

Appeal

Occupied Palestinian Territory

oPt Support to Gaza and the West Bank – PSE141 Rev. 2

Appeal Target: US\$ 1,531,833

Balance Requested: US\$ 231,065

Geneva, 9 January 2015

Dear Colleagues,

On 7 July 2014, Israel launched Operation Protective Edge against the Gaza Strip, following. This has resulted in an aggravated protection crisis in Gaza with serious and negative humanitarian consequences. To date, more than 2145Palestinians have been killed, and more than 11231were injured, in which 501were children. Most of the victims are reported to be civilians. **More than 500,000 people were forced to leave their homes in Gaza and find shelter in UNRWA and governmental schools, mosques and health facilities.** The psychosocial and health conditions, especially of children living in Gaza, are a major concern which needs to be addressed. ACT members are planning to continue supporting the neediest people in terms of health, food and non-food items, psychosocial, and economic support. In addition to supporting the work on advocating for ending the blockade to reduce and alleviate the suffering of the Palestinian people in Gaza.

Jerusalem and the West Bank areas endured severe hardships throughout the war on Gaza, since occupation practices and military grip tightened in an attempt to prevent any outbreak in the areas that might react to the atrocities committed in Gaza, coupled with an unprecedented escalation in Jerusalem and specifically at the Al-Aqsa mosque, the most Holy place for Moslems all over the world, whereby Israeli settlers and fundamentalists intensified their incursions into the Mosque premises which evoked reactions from worshipers and Jerusalemites, thus showing signs of a serious religious confrontation and outbreak.

The ACT Alliance has supported work of its members in the occupied Palestinian territory (oPt) since many years. In this appeal, the Department of Service to Palestinian Refugees of the Middle East Council of Churches (DSPR/MECC) has adjusted its activities and is requesting funds to carry out projects in Gaza in terms of cash for work, livelihood, and health including psychosocial support. The activities in the West Bank will focus on livelihood and provision of potable water.

This revision of the PSE141 appeal replaces the Rev.1 amended version dated 24 July 2014.

NCA has decided to join this appeal as new ACT Requesting Member. NCA is requesting funds to support the Ahli Arab Hospital (AAH) of fuel, of medicines and medical supplies and provision of psychosocial support.

On behalf of the ACT Palestine Forum (APF), DSPR is also requesting funds which will be used to support the APF coordination. Funds will also be used for joint ACT projects related to capacity building, emergency preparedness and response planning of the forum, and quality and accountability initiatives.

EXECUTIVE SUMMARY

TITLE: oPt Support to Gaza and the West Bank

ACT APPEAL NUMBER: PSE141 Rev.2

APPEAL AMOUNT REQUESTED (US\$): 231,065

DATE OF ISSUANCE: 9 January 2015

NAMES OF ACT FORUM AND REQUESTING MEMBERS:

ACT FORUM	ACT PALESTINE FORUM (APF)
ACT REQUESTING MEMBERS	DEPARTMENT OF SERVICE FOR PALESTINIAN REFUGEES/MIDDLE EAST COUNCIL OF CHURCHES (DSPR/MECC) NORWEGIAN CHURCH AID (NCA)

THE CRISIS

On 7 July 2014, Israel launched Operation Protective Edge against the Gaza Strip, following. This has resulted in an aggravated protection crisis in Gaza with serious and negative humanitarian consequences. To date, more than 2145 Palestinians have been killed, and more than 11231 were injured, in which 501 were children. Most of the victims are reported to be civilians. **More than 500,000 people were forced to leave their homes in Gaza and find shelter in UNRWA and governmental schools, mosques and health facilities.**

The international community focusing upon the threat of Ebola and ISIS to the region, occupation practices intensified, whereby we have witnessed an escalation in settlement activities in East Jerusalem, demolition of homes, kidnapping, burning child alive to death, suppressive measures and arrests, denial of access to Jerusalem, fines and taxation in addition to mobility restrictions throughout Jerusalem and the West Bank.

PRIORITY NEEDS

Health needs are the most required at this point due to the big number of victims and injuries. So far, five health facilities have been destroyed or severely damaged. A centre for the developmentally disabled in Beit Lahiya was destroyed. Health services have been particularly affected by the power cuts, severe shortages of drugs, medical equipment and fuel.

With the increase in unemployment rates affected by occupation practices, poverty and food insecure rates spiked threatening of severe hardships in the coming few months. Priority remains in the scope of food security and protection of livelihoods.

PROPOSED EMERGENCY RESPONSE

KEY PARAMETERS:	DSPR/MECC	NCA	DSPR/MECC (on behalf of APF)
Project Start/Completion Dates	1 April 2014/31 March 2015	1 August 2014/ 31 March 2015	1 April 2014/31 March 2015
Geographic areas of response	Gaza and West Bank	Gaza Strip	Jerusalem (Gaza and West Bank)
Sectors of response & projected target population per sector	Cash Relief for needy Families (2,000) Health (potentially up to 20,000) Psychosocial support (1,500 children, 7,000 mother/women, 25 NECC staff, 206 TVET students) Livelihood (200 HH) 60 women domestic economics enhanced Wash (500 HH)	Health and psychosocial (20,000)	

TABLE 1: SUMMARY OF PRELIMINARY APPEAL REQUIREMENTS BY ACT MEMBER AND SECTOR:

Appeal Requirements	DSPR/MECC	NCA	DSPR/MECC (on behalf of APF)	Total Requirements
Total requirements US\$	1,004,318	472,770	54,745	1,531,833
Less: pledges/contributions US\$	773,459	491,170	36,139	1,300,768
Balance of requirements US\$	230,859	+18,400	18,606	231,065

TABLE 2: REPORTING SCHEDULE

Type of Report	DSPR/MECC & NCA
Situation report	31 January 2015
Interim narrative and financial report	31 October 2014
Final narrative and financial report	31 May 2015
Audit report and management letter	30 June 2015

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 Alliance
UBS AG
8, rue du Rhône
P.O. Box 2600
1211 Geneva 4, SWITZERLAND
Swift address: UBSWCHZH80A

Please also inform the Head of Finance and Administration, Hempel Line Line.Hempel@actalliance.org and the Regional Programme Officer, Alexandra Segura, 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, Alexandra Segura (phone +41 22 791 6334) Or

ACT Head of Programmes, Sarah Kambarami, (Email Sarah.Kambarami@actalliance.org; +41 22 791 6211 or mobile phone +41 79 109 5053)

ACT Web Site address: <http://www.actalliance.org>



Sarah Kambarami
Head of Programmes
ACT Alliance Secretariat

II. OPERATIONAL CONTEXT

1. The crisis: details of the emergency

The open-ended ceasefire which entered into force on 26 August 2014 continues to hold. The scale of damage resulting from the 51-days escalation in hostilities is unprecedented since the beginning of the Israeli occupation in 1967. All governorates in Gaza witnessed extensive aerial bombardment, naval shelling and artillery fire, resulting in the widespread loss of life and livelihoods. Damage to public infrastructure was also unprecedented, leaving hundreds of thousands of people without adequate services, including electricity, clean water and quality healthcare.

The Gaza Power Plant (GPP) remains inoperable following an Israeli airstrike on 29 July 2014 and despite extensive repairs, electricity outages of 18 hours a day continue in most areas across Gaza. Extensive damage to the water and wastewater system means that 20 to 30 per cent of households, or 450,000 people, remain unable to access municipal water due to damage and/or low pressure. Following the ceasefire there was a steep decline in the number of internally displaced persons, but figures have gradually risen again in UNRWA shelters, and an estimated 110,000 are still displaced, including with host families.

Explosive Remnants of War (ERW) are a major protection concern and pose a risk to those returning to their homes and involved in repair and reconstruction activities.

The majority of the Gaza population has lost their productive assets. According to the Palestinian Federation of Industries, 419 businesses and workshops were damaged, with 128 completely destroyed. With limited activity at the commercial crossings and extensive damage to private infrastructure and other productive assets, business activities were largely paralyzed during the operation. Hostilities forced farmers and herders to abandon their lands, and resulted in substantial direct damage to Gaza's 17,000 hectares of croplands as well as much of its agricultural infrastructure, including greenhouses, irrigation systems, animal farms, fodder stocks and fishing boats. Access to the sea was also prohibited for most of the 51 days of hostilities; restrictions have been restored to the six nautical mile limit, but there have been reports of shooting at, and detaining, fishermen in recent days, reportedly for exceeding this limit. These losses come on top of an already fragile economy and livelihoods.

