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

Appealing Agency	**CARE INTERNATIONAL (CARE)**
Project Title	Health under protection (HUP): Emergency health and nutrition assistance to people living in communities whose rights are inadequately protected in the West bank (WB).
Project Code	OPT-18/H/114421
Sector/Cluster	Health and Nutrition Cluster
Refugee project	No
Objectives	To support vulnerable households living in protection risk prone communities in the West Bank to protect and improve their access to healthcare and protection support as GBV and health related protection issues. The intervention is targeting 32 vulnerable communities in the West Bank by providing essential quality healthcare. CARE, in partnership with PMRS and HWC, and close coordination with MOH, will provide these services in targeted communities in the WB through the use of mobile clinics/teams that offer basic curative and preventive PHC services, including women's healthcare (ante and post natal care), family planning, general practice care (GP), health awareness, basic lab tests, home visits, children health. targeting the more vulnerable groups (Women for the reproductive health , children, girl, elderly and PWD. CARE also works with partners to report/refer all apparent protection and violations cases including denial of access to basic services, settler violence etc, to the staff or beneficiaries need health intervention witnessed by project staff in the targeted communities to the cluster for follow up based on agreed upon referring mechanism developed by the HNC and Protection Cluster.and here mainly and according to the HNC we are concerned with Health related protection cases.
Beneficiaries	Total: 27,000 Total: 27,200 beneficiaries live in 32 locations in the West Bank; out of them 4606 Children <5 , 11,431 children 5-19, 8540 Women in reproductive age, 1088 elderly, and 975 PWD Female: 13,328 Male: 13,872 Children (under 18): 16,038 Adult (18-59): 10,074 Elderly (above 59): 1,088 PWD 975
Implementing Partners	Palestinian Medical Relief Society PMRS and Health Work committees (HWC)
Project Duration	Jan 2018 - Dec 2018
Current Funds Requested	**$720,736**
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	Ayman Shuaibi, ayman.shuaibi@care.org, +970 599210517
Cash transfer programming	Is any part of this project cash transfer programming (including vouchers)? No Conditionality: Restrictions: Estimated percentage of project requirements to be used for cash/vouchers: 0

Needs

The design of this project (Mobile health Clinics) has been guided by the assessments of the needs of proposed target communities, based on a number of key sources, including the ongoing project implemented by CARE funded by OCHA (UN/HF), data provided by HNC/HNO 2017-18 analysis, and previous CARE's interventions in many of these communities. According to all assessments, access to primary health care in Area C/H2 in the WB is problematic largely due to various restrictions on movement and access imposed by the Israel authorities, including the separation barrier, settlers violence, checkpoints, long distance to the clinics, lack of public transportations and the isolation of East Jerusalem all of these factors humper the access of patients, health personnel and ambulances to area C and H2. Movement restrictions have significant impact on vulnerable groups, particularly women, children, elderly and persons with disabilities

The HNO 2017 Reports showed that in the West Bank, the key concern is lack of access to quality and affordable health services. many vulnerable communities in Area C, H2, EJ with a total population of 203,706 face restricted access to basic health care as well as restricted movement of patients and ambulance services in these areas.
The health system in oPt is operating under severe pressure due to rapid population growth, lack of adequate financial resources, shortages in basic supplies and the structural limitations occupation. In June, 2017, while developing a proposal to be submitted to OCHA (UN/HF), CARE has reviewed/reassessed the health services through FGD and meetings with stockholders, health care providers, local community representatives, and beneficiaries taking into consideration the women and girls needs. The assessment revealed that 32 communities in Area C restricted areas and H2 are lacking essential PHC services. These 32 communities lacking any kind of permanent health services, and is therefore in need of basic health care in response to the HNO. (The 32 locations are currently covered through an ongoing project funded by OCHA/HF that will end in Dec, 2017).
Within these communities, poor health outcomes are reported as a result of compound effect of lack of quality care, shortages in medical supplies and lack of health education and awareness. According to the monthly ICD10 reports we gather from these vulnerable locations, we have seen and documented the spread of infectious diseases and complications in chronic diseases such as diabetes and Hypertension as well as complications related to pregnancies and post deliveries, increased high risk pregnancies. Data shows that approximately 50% of the women health services were related to Ante and post natal care, however the remaining Women health services (50%) were distributed as (25% acute illnesses, 15% gynaecological diseases, 10% puberty and post menopausal related problems). Difficult access to PHC combined with traditional and conservative culture in many of the communities affects women. Inadequate treatment of RH problems is common, often leading to complications. The incidents of GBV, under reported even under the best of circumstances, are here even more difficult to identify and react to. this highlighted the need for different types of protection. Children under 5 years, suffer mainly from ARIs, GIs, etc while PWD are more vulnerable and expose to higher risk of abuse, neglect, and exploitation and financial burden due to the lack of rehabilitation and medical care in the targeted communities.
It worth mentioning that when CARE stopped the operation in Dec 2016, NO health provider provided the services to the targeted communities for around 6 months until CARE got OCHA/HF fund to resume the services. This negatively impacted their health and put many patients especially those with NCDs at risk, pregnant women (confirmed by community representatives/beneficiaries during a visit with OCHA to Birin in October 2017.

