

Follow-on Appeal

Occupied Palestinian Territory (OPT)

Response to Gaza and West Bank Crises – PSE171 (Follow-on Appeal)

Appeal Target: US\$ 799,686

Balance Requested: US\$ 799,686

Amman, 08 June 2017

The political, economic and social context in the Occupied Palestinian Territory (OPT) did not change much during 2016 and the first part of 2017. Poverty, hardship condition, psychosocial problems and food shortage are still dominating the overall picture of the situation in Gaza. The ongoing siege imposed on the Gaza Strip since June 2006 is still contributing to the deterioration of health status and negatively affecting the provision of health services.

The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) conducted a humanitarian impact assessment of the blockade on the Gaza Strip in November 2016, and has repeatedly described the situation as a chronic emergency and a protracted human dignity crisis. The blockade and three major escalations of hostilities in the last six years have inflicted large-scale destruction on Gaza's economy, productive assets and infrastructure. A chronic energy crisis, with power outages reaching 12-16 hours a day, also impairs service delivery, students' educational activities, the function of hospitals and medical equipment, as well as the operation of more than 280 water and wastewater facilities.

Movement of people and goods in and out of Gaza is restricted to three crossings: Rafah crossing, Erez crossing and Kerem Shalom crossing. This allows for the movement of a number of authorized travelers, Palestinian medical and humanitarian cases only (UNRWA Gaza Situation Report, 2016).¹ No major new displacement was recorded in Gaza since 2015, but an estimated 95,000 IDPs remain homeless as a result of the 2014 hostilities (the majority UNRWA registered refugees) of whom 78,000 continue to need temporary support. Although repairs to moderately-damaged homes and educational and health facilities have progressed, the rate of reconstruction of the approximately 18,000 houses that were completely destroyed or severely damaged in 2014 is very slow (Gaza Situation Report 2016). More than 75,000

¹ Gaza Situation report, 2016.

Palestinian families are internally displaced in the Gaza Strip and these continue to live in dire conditions and are in need of homes (UN survey, April 2016).

In 2016, UNRWA and the Palestinian Ministry of Health (MoH) estimated that the infant mortality rate has increased for the first time in the last decade to around 22/1,000 live births in the Gaza Strip, which confirmed their previous study; around 74% of them die in the first 28 days after delivery; mostly within the first 6 days of life. (*van den Berg MM et al, 2015*). According to Palestinian Central Bureau of Statistics (PCBS), 2016, the unemployment rate in Gaza Strip (GS) was 41.7% compared with 18.3% in the West Bank in the 2nd quarter 2016. The unemployment rate for males in Palestine was 22.1% against 44.7% for females in the 2nd quarter 2016. The collapse of Gaza economy led to the fact that around 80% of families in Gaza currently depend on humanitarian aid, a total of 50% of the labour force in the GS are out of work (PCBS, 2016).

An estimated 2.3 million people are in need of humanitarian assistance in the Occupied Palestinian Territories, including 1.2 million refugees mostly in the Gaza Strip, and Area C and East Jerusalem of the West Bank. Overall, the context remains that of a protracted protection crisis driven by lack of respect for international law, and a lack of accountability for violations (OCHA, 2016). Palestinians in the West Bank are subject to a complex system of control, including physical (the barrier, checkpoints, and roadblocks) and bureaucratic barriers (permits, closure of areas) which restrict their right to freedom of movement. The expansion of settlements, restrictions on access to land and natural resources and ongoing displacement due to demolitions in particular, are ongoing. Israeli policies curtail the ability of Palestinians in Area C and East Jerusalem to plan their communities and build homes and infrastructure. The result is further fragmentation of the West Bank.

With the ongoing conflict in most parts of the Middle East, there is a donor shift to other countries like Syria, Iraq, Yemen, and Libya, combined with the refugee challenges in Lebanon and Jordan. This shift has had impact on the ability of many organisations to serve beneficiaries in the OPT. Also, the United Nations Relief Works Agency for Palestine Refugees in the Near East (UNRWA) faces shortage of financial resources, which is affecting their programs targeting Palestinian refugees. Most of the international community donors halted their funds to the Palestinian government, including Israel, the U.S., Canada, and the European Union after the formation of Hamas government in Gaza in 2006.

ACT Alliance, through the ACT Palestine Forum (APF), has been consistently working on the ground with the most vulnerable people. This Follow-on Appeal proposes to run Cash Relief, Job-Creation, Psychosocial Support, Health, Education, and Agriculture programs.

I. EXECUTIVE SUMMARY:**TITLE:** Response to On Going Gaza and West Bank Crisis**ACT APPEAL NUMBER:** PSE171**APPEAL AMOUNT REQUESTED:** US\$ 799,686**DATE OF ISSUANCE:** June 08, 2017**NAMES OF ACT FORUM AND REQUESTING MEMBERS:**

ACT FORUM	ACT PALESTINE FORUM (APF)
ACT REQUESTING MEMBERS	- Department of Service to Palestinian Refugees/Middle East Council of Churches (DSPR/MECC)

PROPOSED EMERGENCY RESPONSE

- by ACT members within the Appeal

• KEY PARAMETERS:	DSPR/MECC	DSPR/MECC on behalf of APF
Project Start/Completion Dates	1 June, 2017 – 31 May, 2018	1 June, 2017 – 31 May, 2018
Geographic areas of response	Gaza Strip & West Bank	Jerusalem (Gaza Strip, and West Bank)
Sectors of response & projected target population per sector	<ul style="list-style-type: none"> • <u>In Gaza Strip</u> • Cash Relief (500 hhs) • Psychosocial support (3'200 ind.) • Health (15'000 ind.) • Education (160 ind.) • Job Creation (50 ind.) • <u>In West Bank</u> • Agriculture (Road of 2 Km. + 4 Water reservoirs of 300m³ EA (approx. 800 ind.) 	Coordination & Capacity Building

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

Preliminary Requirements	Appeal	ACT Member DSPR	ACT Member DSPR- on behalf of APF	Total Requirements
Total requirements US\$		US\$ 746,486	US\$ 53,200	US\$ 799,686
Less: pledges/contributions US\$		0	0	0
Balance of requirements US\$		US\$ 746,486	US\$ 53,200	US\$ 799,686

TABLE 2: REPORTING SCHEDULE

Type of Report	ACT Member MECC/ DSPR	ACT Member MECC/ DSPR on behalf of APF
Situation reports	Quarterly	
Interim narrative and financial report	30 November, 2017	
Final narrative and financial report	31 July, 2018	
Audit report and management letter	31 August, 2018	

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/>. 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) and ACT Senior Finance Officer, Lorenzo Correa (Lorenzo.Correa@actalliance.org), with a copy to the Regional Representative, Gorden Simango (gorden.simango@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, Gorden Simango (gsi@actalliance.org)
ACT Regional Program Officer, Felomain Nassar (Felomain.nassar@actsecretariat.org)
ACT Web Site address: <http://www.actalliance.org>

Alwynn Javier

Global Humanitarian Coordinator
ACT Alliance

II. OPERATIONAL CONTEXT:

1. The crisis: Details of the Emergency

Protracted conflict, repeated shocks, and continued restrictions on freedom of movement, constrained productive capacities and a lack of economic opportunities have resulted in acute emergency situation with high unemployment rate and low household incomes in Palestine. This, together with a high cost of living – particularly for food – has left 1.6 million Palestinians (27% of households) food insecure and in need of immediate assistance and support to productive livelihood. About 282,000 children need psychosocial support and child protection interventions, while 593,000 children at school age need humanitarian interventions to access quality education in a safe, child-friendly environment (Humanitarian Response Plan, 2016 United Nations). This situation has severely impacted the wellbeing of the entire population, especially women and children.

According to a food security survey conducted by the food security cluster during the first quarter of 2016, up to 16% of households in the West Bank are considered food insecure. Livelihoods are undermined by restrictions on access to natural resources, services, stable and efficient markets. Access restrictions to land, water and commerce which are direct consequences of the occupation have led to lack of economic access to food, unemployment, particularly for vulnerable communities in Area C, the seam zone, barrier affected communities, refugee camps as well as the overlooked and poor areas (A and B). Settlements related activities, which include settler agricultural activities, are increasingly confiscating Palestinian land and water resources. Those most affected include farmers, herders/Bedouins, female headed households, the unemployed and households with disabilities and elderly. All restrictions and measures undermine rural livelihoods and farmers' investments, and are impacting negatively on the resilience of rural communities of the West Bank.

