

Appeal

Occupied Palestinian Territory

Follow on Appeal – Gaza and West Bank – PSE111 – revision 2

Appeal Target: US\$ 3'013'748

Balance Requested: US\$ 687'008

Geneva, 10 November 2011

Dear Colleagues,

The Gaza blockade since 2006 is considered a denial of basic human rights in contravention of international law and amounts to collective punishment. The blockade severely restricts imports and exports, as well as the movement of people in and out of Gaza, and access to agricultural land and fishing waters. Gazans are unable to provide for their families and the quality of infrastructure and vital services has deteriorated.

Thousands of people, some of them children, risk their lives smuggling goods through the tunnels under the border with Egypt every day. The thriving tunnel industry is a direct result of ongoing restrictions on the import of construction materials, the lack of employment opportunities, and the huge reconstruction needs in Gaza. Gazans remain isolated and cut off from the rest of the occupied Palestinian territory.

ACT Alliance members have been responding to this crisis since 2008, and have created the ACT Palestine Forum (APF) in order to coordinate their work and to use resources in the most effective and efficient way. Since its inception, APF has been engaged in a range of activities including: improving the coordination and cooperation between member organisations, conducting needs assessments, emergency preparedness planning, conducting evaluations, capacity building activities, strategic planning, and setting up an advocacy strategy.

ACT Alliance members in Palestine (DSPR, LWF, DCA, ELCJHL and NCA) have requested funds through the appeal PSE111, issued on 15 April 2011, to implement activities in the sectors of health, poverty-reduction, advocacy, education, psychosocial support, and coordination. Revision 1 of the appeal was issued on 14 October 2011 to incorporate additional capacity building elements and training activities into the community wellbeing component of the appeal and to slightly revise the budget for the NCA – Al Ahli Hospital component. The Forum has, at the same time, reduced the budget related to psychosocial interventions and staff salaries.

This second revision on hand reflects changes in the budget for MECC-DSPR e.g. purchase of medical equipments (page 17-18). For your ease of reference, the revised/added elements in the narrative are indicated in italics while the budget has a separate column for the revised financial figures.

Project Start/Completion Date: 1 April 2011 – 31 March 2012

Reporting schedule:

Reports due ACT Secretariat	
Interim narrative & financial	31 October 2011
Final narrative & financial	31 May 2012
Audit	30 June 2012

Summary of Appeal Targets, Pledges/Contributions Received and Balance Requested (US\$):

ACT Member	NCA/ Forum Coord.	DCA/ Advocacy	MECC/ DSPR	NCA/AI Ahli Arab Hospital	ELCJHL	DCA/ Gaza Office	NCA/ Community well being	LWF	Total USD
Appeal Targets	44'908	75'932	1'578'964	691'551	343'970	29'359	111'911	137'153	3'013'748
Pledges/Contr Recd	40'364	40'451	1'140'236	705'437	240'283	5'298	91'096	63'575	2'326'740
Balance Requested	4'544	35'481	438'728	-13'886	103'687	24'061	20'815	73'578	687'008

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: UBSWCHZH80A

Please also inform the Chief Finance Officer Jean-Daniel Birmele (jbi@actalliance.org) and the Regional Programme Officer, Josef Pfattner (jpf@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 EU, USAID and/or other back donor funding and the subsequent results. We thank you in advance for your kind cooperation.

For further information please contact:

ACT Regional Programme Officer, Josef Pfattner (phone +4122 791 6710 or mobile +41 76 245 0667)

or

ACT General Secretary, John Nduna (phone +41 22 791 6032 or mobile +41 79 203 6055)



John Nduna
General Secretary
ACT Alliance Secretariat

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Description of the Emergency Situation

During 2010, 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

The Israeli blockade of Gaza has left more than 1.5 million Palestinian men, women and children trapped in the Strip. The movement of people and goods between Gaza and Israel/oPt is for all practical purposes impossible for the average person, with exceptions made for special medical cases, accredited international aid workers, some journalists, and others, through an opaque and often lengthy coordination process. The blockade prohibits most exports and heavily restricts the entry of basic goods, including food, medicines and fuel. The UN and various aid agencies thus provide much of the food that enters Gaza. The economy in Gaza depends in large part on smuggling through tunnels under the Egypt-Gaza border, but the food and goods entering in this way are sold at highly inflated prices, making much of it inaccessible to the population.

This blockade policy, coupled with the loss of so many productive assets during Operation Cast Lead, led to the near-collapse of Gaza's economy. The prohibition on "imports" and "exports" of goods and materials has led to the closing of 95%¹ of the viable factories and workshops in the area. Tens of thousands of people have lost their livelihood - unemployment now exceeds 45%.

After the events of May 2010, during which a self-proclaimed humanitarian flotilla was raided by Israeli forces at sea, resulting in numerous deaths and an international incident, Israel announced an "easing" of its restrictions on Gaza. However, in early February 2011, UNRWA announced that the unemployment rate had risen from 44.3% to 45.4%, continuing that, "Such high unemployment means that 'people have less money in their pockets and more despair.'" Moreover, the continuing prohibition against the entry of construction materials continues to prevent thousands of people from reconstructing or repairing homes damaged during Operation Cast Lead, now more than two years on.

The blockade has other daily impacts for the population beyond the availability of consumer goods and employment. For example, restrictions on the entry of spare parts as well as on the entry of sufficient industrial fuel for the power station cause about 98%² of Gaza's residents to suffer rationed electricity, with cutoffs lasting up to 8 or 10 hours a day. The remaining population do not receive any electricity at all.

The lack of sufficient electricity negatively impacts the utilization of water wells and the operation of the desalination plant, affecting the availability of clean drinking water. Waste treatment is also a problem, with some 70,000 cubic meters of untreated or partially treated wastewater having to be discharged directly into the sea everyday. The result of these two issues is that, as of the end of 2009, 93% of water wells throughout Gaza were found to be polluted with levels of chloride and nitrates three times higher than the recommended World Health Organization safe levels³.

Patients seeking specialized medical care outside of Gaza also continue to face routine delay or denial of access, sometimes with fatal results. In general, Gaza's health sector was and is under duress: thousands

¹ Palestinian Trade Center

² OCHA

³ WHO Report 2010

were injured during Cast Lead, and Gaza's health facilities, struggling as they are with remaining damages and inconsistent supplies, are not equipped to cope with the scale of ongoing treatment needs, nor can they sufficiently address the treatment needs of people with chronic conditions.

Psychosocial health is another major concern in Gaza, especially for children. According to WHO estimates, as a result of Cast Lead, 20,000 to 50,000 people will suffer long-term mental health consequences (OCHA). A survey by the Gaza Community Mental Health Program in 2009 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).

In terms of the economy and economic opportunity, agriculture has been hit hard by the siege, suffering from a lack of seeds, pesticides, machinery, parts for irrigation systems, etc. Another obstacle to the agricultural economy is the "buffer zone," an area stretching, in practice, anywhere from the official 300 meters up to 1,000 meters inward from the Gaza boundary, encompassing much of Gaza's agricultural land. Anyone present within this range of the Gaza boundary, risks being fired upon or caught up in periodic violent incidents. This prevents farmers from working their land at anything near capacity.

Another area integral to the Gaza economy is fishing. This sector suffers from extreme limitations, in that fishermen are restricted to a zone extending only three nautical miles from the coast. Fishing crews risk being fired upon by Israeli naval forces, even in some cases within the permitted zone.

Egypt shares responsibility for the blockade by restricting the movement of goods and people at Gaza's southern border, the Rafah crossing. Egypt eased movement restrictions in June 2010 for Palestinians needing medical care, or with foreign passports and / or visas, but not for any others, and has continued to restrict imports and exports of goods. The crossing's operation is not entirely dependable, as its closure during the Egyptian political events of January 2011 demonstrated.

As a result, more than 70% of the population now depends on various forms of aid from international organizations in part because these agencies are the only ones able to bring many necessities in. In 2007, humanitarian aid amounted to 3% of imports; by 2010 this figure had risen to 26%⁴.

West Bank

In the West Bank, with a population of 2.4 million, saw continued displacement in 2010 due to eviction and home demolition, land confiscation, drought, and lack of access to existing water resources, Israeli military and settler violence, settlement construction, ongoing construction of the separation wall, food insecurity, insufficient access to land, jobs, basic services, healthcare and education.

The separation wall is now approximately 85% complete. Upon completion, the wall will effectively annex almost 10% of the West Bank, 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).

West Bank residents often face threats to their lives and property. In 2010, at least seven Palestinian civilians were killed by Israeli forces in the West Bank. According to B'Tselem, those killed, including two young men collecting scrap metal and two children participating in a demonstration inside their village, posed no danger to Israeli military forces or civilians. In addition, Israeli settlers destroyed or damaged mosques, olive groves, vehicles, and other Palestinian property, and physically assaulted Palestinians, in 204 attacks as of October 2010 (almost double the number of such attacks in 2009), as reported by the UN.

⁴ Bt Selem Report, May 2010

Displacement and the threat of displacement also continued in 2010. Conservative estimates suggest some 60,000 Palestinians are currently at risk of having their homes demolished. As of October 2010, Israeli authorities had demolished 285 Palestinian homes and other buildings in the West Bank (including East Jerusalem), displacing 340 people, on the grounds that the structures were built without permits. In practice such permits are almost impossible for Palestinians to obtain, whereas a separate planning process available only to settlers grants new construction permits much more readily. Israeli authorities repeatedly demolished the community of al-Farsiye in the northern Jordan Valley, displacing approximately 113 people living in what they term a "closed military zone." Some of the displaced families had been living there since at least the 1960s. In addition, a number of Palestinian families have lost their East Jerusalem homes to settlers, through court processes based on laws that recognize Jewish ownership claims there from before 1948, but that prevent Palestinian ownership claims from 1948 in West Jerusalem.

