



Action by Churches Together

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Coordinating Office

Appeal

Palestinian Territories

Assistance to Civilian Victims of Conflict - MEPL-31

Appeal Target: US\$ 1,652,879

Geneva, 3 October 2003

Dear Colleagues,

Violence, conflict and trauma continue into the fourth consecutive year of the Al-Aqsa Intifada (28 September 2000). 2,603 have been killed so far, and 41,000 injured, with an estimated 2,500 permanent disabilities, 500 of whom are children below the age of 17 (The Palestine Monitor, 10 September 2003); and the numbers grow as the Intifada goes on, despite all peace efforts and plans to end the hostilities between the Palestinians and Israelis. Closures continue to exacerbate unemployment, also preventing the local population from accessing medical and other essential services. Malnutrition rates among children are on a constant rise.

In spite of the extremely challenging security situation, ACT members continue to render assistance to the most needy Palestinian families who live in remote areas unattended or under-attended by other relief agencies. Their primary field of action rests with emergency food and non-food distribution, emergency employment and health. This appeal comprises humanitarian projects that are a continuation of activities started under the previous ACT appeal.

Out of special concern for this problematic area, the ACT Co-ordinating office in August deployed a Field Communicator in the area and recently released written and audio materials, including photographs showing the reality of the Palestinian territories. They are made available on the ACT web site.

This appeal is a result of joint planning of the ACT members the **Middle East Council of Churches/ Department of Service to Palestine Refugees (MECC/DSPR)**, the **International Orthodox Christian Charities (IOCC) Jerusalem/West Bank/Gaza** and the **Lutheran World Federation/World Service (LWF/WS)** working together within a fully functioning ACT Forum.

Please note that the ACT appeal MEPL-22 will remain open until the end of November this year to enable continued financial support and implementation of humanitarian programs of the Episcopal Diocese of Jerusalem.

ACT is a worldwide network of churches and related agencies meeting human need through coordinated emergency response.

The ACT Coordinating Office is based with the World Council of Churches (WCC) and the Lutheran World Federation (LWF) in Switzerland.

Project Completion Date:

DSPR - 31 March 2004
IOCC - 31 May 2004
LWF - 30 September 2004

Summary of Appeal Targets, Pledges/Contributions Received and Balance Requested

	DSPR	IOCC	LWF	ACT travel	Total Target US\$
Total Appeal Target/s	529,912	206,800	911,167	5,000	1,652,879
Less: Pledges/Contr Recd	0	0	0	0	0
Balance Requested from ACT Network	529,912	206,800	911,167	5,000	1,652,879

Thor-Arne Prois
Director, ACT

Full details of programmes and budgets are on following pages.

PROBLEM STATEMENT

The US-backed Road Map, which envisaged a viable Palestinian State living side by side with the State of Israel by the year 2005, is threatened with the resignation of the Palestinian Premier, Mr Abbas, renewed suicide bombings and Israeli military retaliations. The political instability has drastically affected the Palestinians and their country's economy, which is undergoing a seemingly unending downward spiral. The prolonged Israeli closure of the West Bank and the Gaza Strip, affecting 3 million Palestinians, coupled with the permanent imposition of a strict siege (120 checkpoints and roadblocks divide the West Bank into 300 separate clusters and the Gaza Strip into three separate, inaccessible clusters), has devastated the fledgling Palestinian economy, which according to the UN Special Co-ordinator and European diplomats is about to collapse due to the absence of income and revenues. The closure of the territories has caused serious humanitarian and environmental problems. Limited access has imposed restrictions on medical personnel and supplies, especially vaccinations. The lack of water supplies and garbage collection has led to serious health hazards. Water shortages are acute; collection and disposal of waste is extremely difficult. The collapse of Palestinian health, social services and educational institutions has compounded the problem and poses a serious threat to the community.

The UN Office for the Co-ordination of Humanitarian Affairs (OCHA) and the international humanitarian and development organizations operating in the territories continue to monitor the situation. OCHA has published several reports, which have indicated the prevalence of a humanitarian crisis. The economic downward spiral and lack of employment opportunities have limited the ability of people to purchase and access basic needs. Service providers and humanitarian aid workers constantly complain about the difficulty in delivering their aid with all the security constraints on the movement of their staff and vehicles.

The loss of income is one of the primary causes of the deepening humanitarian crisis. Daily domestic losses are estimated at \$ 6 – 8.6 million per business day. The total wage income loss is estimated at \$59.4 million. Unemployment in Gaza stands at 67% and 50% in the West Bank. The World Bank estimates that 60% of the Palestinians live under the poverty line (\$2.10 per day). Economic losses forced 69% of Palestinian firms to either shut down or reduce their production. There is a drop of 51% in the GNP. Israel continues to prevent 125,000 Palestinian laborers, family breadwinners, from going to work inside the Green Line. The last World Bank report stated in the case of a solution to the conflict and the lifting of closures tomorrow, it would require a minimum of 2-10 years to restore the Palestinian economy to pre-Intifada level. All of these factors have had their toll on the physical and psychological well-being of the Palestinians, most particularly women and children.

A year ago, the State of Israel began erecting the 660 km² Security Wall to block "terrorist attacks". The Wall cuts through Palestinian agricultural lands, thus creating tragic consequences, primarily the displacement of 350,000 persons and denying them their rights of living and working on their lands.

On 1 July 2003, the first phase of the Road Map implementation began. The Palestinians were hoping that life might return to normal. However, with the political deterioration in August, the targeted assassinations of Palestinian activists and the ensuing retaliation by Palestinian paramilitary groups, once again Palestinians find themselves victims of a renewed vicious cycle of violence and uncertainty. The suffering of the vulnerable seems to continue endlessly. Job creation remains a priority and provides an opportunity for peace.

Overview of the Health Situation in Palestine

During 2002, half of the Palestinian population was unable to consult their usual health services, due to border closures and curfews, a World Health Organization (WHO) survey published today reveals. Detours and hours of waiting at Israeli checkpoints led to considerable delays and often forced the population to divert to a different health facility.

