

occupied Palestinian territory 2018 (part of 2018-2020 HRP)

Appealing Agency	UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES IN THE
Project Title	Mobile Health Clinics in the West Bank providing access to primary health care for Palestine refugees
Project Code	OPT-18/H/114307
Sector/Cluster	Health and Nutrition Cluster
Refugee project	No
Objectives	<p>To mitigate the impact of the crisis on health services for Palestine refugees by providing access to Mobile Health Clinics in communities facing access and movement restrictions. The project is contributing to the UNRWA strategic objective 2: Palestine refugees enjoy their rights to critical services and assistance</p> <p>Country Strategic Objective 2: The basic needs of vulnerable Palestinians living under occupation are met through the provision of essential services, in accordance with the rights of protected persons under IHL.</p>
Beneficiaries	<p>Total: 103,595 Catchment populations includes people with disabilities: 2,072 Female: 50,762 Male: 52,833 Children (under 18): 49,518 Adult (18-59): 48,897 Elderly (above 59): 5,180</p>
Implementing Partners	Not applicable
Project Duration	Jan 2018 - Dec 2018
Current Funds Requested	\$1,427,053
Location	Projects covering just West Bank
Priority / Category	NOT SPECIFIED
Gender Marker Code	2a - The project is designed to contribute significantly to gender equality
Contact Details	Dima Abu Al Saud, d.abu-alsaud@unrwa.org, +972 54 216 8456
Cash transfer programming	<p>Is any part of this project cash transfer programming (including vouchers)? No</p> <p>Conditionality:</p> <p>Restrictions:</p> <p>Estimated percentage of project requirements to be used for cash/vouchers: 0</p>

Needs

The provision of equitable and affordable services to vulnerable communities residing in Area C, seam zone and East Jerusalem remains a challenge in the presence of fragmented geographical area, scattered refugee population, checkpoints, barrier, and restrictions on movement of staff and patients as well as the deteriorated socioeconomic situation. This is on paramount to the crawling of settlements, demolitions, displacements and other Israeli measures that hampered the refugee's health and hindered the provision of basic services by UNRWA and other health care providers.

Palestinian communities in Area C are among the most vulnerable in the West Bank. Around 300,000 Palestinians residing in 530 localities entirely or partially located in Area C. Israel maintains control over Area C and Palestinian movement is restricted by a complex system of physical and administrative obstacles. These restrictions on freedom of movement combined with Israeli settlement development severely undermines Palestinian livelihoods and access to basic services (1).

An estimated 30,000 Palestinian Bedouin and herders reside in Area C, and they remain some of the most vulnerable population groups in the West Bank. Plans are being advanced by the Government of Israel to transfer and resettle Palestinian Bedouin communities living in rural locations throughout the central West Bank in Area C and to concentrate them into three urbanized townships planned and designed by the Israeli Civil Administration. These communities, many of whom are refugees, pursue a traditional lifestyle of herding and have suffered a serious decline in living conditions in recent years in addition to increased protection threats, especially the risk of forced displacement. There are increasing restrictions on their access to land, natural resources and markets for their products while they often live in very basic structures, lack community infrastructure, and have limited access to health and other essential services. They are particularly vulnerable and at risk of health hazards. The limited access to land and livelihoods affects the economic resources, which in turn also affects at risk communities and Palestinians ability to access healthcare, including medicine which carry further economic burden for the patients. Besides Area C, Palestinians residing in the Seam Zone (2) are also among the most vulnerable in the West Bank due to their isolation between the Green Line and the Barrier (3).

Whereas access to primary health care is a humanitarian need among all segments of the population, however specific groups are the most impacted such as women, children, persons with disabilities and elderly. On top of the Israeli restrictions on movement, women and girls sometimes face social barriers in accessing basic services due to social restrictions on their mobility. Women often bear the main responsibility for care in the family, and the burden of additional travel and time to seek care for children and elderly family members who fall ill or require follow up for chronic conditions. In addition, women sometimes suffer from a lack of adequate ante natal and reproductive health services ,which are very important to lower the risk of complications and death for both mother and baby. Women continues to be the main recipient of health care services, with 57 per cent of all patient consultations being female patient. Patients with chronic conditions are especially vulnerable to the costs of medicine. The prevalence of Non-Communicable Diseases (NCD) among served population in 2016 was 9.1 % for all NCD patients and for the age below 18 years, the prevalence was 14.4% and it is expected to rise due to the current NCD risk factors (4).

(1) OCHA oPt, In the Spotlight Area C Vulnerability Profile (2014)

(2) The 'Seam Zone' refers to West Bank land between the Green Line and the Barrier.