Around 66 per cent of the population of Gaza was receiving food assistance prior to the crisis and the household food insecurity level or vulnerable to food insecure stood at 72 per cent of households. Unemployment has increased dramatically since mid 2013, following a halt of the illegal tunnel trade with Egypt, soaring from 28 per cent in the third quarter of 2013 to 45 per cent in the second quarter of 2014; almost 70 per cent of the youth aged 2 -24 were unemployed in Gaza in the second quarter. It is expected that labour market conditions in Gaza will further deteriorate following the conflict, exacerbating the impact of the blockade and the longstanding access restrictions imposed by Israel which have been preventing any meaningful economic activity.

In addition to shelter solutions, the main priority for humanitarian agencies continues to be the repair, reconstruction and the restoration of essential services to affected communities, which effectively means the entire population of the Gaza Strip. However, this will not be possible without a more permanent agreement that will allow for the entry of the materials needed to re-build homes, schools and hospitals, to repair roads, electricity lines and water and sanitation networks and bring about transformational change in Gaza.

Even the open-ended ceasefire which entered into force on 26 August 2014 is holding, with no violations reported, number of victims of the 51 days of war was as following:

- The Palestinian fatality toll is **2,131**, of whom **1,473** have been identified as civilians, including **501** children, according to preliminary assessments.

- Approximately **110,000** internally displaced persons (IDPs) still remain in UNRWA emergency shelters and with host families.
- **18,000** housing units have been either destroyed or severely damaged, leaving
- Approximately **108,000** people homeless.
- **450,000** people are unable to access municipal water due to infrastructure damage and/or low pressure.
- 42.7% of the Palestinians in the West Bank live below the poverty line with about 38% live in deep poverty as published by Palestinian Central Bureau of Statistics (PCBS-2011). Furthermore, the households living above the poverty line are not necessarily safeguarded against poverty in the near future, as about one-third of those cases are borderline cases which may exhaust their coping mechanisms and become vulnerable to fall below poverty line. Target area is the ZONE C area which represents 60% of the occupied West Bank where inhabitants endure serious mobility restrictions and access to water and land.
- Over 60% of the West Bank is considered Area C, where Israel retains near exclusive control, including over law enforcement, planning and construction 150,000 (approx.). Palestinians live in Area C in 542 communities, 281 of which are located entirely or mostly (50% or more of their built up area) in Area C.
- Some 325,000 Israeli settlers live in some 135 settlements and about 100 outposts in Area C, in contravention of international law; the settlements' municipal area (the area available for their expansion) is nine times larger than their current built-up area (B'Tselem).
- 70% of Area C is included within the boundaries of the regional councils of Israeli settlements (as distinct from the municipal boundaries) and therefore off-limits for Palestinian use and development.
- Palestinian construction in 29% of Area C is heavily restricted; less than 1% of Area C has been planned for Palestinian development.
- 5,000 Palestinians reside in 38 communities located in parts of Area C that have been designated as "firing zones" for military training, increasing their vulnerabilities and risk of displacement.
- In 2012, 540 Palestinian-owned structures in Area C (including 165 residential structures) were demolished due to lack of Israeli-issued permits, displacing 815 people, over half of them children.
- Over 70% of communities located entirely or mostly in Area C are not connected to the water network and rely on tankered water at vastly increased cost; water consumption in some of these communities is as low as 20 litres per capita per day, one-fifth of the WHO's recommendation.
- 24% of the Palestinian population in Area C are food insecure compared to 17% in the remainder of the West Bank.

2. Actions to date

2.1. Needs and resources assessment

Health needs are the most required at this point due to the big number of victims and injuries. So far, five health facilities have been destroyed or severely damaged. A centre for the developmentally disabled in Beit Lahiya was destroyed.

Health services have been particularly affected by the power cuts, severe shortages of drugs and medical equipment. 1 Massive shortages in drugs (28%) and disposables (54%) at Gaza hospitals are hindering the ability to deliver health services. There is an urgent need for psycho-tropic drugs, including emergency drug kits, to use for relapsing patients with mental illnesses, as well as those suffering from forced displacement, trauma and anxiety. In addition to urgent need for medical equipment, there is a need as well for fuel for hospitals to run basic operations.

1 WHO, 12/07/2014.

People in this area lack State attention which is denied by Israeli occupying forces and therefore their immediate needs remain in access to water, feed for their livestock and economic empowerment. Target area remains Zone C which is totally under complete control of Israeli military forces.

2.2. Situation analysis

The escalation in conflict resulted in lack of essential services; damage to health, education, water and sanitation facilities, and electricity infrastructure makes it increasingly difficult to provide even the most basic services for the civilian population. Access to these services also remains severely restricted, primarily as a result of physical and administrative obstacles to freedom of movement. 2 All crossings into Gaza remained closed by Israel and Egypt. Humanitarian organizations and medical missions were denied entry through Rafah crossing. There is restricted access to the injured due to ongoing military operations; as well as reduced access for referral cases out of Gaza.

West Bank

- Over 70% of communities located entirely or mostly in Area C are not connected to the water network and rely on tankered water at vastly increased cost; water consumption in some of these communities is as low as 20 litres per capita per day, one-fifth of the WHO's recommendation.
- 24% of the Palestinian population in Area C are food insecure compared to 17% in the remainder of the West Bank.

2.3. Capacity to respond

The ACT Alliance has supported work of its members in the occupied Palestinian territory (oPt) since many years. 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), the Lutheran World Federation (LWF), International Orthodox Christian Charities – Jerusalem, West Bank, Gaza (IOCC-JWBG), East Jerusalem-Young Men's Christian Association (EJ-YMCA), Dan Church Aid (DCA), Christian Aid, Evangelical Lutheran Church in Jordan and the Holy Land (ELCJHL), Diakonia Sweden, Norwegian Church Aid (NCA), and the observer Finnish Evangelical Lutheran Mission (FELM). Since its inception in April 2008, APF has met monthly, learning to work as a forum, and identifying priorities to focus on in order to improve the functioning of the forum and its members. Since January 2012 APF asked DSPR to take over the role of coordinator, which DSPR accepted on behalf of all APF members.

2.4. Activities of forum and external coordination

One of the main priorities of the forum is to develop APF's and members' capacities on emergency preparedness and response, in addition to improve the monitoring and evaluation system, need assessment and knowledge about humanitarian standards and HAP benchmarks.

In 2011 APF developed an on-going capacity development plan for APF members. Based on this plan a workshop was conducted on accountability in practice; Sphere, Do No Harm and Code of Conduct. APF will revise, update and implement the capacity development plan in 2014 based on needs and priorities. The APF will continue with its capacity building plan during 2014 and 2015. Members of APF see the need to define and outline the key strategic areas for the forum for the years 2014-2016 for that a special meeting took place in May 2014. In addition, an annual meeting is scheduled to take place in fall 2014.

For the APF 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

2 OCHA, 16/07/2014.

international NGOs operating in the oPt and IOCC was just elected into its Executive Committee. It has served and facilitated the work of its NGO members for over 30 years. AIDA's core functions are information provision, policy analysis, linkages with the relief and development assistance community, advocacy, security and training. Participation in AIDA and UN cluster networks in Jerusalem and Gaza will provide valuable information to ACT members and inform other AIDA members and UN agencies of the ACT response.