In the Gaza Strip (GS), the three military operations in the last six years compound the already existing humanitarian crisis which was largely created by the Israel's blockade policy enforced in 2007 which has greatly impeded economic development. In addition, restrictions imposed by the Egyptian government (July 2013) leading to limited functioning of the Rafah border crossing and closure of the tunnels between Egypt and Gaza have reduced the inflow of essential goods. Due to these macro-economic and political related issues, high rates of unemployment (41.5% as of 2016) and raising poverty (at least 30%) (UNRWA, 2016) are endemic in Gaza. The insufficiency and instability of financial resources coupled with Israeli imposed restrictions to natural resources (land and sea), is significantly impacting economic access to food for households. As a result, food insecurity in Gaza surged from 44% in 2011 to 47% of households in 2015 and is expected to increase further in case the current political and economic issues continue to be persisting. Gaza Livelihoods are undermined by a situation characterized through limited economic access to food due to high prices and limited income opportunities, resulting in low resilience, very high vulnerability, and high malnourishment rates among children under five years of age. More than 70% of Gaza's population receives some form of international aid, the bulk of which is food assistance. (The Gaza Strip: The Humanitarian Impact of the Blockade, November. 2016).

The earlier mentioned Israeli military operations in Gaza Strip, and recurrent outbreaks of hostilities continue to pose a serious threat to life, liberty and security. During the 2014 summer conflict alone and according to the Palestinian Ministry of Health (MoH); 11,100 Palestinians, including 3,374 children, 2,088 women and 410 elderly people, were injured. Preliminary estimates by the MoH indicate that up to 1,000 of the children injured will have some form of life-long disability. Moreover, 1,500 children are orphaned and 70,000 children have either a parent or siblings injured, or killed, or are homeless as a result of this conflict. According to the UN Gaza Crisis Appeal, more than 400,000 children in Gaza are heavily traumatized by the devastating military operations and are in need of psychosocial support.

The majority of the Gaza Strip residents face problems accessing basic services (sectors of Health and WASH). The World Health Organization (WHO) Joint Health Sector Assessment of the Health Cluster highlighted the impact of the frequent conflicts which severely impacted on health and wellbeing of the entire population, especially women and children. Concerns grew about potential nutritional repercussions, and a deterioration of the nutritional status of vulnerable groups including pregnant and lactating women, and children aged 0 to 59 months. While exclusive breastfeeding is considered the leading evidence basic intervention to reduce child morbidity and mortality, exclusive breastfeeding rates are low at 36.4%; moderate anaemia affects 68% of children 6 to 59 months, while mild anaemia affects another 11%-25% with boys affected more than girls; and 25.6% and 12.0% of pregnant women have mild anaemia and moderate anaemia respectively. Due to the overload on the Gaza healthcare sector resulted from frequent conflicts, aggravated by the pre-existing healthcare crisis induced by the blockade of Gaza; persons with chronic diseases and Persons with Disabilities (PWDs) did not receive proper follow-up, putting them at risk of developing further complications, including permanent impairment or disability. In addition, their families are also facing additional barriers in accessing humanitarian support.

Poverty remains a continuous challenge in the Palestinian context, staying high and on the increase. This trend has resulted from unpredictable and declining economic activity, low wages, loss of employment opportunities due to the closure, reduced employment generation capacities of the public and private sectors, and restricted access to natural resources. Around 47.6% of Palestinians had a monthly income below the national poverty line (again with marked differences between the West Bank at 35.6% and the Gaza Strip at 67.1%). As for extreme poverty, 12.9% of Palestinians suffered from it in 2011 based on their family monthly consumption pattern with much higher rates in the Gaza Strip (21.1%) than in the West Bank (7.8%).² The unemployment rate by mid-2016 was almost 42%, among the global highs, while among youth it stood at 60% and among females at over 65%.

Feedback from the partners, Community Based Organisations (CBOs) and the overall recent assessment carried by different UN Clusters and own assessment, reflect evidently that the most urgent humanitarian emergency issues to be addressed in Gaza Strip and the West Bank, should be based on a strategic objective of reducing the suffering and improving livelihoods of the affected population in Occupied Palestinian Territories (OPT). The Gaza Strip is home to about 2 million people. According to the UN-OCHA humanitarian needs overview of 2016; about 2.3 million people in Palestine are in need of different types of assistance, of whom 1.3 million are living in the Gaza Strip. The overview concentrates on food security through restoration and enhancement of livelihoods, meeting basic food needs, and strengthened coordination alongside other identified needs in protection, shelter, health and education.

Approximately 190,017 internally displaced persons (IDP) are currently being accommodated by host families, in rented apartments, prefabricated units, tents and makeshift shelters, or in the rubble of their previous homes. A decade-long blockade against Gaza, in addition to repeated military attacks and violence have affected most of the population and turned them to depend on aid for their basic needs. Freedom of movement is extremely limited and access to essential goods and materials, such as reconstruction materials, is severely hampered contributing to the protracted humanitarian crisis.

2. Actions to date

- 2.1. Needs and resources assessment, and**
- 2.2. 2.2 Situation analysis**

² Palestine 2030 full report.

The primary health care services provided by the DSPR clinics support beneficiaries following a model of inclusion, participation, complementarities and better health for all. Clinic services operate in significantly deprived and disadvantaged areas of Gaza where health demands are pronounced. Refugees and non-refugees, medically insured and non-medically insured beneficiaries are entitled to DSPR services, which is keen to eliminate any kind of discrimination in the inclusion of participants. Variations in services are only applied according to the protocols such as the younger children receive more services and visits, these are natural services. Inclusion in the program follows exactly the standards and protocols endorsed by the Palestinian health system.

The target group is mainly composed of children and their caregivers residing in the communities of Shajaia, Darraj and Kherbet Al Adas of the Gaza Strip. The three health care centers serve Palestinian families who are marginalized, and needy; while focusing on the most vulnerable groups of the population namely children and women.

DSPR family health care centers are based in areas where the maximum number of people can be served from one fixed location, and where existing provision is non-existent or low level. The program works in three vulnerable areas, where there is a densely populated region with over 80% presently living below the poverty line, low employment, limited service provision and economic, political and social uncertainty.

Still many people are displaced and living with relatives and friends, in tents or caravans. As a result, the exposure of those people to health risks has escalated, including the spread of communicable diseases, increased food insecurity, nutritional related disorders, wide spread of psychosocial issues and spread of sanitary related conditions which amplified the burden on DSPR clinics and increased demand at its facilities because other facilities (especially MOH) were affected by the siege or directly targeted during the war. Additionally, the economic pressure on families has decreased their ability to contribute to medical fees. DSPR has increased the number of patients seen every day and implemented psychosocial and health projects. Dermatology services were introduced as a response to increasing trends of sanitary related diseases such as dermatitis and rash.

Gaza witnesses around 60,000 deliveries annually, about 160 deliveries every day. Children are in need for well-baby services from the moment of delivery till the age of six. Despite the fact that most deliveries in Gaza occur in hospitals, new born care and post-natal care remain questionable. The level of Post Natal Care (PNC) remains at an unacceptable level in terms of coverage, quality of the services and the frequency of visits despite of the progress made over the past 10 years.

The most frequently reported estimation of Infant Mortality Rate (IMR) has been around 20-22/1,000 live births in the Gaza Strip (GS); around 74% of them die in the first 28 days after delivery; mostly within the first 6 days of life. The later findings pose important questions about the quality of care provided in the obstetric/delivery units and the neonatal units which suffered from severe shortage of spare parts, failure of equipment such as ventilators and lack of training programs on emergency obstetrics and neonatal care. Unlike most other countries, for more than a decade, the IMR hasn't been reduced; in fact, it has increased. The leading causes of death were found to be prematurity, peri-natal diseases, congenital malformation and infectious diseases. Many of these conditions can be addressed through tackling the neonatal maternal conditions particularly those related to the contextual situation. The under 5 years old mortality rate is around 28 per 1000 live births, the main causes of death of children were injuries, congenital anomalies and infectious diseases. Children's mortality particularly IMR is regarded as an index which reflects the overall performance of the health system, and the deteriorated socioeconomic situation. The IMR is higher than what was expected in the Palestinian National Health Plan (1999-2003), it was by then stated that "the goal is to reduce IMR to 15/1,000 live births." Because many of the IMR associated conditions are containable, it is important to focus on controlling measures to the leading

causes of death in childhood to decrease the IMR by setting up intervention programs in this regard. (van den Berg MM, Madi HH, Khader A, Hababeh M, Zeidan W, Wesley H, et al. 2015).