Across the West Bank, Palestinians continued to face unemployment, at a rate exceeding 23% (UNRWA). Israel maintains onerous restrictions on the movement of Palestinians in the West Bank, especially in locations with the "Area C" designation, which is under exclusive Israeli civil and military control. Israel has removed some of the closure obstacles (fixed or mobile check points, dirt / debris mounds, fences / gates, etc.), but more than 500 remain.

Conclusions

Overall, in both Gaza and the West Bank, Palestinians face an ongoing crisis in the education, health and economic sectors as well as a crisis in the protection of civilians. Children and their families continue to face violence, poverty, and insufficient access to water, health care, 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 ongoing humanitarian emergencies.

Component 1: NCA (on behalf of the ACT Palestine Forum) – Coordination and Capacity Building

I. REQUESTING ACT MEMBER 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 territory (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), 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, capacity building activities, and strategic planning.

The chairing of the Forum meetings rotates among the members. The present chair is Evangelical Lutheran Church in Jordan and the Holy Land (ELCJHL) and the co chair is Dan Church Aid.

Background of ACT Palestine Forum

After its inception in April 2008 APF has been 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. In May 2009 till present, a local coordinator was appointed 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.

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:

- Develop APF's and members' capacities on emergency preparedness and response
- Improve monitoring and evaluation systems.

The APF was able to achieve the first priority in Feb 2011, in which a workshop was conducted to finalize the Emergency Preparedness Plan (EPP), despite all obstacles related to movement and time constraints. The second priority will be tackled in 2011 as a major objective that the APF aims at achieving. Following the emergency in Gaza and the joint response by the Forum in 2009 and 2010 it is believed that it is essential to continue this coordination support through 2011. The geographical and political divide between Jerusalem, the West Bank and Gaza makes coordination even more important although it is difficult.. Since October 2009 regular video conferences between Jerusalem and Gaza have been arranged to enhance cooperation and coordination.

II. 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. The team has managed to finalize the Emergency Preparedness Plan which will be distributed in April 2011.

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 utilized the tools provided by ACT Capacity Development Initiative (CDI) for this effort. A comprehensive self assessment was conducted for MECC/DSPR supported by an external consultant. Other members are also doing the self assessment individually. A capacity building plan being developed for all APF members that will start implementation in 2011.

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, which will be included in the capacity building plan 2011 mentioned above.

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/West Bank and Gaza will provide valuable information to ACT members and inform other AIDA members and UN agencies of the ACT response.

III. 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 which supports Palestinian society to cope effectively.

Objectives

1. The APF, its members and activities have been coordinated.
2. Monitoring and Evaluation mechanisms have been developed.
3. The capacities of APF and its members have further developed⁵.

Activities

- 1.1 Plan and facilitate monthly and annual meetings.
- 1.2 Maintain and distribute records of the financial status and implementation of appeal activities.
- 1.3 Facilitate the development of the appeal.
- 1.4 Communicate and liaise with ACT Alliance Secretariat.
- 1.5 Assist in providing high quality humanitarian assistance in accordance with international standards; participation/protection principles and COC mechanisms.
- 1.6 Participate in and distribute relevant information from broader humanitarian and development network.
- 2.1 Prepare draft procedures for monitoring and evaluation.

⁵ Activities related to objective 3 will not be included in this appeal budget. It will be coordinated and covered by the ACT Capacity Development Initiative.

- 2.2 Facilitate training on monitoring and evaluation.
- 3.1 Facilitate the formulation of a capacity building plan based on the MEPL81 evaluation and the members' self assessments.
- 3.2 Plan and organize training according to capacity building plan

Project Implementation Methodology

Due to the needs, scope of work and limited capacity of the members, the ACT Forum agreed to continue the engagement of a part time Coordinator in Jerusalem.

Based on the experience in 2009 and 2010, 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. In addition, a plan of action is in the drafting process. It needs to be reviewed and approved by APF members.

Planning Assumptions, Constraints and Prioritisation

It is 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 2011 through March 2012. The APF Coordinator is already hired and working.

Transition or Exit Strategy

Funding of an APF Coordinator is needed for several reasons: the relatively recent formation of APF, the many coordinated activities being undertaken at present, and the ongoing humanitarian crisis being addressed. The need for a Coordinator might decrease as the APF becomes more developed and/or the humanitarian crisis lessens. It is at present impossible to know when the protracted crisis will end.

IV. ADMINISTRATION AND FINANCE

NCA will provide support to the implementation and monitoring of the coordination/capacity building through its regional office in Jerusalem. The funds will be managed and reported by NCA who will also be responsible for the recruitment of external consultants in cooperation with ACT members and the ACT Office in Geneva. NCA will be responsible for signing the agreements for coordination. In addition, NCA will through the Coordinator and finance department keep records and assist in processing payments and ensure accurate financial record keeping and adherence to cooperative agreements.

V. MONITORING, REPORTING & EVALUATION

The APF shares a collective responsibility for the monitoring of this component of the appeal. This position is 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 October 2011
- Final report: 30 April 2012
- Audit report: 31 May 2012

An evaluation is not planned for this appeal. An evaluation was carried out on MEPL81, the results and recommendations of which will feed into the plan 2011.

VI. CO-ORDINATION

The APF, in particular the monthly meetings, will be the primary mechanism to ensure that coordination and monitoring of the implementation of the appeal and capacity building activities are carried out as planned. The APF Coordinator will need to take lead role in keeping the APF apprised of developments and issues, and to keep various processes moving forward.

The APF Coordinator will attend relevant meetings, clusters, and networks meetings to serve as an information link between those mechanisms and the APF.

VII. BUDGET

INCOME- Opening Balance per 28 February 2011(estimate)				35,000
EXPENDITURE	Type	No.	Unit Cost	Budget
DIRECT ASSISTANCE	Unit	Units	USD	USD
Appeal Coordination				
Monthly & Annual Meetings (including video conference)	Lump Sum	1	11,550	11,550
APF Coordinator salary (40%)	month	13	2,100	27,300
Transportation	month	13	100	1,300
Communication	month	13	100	1,300
Stationary	month	13	50	650
TOTAL DIRECT ASSISTANCE				42,100
Audit of ACT Funds	Estimate	1	1,500	1,500
ACT Geneva (fees) 3%				1,308
Total Expenditures				44,908
Balance of funds				9,908

Component 2: DCA (on behalf of the ACT Palestine Forum) – Advocacy and Communication

I. REQUESTING ACT MEMBER

Dan Church Aid (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 is also HAP and SPHERE certified. DCA has decentralized offices in East Jerusalem and Gaza.

II. DESCRIPTION of the EMERGENCY SITUATION

Background

Since the inception of the ACT Palestine Forum (APF), improvements have occurred within coordination and communication. The APF is now working more as network and/or group, which is an important step since many organisations, accustomed to working individually, have perceived this as a challenge. The 2010 APF meetings revealed a strong commitment and a need to develop joint initiatives and projects. Advocacy was identified as a crucial area of intervention of each member and furthermore, as an area where the members will be capable of joining forces and agreeing on joint efforts.

As such DCA, during the previous appeal, dedicated human resources and revised the DCA contribution to the appeal into a project of developing an advocacy strategy. A consultant was hired, a study on the APF members’ perception of and work on advocacy was conducted, two work shops were held on developing a joint advocacy strategy, and a final draft was distributed to the APF members in early March. In addition, an action plan has been developed for joint advocacy work which will be implemented both by each member, but also as a joint project with allocated staff. This proposal is requesting for funding for the implementation of the advocacy strategy, developed under the last appeal.

The humanitarian space in the OPT is shrinking rapidly and the Israeli occupational policies especially in Area C is limiting if not precluding the work of all APF members as well as it violates every right of the Palestinian people. The UN recently published the Area C Humanitarian Response Plan, which criticizes the Israeli’s neglect to ensure the basic needs of the occupied population, which they are responsible for under international humanitarian law. Not only do they neglect their obligations but they do also, and this on an increased basis, prevent humanitarian aid and relief agencies to do their work. The increasingly worsened working environment of humanitarian agencies reveals a need for enhanced advocacy work targeting 3rd states and their responsibilities in the occupation. Humanitarian agencies are currently forced to support the Israeli occupation financially and administratively by conducting the work which the state of Israel is obliged to do. This can only be justified if we coordinate our humanitarian work with a strong advocacy strategy targeting governments and publics abroad.

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. Being more proactive and aggressive on 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.

The APF members all do their best to meet the needs of the Palestinian population, but without efficient advocacy with an end goal to end the occupation, humanitarian agencies will distribute blankets, food, and cash for another 60 years. Advocacy is key for meeting the needs of the beneficiaries.

Our added value on advocacy is our Christian identity and our strong network to strong partners locally and abroad. The APF advocacy efforts should and will be linked to partners such as APRODEV, Churches for Middle East Peace, World Council of Churches (WCC), the Ecumenical Accompaniment Programme in Palestine and Israel (EAPPI), international organisations and local allies. As such, the APF will act as an advocacy facilitator rather than organiser. All of the above aspects are included in the recent, comprehensive advocacy strategy developed by the forum. From an ACT Alliance perspective, the APF is the first local ACT forum to develop an advocacy strategy and head quarters as well as allies have shown interest in these interesting steps and initiatives from Act Palestine Forum.

A natural outcome of the implementation of the advocacy strategy is the 'branding' of ACT and the APF as an alliance. Very few know about ACT and the APF and several members have asked for branding strategies and initiatives. A joint website and local outreach as ACT as well as international cooperation as ACT will increase the knowledge and awareness of the APF, but also the ACT Alliance.

III. PROPOSED IMPLEMENTATION OF THE APF ADVOCACY STRATEGY

Goal

- To promote a global discourse on the Israeli-Palestinian conflict that lift up the work done to promote human rights and peace and address the human suffering due to the occupation
- To promote access of individuals to resources and services as well as humanitarian access for goods and service delivery.

