

Appeal

Palestine

Emergency Assistance to the Palestinian population – MEPL61 (Revision 1)

Appeal Target: US\$ 1,956,139

Balance Requested from ACT Alliance: US\$ 1,354,455

Geneva, May 12, 2006

Dear Colleagues,

The outcome of January 25th 2006 parliamentary elections in Palestine caused an emergency within the ongoing political and economic impasse faced by the Palestinian population. The blockage of funds by international donors and the withholding of money from taxes and custom duties collected for the Palestinian National Authority by the Israeli government, created a new emergency situation for the Palestinian population, whose access to food and basic services - such as health and education - is already very precarious. Furthermore, with the Israeli disengagement from the Gaza Strip in the summer of 2005, there was hope that the population of the Gaza Strip would find some stability and a return to normal life. This did not happen. Major crossing points between Israel and the Gaza Strip are still controlled by Israel and regularly closed for security reasons. As a consequence, the inflow of goods and commodities into the Gaza Strip is not always assured, creating instability and price hikes worsening even more the fragile situation of the Palestinian population.

On March 17, 2006 an ACT appeal was issued to respond to this situation. ACT member The Lutheran World Federation (LWF)-Augusta Victoria Hospital (AVH) requested support to continue providing health services to the Palestinian Population.

The current revision includes a proposal from ACT member the **Middle East Council of Churches/Department of Service to Palestine Refugees (MECC/DSPR)**, who is proposing to provide supplementary food support, health and education services to the most vulnerable families in the Gaza strip and West Bank areas. The proposal is for the rest of the year as there are no clear prospects of a solution for this political stalemate in the immediate future.

Please take note that this revision replace the original appeal submitted on March 17, 2006.

ACT is a global alliance of churches and related agencies working to save lives and support communities in emergencies worldwide.

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

Project Completion Date:

MECC-DSPR: 1 May 2006 – 31 December 2006

LWF-AVH: 1 March 2006 – 30 September 2006

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

	MECC-DSPR	LWF-AVH	Total US\$
Appeal Targets	560,126	1,396,013	1,956,139
Less: Pledges/Contribution Received	0	601,684	601,684
Balance Requested from ACT Alliance	560,126	794,329	1,354,455

John Nduna

Director, ACT Co-ordinating Office

Middle East Council of Churches / Department of Service to Palestine Refugees**I. REQUESTING ACT MEMBER INFORMATION****Middle East Council of Churches / Department of Service to Palestine Refugees**

MECC/DSPR is the Department of Service to Palestine Refugees, founded in 1950, 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.

II. IMPLEMENTING ACT MEMBER & PARTNER INFORMATION

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 four 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 is 14 core staff, including service and project professionals. In addition, there are 6 volunteers operating in the field.

The implementation is carried out by MECC/DSPR Staff in both the Gaza Strip and the West Bank. The networking, however, allows us not to duplicate and to coordinate with other civil society organisations so as to achieve optimal impact.

Community Based Organisations and Local Committees in the various localities served are our primary partners in reaching a decision about families and individuals in need of emergency relief.

As members of ACT International we uphold the Code of Conduct of the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief. We also uphold the Humanitarian Charter and Minimum Standards in Disaster Relief (SPHERE) and we will follow these standards in implementing all the activities and programs of this emergency appeal. We also subscribe to ACT Vision, Mission and Values and to the Code of Conduct on Sexual Violence, Abuse of Power, and Corruptive Behavior. We are also committed to share information and to work collaboratively with other ACT implementers in the Palestinian emergency and to participate in the ACT fora.

All of our local partners are committed to the same principles as those we are committed through the ACT Emergency appeals. We have worked with them in previous ACT emergency applications and were successful in reaching together those most affected by the emergency. We expect to do this in this appeal as well.

