

actalliance

PSE181 – Emergency Response in the Occupied Palestinian Territories (OPT)



Appeal Target: US\$ 1,241,223
Balance Requested: US\$ 1,241,223

“During the visits, I was also struck not only by the number of injured but also by the nature of the injuries [...] The pattern of small entry wounds and large exit wounds, indicates ammunition used caused severe damage to internal organs, muscle tissue and bones. Both the staff of the MoH hospitals, NGOs and UNRWA clinics are struggling to deal with extremely complex wounds and care.” UNRWA’s Commissioner-General Pierre Krähenbühl¹



¹ UNOCHA: <https://www.ochaopt.org/content/over-100-palestinian-injuries-reported-gaza-during-continuing-demonstrations-along-fence>
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Logical Framework, Project Summary Table

Abbreviations and acronyms:

APF:	ACT Palestine Forum
DSPR:	Department of Services to Palestinian Refugees
EJ:	East Jerusalem
FAO:	Food and Agriculture Organization
ICC:	International Christian Committee (implementing partner of DSPR)
LWF :	The Lutheran World Federation
MCH:	Mother and Child Health
MOH:	Ministry of Health
MOL:	Ministry of Labour
NECC:	Near East Council of Churches
OCHA:	United Nations Office for the Coordination of Humanitarian Affairs
OPT:	Occupied Palestinian Territories
PHC:	Primary Health Care
PSS:	Psychosocial Support
TVET:	Technical and Vocational Education and Training
VTC:	Vocational Training Centre
WB:	West Bank

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Project Title	Emergency Response in the Occupied Palestinian Territories (OPT)																																																																																																																																	
Project ID	PSE 181																																																																																																																																	
Location	Occupied Palestinian Territory / West Bank and Gaza Strip / E. Jerusalem, Jordan Valley and Rural West Bank (Area C) and Gaza City: Shijaia, El Daraj, Qarara, Rafah areas																																																																																																																																	
Project Period	DSPR: From 1 June 2018 to 31 May 2019 Total duration: 12 months (DSPR); 3 months (LWF)																																																																																																																																	
Modality of project delivery	<input checked="" type="checkbox"/> self-implemented <input type="checkbox"/> CBOs <input type="checkbox"/> Public sector <input type="checkbox"/> local partners <input type="checkbox"/> Private sector <input type="checkbox"/> Other																																																																																																																																	
Forum	ACT Palestine Forum (APF)																																																																																																																																	
Requesting members	Department of Service to Palestinian Refugees (DSPR) – Palestine The Lutheran World Federation (LWF) - Jerusalem																																																																																																																																	
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Project Impact	To reduce suffering and improve livelihoods of the affected population in the Occupied Palestinian Territories, especially following the recent violence in Gaza.																																																																																																																																	
Project Outcome(s)	A. Women, children, adolescents and adults in the poor, marginalized and overcrowded localities live a healthy life and improved wellbeing. B. Families affected by the on-going emergency situation have enhanced their humanitarian status. C. Increase the resilience of vulnerable herding families in Area C																																																																																																																																	
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	Herders relief (WB)	0	0	0	0	925	925	0	0	925	925
	Cash distribution (EJ)	500	500	500	500	500	500			1500	1500
	Subtotal Gaza	5500	5500	1760	1650	2450	7400	0	0	18710	14550
	Subtotal WB/ EJ	500	500	500	500	1425	1425	0	0	2425	2425
	Grand total Appeal	6000	6000	2260	2250	3875	8825	0	0	21135	16975
Project Cost (USD)		1,241,223									

Reporting Schedule

Type of Report	Due date
Situation report	5 July 2018 Then every quarter
Interim narrative and financial report	30 November 2018
Final narrative and financial report (60 days after the ending date)	30 July 2019
Audit report (90 days after the ending date)	30 August 2019

1. BACKGROUND

1.1. Context

Since 30 March 2018, the Gaza Strip has witnessed an enormous increase in Palestinian casualties in the context of mass demonstrations taking place along Israel's perimeter fence with Gaza. The demonstrations have occurred as part of the 'Great March of Return', a series of mass protests, expected to continue up to 5 June. The large number of casualties among unarmed Palestinian demonstrators, including a high percentage of demonstrators hit by live ammunition, has raised concerns about excessive use of force by Israeli troops. Gaza's health sector is struggling to cope with the mass influx of casualties, due to years of blockade, internal divide and a chronic energy crisis, which have left essential services in Gaza barely able to function. (UNOCHA)²

These developments have triggered further deterioration in the humanitarian situation, impacting the availability of essential services and eroding the livelihoods of Gaza's two million residents. The following indicators were identified by the Humanitarian Country Team (HCT) to monitor the evolution of the crisis, trigger humanitarian action and prevent further deterioration. UNOCHA³

1.2. Needs

In Gaza the needs are focused on providing immediate life-saving healthcare, mental health and psycho-social support for victims of the violence and affected people, especially children.