Objective

1. The APF has been established as an ecumenical partner, linking local communities with global constituencies and institutions
2. Empowerment mainstreamed into advocacy activities of ACT members
3. Local coalitions built to promote access for people and goods in the occupied Palestinian areas

Outcome

- 1.1 Analysis of international partners prepared
- 1.2 Cooperation agreements signed with at least 2 organisations
- 1.3 ACT advocacy material prepared and available through APF's website

- 2.1 Recommendations for further mainstreaming of empowerment into advocacy activities prepared and discussed by APF. Action plan developed accordingly
- 2.2 Regular dialogue and mechanisms for transparency and feed back to communities established with 5 community groups.
- 2.3 Regular dialogue established with 2-4 local journalists who may take an interest in APF's work

- 3.1 MoUs/cooperation agreements formulated in cooperation with 1 – 2 local allies
- 3.2 Unified messages formulated
- 3.3 Specific advocacy material and documentation produced, based on constituencies' testimonies.
- 3.4 Regular dialogue established with appropriate decision makers related to access

Duration: 1 March 2011 – 31 March 2012

Activities

- 1.1 Development of the APF website and link it to ACT Alliance website. The website will include advocacy material, photos, documentaries, fact sheets and case stories.
 - 1.2 Developing APF material (presentations, newsletters)
 - 1.3 Developing formats for fact-sheets and case stories
 - 1.4 Developing lines of communication
 - 1.5 Analysis of the interests and agenda of potential allies
 - 1.6 Selecting most relevant allies and developing cooperation agreements/MoUs
-
- 2.1 Conduct a study on what needs to be done, what is being done and by whom in terms of mainstreaming empowerment into APFs advocacy work
 - 2.2 Meet with 15 communities to gather stories and inputs from for ACT's work and receive feed back
 - 2.3 Inform communities about how their inputs have been used in the work of ACT through
 - 2.4 Distribute 5 articles through existing magazines reaching a large number of local constituencies
 - 2.5 Hold 4 meetings with ACT partners' coordinators
 - 2.6 Conduct 2 TV and 2 radio interviews
 - 2.7 Conduct one short film about the APF
-
- 3.1 Identify most relevant local allies related to access issues
 - 3.2 Formulate cooperation agreements with allies
 - 3.3 Data collection on access related issues and impact on people's lives based on ACT partners' community groups (see above)
 - 3.4 Produce fact sheets and documentation in cooperation with inputs from local communities for ACTs webpage on access
 - 3.5 Exploring best ways to be in contact with decision shapers from IDF/Civil administration etc.

Planning Assumptions, Constraints and Prioritization

It is assumed that the APF will be able to keep agreeing on the objectives of the advocacy strategy and how it should be implemented. Furthermore, it is understood that sufficient funding in order to hire the advocacy officer and conduct the activities will be secured. It is also assumed that the APF will be able to find a qualified advocacy officer to hire for this project. The major constraints of this project is as such resources (human and financial) and the possibility of disagreement within the forum it self.

To avoid these constraints, the APF has prioritized the activities and the advocacy working group has allocated human resources to implement the strategy, until an advocacy officer has been hired. As such, the action plan will be carried out by the APF until sufficient funding has been achieved. It should be noted, that in order to build both local and international coalitions and cooperation agreements, have a dynamic and updated website and respond when need be, it is of outmost importance to have an APF advocacy officer hired to work only on implementing APF advocacy.

The work of the advocacy officer will be overseen by the advocacy working group, whom will develop quarterly working plans and meet with the officer on a monthly basis. The advocacy officer will ensure close cooperation with ACT Geneva and with all of the local members as well, through bilateral meetings and the monthly APF meetings.

Implementation Timetable

Implementation of the developing and implementing an advocacy strategy is from:

1 April 2011 – 31 March 2012.

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 and active advocacy function. All local partners demand more efforts within the advocacy area. As one member put it; “we have been distributing blankets for 60 years. Without political changes, we can continue these interventions for another 60 years”. In other words, it is the opinion of the APF that we need to engage in advocacy and this until a viable solution has been established and agreed upon by the implemented partners.

IV. ADMINISTRATION AND FINANCE

DCA will provide support to the implementation and monitoring of the advocacy strategy through its regional office in Jerusalem. The funds will be managed and reported by DCA. DCA will be responsible for the recruitment of external consultant(s) in cooperation with the APF. DCA finance officer will keep records and assist in processing payments and ensure accurate financial record keeping and adherence to the cooperative agreement. DCA will be responsible for signing the agreements for advocacy positions.

V. 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 DCA as the requesting agency. Reporting will be as follows:

- Interim report 31 October 2011
- Final report: 30 April 2012
- Audit report: 31 May 2012

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.

VI. CO-ORDINATION

The meetings of the advocacy working group and the monthly APF meetings will be the primary mechanism to ensure that advocacy coordination and activities are carried out as planned. The APF Advocacy 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 Advocacy Officer will attend relevant AIDA meetings and UN clusters to serve as an information link between those mechanisms and the APF.

VII. BUDGET

EXPENDITURE	Type Unit	No. Units	Unit Cost USD	Budget USD
DIRECT ASSISTANCE				
Human resources				
Advocacy officer (monthly salary, starting July)	month	8	5,000	40,000
Travels				
International travels	trip	3	1,100	3,300
Per diem	days	14	80	1,120
Accommodation	nights	10	110	1,100
Transportation	trip	3	400	1,200
Travel to Gaza	trip	3	1,000	3,000
Local transportation	trip	8	50	400
Production/communication				
Website	lumpsum	1	5,000	5,000
Advocacy material	lumpsum	1	2,000	2,000
Video	lumpsum	1	7,000	7,000
Office equipment				
Computer	item	1	1,000	1,000
Office furniture	lumpsum	1	1,500	1,500
TOTAL DIRECT ASSISTANCE				66,620
Personnel, Admin and support				
Personnel, Admin (Office rent, taxes and insurance)	lumpsum	8	700	5,600
Audit costs	lumpsum	1	1,500	1,500
International Coordination Fee	percentage	3		2,212
TOTAL EXPENDITURE				75,932

Component 3: MECC/DSPR – Economic, Education, Health and Psychosocial Support

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 met 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 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 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 IN THE AREA OF PROPOSED RESPONSE

Location for your 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 governorate of 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

- *5,000 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 3,500 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 and recreational activities.
- 100 male and female students will benefit from scholarships to continue their training at the NECC Vocational Training Centres.
- 35 farmers (male and female) in the West Bank will benefit from food security activities.
- 140 men and women farmers will benefit from capacity building sessions on agricultural knowledge.

Location

The majority of the activities for this appeal will be carried out in the Gaza Strip, with the exception of the food security activities that will take place in the northern West Bank – Village of Zeita in Tulkarem, 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 and cash for work to cope with the on-going emergency situation in the Gaza Strip;
2. Improve access to Primary Health Care services to underserved families living in the Gaza Strip;
3. To help Palestinian children and women in Gaza Strip to recover from the after war stresses;
4. To empower and strengthen Palestinian youth living in the Gaza Strip;

5. To enable rural households in the West Bank to engage in domestic farming in a sustainable way; and
6. To enhance the capacities and agricultural knowledge of targeted farmer households in the West Bank.

Activities

1 Cash grants and cash for work (Gaza)

- 1.1 Providing poor and needy families with cash support in the amount of \$75 per family;
- 1.2 Creating work (3,500 days) for individuals, who are unemployed, in the fields of mental health, psychosocial support, counseling and social work on a part time basis;

2 Health Support (Gaza)

- 2.1 Provision of in part medical fees for patients;
- 2.2 Support the on-going operations of DSPR Gaza health centers by the appointment of 3 supervisors, 6 general doctors, 3 lab technicians and 10 nurses;
- 2.3 Purchase of necessary medications for primary health care to be used by patients at the DSPR Gaza Health centers;
- 2.4 *Purchase of 2 Ultrasound machines for use in the DSPR Gaza Health Centres.*
- 2.5 *Purchase of 3 Complete Blood Count machines for use in the DSPR Gaza Health Centres.*

3 Psychosocial Support (Gaza)

- 3.1 Provision of recreational activities and group counseling at DSPR Gaza Health Centers;
- 3.2 Provision of capacity strengthening activities for social workers at the NECC Health Centers;
- 3.3 *Design and printing of 120,000 information brochures about our psychosocial support service.*

4 Vocational Training (Gaza)

- 4.1 Provision of scholarships for students to continue their training at the DSPR Gaza Vocational Training Centers;
- 4.2 Supporting the on-going operations of the DSPR Gaza Vocational Training Centers through the appointment of instructors and supervisors;

5 Food Security (West Bank)

- 5.1 Preparing 7,700 m² land (soil preparation-Internal drip irrigation system-fertilizers) Small plastic greenhouses over a space area of 2,520 m²;
- 5.2 Installing of fences;
- 5.3 Providing sheep Feed for six months $(1.3\text{kg} \times 2 \times 180) \times .38/\text{kg} = 178$;
- 5.4 Providing chickens with feed supply for 45 days;
- 5.5 Providing 300 fruitful trees supplied;
- 5.6 Providing seeds and seedlings (11,550+ 15 KG's of seeds).
- 5.7 Installing external drip irrigation system;

6 Agricultural Knowledge (West Bank)

- 6.1 Conducting capacity building 5 modules of 15/hours for 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 people with special needs are referred to NECC social workers discover that the client would be available to work for two to three months. The workers do not perform public work, as this is the responsibility of the authority or municipal councils.

Health Support

The staff of the primary health care centers decides on the eligibility of people for support 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.

In addition to the running costs of the three operating health centers, 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. The aim was to enable NECC staff to do counseling in addition to detecting problems of psycho social nature.

NECC staff will continue with the capacity building program in conjunction with APF members and the APF Psychosocial Team. However, 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.

Women who come to the clinics with their children would also be provided with support through afternoon sessions for debriefing and group counseling as mothers in particular have a key role to play in the psychosocial well being of their children and families. While their children are involved in the activities outlined above, mothers would be able to visit with one another as they share a snack or tea. Through these meetings, which will be facilitated by the social workers, women can learn coping mechanisms, which in turn may help other members of their families to adjust.

