

Appeal

Palestine

Emergency Assistance to Civilians – MEPL61

Appeal Target: US\$ 1,396,013

Geneva, March 17, 2006

Dear Colleagues,

Since the onset of the second uprising, the Israeli Military Authorities have been dividing up the Occupied Palestinian Territories and building a wall that has annexed much land and segregated the Palestinian Population. Thus, the population cannot access much needed services and is restricted from movement to seek better employment, schooling, and health as well the possibility of marketing their products. This situation is rampant all over the OPT but very acute as it relates to Jerusalem.

After the new Palestinian elections, Israel has deemed the election results as unacceptable and has stopped the funding of the Palestinian Authority. The Palestinian Authority (PA) is the main provider of civil services in the OPT. It runs directly, or through NGO's, the largest number of schools, hospitals, clinics and many other social and civil services.

Through a contract with the PA, the **Lutheran World Federation (LWF)-Augusta Victoria Hospital (AVH)** in Jerusalem, was providing, on a monthly basis, about 1700 medical procedures for the Palestinians such as dialysis, radiation, chemotherapy, endoscopy and head-neck treatments. The blockage of the funds will put in danger the life of the patients who are currently under treatment as it is the only source of treatment they can access.

Through this appeal LWF/AVH is requesting support from the Alliance to cover for six months the running cost of these services (medications, supplies, clinical staff and transportation) that were covered by the PA. During this period they will have to find a sustainable solution or scale down the activities. The ACT CO considering that lives will be at risk agreed to issue this appeal, although it is a somewhat exceptional Appeal.

Project Completion Date: 30 September 2006**Summary of Appeal Targets, Pledges/Contributions Received and Balance Requested**

Total Appeal Target(s)	<u>US\$</u> 1,396,013
<u>Less:</u> Pledges/Contr. Recd.	0
Balance Requested from ACT Alliance	1,396,013

Jenny Borden
Interim Director, ACT Co-ordinating Office

I. REQUESTING ACT MEMBER INFORMATION

The Lutheran World Federation

II. IMPLEMENTING ACT MEMBER AND PARTNER INFORMATION

The Lutheran World Federation (LWF) has been providing health care services to refugees and other Palestinians in the Occupied Palestinian Territory (OPT) for over fifty years through programs through the Augusta Victoria Hospital (AVH). LWF serves patients regardless of race, gender, religious belief, nationality, ethnic origin or political persuasion. 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 through its medical, para-medical, and nursing staff that is present at the LWF inpatient and outpatient healthcare facilities. AVH provides emergency services and emergency standby services. At the same time, AVH provides unique medical services such as kidney dialysis, cancer treatment, and head-neck surgery, which are critical to the life of many children and adults.

Some of the previous emergency responses undertaken by the hospital were: the evacuation and treatment of over 50 dialysis patients from all over the OPT, dispatching of medical and surgical teams to areas of conflict during the Second Palestinian Uprising, and the implementation of a "go and serve" program. Since many of the Refugees and other Palestinians cannot easily access Jerusalem, AVH coordinated with the United Nations Relief and Work Agency for Palestine Refugees in the Near East (UNRWA) to send doctors and nurses to the Refugee Camp clinics and supplied needed specialists to the UNRWA hospital in the north. AVH was able to match the needs of the Refugee Camps, by using its staff (especially those living near the West Bank) and medical resources.

III. DESCRIPTION OF THE EMERGENCY SITUATION

Since the onset of the second uprising, the Israeli Military Authorities have been dividing up the OPT and building a "Wall" that has annexed much land and will soon totally separate AVH from the rest of the community that it has been serving for over five decades. AVH started a project of transportation by busses to affirm the rights of all patients to access their places of health care and ensures that the LWF shall continue with its much needed humanitarian services in the region.

The situation in the OPT is one of chronic emergency, devastating to the population that cannot access much needed services and is restricted to seek better employment, schooling and health. This situation is rampant all over the OPT and especially acute in Jerusalem which is being isolated from the rest of the OPT. And, since AVH is in East Jerusalem, it has been suffering the negative effects of this isolation.

Since its beginning, the Palestinian Authority (PA) has been much more than a governmental body. It is the main provider of civil services in the OPT, running a large number of schools, hospitals, clinics and many other social and civil services. It also contracted with non-governmental organizations to provide some of the services.

Therefore, the PA contracted LWF/AVH to provide cancer care, pediatric kidney dialysis, and many other medical and health services to the population.

The Palestinian people and the Palestinian civil society is under a financial and physical blockade that has created an emergency situation, constituting a legitimate need for an emergency response by humanitarian agencies.

