jerusalem Office. A separate account will be set up if it is required by the funding party/agency.

The Jerusalem Office will file a request to fund activities that are in the budget as presented to ACT. The Geneva office will then dispense funds in accordance with the request.

The steps and officers in the field who authorize the request are (in sequential order):

- The Chief Executive Officer (CEO) of AVH puts in the request to the Chief Financial Officer (CFO) of LWF Jerusalem for funds for the hotel program.
- The CFO prepares the necessary documentation as per the formats of ACT and presents it to the LWF Regional Representative.
- The request is sent to Geneva where it is reviewed and approved by LWF Department of World Service Finance Office.
- Funds are transferred to LWF Jerusalem where expenditures are carried out according to LWF protocols. (Note: purchase orders/expenditures are based on competitive bidding and quality assurance standards. The contract with the Mount of Olives hotel for housing Gaza patients was derived using these procedures).

VII. MONITORING, REPORTING AND EVALUATION

Two monitoring functions will be carried out by the administrative and clinical staff of the hospital. The first will concern tracking the number of Gaza patients requiring hotel accommodation and transportation services in East Jerusalem while undergoing treatment at AVH. The second will concern reports on the budget items supported by the project.

The **Reporting Schedule** will be as follows:

- The CEO of AVH will prepare a report after six months that will indicate the number of patients from Gaza who are being cared for and will include a financial report summary prepared by the CFO of LWF Jerusalem with respect to funds dispensed for the project in relation to the budget.
- Final narrative and financial reports will be submitted to ACT by the CEO of AVH within two months of the end of the project
- An audit report will be submitted to ACT within three months of the end of the project.

VIII. COORDINATION

Coordination of the ongoing activities of the project is the responsibility of the CEO of AVH working in conjunction with the AVH administrators and clinical staff. The referral of patients from Gaza is coordinated by the CEO through a program with the PNA and UNRWA. This program has put in place a method of communication on various hospital projects between government organizations, non-government organizations and international organizations working in the same service and delivery area.

Permits for Gaza patients will continue to be coordinated through the Director of Nursing at AVH in communication with appropriate Israeli departments.

The coordination with the LWF headquarters for the project is carried out by the Regional Representative for LWF Jerusalem in cooperation with the CFO and CEO of AVH.

LWF is a member and active participant of the ACT Palestine Forum.

IX. BUDGET

	Type Unit	No. Units	Unit Cost USD	Budget USD
INCOME - Through ACT Geneva				
ACT Geneva				0
INCOME - Cash and In Kind Donations Received Directly				
List by donor name and fill in amount				0
INCOME PLEDGED (both through ACT Geneva and directly)				
List by donor name and fill in amount				0
TOTAL INCOME				0
EXPENDITURE				
				0
<u>Non Food Relief Assistance</u>				
1. Gaza transport & lodging for cancer patients and their care companions	Bed days	11,808	24	283,392
2. Psycho-social support and counseling :				
2.1: Psychiatrist	Month	12	2,671	32,052
2.2: Social Worker (Full Time)	Month	12	1,123	13,476
Sub Total				328,920
Administrative costs				23,024
TOTAL EXPENDITURE				351,944
International Coordination Fee (3%)				0 10,558
TOTAL EXPENDITURE incl coord fee				362,503
BALANCE OF FUNDS REQUESTED				362,503

H. Norwegian Church Aid

I. REQUESTING ACT MEMBER

Norwegian Church Aid

II. REQUESTING ACT MEMBER AND IMPLEMENTING PARTNER INFORMATION

ACT Member: Norwegian Church Aid (NCA)

NCA is an ecumenical non-governmental organization working to protect and uphold people's rights. NCA has supported local organizations and institutions since the 1950s and has had an office in Jerusalem since 2005, which covers the Middle East including the occupied Palestinian territories (OPT).

Implementing partner: Episcopal Diocese in Jerusalem through the Al Ahli Arab Hospital

Al Ahli Hospital was founded in Gaza City in 1882 by English missionaries. Al Ahli is now an institution of the Episcopal Diocese in Jerusalem, a church of the worldwide Anglican Communion. Al Ahli is administratively responsible to the Diocese and its Board, which is headed by the Anglican Bishop in Jerusalem.