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 living in the vicinities. Appropriate furniture and the needed tools will be moved to these places prior to the beginning of the summer activities.

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 35 households in Tulkarem. Actions will be labor intensive and will require not less than 10,000 skilled and unskilled job opportunity throughout the set-up phase. The community has been selected because of the severe economic and social hardships that they have undergone during the past years. The selecting of the community 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 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.

A socio-economic profile is conducted in the community. This profile charts the socio-economic condition the 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 profile is then evaluated and categorized, with consideration given to the ability of the area 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. 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 suffer 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 1 April, 2011 – 31 March, 2012.

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. The reports will be submitted to the ACT Secretariat according to the following reporting schedule:

- Interim report 31 October 2011
- Final report: 30 April 2012
- Audit report: 31 May 2012

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. 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 appeal MEPL81.

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 NECCRW. 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.

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. The 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 are in the process of preparing an Emergency Preparedness Plan.

Co-ordination with other organisations in the area of intervention

Describe how the activities of the program will be Co-ordinated with other local NGO's, INGO's, UN agencies, Government agencies working in the area of response. 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

EXPENDITURE	Type Unit	No. Units	Unit Cost USD	Budget USD	rev. Budget USD
DIRECT ASSISTANCE					
<u>DSPR Gaza - Relief Assistance</u>					
One time Cash grant to needy families	Family	5'000	75	300'000	375'000
<u>DSPR Gaza - Health</u>					
Medical Fees	Patients	10'000	5	50'000	50'000
Medications	Lump	1	75'000	75'000	75'000
Rental 3 Clinics (1year)	Lump	1	11'000	11'000	11'000
Rental Mobile Dental Clinic (Garage) (1 year)	Lump	1	1'000	1'000	1'000
Transportation and Gaz for cars 3 clinics	Month	12	1'500	10'080	18'000
Water , Electricity , Fuel for 3 clinics	Month	12	1'500	9'600	18'000
6 Doctors	Month	12	6'184	74'209	74'209
3 Supervisors	Month	12	2'536	30'428	30'428
10 Nurses	Month	12	6'495	77'944	77'944
3 Lab Technician	Month	12	2'402	28'818	28'818
Medical equipment					
Ultrasound Machine	Diag. Machine	2	20'000	-	40'000
Complete Blood Count	Machine	3	14'300	-	42'900
psycho-social program					
Brochures, Design and Printing	Brochures	120'000	0.2	-	24'000
Staff salaries - social worker 4 average \$620	Individual	48	620	29'760	29'760
Secretary	Individual	12	620	7'440	7'440
Staff Training & Capacity Building & Group meetings	Lump	1	2'600	2'600	2'600
<u>DSPR Gaza - Emergency Job Creation</u>					
3500 working days @ 18 Per day each	Days	3'500	18	63'000	63'000
<u>Sub-total DSPR Gaza - Relief Assistance</u>				770'879	969'099
<u>Education</u>					
Support towards educational fees	Student	100	500	50'000	50'000
<u>VTC Gaza</u>					
1 Supervisor	Month	12	1'284	15'408	15'408
6 Instructors	Month	12	4'769	57'228	57'228
1 Store Keeper	Month	12	980	11'760	11'760
Rental (1 year)	Lump	1	2'500	2'500	2'500
Electricity	Month	12	317	3'804	3'804
Consumable Supplies & Maintenance	Lump	1	10'000	2'200	10'000
Material Supplies	Lump	1	45'000	45'000	45'000
<u>VTC Qararah - Gaza</u>					
1 Supervisor	Month	12	1'132	13'584	13'584
3 Instructors	Month	12	2'043	24'516	24'516
Rental (1 year)	Lump	1	2'000	2'000	2'000
Electricity	Month	12	60	720	720
Consumable Supplies & Maintenance	Lump	1	7'000	3'000	7'000
Material Supplies	Lump	1	4'000	4'000	4'000
<u>Secretarial Studies - Gaza</u>					
1 Typing Instructors	Month	12	600	7'200	7'200
Teachers	Month	12	650	7'800	7'800
Rental (1 year)	Lump	1	10'000	10'000	10'000
Electricity	Month	12	170	2'040	2'040

Consumable Supplies & Maintenance	Lump	1	10'000	2'000	10'000
Material Supplies	Lump	1	2'000	600	2'000
Sub-total Education				265'360	286'560
SUB TOTAL DIRECT ASSISTANCE DSPR Gaza				1'036'239	1'255'659
DSPR West Bank -					
West Bank - Food Security Initiatives					
Project Direct Cost					
7,700 m ² land prepared(fencing-soil preparation-drip irrigation system-fertilizers). Small plastic Green House overspace area of 2,520 m ²	Lumpsum	1	45'611	45'611	45'611
Fencing material & installation	Lumpsum	1	13'359	13'359	13'359
70 sheep supplied	animal	70	693	48'499	48'499
Feed for six months(1.3kg*2*180)*.38/kg=178*35	month	6	1'038	6'230	6'230
350 chickens with feed supply for 45 days	animal	350	28	9'800	9'800
350 trees supplied	tree	350	3	1'150	1'150
Diversity of seeds and seedlings(11,550)	Lumpsum	1	1'865	1'865	1'865
External Drip Irrigation system	Lumpsum	1	1'450	1'450	1'450
Capacity building 5 modules of 15 hours/module for 140 beneficiaries or 8 groups of 18 EA	module	5	560	2'800	2'800
Project Indirect Cost					
Project Manager Supervision 50%	month	12	967	11'600	11'600
1 Site Engineer	month	12	1'400	16'800	16'800
SUB TOTAL DIRECT ASSISTANCE DSPR WB				159'164	159'164
Transport: Hire Vehicles and transportation exp.	Lump	1	5'500	3'500	5'500
Indirect Costs: Personnel, Administration, Operations & Support					
Staff salaries					
Chief Coordinator - Central Office	month	12	1'500	12'156	18'000
Finance Officer- Central Office	month	12	1'200	8'964	14'400
Secretarial & other Support- Central Office (2)	month	12	850	6'396	10'200
Chief Coordinator - West Bank	month	12	925	11'100	11'100
Finance Officer- West Bank	month	12	613	7'356	7'356
Secretarial & other Support- West Bank	month	12	533	6'396	6'396
Finance Officer- Gaza	month	12	500	6'000	6'000
Secretarial & other Support- Gaza	month	12	400	4'800	4'800
Communication Officer	month	12	1'200	14'400	14'400
Telephone, Fax & Postage, Stationary (Local Calls, Banks, internet Charges, International Calls)	LS	1	5'500	4'200	5'500
Vedio Conference Use for ACT Meeting for Gaza and Jerusalem	LS	1	5'500	3'500	5'500
Hospitality and Act Meetings	LS	1	1'500	1'500	1'500
Sub-total Indirect Costs: Personnel, Administration, Operations & Support				86'768	105'152
Audit	LS	1	7'500	7'500	7'500
ACT International Coordination fee (3%)	Percent	3		38'795	45'989
Total Expenditure				1'331'966	1'578'964

Component 4: NCA – Al-Ahli Arab Hospital / Gaza

I. REQUESTING 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 Territory (OPT).

II. IMPLEMENTING ACT MEMBER & PARTNER INFORMATION

The Episcopal Diocese in Jerusalem through the Ahli Arab Hospital

The Ahli Arab hospital is the oldest hospital in the Gaza city. It was built in 1882 by the Christian Missionary Society (CMS) England. Since 1982 the hospital is owned and administered by the Episcopal Diocese of Jerusalem and the management of Ahli is accountable to the Diocese and its Board, which is headed by the Anglican Bishop in Jerusalem.

Al Ahli is a general hospital of 100-bed capacity for medical, surgical, gynecology obstetrics and pediatrics. Currently and due to the hospital financial constraints there are only 50 beds in use. The hospital provides general medical, surgical, gynecology obstetrics and pediatric services, as well as several special programs: care for elderly women, with emphasis on cancer detection and prevention; mobile clinics that provide medical care and food for vulnerable children and women who lack the basic necessities and have no proper access to health services. 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.

The hospital annually serves more than forty-one thousands outpatients, four thousand seven hundred inpatients and rehabilitate more than eleven thousands patients. The Ahli services are provided to all people without differentiations related to faith, social class, gender or political affiliations. The hospital enjoys high respect from Gaza populations and it is very well known as the main provider for the best quality of health care in the Gaza Strip.

III. DESCRIPTION OF THE SITUATION RELATIVE TO PROPOSED RESPONSE

The current blockade threatens the health of people in Gaza and is undermining the functioning of the health care system. Currently, 15 to 20% of essential medicine especially for treatment of cancer, dialysis, and diabetes are commonly out of stock⁶. About 40 % of the patients with chronic illness were not able to have regular treatment due to shortages of drugs, which has a long-term impact on their health. The closure prevents patients with serious medical conditions from getting timely specialized treatment outside Gaza. The blockade continues to ban needed construction material to rebuild and repair the damaged health care facilities.

The circumstances in Gaza are devastating for children. Due to poverty, thousands of children under 5 years of age are under weight and malnourished. About 13.3 to 17.3 % of Gaza children between 6 and 9 months of age are suffering from malnutrition⁷. About 44 % are anemic and 4 out of 5 children have insufficient level of iron and zinc. The deficiency of iron and zinc can cause immune deficiencies and irreversible brain damage.

⁶ WHO report 18 May, 2010

⁷ Care International 2009

Hundreds of children in the Gaza Strip are also suffering from burn related injuries; those children require on-going care that include routine medical care, follow up wound care, rehabilitation, skin graft, and psychosocial support. Most of the cases received at Ahli burn unit last year were victims of various conflict related and domestic injuries.