According to the Palestinian Ministry of Health, more than 90 patients have died during the last three years while waiting in an ambulance to cross a checkpoint. However, in spite of severe restrictions on the free movement of Palestinians living in the occupied Palestinian territory (OPT), up to 95% of Palestinians were still able to reach, although with great difficulty) a health facility in 2002, preliminary findings of the survey found.

The study was carried out in collaboration with the Ministry of Health of the Palestinian National Authority and Al Quds University, in order to assess the impact of Israeli closure policy on access to health services in the OPT. Data were collected in five districts - Nablus, Ramallah, Hebron, Rafah and Gaza.

The survey indicates that the closure policy contributed to the worsening of the economic situation in the OPT, to a high percentage of unemployment and to an overall impoverished population. However, immunization coverage in the five districts included in the survey, has only slightly deteriorated since 2000. Similarly, attendance rates at antenatal clinics can still be considered reasonable, although 22% of pregnant women could not access antenatal services.

In general, the survey found, it was possible to avoid major disease outbreaks and the public health system could be maintained. However, the Ministry of Health has reported single cases or limited outbreaks of some vaccine-preventable and other communicable diseases. According to the Ministry of Health, there would be a risk of a polio outbreak, if immunization coverage declined further, as wild poliovirus has been detected in the sewage system.

The escalation of the Israeli-Palestinian conflict in 2000 resulted in strict travel limitations for the Palestinian population. Until recently, Israeli closure policy included internal closures within the West Bank and Gaza and closure of travel between Israel and the OPT. Since the beginning of July 2003, Israeli forces have removed some military checkpoints within Gaza and Bethlehem, in the West Bank. However, many Palestinians can still not go from their home to the nearest health facility.

“The outcome of the survey shows a remarkable capacity of the Palestinian health service providers to cope with this difficult situation and to adjust its services to it. It is also the fruit of effective co-operation among donor governments, UN organizations and NGOs to deliver humanitarian assistance,” said Dr Ricardo Solé Arqués, Health-Coordinator at the Jerusalem-based WHO office for the OPT.

Thanks to extensive humanitarian aid and as an emergency solution in place since March 2000, the Palestinian Ministry of Health has guaranteed free health insurance to those Palestinians unable to pay – now a large part of the population. Since 2000, due to mobility restrictions, many people – including health workers – could not reach their workplace anymore and unemployment rates have doubled.

In addition to that, the Ministry has also decentralized many services, increased the number of clinics and relocated health workers to areas with previously difficult access to health care.

However, in the long term, it will be difficult for the Palestinian Ministry of Health and the international community to sustain these emergency measures which are currently minimizing the impact of limited access to health services on the population's health. Moreover, the United Nations Relief and Works Agency (UNRWA) and the Palestinian Ministry of Health have noted an increase in outpatients consultation and hospital admissions since 2000. To maintain health facilities operational, UNRWA has had to allocate a substantial amount of additional resources to hospitals and clinics.

Meanwhile, health insurance revenues for the Ministry of Health have dropped by 50%. In the case of a further deterioration of the economic situation and with the increasing poverty in the OPT, the functioning of the entire health sector will be put at risk.

In 2003, this situation continues to become more difficult and the role of the LWF and AVH have become even more important in providing healthcare services to the Palestinian population on the West Bank and Gaza.

Unemployment has reached, by the end of 2002, drastic proportions as up to 65% of the working population has become unemployed at certain periods. 80,000 permanent jobs in Israel and 60,000 in the Palestinian Territories have been lost. The total Palestinian labour force is around 600,000. But this employment situation should also be measured in specific sectors such as the Tourism and Construction sectors where 95% of all activities in these two sectors have come to a virtual standstill. The World Bank estimates that even if a political solution is worked out it would take Palestinian economy and the pre-Intifada per capita income at least 2 years to recover. Thus, UNCTAD's April 2002 categorisation of the situation in the Palestinian Territories as resembling "complex humanitarian emergencies". In such situations, the people and children suffer not simply from lack of food and work but from the feeling of trauma that touches all aspects of their lives.

Impact On Human Lives

Half of the Palestinian households live on 50% of what was their income prior to the start of the Intifada. This means that many of the basic amenities and activities that are usually an integral part of the life of any household are forfeited. An indication of the extent of poverty is the 75% of the population who fall below the poverty line. In September 2000, there were 600,000 poor Palestinians at the end of 2002 the figure has almost tripled to 1,500,000 people. Another indication is the fact that 58.3% of all Palestinian households have received some form of humanitarian assistance during the months of the Intifada; 45% of these households were in the West Bank and a staggering 86% in the Gaza Strip. But what makes the heart sink is the fact that 30% of children under five suffer chronic malnutrition and 21% of acute malnutrition.

Current Security Situation

With the intensification of the military action especially in recent weeks, the Gaza Strip has gone back to becoming a virtual holed up strip with access, even to bona fide expatriates, impossible at many times. The division of the Gaza Strip into geographic zones separated by army roadblocks has become a status quo so free movement across the Gaza Strip has remained a problem. In the West Bank, the biggest obstacle to delivery of goods and services remains the military checkpoints that hinder access and movement. In addition, curfews and closures make it more difficult to transport foods and other commodities. But there are always networks and partners, including those accompaniers from EAPPI, with whom DSPR can co-operate in order to get essential emergency supplies to hard hit localities.

I. REQUESTING ACT MEMBER INFORMATION

- **The Middle East Council of Churches/Department of Service to Palestine Refugees (MECC/DSPR)**

II. IMPLEMENTING ACT MEMBER & PARTNER INFORMATION

The Department of Service to Palestine Refugees (DSPR) was founded in 1950. It has been affiliated with the Middle East Council of Churches since 1974. The primary objective of MECC/DSPR is to provide services in the areas of health, education and vocational training, community development and village infrastructure to Palestinian refugees and poor in the West Bank, Gaza Strip, Jordan, Lebanon and Israel.

MECC/DSPR is the primary implementing NGO through the **Near East Council of Churches Committee for Refugee Work in Gaza** and the **Near East Council of Churches - International Christian Committee in the West Bank**.