III. DESCRIPTION of the SITUATION in the AREA of PROPOSED RESPONSE

Current situation in the area of proposed response

The political realities after the January 25th 2006 parliamentary elections in Palestine have produced an induced emergency within the ongoing political and economic emergency faced by a sizeable portion of the Palestinian population. This is primarily due to the blockage of funds by international donors and the withholding of taxes and custom duties collected for the Palestinian National Authority by the Israeli government. John Ging, Director of UNRWA operations in Gaza warned that “from a humanitarian perspective, the outlook in Gaza is bleak. We are once again facing imminent food shortages; insecurity is making delivery of humanitarian services difficult. All of this is likely to add up to more refugees falling under the poverty line and becoming dependent on humanitarian assistance.” Judging from the percentages of OCHA and World Bank for 2005 on unemployment and poverty, there are approximately 200,000 Palestinians out of work and 1.5 million Palestinians who live under the poverty line. With the new economic realities, these figures are likely to rise sharply which call on all international bodies and agencies to consider immediate relief to the population at risk. Both the Office for Coordination of Humanitarian Affairs (OCHA) and the World Bank warn of worst case scenarios in the Palestinian Territories with respect to unemployment rates (23.4% in 2005) and poverty (44.0% of the population under the poverty line in 2005). Unemployment could reach 47% and poverty 74% by 2008 in worst case scenario as projected by the World Bank

Through this appeal, Middle East Council of Churches/Department of Service to Palestine Refugees (MECC/DSPR) is proposing to provide essential food and elementary commodities to families that have fallen prey to the emergency within the emergency, enabling the families to keep on with their daily life by meeting the minimum vital services and to allowing them some space to think of how to overcome the long term effects of the economic situation. The appeal is proposed for the rest of the year as there are no concrete prospects for a drastic improvement of the political stalemate. If the situation is not resolved there will be need to go on to a new phase of encouraging self reliance and development of individual and communal economic initiatives among the Palestinian population.

Impact on human lives in the area of proposed response

Three quarters of a million refugees in the Gaza Strip are characterized by UNRWA as in need of basic food necessities. The actual figure is probably higher as, within a population of 1.4 million in the Gaza Strip, there are also non-refugee population who fall under the poverty line as well. In the West Bank, those affected would reach no less than 600,000 in the various areas and regions.

According to the World Bank, unemployment affects directly at least 200,000. With the blockage of donor funds, this figure is expected to rise. As each worker supports at least 4 members of his/her family, we can estimate that about 1.0 million Palestinians are affected by unemployment.

The people have become affected by lack of cash, inability to secure essential services such as medications, food and even educational services which cover such items as caring for children in kindergarten or school and their transport and upkeep.

Description of the damages in the area of proposed response

While immediate damage to infrastructure is not reported in the present appeal, it must be noted that continued economic blockage of the Palestinian Territories would lead, according to the World

Bank and economic experts, to dire economic and social repercussions that would be very difficult to overcome in the short and medium term.

Security situation in the area of proposed response

With the Israeli disengagement from the Gaza Strip in the summer of 2005, there was hope that the Gaza Strip would finally enjoy some return to normality. This did not happen. Major crossing points between Israel and the Gaza Strip are still controlled by Israel and regularly closed under security reasons. As a consequence, the inflow of goods and commodities into the Gaza Strip is not always ensured, which at times lead to crises and drives the price up. This makes the poor and the very poor in worst conditions.

At present the security concerns are concentrated in the Northern Gaza Strip. But there is fear that Israel may retake Gaza for military purposes. If this occurs then a majority of the population would be home-bound and the normal operations of markets would be adversely affected.

In the West Bank, including the greater Arab Jerusalem area, the building of the “security wall” is making mobility and access a problem for an increasing number of individuals. With hundreds of Israeli checkpoints and military outposts, the freedom of access becomes an exacerbated problem given the present harsh economic realities that result from blockage of funds.

Location for your proposed response

The **West Bank** and **Gaza** Strip territories are the locations of the DSPR proposed response. The families that will be reached are divided into families in the Gaza Strip and families in the West Bank. The localities and the needs of the families will be determined in consultation with our local partners, local committees and CBOs. In the Gaza Strip, we look for families in the most impoverished localities particularly in the Southern Gaza Strip. In the West Bank, the focus of previous appeals was the outlying areas in the North and South, but this appeal will also include groups of the Central West Bank (including Jerusalem, Bethlehem and Ramallah) as they are increasingly affected by the emergency situation. Through coordination with our partners and sharing information with public bodies, we aim to reach out for groups that other organisations are less likely to serve. Both the West Bank and Gaza DSPR have the experience in serving across these territories and in coordinating their presence with local groups. DSPR is also in touch with international organisations to exchange notes and information and make its intervention more effective.

IV. TARGETED BENEFICIARIES

- Relief food support or equivalent will be offered to 5035 families (2,456 from Gaza Strip and 2,579 from the West Bank - each family has an average of six persons).
- Emergency health intervention will reach out 76,000 individuals in the Gaza Strip while in the West Bank 350 families are expected to benefit for a total population of 2,100 members.
- Emergency education intervention would see DSPR in Gaza serving 187 trainees through the Vocational Training Centers and DSPR West Bank supporting 1430 school children.