Congenital anomalies have increased from 4 per 1000 births in 2006 to 7 per 1000 births in 2009 to more than 14 in 2012. That increase may be attributed to the environmental pollution with toxic and carcinogenic metals from the ammunition used in the bombing of Gaza by the Israeli army during invasions and military operations. Many of these congenital anomalies are discovered late due to a lack of effective well-baby services. Regarding disability, the total number of disabled in the GS was found to be 40379 (2.85%) of the population-excluding mental related disability. Of them, 36% are children less than 18 years. The most common disabilities among children are motor, visual, auditory and multiple disabilities. In 2010, around 1.7% of children under 5 years old were suffering from hearing impairment which is almost 17 times higher than the estimated incidence in the United States of America; it was 1.3% in 2010. Contextual factors such as poverty, environmental pollution and bombardments are among the frequently reported reasons for disability. (Palestine 2030 full report, December 2016).

The population of the Gaza Strip exceeded 2 million in 2016, which further complicated the already complicated context. A recent population analysis study done by UNFPA shows that in 2050, the Gaza Strip population will be around 4.8 million. This implies taking serious measures to respond to the increase in the population size such as expanding services, deploying more resources and responding to the consequences of the change in demographic structure such as higher population density, over crowdedness, higher unemployment, more psychosocial stress and increasing urbanization related diseases. DSPR is currently carefully studying the findings of this important study and its implications on its programs.

The DSPR study conducted after the 2014 war in Gaza, and that was published in 2015 on the psychosocial services on Shajaia area (Abu Hamad et al 2015), showed that the population of the area are in bad need for these services especially after being exposed to severe psychological traumas. The study flags the importance of implementing high quality psychosocial services. Policy-makers should implement more programmes designed specifically to meet children's needs, and direct greater effort to encouraging caregivers to increase uptake of services and programmes. Women and young children need greater access to mental health services. Efforts should focus on raising community awareness through media, education and community mobilisation, and improving health workers' awareness of the challenges faced by adolescents as they go through this very specific life-cycle stage (Abu Hamad et al 2015).

Lack of response warns of a complete collapse of overwhelmed systems. The provision of basic healthcare services making medicine, food and fuel available to people would definitely contribute to easing the crisis in coordination with other key stakeholders.

DSPR aims to mitigate the effects of the socioeconomic disparities on Palestinian women, children and youth (male or female equally) in its served marginalized areas through the provision of the best possible primary health care services, nutrition and psychosocial support by skilled staff. Around 60% of staff are female working at its three-family health care centers. DSPR provides Technical Vocational Education (TVE) and training through 4 of its vocational centers for male and female students and also through providing job opportunities and cash assistance to needy families.

It is worth pointing that this intervention is chosen because it represents DSPR key fundamental area of focus-mother/child health and TVET. Such projects have strong track records of saving lives and empowering youth in most vulnerable areas providing either treatment, preventive measures or TVET services.

The lack of peace and reconciliation on the political horizon has created an unsustainable economic situation in the West Bank and Gaza. Donor support has significantly declined in recent years, and

naturally aid cannot sustainably make up for inadequate private investment. Currently there is constrained weak investor confidence because of ongoing restrictions and the lack of political progress. Recovering slowly from recession in 2014, the growth rate is projected to hover around 3.5 % in the medium term.

The 2014 war in Gaza created a humanitarian crisis and caused US\$ 1.7 billion in losses to the economy, which continues to suffer to this day. Even though growth in the Gaza Strip reached 7.3% in 2016, due to increased construction, Gaza's economy is not expected to rebound to its pre-2014 war level until 2018. Alongside its stunted recovery, Gaza suffers from severe shortages of electricity with rolling blackouts. In 2016, the unemployment rate remained stubbornly high at 27%: 42 % in Gaza and 18% in the West Bank. Youth unemployment in Gaza is particularly worrying at 58%. And, although nearly 80% of Gaza's residents receive some form of aid, poverty rates are very high (World Bank Report, April 2017).

The current decline could be reversed in an environment where sustainable, private sector-led growth is fostered, coupled with a commitment of ongoing financial support from the international community. A dynamic private sector can generate the sustainable growth needed; however, restrictions put in place by the government of Israel continue to stand in the way of potential private investment. Access to Gaza remains highly controlled, and much of Area C, which makes up 60% of the West Bank, is inaccessible to Palestinians (World Bank Report, April 2017).

2.3 Capacity to respond

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

The Board is formed of professionals from the community in different fields (health, education) and are considered as active figures in their communities. DSPR has a suitable organizational structure with clear lines of authority, responsibility, and participatory approach in decision making is available. DSPR centers are well equipped and suitable for the project activities being proposed in this appeal. The Centres have a strong community acceptance, involvement and participation which are essential to promote stewardship, community ownership and involvement.

In West Bank, DSPR has been serving Palestinians since 1949 and impacted at least 450 villages focusing upon rural communities towards community resilience within the agriculture sector which remains the primary source of income for Palestinians. Despite restrictions imposed by occupation, yet the challenge remains towards enhancing community resilience through sustainable agriculture providing job opportunities, self-dependency, and avoid being aid dependant. Accordingly, the approach is to shift direction from relief towards recovery and development through providing inputs and enhancing capacities of farmers to become actively engaged in farming towards sustainable agriculture.

2.4 Activities of Forum and External Coordination

One of the main priorities of the Forum is to develop APF 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 Core Humanitarian Standard (CHS) commitments.

Since 2014 till now, the ACT Palestine Forum (APF) organized a training annually starting on Humanitarian Accountability Partnership (HAP) and continued on Core Humanitarian Standards (CHS) with focus on Complaint Response Mechanism (CRM), HAP framework, CHS commitments, etc.

DSPR has developed its Complain Response Mechanism that was approved by the central committee and mainstreamed among all its members. APF members meet on regular basis and a video conference has been held which links Gaza with West Bank ACT Alliance members, for better update and information sharing, fundraising and advocacy issues.

III. PROPOSED EMERGENCY RESPONSE

1. Target populations; 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) for 500 HH	250	250	500	500	750	750			1500	1500
Psychosocial Support	Gaza Strip (Shijaia, El Darraj and Rafah areas)	500	500	500	500	100	1100			1100	2100
Health	Shijaia, El Darraj, and Rafah areas	3500	3500	1000	1000	2000	4000			6500	8500
Education	Gaza and El Qarrarah area			110		50				110	50
Job Creation	Gaza Strip					25	25			25	25
Agriculture	West bank					400	400			400	400
Totals (in individuals):		4050	4050	1710	1600	2700	5750			8460	11400
Total of cases		19,860									

2. Overall goal of the emergency response

2.1 Overall goal

To reduce suffering and improve livelihoods and health of the affected population in Occupied Palestinian Territories (OPT).

2.2 Outcomes

1. Women, children and adults in the poor and overcrowded localities enjoyed good health status and wellbeing.
2. The prevalence of public health diseases such as anaemia and malnutrition in the target areas is reduced.
3. The psychosocial status of the served community particularly women and children is promoted.
4. High quality of vocational training in a variety of designed skills and professions is provided to target groups in accordance with the requirements of the society and labour market.
5. Vocational training centers graduates are assisted in finding jobs and/or self-employment opportunities.
6. Families affected by the on-going emergency situation have enhanced their humanitarian status.
7. Job opportunities for individuals are created.
8. Farmers resilience enhanced in Area "C" with access to water.
9. Farmers engage in sustainable agriculture towards.

3. Proposed implementation plan

3.1 Narrative summary of planned intervention

Cash for Work and Cash Relief for Needy Families (Gaza)

- Create 50 Jobs for a three-month contract at US\$ 350 monthly salary for 25 males and 25 females.
- Provide 500 households with US\$ 100 p/family one-time payment to cover purchases of basic food necessities and commodities.

Health Support (Gaza)

- Provide medical examination, counselling, lab investigation and medication for a total of 15,000 patients.
- 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.
- Provide growth monitoring for children up to 6 years old through well-baby program.
- Screen, treat and follow-up anaemic and malnourished children through nutrition program.
- Provide family planning services to women.
- Provide dental care services to women, children and adults.
- Perform laboratory testing including blood test, urine and stool analysis, Fasting Blood Sugar (FBS).
- 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.