The Near East Council of Churches Committee for Refugee Work in Gaza has been operating a service program to Palestine refugees in the Gaza Strip since 1951. This program covers the fields of health primarily through Mother and Child Primary Health Clinics, vocational training, relief and rehabilitation with 60 staff members of various professions including medical and paramedical staff, instructors, social workers and administrative staff. The Gaza Area Committee has handled two previous similar emergency appeals that were supported by the World Council of Churches through the General Secretary of the Middle East Council of Churches.

The Near East Council of Churches - International Christian Committee in the West Bank is a service institution that has been operating since 1949. It undertakes programs in the fields of community service and infrastructure, land reclamation and rehabilitation with refugees. There are 14 core staff, including service and project professionals. In addition, there are 6 volunteers operating in the field.

Locations for Proposed Response

The West Bank and Gaza Strip territories are the locations of the DSPR proposed response. With respect to Emergency Food and Commodity Relief the 7,500 families that will be reached are divided into 4,000 families in the Gaza Strip and 3,500 families in the West Bank.

As to the Emergency Job Creation Programme, it will be centred in Gaza City in the Gaza Strip while it will be carried out in the following villages in the West Bank: Dura Al Qare', Kobar, Beit Rima, Al Taybeh, Rafat, Ein Areek, Silwad, Deir Jreir, Outskirts of El Bireh and Khirbet Abu Falah. All of these localities fall within the Ramallah area.

III. GOAL & OBJECTIVES

Goals

- To provide basic food supplies, amenities and commodities and/or their equivalent to 4,000 families in the Gaza Strip and to 3,500 families in the West Bank.
- To provide short-term job opportunities to 79 individuals for 100 days (equivalent to 7,900 job opportunities/days for the whole period) in Gaza City through job creation in the various NECCCRW facilities, schools and clinics. (The 79 individuals in Gaza would be the same throughout the period.)
- To provide short-term job opportunities to 11 individuals for 100 days (equivalent to 1,100 job opportunities/days for the whole period) in villages of the Ramallah district and in Nablus and Tulkarm. (The

11 individuals in the West Bank would be different individuals who would work for different intervals depending on work need of the locality.)

Objectives

- To provide a total of 7,500 families in the West Bank (3,500) and the Gaza Strip (4,000) with a basic food package or its equivalent for a one-time intervention per family. The food package would contain:
10 kg rice, 3 ltr. cooking oil, 2 kg sugar, 1 boxes tomato paste, 1kg green peas, 1kg white peas, 1box Nido Milk, 4 packs spaghetti, 2 packs noodles, 1kg salt, 2 boxes Luncheon Meat, 2 boxes of corn beef , 1kg Halaweh, 1 box of fat
- To provide job opportunities in a scheme of Emergency Employment Generation to hundreds of Palestinians in both the Gaza Strip and the West Bank. In the Gaza Strip the equivalent of 7,900 job opportunities/days for a period of 100 days would benefit the same 79 individuals. In the West Bank the equivalent of 1,100 job opportunities/days for a period of 100 days would benefit hundreds of Palestinians at an average of 11 workers per day.

IV. TARGETED BENEFICIARIES

Emergency Food Relief

Relief support will be offered to 7,500 needy families (4,000 from Gaza Strip and 3,500 from the West Bank - each family has an average of six persons). These families comprise about 51% women and 48% children under 14 years of age.

Criteria used for Beneficiary Selection in Emergency Food Relief

- Families with no source of income and with children in need of elementary provisions.
- Families experiencing unemployment and with no alternative source of steady income.
- Families who are unable to access their agricultural fields or other property that could generate income.
- Families whose homes or property have been damaged or destroyed.
- Families who were forced to move or relocate due to the emergency situation.
- Families with children in school - to encourage them to persevere with their education.
- Families on lists of the very needy maintained by municipalities, village and town councils, governorates, charitable organisations and community groups.

Criteria Used for Beneficiary Selection in Emergency Employment Generation

- Graduates of NECCCRW Gaza Secretarial, Vocational and Dressmaking Courses.
- Health professionals particularly General Practitioners, Dentists and Laboratory Technicians in Gaza.
- Skilled and Unskilled labourers whose employment has been interrupted by closures and curfews in both the West Bank and Gaza Strip.
- Construction workers in specific localities and communities of the West Bank, in particular in the rural areas of Ramallah and in both Nablus and Tulkarm, whose employment was interrupted by closures and curfews.
- Needs in specific localities for skilled and unskilled labour found in the localities themselves.

V. PROPOSED EMERGENCY ASSISTANCE & IMPLEMENTATION

Beneficiary families receiving Emergency Food Supply or its equivalent will be selected according to the above criteria. Food packages will be distributed through co-ordination with the welfare offices in the West Bank. Food convoys will be arranged with the presence, whenever possible and/or needed, of WCC accompaniers and other observers. When possible and feasible, joint food convoys can be arranged together with other Church Related

Organisations and International and Local NGOs. A list of Gaza Strip families will be prepared in the various governorates in order to reach the poorest and most needy families in the various communities. Payment equivalent to the food package will be made to each selected family through a designated bank. This procedure is aimed at reducing duplication and at ensuring that the needy families will receive support in a transparent, accountable and efficient manner.

For those selected to the Emergency Employment Generation in Gaza they will be contracted on a short-term daily basis. This will give the opportunity for others to be included in the program when some of those already employed quit or move on to more permanent jobs elsewhere. The expectation, however, is that the majority of those contracted in Gaza would stay on with the jobs for the designated time period of 70 working days. Likewise, in the West Bank, those selected would be contracted on a daily basis and since the work involves village community infrastructure in the rural areas then the selection process would be localised and done through the local committees and contacts with which ICC usually co-operate.

Emergency Food Supply

- Number of beneficiary families reaches 7,500 at a cost of US\$50 average per family.

Emergency Employment Generation

- Number of beneficiary unemployed reaches 79 individuals for 100 working days in Gaza.
- Number of beneficiary unemployed reaches 11 individuals per day for 100 working days in the West Bank.