(3) oPt Humanitarian Needs Overview 2018

(4) UNRWA Health statistics, 2016

Activities or outputs

UNRWA's six mobile health clinics will deliver preventative and curative health care services through regular visits to 41 localities with a total catchment population estimated at 103,595.

All of the localities targeted are located in Area C, localities that experience humanitarian vulnerabilities in terms of being isolated, with predominant refugee populations. Many face extensive travelling to reach nearest primary health clinic, specifically communities with restricted access to health services (4) or emergency services (5), or proximity to settlements.

UNRWA will continue discussions with relevant partners on services provided to beneficiaries and communities to ensure the most vulnerable population receives comprehensive health services.

Communities under the MHC are assessed according to the below criteria:

- Communities who's members travel one hour or more to reach a fully functional PHC level 2 and above.
- Communities that cannot access emergency medical services within 30 minutes of a critical event.
- Communities located within 2km of a settlement or IDF base.
- Communities located in Area C

UNRWA's six mobile clinic teams comprise of 58 UNRWA emergency staff composed of medical officers, nurses, midwives, medical health counselors, pharmacists, laboratory technicians and support staff who will deliver primary health care such as medical consultations, examinations, treatments and health promotion. UNRWA will dispense essential drugs and medical supplies free of charge to patients.

Preventive Health services

As part of the preventive services, screening and early detection of diabetic and hypertensive patients by examining their blood pressure and blood sugar and referring the positive cases for further work up and diagnosis. Early detection and early management would help to reduce morbidity and mortality within patients. In addition, UNRWA also conducts community awareness raising and educational sessions through its mobile teams regarding diabetes and hypertension risk factors such as obesity, smoking, sedentary life. Beneficiaries will have the opportunity to comment and suggest on services provided, as well as the themes covered in the awareness raising sessions. UNRWA aim to engage the beneficiaries of services provided through the outreach awareness sessions, to ensure that their most critical needs are met, and if not, UNRWA will aim to coordinate with relevant actors to ensure a holistic medical response. UNRWA is an active member of the Health cluster and frequently coordinates with all relevant member within this cluster. Furthermore, UNRWA coordinates closely with partners such as PMRS, Al- Islah Care, MoH. Through the mobile approach, most vulnerable people have the opportunity to access primary health care services, including elderly, women, children and PwD.

Antenatal and reproductive health services

Health care will be provided for vulnerable Palestinians, including non- refugees and refugees, but with particular attention to women, children, the elderly and the chronically ill as they have been identified as particular vulnerable. It will be a priority to provide adequate antenatal and reproductive health services to women who often carry the responsibility of child care and suffer from a lack of health care. This includes health education/promotion to pregnant mothers; ante- and post natal care; care; provision of several family planning methods (such as oral pills, emergency pills, condoms); and medical supervision of infants and children, as well as growth monitoring. In relation to this; UNRWA will encourage men to participate in family planning and pre-conception consultations through awareness raising activities.

Mental Health and Referral

Counsellors will provide psycho-social health support when assessed necessity and ensure referrals to any other UNRWA facility or other external facilities (Such as legal services and mental health services).

Indicators and targets

Outcome: To mitigate the impact of the crisis on health services for Palestine refugees by providing access to Mobile Health Clinics in communities facing access and movement restrictions.

Indicators and targets:

- 103,595 people have access to health services through UNRWA's mobile health clinics.
- 86,832 patient consultations are served by mobile health clinics during 2018.
- Approximately 60 per cent of the patient consultations are expected to be serving women and girls; Approximately 16 percent of the patient consultations are expected to serve children below 5 years through UNRWA's mobile clinics running in 41 locations in the West Bank
- 10% of all pre-natal care visits are attended by fathers (accompanying mothers)

Monitoring and evaluation

Mobile Health Clinics are managed under the overall structure of UNRWA West Bank Health Department which produces quarterly and annual reports on their interventions and reports on progress of indicators in the Agency's results based monitoring system. Monitoring data will be used to update the Health and Nutrition Sector on semi annual basis. In addition, the intervention will be reported on in UNRWA oPt Emergency Appeal reports.

Indicator	Project target
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United Nations Relief and Works Agency for Palestine Refugees in the Near East(UNRWA)	
Original BUDGET items	\$
Direct inputs and services to beneficiaries (Supplies, Commodities, Materials, Services, dedicated S	1,285,633
General operating and other running costs	0
Indirect / Overhead Costs	141,420
Total	1,427,053

United Nations Relief and Works Agency for Palestine Refugees in the Near East(UNRWA)	
Current BUDGET items	\$
Direct inputs and services to beneficiaries (Supplies, Commodities, Materials, Services, dedicated S	1,285,633
Indirect / Overhead Costs	141,420
Total	1,427,053