For immediate life-saving response in Gaza, DSPR intends to:

- Treat survivors of violence, provide medication, medical follow-up and assessment to the beneficiaries from affected families,
- Provide counselling to affected people, psychosocial support and professional counselling to traumatized individuals – including referrals, to those injured and their families as well as the families of those who have had someone killed in their families.
- Assist affected individuals and families through providing cash relief.
- distribution of family cash / coupon relief for purchasing basic food and non-food items

As the context moves towards early recovery, DSPR intends to provide the following in the West Bank including East Jerusalem:

- provision of fodder distribution on herders in Area C
- Water and tanks distribution to herders in Area C (with portable water tanks)

In May, three medical teams from the LWF and its Augusta Victoria Hospital conducted needs assessments while providing medical care in Gaza. They found a health care system on the verge of collapse because of the ongoing blockade on Gaza since 2007 (including high level of restriction on importing medical equipment, spare parts, medication and other health supplies) and inadequate attention to the health needs in the region. The LWF teams visited two overwhelmed hospitals, including the largest in Gaza, that were filled with hundreds injured in the demonstrations, primarily young men. There was critical need for surgery, life-saving medical care and after-surgery care. The hospitals lacked medicine, hygiene and sterilization supplies, with local staff treating wounds without gloves, and reusing supplies that are intended for single use. The LWF staff engaged in health needs coordination (led by WHO) to identify areas and needs where the LWF contribution could be of most significant added value.

² <https://www.ochaopt.org/content/humanitarian-snapshot-mass-casualties-context-demonstrations-gaza-strip-4>

³ UNOCHA : Early warning indicators – April 2018.

Through this response, the LWF intends to:

- Provide technical support and advice in triaging and the classification of casualties according to severity
- Provide specialized medical care, including surgery, to patients in hospitals in Gaza with injuries resulting from recent Israeli response to the demonstrations in Gaza.
- Provide nursing care and follow up to as many patients as possible.
- Develop local capacity in the area of infection control and prevention techniques.
- Provide medications, medical supplies and hygiene supplies to hospitals in Gaza to assist the medical response to the injuries and needs resulting from the recent Israeli response to demonstrations in Gaza and the needs resulting from after-surgery developments
- Develop medical preparedness plans for the possibility of future violent encounters and injuries.

1.3. Capacity to respond

Both the Department of Service to Palestinian Refugees (DSPR) and its implementing partner the International Christian Committee (ICC) are reputable organizations that have strong roots in the community. They also have taken part in previous humanitarian relief operations implemented as part of an ACT appeal in the different and respective geographical areas

DSPR has been operating in Gaza since 1952 and has developed and accumulated long experience in the provision of Mother & Child Health (MCH) services. The organization has a strong community acceptance, involvement and participation which are essential to promote stewardship, community ownership and involvement, including contributing to community acceptance and support to the project. The Board is formed of professionals from the community in different specialized field such as health, education and others. Suitable organizational structure with clear lines of authority, responsibility, and participatory approach in decision making is available.

ICC West Bank has served Palestinians since 1949 and has impacted more than 450 villages focusing on rural communities towards community resilience within the agriculture sector which remains the primary source of income for Palestinians.

The LWF has served Palestinians since 1950 through the operation of Augusta Victoria Hospital (AVH) in East Jerusalem. The Augusta Victoria Hospital is a highly specialized center of medical excellence. With over 20,000 annual admissions, and a staff of 400, the hospital provides an array of services. It is the only hospital offering radiotherapy to Palestinians from West Bank and Gaza, and also the only place for pediatric hemodialysis care for Palestinians from the West Bank. AVH is the first hospital in East Jerusalem to be accredited by the Joint Commission International in 2013 and re-accredited in 2016. LWF also has programs for vocational training, community-based health outreach programs with the focus on diabetes and mammography, and material aid. LWF has experience sending medical teams to Gaza during emergencies and has strong connections with the health actors, including the World Health Organization (WHO).

1.4. Core Faith values

DSPR reflects the core values in its witness and diakonia in partnership with local and global actors. Its aim is to foster and advance socio-economic conditions of Palestinians and marginalized communities through provision of health care, education, social programming and empowerment. The support provided through this appeal will be directed towards the poorest and the most vulnerable regardless of race, color, or religious affiliation while keeping dignity and respect while abiding to “do no harm approaches”.

The LWF is a global communion of 145 churches in the Lutheran tradition, representing over 74 million Christians in 98 countries. The LWF is working for a world where, liberated by God's grace, a communion in Christ is living and working together for a just, peaceful and reconciled world. World Service is the LWF's internationally recognized humanitarian and development arm. Rooted in Christian values of love, reconciliation and justice, World Service responds to human need throughout the world through its country programs irrespective of ethnicity, gender, religion, race or political conviction.

2. PROJECT RATIONALE

2.1. *Intervention strategy and theory of change*

1- Health / mental health interventions (prioritized for immediate implementation, while the cash and agriculture components will be implemented subject to availability of funds)

If vulnerable families receive medical services including examinations, specialized health care and services; and psychosocial counseling are provided then services are available to those affected by the conflict receive adequate and appropriate treatment and services.

If women, children, and adult beneficiaries receive adequate and appropriate medical treatment, health and psychosocial services then they will enjoy good health status and wellbeing.

If they will enjoy good health status and wellbeing then this will reduce the suffering and improve the livelihoods of the affected population.

Key intervention:

1.1 Health care services and specialized treatment provided to vulnerable male and female, who injured during the last wave of conflict at the Gaza-Israeli perimeter fence. The health care will be provided inside the hospitals and in the community after discharge.