III. PROPOSED EMERGENCY RESPONSES

ACT Requesting Member: Department of Service to Palestinian Refugees (DSPR)

1. Target populations, and areas and sectors of response

Sector of response	Geographic area of response	Planned target population											
		0-5		6-17		18-65		+65		Totals			
		M	F	M	F	M	F	M	F	M	F		
Cash Relief	Gaza Strip (Shijaia, El Daraj and Rafah areas for 2000 Family AVG 5 Per Family											5000	5000
Psychosocial Support	Gaza Strip (Shijaia, El Daraj and Rafah areas)	375	375	375	375		7000					750	7750
Health	Shijaia, El Daraj, and Rafah areas	5000	5000	1600	1600	2000	4800					8600	11400
Education	Gaza and El Qarara area			110		48						158	
Job Creation	Gaza Strip											50	50
Water	West Bank Zone C											570	570
Feed	West Bank Zone C											600	600
Protection of livelihoods	West Bank Zone C						60						60
Totals (in individuals):		3950	3950	1910	1800	2048	4800					15728	25430

Addressing vulnerable communities affected by the barrier and illegal settlements in the west Bank area C for 390 Families.

2. Overall goal of the emergency response

2.1 Overall goal

To reduce suffering and improve livelihoods of the affected population in Occupied Palestinian territories.

2.2 Outcomes

1. Improve access to Primary Health Care services to underserved families living in the Gaza Strip.
2. Help Palestinian children and women in Gaza Strip to recover from the after war stresses.
3. Empower and strengthen Palestinian youth living in the Gaza Strip.
4. Enable Families through Cash grants, cash for work to cope with the ongoing emergency situation.
5. Provide fodder for average 3 livestock for three months serving 200 Households addressing vulnerable communities affected by the barrier and illegal settlements, of which 80 households in area "C" of the Jordan valley. (West Bank)
6. Provide potable water for vulnerable communities in Zone "C" for 190 households. (West Bank)

7. Enhance protection of livelihoods for 60 HH targeting women in area C.

3. Proposed implementation plan

3.1 Narrative summary of planned intervention

Proposed Activities by each sector

Cash for food for needy Families

- Create 100 Jobs for a contract of three months
- Provide 2000 Families with 100 USD to cover purchases of basic food necessities and commodities

Health Support (Gaza)

- To provide medical examination counselling and medication for patients
- To provide antenatal care to the pregnant women and follow-up until delivery, then provide postnatal care for the mother and baby either at home and/ or at centre
- to provide growth monitoring for children up to 6 years old through well-Baby program
- to screen treating and follow-up for anaemic and malnourished children through nutrition program
- to provide family planning services to women
- to provide dental care services to women, children and adults
- to perform laboratory testing CBC, Urine and stool analysis, FBS
- to support DSPR Gaza health centers by to cope with the emerging needs with the appointment of 3 supervisors, 3 general doctors, 3 lab technicians and 3 nurses

Psychosocial Support (Gaza)

- Provision of recreational activities including 9 open days to children and mothers , individual counselling and group counselling at DSPR Gaza Health Centers
- Provision of capacity strengthening activities for health staff and psychosocial counsellors at the NECC Health Centers

Vocational Training (Gaza)

- To provide high quality vocational skills for male school-dropped out students in the fields of Carpentry and Furniture making/ metal works and aluminium
- To provide vocational skills in the field of General Electricity and Motor Rewinding for male youth aged 16-23 years
- To provide vocational skills in Secretary Studies for female youth finished their high secondary certificate
- To provide vocational skills in advanced dressmaking for female youth
- To Support DSPR Gaza Vocational Training Centers through the appointment of instructors and supervisors; and the provision of material supplies

Water and food security Program

- *Target Area selected*
- *Socio-economic survey conducted*
- *Apply matrix for target group selection performed*
- *Bidding stage for inputs initiated*
Distribution of inputs to most vulnerable families

3.2 Log frame DSPR/MECC

Project structure	Indicators	Means of Verification (MoV)	Assumptions
<p>Goal To reduce suffering and improve livelihoods of the affected population in oPt</p>			<p>No assumptions</p>
<p>Outcomes</p> <ul style="list-style-type: none"> Access to Primary Health Care services to underserved families living in the Gaza Strip was improved; 	<ul style="list-style-type: none"> At least 95% of pregnant women in targeted locality received timely ANC at least 4 visits 20-30% improvement in the knowledge level based on pre test post test (nutrition, danger sign for mother and baby during ANC, NC, PNC. 	<p>NECC reports and database</p> <p>Follow up of staff performance</p> <p>Analysis of health indicators</p>	<p>Outcomes-to-Goal assumptions</p> <ul style="list-style-type: none"> Improvement in political status Entry of medications and material supplies are allowed Electricity is available Fuel, energy sources is maintained Transportation available
<ul style="list-style-type: none"> Palestinian children and women in Gaza Strip were supported to recover from the after war stresses; 	<ul style="list-style-type: none"> At least 30 % of clients with psychosocial problems improved after receiving support from NECC staff 	<p>Minutes of meetings</p> <p>Lists of participants</p>	
<ul style="list-style-type: none"> Palestinian youth living in the Gaza Strip were empowered and strengthened 	<ul style="list-style-type: none"> At least 90% of students enrolled in training have graduated 		
<ul style="list-style-type: none"> Needy families were provided with cash to be able to purchase basic needs and individuals were offered a short time job for three months 	<ul style="list-style-type: none"> At least 90% of families are able to purchase basic need that cover 2-4 weeks of basic needs 		

<p>Outputs</p> <ul style="list-style-type: none"> Pregnant women received adequate primary and procreation health care services 	<ul style="list-style-type: none"> 1,800 pregnant women received follow up visits, newly registered and on-going 	<p>NECC reports and database</p>	<p>Outputs-to-Outcomes assumptions</p> <ul style="list-style-type: none"> Staff is able to reach the Family care centres and TVET centers
<ul style="list-style-type: none"> Children received adequate primary health services 	<ul style="list-style-type: none"> 7,000 sick children up to 6 years old received medical examination and treatment 12,000 children registered at the well-baby clinic and screened for anaemia and anthropometric measurements 	<p>Follow up of staff performance</p> <p>Analysis of health indicators</p> <p>Minutes of meetings</p> <p>Lists of participants</p>	<ul style="list-style-type: none"> Improvement in political status Entry of medications and material supplies are allowed
<ul style="list-style-type: none"> Patients physically examined, appropriately investigated and received treatment 	<ul style="list-style-type: none"> Over 5,000 patients over 6 years old examined, tested and received treatment 		<ul style="list-style-type: none"> Electricity is available
<ul style="list-style-type: none"> Clients received appropriate dental care 	<ul style="list-style-type: none"> Over 4,000 women, children and adults in targeted areas receive dental care annually 		<ul style="list-style-type: none"> Fuel, energy sources is maintained
<ul style="list-style-type: none"> Appropriate psychosocial services are provided to children and women attending the PHC clinics. 	<ul style="list-style-type: none"> 1,500 Children (male and female) from both age groups: kindergartens and school age received psychosocial support including 9 open days, group sessions, counselling. 7000 women benefitted from psychosocial interventions. 		<ul style="list-style-type: none"> Transportation is available
<ul style="list-style-type: none"> Mental health is integrated into primary health care program at NECC centers 	<ul style="list-style-type: none"> 25 NECC health staff and PSS team are trained on mental health 8 training/needs assessment days with staff and beneficiaries 6 training days are provided to health staff including GP's and 		

	<p>nurses</p> <ul style="list-style-type: none"> • 24 on job training days are provided to health staff at NECC centers • 6 days cases conference at NECC centers with staff • 5 training days are provided to PSS team 		
<ul style="list-style-type: none"> • Male youth received vocational training in carpentry/furniture making, welding and Aluminum work 	<ul style="list-style-type: none"> • 39 new male youth joined the vocational training courses in carpentry/furniture making, welding and Aluminium work • A total of 110 students new and old receive training in carpentry/furniture making, welding and Aluminium work annually 		
<ul style="list-style-type: none"> • Male youth received Vocational training in general electrical skills and motor and transformer rewinding 	<ul style="list-style-type: none"> • 24 new male youth joined the vocational training in general electrical skills and motor and transformer rewinding annually. • A total of 48 students new and old receive training in electricity skills 		
<p>Activities</p> <p>Cash for food for needy Families</p> <ul style="list-style-type: none"> • Create Jobs for a contract of three months • Provide Families with cash to cover purchases of basic food necessities and commodities. <p>Health Support (Gaza)</p> <ul style="list-style-type: none"> • To provide medical examination counselling and medication for patients. • To provide antenatal care to the pregnant women 	<p>List of Key inputs</p> <p>Human Resources (Staff):</p> <p>3 Clinic supervisors 3 general doctors, 3 lab technician, 3 nurses</p> <p>5 social workers (counsellors)</p> <p>2 TVET supervisor, 5 instructor, 1 store keeper</p> <p>Non-Human Resources:</p> <p>Medications: such as Antibiotics, analgesics, antitussive, antipyretics, antihistaminic</p>	<p>Activities-to-Outputs assumptions</p> <ul style="list-style-type: none"> • Staff is able to reach the Family care centres and TVET centers • Improvement in political status • Entry of medications and material supplies are 	

