

Appeal

Occupied Palestinian Territory

Gaza and West Bank Post War Crises: *Follow on Response* - PSE151

Appeal Target: US\$ 2,015,704

Balance Requested: US\$ 1,794,935

Geneva, 24 July 2015

Dear Colleagues,

The fragile humanitarian situation prevailing in the Gaza Strip following the war on Gaza in the summer of 2014 and the longstanding blockade continues to deteriorate further 10 months on since the end of the war. A key driver of deterioration is the slow progress in the reconstruction of homes and infrastructure destroyed during the hostilities. This is compounded by limited accessible resources and efforts to restore the destroyed livelihood opportunities, as well as the devastating impact of the exposure to conflict-related violence in Gaza on the psychosocial well-being of children, adolescents and families.

Requesting ACT members to this appeal, the Department of Service to Palestinian Refugees (DSPR), the International Orthodox Christian Charities (IOCC), and Norwegian Church Aid (NCA) are responding to the needs of the affected people. The response focuses on improving access to health and medical care services, mental health and psycho-social support, improving the nutrition status of malnourished and underweight children, supporting young people with vocational skills training, cash for work, protection, shelter, food security among others.

This appeal has been produced with the coordination of ACT members through the ACT Palestine Forum (APF). The APF enables members to coordinate, cooperate and to develop their joint capacity to respond to the needs, including monitoring.

This full appeal replaces the preliminary appeal issued on 20 May 2015, now removed from our web site.

EXECUTIVE SUMMARY**TITLE: Gaza and West Bank Post War Crises: *Follow on Response*****ACT APPEAL NUMBER: PSE151****DATE OF ISSUANCE: 24 July 2015****NAMES OF ACT FORUM AND REQUESTING MEMBERS:**

ACT FORUM	ACT PALESTINE FORUM –APF
ACT REQUESTING MEMBERS	Department of Service To Palestinian Refugees of The Middle East Council of Churches DSPR/MECC International Orthodox Christian Charities - (IOCC) Norwegian Church Aid (NCA) / Al Ahli Arab Hospital

PROPOSED EMERGENCY RESPONSE

- by ACT members within the Appeal

KEY PARAMETERS:	MECC/DSPR Gaza and West Bank	IOCC	NCA	MECC/DSPR on behalf of APF
Project Start/Completion Dates	1 April 2015 – 31 March 2016	1 April 2015 – 31 March 2016	1 April 2015 – 31 March 2016	1 April 2015 – 31 March 2016
Geographic areas of response	Gaza Strip & West Bank	Gaza Strip	Gaza Strip	Jerusalem (Gaza and West Bank)
Sectors of response & projected target population per sector	<u>In Gaza</u> Cash Relief (60000) Psychosocial support(2470) Health (150000) Education (159) Job Creation (100) <u>In West Bank</u> Fodder for Livestock 1140 heads of cheap feed for 60 days representing 4 EA per HH. Sanitary units (4000) Water (24000) Rehabilitation of water cisterns (159)	Shelter (225) Livelihood/Food Security/Cash for Work (1,100) Psychosocial Support (6,000)	Outpatients/ as well as free medical mission (11820) Children with Malnutrition (400) Children with burns (300) Surgical Intervention (400) Psychosocial support (1000)	Coordination Capacity Building

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

Preliminary Appeal Requirements	ACT Member MECC/ DSPR	ACT Member IOCC	ACT Member NCA	ACT Member MECC/ DSPR on behalf of APF	Total Requirements
Total requirements US\$	849,809	617,273.04	493,362	55,260	2,015,704
Less: pledges/contributions US\$	207,793.60	7,975	0	5,000	220,769.60
Balance of requirements US\$	642,015.40	609,298.04	493,362	50,260	1,794,935.40

TABLE 2: REPORTING SCHEDULE

Type of Report	ACT Member MECC/ DSPR	ACT Member IOCC	ACT Member NCA	ACT Member MECC/ DSPR on behalf of APF
Situation reports	Monthly	Monthly	Monthly	Monthly
Interim narrative and financial report	31 October 2015	31 October 2015	31 October 2015	31 October 2015
Final narrative and financial report	31 May 2016	31 May 2016	31 May 2016	31 May 2016
Audit report and management letter	30 June 2016	30 June 2016	30 June 2016	30 June 2016

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

For earmarking of pledges/contributions, please refer to the spread sheet accessible through this link <http://reports.actalliance.org/ReportServer/Pages/ReportViewer.aspx?%2fAct%2fAppeals&rs:Command=Render>. The ACT spread sheet provides an overview of existing pledges/contributions and associated earmarking for the appeal.

Please inform the Head of Finance and Administration, Line Hempel (Line.Hempel@actalliance.org) with a copy to the Regional Representative Gorden Simango (gsi@actalliance.org) of all pledges/contributions and transfers, including funds sent direct to the requesting members.

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 Representative, Gordon Simango (gsi@actalliance.org)

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



Sarah Kambarami
Head of Programmes
ACT Alliance Secretariat

OPERATIONAL CONTEXT

1. The crisis: details of the emergency

Gaza Strip

The fragile humanitarian situation prevailing in the Gaza Strip following the summer 2014 war on Gaza and the longstanding blockade, deteriorated further after seven months since the end of the war. A key driver of deterioration is the slow progress in the reconstruction of homes and infrastructure destroyed during the hostilities, compounded by limited available resources and efforts to restore the destroyed livelihood opportunities, as well as the a devastating impact of the exposure to conflict-related violence in Gaza on the psychosocial well-being of children, adolescents and families.

According to the UN reports on the last war on Gaza, 2,209 people were killed, with 1,563 of them being civilians, 538 children (35 per cent), and 306 women. A reported 11,231 people have been injured, including at least 3,436 children, 2,088 women and 410 elderly persons. According to the Ministry of Social Affairs (MoSA), between 1,000 and 3,000 injured people will be permanently disabled. Some 1,900 children have lost one or both parents and are now orphaned.

The summer 2014 war resulted in one of the largest waves of internal displacement in the Gaza Strip, with approximately 100,000 people still displaced. At present, 10,500 IDPs are hosted in 15 UNRWA Collective Centres, and approximately 1,400 taking shelter in pre-fabricated housing units. The remaining IDP population of approximately 88,000 is residing in makeshift shelters, with host families, and in rented accommodation. Although by early January 2015 nearly 40,000 individuals had been granted authorization to purchase construction materials restricted under the Israeli blockade, less than 40 per cent of them have actually purchased materials. The main reason is the lack of financial resources in eligible families due to the limited disbursement. Critical funding gaps remain, hampering the ability of agencies to assist those displaced. On 27 January, UNRWA was forced to suspend its self-help cash assistance program. UNDP has also not been able to provide cash assistance to all displaced non-refugee families due to severe shortcomings in funding, leaving some of the most vulnerable families in Gaza with little hope of rebuilding their lives.

The summer 2014 war has worsened an already extremely fragile environment in terms of food security and livelihoods opportunities. According to a UNOCHA report, Gaza Initial Rapid Assessment of September 2014 indicated that approximately two thirds of Gaza population was receiving food assistance prior to the crisis, and food insecurity or vulnerability to food insecurity affected 72 per cent of the population. Moreover, at least 40,000 people employed in the agriculture/fishery sector were directly affected by the recent military operation. Among the key priorities identified by the UNOCHA assessment for urgent response to the devastating food security situation in the Gaza Strip is the provision of temporary employment, through cash -for-work (CFW) and in-kind assistance for repair of productive assets, and emergency support to revitalize the food production sector.

According to the Emergency Food Security Assessment (EFSA), households of workers who were dismissed during or after the war now face decreased access to food. Food assistance (40 per cent) and debts authorised by shop-keepers (50 per cent) were found to provide the main of source of access to food for these households, and food and cash assistance were thus identified as priorities. Dismissed workers who have lost their homes are currently in shelters. However, they have identified shelter and cash for rent as their top priority, but also acknowledged their need for continued food assistance.

The unprecedented destruction of housing and livelihoods produced during the July to August 2014 escalation, in particular in Gaza City created a large segment of the population that was newly displaced. This newly vulnerable group had never needed food assistance, were not on existing distribution lists, and did not know where and how to access aid. Aiming to avoid large gaps in support for those

individuals who had never had to request aid, and due to the fact that commodities were becoming scarce in local markets, UNRWA and WFP jointly undertook an ‘exceptional distribution’ of food rations between 11 August and 2 September 2014 which targeted all Gazan households. A total of 121,680 households benefited from this one-time food distribution. Each food parcel included 10kgs of rice and 30kgs of wheat flour. Overall, 3,650 metric tons of flour and 1,217 metric tons of rice were distributed; at a total cost of \$1.9 million USD (this figure excludes the cost of procurement and logistics for these food products). This exceptional food distribution was undertaken based on the concept that all Gazans were affected by the war and were in need of any possible form of support, therefore the exceptional distribution offered extra basic food to all Gazans who were not already receiving regular food assistance from UNRWA or WFP during the conflict.

The repeated Israeli assaults have exposed Gaza families to conflict-related violence and left most Gazan families highly vulnerable to psychological shocks. The frequent exposure to conflict related violence in Gaza is having a devastating impact on the psychosocial well-being of children, adolescents and families. Some rapid assessments conducted following the summer of 2014 war revealed a chronic need for psychosocial impact mitigation. According to new figures from UNRWA, the incidence of psychological trauma and post-traumatic stress disorder (PTSD) in the Gaza Strip has risen by more than 100% following the most recent conflict there. The protracted conflict-related violence impacts upon the coping mechanisms and resilience of children, adolescents and their caregivers, leading to feelings of fear and frustration among the community at large, as well as increased levels of violence at home, in school, and in the community, hindering the enjoyment of children’s rights and preventing their normal and positive development. Psychosocial interventions remain the key and essential child protection response to incidents resulting from the conflict, enabling children and adolescents to cope with the deteriorating conditions characterised by high levels of violence and economic decline.

Regarding livelihood issues; UN assessment report (2014) indicate that WASH components were and still severely affected by the consequences of the conflict. Despite improved access to these components following the cessation of hostilities, services remain affected due to the damage sustained on some facilities, including the Gaza power plant. Approximately half a million people were directly affected by damage to water facilities, and one million were affected due to damage to the wastewater plant and wastewater pumping stations (UN, 2014). Households with no electricity and/or supplemental pumps cannot fill rooftop storage tanks even when water is available. Damage to treatment plants and energy shortages has also resulted in an increase in the discharge of raw sewage into the environment (Health Cluster, 2014). Also, Explosive Remnants of War (ERW) are widely dispersed in and around homes and public spaces and buildings throughout Gaza. It is estimated that some 1,900 non-exploded items have to be secured.

West Bank

Political Background

Middle East and North Africa (MENA) region continues to witness a major wave of changes depicting a new “Sykes-Picot” that will redefine and reshape the MENA region. Palestinian dream towards sovereignty and statehood remains to be undermined by Israeli State occupation with control over Palestinian people, land and resources. Israeli occupation practices persist through geographic and demographic changes in the occupied Palestinian territories (oPt), with focus upon Area C, which is 60% of the West Bank, furthering defragmentation of occupied territories rendering them non coherent and non-viable, imposing a de facto contextual reality. Israeli right winged leadership is proceeding towards annexation of the West Bank and conducting punitive measures against the Palestinian Authority (PA) whereby Israel has frozen Palestinian tax payments. The war on Gaza had its toll and its repercussions in the West Bank impacting unemployment and poverty rates.

Contextual analysis

The recent conflict in Gaza has put further stress on an already struggling economy with falling income per capita in 2013, contracting further by end of 2014 according to the latest World Bank update on the state of the Palestinian economy. The report spelled out the repercussions of the political uncertainty and restrictions on movement and access. United Nations Conference on Trade and Development (UNCTAD) agency issued a gloomy outlook for the Palestinian economy arguing that tougher Israeli policies and settlement expansion were pushing the occupied territories into poverty. UNCTAD reported the impact of the Israeli occupation since 1968 on the productive base of the Palestinian economy and especially its once-flourishing agriculture, “has been devastating”. The Economy has lost access to 40% of West Bank land, 82% of its ground water, and more than two thirds of its grazing land, UNCTAD report said.

The situation has been aggravated by a sharp drop in foreign aid, in addition to a number of barriers to movement of Palestinian people and goods within and out of the West Bank. These physical obstacles aim to maintain segregation and separation policies over more than 2.8 million Palestinians and form an integrated and coherent system that restricts movement of people to their basic services.

Poverty in the West Bank

UNCTAD reported that across Palestinian areas there was “continued severe poverty and chronic food insecurity”. On the West Bank food insecurity affected 66% of the population. The UNCTAD comment was underpinned by another statement from the U.N’s International Labor Organization (ILO) which puts the jobless rate at 26% of the work force. “Israeli restrictions on movement, faltering aid flows, a paralyzed private sector and a chronic fiscal crisis cloud the horizons, UNCTAD declared. Amid persistent high unemployment, it added, “one in Two Palestinians is classified as poor”.

Having cited the global, regional and national threats and challenges; and as gloomy the picture is portrayed, yet, we see that it is in such conditions, ACT Alliance members are urged to serve and make a difference in peoples’ lives.

UNOCHA issued key humanitarian concerns in Area C of the West Bank highlighting the following:

- Over 60 percent 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 trucked 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.

In conclusion to aforementioned environment challenges at the regional and national level, communities in area “C” have become more vulnerable with changes on the ground affecting their daily livelihoods.