Psychosocial Support (Gaza)

- Provide family/individual counselling, consultation, psycho-education, group sessions, group counselling with hospitality for 1000 school age children, 1000 kindergarten age children and 1000 mothers at DSPR Gaza Health Centers.
- Screen 200 of primary health care beneficiaries to identify common mental disorders and provide appropriate interventions.
- Provide capacity strengthening activities for social workers at the DSPR health centers including 5 days training about cognitive behavioural therapy.
- Conduct open fun days for 2000 children.
- Procurement of children' toys to be used in the recreational activities.

Education: Vocational Training (Gaza)

- Provide high quality vocational training skills for 110 of male school-dropped out students in the fields of carpentry and furniture making/ metal works and aluminium.
- Provide vocational skills in the field of general electricity and motor rewinding for 50 young men
- Support DSPR Gaza vocational training centers through the appointment of (5) instructors and (2) supervisors; (1) store keeper and the provision of material supplies.

Agriculture (West Bank)

- Provide 2 kilometres of agriculture road enabling access to 400 dunums of fertile land
 - Provide 4 water reservoirs with capacity of 300 m³ each to enhance agriculture growth.
- Approximate overall beneficiaries are 800 individuals.

Establishment of steering committee:

A steering committee will be formed to be responsible for guiding implementation, providing technical assistance, and supporting beneficiary complaints and feedback mechanisms. The steering committee will advise on approaches to be used, and help validate information and data on beneficiaries using the database available to the Ministry of Agriculture.

Selection of beneficiaries:

A beneficiary selection methodology will be finalized in coordination with partner Community-Based Organisations (CBOs), local committees, and representatives of the targeted communities and groups. It will be based on current needs assessments and analysis conducted at community and household level in order to identify the most vulnerable families/individuals with support of the local representatives of the communities themselves. For rehabilitation of livelihoods outcomes, the selection criterion is expected to incorporate the following factors: Head of Household (HoH) is breadwinner to at least 6 dependent members; HoH is affected and/or have lost their livelihoods in conflict, and already has a proof of damage certificate from the MoA; HoH possesses physical and human capital; HoH is not benefiting from similar projects, but has willingness to contribute with manpower or in-kind to the rehabilitation of their farms. For assistance to food insecure households the selection criterion is the same.

Sustainability

Gaza experiences daily power outage of 12-18 hours, leaving people with less than 6 hours of electricity. In the best-case scenario, people receive electricity for 8 hours a day which is rare to due to restrictions on imports of fuel and internal political conflict. Frequent power cuts negatively affect every single aspect of life and disrupt key activities.

Safety and security:

In the course of its field work, DSPR places a special emphasis on the safety and security of staff members. Staff have to adhere to the organization's security rules and regulations to minimize risks linked to the nature of their work.

3.2 Log frame

Project structure	Indicators	Means of Verification (MoV)	Assumptions
<p>Goal To reduce suffering and improve livelihoods of the affected population in the Occupied Palestinian Territories (OPT).</p>			
<p>Outcomes Women, Children and adults in the poor and overcrowded localities enjoy good health status and wellbeing.</p>	<p>At least 95% of pregnant women in targeted locality received timely ANC at least 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>	<p>DSPR reports and database. Follow up of staff performance. Analysis of health indicators. Minutes of meetings. Lists of participants.</p>	
<p>The prevalence of Public Health diseases such as anaemia and malnutrition in the target areas is reduced.</p>	<p>Prevalence of anaemia and malnutrition amongst registered children in the targeted areas reduced by 10%. 50% of anaemic and/or malnourished cases improved, recovered or stayed the same and prevented from further deterioration.</p>		

The psychosocial status of the served community particularly women and children is promoted.	At least 30% of persons with psychosocial problems improved after receiving support from DSPR 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 VTCs' graduates are assisted in finding jobs and/or self-employment opportunities.	Over 50% of the graduates were 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 beneficiaries are able to purchase basic needs that cover 2-4 weeks-time.		
Community resilience enhanced through sustainable agriculture in area C.	Agriculture road of 2 Kilometres enables access to 400 dunums of agriculture land.	Bidding process. Contractual agreements.	Military activities may delay or hinder activities

Outputs • Pregnant women received adequate primary and procreation health care services.	2000 pregnant women received follow up visits, newly registered and on-going.	DSPR reports and database Follow-up on staff performance.	Outputs-to-Outcomes assumptions Staff is able to reach the Family-Care centres and TVET centers
Children received adequate primary health services.	7,000 sick children up to 6 years old received medical examination and treatment.	Analysis of health indicators. Minutes of meetings.	Improvement in political status.
Patients physically examined, appropriately investigated and received treatment.	Over 3,000 patients examined, tested and received treatment.	Lists of participants.	

<p>Clients received appropriate dental care.</p>	<p>Over 3,000 women, children and adults in targeted areas receive dental care annually.</p>		<p>Entry of medications and material supplies are allowed.</p>
<p>Appropriate psychosocial services are provided to children and women attending the PHC clinics.</p>	<p>1000 school age children and 1000 kindergarten age children received psychosocial services (PSS) through the health centers. 1000 mothers received PSS activities at DSPR health centers 200 primary health care (PHC) beneficiaries were screened for common mental disorders and received appropriate interventions 5-days trainings are conducted to DSPR staff. Open fun days are conducted to the above 2000 children.</p>		<p>Electricity is available.</p> <p>Fuel, energy sources is maintained.</p> <p>Transportation is available.</p>
<p>Male youth received vocational training in carpentry/furniture making, welding and aluminium work.</p>	<p>A total of 110 students (new and old) receive training in carpentry/ furniture making, welding and aluminium work annually.</p>		
<p>Male youth received vocational training in general electrical skills and motor and transformer rewinding.</p>	<p>A total of 50 students (new and old) students receive training in electricity skills.</p>		

<p>Farmers in area C have access to agriculture land Farmers have access to water for agriculture growth.</p>	<p>800 farmers using sustainable agriculture are enabled through access to water in area C. 4 water reservoirs made available for irrigation of land.</p>	<p>Ministry of Agriculture letters of support. Field Coordinator reports, Projects Manager, monitoring visits and reports.</p>	<p>Access of inputs to designated areas. Occupation practices of closure.</p>
<p>Activities</p> <p>Health Support (Gaza), to:</p> <ul style="list-style-type: none"> ○ Provide medical examination counselling and medication for patients. ○ 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. ○ Provide growth monitoring for children up to 6 years old through well-baby program. ○ Screen treating and follow-up for anaemic and malnourished children through nutrition program ○ Provide family planning services to women. ○ Provide dental care services to women, children and adults. ○ Perform laboratory testing, CBC, Urine and stool analysis, FBS, etc, Support DSPR Gaza health centers by to cope with the emerging needs with the appointment of 3 supervisors, 3 general doctors, 3 lab technicians and 3 nurses. 	<p>List of Key inputs</p> <p>Human Resources (Staff): 3 Clinic supervisors 3 General Practitioners, 3 Lab Technician, 3 Nurses 5 Social Workers (Counsellors) 2 TVET supervisor, 5-instructor, 1 store keeper</p> <p>Non-Human Resources: Medications: such as Antibiotics, Analgesics, Antitussive, Antipyretics, Antihistaminic, etc., Material supplies: Toys, T-shirts, hats, refreshments, children play tools,</p> <p>Others Stationary Fuel Rent Communication Electricity</p>	<p>Activities-to-Outputs assumptions:</p> <p>Staff is able to reach the Family care centres and TVET centers</p> <p>Improvement in political status</p> <p>Entry of medications and material supplies are allowed</p> <p>Electricity is available</p> <p>Fuel, energy sources is maintained</p> <p>Transportation is available</p>	
<p>Psychosocial Support (Gaza), to:</p> <ul style="list-style-type: none"> ○ Provide family counselling, individual counselling, consultation, psycho education, group sessions, group counselling with hospitality for 1000 school age children, 1000 kindergarten age children and 1000 mothers 200 screened cases for common mental disorders at DSPR Gaza Health Centers. ○ Provide capacity strengthening activities for social workers at the DSPR Health Centers including 5 			