<p>and follow-up until delivery, then provide postnatal care for the mother and baby either at home and/ or at centre.</p> <ul style="list-style-type: none"> • to provide growth monitoring for children up to 6 years old through well-Baby program • to screen treating and follow-up for anaemic and malnourished children through nutrition program • to provide family planning services to women • to provide dental care services to women, children and adults • to perform laboratory testing CBC, Urine and stool analysis, FBS • to support DSPR Gaza health centers by to cope with the emerging needs with the appointment of 3 supervisors, 3 general doctors, 3 lab technicians and 3 nurses. 	<p>Material supplies Toys, T-shirts, Hats, Refreshments, Children play tools</p> <p>Others Stationary Fuel Rent Communication Electricity</p>	<p>allowed</p> <ul style="list-style-type: none"> • Electricity is available • Fuel, energy sources is maintained • Transportation is available
<p>Psychosocial Support (Gaza)</p> <ul style="list-style-type: none"> • Provision of recreational activities and group counselling at DSPR Gaza Health Centers. • Provision of capacity strengthening activities for psychosocial counsellors and health staff at the NECC Health Centers. • Implementing 9 open days for children and mothers . 		
<p>Vocational Training (Gaza)</p> <ul style="list-style-type: none"> • To provide high quality vocational skills for male school-dropped out students in the fields of Carpentry and Furniture making/Metal works and Aluminium. • To provide vocational skills in the field of General Electricity and Motor Rewinding for male youth • To Support DSPR Gaza Vocational Training Centers through the appointment of instructors and supervisors; and the provision of material supplies. 		

West Bank	Overall Goal/Impact Impact of emergency situation has been alleviated through the provision of humanitarian assistance	Indicators Targeted Palestinians and communities are able to attain at least the minimum national indicators of protection of livelihoods	Sources of Verifications National and UN reports and statistics Pre and post assessments ICC records The emergency Appeals	Assumptions/ (to avoid Risk) Non-increase of Mobility restrictions by IOF
	Specific Objectives/Outcome Enhance ICC’s ability to mitigate the effects of, and respond to emergencies	Indicators ICC have scenario analysis, plans and possible resources, updated quarterly	Sources of Verifications <ul style="list-style-type: none"> • ICC records • Assessment report • The emergency appeals • Data base • Follow up of beneficiaries • Pre and post assessment 	Assumptions/ Risk Non-increase of Mobility restrictions by IOF
	Enhance protection of livelihoods in area “C” for identified Vulnerable families.	Over 90% of assisted families humanitarian status is enhanced		
	Expected Results/Outputs Organisational Capacity Assessment is completed	Indicators APF scenario setting and preparedness plan for 2014	Sources of Verifications <ul style="list-style-type: none"> • Emergency plan 2014 	Assumptions/ Risk
	450 families emergency needs provided	* 200 HH provided with feed for livestock for 3 months. * 190 HH provided with potable water for 3 weeks * 60 female capacities in wool weaving and dairy processing provided.	Socio-economic surveys Lists of beneficiaries Pre and post assessment	

3.3 Implementation methodology

3.3.1 Implementation arrangements

In Gaza Strip, the Near East Council of Churches Committee for Refugee Work in Gaza (NECC) will respond to the population emergency needs through the fund of DSPR. NECC in Gaza is an integral part of the Palestinian Society and culture and operates with support from DSPR in meeting the emergency needs, as well as for DSPR west Bank which is part of E-wash cluster and AIDA network .

3.3.2 Partnerships with target populations

As much as possible, the local community leaders are consulted about the very basic ideas of DSPR programs interventions and their support and commitment are obtained prior to the implementation of any project. One of the key philosophies of DSPR is community involvement in the planning and the implementation of services. This approach is also supportive to the concept of shared ownership of the DSPR services and is seen as an essential quality aspect. DSPR conducts regular community meetings in its interventions and involve people from the served areas and usually include women and men from different backgrounds and different characteristics.

Through their good understanding of the context; they help in identifying the needs and priorities of the target group; they live the reality. DSPR believes in child participation as an essential part of good development practice. The approaches used ensure the effective participation of children attending our clinics regularly with their mothers. Through empowering families, especially mothers, DSPR Gaza -NECC also aims to empower children to develop their full potential in an atmosphere of respect, support and well-being. Their participation is respected and reflected by the staff and mothers through listening to what children say, asking for opinions and giving all children equal treatment regardless of their ability, language and skills. Moreover, DSPR Gaza and West Bank has strong and good relations with the local community and local organizations. Therefore – through these various organizations, charities and local committees as well as public institutions such as local representation women’s committees, local municipal councils, community based organizations, schools, kindergartens, ministries and NGOs – the project will be successfully and smoothly implemented.

Communities are actively involved and their approval/support is essential before introducing any new services as discussed in the community meetings. The trainers, health workers, social workers and other staff of the project are all members of the targeted communities. Their participation in implementation will be insured through soliciting feedback, involving them in the management plan and considering their perspectives through questionnaire taking in consideration gender equality as this is one of the main core values of DSPR interventions without any kind of discriminations, following DSPR gender policy. Additionally, DSPR staff believes in providing humanitarian assistance and related services based on the respect of humanity and dignity which are also reflected in ACT policies and HAP benchmarks. DSPR management strives to ensure that the safety and security of stakeholders is paramount in all program work.

3.3.3 Cross cutting issues

DSPR is committed to secure the implementation of COC, participation in all activities and will follow basic principles based on Sphere, following ACT vision and mission. DSPR aims to reach out for people that other groups are less likely to serve, through mapping of the most needy locations and target populations.

3.3.4 Coordination

The APF, in particular through 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 roles in keeping the APF apprised of developments and issues, and to keep various processes moving forward. The APF Coordinator will

attend relevant meetings and networks meetings to serve as an information link between those mechanisms and the APF.

External coordination with other organizations depends on the nature of the activity undertaken. In Gaza, on-going coordination and cooperation with UNRWA, the Ministry of Health, Ministry of Labor, UNICEF, Private sector, NGO's and CBOs is part of NECC's work and its implementation. In the Primary Family Health Care Centers, NECC coordinates with the Ministry of Health to get licence of the family care centres and referring cases to MOH hospitals and clinics. In the Vocational Training Centers (VTC), various organizations of civil society and private sector are involved in enabling our students to gain first-hand knowledge and to practice in their respective fields. And in the field of water DSPR West Bank coordinate with local authorities and village councils.

Additionally, NECC collaborated well with the Ministry of Social Affairs and different CBO's for the provision of Cash Relief Assistance. The activities of this appeal intervention will be included in the Gaza annual report, and the reports will be distributed and shared with our local and international partners. All the project documents and printed materials will be branded with the Act Alliance logo. Visibility related activities will be implemented in accordance with Act Alliance policies and after obtaining the needed approvals. The planned community meetings to discuss the project design, results and achievements of the project also represent a good forum for visibility and communication.

3.3.5 Communications and visibility

- DSPR released its progress reports and annual reports including Act Alliance intervention, activities, shares them with our interested local and international organisations including MOH, MOL, UNRWA, UNICEF.
- DSPR used to upload its publications including reports and success stories at DSPR website: www.Dspr-me.org where DSPR Gaza and West Bank web pages can be found and linked to.
- International visitors used to visit DSPR programmes and reported about its programs and supporters including Act Alliance funding members.
- Regular meetings will be conducted with the different relevant parties.
- DSPR Gaza developed recently new video film about DSPR Gaza Programs.