2. Actions to date

2.1. Needs and resources assessment

The war on Gaza had further deteriorated the already grave situation after more than seven (7) years of blockade, conflict and Palestinian division.

At the health front, Gaza’s health system chronically suffers from chronic shortages in medicine, medical supplies and equipment. During the military operation, at least 15 hospitals and 45 primary health care (PHC) centres were damaged putting further restraints on the already exhausted system (Maen development centre, 2014).

UN recent reports indicate that the health status of women and children has been severely affected as a result of the conflict. The later reports signal a severe negative impact on reproductive health service provision in Gaza and on the wellbeing of pregnant and lactating women during and after the most recent conflict.

This came up on top of chronic drug shortages, employees strike, political divisions, and deteriorated determinants of health and so on. Health sector strategic plan covering the period 2014 through 2018 as well as recent reports released after the most recent conflict indicates among the pressing needs supporting the provision of PHC and promoting access of vulnerable population to essential needs especially Mother and Child Health (MCH) in conflict affected areas.

Actually, what complicates the situation more is that the Palestinian community is suffering from poverty-related diseases and illnesses, such as malnutrition, anemia, sanitary related diseases which have been aggravated by conditions associated with the current closure and recent conflict.

Regarding maternal health, almost all deliveries in Gaza occur in health care facilities with 19% of deliveries being by caesarean section. Almost all pregnant women receive antenatal care but the timing and the quality of the services is still perceived as inadequate. Anemia among pregnant women is very high (reaches above 70%). <http://www.ochaopt.org/>

Additionally, 30% of mothers had a post-natal visit with a specialist within six weeks after delivery. Postnatal care is still a problem both in terms of coverage as well as the quality of the provided services. Moreover, the reported maternal mortality rate is around 21.9 with a widely perceived assumption that it is higher than this figure due to under reporting and misclassifications of deaths (MOH, 2013).

The prevalence of contraceptive use is around 43% with the Intrauterine Device being the commonly used method followed by the oral contraceptive pills. Family planning usually starts late and only it is considered by families after having 4-5 children in average.

Around 57.6% of children under six (6) months are exclusively breast fed but continuation is a problem (MOH, 2013).

There is consensus that mothers' knowledge about danger signs in general is low. This is applicable to danger signs during pregnancy, delivery and postnatal period. Also, this is applicable to child and neonatal illness. This calls for supporting health promotion and health education efforts.

Acute respiratory infections are the third leading causes of infant deaths in Palestine. The available information indicates that 13.1% of the infant deaths are caused by pneumonia and other respiratory infections (MOH 2005). Diarrheal diseases are main causes of the morbidity in infants and children in Gaza.

Results from nutrition assessments indicate a worrying increase in the number of malnourished cases particularly among children and pregnant women in the last years. Prevalence of moderate and severe stunting (chronic malnutrition) among children under five (5) years ranges from 10-15%; five to seven times more than what is considered as acceptable by the WHO in a normally nourished population constituting a public health problem. With a constantly increasing trend, iron deficiency anemia is reported to affect nearly a third of children under five years of age in the Gaza Strip.

With slight variations among studies, there is a consistency in the literature that anemia represents a chronic major public health problem in the Gaza strip. The nutritional related problems constitute a major public health problem that requires urgent interventions. The consequences of anemia are dramatic as it causes irreversible brain damage if not treated immediately.

Although anemia and malnutrition are chronic public health problems in Gaza, its management is still problematic and most likely not effective.

Efforts aiming to reduce nutrition related illnesses should consider the multi-factorial nature of the issue. Interventions in this regard should be designed at both; community level and health facility level.

Regarding the psychological and social wellbeing in Gaza it is well known that the most recent conflict in 2014 poses serious threats to the mental health, and psychological and social wellbeing of adults and children (WHO, 2014). A clear result of the ongoing conflict is an increase in mental health disorders; notably among children. Post-traumatic stress disorder (PTSD) is a significant problem for children given their widespread exposure to violence; directly and indirectly. Children exposed to high levels of trauma are more likely to develop higher levels of PTSD, emotional symptoms and neuroticism.

Regarding education, new research conducted by International Labour Organization (ILO) in 2015 assessing Gaza strip labour market revealed that the graduation rates amongst youth (from universities especially domestic ones) was immensely high. This result in very high unemployment rates due to the grim economy. A most recent research conducted by UNRWA showed that the school dropout rate is

around 1.5% for the primary schooling ages (6-15) (<http://www.unrwa.org/newsroom/emergency-reports/gaza-situation-report-101>)

Regarding economy, the continuous occupation-related violence and restrictions on all aspects of life in Occupied Palestinian Territories continue to be increasingly added to an already fragile humanitarian situation notably in Gaza Strip (GS). Consequently after the recent conflict, a concrete portion of the Gaza population has lost their productive assets.

Unemployment rate has dramatically increased since mid-2013 - following a halt of the illegal tunnel trade with Egypt - soaring from 32.6 per cent in the third quarter of 2013 to 45.1 percent in second quarter of 2014 (in comparison with 16% in the West Bank in same period), and continued its deteriorated decline in the first-half of 2014 due to a blockade-induced recession, these estimates should be seen as an upper bound. (<http://www.unrwa.org/newsroom/emergency-reports/gaza-situation-report-78>)

It should be noted that the high unemployment rates are largely due to decades of occupation and border closures that have left the people of Gaza isolated, impoverished and vulnerable. Gaza was already in the grip of a humanitarian crisis before this recent operation began. Nevertheless, employment, livelihoods and decent work remain key to the successful resilience and recovery of crisis-affected people.

The proposed project is a practical and effective response to the emerged problems in Gaza. Services offered by the project are based on national and international approved standards and guidelines. Finally, it should be noted that the cross cutting issue of gender is central to this project, which provides services to both sexes without any discrimination.

2.2. Situation analysis

More than 80 percent of Gaza's 1.8 million people receive humanitarian assistance. Unemployment had reached 45 percent even before the July-August hostilities in which 128 workshops and businesses were destroyed and another 291 damaged. Even before the recent war of 2014, the blockade had caused a shortage of 71,000 homes and 200 schools in Gaza Strip; according to the UN (Human Rights watch World report 2015, Events of 2014).

UNRWA's poverty assessment shows that more than 65 per cent of the refugee population lives in either abject or absolute poverty, that is, with less than US\$ 3.63 per person per day. Widespread poverty in Gaza has many devastating consequences, for example the increase in poor health – particularly for children (Gaza Sit Rep 92, UNRWA 2015).

At the health front, Gaza government staff are still not receiving salaries (more than 5000). This impacts negatively on the quality of care in hospitals. Additionally, construction and rehabilitation of hospitals and PHCs are still frozen except for some ICRC and UNDP projects.

Moreover there are chronic shortages of drugs and medical disposables reached (25% shortage for medications) and (37% shortage for upplies) by April 2015. (<http://www.unrwa.org/newsroom/emergency-reports/gaza-situation-report->) NGO are also suffering the same problem with fuel shortages; including with medication and medical supplies shortages.

2.3. Capacity to respond

DSPR/NECC is a reputable positively perceived organization that has strong roots in the community. DSPR/NECC is operating in Gaza since 1952 and developed accumulative long experience in the provision of maternal child health (MCH) services. Learning from long experience working in Gaza, DSPR/NECC learned how to manage and overcome gaps faced in similar projects.

Additionally, the board is formed of professionals in different fields and they are active figures from the community. Suitable organizational structure with clear lines of authority and responsibility and participatory approach in decision making is available.

DSPR/NECC Staff has both professional experience and managerial skills; they are loyal to the organization, attentive and diligent and well motivated and intent on improvement. Also DSPR/NECC centers are well equipped and suitable for the implementation of the project activities.

It is worth adding that DSPR/NECC has a strong community acceptance, involvement and participation which are essential to promote stewardship and community ownership and this facilitates the effective implementation of the designated intervention by DSPR/NECC. Building good relationships with the local community and appropriately involving the community leadership in project related issues contribute to the community acceptance and gaining support to the project.

Furthermore the commitment of management, appropriate planning and rigorous follow up are drivers for the success of DSPR/NECC. The use of the computerized health information system available at the DSPR/NECC clinics is very helpful at both operational and managerial levels in addition to the strong coordination and integration in Gaza that results in excellent working relationships among other organizations.

In response to the mounting emergency crisis in the Gaza Strip, IOCC has implemented several humanitarian assistance projects to meet the immediate needs of the war affected population among them farmers and IDPs. These interventions were implemented during and post-war period. In this connection IOCC provided immediate WASH activities for internally displaced war-affected beneficiaries in Gaza North and Gaza governorates. The implemented activities included the installation of water storage tanks, trucking drinking water, and the distribution of hygiene kits. Moreover, IOCC implemented activities focusing on responding and meeting the urgent needs of the Gaza response Food Security Cluster by providing immediate support to vulnerable food insecure household farmers residing in areas severely affected by the conflict to be able to restore their productive assets. IOCC's response included providing immediate restoration of productive capacities and assets (green houses and water catchments) for food-insecure households and farmers; as well as support to the livestock sector through provision of distribution of fodder to impact household food security focusing on food access. IOCC response also included provision of Short-Term Employment (STE) to the food-insecure households affected by the conflict for undertaking manual labour for the establishment and restoration of agricultural assets. In addition to the above, IOCC got involved in providing drinking water trucking to 20 water bladders installed at 20 public war affected locations in Gaza North, East Gaza and Khan Younis.

IOCC's monitoring visits conducted, during the past six months, to its beneficiaries, war heavily affected communities, in addition to the feedback received from stakeholders, strongly confirmed that many vulnerable families with completely or partially damaged homes are in urgent need of temporary housing. This includes food security livelihood restoration as well as special care for their traumatized children to maintain their health and dignity in such terrible conditions.

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, needs assessment and knowledge about humanitarian standards and HAP benchmarks.

In 2014 and 2015 APF organized two trainings on HAP in Turkey including Complaint Response Mechanism (CRM), HAP framework, and HAP benchmarks. DSPR has developed its CRM that was approved by the central committee and is now mainstreamed among all DSPR members.

Additionally, APF members meet on regular basis with a video conference link to Gaza with West Bank members. Those regular meetings mainly discuss any updates, events, good coordination between members, fundraising and advocacy.

I. PROPOSED EMERGENCY RESPONSE

PROPOSED EMERGENCY RESPONSE: Department of Service to Palestinian Refugees (DSPR Gaza and West Bank)

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 (Average HH 6)	6000 (1000 families*6)								3000	3000
Psychosocial Support	Gaza Strip (Shijaia, El Darraj and Rafah areas)	375	375	360	360		1000			735	1735
Health	Shijaia, El Darraj, and Rafah areas	4000	4000	1000	1000	1000	4000			6000	9000
Education	Gaza and El Qarrarah area			109		50				159	
Job Creation	Gaza Strip					50	50			50	50
Totals (in individuals):		4375	4375	1469	1360	1100	5050			9944	13785
Total of total cases		23729									

DSPR- Jerusalem & West Bank zone "C" area:

Sector of response	Geographic area of response	Planned target population 685 HH representing 5480 persons									
		0-5		6-17		18-65		+65		Totals	
		M	F	M	F	M	F	M	F	M	F
Fodder for Livestock 1140 heads of cheap fed for 60 days representing	Jordan valley	116	112	348	335	698	671			1160	1118

4 EA per HH.											
Sanitary units	Jordan Valley	19	21	122	117	58	63			199	201
Water	Jordan Valley	114	126	732	702	348	378			1194	1206
Rehabilitation of water cisterns	Jordan valley			109		50				159	
Totals (in individuals):		249	259	1311	1154	1154	1112			2714	2525

PROPOSED EMERGENCY RESPONSE: International Orthodox Christian Charities - (IOCC)

1. Target populations, and areas and sectors of response

Throughout the process of developing this appeal IOCC made in-depth consultations with targeted communities, key community leaders, active and credible CBOs and key stakeholders in order to reach at community priorities and needs. This process of consultations will continue over the course of activities implementation under this appeal with more involvement of direct beneficiaries to ensure that the appeal activities are implemented according to agreed upon standards. IOCC will also ensure no harm is created and will handle and provide resolution for any potential community conflict that could emerge.

The total number of beneficiaries for this appeal will be 9225 (approx. 1,230 households). The distribution of the targeted beneficiaries per number, type and kind of assistance received is detailed below:

- **Beneficiaries distribution per number, type and location :**
 - 30 IDP families (Approx. 225 individuals) residing in Juhor ad Dik town, east South of Gaza City.
 - 100 small scale open fields' farmers' households (Counting Approx. 750 individual) located at the border area of the southern Gaza Strip (Rafah and Khan Younis).
 - 50 Agricultural workers households (Approx. 350 individual) will be employed and will benefit from CFW related to land reclamation activities.
 - 5000 traumatized children and adolescents from both sexes in disadvantaged neighbourhoods of Rafah, Khan Younis, Middle Area, Gaza City, Jabalya, Beit Lahiya and Beit Hanoun.
 - 1000 parents (mothers and fathers) of traumatized children and adolescents in disadvantaged neighbourhoods of Rafah, Khan Younis, Middle Area, Gaza City, Jabalya, Beit Lahiya and Beit Hanoun.
- **Beneficiaries distribution per proposed assistance:**
 - Support 30 IDP families (approx. 225 individuals) who get their homes totally destroyed during the last war through supply and install of 30 makeshift wooden caravans shelters.
 - Support 100 food insecure small-scale open land framers households (Approx. 750 individuals) through reclamation of 200 dunums of destroyed agricultural lands.
 - Support 50 Agricultural workers households (Approx. 350 individual) in securing income through CFW related to land reclamation activities.
 - Support 5,000 traumatized children, adolescents (from both sexes) through organizing 100 summer fun days for the children.
 - 1000 parents (fathers and mothers) will attend 50 educational sessions on managing stressed children and healthy parental practices.