IV. DESCRIPTION OF THE SITUATION IN THE AREA OF PROPOSED RESPONSE

Through the contract with the PA, the AVH provides, on a monthly basis, about 1700 medical procedures for the Palestinians that constitutes the only way for the patients to access a hospital and get a treatment. The hospital also provides transportation for over 60 staff and patients on a daily basis to ensure that their medical and humanitarian needs are met.

AVH is at the moment the only specialized center for pediatric dialysis. It is attending 26 children who receive also all the support healthcare and social care. The hospital is also now the only radiation oncology treatment center for Palestinians in the OPT. According to the Palestinian Ministry of Health Cancer Registry, over 1300 new cancer cases are detected every year (not including ongoing cases). AVH, as the main referral center, has a lot to do with this detection rate.

AVH provides monthly in average the following services through the PA contract:

- 300 dialysis sessions
- 1010 radiation sessions
- 70 chemotherapy sessions
- 30 endoscopy procedures
- 80 head-neck operations

After the new Palestinian elections, Israel has deemed the election results as unacceptable and have taken serious steps to stop funding of the Palestinian Authority.

Due to this financial blockade, all these services will have to be stopped putting in danger the life of the patients who are currently under treatment .

The impact on human life would not only be through the lost of medical services provided to patients and families but also through the loss of employment that many AVH staff would have to experience. AVH employs 227 Palestinians. Over 80% of them are from the West Bank. The employment opportunity provides for their families and children and helps directly the economy of these families. If these employees are unable to access AVH or if AVH is financially unable to support their employment, the result will be detrimental for these families.

To offset some of the effects of these closures, the hospital has started a program of busses that is designed to assist patients in reaching their place of treatment. It transports on a daily basis staff and patients to and from the hospital. The system currently covers three routes: two from the south and one from the middle south east of the West Bank.

With the current blockage a new route to bring patients from the North will have to be open. So far the transport of the patients from the North West Bank was provided by the PA.

The transportation of patients continues to be a hassle and there are some days when the busses are not given easy entry into Jerusalem. According to the UN Office for the Coordination of Humanitarian Affairs (OCHA), there were 471 checkpoints in the OPT as of January 2006. The World Bank also identified the closure system imposed by Israel as a leading cause for the Palestinians' "economic woes." Both patients and staff must go through very difficult physical barriers and checkpoints on a daily basis to arrive at their place of work thus putting everyone in harms way.

Location of the proposed response

The West Bank is the historical and main target area of AVH. The target population spreads through the northern districts, middle districts, and southern districts. In total, the population served is 2,411,357 (Palestine Central Bureau of Statistic, PCBS). In addition to the system of busses, the Hospital coordinates with the PA and runs transportation services from the northern districts all the way to AVH. The Hospital arranges for all the permits for drivers and patients to enter Jerusalem.

The AVH also started to establish urban centers to bring services closer to the target population. Patients who cannot access Jerusalem directly or through the program of busses can come to the AVH Urban Center in Ramallah where they will be examined and if hospital care is needed, the hospital will arrange for permits and transportation.

V. TARGETED BENEFICIARIES

Typically, the largest targeted beneficiaries of the AVH have been the Palestinian refugees. But now that the AVH has developed unique health services for the Palestinians at large, the target population extends to include all the population residing in the north, middle and south districts of the West Bank.

AVH serves a typical Palestinian population that is skewed to the younger generations. The population is young with children between the ages of 0-17 constituting 52.5% of the population. It is estimated that the target population will yield an expected 150 new cases of pediatric cancer cases per year. The adult cases are expected at about 1300 new cases of cancer as estimated by the Palestinian Ministry of Health. Kidney failure cases in children are less frequent but are prevalent in the southern districts of the West Bank from where the majority of hospital referrals originate.

The targeted population remains to be the rural and urban communities of the West Bank mainly. Gaza is serviced by AVH but through much more difficult arrangements. Nevertheless, especially in the Cancer Care Center at AVH, patients from Gaza do finally arrive once in a while and the Hospital provides all the necessary medical treatment and even boarding until such services are completed.

The targeted population includes children and adults with needs for specialty medical services: these include children with kidney failure, children with cancer, and children in need of specialized surgery of the head and neck. In the adult population, AVH focuses on women with breast cancer, adults with colon and lung cancer as well as other adult types that are common within the population.

The selection of beneficiaries occurs in the referring agencies but in close coordination with AVH. Each of the referring agencies, namely UNRWA and the Palestinian Authority have a committee that reviews the condition and recommends referral to AVH. These committees are formed from community professionals working in the field. AVH senior medical staff is then consulted with the cases. Those relevant to the services of AVH are then referred to the AVH with a full general history of their health status. UNRWA refers for basic general medical services (UNRWA does not utilize the specialty services of AVH that are included in this appeal). Refugees and Non-refugees in the Palestinian community are all covered by the PA for the specialty services offered by AVH and subject of this appeal. The basic general medical UNRWA referrals amount to less than 20% of AVH referrals.