3.3.6 Advocacy

DSPR relies on its unique ecumenical character to infuse its advocacy with partners to ameliorate conditions for the neediest Palestinian refugees and to advocate for their rights.

DSPR advocacy program aims to mobilize and empower disadvantaged groups of Palestinians and other relevant communities to seek just equal social and economic rights for Palestinians.

3.3.7 Sustainability and linkage to recovery – prioritization

Expectation of sustainable impact on the Gaza context must be realistic giving the continuing security and political related uncertainties in the region. To the continuing dependency of affected population on direct services and issues of capacity are also complicating factors within the MOH.

Health program: NECC health program aims to provide and maintain primary healthcare services to enhance the wellbeing of Palestinian mothers and children and to build the capacity of the health care providers. The program leaves skills, strategies and effective tools which will continue to operate despite the discontinuity of the fund. Benefited communities are sustainable. Health education helps families to develop healthy practices in dealing with their families. However, it is expected that some cases will require continuous therapeutic regime and follow up and supplements. Therefore, further support for the activities initiated by this program are needed such as provision of drugs, supplements, supporting appropriate management practices and follow up.

TVET component: The TVET program serves school-drop out needy students to be able to fit in the society and maintain social dignity. Continued aid is vital to respond to the growing humanitarian crisis

in Gaza but it cannot provide a solution in itself. Improved access by young people to high quality and relevant technical and vocational education and training (TVET) courses greatly enhance their chances and opportunities to succeed in the difficult economic conditions that they are currently facing.

The project serves a needy population and addresses an important health and economic problems which fitted within the overall plan of the Palestinian population, through an integrated approach of services provision and strengthening communities' abilities to meet their needs.

In the West Bank the protection of livelihoods with focus upon Area C will enhance and ensure resilience and presence in that area, thus reducing further land grab and settlement intensification. The protection emergency program will enable minimal survivability in the target areas.

3.3.8 Accountability – complaints handling

The focus of the activities fits within the overall strategy of the MOH and MOL targeting vulnerable children, women, adults and youth. Services offered are based on national and international approved standards and guidelines, ensuring the needs of the beneficiaries are fully met. The proposed interventions fit the overarching goal of contributing to the Millennium Development Goals (goal 1, 4 and 5) to reduce poverty, child mortality and improve maternal health respectively. Also, health is one of the important sectors in the SPHERE minimal standards

Criteria used for Beneficiary Selection

The Criteria of Families and Individuals eligible is based on the premise that these families 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.
- Women heads of households that seek employment and who were unable to do so.
- Families with no source of income and with children in need of elementary provisions, including nutritional and medical attention.
- Families experiencing unemployment and with no alternative source of steady income.
- Families incapable of meeting the costs of medical attention and the medications required.
- Families with one member or members having special needs whether medical, short rehabilitation, access and mobility with no or limited means of public or private help.
- Families with chronically ill members that cannot meet the recurring 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.

The process of selection of beneficiaries is a community partnership based process in which job needs are compiled and unemployed persons listed in order to make the match between job needs and employment needs. In the same manner lists of most needy families are compiled, information exchange undertaken with CBOs such as Women's and Popular Committees in the various areas, municipal councils, relevant public institutions to arrive at those most needy both for relief and job support. The beneficiaries are also an important source of information on the neediest families. Usually and from past experience with the emergency appeals in the Occupied Palestinian Territories, beneficiaries themselves point out to others who are desperately in need of assistance. Almost always the information received from these beneficiaries is corroborated by private and public agencies and organizations.

Upon establishment of the needs that meet up with the specified criteria in this appeal, lists will be drawn up of the families and individuals most at risk. These lists will be discussed further with organizations working in the field in order to ascertain that there is no duplication and that our emergency intervention has an optimal effect.

Two of DSPR -NECC key staff attended 3 days training course about HAP and Complaint Response Mechanism at Antalya/Turkey, later on NECC is planning to fill the HAP framework and CRM in order to submit to HAP for the certificate. Also, 4 of NECC key staff attended another 3 days training about Needs assessment at emergencies in Gaza. Furthermore, NECC centers have suggestion and complaint boxes for beneficiaries, also NECC received any complaints directly at the main office to take the appropriate actions, beneficiaries fill questionnaire about their satisfaction of NECC services all the year of implementation.

3.4 Human resources and administration of funds

The Central Office together with the Executive Director and Staff of Gaza will be responsible for human resources and administration of funds.

3.5 Planned implementation period

Activities in this appeal will take place during a period from 1 April 2014 to 31 March 2015.

3.6 Monitoring, reporting and evaluation

Monitoring supports the DSPR staff and management to comply with their scope of work and to timely meet their objectives. Monitoring helps DSPR tracking the progress of activities and achievement made in reference to the concerned and relevant project indicators and objectives. DSPR will constantly monitor the implementation of the appeal emergency interventions through performing a clear action plan, effective reporting system (monthly and periodic interim and final narrative and financial reports), supervisory visits, staff meetings on a regular basis, beneficiaries and clients perspectives through questionnaires and checklists.

ACT Requesting Member: Norwegian Church Aid (NCA)

1. Target populations, and areas and sectors of response

NCA	Sector of response	Geographic area of response	Planned target population									
			0-5		6-17		18-65		+ 65		Totals	
			M	F	M	F	M	F	M	F	M	F
	Health/Burns	Gaza	147	153	40	10	20	30			207	193
	Health /surgeries	Gaza	35	25	40	25	145	100			220	150
	Health / medical	Gaza	60	40	510	540	300	1980	50	100	920	2580
	Health/ children Malnourished	Gaza	140	160							140	160
	Health/ psychosocial	Gaza			280	420	100	200			380	620
	Health/ outpatients		200	300	400	600	5400	8100			6000	9000
Totals (in individuals): 20570			582	678	1270	1595	5965	10410	50	100	7867	12783

Targeted beneficiaries are the war affected population of Gaza, specifically people who have sustained physical or psychological trauma, and people who are in urgent need of emergency assistance during and post war July 2014.

Targeted beneficiaries for activities implemented by NCA/ Al Ahli Arab Hospital:

- 300 war injured and vulnerable will receive treatment and surgical intervention
- 400 children with burns will receive outpatient treatment and physical rehabilitation for an average of 6 sessions each
- 3,500 women and children's victims will receive medical treatment
- 30 reconstruction and plastic surgeries related to war (inpatient)
- 40 orthopaedic surgeries for war injuries (inpatient)
- 300 underweight and malnourished children will receive care and food for 3 months each
- 1,000 women and children in need of psychosocial support
- 15,000 war related will receive outpatient treatment and physical rehabilitation

Criteria for the selection are either injured patients who seek medical assistance as well as people in acute need of psycho-social assistance. More specific criteria can be resumed as follows:

- War injured and vulnerable patients who seek medical assistance
- Children suffering from burns and malnourished children
- Poor communities as well as staff of partner organisations in need of psychosocial support
- Families with no source of income and with children in need of basic provisions, including nutritional and medical attention

2. Overall goal of the emergency response

2.1 Overall goal

Palestinians in Gaza receive emergency needs in quality health care.

2.2 Outcomes

Injured poor and vulnerable patients have access to free medical and psychosocial treatment and rehabilitation.

3. Proposed implementation plan

3.1 Narrative summary of planned intervention

1. Al Ahli Arab Hospital: The Episcopal Diocese in Jerusalem through the Ahli Arab Hospital. Al Ahli is a general hospital of 100-bed capacity for medical, surgical, gynecology obstetrics and paediatrics. Currently and due to the hospital financial constraints there are only 50 beds in use. The hospital provides general medical, surgical, gynecology obstetrics and paediatric 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 outcome will be implemented by NCA partner Al Ahli Arab Hospital as follows:

1. Preparedness: The hospital will buy an adequate quantity of fuel and medical supplies to ensure:

- a) The continuity of the hospital on-going operations at any circumstances, especially during the War.
- b) Continue providing the medical care with an adequate quality during and post war.