ACT member	Sector of response	Geographic area of response	Planned target population									
			0-5		6-17		18-65		+ 65		Totals	
IOCC	Shelter	Juhor ad Dik town, east South of Gaza City	M 21	F 20	M 30	F 30	M 57	F 55	M 4	F 5	M 112	F 110
IOCC	Food Security	Boarder Area of southern Gaza Strip	100	101	155	153	277	179	22	23	554	546
IOCC	Psychosocial support	Rafah, Khan Younis, Middle Area, Gaza City, Jabalya, Biet Lahiya, Biet Hanoun	512	550	1950	1970	562	456	0	0	3024	2976
Totals (in individuals):											3690	3632

2. Overall goal of the emergency response: Department of Service to Palestinian Refugees - DSPR Gaza and West Bank

2.1 Overall goal

Goal: Impact of emergency situation has been alleviated through the provision of humanitarian assistance.

2.2 Outcomes

1. Improve access to Primary Health Care (PHC) 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. Enhance protection of livelihoods in area "C" for identified vulnerable families in the Jerusalem & West Bank area.

2. Overall goal of the emergency response: International Orthodox Christian Charities - IOCC

1.1. Overall goal

To assist and support the humanitarian needs of war-affected vulnerable Gaza households through improvements in their shelter, food security and psychosocial conditions and wellbeing.

1.2. Outcomes

Outcome #1: Improvement of housing conditions for 30 IDPs families (approx. 225 individuals) who suffered total damages to their homes.

Outcome #2: Mitigation of household food insecurity of 100 open-land small scale farmers (approx. 750 individuals) through the reclamation of 200 dunums of destroyed open agricultural lands.

Outcome#3: Improvement of psychosocial well-being of 5,000 Gazan children and adolescents who lost their ability to cope with the deteriorated security and socio-economic conditions.

3. Proposed implementation plan: Department of Service to Palestinian Refugees - DSPR Gaza and West Bank

3.1 Narrative summary of planned intervention

Cash for work and cash relief for needy Families (Gaza)

- Create 100 Jobs for a contract of three months at 350 USD monthly salaries for both 50 male and 50 female.
- Provide 1000 families with 100 USD to cover purchases of basic food necessities and commodities.

Health Support (Gaza)

- To provide medical examination, counselling, lab investigation and medication for a total of 15,000 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, treat and follow-up 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 including Complete Blood Count, Urine and stool analysis,
- To support DSPR Gaza health centres to cope with the emerging needs with the appointment of 3 supervisors, 3 general doctors, 3 lab technicians and 3 nurses.

Psychosocial Support (Gaza)

- To provide family counselling, individual counselling, consultation, psycho education, group sessions, group counselling for 720 school age children, 750 kindergarten age children and 1000 mothers at DSPR Gaza Health Centres.
- To provide capacity strengthening activities for social workers at the DSPR/NECC Health Centres including 5 days training about cognitive behavioural therapy.
- To conduct open fun days for 1470 children.
- To purchase children's toys to be used in the recreational activities.
- To prepare a suitable place or a room for implementing PSS activities in Shijaia area.
- To develop management information system (MIS) for the PSS program similar to the one used in health programmes.

Vocational Training (Gaza)

- To provide high quality vocational training skills for 109 of male school-drop 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 50 of male youth aged 16-23 years.
- To Support DSPR Gaza vocational training centres through the appointment of 5 instructors and 2 supervisors; 1 store keeper and the provision of material supplies.
- To develop management information system for vocational training centres.

Relief distribution in Jerusalem and West Bank - ZONE "C" area

- Provide fodder for livestock for vulnerable communities targeting 285 households for 60 days.
- Purchase and distribute water for 300 households in area "C" adequate for basic needs of family consumption for 3 months in summer.
- Rehabilitation of 10 water cisterns in area "C".

- Provide 10 sanitary units in remote vulnerable communities.

3. Proposed implementation plan: International Orthodox Christian Charities - IOCC

3.1 Narrative summary of planned intervention

Through this appeal, IOCC will implement the following three sets of activities which fit within shelter, food security and psychosocial support sectors. The activities will be implemented over a planned 12 month timeframe period starting from April 2015 through May 2016. IOCC always strives to involve women in project activities as stakeholders and beneficiaries, and to maintain a gender balance. For this appeal, priority will be given to female-headed households. Additionally, IOCC will make sure to target children, adolescents, elderly and people with disabilities.

Outcome #1: Improvement of housing conditions for 30 IDPs families (approx. 225 individuals) who suffer total damages of their homes.

To meet this objective, IOCC will supply and install 30 wooden caravans to house 30 IDPs Palestinian families (counting approx. 225 individuals) who lost their houses in the recent Israeli aggression in the town of Juhor Ad Dik, East-South of Gaza City. Juhor Ad Dik is a small town compared to other areas in the Strip with total population of 4,000 individuals. Although the town has sustained heavy damage and destruction during the last conflict where around 70 percent of the town's houses (around 470 houses) were damaged, no substantial interventions by aid agencies and government were implemented in this town. The provided caravans will be manufactured locally using wood and other constructing materials available in the local market. Each caravan will be medium fit to house a family of seven members, consisting of two rooms; kitchen and bathroom. The total size of each caravan will be (45 - 70 m²) and will be distributed according to family size. The caravans will be equipped with all necessary water, sanitation and electricity services and connections. The caravans will be installed at the free lands next to each targeted families totally destroyed house.

Outcome #2: Mitigation of household food insecurity of 100 open-land small scale farmers (approx. 750 individuals) through the reclamation of 200 dunums of destroyed open agricultural lands.

IOCC will support 100 small scale farmers living in the border area in the south of Gaza Strip (i.e. Rafah and Khan Younis) to rehabilitate and reclaim their open fields. Through this activity, IOCC will provide agricultural inputs, labor and technical assistances for the reclamation of 200 dunums belonging to the targeted farmers in these areas. The border area in the south of Gaza (Rafah and Khan Younis) is approximately 17 km long and 700 m wide, encompassing 12,000 dunums of land held by roughly 2,400 households. Over 50% of the farms in these lands were destroyed during the last war. Almost all fruit-bearing trees along the border were destroyed for surveillance and security purposes. Following the end of 2014 summer war, farmers started to return to this area and found that it needs variety of different inputs, as well as labour, to begin to rehabilitate their land and resume their livelihoods.

Through this activity, IOCC will help farmers to stand firm for the purpose of reclaiming and rehabilitating the destroyed lands, in addition to the purpose of progressing the agricultural sector. IOCC activity will involve rehabilitating and reclaiming 200 dunums of agricultural lands at the eastern borders of south Gaza Strip, through executing several land reclamation activities including land flattening, improving soil quality by providing it with clay, fencing lands, constructing irrigation nets, introduction of diversified seedlings crops and rehabilitating some agricultural roads. The lands will plant with several kinds of fruit seedlings such as almonds, avocado, peach, apricot, apples, olives and selective citrus trees.

Farmers will also receive cash for work (CFW) to rehabilitate and reclaim their land. The labour will last 5 working days per each durum, depending on the particular needs. Labourers will assist farmers with removing stones, preparing the soil, fencing, planting seedlings, weeding and watering, rehabilitating irrigation pipes, and other needed activities. The CFW labourers (estimated to be 50 workers, male and female) will be solicited from the surrounding communities and selected according to socioeconomic vulnerability criteria such as family size, presence of disabilities and chronic disease, and female-headed households.

Outcome 3: To improve the psychosocial well-being of 5,000 Gazan children and adolescents who lost their ability to cope with the deteriorated security and socio-economic conditions.

Through IOCC's wide network of partner Community-based Organizations (CBOs) and community canters, IOCC will provide a range of structured psychosocial support activities during the upcoming summer vacation targeting children, adolescents and their parents living in disadvantaged neighbourhoods in Rafah, Khan Younis, Middle Area, Gaza, Jabalya, Beit Lahiya and Beit Hanoun. These activities will include organizing 50 Summer Fun Days each to be attended by 100 child/adolescents. During these Fun Days, the participants will be provided with basic life skills, such as appropriate forms of communication, stress coping mechanisms and self-confidence building exercises. These structured exercises along side with sport, drawing, music and drama activities endeavour to provide children and adolescents with necessary tools to live a "normal" life in challenging conditions. Parallel to the implementation of Summer Fun Days, IOCC, in cooperation with partner CBOs and Community Centres, will organize 50 educational sessions for mothers and fathers (20 attendees per each session) of the targeted children on managing stressed children and healthy parental practices. These sessions will be guided and facilitated by specialized mental health counsellors. Thus, this activity will also provide short-term employment for many unemployed and trained psychosocial counsellors.

3.2. Log frame: Department of Service to Palestinian Refugees - DSPR Gaza and West Bank

Gaza & West Bank

Project structure	Indicators	Means of Verification (MoV)	Assumptions
<p>Goal Goal: Impact of emergency situation has been alleviated through the provision of humanitarian assistance.</p>			
<p>Outcomes 1. Women, children and adults in the poor and overcrowded localities enjoy good health status and wellbeing.</p>	<ul style="list-style-type: none"> • At least 95% of pregnant women in targeted locality received timely antenatal care at least of 4 visits. • At least 70% of women in targeted locality received timely quality post natal care at least twice. • 70% of children received appropriate growth monitoring services according to the appointment dates. 	<p>NECC reports and database.</p> <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 • Electricity is available • Fuel, energy sources is maintained • Transportation available

The prevalence of public health diseases such as anaemia and malnutrition in the target areas is reduced.	Prevalence of anaemia and malnutrition amongst registered children in the targeted areas reduced by 30%. 50% of anaemic and/or malnourished cases improved, recovered or stayed the same and prevented from further deterioration.		
The psychosocial status of the served community particularly women and children is promoted.	At least 30% of clients with psychosocial problems improve after receiving support from DSPR/NECC staff as verified by objective assessment.		
High quality vocational training in a variety of designed skills and professions is provided to target groups in accordance with the requirements of the society and market.	At least 90% of students enrolled in training have graduated.		
DSPR/NECC-Vocation Technical Centres (VCT) graduates are assisted in finding jobs and/or self-employment opportunities.	Over 50% of graduates are assisted to find jobs within a year after graduation.		
Families affected by the on-going emergency situation have enhanced their humanitarian status	Over 90% of assisted are able to purchase basic needs that cover 2-4 weeks.		
<u>West Bank:</u> To enhance protection of livelihoods in area "C" for identified vulnerable families in the Jerusalem & West Bank area	10 % of vulnerable communities coping mechanism enhanced through WASH and fodder availability.	Socio-economic surveys Target Group identified. Call for bids. Delivery & Receiving	Access and mobility remains unhindered.

<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>	<ul style="list-style-type: none"> • Staff is able to reach the Family care centres and TVET centres.
<ul style="list-style-type: none"> • Children received adequate primary health services. 	<ul style="list-style-type: none"> • 6,500 sick children up to 6 years old received medical examination and treatment. 	<p>Follow up of staff performance.</p>	<ul style="list-style-type: none"> • Improvement in political status.
<ul style="list-style-type: none"> • Patients physically examined, appropriately investigated and received treatment. 	<ul style="list-style-type: none"> • Over 3200 patients examined, tested and received treatment. 	<p>Analysis of health indicators.</p>	<ul style="list-style-type: none"> • Entry of medications and material supplies are allowed.
<ul style="list-style-type: none"> • Clients received appropriate dental care . 	<ul style="list-style-type: none"> • Over 3,500 women, children and adults in targeted areas receive dental care annually. 	<p>Minutes of meetings. Lists of participants.</p>	<ul style="list-style-type: none"> • Electricity is available.
<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"> • 720 school age children and 750 kindergarten age children received PSS activities through the health centres. • 1000 mothers received PSS activities at NECC health centers • 5 days trainings are conducted to NECC staff. • Open fun days are conducted to the above 1470 children. 		<ul style="list-style-type: none"> • Fuel, energy sources is maintained. • Transportation is available.