Desired change: the injured people receive proper health care and adverse complications are prevented

1.2 Psychosocial support

For the direct affected population and their families, including different psychosocial activities, counseling and referrals.

Desired change: The affected population and their families become more resilient and can develop psychosocial coping strategies to overcome the previous bad experience and be able to deal with future incidents

1.3 Cash assistance

Cash assistance will be provided to the families of injured people, who are in dire need for cash in order to secure their basic needs

Desired change: The direct affected population and their families can afford their basic needs including continuation of medical care until full recovery.

2- Cash for Work (early recovery)

If families are provided with cash and or stipends from emergency job creation, or a coupon then their basic needs are met.

If their basic needs are met for a specific timeframe, then families affected by humanitarian situation will have improved humanitarian status.

If families affected by difficult humanitarian situation have improved status then this will reduce the suffering and improve the livelihoods of the affected population.

Key Intervention:

2.1 Support vocational training programs

2.2. Provide graduates of vocational programs with temporary job opportunities

2.3 Meeting the basic needs of affected people (food and non-food items) through different distribution modalities (coupons, voucher-based and direct cash distributions).

Desired change: the targeted beneficiaries become less aid dependent and start to be productive in their communities,

3- Emergency agricultural inputs

If we distribute agricultural inputs to herder households then these vulnerable herders will have access to these inputs

If herders in Area C have access to agricultural inputs then this will increase the resilience of vulnerable herding families

If herders' resilience in area C is increased then this will reduce the suffering and improve their livelihoods

Key intervention:

3.1 Provide the herders with agricultural inputs and livelihood tools

Desired change: Herders have the means to help them live in dignity and improve their livelihood status.

2.2. *Impact*

This project aims at reducing the suffering and improving livelihoods of the affected population in the Occupied Palestinian Territories.

2.3. *Outcomes and Indicators*

A. **Women, Children and adults in the poor, overcrowded and vulnerable localities live a healthy life and improved wellbeing.**

-At least 70% of women from affected families in targeted locality received timely quality reproductive care and health services and treatment.

-50% of anemic and/or malnourished cases from affected families improved, recovered or stayed the same and prevented from further deterioration

-At least 30% of persons with psychosocial problems from affected families improved after receiving support from DSPR staff as verified by objective assessment

At least 30% of people in critical medical situations (emergency room and intensive care unit) receive surgical support and surgery follow up

At least 30% of people present in the two hospitals during the three months response period receive medicines and health supplies

At least 500 of Gaza hospital staff who utilize personal protective equipment and new medical supplies

B. **Families affected by the ongoing emergency situation have met their emergency livelihood needs.**

- At least 90% of students trained have graduated and placed in an emergency job opportunity after graduation

- Over 90% of assisted beneficiaries are able to purchase basic needs that cover 2-4 weeks-time. (cash for work, cash distribution, coupons)

C. **Increase the resilience of vulnerable herding families in Area C.**

- Over 90% of herders in Area C are able communities are able to sustain their livelihood

2.4 *Outputs and Indicators*

A1 Health care services and treatment provided to vulnerable men, women, children

- 2000 pregnant women received health services and follow up visits

- 7,000 sick children from affected families up to 6 years old received medical examination and treatment
- 3,000 patients including those injured during on-going emergency situation examined, tested and received appropriate treatment.
- 3,000 women, children and adults in targeted areas receive dental care annually
- 1,950 people receive acute medical care for life-threatening conditions
- 2,700 people receive medication and medical supplies
- 500 medical staff receive personal protective equipment and medical supplies

A2 Appropriate psychosocial services are provided to children and women attending the PHC clinics.

- 1000 school age children and 1000 kindergarten age children from affected families receive PSS activities through the health centers
- 1000 mothers from affected families receive PSS activities at DSPR health centers
- 200 PHC beneficiaries from affected families screened for common mental disorders and receive appropriate interventions
- Open fun days are conducted for 2000 children

B1 families' basic needs are met for a specific timeframe

- 120 Training subsidies covered for trainees in vocational skills
- 120 Cash for work opportunities created and provided
- 120 Relief cash distributed to vulnerable households
- 500 Basic needs coupon distributed to households in E Jerusalem

C1 vulnerable herders in Area C have access to agricultural inputs; indicators

- 50 herders in Area C receive 2 tons of fodder each
- 300 households receive a total of 30 cubic meters over the course of 3 months
- 10 herder households receive portable water container of 5 cubic meter capacity

2.5 Preconditions / Assumptions

- Women abide by the health program and visit the clinics accordingly as required.
- Parents escort their children to clinics for psychosocial support sessions.
- Young men and women committed to find a job after graduating from the program.
- Staff are able to reach project sites.
- No further deterioration of socio-political situation.
- Input: Medications and material supplies are allowed to project area or designated areas including electricity fuel, energy sources maintained.
- MoU signed and good cooperation between the hospitals and LWF seconded team
-

2.6 Risk Analysis

Three main risks were reviewed while designing the interventions for this appeal:

1. Further deterioration of the current socio-political situation resulting in a full-fledged escalation of the situation, including violence in Gaza.
2. Deterioration of the security situation in East Jerusalem and West Bank.
3. Possibility of a decision to annex Area C.

A full risk analysis has been conducted by the Forum and is available upon request.

2.7 Sustainability / Exit strategy

DSPR health and vocational training activities will be implemented in its centers, enrolling local Palestinian staff and managers of both genders.