The women are about 51% of the target population and children under 14 years of age are 48%.

Criteria used for Beneficiary Selection in Emergency Food Relief

The Criteria of Families and Individuals eligible is based on the premise that these families have become further impoverished due to the increased emergency situation.

- Families with no source of income and with children in need of elementary provisions, including education and medical attention.
- Families experiencing unemployment and with no alternative source of steady income.
- Families incapable of meeting the costs of medical attention and the medications required.
- Families with one member or members having special needs whether medical, short rehabilitation, access and mobility with no or limited means of public or private help.
- Families on lists of the very needy maintained by municipalities, village and town councils, governorates, charitable organizations and community groups.

The process of selection of beneficiaries is a community partnership based process in which lists of most needy families are compiled, information exchange undertaken with CBOs such as Women's and Popular Committees in the various areas, municipal councils, relevant public institutions to arrive at those most needy. The beneficiaries are also an important source of information on the neediest families. Usually and from past experience with the emergency appeals in the Occupied Palestinian Territories, beneficiaries themselves point out to others who are desperately in need of assistance. Almost always the information received from these beneficiaries is corroborated by private and public agencies and organisations.

Upon establishment of the needs that meet up with the specified criteria in this appeal, lists will be drawn up of the families and individuals most at risk. These lists will be discussed further with organisations working in the field in order to ascertain that there is no duplication and that our emergency intervention has an optimal effect.

V. PROPOSED EMERGENCY ASSISTANCE & IMPLEMENTATION

Goal

To provide emergency assistance that will enable families and their members to withstand the negative effects of the increased emergency situation through provision of essential services such as food, health, education and special needs.

Objectives

Food

- *Gaza*: To provide 2,456 families with 56.7 US\$ to cover the purchase of basic food necessities.
- *West Bank*: To provide food packages to 2,579 families

Health

- *Gaza*: To provide 12,000 patients with free health care, and 64,000 patients with free medicine. The appeal will cover both the medical fees and the medicine costs
- *West Bank*: To provide 150 persons with special needs with equipment such as chairs and other tools to help them in their mobility
- *West Bank*: To provide 200 persons with medical needs with access to medical facilities and/or medicaments

Education

- *Gaza*: To train 187 students in the Vocational Training Center
- *West Bank*: To provide 1430 children in the West Bank with school kits and uniforms

Project implementation methodology

Food

In the West Bank, the help will be provided through the preparation of food packages to be delivered by DSPR. The quantity of the various food items to be included in each food package is specified in the budget. Food packages will be distributed through co-ordination with CBOs, local municipal councils and social welfare offices in the West Bank.

In the Gaza Strip, the equivalent sum of a food package will be given to women heads of household whose names will be on lists prepared in the various governorates and deposited at specified banks across the Gaza Strip. This procedure will ensure that the support goes to the most needy families, in a transparent, accountable and efficient manner. DSPR field staff reported that this system was preferred by the families as they are deprived from cash inflow and receiving money gives them some flexibility in purchasing the food commodities that are most needed.

Health

Due to the lack of funding the public health system is suffering from and the lack of income patients are facing, health care will be provided by the Mother and Child Primary Care Unit of the DSPR in Gaza. 12,000 Health Patients will receive health care in the Unit with their medical fees covered by the appeal. The medicine cost for 64,000 Patients will also be covered by the appeal. The cost estimation is 2\$ per patient for health care and 1\$ for medicine cost.

In the West Bank, 150 persons with Special Needs will be provided with equipment such as chairs and other tools that will help them in their mobility. 200 persons with Medical Needs will be provided with access to medical facilities and/or medicaments which otherwise are not available to them because of the emergency situation. The access will be given through networking with local community organisations, social welfare agencies and partner organisations.

Education

The trainees for the VTC in Gaza will go through a number of selection requirements. The Programs involve a three year high quality training in carpentry, metal works, electricity and one year training in secretarial studies. The appeal will cover one year of the training.

1,430 children in the West Bank will be provided with school kits, food items to be consumed at kindergartens, and clothes for the winter months as well as subsidy for transportation between home and school.