<ul style="list-style-type: none"> Male youth received vocational training in carpentry/furniture making, welding and Aluminium 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 109 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 50 students new and old receive training in electricity skills. 		
<ul style="list-style-type: none"> WASH to vulnerable communities in area “C” provided. Fodder for livestock of breeders is partially covered. 	<ul style="list-style-type: none"> 10 Water cisterns in isolated communities rehabilitated. Distribution of 9000 m³ to 300 Families during 2 months. 10 Sanitary units in isolated communities distributed. Fodder for livestock for 50 small herders in target areas distributed. 	<p>Ministry of local governance lists. Field visit reports. Socioeconomic surveys. Call for bids. Distribution mechanism Receipts.</p>	<p>Access remains possible.</p>

<p>Activities</p> <p>Health Support (Gaza)</p> <ul style="list-style-type: none"> • To provide medical examination, counselling, lab investigation and medication for a total of 15,000 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, treat and follow-up 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 including CBC, Urine and stool analysis. • To support DSPR Gaza health centers to cope with the emerging needs with the appointment of 3 supervisors, 3 general doctors, 3 lab technicians and 3 nurses. <p>Psychosocial Support (Gaza)</p> <ul style="list-style-type: none"> • To provide family counselling, individual counselling, consultation, psycho education, group sessions, group counselling... for 720 school age children, 750 kindergarten age children and 1000 mothers at DSPR Gaza Health Centers; • To provide capacity strengthening activities for social workers at the NECC Health Centers including 5 days training about cognitive behavioural therapy; • To conduct open fun days for 1470 children • To purchase of children’s toys to be used in the recreational activities. • To prepare a suitable place for implementing PSS 	<p>List of Key inputs</p> <p>Human Resources (Staff): 3 Clinic supervisors. 3 doctors, 3 lab technicians, 3 nurses.</p> <p>1 PSS program coordinator. 4 social workers (counsellors).</p> <p>2 TVET supervisor, 5 instructor, 1 store keeper.</p> <p>Non Human Resources: Medications: such as Antibiotics, analgesics, antitussive, antipyretics, antihistaminic.</p> <p>Material supplies Toys, refreshments, children play tools.</p> <p>Others Stationary Fuel Rent Communication Electricity MIS upgrading</p>	<ul style="list-style-type: none"> • Staff is able to reach the Family care centres and TVET centres. • Improvement in political status. • Entry of medications and material supplies are allowed. • Electricity is available. • Fuel, energy sources is maintained. • Transportation is available.
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<p>activities in Shijaia area including bleaching, painting, electricity and water supplies, windows, doors.</p> <ul style="list-style-type: none"> • To develop management information system (MIS) for the PSS program similar to the one used in health programmes. <p><i>Vocational Training (Gaza)</i></p> <ul style="list-style-type: none"> • To provide high quality vocational training skills for 109 of male school-drop 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 50 of male youth aged 16-23 years. • To Support DSPR Gaza Vocational Training Centers through the appointment of 5 instructors and 2 supervisors; 1 store keeper and the provision of material supplies. • To develop management information system for vocational training centers. <p><i>Cash for work and cash relief for needy Families</i></p> <ul style="list-style-type: none"> • Create 100 Jobs for a contract of three months of 350 USD monthly salaries for both 50 male and 50 female. • Provide 1000 Families with 100 USD to cover purchases of basic food necessities and commodities. • Target area identification and area profile prepared. • Target Area selection and mapping performed in cooperation with the ministry of agriculture/veterinary. • Target locations and beneficiaries identified in cooperation with local community representatives, ministry of agriculture, governorate offices in Qalqilya and Tubas districts. 		<p>Area profile report. Letter of support. Lists of target groups. Socio-economic survey.</p>
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<ul style="list-style-type: none"> • Bidding phase conducted in line with the bill of quantities (BOQ) specifications and conditional requirements taking into consideration terms of delivery. • Suppliers and contractors identified and agreements signed. • At the locations tests for the quality of goods was performed at random, received by ICC staff and later distributed to beneficiaries. • Regular site visits during implementation performed. 	<p>Bid report.</p> <p>Receipts.</p> <p>Engineer reports.</p>	
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3.2 Log frame: **International Orthodox Christian Charities - (IOCC)**

Project structure	Indicators	Means of Verification (MoV)	Assumptions
<p>Goal To assist and support the humanitarian needs of war-affected vulnerable Gaza households through improvements in their shelter, food security and psychosocial conditions and wellbeing.</p>			
<p>Outcomes</p> <p>1. Outcome #1 : Improvement of housing conditions for 30 IDPs families (Approx. 225 individuals) who suffer total damages of their homes.</p> <p>2. Outcome #2: Mitigation of household food insecurity of 100 open-land small scale farmers (Approx. 750 individuals) through the reclamation of 200 dunums of destroyed open agricultural lands.</p> <p>3. Outcome#3: Improvement of psychosocial well-being of 5,000 Gazan children and adolescents who lost their</p>	<p>Number of IDPs families benefited.</p> <p>(%) Level of improvement in housing conditions.</p> <p>Number of farmers household benefited.</p> <p>(%) Level of improvement in food security situation.</p> <p>Number of children and</p>	<p>Count</p> <p>Survey</p> <p>Count</p> <p>Survey</p> <p>Count</p>	

<p>ability to cope with the deteriorated security and socio-economic conditions.</p>	<p>adolescents benefited. % improvement of mental wellbeing of benefited children.</p>	<p>survey</p>	
<p>Outputs 1.1 (30) IDP families (Approx. 225 individuals from both sexes) who get their homes totally destroyed during the last war are settled. 1.2 (30) makeshift wooden caravans' shelters have been installed and IDPs have been settled. a. 100 food insecure small-scale open land framers households (Approx. 750 individuals) are supported for reclamation of their destroyed agricultural land. b. (200) dunums of destroyed agricultural lands is reclaimed. c. (50) food insecure agricultural workers (both males and females, looking after 350 family members) are provided with short term CFW opportunities. d. (1000) man working days are generated.</p>	<p># of benefited families. # of makeshift wooden caravans installed. # of benefited households. # of dunums reclaimed. # of workers benefited, M/F. # of working days generated.</p>	<p>Count Count Count Count Count</p>	

<p>3.1 (5,000) traumatized children, adolescents (from both sexes) receive psychosocial support.</p> <p>3.2 (50) summer fun days are organized.</p> <p>3.3 (50) educational sessions are organized for parents.</p> <p>3.4 (1000) parents (mothers and fathers) attend educational sessions on managing stressed children and healthy parental practices.</p>	<p># of traumatized children receive support.</p> <p># of summer fun days organized.</p> <p># of session organized.</p> <p># of parents reached.</p> <p>Level of parents skills improvement.</p>	<p>Count</p> <p>Count</p> <p>Count</p> <p>Count</p> <p>Pre- and post-tests</p>	
<p>Activities</p> <ul style="list-style-type: none"> - Target group profiling and surveying. - Partnership establishment with CBOs and stakeholders. - Supply and install makeshift wooden caravans. - Land reclamation activities for 200 dunums. - Cash for work job opportunities for 50 workers. - Summer fun days for children. 	<p><u>List of Key inputs</u></p> <ul style="list-style-type: none"> - Office and staff costs. - Supply and install wooden caravans. - Supply and install agricultural commodities for land reclamation. - Educational material inputs for summer fun days. - Psychosocial consultants. - Agricultural consultants. 		

- Educational sessions for parents.		
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3.2. Log frame: **NCA / Al Ahli Arab Hospital**

OVERALL GOAL <i>Injured and vulnerable Palestinians in Gaza have access to quality health care and rehabilitation services.</i>	INDICATOR: Use the relevant Selected Output Indicator of NCA's Global Strategy (GLS)	SOURCES OF VERIFICATION
Intervention logic	INDICATORS	SOURCES OF VERIFICATION
OUTCOME 1 The emergency medical service continuity post war is secured.		
OUTPUT 1 Prepare drugs, medical consumables, and fuel to ensure hospital is prepared to meet the needs of the current disaster.	1.1 16,000 litres of fuel will be available to secure enough power during times of outage. 1.2 10% of the medicaments needed will be available at the hospital for treatment of vulnerable patients.	1.1 Hospital records 1.2 Tenders and contracts
OUTCOME 2 Poor, vulnerable and injured patients receive quality medical care.		
OUTPUT 2 Give war-related victims easy access to free medical care.	1.1 13,920 vulnerable patients will have access to quality medical and rehabilitation care. 1.2 Provide access to free medical care for women, children, and men.	1.1 Patients medical files. 1.2 Technical reports. 1.3 Patients list 1.4 Lab and radiology reports. 1.5 Photo Dossier.

OUTCOME 3 Improved the nutritional status of malnourished children.		
OUTPUT 3 Provide comprehensive treatment and rehabilitation for malnourished and underweight children.	<p>1.1 400 underweight children will receive comprehensive medical and nutritional care.</p> <p>1.2 At least 400 mothers have proper nutritional education.</p> <p>1.3 Average of 6 clinical visits will be provided to each beneficiary.</p>	<p>1.1 Underweight children medical files.</p> <p>1.2 Technical reports.</p> <p>1.3 Screened children list.</p> <p>1.4 Lab and radiology reports.</p> <p>1.5 Photo Dossier.</p>
OUTCOME 4 Quality health service for children with varying degrees of burns was provided.		
OUTPUT 4 Children with burns will receive treatment at the Ahli Burn Unit in addition to plastic surgery if needed.	<p>1.1 About 300 children with varying degrees of burns will be treated.</p> <p>1.2 An average of 5 treatment sessions will be provided to each patient.</p> <p>1.3 About 80 patients will undergo plastic surgery.</p>	<p>1.1 Burnt children medical files</p> <p>1.2 Technical Reports.</p> <p>1.3 Plastic surgery for children list.</p> <p>1.4 Physiotherapy reports.</p> <p>1.5 Photo Dossier.</p>
OUTCOME 5 Increased access to surgical intervention, follow-ups and rehabilitation for war victims.		

<p><u>OUTPUT 5</u> War-related victims will receive surgical treatments and in-patient services.</p>	<p>1.1 400 war-related victims will have surgical procedures and in-patient services at the hospital. 1.2 Around 850 patient days will be available at the inpatient department. 1.3 At least one day admission will be provided to each patient.</p>	<p>1.1 Patients medical files. 1.2 Technical reports. 1.3 Admission office statistics. 1.3 Patients list. 1.4 Lab and radiology reports. 1.5 Photo Dossier.</p>
<p><u>OUTCOME 6</u> Improved the mental health status for families and children of conflict.</p>		
<p><u>OUTPUT 6</u> Mentally affected children and mothers will receive psychosocial support.</p>	<p>1.1 1,000 children and family members will have psychosocial support. 1.1 At least 40 % of the beneficiaries with psychosocial problems improved after receiving support from Ahli staff. 1.2 3100 psychosocial sessions to be conducted. 1.3 At least the identified traumatized to be referred to more specialized treatment centers. 1.4 10% of candidates with special needs will have psychosocial support.</p>	<p>1.1 children List 1.2 mothers list of names 1.3 Minutes of meetings 1.4 No of sessions conducted 1.5 Photo Dossier</p>

3.3. Implementation methodology

3.3.1. Implementation arrangements

DSPR- Gaza

Through this appeal DSPR/NECC will respond to the population emergency needs mentioned in this appeal. DSPR/NECC in Gaza is an integral part of the Palestinian society and culture and operates in collaboration with the local community which will be involved in all phases of the appeal.

Usually, the local community leaders are consulted about the very basic ideas of DSPR/NECC programs and their support and commitment are obtained prior to the implementation of any project. One of the key philosophies of DSPR/NECC is community involvement and involving the community in the planning, the implementation and the evaluation of services.

During implementation, women and men are consulted about services. Recently DSPR/NECC is engaged in the HAP accreditation process. In addition, clients' feedback is systematically monitored and usually reflects positive attitudes as the satisfaction assessments reveal that over 90% of clients are satisfied. The constantly increasing number of beneficiaries indicates positive attitudes from clients.

Additionally, DSPR/NECC conducts regular community meetings and involve people from the served areas and usually include women and men from different backgrounds and different characteristics. Records and minutes of the community meetings are maintained at the DSPR/NECC facilities. During community meetings various issues are discussed such as the quality of the services provided and community perceptions about them, community requests for new services, approaches to delivering services and community suggestions for improving the provided services. Community requests and opinions are usually discussed within the Area Committee of the NECC and tentative decisions are taken accordingly. The MOH, Ministry of Labour (MOL) are actively involved and their approval/support is essential before introducing any new services as would have been discussed in the community meetings in addition to other relevant parties.

DSPR-Jerusalem West Bank

Focus groups from Middle and North East of the West Bank were engaged in identifying their needs with priorities, taking into consideration occupation measures in hindering any form of development in these areas known as zone "C". Therefore, affected communities have been engaged in the planning stage and remain involved throughout implementation. Selection of the target area and groups follows needs assessment and mapping of actors and services provided. Coordination with relevant ministries contributes to profiling areas for intervention. Location visits conducted by the Projects Manager and her team enhances exposure and relationships with affected communities.

Once the areas and groups are identified, bidding process starts ensuring best quality from national products at the best prices possible. Contractual agreements are signed to ensure delivery in line with BOQ specifications and time bound.

As to the purchasing of water and its delivery to households, a set of arrangements need to be additionally considered related to sources of filling points and condition of delivering trucks to ensure safe and affordable water provided for domestic consumption.

Regular visits are conducted to monitor processes of implementation ensuring impact of deliverables to the livelihood of vulnerable communities.

3.3.2. Partnerships with target populations: Department of Service to Palestinian Refugees - DSPR Gaza and West Bank

DSPR/NECC conducts regular community meetings in its interventions and involves people from the served areas and usually includes women and men from different backgrounds and different characteristics. Records and minutes of the community meetings are maintained at the DSPR/NECC facilities. Through their good understanding of the context; they help in identifying the needs and priorities of the target group; they live the reality.

Additionally, DSPR/NECC 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. We also aim 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/NECC 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.

The trainers, health workers, social workers and other staff of the project are all members of the beneficiary communities. Additionally, DSPR/NECC staff believes in providing humanitarian assistance and related services based on the respect of humanity and dignity. DSPR/NECC management strives to ensure that the safety and security of stakeholders is paramount in all program work.