Gaza continues to suffer from sporadic violence between the Palestinian factions and Israeli military. Israel continues its daily incursions, air strikes, assassinations of activist, bombardment of tunnels under the border at Rafah crossing, shooting at Palestinian farmers, fishermen and civilians, causing tens of deaths and injuries yearly. In addition the continued blockade, the ongoing political division within the Palestinian Territory and the constant Israeli attacks against Palestinians act as permanent stressors leading to health and psychosocial problems particularly for women and adolescents. A recent OCHA report⁸ on gender-based violence identified increased household pressures as a factor leading to increased domestic violence which is worsened by limited access to proper psychosocial response and medical care.

In summary, for over four years of siege including two years after Cast Lead Operation, people have continued to live under an ongoing humanitarian and economic hardship. Their ability to cope and survive is challenging. Within the context of the current deterioration and sensitive situation, Ahli continues to respond to the critical physical and mental health needs of the population. Unless there is continued and sufficient international aid and intervention for safeguarding Palestinian human rights, it would be very difficult to make the necessary changes for the vulnerable and the oppressed.

IV. TARGETED BENEFICIARIES

Number and type

- *3,000 vulnerable outpatients will receive free medical care through the free medical mission program twice weekly. (in the first version of appeal: 1,500)*
- 525 chronically ill women and 100 ill men will receive free treatment.
- 250 economically poor families and ill women will receive food parcels
- 400 economically poor women above 40 years old will be screened with mammography for breast cancer.
- 525 underweight and malnourished children will receive care
- 200 children with burn injuries will receive treatment and physical rehabilitation.
- 400 women, men and children will receive psychosocial support.
- 40 youth, unemployed graduate and undergraduates will receive training for future careers in health care.
- 40 people will receive training to be trainers for community psychosocial support.

Location

The beneficiaries/right holders are poor Gazans who are living in the catchment area of Ahli Hospital. The beneficiaries are women, men and children who are ill, injured or affected by the current violence and situation and have no means to pay for their 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.

⁸ OCHA Report October 2010

The targeted beneficiaries/rights holders will be selected through interview and evaluation intakes by the Al Ahli Social Services Department. Selection criteria include financial needs based on interviews and documentation; social conditions (e.g., single, divorced, or widowed women; unemployed head of household with dependents; members of families without source of income). The selection will take account of a medical examination where relevant; for example, in cases of burns, malnourishment, and chronic illness.

The selection will be based on the following criteria:

- Patients with no access to medical care due to transport difficulties.
- Patients with no access to other health provider's services and who are financially unable to meet the cost of their health care.
- Women heads-of-household and unemployed, chronically ill women; families with no source of income with one or more malnourished children.
- Deprived women 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 & IMPLEMENTATION

Goal

Poor and vulnerable people have access to adequate health care and psychosocial support

Objectives

1. Al Ahli Hospital is prepared to provide care under any circumstances
2. Poor and vulnerable patients have access to free medical treatment and rehabilitation.
3. Children with burns 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 Assure hospital emergency preparedness through acquiring fuel, medicines and supplies.
- 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 burn 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 40 additional Trainers of Trainers (ToT) who will work with community based organizations under the ACT umbrella.
- 5.2 Provide group counseling to patients in need of psychosocial support.
- 6.1 Provide health care training for youth.

Implementing Methodology

1. Preparedness

The hospital will buy an adequate quantity of fuel and medical supplies to ensure the continuity of the hospital ongoing operations at any circumstances and continue providing the medical care with an adequate quality. The Al Ahli management, accounting, and pharmacy staffs will oversee the location, purchase and acquisition of the necessary supplies. Under the conditions of the blockade, it is necessary

to identify sources for the needed supplies that understand and can accommodate to the conditions. As a medical institution of long standing, Al Ahli has such contacts.

2. Medical care for poor and vulnerable

The Al Ahli Hospital will organize free medical treatment for the most marginalized and provide free health care services to individuals who lack the basic necessities and cannot access health services. In communities surrounding Gaza City, the Ahli Social Unit will work with community-based partners, who are mostly women's organizations, men's clubs, and community support organizations, to identify the most urgent medical, surgical and rehabilitative needs of the residents. A community representative will draw a list of the beneficiaries' information, including full name, age, and gender and health complaint.

The Ahli management will assign special week days for the treatment and medical care of the attendants. The medical team generally, consists of consultants in general surgery, general medicine, gynecology, obstetrics, urology, dermatology, orthopedics, pediatrics and psychologist. Through these missions the medical team will offer a full range of essential medical services, including examination, diagnostic procedures, free medications, hospital admission when needed, and a quick meal for each participant. Moreover, the mission will be associated with a psychosocial team to work with children, women, and men who are very much affected.

The program provides transportation for patients 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 staffs and special departments as needed (e.g. rehabilitation). After reception at the clinic, the patients will be provided lunch and transported back to their homes.

A part of this program is food support for the most vulnerable, especially elderly women. The distribution of food parcels at Ahli will address the attendants of the Ahli free medical program who are identified by the Ahli medical and social team as vulnerable and in need of food assistance. Attention will be given to women at high risk and have seven or more family members with no source of income.

3. Care for children with burns and underweight children

Through this program the hospital will provide medical care and treatment for children with burn whose families are poor and unable to pay the cost. Yearly, there are hundreds of children in the Gaza Strip suffering from burn-related injuries. Children with burns are at greater risk of dying and being disabled than adults. Most of the cases received at Ahli last year were victims of various conflict related activities or domestic injuries. Those patients require long periods of wound care, dressing, possible reconstructive surgeries, multiple skin grafts and physical therapy sessions. If these patients are not properly treated they can end up with lifelong physical and psychological traumas. The Ahli surgeon will work closely with other surgeons, nurse practitioner, highly qualified physical therapists and provide comprehensive medical burn treatment and rehabilitation. Moreover the hospital will provide social services for the patient, his/her family, and try to find solution to problems that affect good patient's care.

The hospital will give special attention to underweight and malnourished children through contracting a part-time paediatrician in order to assess, treat and follow up the cases twice a week at Ahli outpatient clinics. An additional general medical doctor and two nurses will work with the paediatrician. Comprehensive medical treatment and food will be given to the underweight and malnourished children.

4. Women's care

Another area of Ahli's concern is women's health, with the current high rate of breast cancer in Gaza and its negative impact on the physical and social life of women, Ahli is providing mammogram screening 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, is working in the department. A gynaecologist and 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.

The hospital will 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.

5. Psychosocial care

Following the previous year of the Ahli Community-Based Psychosocial Support program, Ahli psychosocial Training of the Trainers (ToT) team will continue providing training to the grassroots community social workers in psychosocial support. The Ahli ToT team is composed of five males and one female, they had their trainings through ACT capacity building program of 2009/2010. The Ahli team will conduct training sessions at Ahli hospital medical library. The training curriculum will include subjects such as, common reactions to crises events, stress, loss, grief, gender-base violence, men and disaster, psychosocial first aid and coping mechanisms. The training will also concentrate on how to strengthen the social bounds of people in affected communities. Follow-ups, capacity building activities, peer groups and joint meetings with APF psychosocial members will take place to strengthen coordination and collaboration. Moreover the team will work with Ahli staff to identify and support patients who are in need of psychosocial support and provide support mainly through group counselling emphasizing life skills, self-care and care for others. The psychosocial activities will include home visits, and when needed, make referrals 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 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 needs. Up to 40 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
- Staff 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 be available. The Objectives above are listed in prioritised order.

Implementation Timetable

The anticipated timetable is 1 April 2011 – 31 March 2012.

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 Secretariat according to the following reporting schedule:

- Interim report 31 October 2011
- Final report: 30 April 2012
- Audit report: 31 May 2012

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 MECC/DSPR. The Director exchanges information on a regular basis and explores new ideas in an effort to provide the best and most efficient medical care for the vulnerable and marginalised.

IX. BUDGET

Description	Type	No.	Unit Cost	Budget	Revised Budget
	Unit	Units	USD	USD	USD
DIRECT ASSISTANCE					
Emergency preparedness					
<i>Fuel (note 1)</i>	<i>Litter</i>	<i>33'000</i>	<i>2</i>	<i>56'000</i>	<i>66'000</i>
<i>Medicaments</i>					
A) Medicine	Lumpsum	1	65'000	65'000	65'000
B) Medical consumables	Lumpsum	1	28'500	28'500	28'500
Sub total essential supplies				93'500	93'500
Total Emergency Preparedness				149'500	159'500
Free medical clinic missions					
<i>Strengthening of clinic capacity</i>					
1 consultant (10%)	Month	12	348	4'176	4'176
1 senior nurse (20%)	Month	12	179	2'142	2'142
1 social worker (20%)	Month	12	170	2'040	2'040
<i>Free medical clinic missions twice weekly (10 Missions) (note 2)</i>	<i>Patient</i>	<i>3'000</i>	<i>33</i>	<i>49'500</i>	<i>99'000</i>
Sub Total				57'858	107'358
Treatment for 525 under weight and malnourished children					
<i>Salaries/ wages</i>					
Part time pediatrician	Month	12	275	3'300	3'300