AVH teams assisting in the selection focus of the marginalized segments of the population. Thus, admission of women, children, and young adults that come from the professional committees are always supported by AVH management.

The pressure to enlist more patients comes mainly from the growing demand and the needs in the community. AVH offers many unique services that are highly needed for the population. Thus, there is a natural growth in demand which is paralleled with pressure to respond to this ever growing need.

VI. PROPOSED EMERGENCY ASSISTANCE & IMPLEMENTATION

Goal

To assure and safeguard lives through the continuation of urgently need health and human services to the community serviced by LWF / AVH without any interruptions due to new political realities.

Objectives

- To continue treating cancer patients with 6060 sessions of radiation treatments, and 420 chemotherapy treatments within a 6 month period.
- To continue providing psychosocial support to the cancer patients and their families
- To continue treating children suffering from kidney failure with 1794 sessions of kidney dialysis and social services within a 6 month period.
- To continue treating special needs patients with head-neck surgery for a total of 480 surgeries within a 6 month period.
- To continue treating patients with therapeutic endoscopy procedures at a rate of 180 for a 6 month period.
- To provide transportation to the hospital to the patients and staff from the South, Middle and North part of the West Bank

Project implementation methodology

The work will be carried out by the clinical staff of the AVH. Teams consist of highly trained physician and nurses and technicians. Social work staff is also part of the clinical teams at the Hospital.

The transportation services are carried out by the Hospital's Support Services Department which consists of highly trained drivers and security personnel who escort the busses in and out of conflict areas assuring the safety of the patients, staff and institution.

The Hospital coordinates with local organizations such as UNRWA and the PA to set up the transportation of patients. The Hospital also has an access to the Israeli Military Authorities through special District Coordinating Officers that are very helpful in arranging communications with the Israeli Military.

All transportation staff works to secure the safety of patients and staff to go back and forth with a sense of dignity and security. The LWF / AVH as an employer adhere to strict codes of conduct as dictated by the LWF Headquarters in Geneva. The AVH management actively recruits women in clinical and managerial leading positions to assure equal representation of both genders. Senior posts that are occupied by women are the Chief of medical physics and Chief pharmacist in the Cancer Care Center as well the Deputy Director of Nursing. Outreach physicians are both women.

Inputs for project implementation

The Hospital has all the necessary clinical and technical staff. The teams include the physicians and nurses that are involved in the direct care of patients. Medical support staff, including radiation technicians, medical physicists, pharmacists and social workers, are also part of the larger clinical teams.

The numbers for the required team responsible for the activities listed in the objectives are:

- Three cancer physicians
- Two nurses trained in cancer care
- Three radiation therapists
- Two medical physicists
- One pharmacist
- Two social workers
- One nephrologist
- Four dialysis nurses
- Five drivers

The transportation of patients and staff will require four rental busses that will be staffed by AVH drivers and security staff that are trained to escort staff and patients in and out of conflict areas.

Planning assumptions

The plan assumes the needs of patients accessing the hospital to continue through a very uncertain political transition that the OPT is going through. It also assumes that the busses will continue to commute through a coordinated protocol with the Israeli Military Authorities. Thus, the main external inhibitor is the inability of staff and patients to access the hospital. Internally, the financial blockade could consume the resources of the hospital and therefore the need for an emergency response program is critical until things are clearer in the near future when the hospital can return to normal operations through contractual sustainability.

Hence, if funding is not received to cover the shortfall due to the physical and financial blockades, the hospital will have to deny treatment to patients and cause a lot of harm. The hospital will also be forced to scale down operations to a minimum and release a large amount of its staff.

Implementation timetable

Project initiation will be on April 1st 2006 when is estimated the Palestinian authority will stop the payments to the AVH. The proposal last for six months will conclude September 30th 2006. During this six months the AVH will look for a sustainable solution to this situation.

Transition

The timetable for the appeal was planned to allow the hospital six months to assess the political situation and the results of the physical and financial blockade on the Palestinian people. By then the hospital hopes to have more information on how the country will be run the new political reality. Assuming that there exists a way for the hospital to recover its costs, AVH will reestablish the necessary mechanisms to sustain operations through the usual contractual agreements. If the blockade continues beyond the six months, LWF and AVH will have to implement plans to contain its costs by reducing the level of care and staff at which time the welfare of these patients is a responsibility beyond the scope and capability of the LWF.