Al Ahli is a 100-bed capacity general hospital now operating just 50 beds because of limited resources attributable to the exigent circumstances in Gaza. Under normal conditions, Al Ahli cares for 4,000 inpatients and 30,000 outpatients each year. The hospital provides general medical, surgical, and pediatric services, as well as several special programs: care for elderly women, with emphasis on cancer detection and prevention; and mobile clinics that provide food and medical care for vulnerable children and women who lack basic necessities and access to healthcare. The hospital also provides clinical education for medical students and special training courses for the new graduate nurses and medical doctors. All of these programs are threatened by the current circumstances of the ongoing Israeli blockade and damage and destruction due to the Israeli military offensive of December 2008-January 2009.

Al Ahli Hospital provides healthcare services to both refugees and non-refugees. It has responded to the needs of the people as they arise; in particular during the frequent crises related to the Palestinian-Israeli conflict.

III. DESCRIPTION OF THE SITUATION RELATIVE TO PROPOSED RESPONSE

One year after the Israeli military offensive of December 2008-January 2009, the people of Gaza still live in fear, humiliation, poverty, and conflict. These factors constitute a major threat to the health status and health services in Gaza. The situation is made even more critical by the ongoing Israeli siege. Movement in and out of Gaza is nearly impossible and supplies of food, medicine, medical equipment, fuel, and building materials are highly restricted and insufficient.

There have been many effects of Israeli blockade: hospitals and primary care facilities damaged during the offensive have not been repaired; most medical equipment is unreliable and the embargo makes it impossible to obtain needed spare parts; health facilities are experiencing frequent shortages of medications, disposables and fuel. It is estimated that 40 percent of chronically ill patients cannot regularly have their treatments due to drug shortages; this has a long-term impact on their health.

The blockade has also denied patients access to medical treatment outside Gaza. Requests for authorisation to travel are very complicated to obtain – on both the Israeli and Palestinian side. Delay and denial of patient-permits to access specialized health services not available in Gaza have resulted in dozens of patient deaths – either in Gaza hospitals or at checkpoints.

The circumstances in Gaza are particularly devastating for children. Thousands of children under five years of age are becoming malnourished or underweight. According to an assessment by Care International, 13.3 to 17.3 percent of Gaza children between six and 59 months of age are suffering from malnutrition. Of those children,

44 percent are anaemic and four out of five children have insufficient levels of iron and zinc. Insufficient iron and zinc intake can cause immune deficiencies and irreversible brain damage if not treated immediately. This constitutes a major public health problem that requires urgent interventions. In response, Al Ahli will launch a program to provide medical care and humanitarian assistance to needy underweight children.

Hundreds of children are also suffering from post-acute phase of various conflict-related and domestic injuries. Those children require ongoing care, including routine medical care, follow-up, wound care, rehabilitation, burn treatment, and reconstructive surgeries for skin grafts.

In summary, the problems facing Palestinians in Gaza are more serious than ever before and, unless there is continued and sufficient intervention, it will have long-term adverse effects on the physical and mental health of the population.

IV. TARGETED BENEFICIARIES

Number of targeted beneficiaries/rights holders according to proposed assistance

- 1,500 outpatients will receive *free medical care* through a twice-weekly mobile clinic program
- 750 malnourished and underweight children will receive care
- 550 chronically ill women and 100 chronically ill men will receive treatment for conditions such as hypertension, diabetes, osteoporosis, etc
- 750 poor families and ill women will receive food parcels
- 200 children with burn injuries will receive treatment and physical rehabilitation
- 600 poor women 40 years of age and older will be screened for breast cancer with mammography
- Up to 1,300 men, women, and children will receive psychosocial support
- Up to 60 youth, undergraduates, and graduates will receive training for healthcare careers
- 60 people will be trained to be trainers of trainers for community psychosocial support

Location

All beneficiaries/rights holders are from Gaza and from the catchment area of Al Ahli Hospital, which is located in Gaza City. The beneficiaries/rights holders are women, men and children who are ill, injured or affected by the 2008-2009 Israeli offensive and internal conflicts, who do not have the minimum means for basic medical treatment.