VI. ADMINISTRATION, FINANCE, MONITORING & REPORTING

Administration

The Boards of NECCCRW Gaza and NECC-ICC West Bank, comprising each of 12 members, will supervise the process of implementation of this Emergency Appeal.

The Executive Secretary of Gaza and West Bank will have overall responsibility to oversee the process of screening according to criteria eligibility. He will also authorise dispensing of cash and funds for purchase of food and other commodity supplies and keep updated financial and narrative records, together with lists of names of families who benefited from this appeal. The Executive Secretary will keep a record of employment for each individual employed that will include a history of his/her previous employment and unemployment. The locality of employment will also be specified together with the nature of the work undertaken. A copy of an employment contract will also be kept on file.

Finance

GIT Topman Software is used to record daily transactions. It is amenable to producing monthly statements and periodic reports detailing all transactions. The Executive Secretary, as principal co-signatory, needs another signature from the treasurer of the Board or an authorised member of the Board, to effect payments and financial transactions. The Executive Committee of the Board of NECCCRW Gaza and of NECC-ICC WEST BANK controls all financial transactions.

Chief Accountants at Gaza and West Bank Offices will have a separate ACT account that will detail each and every transaction and that will be followed up and monitored by DSPR Central Office finance officer. The Executive Committee together with the Executive Secretary will decide on terms of reference for bids and will select the best bid.

Monitoring

The Executive Committee of the Board together with the Executive Secretary will have the responsibility to monitor ACT assistance.

Social Workers together with Executive Secretary will decide on localities where eligible families need to receive assistance either in cash or in kind.

A special separate external audit will be made for the ACT assistance within the prescribed period of time required by ACT. The DSPR Central Office finance officer together with the Executive Secretaries of both Gaza and the West Bank and their respective accountants will ensure the timely production of this audit report.

VII. IMPLEMENTATION TIMETABLE

The implementation is expected to take place immediately upon receipt of the first instalment of the ACT assistance. The period of implementation will span six months from 1 October 2003 to 31 March 2004. Information on localities most affected is already at hand as well as on those localities in the West Bank and Gaza City where the Emergency Employment Generation will take place.

VIII. CO-ORDINATION

MECC/DSPR in both Gaza and West Bank will ensure that the coverage of the families and the unemployed, through this ACT assistance, will not be a duplication of any other effort. In order to ensure this, continuous contact with Palestinian and International NGOs will be undertaken to assess their fields and localities of intervention and to ascertain that all affected areas and families are covered.

IX. BUDGET

ESTIMATED EXPENDITURE

<u>Description</u>	<u>Type</u> <u>Unit</u>	<u>No</u> <u>Units</u>	<u>Unit Cost</u> <u>NIS</u>	<u>Budget</u> <u>NIS</u>	<u>Budget</u> <u>US\$</u>
Direct Assistance -Food packages Gaza & West Bank					
Rice	kg	35,000	3.05	106,750	23,722
Cooking Oil	ltr	10,500	5.17	54,285	12,063
Sugar	kg	7,000	1.65	11,550	2,567
Salt	kg	3,500	0.85	2,975	661
Tomato Paste	box	7,000	2.95	20,650	4,589
Green peas	kg	3,500	3.40	11,900	2,644
White peas	kg	3,500	3.30	11,550	2,567
Nido Milk	box	3,500	82.00	287,000	63,778
Spaghetti	pack	14,000	1.25	17,500	3,889
Noodles	pack	7,000	1.25	8,750	1,944
Luncheon Meat	box	7,000	5.65	39,550	8,789
Corn Beef	box	7,000	5.25	36,750	8,167
Halaweh	kg	3,500	8.00	28,000	6,222
Fat	box	3,500	15.75	55,125	12,250
Carton	box	3,500	2.00	<u>7,000</u>	<u>1,556</u>
Total Direct AssistanceIn Food Packages West Bank				699,335	155,408

<u>Description</u>	<u>Type</u> <u>Unit</u>	<u>No</u> <u>Units</u>	<u>Unit Cost</u> <u>NIS</u>	<u>Budget</u> <u>NIS</u>	<u>Budget</u> <u>US\$</u>
Relief Assistance					
4000 Gaza Strip families	Family	4000	225	900,000	200,000
Emergency Employment Generation - Gaza Strip & West Bank					
Staff Salaries					
Gaza					
Doctors (6 pers)	Day	100	405.0	40,500	9,000
Secretary (6 pers)	Day	100	270.0	27,000	6,000
Carpenters & Metal Workers (16 pers)	Day	100	720.0	72,000	16,000
Electricians (2 pers)	Day	100	90.0	9,000	2,000
Knitting/Dress making (21 pers)	Day	100	945.0	94,500	21,000
Labouersrs Skilled (5 pers)	Day	100	337.5	33,750	7,500
Labouersrs UnSkilled (10 pers)	Day	100	450	45,000	10,000
Community Workers (10)	Day	100	450	45,000	10,000
Laboratory Technicians (3 pers)	Day	100	202.5	<u>20,250</u>	<u>4,500</u>
SubTotal Administration Salaries Gaza				387,000	86,000
West Bank					
Materials & equip to construct water cisterns		LS		150,750	33,500
Total Emergency Employment Generation - Gaza Strip & West Bank				<u>537,750</u>	<u>119,500</u>
Personnel , Admin , Ops & Support					
Staff Salaries					
Central office					
Chief Coordinator	Month	6	5251.5	31,509	7,002
Finance Officer	Month	6	4126.5	24,759	5,502
Secretarial & other Support	Month	6	3748.5	22,491	4,998
West bank				0	0
Chief Coordinator	Month	6	5251.5	31,509	7,002
Finance Officer	Month	6	4126.5	24,759	5,502
Secretarial & other Support	Month	6	3748.5	<u>22,491</u>	<u>4,998</u>
Sub total staff salaries				157,518	35,004
Telephone , Fax & Postage	LS			31,500	7,000
Transport , Insurance & Maint.	LS			<u>36,000</u>	<u>8,000</u>
Sub total				67,500	15,000
Total Personnel , Admin, Ops & Support				225,018	50,004
Audit Fees	LS			22,500	5,000
TOTAL ESTIMATED EXPENDITURE				<u>2,362,103</u>	<u>529,912</u>