VII. ADMINISTRATION AND FINANCE

The appeal funds will be transferred to the LWF Headquarters in Geneva where it will be managed by the Department of World Service Finance Office and in cooperation with the finance office in the Jerusalem Field. A separate account will be set up if it is so required by the funding agency.

The Jerusalem office will file a request to fund activities that are in the budget as they are presented to ACT. Geneva will then dispense in accordance to a request that is put in by the field.

The officers in the field who authorize the request are in sequential order as follows: The Chief Executive Officer (CEO) of the hospital puts in the request to the Chief Financial Officer (CFO) of the LWF Jerusalem to fund a certain activity, the CFO prepares the necessary documentation as per the formats of ACT and LWF and presents it to the LWF Regional Representative for final approval. The request goes to Geneva where it is reviewed and approved by the DWS finance unit. Funds are then transferred to the field. Purchasing occurs as per the LWF protocols which are based solely on competitive bidding and quality assurance standards.

VIII. MONITORING, REPORTING AND EVALUATION

The main monitoring function to report on the deliverables to patients will be for the administrative and clinical staff of the hospital. The Chief Executive Officer of the hospital will prepare a report based on the clinical and administrative activities that were funded by the appeals. The Chief Financial Officer reports on the budget activity within each of the budget line items supported by bank statements on what has been dispensed. **A narrative and financial report is then generated by the CEO and the CFO and submitted to the LWF field office and HQ who will be responsible for the final reporting to the ACT Alliance according to the ACT reporting guidelines.**

The coordination of all local monitoring and evaluation function in the field office is carried out by the Regional Representative of the LWF in Jerusalem.

The hospital highly welcomes external evaluators in many of its programs, if the funding agency deems this to be necessary.

Reporting Schedule:

- Final narrative and financial reports to be received by ACT CO by November 30, 2006, within two months of end of project.
- Audit report to be received by ACT CO no later than December 31, 2006, i.e. within three months of end of project.

IX. COORDINATION

Field coordination for delivering the services in the appeal will be coordinated by the CEO who has the overall responsibility to make sure that the project activities are coordinated with all local and community stockholders so as to achieve the goal of the appeal. The CEO is also responsible to coordinate the different clinical and non-clinical functions within the project and the hospital to assure the delivery of services within the appeal.

The CEO will coordinate the program with the PA and the UNRWA through the regular mechanism that the CEO has set to coordinate the other hospital operations with these organization and other Non-governmental organizations (NGOs) and governmental organizations (GOs), and International non-governmental organizations (INGOs) working in the same service delivery area.

The coordination with the LWF headquarters for the overall performance of the project is carried out by the Regional Representative in cooperation with the CFO and the CEO.

X. BUDGET

The monthly contribution from the Palestinian Authority to the AVH to cover the treatments that are part of this appeal was U\$200,000. In addition, the AVH will have to cover the cost of the transportation of the patients and staff that so far was provided by the Palestinian Authority.

Description	Unit Type	No of Units	Unit Cost USD	Budget USD
DIRECT ASSISTANCE				
<u>Non Food Relief Assistance</u>				
Cancer Radiation Treatment	Session	6,060	75	454,500
Cancer Chemo Treatment	Session	420	800	336,000
Kidney Dialysis Treatment	Session	1,794	160	287,040
Head-Neck Treatment	Session	480	255	122,400
Therapeutic Endoscope	Session	180	53	9,574
Psycho-social support for patients	FTE	2	10,000	20,000
TOTAL DIRECT ASSISTANCE				1,229,514
TRANSPORT				
<u>Transport</u>				
Hire/ Rental of Vehicles	Bus rentals	4	35,685	142,740
<u>Logistics</u>				
Arrangements for permits	Month	6	343	2,059
Guards (2 FTE)	Month	6	1,600	9,600
TOTAL TRANSPORT				154,399
INDIRECT COSTS: PERSONNEL, ADMINISTRATION, OPERATIONS & SUPPORT				
<u>Staff salaries</u>				
Program director	Day	2	810	1,620
Finance director	Day	6	430	2,580
Assistant	Day	1	200	200
Accountant	Day	12	95	1,140
<u>Office Operations</u>				
Office Utilities	Month	6	400	2,400
Office stationery	Month	6	60	360
<u>Communications</u>				
Telephone and fax	Month	6	100	600
<u>Other</u>				
Insurance	Month	6	200	1,200
TOTAL INDIRECT COSTS				10,100
AUDIT & MONITORING				
Audit of ACT Funds	Estimate	1	2,000	2,000
Monitoring & Evaluation	Estimate			0
TOTAL AUDIT & MONITORING				2,000
TOTAL EXPENDITURE				1,396,013

PLEASE NOTE:

Sessions include the cost of medications, supplies and clinical staff