<p>days training about cognitive behavioural therapy.</p> <ul style="list-style-type: none"> ○ Conduct open fun days for 2000 children. ○ Purchase of children’s toys to be used in the recreational activities. 		
<p>Vocational Training (Gaza)</p> <ul style="list-style-type: none"> ○ Provide high quality vocational skills for male/ females school-dropped out students in the fields of carpentry and furniture making/ metal works and aluminium. ○ Provide vocational skills in the field of general electricity and motor rewinding for male youth ○ Support DSPR Gaza vocational training centers through the appointment of instructors (males & females), supervisors; and the provision of material supplies. 		
<p>Cash and jobs for needy Families</p> <ul style="list-style-type: none"> ○ Job creation for a three-month contract. ○ Provide families with cash to cover purchases of basic food necessities and commodities. 		
<p>Agriculture (West bank) Provide 2 kilometres of agriculture road and 4 water reservoirs</p>		

3.2.1 Implementation arrangements

DSPR is engaged in the required standard for the Palestinian NGO's Code of Conduct, while it was certified for Compliance for Code of Conduct (CoC) in 2015 from the NGO Development Centre (NDC). In addition, beneficiaries' feedback is systematically monitored, which reflects positive attitudes. The satisfaction assessments conducted by DSPR staff reveal that over 90% of clients are satisfied with the services provided, which is reflected in the increasing number of beneficiaries as a positive impact. Regular community meetings with involvement of the served people from different areas, and different characteristics are the DSPR approach to discuss the quality of the services provided, perspectives, requirements, and suggestions that are raised to the Areas Committee level. Records and minutes of the community meetings are properly maintained. The Ministry of Health (MOH) and the Ministry of Labour (MOL) are actively involved in the work process to obtain their approvals on project implementation, together with relevant partners.

DSPR-West Bank will focus on farmers in area C, enabling access to agriculture land and providing access to water towards improving livelihoods and resilience through sustainable agriculture. DSPR West Bank will target farmers and their families In Tubas area providing access to agriculture land and water enabling farmers improve their livelihoods in sustainable agriculture in area C.

3.2.2 Partnerships with target populations

DSPR conducts regular community meetings, involving the served areas including women/men from different backgrounds. Records and minutes of these meetings are properly maintained. Local communities help identifying the needs and priorities of the target group as key people. Child participation is an essential part of positive development practice of children attending its clinics regularly with their mothers. Through empowering families/mothers, DSPR aims to empowering children to develop their full potential in an atmosphere of respect, support, well-being, and heard voices. Children receive equal treatment regardless of their ability, language, or skills. Community involvement is an essence of Public Health Centers (PHC) and Family Health Care (FHC). The involvement of community members to such a degree is not a common behavior of health providers in the Gaza Strip. Since launching its health program, DSPR involves community members constantly in identifying community needs, prioritizing the identified needs, and implementing activities. For instance, during launching of the nutritional program in the three-targeted areas, community leaders were engaged in order to reach, educate, and convince people to adopting healthy habits. DSPR considers inclusion of family planning services to its health services. Community members demanded the service; community leaders expressed the need to DSPR, which has responded to the community need and included the service within its bundle of services. With no doubt, community involvement is not only value added, but it gives credibility, acceptability, and suitability of the provided services.

The trainers, health and social workers and other project staff are all members of the beneficiary communities. Humanitarian assistance and related services will be provided based on the respect of humanity and dignity. DSPR management will ensure that safety and security of stakeholders are paramount in all program work. The support and commitment of beneficiaries are obtained prior to the project implementation for their satisfaction through community leaders' meetings and discussions. Beneficiaries' participation will be ensured through soliciting feedback, involving them in the management plan and considering their perspectives through questionnaire, considering gender equality and policy of interventions.

Continuous health meetings are being held at either health centers or TVET centers for all beneficiaries. DSPR coordinates with its stakeholders and the MOH for official approvals. The same approach for TVET program, combined with coordination with the Ministry of Labour and/or relevant organization such as UNRWA that provides TVET programs' training. Different stakeholders are also contacted for professional

staff training. Coordination and partnership are in place with all relevant ministries to ensure compliance with priorities within the national strategy. DSPR works directly with farmers through contractual agreements and share cash and/or in-kind distributions.

DSPR West Bank operates through their field office in the Tulkarem city in the West Bank, which is accessible to target groups. An Agronomist is on site to ensure implementation of activity plan and provides technical support to farmers to maximize impact. Agronomist is supervised by the Projects Manager who conducts field visits to ensure compliance to plans and contractual agreements.

3.2.3 Cross-cutting issues

Gender:

DSPR is committed to gender equality policy, promoting gender balance and equality in staffing and representation in access to health quality system, PSS and in socio-economic empowerment. DSPR Gender Policy focuses on the principles of promoting gender balance in staffing and representation, promoting gender equality in access to health quality system, PSS and promoting gender equality in socio-economic empowerment.

Labor force participation has remained almost constant for males but increased significantly among females, rising 70% from 2001 to 2014 for those 25-54 years of age. Many males and females who are willing to work cannot access the labor market. This is mainly visible for youth aged 15-24, for whom the unemployment rate was 41% and for women, with 39% unemployment (Palestinian 2030 full report).

Currently, 47.3% of DSPR staff is females and 52.7% are males. People are being served irrespective of their faith, colour, gender, political affiliation or geographical locality. Approximately 60% of beneficiaries are females, recognizing the important role women play as caregivers within the household. The PSS program targets equally children from both genders without any kind of discrimination.

Equal opportunities are being given for male/female students in TVET trades to develop their career and enable them getting decent employment opportunities. Female enrolment percentage is 40% while 60% for males in the running 3 TVET professions for males versus 2 professions for females.

Monitoring, project inputs, outcomes, database, processes and outcomes, equity and gender issues in services provided is a priority. Results and outcomes are disaggregated by gender, and this helps to strengthen the health information system data collection. DSPR is deeply committed to gender equality through its gender equality policy.

Environment:

Although the control of infectious diseases has been maintained with no reports of fatal vaccine-controllable diseases, meningitis, hepatitis, watery diarrhea, parasitic infestation, skin diseases and others are common diseases with high morbidity rates. The spread of infectious diseases is attributed to contextual factors such as poverty, poor sanitary conditions, water and environmental pollution (PALESTINE 2030: Demographic Transition in Palestine and what it means for Development). DSPR has a specific and safe protocol in cooperation with the MOH for disposal of the hazardous waste without affecting the environment, with regular coordination with the Gaza municipality to collect and treat wastes including hazardous of medical wastes. The three clinics use disposable containers for solid disposals, family planning disposals (such as used Intra Uterine Device IUD), swap, gloves, and laboratory tubes. The disposable containers are sent weekly to the incinerator of the MOH, respecting the national infection prevention and control protocols of the MoH that includes a component about effective waste management.

Health education sessions are conducted through the clinics with emphasis on general health and hygiene awareness principles. Printed Information, Education, Communication (IEC) materials are available and are distributed to the mothers/women who attend the three clinics. DSPR conducts 2 community

enlightenment and advanced courses for 30-40 women yearly, including sessions related to environmental considerations.

The DSPR TVET centres adopt the costly effective approach where the minimal amounts of the raw materials from old projects are reused in the formation of new projects; i.e., small pieces of wood are used to produce architecture handcrafts. Metal wastes, aluminum and motor rewinding workshops are subject to recycle other than the workshops. DSPR will focus during 2017 on upgrading the curricula, workshop infrastructure and new technological equipment' procurement with safety consideration. A best practice manual will be developed to ensure the good use and safe performance of machines and equipment.

DSPR West Bank: Agriculture plays a key role in land management and has a huge responsibility in the preservation of natural resources. The desired relationship between agriculture and the environment can be captured by the term of "sustainable agriculture", as management of future natural resources. The agriculture sector performs its tasks with a view to the protection, preservation and improvement in the quality of water, and reduction of pollution, and soil, in the scarcity of crop diversification and in preservation and enrichment of resources.

Protection

DSPR considers Children Safeguarding and has successfully developed Child Protection Policy and Gender Policy in the year 2013, in line with ACT Alliance policies.

Reproductive health is a human right recognised by the UN declaration of human rights. This is an area that has been historically neglected in the Palestinian context. The proposed intervention fills important gaps especially that it addresses an issue resulting from social norms and traditions which are also another source of inequalities and social related vulnerabilities. Women and children are particularly vulnerable, hence the need to respond to their needs in an ethical responsible way. The internationally recognized child rights incorporate the four key dimensions of survival, development, protection and participation, which are addressed in this project.