Exchange Rate : 1 USD = NIS 4.5

I. REQUESTING ACT MEMBER

- **The Lutheran World Federation (LWF)**

II. IMPLEMENTING ACT MEMBER & PARTNER INFORMATION

The Lutheran World Federation, through the **Augusta Victoria Hospital (LWF-AVH)** and the **Village Health Clinics (LWF-VHC)**, has been providing health care services to refugees and other Palestinians for the past fifty years. During the past 3 years, the Hospital has responded to the critical emergency situations that have resulted from the Israeli/Palestinian conflict as well as providing care for large numbers of patients from the West Bank who cannot access their usual health providers. The Hospital has an emergency response capability including a 24-hour Emergency Room, medical and nursing staff and inpatient and outpatient care facilities. All of the LWF programs serve all patients regardless of race, gender, religious belief, nationality, ethnic origin or political persuasion.

AVH provides emergency services and emergency standby services. At the same time, AVH keeps medical personnel at the Hospital and allocates emergency areas and operating room capacity to serve patients that come to the Hospital. This has increased the operating expenses at AVH because of the overtime paid to staff and the reduction in access to clinic and operating rooms.

The VHC's provide care to Palestinian villages to the west of Ramallah. During this emergency the home care program has become an integral part of needed services. Post natal, handicapped and terminally ill patients who are not able to come to the clinics are served by this program.

Another major response to the crisis has been the implementation of a "go and serve" program. Since many of the Refugees and other Palestinians cannot easily access Jerusalem, AVH has co-ordinated with UNRWA to send doctors and nurses to the Refugee Camp clinics and to supply needed specialists to the UNRWA hospital in the north. By matching the AVH medical and nursing staff resources with the area of need for the Refugee Camps, AVH has been able to utilise West Bank staff that live near to the clinics as well as the Hospital that needs additional support. This does not generate patient income for the AVH and increases staff expense. It is, however, a program that has increasing and continuing relevance. Since the refugees and others who need medical treatment often cannot come to AVH, the Hospital continues to go to the patients.

Location for Proposed Response

The care at AVH is provided on site during emergencies in Jerusalem and in the West Bank when it is feasible. Emergency treatment and surgery are provided as well as inpatient intensive and general hospital care at AVH.

Services are also provided in the Refugee Camps and in the West Bank villages. This has expanded the access to medical services, which are needed in this crisis. This has also helped to alleviate some of the issues from chronic patients and other patients that need to have access to specialised physicians.

III. GOAL & OBJECTIVES

The **first goal** is to continue providing emergency and health services to the wounded and injured in the current conflict as well as to provide health services to treat patients that normally need primary care and specialised services, but do not have access during the crisis period. The **second goal** is to help alleviate poverty.

Objectives (Goal 1)

- Provide emergency access to health services for refugees and other West Bank Palestinians.
- Provide health services to all patients who need health care where needed
- Provide services to homebound patients as well as other patients needing regular medical treatment who do not have access to these services.
- Provide kidney dialysis treatments for the increased number of kidney failure patients who are being treated at AVH due to the ongoing conflict
- Provide patient pick up from the West Bank for serious and chronic cases (i.e. paediatric dialysis patients) also transportation of staff to refugee camp clinics and village clinics.
- Provide emergency care to the critically wounded and injured.
- Maintain the emergency and surgery units in a state of readiness.

Objectives (Goal 2)

- Provide means for unemployed Palestinians to earn a daily income to alleviate poverty.
- Create jobs that help to keep Palestinians in Jerusalem and to reduce out migration.
- Alleviate poverty for up to 40 Palestinian families (320 persons).

IV. BENEFICIARY INFORMATION

Number and type of Targeted Beneficiaries

The beneficiaries will ultimately be those who are in need of care at AVH, in the Refugee Camps or in the Palestinian villages that are served. There are approximately 300,000 Palestinians in Jerusalem and over 2 million in the West Bank. This emergency program helps to ensure access to health services for these Palestinians. The ACT funding will help to assure that AVH and the VHC's have the wherewithal to provide that care where it is needed.

The jobs creation project focuses on unemployed Palestinians. It is anticipated that there will be a minimum of 40 families (average at least 8 members per family) who will benefit. These families in turn buy goods and services, which in turn support the Palestinian community. There will be at least 320 direct beneficiaries with a positive effect on many more Palestinians.

Criteria for Beneficiary Selection:

AVH/VHC

All patients who are wounded or injured or in need of care or patients who cannot access medical care will be treated. The basic criterion is the need for medical care.

Jobs Creation

- Palestinians unemployed for longer than 6 months
- participants providing support for a family that has no other income

V. PROPOSED EMERGENCY ASSISTANCE & IMPLEMENTATION

Augusta Victoria Hospital and Village Health Clinics

This proposal is to continue to provide medical assistance to those patients needing emergency and inpatient treatment at Augusta Victoria hospital and to assist in the programs to "go and serve" in the Refugee camps and villages. This medical assistance includes all the Hospital services, including, but not limited to, emergency

preparedness, primary care, dialysis, home care, intensive care, surgery, diagnostics, medication, physician and nursing care and general inpatient care. This assistance will pay for the cost of emergency preparedness at AVH as well as all pre-hospitalisation emergency treatment both at the site of the emergency and in the AVH treatment areas.

This assistance also covers the additional cost of sending staff to Refugee camps and villages, which need AVH and VHC resources. This includes primary care and specialised medical services both in the clinics and in other West Bank Hospitals. The LWF Jerusalem has medical resources that can be of service in the West Bank. Without the ability to send these staff, there are patients that will not receive care.

Job Creation

The increasing need for poverty alleviation is becoming a major focus for the Palestinian community.

The LWF will continue to implement a jobs creation program that will serve both Palestinian men and women who are supporting their families. The existing emergency and political situations have increased poverty and unemployment and this program will create up to 40 jobs that will provide Palestinians with needed income. This program is a direct response to a growing socio-economical issue caused by the emergency.