Criteria for the Selection

Al Ahli Arab Hospital operates on an equal opportunity policy based on Christian faith of serving one another with love. Thus it serves all in need regardless of gender, race, religion or wealth.

The beneficiaries/rights holders will be chosen based on interviews and evaluation intakes by the Al Ahli Social Services Department. The selection committee is composed of one member of the management team, one medical staff person, one administrative assistant and a social worker. The selection will take account of a medical examination where relevant; for example, in cases of burns, malnourishment, or chronic illness.

The selection will be based on the following criteria:

- Patients with no access to medical care due to transport difficulties.
- Patients who are financially unable to meet the cost of care.
- Patients unable to access other healthcare services.
- Female heads-of-household; unemployed, chronically ill women; families with no source of income and with one or more malnourished children.
- Women without financial means in need of mammogram x-ray examinations for early detection of breast cancer.
- Poor children suffering from burns.
- Unskilled and unemployed youth who have no place for training.

V. PROPOSED EMERGENCY ASSISTANCE AND IMPLEMENTATION

Goal

This project is intended to ensure that poor and vulnerable patients, especially those affected by the ongoing crises in Gaza, receive adequate healthcare and psychosocial support.

Specific Objectives

1. Al Ahli Hospital is prepared and equipped to provide care under any circumstances.
2. Poor and vulnerable patients have access to free medical treatment and rehabilitation.
3. Children with burn injuries, children who are malnourished, and children who are underweight have access to treatment and rehabilitation.
4. Vulnerable women have access to medical care, food support, and breast cancer screening.
5. Psychologically affected patients have access to psychosocial resources including counselling.
6. Unemployed youth, graduates and undergraduates have access to employment opportunities in the medical sector.

Activities:

- 1.1 Fuel, medicines, and supplies are acquired and levels maintained to assure hospital preparedness to meet the ongoing conditions of embargo and deprivation, as well as to meet new crises that might arise out of renewed conflict.
- 2.1 Provide free medical missions twice a week.
- 2.2 Provide treatment for chronically ill women and men.
- 3.1 Provide treatment and rehabilitation for malnourished and burned children.
- 4.1 Provide breast cancer screening for poor women 40 years of age and older.
- 4.2 Distribute food parcels for women at high risk.
- 5.1 Provide training and follow up of 60 additional Trainers of Trainers who will work with community-based organizations under the ACT umbrella.
- 5.2 Provide group counselling to patients in need of psychosocial support emphasising on life-skills, self-care and care for others.
- 6.1 Provide healthcare training for young people.

Implementation Methodology

1. Preparedness

The hospital will purchase fuel, medical supplies, and equipment in adequate quantities to: a) ensure the ongoing general operations of the hospital; b) be equipped to provide quality medical care; c) fulfil the goals of the current proposal. Al Ahli management, accounting, and pharmacy staff will oversee the sourcing, purchase and acquisition of the necessary supplies. Under the conditions of the blockade, it is necessary to identify sources that can accommodate the conditions. As a medical institution of long standing, Al Ahli has such contacts.

2. Medical Care for the Poor and Vulnerable

Al Ahli Hospital will make free healthcare available to communities and individuals who lack basic necessities and cannot otherwise access health services. In communities surrounding Gaza City, the Al Ahli Social Unit will work with community-based partners such as women's organizations, men's clubs, community support organizations and the local municipality, to identify the most urgent medical, surgical and rehabilitative needs of the residents. A community representative will compile a list with relevant information, including the name, age, gender, and health complaint of the participants.

Al Ahli management will assign special days for the treatment and medical care of these individuals. A medical team will be formed according to the needs of the participants. Generally, this team will consist of consultants in general surgery, general medicine, gynaecology, obstetrics, urology, dermatology, orthopaedics, paediatrics and psychology. Through these missions the medical team will offer a full range of essential medical services,

including examination, diagnostic procedures, free medications, hospital admission if necessary, and transport to and from the hospital. In addition, the mission will be associated with a team of psychosocial therapists to work with all participants (children, women, and men) who were affected by the December 2008-January 2009 offensive.

The program also transports patients (adults and children) from a nearby village each week, bringing them to the outpatient clinics at Al Ahli Hospital where they are seen by the social service, medical, and nursing staff and special departments as needed (e.g. rehabilitation). Afterwards, the patients will be provided with lunch and transportation back to their homes.