This project 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 services 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 TVET students designated for the enterprise and start-up business management. This endeavour will result in more accessibility to the self-employment approach and culture, and thus directing to easier attainment of jobs.

As for the agricultural activities implemented in the West Bank, the ministry and the local governance will continue to maintain through the local community the assets provided through the project. This will be ensured through the MOU signed between ICC and the entities.

The LWF medical teams will partner with local hospitals in Gaza (Al Ahli Hospital and Al Shifa Hospital) to provide an immediate response to the acute, emergency medical needs caused by recent violent responses to demonstrations and marches. For these short-term needs, visiting medical professionals will provide services in order to ease the burden on the local medical staff and facilities, so that they are not overstretched and so that they may continue to provide continuity of care during and after the immediate crisis subsides. Emergency medications and supplies will also ensure that hospitals can provide for long-term needs following the impact of the current crisis and that hospitals can maintain necessary hygiene standards.

3. PROJECT IMPLEMENTATION

Does the proposed response honour ACT’s commitment to Child Safeguarding? X Yes No

DSPR and LWF staff and volunteers are committed to child safeguarding in project interventions. DSPR continues to mainstream child safeguarding and prevention of child abuse through providing awareness sessions, distributing brochures and booklets to beneficiaries at the health centres and TVET-VTCs. Psychosocial counsellors are the gatekeepers in child protection and psychosocial activities/interventions to detect cases of child abuse regardless of any official reporting. This is in addition to the existence of a complaints box for beneficiaries for putting in complaints.

The LWF’s Augusta Victoria Hospital has extensive medical services for children, in particular the Pediatric Oncology and Dialysis Centers, and therefore has necessary protocols and practices that ensure the safeguarding of children. These same protocols will be followed by all medical teams, including volunteers from other medical institutions. The ingoing staff have signed the LWF Code of Conduct and will explicitly sign to the LWF Child Protection Policy.

3.1. ACT Code of Conduct

Staff members have already received training on ACT Code of Conduct and have read and signed it, and abide by it.

3.2. Implementation Approach

In Gaza, a group of community relief activities will be conducted and lead by the DSPR staff and projects teams. Consultations needed will be done through bringing in different experts or stakeholders as needed.

The LWF will send medical teams of approximately six medical professionals (doctors and nurses) to key hospitals in Gaza (Al Shifa, Al Ahli) to conduct surgeries and provide acute and emergency medical care. This has proved successful previously, as three medical teams have already worked in the first phase of the emergency in Gaza in May 2018. One team alone treated 308 people and performed 56 surgeries. The needs which the LWF will cover have been identified through needs assessments, coordination with the medical facilities and the international health response coordination.

In the West Bank, while the program team will take the lead on the implementation of the project, for further transparency a Steering Committee will be formed, that is 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 considering the database available at the Ministry of Agriculture.

3.3. Project Stakeholders

Following is a summary of stakeholders involved positively and negatively in the intervention. A full stakeholder analysis is available with the Forum

Stakeholder	Stakeholder interest in project	Strategy for positive engagement or risk mitigation
Ministry of Health Gaza	Strong	Continuous coordination, referral, capacity building, and provide license
Ministry of Agriculture WB	Medium	Coordination as needed
UNRWA clinics	Medium	Coordination
Private sector Clinics	Medium	Referrals, coordination , and sharing activities
UNICEF and PSS orgs working in target areas in Gaza	Strong	Maintain partnership, cooperation and coordination ,
INGOs working in Gaza and West Bank	Strong/Medium	Maintain partnership ,cooperation and coordination ,
World Health Organization (WHO) in Gaza	Strong	Continuous coordination with LWF medical teams
Hospitals in Gaza (Al Ahli, Al Shifa)	Strong	Close partnership in order to integrate LWF medical teams into acute care

3.4. Field Coordination

In Gaza, project staff are coordinating and with peer organizations, stakeholders, official entities and government parties as needed. The LWF is already in coordination with World Health Organization (WHO) and with key hospitals in Gaza, particularly Al Shifa Hospital (the largest hospital in Palestine) and Al Ahli Hospital.

3.5. Project Management

The implementing organizations will work together through the ACT Palestine Forum in planning, reporting and monitoring of the project. They will also seek to collaborate on logistics (such as delivery of medicines and supplies) and program activities as much as possible.

The LWF project management will be led by the Health Emergency Project Coordinator, who will coordinate with the WHO and hospitals in Gaza, recruit medical teams, arrange for logistics and manage outcomes and reporting. The LWF/Augusta Victoria Hospital procurement, logistics and finance staff will manage purchasing, moving and monitoring of the medications and medical supplies. The coordinator will travel with medical teams to handle management and coordination duties so that the medical team can focus on direct services.

In the West Bank the program team will manage the different components of the appeal activities.

3.6. Implementing Partners

In Gaza and West Bank, DSPR will implement directly. DSPR will partner with ICC in East Jerusalem for the cash intervention component of the response. The LWF will directly implement its proposed activities, but will be in very close collaboration with Al Shifa and Al Ahli hospitals in Gaza, including using their medical facilities and working as a team with their staff and management.

3.7. Project Advocacy

DSPR’s current advocacy efforts aim at mobilizing and empowering disadvantaged groups and vulnerable Palestinians communities seeking justice, equality, and upholding socio-economic rights. DSPR 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.