Beneficiaries’ participation in the implementation will be ensured 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/NECC interventions without any kind of discrimination and following DSPR/NECC gender policy. Beneficiaries’ preferences will also be considered and recently DSPR/NECC is engaged in the HAP accreditation process and successfully has passed the required standard for the Palestinian NGO’s Code of Conduct and was granted a certificate of Compliance for one year from NDC (NGO Development Centre).

DSPR/NECC conducts regular community meetings during the year in all the centers either health or technical and vocational education training (TVET) and involve people from the served areas and usually include women, men and TVET parents from different backgrounds and different characteristics.

For stakeholders such as government, DSPR/NECC always contact Ministry of Health (MOH) at any new project for approval and cooperation. Same thing for TVET program DSPR/NECC contacted Ministry of Labour or relevant organization such as UNRWA that provide TVET program too. Also DSPR/NECC usually contacted different stakeholders in order to ask for professional trainers to conduct the trainings to DSPR/NECC staff.

3.3.3. **Cross-cutting issues: Department of Service to Palestinian Refugees - DSPR Gaza and West Bank**

Gender:

DSPR/NECC is still committed deeply in gender equality policy. It focuses on the principles of promoting gender balance in staffing and representation, access to health quality system and promoting gender equality in socio-economic empowerment.

In reflection to this constituency, DSPR/NECC has strived to create gender parity in the hiring of men and women to DSPR/NECC. Currently, 49.4% of DSPR/NECC staff is male and 50.6% is female.

One of DSPR/NECC main core values is to serve people irrespective of their faith, color, gender, political affiliation or geographical locality. Approximately 60% of beneficiaries at health centers are females, recognizing the important role women play as caregivers within the household. PSS program targets children from both genders equally without any kind of discrimination.

Additionally, DSPR/NECC provides equal opportunities for male and female as students to develop their career to be able to secure decent job employment opportunities. The enrolled female students percentage is 40% and 60% are males.

Moreover, DSPR/NECC will keep open eyes on gender issues during monitoring the project inputs, processes and outcomes. This is concerned with monitoring equity and gender issues in services provided, and the outcomes of these provided services. DSPR/NECC database yields results and outcomes disaggregated by gender.

Health Information System is strengthened and includes gender disaggregated data. Data in all health operational research, projects and studies are gender disaggregated. A more gender balanced workforce is promoted.

Environment: Department of Service to Palestinian Refugees - DSPR Gaza and West Bank

DSPR/NECC has a specific and safe protocol for disposal of the hazardous waste without affecting the environment in cooperation with the MOH. DSPR/NECC agreed with MOH on the process of handling NECC disposables in coordination with the Gaza Municipality regularly to collect and treat NECC wastes including hazardous medical wastes. The three clinics use disposable containers for sharp disposals, family planning disposals such as used IUD, swap, gloves, laboratory tubes. The disposable containers are sent weekly to the incinerator of the MOH. DSPR/NECC implements the national infection prevention and control protocols of the MoH that includes a component about effective waste management. Also we have checklist to ensure the proper use of the infection prevention and control protocols by the staff.

Health education sessions are conducted through the clinics with emphasis on general health and hygiene awareness principles. Also printed Information, Education and Communication materials are available to support health and hygiene messages and these are distributed to the mothers/women who attend the three clinics. Moreover, DSPR/NECC conducts two (2) community enlightenment and advanced courses for 30-40 women yearly, the trainings include sessions related to environmental considerations.

Furthermore, DSPR/NECC's TVET centres adopt the costly effective 3R approach where the minimal amounts of the raw materials in the centres are consumed due to the reuse of the old projects conducted by the student in the formation of new project. Small pieces of wood are used to produce

architecture handcrafts. Sawdust also is mixed with paints to be used in other projects. Wastes especially from metal, aluminum and motor rewinding workshops are subject to recycling by recyclers other than the workshops.

DSPR/ NECC will focus during the coming year on upgrading the curricula, workshop infrastructure and procurement of new technology equipment taking in consideration the need to maintain workshop safety. A best practice manual will be developed to ensure the good use and safe performance of machines and equipment.

It is worth adding that DSPR/NECC started using an information management system at all health centers since 2009 till now and the same for administration which reduces the use of paper as an environmental consideration.

3.3.4. Coordination: Department of Service to Palestinian Refugees - DSPR Gaza and West Bank

Coordination with other organizations depends on the nature of the activity undertaken. In Gaza, ongoing coordination and cooperation with UNRWA, the Ministry of Health, Ministry of Labour, UNICEF, private sector, NGO's and CBO's is part of our work and its implementation. In the Primary Family Health Care Centers, DSPR/NECC has good coordination with Ministry of Health to get licence of the family care centres and referring cases to MOH hospitals and clinics. There is also coordination with Thalassemia Centre to conduct electrophoresis for special cases of anaemia non-responding to Iron supplementation. DSPR/NECC used to contact ANERA and UNICEF for donating some items of medication or milk formula for malnourished cases. Also we coordinate with W.H.O. in terms of attending Health nutrition cluster regular meetings to share updates, experiences and knowledge.

In the Vocational Training Centers, DSPR/NECC coordinates with the Ministry of Labour to follow-up final exams and accreditation of the TVET Diploma certificates. DSPR/NECC has also signed partnership agreement with GIZ to upgrade VTC's centres to fit more the labour market needs. DSPR/NECC cooperates with the Red Crescent Society to conduct literacy lectures for students in Gaza Vocational Centre. In addition a partnership agreement was signed with the Palestinian Federation of Industries" PFI" to assess our TVET facilities relevance with the labour market and with the Palestine General Federation of Trade Union to conduct awareness sessions for trainees on labour rights. 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.

Moreover, NECC attended all child protection working group (CPWG) and mental health psychosocial support (MHPSS) cluster meetings led by UNICEF in order to share skills, information, knowledge, discussion and experiences.

DSPR-Jerusalem & West Bank

Coordination and visibility is evident in the initial meetings held with the target group whereby the project implementation phases are explained to them and at the same time share with them the financial aspect of implementation highlighting sources of funding and implementation mechanism. Country forum holds a meeting at least once every 45 days and in this meeting project design and progress is shared with members highlighting target areas and nature of intervention with the aim of ensuring complementarity of roles and avoid duplication of resources.

3.3.5. **Communications and visibility: DSPR- In Gaza, Jerusalem & West Bank**

DSPR/NECC Gaza and West Bank is proud of its membership with ACT Alliance and the support that comes through for the provision of Health including Psycho-social Support (PSS) and TVET programs in the Palestinian community for marginalised beneficiaries. Thus DSPR is proud to share its valuable experience internally and externally through the following:-

- DSPR will release its progress reports and annual reports and share them with the interested local and international organisations including MOH, MOL, UNRWA, UNICEF.
- DSPR Gaza will upload its publications including reports and success stories at NECC website: www.neccgaza.org to share it internally and externally.
- ACT Alliance identifier symbols have been used inside the centers and on posters, banners, and informing the local community about the support of ACT Alliance.
- International visitors to DSPR/ NECC programmes and their reports about its programs.
- Informing our beneficiaries from the beginning about the source of fund by the staff and trainers.
- DSPR Gaza developed last year a new video film about DSPR/NECC programs and published it.
- Conducting regular video conference through our head quarter in Gaza with APF members and partners in collaboration with DSPR West Bank and Jerusalem

3.3.6. **Advocacy: Department of Service to Palestinian Refugees - DSPR Gaza and West Bank**

DSPR/NECC 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. DSPR/NECC will work on promoting provision of quality antenatal care to pregnant women and postnatal care services to reduce morbidity and mortality rates among mothers in the three served localities with focusing on exclusive breast feeding to advocate neonates and children rights in receiving breast milk exclusively at least in the first six months of age.

Moreover DSPR/NECC will work on TVET promotion to raise awareness among partners and stakeholders about importance of TVET that is equivalent alternative to academic study. Furthermore, DSPR/NECC will continue in mainstreaming child protection policy to defend the rights of children from any kind of abuses. DSPR/NECC will release reports and success stories with relevant local and international organization and visitors.

3.3.7. **Sustainability and linkage to recovery – prioritization: Department of Service to Palestinian Refugees - DSPR Gaza and West Bank**

Sustainability has a different meaning in areas characterized by high degree of uncertainty such as the status in Gaza Strip. DSPR/NECC takes several steps to ensure the sustainability of its programme outcomes. However, despite the concern towards the sustainability of NECC's operations, it must also be recognized that there were and still be limitations to sustain all the aspects of the DSPR/NECC programmes due to financial constraints. The underlying causes of the poor health, psychosocial status, economic status of Gaza people and the difficulties faced are not under the control of DSPR/NECC as the root causes of those problems in Gaza are mostly political in nature.

DSPR/NECC mainly focuses on promoting the health and psychosocial wellbeing status of the mothers. Women and children benefited from the implemented program in Darraj, Shijaia and Rafah through rigorous follow up of cases enrolled as well as enrolling new cases which present to DSPR/NECC clinics. Appropriate health care increase the possibilities that the served beneficiaries will sustain healthy

lives at the long run. Thus, it contributes to reduction in mortality and morbidity at the short and long term perspectives.

DSPR/NECC provides primary health care services and psychosocial support program to strengthen and improve the health and psychosocial wellbeing status of the cases and to promote the services provided in the NECC clinics which will continue as a part of the regular activities as long as the support continues. The proposed project includes health education component. Therefore, the provided health education will help families in the long run to develop appropriate practices in reference to crucial issues such as nutrition, hygiene, danger signs and many others. Acquiring new knowledge and adopting appropriate practices are sustainable and remain after the end of the project.

Enabling mothers to rely on themselves and to be able to sustain themselves and their children is a sustainable approach.

In addition, the project will help to develop the capacity of DSPR/NECC staff to provide quality services. DSPR/NECC will build on the success of this project and will develop sustainable appropriate practices. The project will leave skills, strategies and tools which will continue to operate despite the discontinuity of the fund through this project.

It is worth adding that DSPR/NECC serves a needy population and addresses an important health problem which fits within the overall health plan of the Palestinian population, through an integrated approach of services provision and strengthening communities' abilities to meet their needs. The project could be a model for the continuum of care of in Gaza that could be benchmarked against by other organizations. The spill over effect of the project will be positive at the community front as well as at the health providers' front.

Furthermore, DSPR/NECC empower TVET students by training/educating them on skills, knowledge and practices deemed helpful for them. They can rely on the knowledge and skills to open their own businesses after their graduation from NECC or to seek employment. NECC contributes to developing sustainable skills for TVET trainees and these promote autonomy and self reliance of the trainees enabling them to start their career and lead a reproductive life.

3.3.8. Accountability – complaints handling: Department of Service to Palestinian Refugees - DSPR Gaza and West Bank

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.

Additionally, DSPR/NECC is engaged in the HAP accreditation process. Furthermore, DSPR/NECC centers have suggestion and complaints boxes for beneficiaries. DSPR/NECC also receives any complaints directly at the main office and takes appropriate action. Beneficiaries also fill in questionnaires about their satisfaction with NECC services throughout implementation of the appeal.

Recently, NECC DSPR-Gaza passed the required standard for the Palestinian NGO's Code of Conduct and was granted a certificate of Compliance for one year from NDC (NGO Development Centre).

3.4. **Human resources and administration of funds: Department of Service to Palestinian Refugees - DSPR Gaza and West Bank**

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

3.5. **Planned implementation period: Department of Service to Palestinian Refugees - DSPR Gaza and West Bank**

Activities in this appeal will take place during a period from 1 April 2015 to 31 March 2016.

3.6. **Monitoring, reporting and evaluation: Department of Service to Palestinian Refugees - DSPR Gaza and West Bank**

Monitoring allows programmes to determine what is and is not working well, so that adjustments can be made along the way. It allows programmes to assess what is actually happening versus what was planned. DSPR/NECC is continuously adopting diversified ways and tools to properly monitor its work in programs and projects being implementing. In particular DSPR/NECC uses:

- Clear program/project action plans and log frame.
- Effective reporting system including all types of reports such as monthly, quarterly, interim, annual etc. for both narrative and financial.
- Check lists and staff performance assessment.
- Supervisory field visits.
- Regular staff meetings.
- Focus groups and workshops.
- Students performance assessment through monthly and final examination; and
- Graduates follow-up mechanism lasting for 1 year from their graduation.

In view of these tools, DSPR/NECC is adopting computerized database systems that will match the related indicators.

Regarding evaluation, DSPR/NECC is planning to conduct an external evaluation in 2017 funded by Bread for the World (BftW). It is worth adding that an external evaluation was done recently in April 2015 by Pontifical Mission of Palestine (PMP) about DSPR/NECC intervention during the emergency situation in the last summer 2014. DSPR/NECC still didn't receive the final evaluation report by the time of issuing this appeal.

DSPR – Jerusalem & West Bank

Throughout implementation monitoring is performed by the operations staff in line with the approved standards set and approved by the area committee and the Central Committee. Accordingly the M&E is conducted at various layers by the different levels of responsibility and authority. Accordingly the Field Coordinator is monitored by the Projects Manager who provides relevant reporting to the Executive and governance bodies.

3.3 Implementation methodology: International Orthodox Christian Charities - (IOCC)

IMPLEMENTATION ARRANGEMENTS:

IOCC will work closely with seven community based organisations (CBOs) throughout the Gaza Strip. These CBOs have been selected earlier during the implementation of past projects and programs through a very thorough process. The CBOS have proved to be efficient and capable of responding to the different needs of this appeal and its related interventions. They also proved competent, especially with the implementation of the distribution of agricultural commodities, as well as IOCC food items and

non-food items (FI-NFI) distribution to the IDPs and those residing in shelters, as well as the WASH and shelter activities.