The LWF in Jerusalem is proposing to employ Palestinians who support their families. The scope of this program envisions up to 4,800 days of work at 100-125 NIS (approximately US\$ 22-28 per day). The general payment is 100 NIS per day with an average of 110 NIS per day including supervision, which may reach 125 NIS when needed. This job creation program will paint, fix up, terrace, clean up, repair and help the Palestinian community through employment. In addition, there will be (if funded) major projects at the LWF-VTC, the AVH and on the property. LWF also will work with villages and other Christian organisations to develop projects in the Palestinian villages on the West Bank.

The major activities and projected workdays are as follows:

▪ terracing olive groves	780 workdays
▪ installing walls and fences	1300 workdays
▪ picking olives	200 workdays
▪ cleaning olive groves	840 workdays
▪ painting buildings incl. AVH	40 workdays
▪ enhancing and upgrading clinics in Kharbatha and Beit Liquia villages	940 workdays
▪ fixing (demolition and labour) buildings in Beit Hanina (LWF-VTC)	700 workdays

TOTAL workdays: 4,800

The workday is to be 7 – 8 hrs. This will provide employment for up to 40 workers on a rotating basis (20 workers alternate each week). This program will extend the already existing LWF program. It is anticipated that there will be the opportunity to collaborate with other NGO's in providing jobs that serve the community. Some jobs will be created through the LWF and its programs, but other opportunities will also be explored. There are many community buildings and grounds that need to be repaired and upgraded. The LWF in Jerusalem has received the permit from the Municipality of Jerusalem to build a wall around its property -- this is a great job creation project!

Humanitarian Aid

LWF/WS Jerusalem will also provide medical supplies, medicines, blankets, and other supplies when they are needed. The focus remains on the areas of the West Bank that are not served by other relief agencies. This aid is

particularly focused on villages under closure or curfew and areas that ‘fall through the cracks’ of the mainstream humanitarian agencies.

Implementation

Since the healthcare programs are already operational, they will continue to be functional as long as there are casualties and needs that AVH and the VHC’s can meet in the Refugee Camps or in the West Bank. Clinical support by AVH and the VHC for the clinics and the hospitals on the West Bank needs to be continued and expanded because these patients cannot get to health services. Financial viability of these programs is a prerequisite in order to provide continuity to these programs.

The jobs creation program was operational, though since funding has not been available for the past three months the program has been curtailed. This program can be rejuvenated and expanded under the supervision of the LWF. Projects have been identified that are appropriate for this type of effort.

Transition from the Emergency

The ACT funding will help to maintain special services during the present emergency. Once there is peace, the Hospital and VHC will transition back to their normal program of providing care for the Refugees and other patients.

At the end of the emergency, normal employment opportunities will again become available for Palestinians. The jobs creation program will phase out.

VI. ADMINISTRATION, FINANCE, MONITORING & REPORTING

Administration

Augusta Victoria Hospital and the Village Health Clinics are fully functional and staffed to provide inpatient, outpatient and emergency care. The jobs creation effort would become an active program of the LWF in Jerusalem. The LWF Representative is responsible for these programs. The Chief Executive Officer is responsible for the overall Hospital function, and is assisted by the Chief of Clinical Services. The Medical Director of the Village Health Clinic co-ordinates these activities for the VHC program.

Finance

The LWF in Jerusalem is served by a fully staffed professional finance department. Each year a certified auditing firm audits the programs, including all donations. All money received by the LWF programs including AVH and the VHC is accounted for and used for the purposes for which it is designated. Standard, accepted accounting practices are in place and reviewed during the annual audit.

ACT Funds will be accounted for as a separate grant and will be part of the annual audit.

Monitoring and Reporting

ACT funds are identified for their specific purpose. The LWF-Jerusalem Accounting Department will be responsible for the receipt of funds, monitoring and assuring that these funds are used properly and that there is proper documentation. The Chief Finance Officer is responsible for the overall monitoring and financial reporting on these ACT Funds.

LWF will report separately on funds used for this emergency. It will adhere to the ACT Reporting Guidelines and will give updates periodically during this time of crisis.

VII. IMPLEMENTATION TIMETABLE

The basic components of this ACT Appeal have already commenced and this ACT request will cover costs that will allow these programs to continue and to expand to serve the Palestinians (emergency, homebound, dialysis, jobs creation, refugees, poor, etc.) on the West Bank. The period of implementation will depend on the situation in this conflict, which may last several years. However, for purposes of planning the expected date of completion for this ACT Appeal has been set at 30 September 2004.

VIII. CO-ORDINATION

AVH co-ordinates efforts through its membership in the East Jerusalem Hospital Forum (EJHF), (the EJHF consists of the six hospitals in East Jerusalem), the Palestinian Ministry of Health and other emergency service providers who assist the injured during the violence. The VHC's co-ordinate their activities with the Palestinian Authority primary care network and other primary care providers on the West Bank.

The East Jerusalem hospitals co-ordinate resources and patient allocation during emergencies through their regular meetings in the Forum. As patients are being medically assessed, they are sent to the hospital that can best treat that patient's injury (i.e. kidney injury patients come to AVH, eye patients go to St John's Ophthalmic Hospital, etc.).

As this crisis continues, the providers of health services are getting better at understanding each other's capabilities and at co-ordinating their activities. This may be one positive aspect of this situation.

LWF will co-operate with the other ACT implementing members and continue to work through the coalition of Christian NGOs.