The school kit will contain 6 Arabic copy books, 6 English copy books, 6 mathematics copybooks, 1 ruler, 1 eraser, 1 sharpener, 6 pencils, 1 ball point pen, 1 box of coloring pens, 1 back-pack, for a price of U\$10. Women's organisations will be contacted to produce the different uniforms, which prices are estimated around U\$25. The distribution of the package and the school uniforms will be ensured through networking with different school boards and principals in the West Bank as well as with social welfare agencies that are informed about the status of school children within the families.

Project implementation methodology

Both the West Bank and Gaza DSPR/MECC Area Committees will do the work. As the experience from previous ACT emergency appeals has accumulated, both Committees have the know-how to reach out to most needy families, to contact Community Based Organizations, Public and Private Organizations of the civil society. The staff has had both the training and the expertise in carrying out emergency appeals. The vocational training centers and the primary family health clinics in the

Gaza Strip, run by DSPR, are ongoing and the staff in DSPR and in these centers and clinics will coordinate together in order to ensure the effectiveness of the appeal.

In the West Bank and Gaza Strip mapping will be done of the most needy areas and target populations most at risk within these areas. This will be done through consultation of Community Based Organizations. Contact and coordination will also be undertaken with the appropriate UN related bodies particularly for access purposes if and when needed, ministries of government such as welfare departments, local and municipal councils and sister organizations undertaken similar work.

The beneficiaries will have to contribute towards food, medical, special need and their children's requirements. The contribution of the ACT appeal would be to encourage the beneficiaries to maintain a living, health and education standard that would help them overcome the emergency within the emergency with relatively healthy minds and bodies.

The beneficiaries also would be an important source for information on the neediest families. Usually and from past experience with the emergency appeals in the Occupied Palestinian Territories, beneficiaries themselves point out to others who are desperately in need of assistance. Almost always the information received from these beneficiaries is corroborated by private and public agencies and organizations.

Beneficiaries are also consulted on what is most needed in terms of Special and Medical Needs as well as with prioritizing their Children's needs in Kindergarten and elementary school.

Local Community Organizations are involved in the process of designating needy families and children from the beginning of the process. Consultations are ongoing with them and cooperation on finalizing the lists of the needy families and persons is continuous. In cases where implementation warrants active involvement of a number of local community organizations, DSPR/MECC is always part of this effort in order to optimize the impact of the relief activity.

Inputs for project implementation

- Coordinators will consult with the board, make decision, assign task and responsibilities, conduct field visit, and network with other organisations.
- Social workers will have the responsibilities of visiting local community organisations, welfare offices and families at home, check lists of families and ensure the delivery or receipt of food or equivalent. Together with the Executive Secretary, they will decide on localities where eligible families need to receive assistance either in cash or in kind.
- The Finance Officer will keep separate ACT appeal balance and issue in cooperation with coordinators the proper bids/tenders for food supplies and other materials. He has also the responsibility of following up all financial transactions and issuing periodic reports.

Transportation

Transportation will be needed a) for the distribution of food packages; b) for school children package and uniform, c) for social workers and staff as they visit the various areas, d) for coordinators field visits, e) for other travel purposes related to the ACT appeal.

Planning assumptions, constrains and prioritisation

In the case of full closure in the Gaza Strip, cash could still flow in as our experience in the past has shown. In the West Bank, if there are severe restrictions of access, then we will have to network with various organisations in the different localities to be able to provide the help.

If the requested funding is not fully received, then the priorities will be the distribution of the food packages and equivalent. On this subject, it will be important for the ACT CO to alert the DSPR on the rate of funding available.

Implementation Timetable

Starting May 1, 2006 – ending date December 31, 2006

Transition or Exit strategy

The Strategy of DSPR is in line with our new Strategic Planning which calls on us to encourage the development of small businesses, especially to those in our educational and vocational centers. We are also intent on networking with CBOs, similar organisations and public bodies in order to develop and work on programs of development, empowerment and capacity building particularly for youth and women.

VI. ADMINISTRATION & FINANCE

The Boards of DSPR Gaza and DSPR West Bank, composed 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 to keep updated financial and narrative records, together with lists of names of families who benefited from this appeal.

VII. MONITORING, REPORTING & EVALUATIONS

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

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.

Finance

GIT Top man 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 DSPR Gaza and of DSPR 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 offers.

Reporting Schedule:

- Final narrative and financial reports to be received by ACT CO by February 28, 2007, within two months of end of project.
- Audit report to be received by ACT CO no later than March 31, 2007, i.e. within three months of end of project.