The LWF will share key messages related to the Gaza health crisis, and its emergency response, with the key stakeholders locally (diplomatic representations, INGOs, NGOs, health authorities etc.) and internationally through its church-based network. Also, the LWF will contribute health-specific advocacy messages to the overall advocacy work of the ACT Palestine Forum.

3.8. Private/Public sector co-operation

Private / public sector cooperation is not foreseen or planned as part of the intervention

3.9. Engaging faith leaders

The engagement of faith leaders is not foreseen or planned as part of the intervention

Proposed implementation plan

Priority for implementation will be for Medical Interventions, Health and Psychosocial Interventions in Gaza including cash interventions for injured people and their families. Early recovery activities will be progressively implemented depending on funding.

Health Support (Gaza)

For the health components: screening, laboratory, treatment activities DSPR will use its premises and staff in the implementation (clinic' laboratory). Primary target beneficiaries are poor and vulnerable households who are primarily affected by the recent security situation; the second level beneficiaries will be those who are vulnerable on the community level. This component of the intervention is expected to run throughout the project implementation.

For the psychosocial components, the DSPR will be providing both family and individual counselling, screening, consultation, psycho-education, group sessions, group counselling with hospitality for school age children, kindergarten age children and mothers at DSPR Gaza health centers. The primary target beneficiaries are those who are directly or indirectly affected in the recent security situation; This component of the intervention is expected to run throughout the project implementation

- For acute and emergency surgery and care, the LWF medical teams will work in two hospitals in Gaza (Al Ahli, Al Shifa) to provide direct care. The teams will include surgeons (vascular, orthopedic, pediatric, thoracic, plastic, etc.), specialists (infectious disease, anesthesiologist, etc.) and nurses (in particular ICU and operating room nurses). The primary target beneficiaries will be those in the emergency room or intensive care unit (ICU), many of whom are young men injured.
- For medication and health supplies, the LWF will work with two hospitals in Gaza to identify the most urgently-needed items and will make purchases and arrange for the safe transport of items to the hospitals. The primary target beneficiaries will be households, including women, men and children who are unable to procure necessary medications. Secondary beneficiaries will be the hospital staff in Gaza who are currently being exposed to bloodborne pathogens due to a lack of adequate medical supplies, such as gloves, gowns and bed linens

Cash for Work and Cash Assistance

The emergency job creation will focus around providing an opportunity to win bread with dignity for a three-month contract at US\$350 monthly salary for male and female young people. Primary target beneficiaries are poor and vulnerable households who graduated from DSPR skills centers with special focus on those affected by the recent security situation.

Provide Families in Gaza and East Jerusalem with up to \$200 p/family to cover purchases of basic food necessities and commodities. This cash distribution will undergo a rigorous selection process with the help of social workers and project staff

Emergency Agriculture (West Bank):

Farmers assisted in providing fodder and water as agricultural inputs will be primary targeted in the West Bank governorate mostly vulnerable such as south, North West bank as well as the Jordan valley. The target beneficiaries will be those who have a small amount of livestock and suffering shortage in fodder and water. The selection will be rigorous with the help of social workers and project staff.

4. PROJECT MONITORING

4.1. Project Monitoring

DSPR has developed a balanced score card as a tool of monitoring and evaluation and utilises the following to ensure proper monitoring:

- Review program/project action plans and log frame;
- Conduct effective reporting system including all types of reports such as monthly, quarterly, interim, annual etc. for both narrative and financial;
- Develop check lists and staff performance assessment;
- Conduct supervisory field visits;
- Hold regular staff meetings;
- Conduct focus groups and workshops;
- Assess students’ performance through monthly and final examination; and;
- Graduates follow-up mechanism lasting for 1-year from their graduation.
- Hires external evaluators to conduct project and program evaluations per the donor’s requests.

The LWF response will be closely monitored by the LWF Jerusalem program senior management (LWF Representative, AVH CEO, CFO, Assistant CEO, Director). The Health Emergency Project Coordinator reports to the AVH CEO and is assigned to tracking the performance and ensuring that the targets and results are met and reported against. The hospitals with whom the LWF works are participating and contributing in this exercise through verification. After each phase of the project the senior management will assess the validity of the approach with the Health Emergency Project Coordinator and will make adjustments as needed. This will be necessary due to the volatility of the situation and evolution of the political events influencing the emergency health needs. If major changes are necessary, the stakeholders, including donors, will be informed proactively.

4.2. Safety and Security plans

In the course of their field work, DSPR and ICC staff place a special emphasis on the safety and security of staff members who adhere to the organization’s security rules and regulations to minimize risks linked to the nature of the work.

The LWF staff will implement the LWF Safety and Security Policy, Safety and Security Handbook and the Country Safety and Security Plan. The Safety and Security is monitored by the LWF Representative and the Augusta Victoria Hospital Security personnel in consultation with the global LWF Security Focal Points. Locally, the Safety and Security arrangements are arranged with the receiving hospitals.

4.3. Knowledge Management

DSPR and ICC are both members of the ACT Palestine forum and use the forum as a platform to share with the different members the progress, lessons and reflections on the appeal intervention. DSPR also meets with related stakeholder organizations with whom they liaise and work in the community where they share important landmarks and information to the different community members about the progress of the projects (person-to-person, meetings, electronically)

The LWF will share lessons learned with other medical institutions, WHO, UN agencies and other actors locally and with its church - based network internationally.