Due to the rising rates of poverty and unemployment in Gaza, the number of Al Ahli hospital beneficiaries has increased by nearly 40% to 60% compared to the numbers of the last two years. This increase in the number of patients necessitates an upgrade of Al Ahli's information system. Specifically, Al Ahli needs two computers, one professional grade printer, and a server.

3. Care for children with burns and underweight children

Al Ahli Hospital will offer medical treatments for children with burns whose families are poor and unable to pay the cost. The Al Ahli social department will assess each child with burns to determine who is eligible for free medical care. Selected patients will be referred to the Al Ahli selection committee for approval. The children will be treated at Al Ahli outpatient clinics as well as at the hospital burn unit. Al Ahli's surgeon with expertise in the treatment of burn patients will be responsible for the patients' overall clinical management. The surgeon will work closely with a team of other surgeons, nurse practitioners with burn expertise, and registered nurses. Depending on a patient's individual needs other specialists may be involved in providing care. For example, in some cases a highly qualified physical therapist will provide services to children with burns, helping to restore the highest level of function. Moreover, the hospital will provide social services for the patient, his/her family, and try to solve problems that affect good patient care. In order to provide better care to these children, Al Ahli's burn unit is in critical need of some upgraded equipment, including whirlpools and an electrical stimulation unit.

Special attention is also given to malnourished and underweight children. Through this program the hospital is contracting a part time paediatric consultant to assess, treat and follow-up such cases three days a week at Al Ahli outpatient department. An additional general medical doctor and two nurses will work with the consultant. Comprehensive medical treatment and food will be given to the underweight and malnourished children. The clinic is in need of an electronic scale and trolleys for this intervention.

4. Women's Care

The hospital has been very fortunate to receive from a generous donor a mammogram x-ray machine suitable to detect and evaluate breast abnormalities, both in symptomatic and asymptomatic women. The hospital has contracted a part time radiologist who is able to read the mammogram results, perform the breast ultrasound examination, and provide diagnosis. A part-time female x-ray technician, who is trained in the safe operation of the mammogram machine, will be working in the department. Two experienced part time nurses will be responsible for clinic management and will also provide health education and training for women to do self-examinations. In cooperation with community-based organizations and the Al Ahli selection board, the hospital's social department will identify women at high risk and in need of breast cancer screening. An ultrasound unit will be purchased for better diagnoses and medical evaluation for the sick women.

The hospital will also provide medical care for poor elderly women who have no health coverage and are suffering from chronic diseases such as heart disease, high blood pressure, asthma and diabetes. Selected patients will have free specialized medical care in the outpatient clinics. Inpatient services will also be offered for those who need it.

The distribution of food parcels will be directed to those patients of Al Ahli's free medical program who are identified by the medical and social team as vulnerable and in need of food assistance. Attention will be given to women at high risk because they have seven or more family members and they have no source of income. For the food parcels, the Ahli procurement department will call for quotations from different suppliers in Gaza. The department will study all offers and accept the best quotation in terms of quality, price and delivery date. Six

unemployed women will be hired as daily workers for one week every four months to fill the food baskets in accordance with ratios required by Sphere standards: one kg dry whole milk, five kg sugar, five kg rice, three litres cooking oil, three bags of macaroni, three cans of tomato paste of 580g each, two kg white peas, one kg tea, one kg lentil, two cans of corn beef of 700g, five cans of tuna fish (275g each) and one hygiene kit. The social unit at the hospital will distribute the baskets to the beneficiaries/rights-holders. Delivery receipts signed by each beneficiary/rights-holder will be obtained.

5. Psychosocial Care

Following on the Community-Based Psychosocial Support component of the previous Appeal, a psychosocial team was established at Al Ahli consisting of the four Directors of Nursing at the hospital. They are all men and since more than half of the people receiving psychosocial support are women it is proposed to employ at least one female nurse/doctor or social worker to be part of the team and the Training of Trainers (ToT).