IX. BUDGET

ESTIMATED EXPENDITURE

<u>Description</u>	<u>Type of Unit</u>	<u>No of Units</u>	<u>Unit Cost NIS</u>	<u>Budget NIS</u>	<u>Budget US\$</u>
EMERGENCY MEDICAL STAFF FOR AVH					
Salaries:					
General Surgeon	Month	12	9,300.00	111,600.00	24,800
Pediatrician	Month	12	9,300.00	111,600.00	24,800
Other Medical Staff as needed	Month	12	9,300.00	<u>111,600.00</u>	<u>24,800</u>
Sub Total				334,800.00	74,400
Other Expenses:					
Transportation (12 months)	Km	12,480	1.16	14,476.80	3,217
Insurance (Malpractice and other)	Lumpsum			72,656.00	16,146
Communications	Lumpsum			1,000.00	222
Stationary and supplies	Lumpsum			<u>1,500.00</u>	<u>333</u>
Sub Total				89,632.80	19,918
Medical Supplies:					
Medical Supplies	Lumpsum			175,609.00	39,024
Medications	Lumpsum			190,948.00	42,433
Days for patient care	Day	200	1,625.00	325,000.00	72,222
Emergency dialysis	Number	2,400	734.70	1,763,280.00	391,840

<u>Description</u>	<u>Type of Unit</u>	<u>No of Units</u>	<u>Unit Cost NIS</u>	<u>Budget NIS</u>	<u>Budget US\$</u>
Transportation costs for field teams	Lumpsum			<u>16,275.00</u>	<u>3,617</u>
Sub Total				2,471,112.00	549,136
TOTAL AVH				2,895,544.80	643,454
DIRECT ASSISTANCE					
Humanitarian Food and Baby Formula	Lumpsum			89,000.00	19,778
Distribution costs	Lumpsum			6,675.00	1,483
Insurance	Lumpsum			5,562.50	1,236
Communication & office supplies	Lumpsum			2,225.00	494
Storage and Handling	Lumpsum			<u>4,450.00</u>	<u>989</u>
Sub Total				107,912.50	23,981
Job Creation for Emergency					
Labor (20 persons)	Work day	240	2,200.00	528,000.00	117,333
Tools (shovels, wheelbarrows, etc..)	Lumpsum			23,400.00	5,200
Supplies:					
Stones for paths and walls	Lumpsum			69,750.00	15,500
Cement (walls, building repair)	Lumpsum			157,500.00	35,000
Concrete tiles (outdoor areas)	Lumpsum			22,500.00	5,000
Paint (Central Office, Other buildings)	Lumpsum			22,500.00	5,000
Trees	Lumpsum			15,750.00	3,500
Various (wood, bags, paint brushes, etc)	Lumpsum			33,750.00	7,500
Other					
Architectural & Supervision of Workers	Lumpsum			21,600.00	4,800
Communication	Lumpsum			968.40	215
Supplies, stationary, and others	Lump sum			225.00	50
Insurance				<u>5,467.50</u>	<u>1,215</u>
Sub Total				901,410.90	200,314
TOTAL				1,009,323.40	224,294
VILLAGE HEALTH CLINICS					
Medical supplies	Lumpsum			75,087.00	16,686
Emergency home care:					
Registered nurses (1.5 posts)	Month	12	4,050.00	48,600.00	10,800
Transportation	Km	17,280	1.16	20,079.36	4,462
Insurance (Malpractice and others)	Lumpsum			15,750.00	3,500
Communications	Lumpsum			990.00	220
Stationery and supplies	Lumpsum			1,125.00	250
Supervision and coordination	Lumpsum			<u>27,000.00</u>	<u>6,000</u>
TOTAL VILLAGE HEALTH CLINICS			188,631.36	41,918	
AUDIT					
Audit of ACT appeal funds	Lumpsum			6,750.00	1,500
TOTAL ESTIMATED EXPENDITURE			4,100,249.56	<u>911,167</u>	

Exchange Rate: US\$ 1 = 4.5 NIS

I. REQUESTING ACT MEMBER

- **The International Orthodox Christian Charities (IOCC) Jerusalem/West Bank/Gaza**

II. IMPLEMENTING ACT MEMBER & PARTNER INFORMATION

The **International Orthodox Christian Charities (IOCC)** is a non-profit, non-governmental organisation established in 1992 by the Standing Conference of Canonical Orthodox Bishops in the Americas (SCOBA). It was created as the official relief and development agency of Orthodox Christians world-wide to give aid to the poor in their own countries, and provide assistance on the basis of need. It aims at strengthening and increasing the capacity of the local communities and local institutions world-wide.

The IOCC Office for Jerusalem, the West Bank and Gaza was initiated in 1997 to assist the development of local humanitarian organisations. In addition to the current emergency relief effort, IOCC implements projects in education, small enterprise development, the rehabilitation of schools in the OPTs and an Emergency Employment Generation Program with USAID in 24 villages spanning activities in 7 sectors, including construction, vocational training and public health. Despite difficult working conditions, restricted travel and risk, IOCC staff continues to implement these programs.

IOCC—Jerusalem is officially registered as a humanitarian NGO with both Israeli and the Palestinian authorities.

III. GOAL & OBJECTIVES

The main **goal** is to alleviate poverty:

- by creating emergency employment opportunities for unemployed Palestinian women through activities in traditional skills in four West Bank Governorates,
- by creating emergency employment opportunities for unemployed Palestinian women and men, whose lands have been negatively affected by the Israeli “Security Wall” through activities in agriculture in four West Bank Governorates (not financed by any donor) and
- by providing food and medical assistance for the poorest of the poor in areas under total closure.

Objectives

- The provision of emergency employment for women in traditional skills: 823 person / days of labour;
- The provision of emergency employment for women/ men in agriculture: 4,114 person / days of labour;
- The provision of food staples: 400 persons;
- The provision of medicinal supplies and services: 341 persons.

IV. TARGETED BENEFICIARIES

The “Food for Work” activity of emergency employment generation is offered for men and women who are presently unemployed due to the prevailing closure of territories. This will help the communities in their immediate needs at the same time it initiates a program of community and local economic recovery.

IOCC will provide a program for women in Emergency Employment Generation. Two trainers will conduct rapid emergency training in traditional Palestinian skills, such as quilts and bed sheets, in the selected four Governorates forgotten by most donor agencies. The finished products will then be marketed locally, providing the element of sustainability and generating future income for the female beneficiaries. These trainees will be

selected by the IOCC Project Officers and must fulfil the established criteria, including women bread-winners who have over six dependants, widows and single mothers, who are currently unemployed or under-employed.

The provision of plastic sheets for agricultural nurseries will focus on farming families, who have lost their lands to the Security Wall.