Child protection

All children have the right to be protected from violence, exploitation and abuse. Yet, millions of children worldwide from all socio-economic backgrounds, across all ages, religions and cultures suffer violence, exploitation and abuse every day. Millions more are at risk (UNICEF, 2016).

In Gaza, around 51% of its population are children under 18 years old, (Palestinian Bureau of Statistics) living under one of the most complex political and economic situations in the world. The multiple risks facing girls and boys have devastating impact on their well-being, physical security, and future. Child protection from violence, exploitation, abuse, and neglect are urgent priorities for humanitarian institutions and agencies.

DSPR staff continued the mainstreaming of child safeguarding and child abuse through providing awareness sessions, distributing brochures and booklets to beneficiaries at the health centers and TVET-VTCs. Psychosocial counsellors are being held credibility in child protection and psychosocial activities/interventions to detect any child abuse regardless of any official reporting. This is in addition to the existence of a complaint box for beneficiaries to facilitate them complaining but also relaying information on areas that need attention.

3.2.4 Coordination

Coordination with other organizations depends on the nature of the activity undertaken. In Gaza, ongoing coordination and cooperation with ACT members in the field, UNRWA, the Ministry of Health, Ministry of Labour, UNICEF, private sector, NGO's and CBO's is part of the work implementation. In the Primary Family Health Care Centers, DSPR well coordinates with the Ministry of Health to obtain the needed licence for the family care centres, and referring cases to MOH hospitals and clinics, with Thalassemia Centre to

conduct electrophoresis for special cases of anaemia non-responding to Iron supplementation. It also cooperates with ANERA and UNICEF seeking donations for medications or milk formula for malnourished cases. It also coordinates with WHO and attends the Health-Nutrition Cluster regular meetings to share updates, experiences and knowledge.

In the Vocational Training Centers, DSPR coordinate with the Ministry of Labour (MOL) to follow-up final exams and accredit the TVET Diploma certificates. Cooperation continues with the Red Crescent Society to conduct illiteracy lectures for students in Gaza Vocational Center. A partnership agreement was signed in 2015 with the Palestinian Federation of Industries "PFI" to assess the 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 students to gain first-hand knowledge and to practice in their respective fields. DSPR attends all Child Protection Working Group (CPWG) and Mental Health Psychosocial Support (MHPSS) Cluster meetings led by UNICEF and Local Employment & Technical (LET), vocational and educational training Council regularly to share skills, information, knowledge, discussion, and experiences.

DSPR West Bank coordinates with the Ministry of Agriculture (MoA), local village council and existing farmers' cooperative to ensure fair opportunities and selection of target groups.

3.2.5 Communications and visibility

DSPR is a member of ACT Alliance which supports the provision of health services including PSS and TVET program in the Palestinian marginalized community. Thus, DSPR shares its valuable experience internally and externally through the following methods:

- DSPR Releases its progress and annual reports and shares them with the interested local and international organisations including MOH, Ministry of Labour, UNRWA, and UNICEF, and other ACT partners/members in the APF.
- Uploads its publications including reports and success stories on DSPR website: www.DSPR-NECCgaza.org, ACT Alliance co-brand have been used inside the centers and on posters, banners, together with briefing the local community on ACT Alliance' support,
- Received many international visitors of whom through such visits to programmes receive updated information about the general situation,
- Informing beneficiaries on the source of funding,
- Developed and published a video film about their programs,
- Regular video conference through DSPRC Headquarter (HQ) in Gaza with APF members and partners in collaboration with DSPR West Bank and Jerusalem.
- Situated a placard in the target area of intervention highlighting ACT Alliance engagement and role in the project.

3.2.6 Advocacy

DSPR advocacy program aims to mobilize and empower disadvantaged groups and vulnerable Palestinians communities seeking just, equality, socio-economic rights. The program will promote provision of quality postnatal care services to reduce morbidity and mortality rates among mothers and neonates in the three served localities, advocating for exclusive breast-feeding for at least the first six months of babies' age, as well as promoting TVET to raise awareness among partners and stakeholders in an academic approach. DSPR will continue mainstreaming child protection policy and child rights against any kind of abuses. As such, it is planning to implement new environmental initiative for streets' cleaning in coordination with Gaza municipality; and is actively participating in the meetings held under the Local Employment and TVET (LET-Council) as it has membership in two sub-committees of TVET Capacity Building and Donor Funding.

Those important committees are administering policies and roadmaps for the planning, delivery and development of TVET programs in the Gaza Strip given the largely-diversified entities of TVET providers encompassed by the committees such as ministries (Labor, Education, etc.), TVET providing institutes,

NGOs, and private sector representatives namely federation of industries, ICT, and chambers of commerce. Advocacy work will be coordinated with ACT Alliance and ACT members within the APF to ensure a shared message is carried whenever possible.

3.2.7 Sustainability and linkage to recovery – prioritization

DSPR health and vocational training activities will be implemented in its centers, enrolling local Palestinian staff and managers of both genders. This Appeal contributes to improving health and wellbeing of Palestinians in the three served localities, and empowering Palestinian youth in Gaza through health education and appropriate practices of nutrition, hygiene, danger signs, etc. Primary Health Care and PSS are critical for the survival and the wellbeing of the benefited mothers and children on the long term. Thus, it contributes to reduction in mortality and morbidity on short and long-term perspectives.

The project will help developing the capacity of the DSPR to provide quality health care and PSS, and build on the project success. Skills, strategies, and tools, will continue to operate despite the discontinuity of the project funds. It will also serve the vulnerable Palestinian population within the overall health plan, through an integrated approach of services provision, and will strengthen communities' abilities to meet their needs. The project could be considered as a model for the continuum of care to women in Gaza that are overlooked by other organizations.

DSPR is planning to include a special section in its curricula for its TVET-students designated for the enterprise and start-up business management. This endeavor will result in more accessibility to the self-employment approach and culture, and thus directing to easier attainability to job opportunity.

3.2.8 Accountability – complaints handling

The focus of the activities fits within the overall strategy of the MOH and MOL targeting vulnerable children, women, adults and youth. Services offered are based on national and international approved standards and guidelines, ensuring the needs of the beneficiaries are fully met. The proposed interventions fit the overarching goal of contributing to the Sustainable Development Goals –SDGs- (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, strengthening management system through developing financial and personnel manuals to be committed to CHS standards. Two new manuals were finalized, including a HR/Personnel manual that incorporates employment status, roles and job descriptions, employees' records, training and development, employee benefits, payroll, workplace guidelines, employee conduct, disciplinary actions, grieving system, performance appraisal and e-policies. It is also, developing a financial management manual/policy that involves planning, organizing, controlling and monitoring of financial resources. The financial policy manual delineated responsibility, authority and accountability of different related parties, and strengthening the management systems at the DSPR services. These manuals are now complete and a training will be carried out soon for the key staff concerning implementation.

3.3 Human resources and administration of funds

The Central Committee (Board) of DSPR is composed of nine voting members in addition to the five Executive Secretaries of the five Area Committees who participate in the two bi-annual meetings in their non-voting capacity. The Executive Secretary of the Central Office together with the Finance Officer and the Program Development Officer and other Central Office staff attend the meetings of the Central Committee as Ex Officio.

The Area Committee acts as the Board of Directors, meets regularly, and authorizes Sub-Committees that looks into specific areas of operation such as vocational training, medical work and finance.

The Central Committee reviews the proposed activities and their budgets for each Area of DSPR as well as the Central Office. It also monitors regularly the progress of activities and their implementation. It

adopts the policies and strategic planning of the department. The Central Committee is the decision making body and the overseer of the activities and works of the department

All DSPR activities funded from different source, fall within the scope of the internal audit service, which will consider the adequacy of controls necessary to secure propriety, efficiency and effectiveness in all areas, including management, and means to achieve the project objectives.

The Boards of DSPR Gaza and DSPR West Bank, composed each of 12 members each, will supervise the process of implementation of this humanitarian appeal. The Executive Secretary of Gaza and West Bank will have overall responsibility to oversee the process of implementation according to criteria, eligibility, and network with other organizations.

“GIT top-man” accounting software is used to record daily transactions. It is amenable to producing monthly statements and periodic reports detailing all transactions entered.