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 the injured as well as the Poor and the Vulnerable. The Al Ahli Hospital will provide medical care for the latest war injured cases in both out and inpatient departments. Highly qualified consultant physicians are hired by Ahli Management in the field of plastic, orthopaedics, burns treatment and general surgeries to take care of the patients. The medical team will provide free medical consultation in the outpatient clinics, including examination, diagnostic procedures, free medications, hospital admission when needed, surgeries, follow-ups, dressings, and medicine and rehabilitation services. Psychosocial support also will be provided by Ahli team to each patient.

3. War burn care and underweight children. The hospital, through this program will provide medical care and treatment for war burns as well as children with war burn whose families are poor and unable to pay the cost. There are hundreds of children in the Gaza Strip suffering from war burn-related 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 cared for they can leave victims with lifelong physical and psychological trauma. The Ahli surgeon will work closely with other surgeons, nurse practitioner, and highly qualified physical therapist 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 also will give special attention to underweight and malnourished children during and post war. Through this program the hospital is contracting a full-time paediatrician in order to assess, treat and follow up the cases 5-7 days 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. Nutritious and health education also provided to the mothers. The services are provided for 3 to 5 months each depending on the severity of the child case.

4. Psychosocial Care. The Ahli psychosocial team will continue providing psychosocial support sessions for the deprived families as well as Ahli staff members. The team will work with provide support services for adults (Women and men) who have experienced loss or trauma during the war. And part of this program is to do debriefing and support to the beneficiaries. Support will be provided mainly through group counselling emphasizing life skills, self-care and care for others. The psychosocial activities will include home visits, and when needed, the referral of individuals requiring specialized support. Al Ahli's ToT team will also provide Al Ahli staff with staff-care through psychosocial support sessions.

3.2 Log frame NCA

AI Ahli Arab Hospital – NCA		
<u>Intervention logic</u>	<u>INDICATORS</u>	<u>SOURCES OF VERIFICATION</u>
<u>OUTCOME</u>	Approximately 20,570 poor and victims of war from Gaza received health services	Hospital medical registration and records
Objective: Injured poor and vulnerable patients have access to free medical and psychosocial treatment and rehabilitation- NCA AI Ahli Hospital		
<u>OUTPUT</u>		
1.1 Fuel, medicines, and supplies are acquired and levels maintained to assure hospital preparedness to meet the current crises needs. 1.2 Provide medical care for the injured in the out and inpatient as well as rehabilitation departments. 1.3 Provide hospitalization treatment for injured. 1.4 Provide treatment and rehabilitation for malnourished and burn children 1.5 Provide psychosocial support for poor communities (Women and children) As well as Ahli Staff.	<ul style="list-style-type: none"> • 15,000 war related will receive outpatient treatment and physical rehabilitation. • 30 reconstruction and plastic surgeries related to war (inpatient) • 340 surgeries for war injuries & victims of the current crises (inpatient) per year. • 3,500 vulnerable poor ill in need of surgical and medical hospitalization are treated. • 700 underweight and malnourished children will receive care • 1,000 women, men and staff members will receive psychosocial support. 	1-7 AI Ahli Arab Hospital records

3.3 Implementation methodology

3.3.1 Implementation arrangements

Under NCA oversight, the Al Ahli Management will carry primary responsibility for the project implementation. 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.

The primary responsibility for monitoring the implementation of the project, both financial and programmatic, resides with NCA. However, the implementation of the activities 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 implementation 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.

3.3.2 Partnerships with target populations

Both NCA and Ahli Hospital engage beneficiaries in the planning phase to identify their needs. Ahli hospital uses a participatory approach during its work with the communities, especially within the outreach activities.

3.3.3 Cross-cutting issues

As a member of the Humanitarian Accountability Partnership (HAP), NCA commits to implementing the HAP principles of accountability. NCA's Accountability Framework states our commitments to rights-holders, host communities, partners and other stakeholders. NCA has been certified in the HAP Standard in Humanitarian Accountability and Quality Management in 2010.

Accountability standards in humanitarian work are a priority for local partners (incl. Ahli Arab Hospital and APF members) and own staff. NCA through APF managed to conduct several workshops and follow ups with partners on HAP standards during the two past years. The process is a continuous learning and will insure compliance with the 6 benchmark of HAP. There is a need for an effective response to be coordinated and implemented with other agencies and governmental authorities engaged in impartial humanitarian response. There is a need for systematic assessments to understand the nature of an emergency and design the response based on an impartial assessments of needs of affected people as well as examining the effectiveness, quality, and appropriateness of the response using proper monitoring and evaluation mechanisms. Finally, it is important to employ the appropriate aid workers with knowledge, skills, behaviours and attitudes to deliver effective humanitarian response.

NCA will work with Ahli hospital for increased gender sensitivity and understanding of different impacts on men and women in conflict situations through the ACT Palestine Forum and promote a more gender balanced representation in task forces and boards. NCA as part of the ACT Alliance is committed to promoting gender equality as a common value and gender mainstreaming as a method of work to achieve gender equality through the ACT's Gender Policy Principles. NCA has in its Statement of Principles and in its Global Strategy committed itself to Conflict Sensitive Programming. NCA's methodology for conflict sensitive programming is drawn from the Do No Harm Project. Conflict sensitivity involves analysing power relations and enabling local ownership through partnership.

3.3.4 Coordination

The APF, in particular through 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 roles in keeping the APF apprised of developments and issues, and to keep various processes moving forward. The APF Coordinator will attend relevant meetings and networks meetings to serve as an information link between those mechanisms and the APF.

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

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

3.3.5 Communications and visibility

NCA and Ahli Arab Hospital have a clear policy for communication with Media and other duty Bearers. As for visibility NCA as an ACT Member follows the visibility and branding policy of ACT Alliance, and therefore requires its partners to comply with those requirements.

3.3.6 Advocacy

NCA accompanies partners (especially Ahli Arab Hospital) to address protection deficits in health, education and livelihood to strengthen Rights-Based Approach in programming and advocate for a just and peaceful solution to the conflict. NCA recruited a Policy Advisor that will work closely with partners to strengthen their humanitarian advocacy and address key duty

3.3.7 Sustainability and linkage to recovery – prioritization

Security, access and movement inside Gaza remained restricted even before the recent escalation of conflict.

Al Ahli Arab Hospital has had long-term presence and prior experience of humanitarian response as well as development assistance inside Gaza.

3.4 Human resources and administration of funds

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.

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

The reporting will adhere to the requirements of ACT. Primary responsibility for reporting to ACT will lie with NCA. Al Ahli, with support from the Episcopal Diocese of Jerusalem, will submit one interim narrative and financial report to NCA. A final narrative and financial report will be delivered to ACT CO within 60 days of termination of the project, and a financial audit report will be delivered within 90 days of termination.

3.5 Planned implementation period

The project will be implemented from 1 August 2014 till 31 March 2015.

3.6 Monitoring, reporting and evaluation

NCA in partnership with Ahli Hospital applies several monitoring tools to its program; by reporting (interim and final), field visits reports, and minutes of meetings and daily follow up by emails and phones. In addition, NCA holds partner seminars where strategic cooperation is discussed and designed. NCA Jerusalem office has three local programme staff and two finance staff in addition to the regional representative that heads the office. NCA faces the same restrictions as all INGO staff and much administrative efforts have been in place to secure permits to travel to Gaza and for Gaza partner staff to attend meetings out of Gaza. NCA adapts to these obstacles in the same manner as the other NGOs by monitoring with international consultants and international staff, by monitoring with use of e-mail, phones and video-calls, and meetings abroad. NCA also has its office in Jerusalem with the subsequent increased cost for rent, staff salaries and taxes this implies.

The human resources that will work on this grant are two program coordinators and one finance officer. Their main task is to ensure adequate support to partners, good agreement and project documents, monitoring of activities, progress, and coordination with the relevant agencies.

ACT Requesting Member: Department of Service to Palestinian Refugees (DSPR) on behalf of ACT Palestine Forum (APF) for COORDINATION/CAPACITY BUILDING COMPONENT

1. Goal

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

2. Outcomes

1. The APF, its members and activities have been coordinated.
2. HAP standards and knowledge been further developed and known.
3. The capacities of APF and its members have further developed.