2 Senior nurses (10%) at \$ 150 each	Month	12	300	3'600	3'600
1 Cleaner (25%)	Month	12	120	1'440	1'440
Treatment for 525 under weight and malnourished children (for 3 groups of 175 for three months each at USD 76/month)	Patient	525	228	119'700	119'700
Subtotal				128'040	128'040
Treatment for chronic ill women and men					
<i>Salaries/ wages</i>					
1 cardiologist (12.5%)	Month	12	151	1'812	1'812
1 Diabetic doctor (10%)	Month	12	151	1'812	1'812
1 Staff nurse (10%)	Month	12	105	1'260	1'260
1 laboratory technician (10%)	Month	12	112.5	1'350	1'350
1 pharmacist (25%)	Month	12	302	3'624	3'624
Treatment for 525 chronic ill women and men (Three groups of 175 patients for 3 months at USD 71.17/month)	Patient	525	213.5	112'088	112'088
Sub-total treatment for chronic ill women and men				121'946	121'946
Food baskets & commodities					
4 daily workers for 4 days	days	16	13.51	216	216
Milk	kg	1	9.00	9	9
Sugar 5 kg at US\$ 1.1 each	kg	1	5.50	6	6
Rice 5 kg at \$1.94 each	kg	1	9.47	9	9
Tomato paste can of 580 g (5 cans at US\$ 1.580 each)	can	1	7.90	8	8
Tuna fish can of 340 g (5 cans at US\$ 1.10)	can	1	5.50	6	6
Ground beef meat can of 700 g (3 cans at US\$ 2.25)	can	1	6.75	7	7
Dry beans 1 kg at US\$ 1.90	kg	1	1.90	2	2
Macaroni 2X750g at (US\$ 0.95)	kg	1	1.90	2	2
Cooking oil 3 kg	kg	1	6.80	7	7
Tea	kg	1	5.37	5	5
Tide 1.50 kg	kg	1	2.20	2	2
Soap bar 6 pieces	Pieces	1	1.65	2	2
hygiene Kit	pieces	1	5.00	5	5
Total food parcels	families	250	68.94	17'235	17'235
Sub Total				17'520	17'520
Screening for early detection of breast cancer					
<i>Salaries/ wages</i>					
1 x-ray technician (part time)	Month	12	238	2'856	2'856
Mammography screening	Patients	400	50	20'000	20'000
Sub Total				22'856	22'856
Care for burn children					
<i>Salaries / wages</i>					
Physiotherapist (12.5%)	Month	12	194.5	2'334	2'334
Treatment for burn children(for 200 patients for an average of 6 sessions each)	Month	1200	14.83	17'790	17'790
Sub Total				20'124	20'124
Psychosocial training and support					
Counselling for 400 candidates	patient	400	30	12'000	12'000
Psychosocial training course for 40 candidates (two groups of 20 candidates/course)	course	2	8333.33	16'667	16'667
Sub Total				28'667	28'667

Training and job creation for 40 young people for 3 months	Month	12	3042	36'500	36'500
TOTAL DIRECT ASSISTANCE				583'010	642'510
PERSONNEL, ADMIN & SUPPORT					
<i>Staff salaries</i>					
<i>1 project supervisor</i>					
1 project accountant (15% of the salary)	Month	12	215.5	2'586	2'586
1 Accountant (15% of the salary)	Month	12	165	1'980	1'980
1 medical record clerk (25% of the salary)	Month	12	151	1'812	1'812
<i>Office operations</i>					
Administration supplies and printings	Month	12	300	3'600	3'600
Telephone & Fax	Month	12	150	1'800	1'800
<i>Others</i>					
Malpractice Insurance (30% of the policy)	Month	12	170	2'040	2'040
Workmen's compensation (30% Of he cost)	Month	12	145	1'740	1'740
Machinery breakdown (30 % of the cost)	Month	12	125	1'500	1'500
TOTAL PERSONNEL, ADMIN & SUPPORT				17'058	17'058
NCA Admin Costs					
Accountant 5%	Month	12	100	1'200	1'200
Communication	Month	12	20	240	240
Program Coordinator	Month	12	450	5'400	5'400
Total NCA Admin Cost				6'840	6'840
Audit	Lumpsum	1	5000	5'000	5'000
International Coordination Fee (3%)	Percentage	3		18'357	20'142
BUDGET TOTAL				630'266	691'551
Budget notes					
1: the fuel quantity was increased from 28,500 Ltr to 33,000					
2: the number of beneficiaries increased from 1,500 to 3,000					

Component 5: ELCJHL – Education

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 its services to the whole community regardless of religious, denominational or social affiliation. The Lutheran schools are unique in a number of ways as they:

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

The ELCJHL operates its educational ministry within the difficult economic and political situation of the Israeli occupied West Bank. The ELCJHL schools, like many others in the occupied Palestinian territories live in an on-going emergency situation. 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 its 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, 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 22.9% in June 2010, 15.2% in the WB and 39% in Gaza. The unemployment figures do not include under-employed workers who have turned to unpaid family or seasonal agriculture labor, nor discouraged workers who have left the labor force, nor the large number of "workers absent from their usual work".

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.

There are still more than 5,000 Palestinian children in East Jerusalem who are not 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 shows 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

- 1,243 students in the West Bank and Jerusalem
- About 50% Christian and 50% Muslim
- About 50% boys and 50% girls

Number of targeted beneficiaries according to proposed assistance

1. School Fees

- Approximately 570 students

2. Psychosocial Intervention

- 100% (1243) of the students benefit from group sessions held for each class individually at least once per month.
- About 45% (559) of the students benefit from individual therapy sessions.
- Around 10% (124) 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 (1,243 students):

- The Evangelical Lutheran School of Hope, Ramallah (469 boys and girls);
- The Evangelical Lutheran School in Beit Sahour (433 boys and girls);
- The Evangelical Lutheran School of Dar al Kalima, Bethlehem (283 boys and girls);
- Boys' Boarding Home, Beit Jala (39 boys)
- Al Mahaba Kindergarten, Mount of Olives (19 boys and girls)

Criteria for the selection

The total cost per student is currently 7,328 NIS. Approximately (3,321 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 1,633 NIS 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

The ELCJHL Schools and Educational Programs are the educational ministry of the ELCJHL, designed to meet the needs of the Palestinian children and youth as a whole. In embracing and empowering students and families in the region from all religious, economic and social backgrounds, the programs provide a valuable educational and life opportunities for many Palestinian students. As each person is created in the image of God, the freedom and dignity of each person is inviolate.

Objectives

1. Help cover tuition fees so that children can continue to receive an education that reinforces a culture of peace, moderation, 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.
- Selected 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.
- In 2009, psychosocial consultant visited ELCJHL Schools to assess psychosocial related needs and made recommendations. Another trauma specialist from Trauma International visited recently the schools in order to get acquainted with the social work and look for ways and means of cooperation.
- As of the beginning of the current school year 2010/2011, social workers were appointed in full-time positions as they are 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 to be 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. Therefore, the ELCJHL has taken the decision to increase the load of the social workers and become full-timers in order 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 during a period of one year 1 April 2011 – 31 March 2012.

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

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 inform 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 and 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. The ELCJHL worked on implementing a mapping and scanning system to improve transparency and efficiency. This has been applied as of 1.1.2009

Reports will be submitted to the ACT Secretariat according to the following schedule:

- Interim report 31 October 2011
- Final report: 30 April 2012
- Audit report: 31 May 2012

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, attends meeting and participates in joint Forum activities.

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. Unit	Unit Cost USD	Budget USD
EXPENDITURE				
DIRECT ASSISTANCE				
<u>School Fees For MOST Needy</u>				
Beit Sahour School		200	417	83,400
DAR Alkalima School		150	417	62,550
School of Hope		200	417	83,400
Beit Jala Boarding Section		15	417	6,255
KG Mount of Olives 18 Students		5	417	2,085
Sub-total				237,690
<u>Direct Programme Related Costs</u>				
Staff Cost 4 Social Worker Full Time	month	12x4	1187	56,956
Recreational Activities for Students	5,00	165	25	4,125
Recreational Activities for Teachers	5,00	165	25	4,125
Visits to Students at their homes	5,00	50	20	1,000
Therapy information Sessions For Students	5,00	10	100	1,000
Therapy information Sessions For Teachers	5,00	10	100	1,000
Referral of students to Relevant specialist	5,00	20	250	5,000
Sub-total				73,206
TOTAL DIRECT ASSISTANCE				310,896
INDIRECT COSTS: PERSONNEL, ADMINISTRATION, OPERATIONS & SUPPORT				
Administration Cost (50% staff salary)	month	12	1,296	15,555
Travel & Transport	Lumpsum	1	1,000	1,000
Telephone and fax	Lumpsum	1	1,000	1,000
TOTAL PERSONNEL, ADMIN & SUPPORT				17,555

AUDIT & MONITORING, COORDINATION				
Audit of ACT Funds	Estimate	1	3,500	3,500
Monitoring & Evaluation	Estimate	1	2,000	2,000
ACT International Coordination Fee (3%)	Percentage	3		10,019
TOTAL AUDIT & MONITORING, COORDINATION				15,519
TOTAL EXPENDITURE				343,970

Component 6: DCA – Gaza Office

I. REQUESTING ACT MEMBER INFORMATION

Dan Church Aid (DCA)

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 is also HAP and SPHERE certified. DCA has decentralized offices in East Jerusalem and Gaza.

II. DESCRIPTION of the EMERGENCY SITUATION

Background

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 has weakened basic community services and undermined 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

Since the inception of the APF, improvements have occurred within communication and the APF is now working more as a network. The members of the APF have revealed a strong commitment to work more coordinated. As such, the APF have decided to have a joint physical presence in Gaza to improve coordination and implementation. DCA is thus requesting for funds within this appeal for a joint APF office, which will be the foundation for APF and their partners to operate from increasing coordination and unity.

III. PROPOSED RESPONSE

In response to the ongoing humanitarian crisis of the Palestinians in Gaza, and based upon APF ongoing work in the area, DCA, with the support and approval of APF members will continue supporting the APF office in Gaza.

The main objective

The continuing running of the APF office in Gaza, which hosts DCA, CA, NCA, the ACT psychosocial coordinator and other APF members in the future.