Chief Accountants at Gaza and West Bank Offices will have a separate ACT accountant that will be responsible for transaction, who will be monitored by DSPR Central Office Finance Officer and Internal Auditor. The whole work will be monitored by DSPR Central Committee, reports and update will be shared with them on a regular basis during the project period.

3.4 Planned implementation period

Activities in this ACT Appeal will take place during a period from 1 June, 2017 to 31 May, 2018.

3.5 Monitoring, reporting and evaluation

Monitoring allows programs’ adjustments and assesses what is actually happening versus what was planned.

In particular; DSPR utilises:

- 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.

DSPR is planning to conduct an external evaluation in its 2017 project funded by Bread for the World (BftW). An external facility assessment conducted by International Medical Corps (IMC) revealed excellent facilities performance. DSPR developed a draft of balanced score card as tool of monitoring and evaluation.

I. THE TOTAL ACT RESPONSE TO THE EMERGENCY

Either through the appeal or outside it, DSPR 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, relevant ministries, non-governmental organizations (NGO)s, community based organizations (CBOs), community leaders, etc. DSPR proposes providing primary health care services including psychosocial support through three family health care centers in three marginalized areas Shijaia, Darraj and Rafah/Kherbet Aladas, and technical vocational educational training through 4 vocational training centers in Gaza, Shijaia and AL Qarrarah areas. It optimally aims at protecting and supporting vulnerable women, children and youth living in a volatile political environment. Health services offered are based on national approved technical standards and guidelines.

DSPR is working on new approaches for the coming period to do more partnerships and raise more funds. It will continue partnering with UNICEF on a health program to promote postnatal care at the served localities to support mothers and new-borns, and reduce mortality and morbidity rates among the target group during the postpartum period, raising family awareness on postpartum period including mother care and new born babies' care, breastfeeding, and danger signs. Partnering and embracing the Middle East, it will integrate the preconception care and strengthen the antenatal care at its clinics.

DSPR finished in March 2015 the PSS phase of theoretical and practical training to all health staff in order to integrate the mental health and PSS into primary health care, to develop a new manual for its MHPSS workers, use assessment tools for the interventions, and measure the outcomes of interventions. Additionally, DSPR has developed a web service (MIS system) for psychosocial program and android application for outreach activities through APF support, and will develop a financial and HR manuals through the APF support, expected to be finalized by June 2016.

DSPR has performed a professional research on the TVET with support of NCA assessing the economic situations in the Gaza Strip and the needs of labour market. It is now planning to start a new profession of refrigeration and air conditioning for male youth, however, it is still seeking a partner. DSPR has recently partnered with PORTICUS-Austria in order to receive support for the male youth vocational training centers in Gaza and Al Qarrarah VTC's. This partnership will run through the year 2016. Additionally, DSPR started applying the new developed curricula for all TVET professions in the new scholastic year 2015-2016 started in September 2015, and were implemented in partnership with GIZ for 2 years project.

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

DSPR is an ecumenical and Church-related organization which is an integral part of the Middle East Council of Church (MECC); it was founded in 1950 following the 1948 Arab-Israeli War and the creation of the Palestine refugee problem. 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 OPT and coordination of the ACT Appeal is the responsibility of the ACT Palestine Forum (APF). The APF was established in April 2008 and is composed of ACT members Middle East Council of Churches/Department of Service to Palestinian Refugees 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)- Norwegian Church Aid (NCA), Christian Aid, Evangelical Lutheran Church in Jordan and the Holy Land (ELCJHL), Diakonia Sweden, HECKS, Diakonie Katastrophenhilfe, ICCO Cooperation, and Church of Sweden. 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 gathers ACT Alliance Members in the Middle East.

The chairing of the forum meetings rotates among the members. The present Convener is Evangelical Lutheran Church in Jordan and the Holy Land (ELCJHL) and Co-Convener is Youth Men Christian Association - YMCA.

Background of ACT Palestine Forum (APF)

Since its inception in April 2008, APF has met monthly, practicing its 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 in 2008. APF coordination comprises many tasks including coordinating the ACT appeals, liaising with ACT Alliance in Geneva and at the ACT MENA regional office in Jordan, in addition to other tasks including arranging and facilitating meetings by setting the agenda's and arranging and working on Logistics for workshops and annual meetings. 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 can achieve much more and play an added important role when acting together than they are able to do as individual organizations.

Based on Joint planning in term of the strategic direction and planning for the Forum, it has been decided to strengthen the effectiveness of the APF. One of the main priorities of the Forum is to develop APF's and members' capacities on Emergency Preparedness and Response Plan (EPRP), in addition to improve the monitoring and evaluation system and knowledge about the different humanitarian standards like Core Humanitarian Standard (CHS) and Sphere, in addition to need assessment in times of emergency, and Code of Conduct. With the spirit of being one Alliance, APF has taken the responsibility to include all ACT members in the region to any capacity building event that all members could benefit from.

III. COORDINATION/CAPACITY BUILDING CONTEXT AND BACKGROUND

Capacity Building

APF has 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 updates it plan and implements the capacity development plan in 2017 based on needs and priorities.

ACT Palestine Forum (APF) was able to accomplish one of its priorities in March 2013, in which a workshop was conducted to introduce APF members to HAP, both in Gaza and West Bank. In 2014 APF communicated with Christian Aid and with Norwegian Church Aid and has asked them to carry out and facilitate some accountability training based on the Humanitarian Accountability Partnership (HAP) format. Three workshops were conducted with invitation been sent to all ACT Members in the region.

The first training was on the HAP Accountability Framework (AF) and the Complaints Response Mechanism (CRM) in Antalya in April 2014, in which APF developed the format around the HAP concept where the attendees gained a good understanding of how the Accountability Framework and Complaints Mechanisms worked.

The Second training coincided with the final draft of the new Core Humanitarian Standards (CHS) being launched in Antalya in February 2015. The second training focused on Staff Competency (HAP Benchmark 2) and Information Sharing (Benchmark 3) and Participation (Benchmark 4), with their equivalent in CHS, which is Commitment 8 – (Well managed staff and volunteers) and Commitment 4 (People have access to information and participate in decisions).

The final third training focussed on the remaining CHS 6-commitments and was held in Turkey, in February 2016, which focused on:

1. Appropriate responses
2. Timeliness
3. Preparedness, resilient and less at risk.
6. Coordinated complementary assistance
7. Learning from experience
9. Managing resources effectively.

All workshops involved members from APF, JSL forums, in addition to the Coptic Orthodox Church -Bishopric of Public, Ecumenical and Social Services (COS BLESS), an ACT member in Egypt, including other ACT members in the region.

APF sees a need to continue accompanying members with Core Humanitarian Standard (CHS) and build on the acquired knowledge and expertise, and a general and in-depth workshop on certain topics of CHS to cover the current gaps, which will be identified by the members.

Humanitarian Networks

It is important to engage in the various coordination mechanisms of the broader humanitarian and development community, especially, the NGO network Association of International Development Agencies (AIDA) and UN cluster meetings. AIDA is the principal 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. An Invitation has been extended to local CRO's and networks to be part of APF annual meeting and this cooperation will be built upon in future.

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, which supports Palestinian society to cope effectively.

Objectives

1. The APF, its members, and activities have been coordinated.
2. The capacities of APF and its members have been identified and 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 office in Amman and in Geneva.
- 1.6 Communicate and Liaise with JSL forum and other ACT regional members as needed.
- 1.7 Participate in and distribute relevant information from broader humanitarian and development network.
- 1.8 APF will continue with its monthly prayer vigil, with monthly focus on themes agreed upon by forum members.
- 1.9 APF has an advocacy protocol document and will update APF own advocacy strategy when needed
- 2.1 APF will identify capacity gaps based on outcome of capacity building assessment tool to be shared with all ACT members in the region in September
- 2.2 Capacity building plan will be updated constantly
- 2.3 Capacity Building needs will be prioritized
- 2.4 A workshop will be conducted on one of the capacity building priorities identified by members
- 2.5 Emergency preparedness plan will be published and shared with members.

Project Implementation Methodology

Due to the humanitarian needs, scope of work, and limited capacity of the members, the ACT APF Forum commits to the engagement of a part time Coordinator in Jerusalem. Based on the experience in previous years, the Coordinator is expected to continue assisting members through enhancing coordination, cooperation and developing their response and capacity. External consultants will be involved to assist when needed. Forum meetings will be convey 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 his/her-time and will provide the support needed as long as the APF members continue to be involved and cooperatively support the various activities listed above.