3. Activities

- 1.1 Plan and facilitate monthly meetings.
 - 1.2 Conduct and facilitate APF annual meeting.
 - 1.3 Facilitate the development of the appeal.
 - 1.4 Maintain and distribute records of the financial status and implementation of appeal activities.
 - 1.5 Communicate and liaise with ACT Alliance Secretariat.
 - 1.6 Communicate and liaise with JSL forum and other ACT Alliance members in the region as needed.
 - 1.7 Participate in and distribute relevant information from broader humanitarian and development network.
- 2.1 Each APF member will get to know more about HAP benchmarks and humanitarian standards. A workshop will be conducted to follow up on the introductory workshop and will gather ACT members in the region.
- 3.1 Revise and update the capacity building plan based on needs and priorities.
 - 3.2 Plan and organize training according to capacity building plan.
 - 3.3 Organize a special meeting to discuss future and strategic direction of APF.
 - 3.4. Coordinate conducting a need assessment workshop for APF members in West Bank and in Gaza.

4. Project implementation methodology

Department of Service to Palestinian Refugees (DSPR) on behalf of ACT Palestine Forum (APF) is the responsible for implementation and administration of this component of ACT appeal.

Due to needs, scope of work, and limited capacity of the members, the ACT Forum continues the engagement of a part-time coordinator in Jerusalem. Based on the experience in previous years 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, facilitating and implementing plans according to decisions made by the APF members and in liaising with ACT Alliance secretariat.

5. Planning assumptions, constrains and prioritisation

It is assumed that a Coordinator working at 30% 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 on-going crisis and extremely difficult working conditions under occupation. Priority will be given to securing the coordinator position in the event of insufficient funds.

6. Implementation timetable

Implementation of coordination is for 1 April 2014 through 31 March 2015.

7. Transition and exit strategy

As long as the political situation remains the same, there is no prospect of resuming normal economic activities in oPt. An ACT Palestine Forum Coordinator position is needed basically to coordinate several joint ACT members initiatives which include the work related to the appeal, capacity building, providing inputs to the ACT Secretariat and to promote the work of ACT members in general.

8. Administration and finance

DSPR 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 DSPR. DSPR Central Office will be responsible for signing the agreements for coordination and will also be responsible for

the recruitment of external consultants in cooperation with APF members and the ACT secretariat in Geneva. The Finance Officer of DSPR Central Office will keep separate records for all expense and receipts for the coordination appeal, and will have the responsibility of following up all financial transaction and issuing periodic reports that adhere to ACT formats and guidelines.

9. Monitoring, reporting and 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 the appeal on hand. Ultimately, however, monitoring and reporting to ACT is the responsibility of DSPR as the requesting agency. Reporting will be as in the reporting schedule:

- Interim report 31 Oct 2014
- Final report: 31 May 2015

An external evaluation is not planned for this ACT appeal as according to ACT Response to Emergencies policy it is not required for appeals with income under 5 million dollars; also an evaluation was carried out on MEPL81, and all results and recommendations have been taken into account.

IV. APPENDIX TO THE APPEAL DOCUMENT

Appendix: Budgets

DSPR/MECC

INCOME		Budget Income	Actual Income
INCOME - Received by Requesting Member via ACT Secretariat, Geneva		USD	USD
Da te	Donor Name		
	Disciples of Christ, USA	10,000.00	10,000.00
	Wider Church Ministries	10,000.00	10,000.00
	United Church of Canada	18,637.25	18,637.25
	United Methodist Relief	40,000.00	40,000.00
	Primate's WRDF Canada	9,168.52	9,168.52
	ICCO & Kerk in Actie - Gaza	40,317.00	37,534.00
	Diakonie Katastrophehilfe -Gaza	107,959.50	107,959.50
	ACT For Peace- Gaza	27,510.00	27,510.00
	Christian Aid - UK- Gaza	25,380.87	23,628.00
	Finn Church Aid	20,044.50	18,661.43
	Diakonie Katastrophehilfe- Gaza	65,968.20	65,968.20
	Lutheran World Relief USA	2,143.89	2,143.89
	Church of Sweden- Gaza	34,179.51	34,179.51
	ACT for Peace	23,678	23,667.00
	Presbyterian Disaster As	1,225.00	1,225.00
	Church of Sweden- Gaza	194,734.00	194,734.00
TOTAL INCOME Received VIA SECRETARIAT		630,946.22	625,016.30
INCOME - Cash received directly from donors			
Da te	Donor Name		
	United Church of Canada	22,977.94	22,552.67

INCOME- FIRM PLEDGES (made both through ACT Secretariat and directly)

Date

Donor Name

Lutheran World Relief USA

125,890

125,890.44

TOTAL INCOME**779,814.60****773,459.41**

EXPENDITURE	Type of Unit	No. of Units	Unit Cost USD	Appeal Budget USD	Revised 1 Appeal Budget USD	Revised 2 Appeal Budget USD
DIRECT COST (LIST EXPENDITURE BY SECTOR)						
DSPR Gaza						
Cash Relief to Needy Families						
Cash Relief to Needy Families	Families	2,000	100	-	200,000.00	200,000.00
DSPR Gaza - Health						
Medical Fees	Patients	20,000	5	43,500	43,500.00	100,000.00
Medications	Lump			50,000	100,000.00	100,000.00
3 Doctors 30%	Month	12	904	10,848	10,848.00	10,848.00
1 Doctors (Part time)	Day	30	30	-	-	900.00
1 Pharmacist (Part Time)	Day	45	30	-	-	1,350.00
3 Supervisors 30%	Month	12	912	10,944	10,944.00	10,944.00
3 Nurses 30%	Month	12	540	6,480	6,480.00	6,480.00
1 Nurse 100 %	Month	5	465	-	-	2,325.00
3 Lab Technician 30%	Month	12	776	9,312	9,312.00	9,312.00
Rent 30 %	Year	1	9,385	2,816	2,815.50	2,815.50
Fuel for energy for health Centers 20%	Lump		18,000	3,600	3,600.00	3,600.00
Electricity for health Centers 20%	Lump		6,500	1,300	1,300.00	1,300.00
Telephones and communications for health Centers 20%	Lump		6,000	1,200	1,200.00	1,200.00
Fuel for transport for health Centers 20%	Lump		8,400	1,680	1,680.00	1,680.00
Sub-total DSPR Gaza - Health				141,679.50	191,679.50	252,754.50
Psycho-social program						
5 Staff salaries - social worker 30%	Individual	12	945	11,340.00	11,340.00	11,340.00
Children's play tools	Lump			2,500.00	2,500.00	-
T-shirts	T-shirt					-

		500	4	2,000.00	2,000.00	
Hats	Hat	500.00	1.5	750.00	750.00	-
3 summer camps (10 days each)	Camp	3	3,300	9,900.00	9,900.00	-
5 recreational trips (5 centers x 120 persons x 1 trips each centre / year)	Trip	5	800	4,000.00	4,000.00	-
Open days for the kindergarten children	per day	3	620	1,860.00	1,860.00	-
Refreshment for psycho-social activities	per child	1,500	2	2,250.00	2,250.00	-
9 Open days for 1260 children & their mothers						
A rent place safe & specialized such as creational activities	per day	9	360		-	3,240.00
Meals	per meal	2,700	4		-	11,610.00
Transportation	per day	9	300		-	2,700.00
Museum park tickets	per child	1,260	1		-	1,260.00
Clowns shows	per show	9	220		-	1,980.00
Gifts	Lump		580		-	580.00
Toys	per toy	1,260	2		-	1,890.00
Sub total one Psychosocial				34,600.00	34,600.00	34,600.00
Training for psychosocial counselors about monitoring/assessment tools						
Meetings with staff and beneficiaries: preparation for training/need assessment "8 days * 6 hr."	Hour	48	50		-	2,400.00
Training event "5 days * 6 hr."	Hour	30	50		-	1,500.00
Lunch meal & refreshment " 5 days * 10 participant"	Meal	50	10		-	500.00
Capacity building for GP's and Nurses on assessment of cases as part of integration of PS in health care						
Full days training "6 days * 6 hr."	Hour	36	50		-	1,800.00
On job training "24 days * 6 hr."	Hour	144	50		-	7,200.00
Case conference "6 days * 3 hr."	Hour	18	50		-	900.00
Lunch meal & refreshment " 6 days * 20 participant"	Meal	120	10		-	1,200.00
Technical consultant for psych social program part time " planning, monitoring & reporting"	Month	7	1,000		-	7,000.00
Sub total Two Psychosocial					-	22,500.00
Sub-Total psycho-social program Education				34,600.00	34,600.00	57,100.00