Target Group

- ACT Palestine Forum staff members and the ACT Alliance members (3-5 APF organizations (app. 7-8 staff members)
- The local partners of APF members
- The beneficiaries of APF and APF members’ humanitarian interventions and projects

Activities

- 1.1 Facilitate the joint work of APF
- 1.2 Purchase needed office equipments

- 1.3 Provide a working space for ACT Alliance staff when visiting
- 1.4 Host APF meetings and other events

Duration: 1 April 2011 – 31 March 2012

Reasons for the project choice

Based on the experience of APF members in the field of humanitarian response and the need for more cooperation and collaboration within the APF, having an office in Gaza will facilitate the response by APF as follows:

- 3-5 APF member organisations will be hosted in the office. The members work with local partners to secure local anchoring and ownership applying rights based approach aiming at mobilizing the communities and address core issues
- Continuing support to the new APF Gaza office will enable better, coordinated responses by the highly experienced staff with different backgrounds and knowledge of health, food security, shelter, water, sanitation and hygiene, gender, children and psychosocial support.
- Through the office, APF members will collect and analyze data to identify and monitor emerging risks and make this information public to enhance responses and coordination. This will give the APF more transparency and visibility.
- An integral part of having a joint office will be the improved communication within APF itself; with partners; and with beneficiaries. Advocacy will also be strengthened in Gaza through the office, as it creates a focal point for discussion, strategizing, prioritisation and communication.
- Humanitarian coordination is based on the principle that a coherent approach to emergency response will maximize its benefits and minimize its potential pitfalls. Having the office setup equipped with experience staff will ensure this coherence.

Risks and countermeasures

The major risk of this project is the resumption of war. Gaza could be reoccupied and strict closures and or curfews could be in place. In that case, the project would have to rely more on the efforts of community based actors and to work more through localized actions and via telephone.

However, our experience indicates that even during fighting it is possible to undertake emergency interventions by phone and through community based outreach. Project work can be done individually from each partner at his place with coordination with other APF members in Gaza and Jerusalem, but even more so, the increased communication, coordination and cooperation, which the office will facilitate will make the APF much more capable of dealing with the above worst case scenario and as such, the APF will be more efficient in its humanitarian response.

Implementation Timetable

The activities under this project are from 1 April 2011 to 31 March 2012.

Transition or Exit strategy

The humanitarian crisis in the 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 presence in the area. The need for funding support could continue for the medium term. Besides each member can contribute financially to the office which will enhance and improve continuity and sustainability.

IV. ADMINISTRATION AND FINANCE

DCA will provide support to the implementation and monitoring of the activities through its regional office in Jerusalem and the DCA Program Officer (PO) in Gaza. The funds will be managed and reported by DCA. DCA will be responsible for all administration issues, logistics and procurements to the office.

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

DCA Palestine Gaza Program Officer arranges services and goods and coordinate payments to suppliers in the actions to ensure adherence to ACT Alliance guidelines. Also the PO will be responsible for coordination and reporting.

DCA Finance Officer will keep records and assist in processing payments and ensure accurate financial record keeping and adherence to the cooperative agreement. DCA Middle East Regional Representative monitors, assesses, directs, decides and is responsible person on the ground for this intervention. He also acts as the direct liaison between DCA and APF members.

V. MONITORING, REPORTING & EVALUATION

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

Reporting

DCA will send reports to the ACT Secretariat according to the following schedule:

- Interim report 31 October 2011
- Final report: 30 April 2012
- Audit report: 31 May 2012

Evaluation

An external evaluation is not planned for this project since the natures of the proposed interventions are a kind more operational setting. However, key lessons and challenges will be brought up to the APF meetings. Activities will be evaluated as part of the joint ACT appeal evaluation following ACT guidelines and procedures

VI. CO-ORDINATION in the OFFICE

DCA, in particular at the monthly meetings, will be the primary mechanism to ensure that the office is running as planned. The DCA Program Officer in Gaza will be the focal point of coordination at the office among the APF members.

Co-ordination with other ACT members

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

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.

VII. BUDGET

	Type Unit	No. Units	Unit Cost USD	Budget USD
EXPENDITURE				
DIRECT ASSISTANCE				
Office Rent	Month	12	500	6,000
Office Insurance and Taxes	Year	1	1,000	1,000
Office Equipment and Kitchen appliances Printer, copier, camera , refrigerator, gaz oven m office furniture....	Unit	1	6,000	6,000
<i>Office Running Cost</i>				
Office Supplies and Stationary	Month	12	300	3,600
Utilities : Electricity , Water , Fuel	Month	12	150	1,800
Communication expenses	Month	12	150	1,800
Repair, maintenance of office and office equipment and machines	Month	12	150	1,800
Office Cleaning and Other services	Month	12	200	2,400
Other	Month	12	217	2,604
TOTAL DIRECT ASSISTANCE				27,004
AUDIT & MONITORING, COORDINATION				
Audit Cost	Unit	1	1,500	1,500
ACT International Coordination Fee (3%)	Percentage	3		855
TOTAL AUDIT & MONITORING, COORDINATION				2,355
GRAND TOTAL				29,359

Component 7: NCA (on behalf of the ACT Palestine Forum) – Community Wellbeing Programme, Gaza

I. REQUESTING ORGANIZATION

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

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 Palestinian Territories.

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), 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.

II. DESCRIPTION OF EMERGENCY SITUATION

Background of APF Community Well Being Program

A number of the ACT members working in Gaza had valuable experience in psychosocial support from previous and present interventions, but limited knowledge and practice in applying structured psychosocial community-based support. After the Gaza war the ACT members worked in different ways to support their staff as well as the beneficiaries of their humanitarian programs focusing on the following objectives: 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, and 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 Finn Church Aid 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/NECC clinics. These were followed by workshops for the staff of DCA and YMCA/IOCC in Gaza. 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. Therefore, APF members decided to expand the psychosocial support program in 2010. In 2011, the APF members agreed to lift the Psychosocial Program to another level, where the communities are more involved and active in identifying resources and defining needs through planning, implementing and monitoring the program. The program proposed in this appeal is based on the development of the psychosocial support since the Gaza war.

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 has 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.

The unpredictability of the day-to-day situation adds to the stress and anxiety felt by not having control over ones' lives. The current unstable situation in Gaza comes with the memories of the conflicts of the past and ultimately with the loss of land and identity. One of the most dominant effects of the continued conflict is the loss of hope. The effects on the individual, the family, and the community will be long lasting – finding ways to cope and overcome the hard experiences of the past is the only way forward.

The continued blockade on the Gaza Strip, home demolitions, shelling and 'targeted killings' have scared the population in Gaza. Symptoms of trauma are well documented by the Gaza Community Health Program⁹. According to the 2009 survey by UNFPA, just about 1% of the population suffers from severe acute psychological distress caused by the war; whereas the rest of the population suffers from symptoms of war related distress. Symptoms can be decreased by community well-being programs, as the survey found out that the major trauma symptoms include sleeping difficulties, psychosocial distress, inability of carrying out everyday activities for adults and bedwetting and concentration problems among children. Therefore, a comprehensive community well-being program is needed to decrease the intensity of psychosocial distress and war-related distress which will in turn reflect on the well-being of the whole community.

ACT Forum members have identified continuous needs for psychosocial support using a holistic and participatory approach. Furthermore it is realized that joint action among ACT members will contribute to synergies and increased effectiveness.

After launching the PSE111 appeal early April 2011, and during the initial phase of implementation, the advisory board of the program expressed their concern about the progress of program's activities. They believe that the program needs more preparations and commitment from members especially that the psychosocial teams of members are already loaded and committed with work and cannot be fully committed to the community well being program. The members realized that the program needs more resources and capacities than it planned for; therefore, they suggested more capacity building and training activities during 2011 in order to ensure the success of the program. ACT forum members decided to revise the psychosocial component of the appeal and include more training and capacity building activities for members.

IV. TARGETED BENEFICIARIES

The direct beneficiaries of this specific program are the staff of the implementing members MECC/NECC, Al Ahli, IOCC and DCA of the ACT Palestine Forum and the local partner YEC. Indirect beneficiaries, who are the ultimate target of the psychosocial program, were those who benefitted from the support from the ACT members in Gaza, especially children and women who received counselling services.

⁹ Living Conditions in the Gaza Strip, UNFPA

V. PROPOSED EMERGENCY ASSISTANCE and IMPLEMENTATION

Introduction

The proposed community well being programme is a continuation of the psychosocial intervention which started after the Gaza war in 2008-09.

Goal

Hope, dignity, mental and psychosocial well-being, and a sense of normalcy are restored to beneficiaries.

Objective

The community well being program has built the capacities of the psychosocial staff of members to provide high quality psychosocial services.

Activities

The activities of this program will be carried out in which the APF will perform overarching and cross-cutting activities providing support to the member organizations. The Community well being program 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 activities 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. *The quality of psychosocial support services provided to targeted communities and groups has been improved.*

1.1 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 two international consultants. The international consultants will provide specific trainings and workshops in addition to contribute to coaching of psychosocial staff, provide technical support, staff care systems and advice on further development of the program including project planning, implementation, monitoring and reporting. The training will aim at achieving professional staff with a deep understanding of the participatory rights based approach

Specific capacity building activities already identified:

- *Training of Trainers level 3 and 4, which is a continuation and follow up of level 1 and 2 in previous years. The training will focus on various capacities which include participatory community appraisal methodology; leadership skills, community mobilization, project management skills, and communication skills. Both international and local consultants will be engaged as trainers as well as playing the role of coaches during the implementation. The needs assessment skills achieved will be of great importance if an acute emergency hits Gaza.*
- *Two day workshop for the psychosocial staff of NECC, Al Ahli and DCA/YEC on the project planning for 2012 (assessment, project design, implementation, monitoring and evaluation). This workshop will be implemented by a local and/or international consultant with each individual organization, in addition to one joint session with all members about joint planning, implementation and monitoring.*
- *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 days workshop for the psychosocial staff of APF members in Gaza about advanced MHPSS ISAC guidelines conducted by a local consultant.*
- *One open day for around 200 women and their children during Al Adha feast in November. Small packages that contain toys, pencils and books will be distributed.*
- *Supervision/peer groups. The psychosocial group composite of 20 people from three organizations (Al Ahli, NECC and DCA/YEC). So to exchange knowledge and experience the group will meet three times during 2011.*
- *Ongoing technical support and coaching for the psychosocial staff.*
- *Participatory evaluation for the joint psychosocial program will be conducted in January 2012 to identify strengths, weaknesses and resources.*