Also, in agricultural rehabilitation, there will be an Apiculture project, helping women produce honey, wax and propolis.

IOCC Project Officers will select the immediate beneficiaries according to established criteria, including bread-winners for families of 6 or more members, single women who are the heads of families, widows and displaced persons.

The provision of food staples will focus on the most marginalized and underprivileged members of the various communities, who have been hardest hit by the on-going siege and conflict. IOCC Project Officers will gather base-line data and select beneficiary families according to pre-set criteria, including duration of unemployment (6 months or over), number of dependants etc. Food distribution beneficiaries will be focused in the communities that have been most detrimentally affected by the construction of the Israeli “Security Wall” and where most of the Israeli military actions have taken place in the West Bank.

The beneficiaries of the distribution of medicinal supplies and recipients of services will be individuals with no health insurance, chronic patients, suffering from heart diseases, cancer, diabetes, kidney failures or other serious diseases; and the elderly.

V. PROPOSED ASSISTANCE & IMPLEMENTATION

IOCC works in close co-operation with a wide well-established network of local NGOs, Village Councils and grassroots organisations, each with extensive knowledge and experience. IOCC Field Staff, Partners and leaders of civil society of the various communities will identify the need and the beneficiaries, prior to the actual work. IOCC Trainers, Field Staff, Village Committees and Representatives will oversee the Emergency Employment activity in traditional skills (making quilts and bed sheets), while IOCC will supervise the design and implementation, to ensure credibility and accountability. The employment activities in agriculture will focus on development of nurseries to assist the farming families in a transition from their confiscated lands and support them to remain on the remaining plots of lands. The Apiculture component will assist 30 women in developing the production capacity of their bee hives and then locally marketing the subsequent products of honey, wax and propolis.

IOCC will distribute emergency packages of food staples, including rice, flour, sugar, canned meat, oil, etc., to selected families. Commodities are locally available in the West Bank and will be delivered efficiently, if not without difficulty, to the communities, as this will have a positive impact, in that it will assist the local Palestinian agricultural economy. Means of transportation are available and access is possible through by-pass roads and through permits, often made possible for international humanitarian organisations. IOCC will also distribute medical supplies and provide medical assistance to poor patients through clinics, hospitals and Palestinian health groups, who will refer the cases in the WB. Patients who need medicines and emergency surgeries will be assisted, especially heart, cancer and kidney patients.

VI. ADMINISTRATION, FINANCE, MONITORING & REPORTING

Administration

IOCC Program supervision is directed from IOCC Headquarters in Baltimore, MD, where the Director of Operations oversees the IOCC Country Director for IOCC Programs in Jerusalem. The IOCC Country Director will supervise all aspects of the ACT program and operations in the Palestinian Territories. Day-to-day management of the program will be undertaken by IOCC in Jerusalem. All financial, logistics and related controls, systems and procedures carried out in field operations are governed and reviewed by the Director for Finance and Budget at IOCC's international Headquarters in Baltimore.

Monitoring

For all components of the project, IOCC applies standardised monitoring processes and criteria that facilitate on-going information gathering and reporting as stipulated by ACT. IOCC conducts monitoring for a three-fold purpose: to ensure that the project is implemented according to plan, to confirm that assistance is reaching the targeted beneficiaries and achieving the desired project objectives, and to determine future needs.

Reporting

Monthly financial reports will be submitted to IOCC Headquarters in Baltimore, and ACT. The final narrative report and audited financial statement will be submitted three months after completion of appeal activities in accordance with the ACT Reporting Guidelines.

VII. IMPLEMENTATION TIMETABLE

Commencement Date: the project implementation will begin in October 2003, or immediately upon receipt of funds and will be implemented over a period of 8 months. Month 8 of the Project is reserved for evaluations and project reporting.

Reporting Period: the final narrative report and audited financial statement will be submitted three months after completion of Appeal activities.

VIII. CO-ORDINATION

IOCC practices close co-ordination and co-operation with the Middle East Council of Churches (MECC) Department of Service to Palestinian Refugees (DSPR). The IOCC Country Director in Jerusalem has long standing and close working relations with the LWF Augusta Victoria Hospital in Jerusalem and meets frequently and regularly with LWF—Jerusalem Country Director in co-ordinating relief activities, as members of the ACT family and the Joint Emergency Relief of the Christian Organisations (JERCO). IOCC-Jerusalem constantly co-ordinates with the International Christian Committee's (ICC) Executive Secretary, Director and Staff on distribution areas and beneficiaries to avoid duplication and to ensure that the programs complement each other. IOCC also fully co-ordinates all appeal activities and assistance with the ACT Co-ordinating Office in Geneva.

IX. BUDGET

ESTIMATED EXPENDITURE

<u>Description</u>	<u>Type of Unit</u>	<u>No of Units</u>	<u>Unit Cost US\$</u>	<u>Budget US\$</u>
DIRECT ASSISTANCE				
Apiculture: Wages	Month	7	500	3,500
Apiculture: Hives	Person	30	350	10,500
Apiculture: food, equip & material support	Lump	1	6,000	6,000
Agricultural Rehab (wages, materials etc)	Lump	1	77,000	<u>77,000</u>
Sub-total				97,000
Material Costs: (Quilts, Bed Sheets etc)		1	2,260	2,260
Wages		1	10,240	<u>10,240</u>
Sub-total				12,500
Food / In kind Distribution	Lump	1	27,000	27,000
Medical Support	Lump	1	34,500	<u>34,500</u>
Sub-total				61,500
Project Accountant (Part Time)	Month	8	500	4,000
Project Driver (Part Time)	Month	7	275	1,925
Project Officers (Part Time)	Month	7	950	6,650
Communication	Month	7	100	700
Media / Publicity / Photos	Month	7	75	525
Fuel	Month	7	100	<u>700</u>
Sub-total				14,500
TOTAL DIRECT ASSISTANCE				<u>185,500</u>
Administrative Costs	Lump	1	18,300	18,300
Audit	Lump	1	3,000	3,000
Sub total				21,300
TOTAL REQUESTED FROM ACT NETWORK				<u>206,800</u>