Support towards educational fees VTC Gaza	Student	200	500	50,000	100,000.00	100,000.00
1 Supervisor 50%	Month	12	1,135	6,810	6,810.00	6,810.00
3 Instructors 50%	Month	12	2,675	16,050	16,050.00	16,050.00
1 Store Keeper 50%	Month	12	835	5,010	5,010.00	5,010.00
Material Supplies	Lump			14,100	14,100.00	14,100.00
Rent 30%	Year	1	2,400	720	720.00	720.00
VTC Qararah - Gaza						
1 Supervisor 20%	Month	12	970	2,328	2,328.00	2,328.00
2 Instructors 50%	Month	12	1,505	9,030	9,030.00	9,030.00
Rent 30%	Year	1	2,500	750	750.00	750.00
Fuel for energy for education Centers 20%	Lump		5,800	1,160	1,160.00	1,160.00
Electricity for education Centers 20%	Lump		6,000	1,200	1,200.00	1,200.00
Telephones and communications for education Centers 20%	Lump		2,500	500	500.00	500.00
Fuel for transport for education Centers 20%	Lump		2,200	440	440.00	440.00
Sub-Total Education				108,098.00	158,098.00	158,098.00
NECC Premises renovations & replacement of losses	Lump	1		-	40,000.00	40,000.00
Job Creation for 3 months for 100 Job	Job/month	100	350	-	105,000.00	105,000.00
SUB TOTAL DIRECT ASSISTANCE DSPR Gaza				284,377.50	729,377.50	812,952.50
DSPR West Bank -						
West Bank - Food Security and water intervention Program						
Project Direct Cost						
200 House Hold with 2 sheep feed for three months	family	200.00	270	54,000	54,000.00	54,000.00
190 House Hold will benefit from 10 cubic meter for 3 week in Area C	family	190	105	19,950	19,950.00	19,950.00
3 workshops for females of 20 EA	LS	60		-	-	18,650.00
Project Indirect Cost	Lump Sum			8,740	8,740.00	8,740.00
Project Manager Supervision 25%	Months		12	6,120	6,120.00	6,120.00
1 Site Engineer 50%	Months		12	8,854	8,854.00	8,854.00
SUB TOTAL DIRECT ASSISTANCE DSPR West Bank				97,664.00	97,664.00	116,314.00
TOTAL DIRECT COST				382,042	827,042	929,267

**INDIRECT COSTS: PERSONNEL,
ADMINISTRATION & SUPPORT**

Staff salaries							
Chief Coordinator - Central Office 25%	month	12	625	7,500	7,500.00		7,500.00
Finance Officer- Central Office 25%	month	12	550	6,600	6,600.00		6,600.00
Secretarial & other Support- Central Office (2)	month	12	850	10,200	10,200.00		10,200.00
Communication and Visibility and other cost	Lump			5,000	5,000.00		5,000.00
Telephone, Fax & Postage, Stationary	LS	1	5,500	5,500	5,500.00		5,500.00
Transportation expenses	Lump			3,500	3,500.00		3,500.00
TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT				38,300.00	38,300.00		38,300.00

AUDIT, MONITORING & EVALUATION

Audit				7,500.00	7,500.00		7,500.00
TOTAL AUDIT, MONITORING & EVALUATION				7,500.00	7,500.00		7,500.00

**TOTAL EXPENDITURE exclusive
International Coordination Fee**

427,841.50	872,841.50	975,066.50
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**INTERNATIONAL COORDINATION FEE (ICF)
- 3%**

12,835.25	26,185.25	29,252.00
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**TOTAL EXPENDITURE inclusive
International Coordination Fee**

440,676.75	899,026.75	1,004,318.50
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Balance Requested

230,859.09

NCA

				Appeal Budget USD
INCOME				
INCOME- FIRM PLEDGES (made both through ACT Secretariat and directly)				
Date	Donor Name			Appeal Budget USD
	PWRDF			23,310
TOTAL INCOME				23,310.00
EXPENDITURE				
	Type of	No. of	Unit	Appeal
	Unit	Units	Cost	Budget
			USD	USD
DIRECT COST (LIST EXPENDITURE BY SECTOR)				
Emergency preparedness				
Fuel	litter	10,000	2	20,000
Medicaments	lump sum	1	65,000	65,000
Medical care for the injured and vulnerable treatment of different burns:				
Medical care for poor and vulnerable ill women, men and children	patient	3,500	23	80,500
Treatment of outpatient burns	session	400	90	36,000
Constructive & plastic surgery for deformities & burns	patient	30	400	12,000
Orthopaedic war surgeries	patient	40	500	20,000
Hospitalization treatment for injured & vulnerable of current crisis	patient	300	204	61,200
Treatment & rehabilitation for malnourished & burn children				
<u>Treatment of underweight & malnourished children for 3 months</u>	patient	300	240	72,000
Psychosocial support for war victims				
Psychosocial for women & children as well as hospital staff	treatme nts	1,000	20	20,000
TOTAL DIRECT ASSISTANCE				386,700
TOTAL DIRECT COST				386,700

INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT

<u>Staff salaries-extra 5 staff to meet new challenges</u>	Month	3.00	5,000	15,000
repair of the ventilation system, broken glasses and doors	lump sum	1	5,000	5,000
Al Ahli Hospital administration support				32,500
NCA support cost				16,800
TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT				69,300

AUDIT, MONITORING & EVALUATION

Audit of ACT appeal	Estimate			3,000
TOTAL AUDIT, MONITORING & EVALUATION				3,000

TOTAL EXPENDITURE exclusive International Coordination Fee **459,000**

INTERNATIONAL COORDINATION FEE (ICF) - 3% 13,770.00

TOTAL EXPENDITURE inclusive International Coordination Fee **472,770.00**

BALANCE REQUESTED (minus available income) **449,460.00**

EXCHANGE RATE: local currency to 1 USD

Budget rate 1.00

COORDINATION/CAPACITY BUILDING COMPONENT**INCOME**

FCA	12,426.00
NCA	21,679.00
UCC	2,034.00
TOTAL INCOME	36,139.00

EXPENDITURE	Type Unit	No. Units	UNIT Cost USD	Budget USD	Revised 2 Budget USD
DIRECT and INDIRECT COST					
Monthly Meeting in West Bank and Gaza (Including video Conference)		Lump Sum		6,500.00	6,500.00
APF Annual Meeting in Gaza		Lump Sum			5,000.00
APF training workshop for APF members (20 participants)		Lump Sum		17,000.00	17,000.00
APF Coordinator Salary	Month	12	1,500	18,000.00	18,000.00
Travel Expenses		Lump Sum		1,500.00	1,500.00
Transportation	Month	12	100	1,200.00	1,200.00
Communication	Month	12	100	1,200.00	1,200.00
Stationary	Month	12	50	600.00	600.00
Video Conference Maintaince		Lump Sum		650.00	650.00
Sub Total DIRECT &INDIRECT COSTS: PERSONNEL, ADMIN & SUPPORT				46,650.00	51,650.00
AUDIT, MONITORING & EVALUATION					
Audit of ACT Appeal		Estimate		1,500.00	1,500.00
TOTAL AUDIT, MONITORING & EVALUATION				1,500.00	1,500.00
TOTAL EXPENDITURE exclusive International Coordination Fee				48,150.00	53,150.00
International Coordination Fee (ICF) - 3%				1,444.50	1,594.50
TOTAL EXPENDITURE inclusive International Coordination Fee				49,595	54,745
BALANCE REQUESTED (minus available income)					18,605.5