Additionally, the CBOs will play a role in advertising of the activities and support. They will provide venues for potential beneficiaries to submit applications to IOCC staff. IOCC will be working with the following CBOs and as per the identified areas. The selected seven CBOs will sign Fee for Service Agreements stipulating the respective roles and responsibilities of each party as they will play a vital role in helping in the selection of beneficiaries. They will also provide the venues during the selection process, as well as for hosting the training sessions.

COORDINATION: International Orthodox Christian Charities - (IOCC)

IOCC will work with local partners to establish the coordination mechanisms, monitoring procedures, indicators, and reporting timelines and coordinate with ACT members and other implementing agencies in Gaza, and cross-check the selected beneficiaries through the corresponding UN cluster(s) to avoid duplication of assistance and to ensure interventions undertaken under this appeal are complementary to any other assistance beneficiaries may be receiving, especially in this time and with the level of interventions in Gaza.

COMMUNICATIONS: International Orthodox Christian Charities - (IOCC)

IOCC has a clear policy for communication, branding and working with media and other sources and means of communications, supported by a Communications Manager. IOCC will also adhere to ACT Communications Policy including the requirement to co-brand response efforts, and will work to promote the ACT Alliance identity throughout the life of the appeal.

IOCC will implement a fair and clear visibility plan to publicise the contribution of ACT Alliance members to the people in the targeted areas, and will use the following communication and visibility means:

- Media and press releases internationally and locally;
- Periodic articles and reports published locally and abroad and in the tri-annual IOCC *News and Needs* newsletter;
- Stories and interviews with partners, beneficiaries, and project staff published on ACT Alliance and IOCC websites;
- Plaques and site signs posted at the locations of the activities;
- Public event(s) in the beneficiary community(s) acknowledging ACT Alliance and members support.
- Facilitate, support and provide ACT Alliance members with the needed communication support in their field trips, as well as requests from members in their own countries to provide communication accounts, etc.

Throughout this process, ACT Alliance logo is incorporated, whenever possible, on beneficiary inputs, materials, caravans, agricultural lands, on printed materials used during trainings and training venues, and/or distributed materials, activities, etc. ACT Alliance's support will be acknowledged verbally during community events and/or during media campaigns.

The IOCC response and the appeal itself will also be reported to the various UN-lead Clusters including food security, WASH and shelter working groups and lead agencies and donors.

IOCC already incorporated the visibility cost within the activities line items.

3.3. Implementation methodology: NCA / Al Ahli Arab Hospital

Al Ahli Hospital (AAH) is a general hospital of a one hundred bed capacity and belongs to the Episcopal Diocese of Jerusalem. It provides medical, surgical, gynecology, obstetrics, urology, orthopedics and

pediatrics. Due to financial constraints there are only 50 beds in use. Due to the deterioration of socioeconomic situation in Gaza, the hospital has expanded its emergency programs to provide care for deprived communities through mobile clinics, health care for women, emphasizing cancer detection and prevention. The hospital also provides treatment of elderly with chronic diseases, and comprehensive treatment of malnourished children. Moreover, Al Ahli provides clinical training for medical and paramedical graduates and open opportunities for young undergraduates with paid training in different health-related fields. These programs are in jeopardy due to the current conflict.

The NCA and the Al Ahli Arab Hospital (AAH) will implement the programs as follows:

1. Preparedness: In order to respond to the crises, the hospital will buy an adequate quantity of fuel and medical supplies to ensure both:
 - a) The continuity of the hospital's on-going operations for any circumstances;
 - b) Continue providing acceptable quality of medical care during and post tragic situations.

AAH management, procurement, pharmacy and account staff are working together to oversee the location of suppliers to purchase the necessary quantity of the consumables as needed and at the right time.

2. Provide accessible medical care for the injured as well as the poor and the vulnerable: Through its outpatient departments, the Al Ahli Arab Hospital will provide extensive medical care for the affected war victims. AAH management has hired highly qualified consultant physicians in the fields of general and plastic surgery, orthopedics, burn treatment, internal medicine, and pediatrics, in order to provide adequate medical care coverage for its patients.

The hospital will provide free clinic days twice weekly. The Ahli medical team will provide medical consultation, diagnostic services, medications, admission for those in need, transport to and from the hospital, as well as a meal for each participant. Nutrition vulnerability will also be identified and tackled. Health education sessions will also be provided to the clinic attendants.

3. Improve the nutritional status of malnourished children: Through this program the hospital will contract a full-time pediatrician in order to diagnose, treat, and follow up on medical cases at Ahli outpatient clinics for 35 hours a week. An additional general medical doctor and two nurses will also be needed to work with the pediatrician. Comprehensive medical treatment and food will be given to underweight and malnourished children, which also include fortified biscuits. Nutritional and health education will also be provided to mothers of the children. The services are provided for 3 to 5 months depending on the severity of the child's case.

4. Burn treatment: Through this program the hospital will provide medical care and treatment for children with burns resulting from domestic negligence. AAH burns unit has witnessed dramatic increases in the number of burns among children who are coming from poor families after war and living in very harsh economic situations. These victims are unable to secure safe sources of energy for lights, cooking and bathing at home. Moreover, there are many children in Gaza who are still suffering from burn-related injuries. These patients require long periods of wound care, proper sterilized dressings, multiple skin grafts, hydrolytic and physical therapy sessions as well as possible constructive surgeries when needed. If these patients are neglected and not given proper care in a timely manner, it can lead them to lifelong physical deformities and psychological trauma. AAH management has assigned a surgeon, along with nurse practitioners and a highly qualified physical therapist, in an aim to provide comprehensive medical treatment and rehabilitation. Moreover, the hospital will provide health education, psychosocial therapy, and improve quality of life for the burn children.

5. War-related victims will receive surgical treatments and in-patient services

Typically, after war many war related victims are in need of follow-up surgical treatment in the inpatient service department. Ahli through its specialized medical staff will provide examination, different types of surgeries and admission at the hospital general ward, rehabilitation and follow ups for injured and vulnerable patients.

6. Psychological Care: The Ahli psychosocial team will continue providing psychosocial support sessions for deprived families as well as Ahli staff members. The program will provide children (female and male) from school age psychosocial support which includes three (3) morning sessions for three (3) hours daily followed with one open day for each child. The team will also work to provide support services for adults who have experienced loss or trauma during the war. And part of this program is to debrief and support beneficiaries. Support will be provided mainly through group counseling, emphasizing life skills, self-care, and care for others. The psychosocial activities will include home visits. When needed, it will also provide individuals specialized support through referrals. Al Ahli's ToT team will also provide Al Ahli staff with staff-care through psychosocial support sessions.

3.3.1 Implementation arrangements: NCA / Al Ahli Arab Hospital

Implementation arrangement: AAH will carry the responsibility of implementing the project under full knowledge and close supervision by NCA. AAH Director General will give the hospital social department authority to identify and contact the grassroots organizations in order to assess the needs of the deprived communities. The hospital social unit will select beneficiaries according to specific criteria based upon their social standards, vulnerability and impact of the latest war. The hospital Medical Director will assign the medical team depending on patients' needs and will also supervise the quality of medical care service delivery. The procurement officers will call for tendering, and will select and purchase the necessary consumables to secure the needed stock for the medical team.

3.3.2 Partnerships with target populations: NCA / Al Ahli Arab Hospital

Ahli community program is built on full participation of the community/stakeholders in the planning, implementing, monitoring and evaluation during the lifetime of the program. The involvement of the stakeholders/beneficiaries usually includes community leaders, youth, women, men, and people with special needs who are coming from different backgrounds and societies. Through their full participation, Ahli empowers the community to take ownership of the program. This approach involves children in the participatory process where their voices are heard, fully respected and reflected upon in Ahli activities regardless of their abilities, age and skills. The target population is women, men, and children who are ill and poor as well as victims who are affected by the latest Palestinian-Israeli conflict and live in Gaza.

The project will be conducted in the Gaza Strip for deprived victims of the conflict. The targeted beneficiaries are the war-affected population of Gaza, specifically people who have sustained physical or psychological trauma as well as people in urgent need of emergency assistance during and post-war July 2014.

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

- 4,000 patients will benefit from the health services provided by AAH medical team.
- 400 injured victims will receive treatment and surgical intervention.
- 300 children with burns will receive outpatient treatment and physical rehabilitation for an average of 6 sessions each.
- 400 malnourished children will benefit from comprehensive treatment provided by AAH.
- 1,000 women and children are in need of psychosocial support.

Selection criteria will prioritize injured patients who seek medical assistance as well as people in acute need of psychosocial assistance. More specific criteria are defined below:

- War injured and vulnerable patients who seek medical assistance.

- Children suffering from burns / malnourished and underweight children.
- Families with no source of income and with children in need of basic provisions, including medical attention.
- Families who lost their homes and properties during the war and in need of medical care.
- Poor communities as well as the staff of partner organizations who are in need of psychosocial support.

See below table for more details.

Sector of Response	Geographic area of response	Planned target population									
		0-5		6-17		18-65		>65		Total	
Health		M	F	M	F	M	F	M	F	M	F
Secure the service continuity	Gaza Strip										
Outpatients/ as well as free medical mission	Gaza Strip	300	300	700	700	3600	5720	200	300	4800	7020
Children with Malnutrition	Gaza Strip	200	200							200	200
Children with burns	Gaza Strip	30	30	120	120					150	150
Surgical Intervention	Gaza Strip	10	10	50	50	100	100	40	40	200	200
Psychosocial support	Gaza Strip			350	350	50	250			400	600
Total		540	540	1220	1220	3750	6070	240	340	5750	8170

3.3.3 Cross-cutting issues: NCA / Al Ahli Arab Hospital

Ahli is committed to the HAP Benchmarks of Accountability implementation in order to improve the quality and effectiveness of its humanitarian program. AAH promotes full participation of the community and ensures its staff has the competency to perform quality work. AAH staff through their daily contacts and regular meetings, listens to people they aim to assist, incorporating their views and analyses in the program decisions.

The stakeholders/beneficiaries also have access to timely, relevant, and clear information about the hospital's activities and services. In addition, AAH encourages people to raise concerns and receive responses through an effective, accessible, and safe complaints system process. Ahli secures staff implementation to Code of Conduct, Sphere, children rights and patients' satisfaction policies. Ahli is committed to promoting gender equality.

3.3.4 Coordination: NCA / Al Ahli Arab Hospital

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

NCA and Al Ahli undertake to co-ordinate and cooperate with other ACT members to maximize the effects and benefits of this appeal. This appeal has been coordinated with other ACT members in Gaza. The Al Ahli Director is a board member of Middle East Council of Churches/Department of Services to Palestinian Refugees (MECC/DSPR). 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.

Through monthly meetings, the APF will be the primary mechanism to coordinate and monitor 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 aware of developments and issues, and to keep various processes moving forward. The APF Coordinator will attend relevant networking meetings to serve as an informational means between those mechanisms and the APF.

External coordination with other organizations depends on the nature of the activity undertaken. In the Gaza Strip, on-going coordination and cooperation with UNRWA, the Ministry of Health, UNICEF, grassroots organizations, NGO's and CBOs is part of AAH work and its implementation. In children's health, AAH coordinates with the Ministry of Health and UNICEF. AAH will also coordinate with local governments to identify the areas of great vulnerability and the needs. Additionally, AAH collaborates well with the different CBO's for the provision of health services. 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: NCA / Al Ahli Arab Hospital

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.

NCA and Al Ahli will coordinate 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.

3.3.6 Advocacy: NCA / Al Ahli Arab Hospital

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 concerns.

3.3.7 Sustainability and linkage to recovery – prioritization: NCA / Al Ahli Arab Hospital

Security, access and movement inside Gaza remained restricted even before the recent escalation of conflict. Al Ahli Arab Hospital has long-term presence and prior experience of humanitarian response as well as development assistance inside Gaza.

3.3.8 Accountability – complaints handling: NCA / Al Ahli Arab Hospital

NCA is a member of the Humanitarian Accountability Partnership (HAP) and has been recertified in the HAP Standard in Humanitarian Accountability and Quality Management in 2014. NCA's Accountability Framework states their commitments to rights holders, host communities, partners and other stakeholders. Ahli Arab hospital as a local partner to NCA working in Gaza had the chance

to attend the different workshops that were managed by NCA through APF on HAP and other humanitarian standards during the past three (3) years. Since then Ahli has written its own policies of the Code of Conduct (COC), Accountability and Complaints system, and a Child Protection Policy. All these policies are a basic part of the staff contract. Moreover, Ahli has conducted different training sessions to the Ahli staff members, trainees, volunteers and other CBO's partners on these standards; e.g Code of Conduct, Sphere, HAP six (6) benchmarks and children rights.

As part of the Ahli mission and vision, Ahli considers the rights of all the needy to access Ahli's different services without discrimination of faith, gender, social class or political affiliation. Ahli also recognizes the value of its staff and volunteers and promotes equal and compassionate treatment with dignity and respect to all. Ahli places emphasis on gender equality and respects the beneficiaries' traditions and their privacy. It also respects their participation during the lifetime of the project. Moreover, Ahli enjoys high transparency among stakeholders/beneficiaries as well as their partners. The Ahli system ensures quick access to information when in need.