Activities or outputs

CARE will work with the partners to ensure effective identification of cases of GBV in the clinics and safe referral of such cases to respective local organizations like WCLAC and others for their support as applicable and will coordinate with all stakeholders in this regard, the project staff will be trained on the identifications, diagnosing of the GBV and using the national referral system where PMRS and HWC are considers main leaders for this national mechanism.
The project was designed in coordination with other actors and with cooperation between CARE and MOH, UNRWA, and other stakeholders in order to avoid duplication, maximize the number of beneficiaries those in need in the most effective and equitable manner. CARE has fully participated in the HRP process.

1. Result 1:

Conflict affected communities in the West Bank have improved access to essential health services, including the reproductive health care, essential child health care, nutritional services, and healthcare for elderly and PWDs
Activities related to result 1:
1.1 Recruitment, coordination with stakeholders, finalizing the forms/ reports and MoUs with the partners
1.2 Finalize and implement work plans for mobile teams.
1.3. Identification of the elderly people (chronic disease), people with disabilities, bedridden and cases with special needs for home visit and follow up.
1.4. coordination with community leaders, schools, local councils and local committees for screening purposes.
1.5. conducting home visit for the elderly, chronic disease, postnatal, children under 5 yrs., PWD for the purpose of medical intervention and psychological support or referrals for farther services.
1.6. Provision of health services through mobile clinics to the targeted communities including G. P services, women and child health services, reproductive health including ante and post natal care and family planning, counselling, basic lab services and health awareness sessions.
1.7. Referral of the needy cases for more advance services, rehabilitation, hospitals, and psychological support.
1.8. Re assessment of the needs of medical supplies for the mobile teams, procuring and distributing the identified supplies.
1.9. Monitor the use of medical supplies
1.10 Identification of health awareness materials related to nutrition, MCH, GBV,
1.11 Printing and distributing the health awareness materials.
1.12 Conducting health and nutrition awareness activities.
1.13 Train the medical staff on the screening, referring and counselling of the GBV.
1.14 Using the national referral system of the GBV cases in coordination with the related and nominated organizations
1.15 Coordinate with HI to conduct a training for the project team (medical staff) on dealing with PWD, identification and referral of cases that require further follow up or services.

Result 2

Targeted communities have increased their capacity to better respond to health emergency and health related challenges in their communities.
Activities under Result 2
2.1. community members and the medical team have better access to information to the services provided by different organizations concerning health issues and health related services as psychosocial support, GBV counselling, Ambulance services, services for PWD, referrals services,
2.2. Conduct first aid training for the medical staff and selected community members to be better prepared for responding to medical and other health related emergencies.
2.3 Identification of community focal points who received the training to facilitate/lead the response at time of emergencies.
2.4 Distribution of 1st Aid kits in the different communities (to be with the focal points) for use at time of emergency.

Indicators and targets

Indicators and targets:

1. 32 communities have better access to basic health services through mobile clinics (Women and child health Reproductive health, Counselling, nutritional health, and care to the elderly and PWD, needed basic lab and health education services).
2. Approximately 80% Coverage of Antenatal and post natal Care in the targeted communities.
3. Approximately 22,000 consultations/clinic visits; approximately 14,000 individuals will directly benefit at least once from that intervention (health service provision).
4. Approximately 8500 will benefit from the health education activities.
5. Approximately 2000 lab test will be conducted. Reports will provide data on the type of consultations disaggregated by sex and age.
6. At least 30 medical staff received training courses on first aid, GBV referral system, dealing with PWD. (80% females)

Indicator	Project target

CARE International(CARE)	
Original BUDGET items	**$**
Staffing /operation cost	95,250
Implementation Cost-Direct (technical, pharmaceuticals, disposables, reagents, equipment, training	553,335
Monitoring, evaluation, visibility, advocacy and reporting	25,000
Support cost (7%) (Overhead cost)	47,151
Total	**720,736**

CARE International(CARE)	
Current BUDGET items	**$**
Staffing /operation cost	95,250
Implementation Cost-Direct (technical, pharmaceuticals, disposables, reagents, equipment, training	553,335
Monitoring, evaluation, visibility, advocacy and reporting	25,000
Support cost (7%) (Overhead cost)	47,151
Total	**720,736**