Project Implementation Methodology

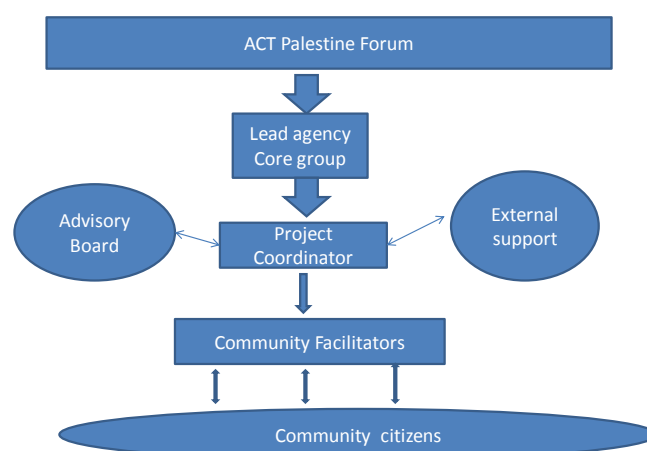
Trainings and workshop will be based on a rights based, participatory approach with active involvement of the community citizens. *Technical support and some of the trainings are following up from the previous year while others will be based on needs identified by the Advisory board in cooperation with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

The program includes the involvement of two international consultants, preferably the two consultants who have been involved in 2010. Consultant 1 is scheduled for two visits with duration of 2-3 weeks each time. A second consultant is scheduled to have training on men in disasters for about one week. A third local consultant will be hired to conduct training about MHPSS ISAC.

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.

Project Structure

The proposed program implementation structure consists of the APF, a lead agency and a core group, a project coordinator and an advisory board and external support person based in Gaza, community facilitators and community citizens in Gaza:



The APF is the decision making body responsible for strategic planning, donor relations, sustainability, established services.

Norwegian Church Aid will be the lead agency in the initial phase after which the responsibility for the project should be considered handed over to a local ACT member. The lead agency is in charge of administration, transfer of funds, monitoring, evaluation and reporting. A core group consisting of agencies and persons from the ACT Alliance with capacity and interest in the field will contribute to securing quality and development of the project. A Project Coordinator will be in charge of the implementation of the project on a daily basis and the activities.

An Advisory Board, consisting of representatives of ACT members in Gaza, will provide input and support to the project. The Advisory Board is expected to meet once a month and when necessary, following an agenda set by the Project Coordinator. A Terms of Reference has been prepared specifying the role and responsibilities of the Advisory Board.

During the first year an external resource person will be engaged to assist the Project Coordinator in the start up of the project. The external resource is planned to be recruited from ACT members' rosters.

The psychosocial staff of ACT members will be trained by the project to work directly with the communities. The team will consist of part time staff from the ACT members or partners who have already received some training in community based psychosocial support. A Terms of Reference has been prepared to clarify the role of facilitators in the program as well as to specify qualifications and skills needed in order to achieve results and positive change.

Planning Assumptions, Constraints and Prioritization

The project is based on the assumption that the participatory rights based approach is understood and internalized among the members.

A major risk to the implementation of the project is escalation of the conflict, be it internal or external. Escalation of the conflict between the Israelis and the Palestinians as well as the internal conflict might lead to open armed conflicts and attacks. The blockade of Gaza is another risk restricting the physical access to Gaza, in particular for Palestinian staff with residence in the West Bank and Jerusalem. These are external factors subject to advocacy but beyond the control of the project.

Among internal risk factors are a low level of engagement by ACT members and limited knowledge about the concept of empowerment through rights based participatory approach among the population as well among the actors who are supposed to support the communities. Entering into communities might create expectations that are beyond the capacity of the project. These risks can be mitigated through awareness raising, training and clear communication establishing an understanding of the concept of community empowerment through increased participation and engagement.

Implementation Timetable

The anticipated project duration is 12 months from March 2011 to February 2012.

Transition or Exit Strategy

In the face of continued and ever-increasing need, the strategy outlined cannot likely be accomplished within a one-year project period so continuation of the project beyond that time will be required. The project aims at empowering local communities to increase well being and coping mechanisms and resilience over a three year period. After three years the project will exit the selected community. The ultimate exit strategy for the whole project is when lives of Gazans return back to normal; at the present time it is impossible to predict when the protracted emergency will end.

VI. ADMINISTRATION and FINANCE

NCA as lead agency will be responsible for the administration of the joint community well being program on behalf of ACT Palestine Forum. Funds will be channelled through NCA HQ for proper recording in the NCA financial system and allocated and transferred to activities in the project. For the implementation of community activities agreements will be signed with the implementing organization. NCA will provide interim narrative and financial reports to the APF and ACT Secretariat.

NCA will be responsible for personnel administration of the local Project Coordinator in Gaza and will sign agreements with external trainers and other consultants. The Project Coordinator will be located in the office in Gaza which is administered by DCA and supported by ACT.

VII. MONITORING and REPORTING

The Project Coordinator 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 the lead on psychosocial support within ACT Alliance, will provide oversight, support and input through communication and consultations and two visits during the year. In addition, NCA together with the core group representatives will conduct field and monitoring visits to follow up activities and achievements of the program.

The Gaza based Project Coordinator will initially provide weekly reports to NCA. 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 Secretariat according to ACT policies, guidelines and formats.

VIII. CO-ORDINATION

Coordination among ACT members will take place according to the approved structure and processes established by the ACT Palestine Forum described under V. The APF holds monthly meetings attended by the representatives of the Forum members. The intervention areas and sectors have been fully communicated among ACT members involved in the appeal.

ACT members as well as the Project Coordinator will attend relevant cluster meetings in Gaza and the East Jerusalem/West Bank and meet with other relevant actors for sharing and learning.

IX. BUDGET

	Type	No.	Unit Cost	Budget	Revised Budget
	Unit	Units	USD	USD	USD
Estimated Opening Balance as per 28th of Feb. 2011				50'000	57'911
INCOME - Through ACT Geneva					
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					
FCA				0	34'300
TOTAL INCOME				50'000	92'211
EXPENDITURE					
DIRECT ASSISTANCE					
<u>Community Well-Being Activities:</u>					
<u>Capacity Building and Training</u>					
Trainer (incl.fee, accommodation and travel)	day	27	850	22'950	36'000
Training materials and manuals	manual	10	30	300	1'200
Training hospitalities	day	27	150	4'050	10'000
Packages for the Open day activity				0	10'000
Participatory Evaluation (incl. evaluator fee and expenses)				0	5'000
<u>Community Appraisal</u>					
Meetings	meeting	14	150	2'100	0.00
materials	LS		500	500	0.00
<u>Interventions:</u>					
Rehabilitation - food Security, livelihood, reconstruction, health and Psychosocial services					
Community 1	LS			42'000	0.00
Community 2	LS			42'000	0.00
<u>Direct Programme Related Costs</u>					
Salaries & benefits for staff					
Project Coordinator (incl. One month severance pay)	month	13	2'500	32'500	27'500
Facilitators (6 facilitators* 12 months)	LS			72'000	0.00
External support\consultant	month	2	8'000	16'000	0.00
Accommodation for consultant	day	120	150	18'000	0.00
Transportation	month	13	100	1'300	1'200
<u>Office Operations</u>					
Office rent	month	13	500	6'500	0.00
Office Utilities	month	13	100	1'300	600.00
Office stationery	month	13	50	650	650.00
Office Supplies	month	13	70	910	910.00
<u>Communications</u>					
Telephone and fax	month	13	150	1'950	1'950.00
Sub Total				265'010	95'010
TOTAL DIRECT ASSISTANCE				265'010	95'010
INDIRECT COSTS: PERSONNEL, ADMINISTRATION, OPERATIONS & SUPPORT					
Program Officer 15%	month	13	555	7'215	6'660
Finance 5%	month	13	130	1'690	1'560
Transportation (project visits)	visit	5	80	400	400
Accommodation (project visits)	visit	5	120	600	600
Communication	month	13	100	1'300	1'200
Other support expenses	month	13	50	650	600
TOTAL PERSONNEL, ADMIN & SUPPORT				11'855	11'020
AUDIT & MONITORING					
Audit of ACT Funds	Estimate			4'000	4'000
ACT International Coordination Fee (3%)				8'426	1'881
TOTAL AUDIT & MONITORING				12'426	5'881
TOTAL EXPENDITURE				289'291	111'911
BALANCE OF FUNDS				289'291	19'700

Component 8: LWF – Augusta Victoria Hospital

I. REQUESTING ACT MEMBER INFORMATION

Lutheran World Federation (LWF)

II. IMPLEMENTING ACT MEMBER AND PARTNER INFORMATION

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

- Provide cancer care to Gaza patients at the rate of roughly 2,100 radiation treatments (session) and 100 chemotherapy procedures per year.
- Treat children in Gaza suffering from kidney failure
- Treat Gaza patients in need of therapeutic endoscopy procedures and head and neck surgery
- Provide psychosocial support to patients and families from Gaza receiving treatment at AVH
- 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 April 2011 to March 2012. 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 2010 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.

Reporting Schedule

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 as well as the audit report will be submitted to the ACT Secretariat by:

- Interim report 31 October 2011
- Final report: 30 April 2012
- Audit report: 31 May 2012

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
EXPENDITURE				
Non Food Relief Assistance				
1. Gaza transport & lodging for cancer patients and their care companions	Bed days	4,000	24	96,000
2. Psycho-social support and counseling				
2.1: Psychiatrist (part Time)	Month	12	1,300	15,600
2.2: Social Worker (Part Time)	Month	12	600	7,200
Sub Total				118,800
Administration, Audit, Coordination				
Aministration				9,504
Audit	Lumpsum	1	5,000	5,000
ACT International Coordination Fee (3%)	Percentage	3		3,849
Sub Total Administration, Audit, Coordination				18,353
BUDGET TOTAL				137,153