In February 2015, two of the Ahli management team members were able to participate with other APF members in a workshop arranged by NCA in Antalya, Turkey about CHS (Core Humanitarian Standards) which will be considered for implementation during the year 2015.

3.4 Human resources and administration of funds: NCA / Al Ahli Arab Hospital

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.

3.5 Planned implementation period: *NCA / Al Ahli Arab Hospital*

Duration of activities from April 1, 2015 to March 31, 2016

3.6 Monitoring, reporting and evaluation: *NCA / Al Ahli Arab Hospital*

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.

AAH has its own internal rules and regulation policies that control the different activities inside the hospital. In the field, Ahli will depend mainly on its staff for implementing the project. Also, the AAH Human Resource Department will contract an external specialist (part-time) in general and plastic surgery, burn specialist, paediatrician, radiologist, anaesthetist, physiotherapist, and psychosocial team to ensure quality of medical care provided to the poor during the stages of implementing the program.

AAH procurement department will prepare tender documents and will announce in local newspapers that a selection committee will be assigned to decide which tender is of high quality and best offer. Afterwards, contracts will be signed with the best vendors.

The Diocese of Jerusalem together with Ahli Hospital management team, will be responsible for all implementation stages of the emergency project where the Director General of the hospital will have overall responsibility for the hospital's different activities including community emergency programs. The medical director will be responsible for the smooth functioning and quality of medical care provided. The Chief Accountant at Ahli will be responsible to open separate accounts for ACT/NCA funds and ensure accuracy in recording of the fund received and expenditure according to its pledged purposes. The Chief Accountant also, will follow-up and monitor all financial transaction and financial reporting for the project. Moreover, the Diocese of Jerusalem Financial Officer as well as NCA Project Coordinator and Accountant will monitor the funds.

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.

IV. THE TOTAL ACT RESPONSE TO THE EMERGENCY

DSPR/NECC seeks to empower individuals and communities through the provision of quality services and skills including primary health care and psychosocial support, technical vocational and educational training, capacity building of the staff and regular coordination and cooperation with stakeholders whom are either government Ministries, NGO's, CBO's, community leaders, etc. DSPR/NECC proposes providing both primary health care services including psychosocial support and technical vocational educational training through three family health care centers in three marginalized areas Shijaia, Darraj and Rafah/Kherbet Aladas and four (4) vocational training centers in Gaza, Shijaia and AL Qarrarah areas. It optimally aims at protecting and supporting women, children and youth who are vulnerable and living in a volatile political environment. Health services offered by DSPR/NECC are based on national approved technical standards and guidelines. Additionally, DSPR/NECC started recently in March 2015 to provide a dermatology clinic inside each

centre based on the increase prevalence of skin diseases in Gaza and in the served localities in particular especially after the most recent conflict 2014. DSPR/NECC hired a part time dermatologist.

DSPR/NECC is working on new approaches for the coming period to do more partnerships and raise more funds. Regarding health programs DSPR/NECC started a partnership with Save the Children and will continue for the next period in terms of house to house screening to discover anaemic and/or malnourished children under five (5) years in vulnerable areas and then refer them to DSPR/NECC clinics for medical examination, lab investigation, treatment and follow up until recovery according to the national nutrition protocol. For those who are normal also they are referred to DSPR/NECC clinics to follow up at well baby program for growth monitoring until they are six (6) years old. DSPR/NECC also started a new approach in partnership with UNICEF in terms of promoting postnatal care at the served localities to support mothers and newborns and reduce mortality and morbidity rates among this target group during the postpartum period. The programme also seeks to improve the knowledge of families about postpartum period including mother care and new born care, and breastfeeding.

Regarding Psychosocial support (PSS), DSPR/NECC recently finished the phase of training to all health staff in order to integrate the mental health and PSS into primary health care. DSPR/NECC will develop a new manual for the Mental Health and Psychosocial Support (MHPSS) work with tools to use for assessment of interventions and to measure outcomes. During the coming period DSPR/NECC is looking for applying all what the staff learned inside the centres to the beneficiaries. Additionally DSPR/NECC will develop an android program and web services for psychosocial program.

Regarding TVET program, NECC is planning to perform a professional research with support of Norwegian Church Aid (NCA) assessing the economic situations in the Gaza Strip encompassing topics of:

- Labour force, university graduates, disadvantaged people, school dropouts etc.
- Unemployment (rates, categories, real estates, etc.).
- Employability and the future potentials.
- Siege and its economy-political repercussions on Gaza Strip (GS) residing populations.

The time frame of this research is three months during 2015 and its findings will be used as a justification, and motivation power to design and master the new intended intervention of TVET Empowerment Program operated by NECC for the period 2016 to 2020 and starting new profession of Refrigeration and Air Conditioning to male youth.

Additionally, DSPR/ NECC will start applying the new developed curricula for all TVET professions in the new study year 2015-2016 that started in September 2015. The upgrading and developing of these new curricula was implemented in partnership with GIZ for 2 years.

Department of Service To Palestinian Refugees – ACT Palestine Forum Coordination**I. REQUESTING ACT MEMBER**

Department of Service to Palestinian Refugees (DSPR) on behalf of ACT Palestine Forum (APF)

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 Churches (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.

Coordination of ACT members in the Occupied Palestinian Territories (OPTs) 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), Diakonia Sweden, Finnish Evangelical Lutheran Mission (FELM), 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 a range of capacity building workshop and recently a HAP and CHS workshop was conducted that gathered ACT Alliance members in the Middle East.

The chairing of the Forum meetings rotates among the members. The present chair is Lutheran World Federation and co-chair is Norwegian Church Aid.

Background of ACT Palestine Forum

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. 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. From May 2009 till the end of March 2011, a local coordinator was appointed by NCA to coordinate and facilitate all issues related to the APF. Since January 2012 APF asked DSPR to take over the role of coordinator, which DSPR accepted on behalf of all APF members. APF coordination comprises many tasks including coordinating the ACT appeals, liaising with ACT Alliance in Geneva in addition to other tasks which include arranging and facilitating meetings by setting the agendas and arranging and working on logistics for workshops and annual meetings. The APF Coordinator is also responsible for circulating various documents, forms, and meeting minutes; and supporting an emergency preparedness planning.

It has been a challenge for many organizations, accustomed to working individually, to adapt to a collective response, especially in the midst of an emergency. It was clear to the forum that an 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 moving towards a more effective coordinated response. The members believe that jointly they achieve much more and play a more important role when acting together than they are able to do as individual organizations.

Based on joint planning in terms of the strategic direction and planning for the forum it has been decided to strengthen the effectiveness of the forum. One of the main priorities of the forum is to develop APF’s and members’ capacities on emergency preparedness and response, in addition to improving the monitoring and evaluation system and knowledge about the different humanitarian

standards like HAP, Core Humanitarian Standard (CHS) and sphere. This also includes needs assessments in times of emergency and ensuring adherence to the code of conduct .

III. COORDINATION/CAPACITY BUILDING CONTEXT AND BACKGROUND

Capacity Building

In 2011 APF developed an ongoing 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 2015 based on needs and priorities.

APF was able to achieve some priority in March 2013, in which a workshop was conducted to introduce APF members to HAP, in both Gaza and West Bank. In addition in April 2014 a second HAP training was conducted with the focus on complaints mechanism and the accountability framework. As a result participants were able to introduce the complaints systems into their organizations.

In February 2015, a third workshop was conducted. With the launch of the new Core Humanitarian Standard (CHS) in December 2014, it was suggested that rather than using the HAP Standards, the participants focus on commitments to HAP benchmark number 4 *'Communities and people affected by crisis know their rights and entitlements, and participate in decisions that affect them'* and 8 *'Staff are treated fairly and equitably, and are supported to do their job effectively'* in the new CHS. The participants were able at the end of the workshop to tell the differences between HAP and CHS and were able to answer questions like: What is happening with CHS and HAP? What will happen to HAP or PiA Memberships? How will certificated members fare? Is there a list of the 'Means of Validation' for the CHS audit?

This was achievable with a support of external consultant from Christian Aid and Norwegian Church Aid. Further on and based on the previous workshop and due to the importance of this topic and in coordination with JSL Forum and ACT Alliance a follow up and continuation of the CHS standard will be conducted for in 2015 .

The goal of the workshop is for ACT members to have capacity to respond to emergency and long-term development needs in the OPT in a relevant, effective and coordinated manner and to support Palestinian society to cope effectively.

The workshop will involve members from APF, JSL forum as well ACT members in the Middle East region .

Humanitarian Networks

It is important to engage in the various coordination mechanisms of the broader humanitarian and development community, especially, the NGO network Association of International Development Agencies (AIDA) and UN cluster meetings. AIDA is the principle coordination forum for international NGOs operating in the OPT. It has served and facilitated the work of its NGO members for over 30 years. AIDA's core functions are information provision, policy analysis, linkages with the relief and development assistance community, advocacy, security and training. Participation in AIDA and UN cluster networks in Jerusalem and Gaza will provide valuable information to ACT members and inform other AIDA members and UN agencies of the ACT response.

IV. PROPOSED IMPLEMENTATION OF COORDINATION/CAPACITY BUILDING

Goal

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

Objectives

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

Activities

- 1.1 Plan and facilitate monthly meetings.
 - 1.2 Conduct and facilitate APF annual meeting.
 - 1.3 Maintain and distribute records of the financial status and implementation of appeal activities.
 - 1.4 Facilitate the development of the appeal.
 - 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 and gain knowledge about HAP-CHS standards.
 - 2.2 A workshop will be conducted to follow up on the CHS standards 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 update the emergency preparedness plan.

Project Implementation Methodology

Due to the needs, scope of work and limited capacity of the members, the ACT Forum continue to engage 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 Secretariat.

Planning Assumptions, Constraints 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 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 April 2015 through March 2016.

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, hence 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.

V. 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 office 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.

VI. 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 DSPR as the requesting agency. Reporting will be as follows:

- Interim report 31 Oct 2015
- Final report: 31 May 2016

| An evaluation is not planned for this appeal.

VII. CO-ORDINATION

The APF 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 network meetings to serve as an information link between those mechanisms and the APF.

Requesting ACT member: Middle East Council of Churches / Department of Service to Palestinian Refugees MECC/DSPR					
Appeal Number: PSE 151					
Appeal Title: OPT : Gaza and West Bank Post war crises					
Implementing Period: 1 April ,2015- 31 March,2016					
EXPENDITURE		Type of	No. of	Unit	Appeal
				Cost	Budget
		Unit	Units	USD	USD
DIRECT COST (LIST EXPENDITURE BY SECTOR)					
DSPR Gaza					
Cash Relief to Needy Families & Job creation					
	Cash Relief to Needy Families	Families	1,000	100	100,000
	Job Creation for 3 months for 100 Job	Job/month	100	350	105,000
Sub-total cash relief & job creation					205,000
Health program					
	Medical Fees	Patients	15,000	5	75,000
	Medications	Lump			75,000
	3 Doctors 30%	Month	12	760	9,120
	3 Supervisors 20%	Month	12	535	6,420
	3 Nurses 40%	Month	12	593	7,110
	3 Lab Technician 30%	Month	12	747	8,967
	Rent 30 %	Year	1	9,385	2,816
	Fuel for energy for health Centres 20%	Lump		20,000	4,000
	Electricity for health Centres 10%	Lump		6,500	650
	Telephones and communications for health Centres 10%	Lump		6,000	600
	Fuel for transport for health Centres 20%	Lump		8,400	1,680
	Staff transportation 20%	Lump		13,000	2,600
Sub-total health program					193,963
Psycho-social program					
	Project coordinator 50%	Month	12	500	6,000
	4 Staff salaries - social worker 20%	Individual	12	518	6,211
5 days Training: Cognitive Behavioural Therapy (CBT)					
	5 days training *5 hrs. for the team	Hour	25	50	1,250
	Refreshment for the 5 days training	Day	5	50	250
	Consultancy 9 hrs. /month	Hour	9	50	5,400
	8 sessions for 720 school age children	Session	5,760	1	2,880
	2 sessions for 750 KG children	Session	1,500	1	750
	PSS group sessions materials, banners, stationaries and tools	Lump			1,500
6 open days for 720 school age children					
	Hospitality for children at a recreational place	Day	6	180	1,080
	Meals for 840 (children+ counselors+ clowns shows)	Person	840	4	3,360
	Transportation	Day	6	200	1,200
	Clowns shows	Day	6	250	1,500
	Gifts /toys	Toy	720	3	1,872
6 open days for 750 KG children					
	Hospitality for children at a recreational place	Day	2	900	1,980
	Clowns shows	Day	6	250	1,500
	Gifts /toys	Toy	750	2	1,275
	Hospitality for 1000 mothers	Mother	1,000	1	1,000