5. PROJECT ACCOUNTABILITY

5.1.1. Gender Marker / GBV

The LWF component in Gaza will seek reduce long term effects of the injuries leading the disability. The overwhelming number of impacted are men, many of whom breadwinners in their families. Disability risks leading to an economically difficult situation for their families.

5.1.2. Resilience Marker

The LWF’s involvement with emergency and acute medical needs will serve to lessen the negative impacts that the current crisis would otherwise have on the already-fragile healthcare system in Gaza. Without additional staff and supplies, hospitals in Gaza will be overburdened, making it harder for them to deal with the daily, chronic needs of the vulnerable population, and creating a shock that could cause irreparable harm to the system. Immediate, short-term assistance is a strategy that will help preserve the resilience of the healthcare system in general.

5.1.3. Environmental Marker

In Gaza, this project provides an important positive environmental impact through the prevention of the spread of disease. With the healthcare system in crisis, there is an increased chance of disease, particularly through blood borne and waterborne pathogens. In particular, the LWF medical teams have noted the overuse of antibiotics and the risk of antimicrobial resistance. The project providing Gaza with necessary medical supplies--from a variety of proper medications, personal protective gear, and even basic medical cleaning supplies--will lessen the risk of diseases spreading in Gaza.

5.1.4. Participation

No specific process was undertaken for the design of the program beyond what is already conducted as part of the engagement of the beneficiaries in the previous intervention. DSPR has consulted with the different stakeholders who are part of the partnership process.

The LWF has been in collaboration with WHO and local hospitals in Gaza in the development of this plan, to identify specific needs to be covered and medical supplies to be purchased.

5.1.5. Social inclusion / Target groups

The needs assessment conducted for this project is part of the ongoing project implementation with further consultation with onsite and ongoing projects beneficiaries and stakeholders. The LWF component in Gaza will seek reduce long term effects of the injuries leading the disability. The overwhelming number of impacted are men, many of whom breadwinners in their families. Disability risks leading to an economically difficult situation for their families.

5.2. Corruption

The LWF will be following its Finance Manual and related policies for procurement, operations, risks and other related disciplines. These will reduce the risks related to the project implementation. The political and security situation in Gaza remains volatile and difficult.

5.3. Conflict sensitivity / do no harm

DSPR and LWF have been working in these communities for decades and have been practicing “DO NO HARM” mechanisms as part of their interventions. In this appeal both will continue to work and consult with local community stakeholders to eliminate and minimize possible short and long term harm, taking into consideration the code of conduct principles. As part of the planning and design

of this project, DSPR and ICC have conducted meetings with the beneficiary communities to ensure applicability of intervention. The LWF's work is guided by the long standing international recognition that the right to healthcare, especially life-saving treatment, is universal and should be available to all, particularly in situations of conflict. LWF is following its Emergency Manual and the Guidelines on Rights-Based Empowerment.

5.4. Complaints mechanism + feedback

Prior to the previous appeals and as part of strengthening the management system, DSPR developed and finalized two manuals in Human Resources (HR) and financial related issues. Related staff were also trained on the use of these manuals. The first is an 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. The second is 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. Both manuals explain the proper complaint mechanisms for the staff and how they should bring awareness on such issue to the communities where they serve.

The LWF will also utilize the complaints mechanisms of the local hospitals in Gaza, as they will be working in these locations alongside their staff. To support this, the LWF has its own Global Accountability Framework, its Code of Conduct, Complaints Mechanism Policy and Procedures and Investigation Guidelines which will, in addition to the Open Information and Dissemination Policy ensure that the complaints will be addressed and feedback actively gathered.

5.5. Communication and visibility

Thus DSPR and LWF share their valuable experience internally and externally through the following methods:

- Meeting presentations: Releases its progress and annual reports and shares them with the interested local and international organizations including MOH, MOL, UNRWA, and UNICEF, and other ACT partners/members in the APF,
- Internet / website posts: uploading publications including reports and success stories on DSPR website: www.DSPR NECCgaza.org, and the LWF website lwfjerusalem.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,
- Meeting visitors and stakeholders of programmes and receive updated information about the general situation,
- Informing beneficiaries on the source of funding,
- Video presentation through which DSPR can present about their Programs,
- Video conference: Regular video conference through DSPR HQ in Gaza with APF members and partners in collaboration with DSPR West Bank and Jerusalem,
- Plaque is situated in the target area of intervention highlighting act alliance engagement and role in the project.
- Offering tailor-made communications to the donors as requested
- Communicating proactively with local media on the project and its outcomes

6. PROJECT FINANCE

6.1. Consolidated Budget

Requesting ACT members : DSPR and LWF

Appeal Number: PSE181

Appeal Title: Emergency Response in the Occupied Palestine Territories (OPT)

Implementing Period: 15 May 2018-15 May 2019 (DSPR)