The ToT workshop will train community leaders on topics of psychosocial support and in the skills required to train others in psychosocial support using participatory methods. A curriculum will be developed and the training will include a variety of topics, including: common reactions to crises events, stress, loss, grief, and psychosocial first aid and coping. The training will also concentrate on how to strengthen the social bounds of people in affected communities. When the training is completed the Al Ahli team will maintain connection to the 60 community leaders and will be available for further support as needed. The training sessions will take place at Al Ahli medical library. To facilitate the training sessions, the Al Ahli library needs a laptop computer for a projector and a new photocopy machine for printing high quality handouts.

Patients who need it will receive psychosocial support from the Al Ahli staff. Support will be provided mainly through group counselling emphasizing life skills, self-care and care for others. The psychosocial activities will include home visits, and when needed, the referral of individuals requiring specialized support. Al Ahli's ToT team will also provide Al Ahli staff with staff-care through psychosocial support sessions at least three times in a year and more as needed. .

6. Job Creation

Young people, undergraduates, and graduate students will be recruited and screened by Al Ahli medical, nursing, and human resources personnel to determine their aptitude and need. Up to 60 applicants will be selected for the program, which will encompass classroom and practical training for various healthcare careers. The practical training will take place at Al Ahli and at other Gaza healthcare institutions with which Al Ahli has partnerships. Participants in the program will be monitored, mentored, and evaluated by Al Ahli staff.

Input for Project Implementation

Fuel

Medicines

Medical supplies

Food supplies

Equipment:

- 2 computers, 1 heavy duty printer and server for free medical mission and rehabilitation.
- 2 whirlpools for extremities, 2 whirlpools for whole body, and 1 electrical stimulation unit for the treatments of burns.
- 1 scale with height meter, 1 electronic baby scale and 1 medicine trolley.
- 1 ultrasound machine for mammography screening.
- 1 laptop computer for the library projector and 1 new photocopy machine
- Human resources as detailed in the budget.

Planning Assumptions, Constraints, and Prioritization

The fundamental constraint on the project is the ongoing political situation, which limits and restricts all aspects of life in Gaza. Therefore, the major assumption is that it will be possible for people to be available for the proposed services and that the resources (fuel, medicines, food, etc) will in fact be available.

The priority order of the objectives is as they are listed in the Objectives section above.

Implementation Timetable

The anticipated timetable is March 2010 – February 2011.

Transition/exit strategy

As long as the blockade of Gaza continues to hamper the import and export of goods, as well as the movement of people, the situation of dependency and crisis is not expected to change. The need for support is expected to continue until the political situation is changed.

VI. ADMINISTRATION AND FINANCE

The ACT member NCA will have the overall responsibility for the project and will supervise and oversee the implementation by the Al Ahli Staff. NCA has a long-standing relationship with the partner, the Diocese of Jerusalem/Al Ahli Arab Hospital, extending over many years and several different support projects. The personnel of both bodies are well known to each other and are experienced in collaborating on the implementation of projects. The financial operations and procedures of the institutions are familiar, as are reporting requirements.

NCA will receive the funds from ACT and transfer them to the Al Ahli Hospital in instalments according to a contract signed between the Diocese of Jerusalem and NCA.

The Al Ahli Hospital Board of Directors, together with the Management Team in Gaza, will supervise the implementation of the administrative functions for this emergency project.

The Director of Al Ahli Arab Hospital will have overall responsibility for the operation of the hospital and the outreach care program. The Medical Director is responsible for the medical functions of the hospital.

The Al Ahli Chief Accountant will be responsible to keep separate accounts for the ACT/NCA grant and assure that the funds are spent according to their designated purpose. The Chief Accountant will be responsible for the receipt and expenditure of the funds and also for following up all financial transactions and financial reporting.

Under NCA oversight, the Al Ahli Management Staff will carry primary responsibility for the project. The Ahli Director will authorize the Social Service Department to identify and contact beneficiaries. The Medical Director will supervise delivery of the actual medical services. Under the supervision of Al Ahli management the Human Resources will implement the training and job-creation.

VII. MONITORING, REPORTING AND EVALUATION

The primary responsibility for monitoring the assistance provided by the Appeal, both financial and programmatic, resides with NCA. However, the on-site monitoring will be incumbent upon the Al Ahli management staff. The Al Ahli management will supervise and monitor the hospital's operations including its departments for Social Services, Human Resources, and Medical treatment. The monitoring will ensure that family and individual beneficiaries meet the criteria for assistance, that services are delivered as planned, and that no duplication of services from other relief programs takes place.