	Preparing the place in Shijaia				10,000	
	Upgrading Psychosocial information system				2,500	
	Communications	Month	12	100	1,200	
	Subtotal Psychosocial				52,708	
	Education program					
	Support towards educational fees	Student	159	500	79,500	
	VTC Gaza					
	1 Supervisor 50%	Month	12	664	7,968	
	3 Instructors 50%	Month	12	1,383	16,590	
	1 Store Keeper 50%	Month	12	423	5,070	
	Material Supplies	Lump			14,500	
	Rent 30%	Year	1	2,400	720	
	Staff transportation 20%	Lump		6,000	1,200	
	VTC Qararah - Gaza					
	1 Supervisor 25%	Month	12	281	3,369	
	2 Instructors 50%	Month	12	695	8,340	
	Rent 30%	Year	1	2,500	750	
	Fuel for energy for education Centers 40%	Lump		10,000	4,000	
	Electricity for education Centers 20%	Lump		6,000	1,200	
	Telephones and communications for education Centers 20%	Lump		2,500	500	
	Fuel for transport for education Centers 20%	Lump		2,200	440	
	Staff transportation 20%	Lump		4,000	800	
	Upgrading MIS for all VTCs centers	Lump			10,000	
	Sub-Total Education				154,947	
	NECC Premises renovations & replacement				20,000	
	SUB TOTAL DIRECT COST Gaza				626,617	
	DSPR West Bank -					
	West Bank - Food Security and water intervention Program					
	Project Direct Cost					
	10 Saitary Units to Serve Isolated Communities placed	Unit	10	1,168	11,680	
	Fodder For livestock in Taget areas distributed	Tone	100	442	44,200	
	Water For domestic Consumption to Vulnerable communities distributed 300 HH for 3 months 30 CM	Family	300	120	36,000	
	10 water Cisterns Serving Isolated communities rehabilitated	Cistern	10	3,000	30,000	
	Project Indirect Cost	Lump Sum			8,840	
	Project Manager Supervision	Months	792	12	9,500	
	1 Site Engineer	Months	625	12	7,500	
	SUB TOTAL DIRECT COST West Bank				147,720	
	INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT					
	Staff salaries					
	Chief Coordinator - Central Office 25%	month	12	845	10,140	
	Finance Officer- Central Office 25%	month	12	740	8,880	
	Secretarial & other Support- Central Office (2)	month	12	850	10,200	
	Communication and Visibility	Lump			5,000	
	Telephone, Fax & Postage, Stationary	LS			1	5,500
	Transportation expenses	Lump				3,500
	SUB TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT				43,220	
	AUDIT, MONITORING & EVALUATION					
	Audit					7,500

	SUB TOTAL AUDIT, MONITORING & EVALUATION	7,500
	TOTAL EXPENDITURE exclusive International Coordination Fee	825,057
	INTERNATIONAL COORDINATION FEE (ICF) - 3%	24,752
	TOTAL EXPENDITURE inclusive International Coordination Fee	849,809

Requesting ACT member: International Orthodox Christian Charities - (IOCC)						
Appeal Number: PSE 151						
Appeal Title: Gaza and West Bank Post War Crises: Follow on Response						
Implementing Period: 1 April ,2015- 31 March ,2016						
EXPENDITURE						
		Type of	No. of	Unit Cost	Appeal	Appeal
					Budget	Budget
		Unit	Units	USD	USD	USD
DIRECT COST (LIST EXPENDITURE BY SECTOR)						
<u>Shelter / WASH</u>						
	Wooden cravan supply & installation	Caravan	30	6,000	180,000	180,000.00
	IOCC Gaza WASH/Shelter Senior Program Coordinator 50%	person / month	3	1,616	4,848	4,848.00
	IOCC Gaza WASH/Shelter Field Coordinator 50%	person / month	6	1,257	7,544	7,543.68
	Civil Engineer- (2P)	person / day	240	50	12,000	12,000.00
<u>Livelihood/Food Security/Cash-for-Work</u>						
	Land reclamation for 200 dunums	dunum	200	600	120,000	120,000.00
	Cash for work / land reclamation	labour day	1,000	16	16,000	16,000.00
	IOCC Gaza FS Field coordinator 100%	person / month	6	1,256	7,538	7,537.68
	Agricultural Engineers (2P)	person / day	270	75	20,250	20,250.00
<u>Psychosocial Support</u>						
	Psychosocial activities (50 summer fun days)	Fun day	50	500	25,000	25,000.00
	Parent educational sessions	Session	50	200	10,000	10,000.00
	IOCC Gaza Psychosocial Senior Program Coordinator 100%	person / month	6	1,600	9,600	9,600.00
	IOCC Gaza Psychosocial Field Coordinator 100%	person / month	6	1,257	7,544	7,543.68
	Mental health/psychosocial support specialist (1P)	person / day	120	50	6,000	6,000.00
	Social Workers/ Animators (8 pax)	person / day	360	25	9,000	9,000.00
<u>Other Sector Related Direct Costs</u>						
<u>Project Direct Staff</u>						
	IOCC Gaza Program Director 100%	person / month	2	4,072	7,330	7,329.60
	Driver / Projects Assistant 25%	person / month	3	1,931	5,794	5,794.17
	Direct staff benefits	Person / month	12	737	8,845	8,844.68
	M&E consultant (1P)	person / day	120	70	8,400	8,400.00
<u>CBO's</u>						
	Local CBO's participation	CBO	267	75	20,000	20,000.00
TOTAL DIRECT ASSISTANCE					485,691	485,691
TRANSPORT, WAREHOUSING & HANDLING						
<u>Transport (of relief materials)</u>						
	Hire/ Rental of Vehicles	Vehicle / month	12	1,200	14,400	14,400.00
	Fuel				0	0.00

In country Travel	Month	12	1,750	21,000	21,000.00
TOTAL TRANSPORT, WAREHOUSING & HANDLING				35,400	35,400
CAPITAL ASSETS (over US\$500)					
Laptop	Laptop	3	750	2,250	2,250.00
Printers	Printer	1	250	250	250.00
Office Furniture				0	0.00
Camera for the field	Camera	2	300	600	600.00
Mobile phones	Mobile phone	4	100	400	400.00
TOTAL CAPITAL ASSETS				3,500	3,500
TOTAL DIRECT COST				524,591	524,591
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT					
IOCC Country Representative 15%	person / month	2	6,426	11,566	11,565.94
IOCC Admin. and Finance Manager	person / month	2	4,161	7,490	7,490.16
IOCC Finance Assistant / Accountant	person / month	2	2,043	3,677	3,677.08
IOCC Office Administrator/HR Officer	person / month	2	2,003	3,605	3,604.55
IOCC Gaza Finance Assistant 50%	person / month	6	1,200	7,200	7,200.00
IOCC Gaza Office Manager	person / month	6	1,670	10,020	10,020.00
Admin. Assistant / Database officer	person / month	6	820	4,920	4,920.00
Office Operations					
Gaza Office rent 50%	Office	6	1,100	6,600	6,600.00
Jerusalem Office rent 15%	Office	2	1,100	1,980	1,980.00
Office Utilities	Month	4	1,100	4,620	4,620.00
Office stationery	Month	4	375	1,575	1,575.00
Communications					
Telephone and fax	Month	4	250	1,050	1,050.00
Mobile phones	Month	12	350	4,200	4,200.00
Visibility					
Visibility Material (site signs, newspaper ads., banners, etc.)	lumpsum	1	3,000	3,000	3,000.00
TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT				71,503	71,503
AUDIT, MONITORING & EVALUATION					
Audit of ACT appeal	Estimate			3,200	3,200.00
TOTAL AUDIT, MONITORING & EVALUATION				3,200	3,200
TOTAL EXPENDITURE exclusive International Coordination Fee				599,294	599,294
INTERNATIONAL COORDINATION FEE (ICF) 3%				17,978.83	17,978.83
TOTAL EXPENDITURE inclusive International Coordination Fee				617,273.04	617,273.04

BALANCE REQUESTED (minus available income)					617,273.04	617,273.04
EXCHANGE RATE: local currency to 1 USD						
Budget rate		1.00				
PROPOSED DISPOSITION OF CAPITAL ASSETS at Completion date						
	<u>ITEM - (List each over US\$500)</u>		<u>Actual cost</u>		<u>Disposition</u>	

ACT APPEAL BUDGET FORMAT						
Requesting ACT member: Norwegian Church Aid (NCA)						
Appeal Number: PSE 151						
Implementing Period: 1 April ,2015- 31 March,2016						
EXPENDITURE						
	Type of	No. of	Unit Cost	Appeal	Appeal	
	Unit	Units	USD	Budget USD	Budget USD	
DIRECT COST (LIST EXPENDITURE BY SECTOR)						
Emergency Preparedness						
	Fuel	litter	17000	1.76	30000	30000
	Medicaments	lump	1	30000.	30000	30000
Medical care for the injured and Vulnerable treatment of different burns						
	Medical care for poor and vulnerable patients	patient	4000	23.00	92000	92000
	Treatment of outpatient burns (each patient 5 session) (300 patient *5 session)	session	1500	20.00	30000	30000
	constructive &plastic surgery for deformities burns	patient	30	400.00	12000	12000
	Orthopedic war surgeries	patient	40	350.00	14000	14000
	Hospitalization treatment for injured &hardship cases	patient	400	210.00	84000	84000
	Treatment of underweight &malnourished children for 3 months (400*3Month*72\$)	patient	400	216.00	86400	86400
psychosocial support						
	psychosocial for women &children as well as hospital staff		1000	20.00	20000	20000
Other Sector Related Direct Costs (List expenditure by sector)						
Salaries/ Medical care for patients &surgeries						
	Medical director (10%)	Month	12	300.00	3600	3600
	Surgical Doctor (20%).	Month	12	320.00	3840	3840
	2 Medical Doctors (part time) US\$ 250 each	Month	12	500.00	6000	6000
	1Senior nurse (20%)	Month	12	300.00	3600	3600
	1Staff nurse (25%)	Month	12	250.00	3000	3000
	1 Cleaner (30%)	Month	12	100.00	1200	1200
Salaries /for burn children						
	physiotherapist (15%)	Month	12	200.00	2400	2400
	1 cleaner (20%)	Month	12	70.00	840	840
Salaries / for underweight children						
	Pediatric Doctor -part time	Month	8	700.00	5600	5600
	Staff nurse (30%)	Month	8	260.00	2080	2080

	Social worker (15%)	Month	8	210.00	1680	1680
	cleaner (50%)	Month	8	175.00	1400	1400
	TOTAL DIRECT ASSISTANCE				422880	422880
TRANSPORT, procurement & HANDLING						
	<u>Transport (of relief materials)</u>					
	Car insurance & license (20% of the cost)	Month	12	110.00	1320	1320
	Transport for vulnerable patients	patient	4000	1.00	4000	4000
	<u>Handling</u>					
	Salaries for Procurement Officer (8%)	Month	12	225.00	2700	2700
	Salaries / wages for store keeper (20%)	Month	12	180.00	2160	2160
	TOTAL TRANSPORT, WAREHOUSING & HANDLING				10180	10180
	TOTAL DIRECT COST				433060	433060
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT						
e.g.	<u>Staff salaries</u>					
	Salaries(50 %)for Programme coordinator)	Month	12	300.00	3600	3600
	Salaries(15 %) for Finance Director)	Month	12	258.00	3096	3096
	Salaries for accountant (25%)	Month	12	264.00	3168	3168
	Salaries for secretarial staff (20%)	Month	12	240.00	2880	2880
	salaries for medical record clerk (20%)	Month	12	204.00	2448	2448
	<u>Office Operations</u>					
	Office rent (5%)	lump	1	2500.00	2500	2500
	Office Utilities	Month	12	110.00	1320	1320
	Office stationery	Month	12	100.00	1200	1200
	<u>Communications</u>					
	Telephone and fax (20%)	Month	12	80.00	960	960
	<u>Other</u>					
	Insurance (20%)	Month	12	330.00	3960	3960
	TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT				25132	25132
AUDIT, MONITORING & EVALUATION						
	Audit of ACT appeal	Estimate			2000	2000
	Monitoring & support by NCA	Estimate			18800	18800
	TOTAL AUDIT, MONITORING & EVALUATION				20800	20800
	TOTAL EXPENDITURE exclusive International Coordination Fee				478992	478992
INTERNATIONAL COORDINATION FEE (ICF) 3%						
					14370	14370
	TOTAL EXPENDITURE inclusive International Coordination Fee				493362	493362
	BALANCE REQUESTED (minus available income)				493362	493362
EXCHANGE RATE: local currency to 1 USD						
	Budget rate		1			

PROPOSED DISPOSITION OF CAPITAL ASSETS at Completion date					
	<u>ITEM - (List each over US\$500)</u>		<u>Actual cost</u>	<u>Dispositi on</u>	

Requesting ACT member: DSPR on behalf of ACT Palestine Forum (APF)					
Appeal Forum Coordination Budget					
Implementing Period: 1 April ,2015- 31 March ,2016					
		Type	No.	UNIT Cost	Budge t
EXPENDITURE		Unit	Units	USD	USD
	DIRECT and IDIRECT COST				
	Monthly Meeting in West Bank and Gaza (Including video Conference)		Lump Sum		6,500
	APF Annual Meeting		Lump Sum		2,500
	APF training workshop for APF members (20 participants)		Lump Sum		20,000
	APF Coordinator Salary	Month	12	1,500	18,000
	Travel Expenses		Lump Sum		1,500
	Transportation	Month	12	100	1,200
	Communication	Month	12	100	1,200
	Stationary	Month	12	50	600
	Video Conference Maintenance		Lump Sum		650
	Sub Total DIRECT &INDIRECT COSTS: PERSONNEL, ADMIN & SUPPORT				52,150
AUDIT, MONITORING & EVALUATION					
	Audit of ACT Appeal	Estimate			1,500
	TOTAL AUDIT, MONITORING & EVALUATION				1,500
TOTAL EXPENDITURE exclusive International Coordination Fee					
					53,650
International Coordination Fee (ICF) 3%					
					1,610
TOTAL EXPENDITURE inclusive International Coordination Fee					
					55,260