15 May 2018-15 August 2018 (LWF)

EXPENDITURE

	Appeal Budget <i>local currency</i>	Appeal Budget USD
DIRECT COSTS		
1 PROGRAM STAFF		
Appeal Lead	0	0.00
Total international program staff	0	0.00
Total national program staff	101,565	101,565
TOTAL PROGRAM STAFF	101,565	101,565
2 PROGRAM ACTIVITIES		
2.1. Shelter and settlement / Non-food items	0	0.00
2.2. Food security	102,000	102,000.00
2.3. Water, sanitation & hygiene (WASH)	51,000	51,000.00
2.4. Health / Nutrition	550,000	550,000.00
2.5. Protection / Psychosocial support	27,036	27,036.00
2.6. Early recovery & livelihood restoration	0	0.00
2.7. Education	0	0.00
2.8. Emergency Preparedness / Resilience	75,000	75,000.00
2.9. Unconditional CASH grants	129,500	129,500.00
2.10. Camp Management	0	0.00
TOTAL PROGRAM ACTIVITIES	934,536	934,536
3 PROGRAM IMPLEMENTATION		
TOTAL PROGRAM IMPLEMENTATION	5,000	5,000
4 PROGRAM LOGISTICS		
Transport (of relief materials)	33,340	18,840.00
Warehousing	0	0.00
Handling	57,330	57,330.00
TOTAL PROGRAM LOGISTICS	90,670	90,670
5 PROGRAM ASSETS & EQUIPMENT		
TOTAL PROGRAM ASSETS & EQUIPMENT	0	0

6	OTHER PROGRAM COSTS		
6.1.	SECURITY		
	TOTAL SECURITY	0	0
6.2.	FORUM COORDINATION		
	TOTAL FORUM COORDINATION	24,000	24,000
6.3.	STRENGTHENING CAPACITIES		
	TOTAL STRENGTHENING CAPACITIES	0	0
	TOTAL DIRECT COST	1,155,771	1,155,771
	INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT		
e.g.	<u>Staff salaries</u>		
	Salaries e. g % for Programme Director)	19,200	19,200.00
	Salaries e. g % for Finance Director)	18,000	18,000.00
	Salaries for accountant and other admin or secretarial staff)	0	0.00
	<u>Office Operations</u>		
	Office rent	7,200	7,200.00
	Office Utilities	2,500	2,500.00
	Office stationery	0	0.00
	<u>Communications</u>		
	Telephone and fax	2,400	2,400.00
	<u>Other</u>		
	Insurance	0	0.00
	TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT	49,300	49,300
		4%	4%
	TOTAL EXPENDITURE exclusive International Coordination Fee	1,205,071	1,205,071
	INTERNATIONAL COORDINATION FEE (ICF) - 3%	36,152.12	36,152.12
	TOTAL EXPENDITURE inclusive International Coordination Fee	1,241,222.86	1,241,222.86
	BALANCE REQUESTED (minus available income)	1,241,222.86	1,241,222.86

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

US dollar

Account Number - 240-432629.60A
432629.50Z

IBAN No: CH46 0024 0240 4326 2960A

Euro

Euro Bank Account Number - 240-

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 Senior Finance Officer, Lorenzo Correa (Lorenzo.Correa@actalliance.org) with a copy to the Gorden Simango, Regional Representative, 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 Website: <http://www.actalliance.org>

Alwynn Javier

Global Humanitarian Coordinator

ACT Alliance Geneva

Annexes

Logical Framework

Logical Framework			
IMPACT			
To reduce suffering and improve livelihoods of the affected population in the Occupied Palestinian Territories.			
OUTCOME(S)	Objectively verifiable indicators	Source of verification	Assumptions
A. Women, Children and adults in the poor and overcrowded localities live a healthy life and improved wellbeing.	-At least 70% of women in targeted locality received timely quality post-natal care at least twice. -50% of anaemic and/or malnourished cases improved, recovered or stayed the same and prevented from further deterioration -At least 30% of persons with psychosocial problems improved after receiving support from DSPR staff as verified by objective assessment -At least 30% of people in critical medical situations (emergency room and intensive care unit) receive surgical support and surgery follow up	DSPR reports and database Analysis of health indicators Lists of participants Success stories Photos	The socio-political situation in the OPT remain relatively smooth Smooth bidding process Contractual agreements

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<p>B. Families affected by the on-going emergency situation have enhanced their humanitarian status.</p> <p>C. Increase the resilience of vulnerable herding families in Area C</p>	<ul style="list-style-type: none"> - At least 30% of people present in the two hospitals during the three months response period receive medicines and health supplies - At least 500 of Gaza hospital staff who utilize personal protective equipment and new medical supplies - At least 90% of students trained have graduated and placed in an emergency job opportunity after graduation - Over 90% of assisted beneficiaries are able to purchase basic needs that cover 2-4 weeks-time.(cash for work, cash distribution, coupons) - Over 90% of herders in Area C are able communities are able to sustain their livelihood 	<p>Medical charts, verified by partner hospital</p> <p>Coordinators reports</p>	<p>Medical teams are allowed to project areas</p> <p>Hospitals are safe from conflict, violence and political interference</p> <p>Medications and material supplies are allowed to project area</p>
<p>OUTPUT(S)</p>	<p>Objectively verifiable indicators</p> <p>2000 pregnant women received follow up visits</p>	<p>Source of verification</p> <p>DSPR reports and database</p>	<p>Assumptions</p> <p>The socio-political situation in the OPT remains relatively stable</p>