VIII. CO-ORDINATION**Co-ordination within the project**

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 duplicate of any effort or appeal. 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. Contact and coordination will also be undertaken with the appropriate UN related bodies particularly for access purposes if and when needed.

Co-ordination with other ACT members

As in previous appeals, DSPR is cooperative with other ACT members and is ready to consult and work together to maximise the impact of the appeals.

Co-ordination with other organisations in the area of intervention

As specified above, DSPR undertakes to implement the emergency appeal through full cooperation and coordination with our local partners, international organisations and community based organisations.

IX. BUDGET

Description	Type Unit	No Units	Unit Cost NIS	Budget NIS	Budget US\$
DIRECT ASSISTANCE					
Food packages West Bank					
Rice	kg	10	4.30	110,897	24,644
Cooking Oil	ltr	3	6.67	51,606	11,468
Sugar	kg	2	4.00	20,632	4,585
Salt	kg	1	1.50	3,869	860
Tomato Paste	box	2	4.00	20,632	4,585
Green peas	kg	2	4.00	20,632	4,585
White peas	kg	1	7.00	18,053	4,012
Nido Milk	box	2	32.00	165,056	36,679
Spaghetti	pack	4	4.50	46,422	10,316
Noodles	pack	2	4.50	23,211	5,158
Luncheon Meat	box	2	7.00	36,106	8,024
Corn Beef	box	2	8.00	41,264	9,170
Halaweh	kg	1	14.00	36,106	8,024
Fat	box	1	20.00	51,580	11,462
Carton	box	1	4.50	11,606	2,579
Total Food Packages West Bank				657,671	146,149
Food relief Assistance Gaza Strip					
2456 Gaza Strip families	Family	2,456	255	626,280	139,173
TOTAL DIRECT ASSISTANCE				1,283,951	285,322

HEALTH**Gaza: medical fees and medicines**

Health Patients Gaza	8 Months	12,000	9.0	108,000	24,000
Health Medicines Gaza	8 Months	64,000	4.5	288,000	64,000
SubTotal Health Gaza				396,000	88,000

West Bank

Special Needs	Person	150	450	67,500	15,000
Medical Needs (access to facilities and medicaments)	Person	200	225	45,000	10,000
SubTotal Health West Bank				112,500	25,000

TOTAL HEALTH

508,500	113,000
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EDUCATION**Gaza: Vocational Training Center**

Trainees fees Vocational Training Carpentry & Furniture Making	Person	73	450	32,850	7,300
Trainees fees Vocational Training Metal Works and welding	Person	44	450	19,800	4,400
Trainees fees Vocational Training General Electricity & Motor rewinding	Person	45	450	20,250	4,500
Trainees fees Vocational Training Secretarial Studies	Person	25	450	11,250	2,500
Supplies For training VTC	Equipment			91,350	20,300
SubTotal Education Gaza				175,500	39,000

West Bank

Children : package for school	Child	1,430	157.50	225,225	50,050
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TOTAL EDUCATION

400,725	89,050
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TOTAL DIRECT ASSISTANCE, HEALTH & EDUCATION

2,193,176	487,372
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PERSONNEL, ADMIN, OPs & SUPPORT**Staff Salaries Gaza - Central office**

Chief Coordinator	Month	9	5,500	49,500	11,000
Finance Officer	Month	9	4,550	40,950	9,100
Secretarial & other Support	Month	9	3,935	35,415	7,870

Staff Salaries West bank

Chief Coordinator	Month	9	5,430.5	48,875	10,861
Finance Officer	Month	9	4,350	39,150	8,700

Sub total staff salaries

213,890	47,531
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Communication and Transport

Telephone , Fax & Postage	LS			36,000	8,000
Transport , Insurance & Maint.	LS			55,000	12,222
Sub total				91,000	20,222

TOTAL PERSONNEL, ADMIN, OPs & SUPPORT

304,890	67,753
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Audit Fees "KPMG"

LS				22,500	5,000
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TOTAL ESTIMATED EXPENDITURE

2,520,566	560,126
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Exchange Rate : 1 USD = NIS 4.5

LUTHERAN WORLD FEDERATION

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 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 sent 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 affirms 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 it's 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 organisations 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 though 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 organisations 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 organisation and other Non-governmental organisations (NGOs) and governmental organisations (GOs), and International non-governmental organisations (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	<u>Unit Type</u>	<u>No of Units</u>	<u>Unit Cost USD</u>	<u>Budget USD</u>
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