Financial monitoring is the responsibility of Al Ahli management and the Accounting Department, but with oversight from three sources: the Accounting Department of the Episcopal Diocese of Jerusalem, the Auditor of the Episcopal Diocese of Jerusalem, and ultimately from NCA. The Al Ahli Chief Accountant will also be responsible to monitor ACT/NCA funds, ensure that they are used for their intended purpose, and that this process is properly documented. At the end of the project, an independent certified auditor will audit the ACT/NCA related statement of revenues and expenditure and issue a separate Audit Report about the project.

The reporting will adhere to the requirements of ACT. Primary responsibility for reporting to ACT will lie with NCA. Al Ahli, with support from the Episcopal Diocese of Jerusalem, will submit one interim narrative and

financial report to NCA. A final narrative and financial report will be delivered to ACT CO within 60 days of termination of the project, and a financial audit report will be delivered within 90 days of termination.

VIII. COORDINATION

The Al Ahli Management staff and Social Services Department will ensure coordination with other local community organizations and agencies to avoid duplication but also to assure that the neediest beneficiaries are identified and served. This includes coordination with the Palestinian Ministry of Health, United Nations (UNRWA), and other non-governmental and charitable organizations. The hospital will work in conjunction with grassroots and community-based organizations. These organizations will help in identifying the most vulnerable beneficiaries for the free medical treatment programs at the hospital

NCA and Al Ahli undertake to co-ordinate and cooperate with other ACT members to maximize the effects and benefits of this Appeal. This Appeal has been coordinated with other ACT members in Gaza. The Al Ahli Director is a board member of Middle East Council of Churches/Department of Services to Palestinian Refugees (MECC/DSPR) and the Executive Secretary of MECC/DSPR is a board member of the Al Ahli hospital. They exchange information on a regular basis and explore new ideas in an effort to provide the best and most efficient medical care for the vulnerable and marginalised.

IX. BUDGET

	Type Unit	No. Units	Unit Cost USD	Budget USD
INCOME - Through ACT Geneva				
List by donor name and fill in amount				0
INCOME - Cash and In Kind Donations Received Directly				
List by donor name and fill in amount				0
INCOME PLEDGED (both through ACT Geneva and directly)				
List by donor name and fill in amount				0
TOTAL INCOME				<u>0</u>
EXPENDITURE				
DIRECT ASSISTANCE				
<u>Emergency preparedness</u>				
Fuel	litter	59,000	1.44	85,000
Medicaments	As list			
A) Medicine				124,300
B) Medical supplies				25,700
Sub total essential supplies				235,000
Total Emergency preparedness				<u>235,000</u>
<u>Post Crisis Phase (if applicable)</u>				

	Type Unit	No. Units	Unit Cost USD	Budget USD
<u>Medical Care for the poor and Vulnerable</u>				
Consulting fees and Salaries				
1 consultant (14%)	Month	12	400	4,800
1 senior nurse (25%)	Month	12	325	3,900
1 social worker (25%)	Month	12	313	3,750
free medical mission twice a week (12 missions)	patient	1,500	33.33	50,000
Treatment for malnourished children				
Salaries/wages				
Pediatric consultant (part time)	Month	12	300	3,600
2 Senior nurses (25%) at \$ 337.50	Month	12	675	8,100
1 Cleaner (25%)	Month	12	113	1,350
Treatment for underweight children (for 3 groups of 250/ for 3 months at \$75.56/month)	children	750	226.67	170,003
Treatment of chronic ill women & men				
Salaries/wages				
1 Cardiologist (25%)	Month	12	347	4,160
1 General doctor (part time)	Month	12	113	1,350
1 Staff nurse (25%)	Month	12	250	3,000
1 Laboratory technician (25%)	Month	12	300	3,600
1 Pharmacist (25%)	Month	12	345	4,140
Treatment of chronic ill women & men (3 groups of 250 patients for 3 months at US\$ 71.07/month)	patient	750	213.33	160,000
Food baskets and commodities				
6 daily workers for 6 days 3 times in a year	days	108	10	1,050
Milk	Kg	1	8.5	
Sugar (5kg) at \$ 0 .94 each	Kg	1	4.73	
Rice (5kg) at \$1.89 each	kg	1	9.45	
Tomato Paste 580 g (5 cans at US\$ 1.48 each	can	1	7.42	
Tuna Fish 340 g (5 cans at \$1.08 each)	can	1	5.4	
Ground meat 700g (3 can at US\$ 2.16 each)	can	1	6.5	
Dry beans	kg	1	1.9	
Macaroni 750 g at (US\$ 0.95)	kg	1	1.9	
Cooking oil 3 kg	kg	1	6.72	
Tea	kg	1	5.37	
Tide 1.5 kg	kg	1	2.16	
Soap 6 pieces	pieces	1	1.62	
Hagen kit	pieces	1	5	
Total food Parcels	Parcel	600	66.67	40,000
Care for burned children				
Salaries				
Physiotherapist (25%)	Month	12	362.5	4,350
Treatment for burn children (for 100 patients for 15 sessions each)	session	1,500	10	15,000
Cancer treatment				
Salaries				
X-ray technician (25%)	Month	12	238	2,850