<p>A1 Health care services and treatment provided to vulnerable men, women, children</p>	<p>7,000 sick children up to 6 years old received medical examination and treatment</p> <p>3,000 patients examined, tested and received treatment</p> <p>Over 3,000 women, children and adults in targeted areas receive dental care annually</p> <p>1,950 people receive acute medical care for life-threatening conditions</p> <p>2,700 people receive medication and medical supplies</p> <p>500 medical staff receive personal protective equipment and medical supplies</p> <p>1000 school age children and 1000 kindergarten age children received PSS activities through the health centers</p> <p>1000 mothers received PSS activities at DSPR health centers</p> <p>200 PHC beneficiaries were screened for common mental disorders and received appropriate interventions</p>	<p>Minutes of meetings</p> <p>Lists of participants</p> <p>Photos</p> <p>Ministry of Agriculture letters of support.</p> <p>Field Coordinator reports, Projects Manager, monitoring visits and reports.</p> <p>Medical charts, verified by partner hospital</p> <p>Coordinators reports</p>	<p>Women abide by the health program and attend the clinic accordingly</p> <p>Parents escort their children to clinics and psychosocial sessions</p> <p>Young men and women roll genuinely desire to find a job after graduating from the program</p> <p>Staff are able to reach project sites</p>
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Activities	Pre-conditions
<p>A.1.1 Provide medical examination, laboratory and treatment services to vulnerable households</p> <p>A.1.2 Screen, treat and follow-up for anaemic and malnourished children</p> <p>A.1.3 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> <p>A.1.4 Provide acute, emergency care in hospitals through field teams of doctors and nurses, including surgeries and surgery follow up</p> <p>A.1.5 Provide medicines and health supplies to hospitals</p> <p>A.2.1 Provide family counselling, individual counselling, consultation, psycho education, group sessions, group counselling</p> <p>A.2.2 Conduct open fun days for 2000 children</p> <p>A.2.3 Purchase of children’s toys to be used in the recreational activities.</p> <p>B.1.1 Support DSPR with additional capacity to facilitate program interventions ex: the appointment of instructors, supervisors; and the provision of material supplies.</p> <p>B.1.2 Provide trained students / adults with emergency job creation for a three-months</p> <p>B.1.3 Provide households with cash to cover purchases of basic food necessities and commodities.</p> <p>B.1.4 Provide households with coupons to vulnerable and poor household in East Jerusalem</p> <p>C.1.1 Distribute agricultural water herders' households over the course of 3 months</p> <p>C.1.2 Distribute fodder to herders in Area C</p> <p>C.1.3 Purchase and distribute portable water containers to herding households</p>	<p>Recruitment of additional staff</p> <p>Agreement with community and Ministry of Agriculture</p> <p>MOU with partner organizations and the two targeted hospitals, for implementing shared venture</p> <p>Ability to access the project area for both supplies and medical teams and to be able to work safe from conflict, violence or political interference</p>

ANNEX – Project Summary table

Summary	DSPR Gaza <i>Member 1</i>	DSPR Jerusalem and West Bank <i>Member 1</i>	LWF <i>Member 2</i>
Implementation period	From 1 June 2018 to 31 May 2019 Total duration: 12 (months)	From 1 June 2018 to 31 May 2019 Total duration: 12 (months)	From 15 May 2018 to 15 August 2018 Total duration: 3 months
Geographical area	Occupied Palestinian Territory: Shijaia, El Daraj, Qarara, Rafah areas.	Occupied Palestinian Territory: rural areas (northern WB, southern WB and Jordan Valley)	Occupied Palestinian Territory: Gaza
Sectors of response	<input type="checkbox"/> Shelter / NFIs X Protection / Psychosocial <input type="checkbox"/> Food Security X Early recovery / livelihoods <input type="checkbox"/> WASH <input type="checkbox"/> Education <input checked="" type="checkbox"/> Health / Nutrition X Unconditional cash <input type="checkbox"/> Other sector:	<input type="checkbox"/> Shelter / NFIs <input type="checkbox"/> Protection / Psychosocial <input checked="" type="checkbox"/> Food Security <input type="checkbox"/> Early recovery / livelihoods <input checked="" type="checkbox"/> WASH <input type="checkbox"/> Education <input type="checkbox"/> Health / Nutrition <input type="checkbox"/> Unconditional cash <input type="checkbox"/> Other sector:	<input type="checkbox"/> Shelter / NFIs <input type="checkbox"/> Protection / Psychosocial <input type="checkbox"/> Food Security <input type="checkbox"/> Early recovery / livelihoods <input type="checkbox"/> WASH <input type="checkbox"/> Education <input checked="" type="checkbox"/> Health / Nutrition <input type="checkbox"/> Unconditional cash <input type="checkbox"/> Other sector:

Targeted beneficiaries (per sector)	<p>Health and nutrition: men and women, boys and girls</p> <p>Psychosocial: women, boys and girls</p> <p>Young men and women in cash and cash for work activities</p> <p>Vocational training support</p> <p>Cash assistance (cash for work, unconditional cash and vouchers.)</p>	<p>Herders men and women in vulnerable communities of Area C</p> <p>Poor and Vulnerable households in East Jerusalem</p>	Health and nutrition: men and women, boys and girls
Requested budget (USD)	US\$ 632,008	US\$ 187,810	US\$ 421 403, 90