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 Territory (OPT), hence, funding of an APF Coordinator is needed for several reasons: several coordinated activities being undertaken at present, and, the ongoing humanitarian crisis in OPT.

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 in Jerusalem will be responsible for signing the agreement(s) for coordination and will be responsible for the recruitment of external consultants in cooperation with APF members and the ACT Secretariat regional office in Amman.

The Finance Officer of DSPR Central Office will keep separate records for all expense and receipts for the coordination of the 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 to monitor the Appeal activities, to strengthen the APF Forum.

Monitoring and reporting to ACT is the responsibility of DSPR as the requesting member. Reporting will include:

- Quarterly SitRep
- Interim report 31 November, 2017
- Final report: 31 July, 2018
- Audit Report: 30 August, 2018

An external evaluation is not planned for this appeal.

VII. COORDINATION

The APF monthly meetings will be the primary mechanism to ensure that coordination and monitoring of the project implementation and capacity building activities are conducted as planned. The APF Coordinator will need to lead roles in keeping the APF apprised of developments and related issues, and to keep various processes moving forward.

The APF Coordinator will attend relevant meetings/networks 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 171					
Appeal Title: OPT : Support for Gaza and the West Bank					
Implementing Period: 1 June, 2017 - 31 May, 2018					
INCOME					
INCOME - Received by Requesting Member via ACT Secretariat, Geneva					
Date	Donor Name				
	List by date & donor name and fill in amount- indicate original currency amount and Payment Advise #				
INCOME - Cash received directly from donors					
Date	Donor Name				
	List by date, donor name and fill in amount- indicate original currency amount				
	Interest earned on ACT funds				
INCOME - In-kind donations received					
Date	Donor Name				
	List by date, donor name and fill in amount- indicate items received in brief				
TOTAL INCOME					
EXPENDITURE					
		Type of	No. of	Unit Cost	Appeal
		Unit	Units	USD	Budget
DIRECT COST (LIST EXPENDITURE BY SECTOR)					
DSPR Gaza					
Cash Relief to Needy Families & Job creation					
	Cash Relief to Needy Families	Families	500	100	50,000.00
	Job Creation for 3 months for 100 Job	Job/month	50	350	52,500.00
Sub-total cash relief & job creation					102,500.00
Health program					
	Medical Fees	Patients	15,000	5	75,000.00
	Medications	Lump			100,000.00
	3 Doctors 30% (3*900*12*30%)	Month	12	900	9,720.00
	3 Supervisors 30%	Month	12	850	9,180.00
	3 Nurses 50%	Month	12	580	10,440.00
	3 Lab Technician 30%	Month	12	850	9,180.00
	Rent 30 %	Year	1	12,700	3,810.00
	Fuel for energy for health Centers 20%	Lump		20,000	4,000.00
	Electricity for health Centers 20%	Lump		6,500	1,300.00
	Telephones and communications for health Centers 20%	Lump		4,500	900.00
	Fuel for transport for health Centers 20%	Lump		8,500	1,700.00
	Staff transportation 20%	Lump		16,000	3,200.00
Sub-total health program					228,430.00
psycho-social program					
	Project coordinator 30%	Month	12	1,475	5,310.00
	4 Staff salaries - social worker 30%	Individual	12	670	9,648.00
5 days Training: Cognitive Behavioral Therapy (CBT)					
	Refreshment for the 5 days training	Day	5.00	50.00	250.00
	Consultancy 9 hrs. /month	Hour	9.00	50.00	5,400.00
	8 sessions for 1000 school age children	Session	8,000.00	0.50	4,000.00
	2 sessions for 1000 KG children	Session	2,000.00	0.50	1,000.00
	PSS group sessions materials, banners, stationaries and tools	Lump			1,500.00
9 open days for 1000 school age children					
	Hospitality for children at a recreational place	Day	9.00	180.00	1,620.00
	Meals for 1180 (children+ counselors+ clowns shows)	Person	1,180.00	4.00	4,720.00
	Transportation	Day	9.00	200.00	1,800.00
	Clowns shows	Day	9.00	250.00	2,250.00
	Gifts /toys	Toy	1,000.00	2.60	2,600.00
9 open days for 1000 KG children					
	Hospitality for (children+ counselors+ clowns shows) at KG	Day	1,180.00	2.20	2,596.00
	Clowns shows	Day	9.00	250.00	2,250.00
	Gifts /toys	Toy	1,000.00	3.30	3,300.00
	Hospitality for 1000 mothers	Mother	1,000.00	1.00	1,000.00
	Communications	Month	12	100.00	1,200.00
Sub total Psychosocial					50,444.00

Education program					
	Support towards educational fees	Student	159	500	79,500.00
VTC Gaza					
	1 Supervisor 50%	Month	12	1,365	8,190.00
	3 Instructors 50%	Month	12	900	16,200.00
	1 Store Keeper 50%	Month	12	700	4,200.00
	Material Supplies	Lump			14,500.00
	Rent 30%	Year	1	2,400	720.00
	Staff transportation 30%	Lump		7,000	2,100.00
VTC Qararah - Gaza					
	1 Supervisor 50%	Month	12	930	5,580.00
	2 Instructors 50%	Month	12	780	9,360.00
	Staff transportation 30%	Lump		2,000	600.00
	Rent 30%	Year	1	2,500	750.00
	Fuel for energy for education Centers 30%	Lump		10,000	3,000.00
	Electricity for education Centers 30%	Lump		6,000	1,800.00
	Telephones and communications for education Centers 30%	Lump		2,500	750.00
	Fuel for transport for education Centers 30%	Lump		2,200	660.00
Sub-Total Education					147,910.00
	NECC Premises renovations & replacement				20,000.00
Sub Total DSPR Gaza					549,284.00
DSPR West Bank -					
West Bank - Food Security and water intervention Program					
Project Direct Cost					
	2 Kilometers of agriculture road provided enabling access 400 dm for agricultural land in Area C	Lump Sum	2.00	18,000	36,000.00
	4 Water reservoirs provided for irrigation of 400 dunms	Lump Sum	4	15,000	60,000.00
	Project Related Cost	Lump Sum			10,500.00
	Project Manager Supervision	Months	815	12	9,780.00
	1 Site Engineer	Months	625	12	7,500.00
SUB TOTAL DSPR West Bank					123,780.00
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT					
	Staff salaries				
	Chief Coordinator - Central Office 25%	month	12	925	11,100.00
	Finance Officer- Central Office 25%	month	12	740	8,880.00
	Secretarial & other Support- Central Office 50%	month	12	850	10,200.00
	Communication and visibility	Lump			5,000.00
	Telephone, Fax & Postage, Stationary	LS	1	5,500	5,500.00
	Transportation expenses	Lump	12		3,500.00
SUB TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT					44,180.00
AUDIT, MONITORING & EVALUATION					
	Audit				7,500.00
SUB TOTAL AUDIT, MONITORING & EVALUATION					7,500.00
TOTAL EXPENDITURE exclusive International Coordination Fee					724,744.00
INTERNATIONAL COORDINATION FEE (ICF) - 3%					21,742.32
TOTAL EXPENDITURE inclusive International Coordination Fee					746,486.32
EXCHANGE RATE: local currency to 1 USD					
	Budget rate		1.00		
PROPOSED DISPOSITION OF CAPITAL ASSETS at Completion date					
	ITEM - (List each over US\$500)			Actual cost	

Requesting ACT member: DSPR on behalf of ACT Palestine Forum (APF)					
Appeal Number: PSE 171					
Appeal Title: Forum Coordination -					
Implementing Period: 1 June, 2017- 31 May, 2018					
		Type	No.	UNIT Cost	Budget
EXPENDITURE		Unit	Units	USD	USD
	DIRECT and INDIRECT COST				
	APF 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 National participants)		Lump Sum		18,000
	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 Maintaince		Lump Sum		650
	Sub Total DIRECT & INDIRECT COSTS: PERSONNEL, ADMIN & SUPPORT				50,150
	AUDIT, MONITORING & EVALUATION				
	Audit of ACT Appeal	Estimate			1,500
	TOTAL AUDIT, MONITORING & EVALUATION				1,500
	TOTAL EXPENDITURE exclusive International Coordination Fee				51,650
	International Coordination Fee (ICF) - 3%				1,550
	TOTAL EXPENDITURE inclusive International Coordination Fee				53,200