	Type Unit	No. Units	Unit Cost USD	Budget USD
Mammography screening	women	600	50	30,000
Psychosocial support				
Counseling for 1300 patients	patient	1,300	24	31,190
Psychosocial training course for 60 candidates (three groups of 20 candidates in each course)	course	3	6,270	18,810
Training and job creation				
Training and job creation for 60 young people for 3 months	Month	12		50,000
Sub Total				615,003
TOTAL DIRECT ASSISTANCE				850,003
CAPITAL ASSETS				
Psychosocial support				
Library laptop	piece	1	1,500	1,500
Printer		1	6,000	6,000
Equipment for children care				
Whirlpool for extremities	Piece	2	4,500	9,000
Whirlpool for whole body	piece	2	10,000	20,000
Electrical Stimulation	Piece	1	2,000	2,000
Scale with height meter		1	1,000	1,000
Electronic baby scale		1	500	500
Stainless steal trolley		1	600	600
Cancer Treatment				
Ultrasound for women care clinic		1	17,600	17,600
Free medical missions				
Computer	piece	2	700	1,400
Professional grade printer	piece	1	400	400
Server	Piece	1	14,000	14,000
TOTAL CAPITAL ASSETS				74,000
INDIRECT COSTS: PERSONNEL, ADMIN & SUPPORT				
<u>Staff salaries</u>				
1 Project Accountant (30% of the salary)	Month	12	383.33	4,600
1 Accountant(30% of the salary)	Month	12	300	3,600
1 Medical Record clerck(50%of the salary)	Month	12	275	3,300
<u>Office Operations</u>				
Adminstration supplies &printings	Month	12	500	6,000
<u>Communication</u>				
Telephone and fax	Month	12	250	3,000
<u>Other</u>				
Insurances:				
Malpractice insurance (30%of the policy)	Month	12	150	1,800
Workmen's compansation (30%of the cost)	Month	12	133.33	1,600
Machinery breakdown (30%of the cost)	Month	12	125	1,500
Transportation Expenses &maintenance	Month	12	200	2,400
<u>NCA Administration indirect Cost</u>				
Accountant 5%	Month	12	100	1,200
Programme Coordinator 10%	Month	12	450	5,400
Communication	month	12	20	240

	Type Unit	No. Units	Unit Cost USD	Budget USD
Travel to Gaza	visit	4	150	600
Accommodation Gaza	days	4	55	220
Sub Total NCA				<u>7,660</u>
TOTAL PERSONNEL, ADMIN & SUPPORT				<u>35,460</u>
Audit of ACT Funds	Estimate			4,000
Monitoring & Evaluation	Estimate			<u>0</u>
TOTAL AUDIT & MONITORING				<u>4,000</u>
TOTAL EXPENDITURE				<u>963,463</u>
ACT International Coordination Fee (3%)			0.03	28,904
TOTAL EXPENDITURE incl coord fee				<u>992,366</u>
TOTAL BUDGET REQUESTED				992,366