

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

Appealing Agency	NATIONAL CENTER FOR COMMUNITY REHABILITATION (NCCR)
Project Title	Provision of home care services to people with disabilities in access restricted areas in Gaza Strip
Project Code	OPT-18/H/114760
Sector/Cluster	Health and Nutrition Cluster
Refugee project	No
Objectives	<p>Main Objective:</p> <ul style="list-style-type: none"> - Ensure the availability, accessibility, acceptability and quality of essential lifesaving health services to vulnerable people with disabilities (PWDs) in boarders area of Gaza. <p>Sub-Objectives:</p> <ul style="list-style-type: none"> - To ensure to the access of PWDs in marginalized areas to medical and psychological services to promote quality of life for them. - To contribute to modifying environment of PWDs and provide them with needed assistive devices and medical supplies to make their lives easier and safer.
Beneficiaries	<p>Total: 400 People with disabilities</p> <p>Female: 200</p> <p>Male: 200</p> <p>Children (under 18): 100</p> <p>Adult (18-59): 200</p> <p>Elderly (above 59): 100</p> <p>Other group: 400 People with disabilities</p>
Implementing Partners	N/A
Project Duration	Jan 2018 - Dec 2018
Current Funds Requested	\$505,100
Location	Projects covering just Gaza
Gender Marker Code	2a - The project is designed to contribute significantly to gender equality
Contact Details	Fatma AlGussain, nccrgaza@yahoo.com, +972592890000
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

According to the PMRS statistical report in Dec, 2015, 43642 (around 2.4%) of the population in Gaza Strip are PWDs, from it 13649 (around 31%) suffer from physical disabilities. In addition, according to ARA Health Needs Assessment, there are gaps in emergency response and secondary healthcare provision for people living in the Access Restricted Area (ARA) in Gaza. An estimated 10,000 people living in the ARA are impacted by Israeli prior approval restrictions on ambulances to access these areas, leading to severe delays during emergencies, Also they face challenges in accessing secondary healthcare due to the lack of public transportation.

Based on the problem & causes tree analyses in addition to NCCR's experience in providing home care services for almost 20000 (PWD) on the past 20 years, people with physical disability suffer from acute shortage on Rehabilitation & care services, especially medical & psychological rehabilitation. It is important that comprehensive services are provided to PWDs (Right holders) as part of the humanitarian response. However, there is a lack of community based rehabilitation support & services to people with physical disabilities in Gaza. In addition to acute shortage on the availability of assistive devices such as Wheelchairs, Crutches etc. All this caused them serious health complications & made them more introverted in the society and unable to live a normal life.

Living on border areas & not having assistive devices for PWD (Right holders) increase their chances to be in danger, because they live in areas which permanently exposed to the Israeli attacks, like what happened in 2014 war where PWD families had to leave them alone in danger because they couldn't move them during danger and displacement.

Moreover, health centers & hospitals (Government, UNRWA) have limited trained staff regarding how to deal with PWD. In addition they don't provide comprehensive home care and health services For PWD which may cause them a real health & psychological complications, such as bedsores Poisoning & Muscle stiffness, which causes death for many PWD especially the elderly ones.

People with Physical Disability need continues medical care services "Average case needs two visits a week", where they can't get these services hardly; because they live on border areas that is far away from health centers. In addition to the hard security & economic conditions of their families. In this regard, Women with disabilities are more affected and marginalized by her family comparing to the males with disabilities. Moreover elderly PWDs who suffer from diabetes & blood pressure need regular medical follow-up and tests; they have a very limited access to health centers that it may affect their lives.

The families of PWD need to be practically trained about the basics of home care, in order to be able to provide medical care needed to maintain their psychological & health stability at the end of this project. In addition, the target group (PWD) needs Occupational Therapy, which help them to adapt to the environment around them to use in a better way, they really need to adapt home facilities, tools, and furniture to facilitate their life.

In the absence of the disability law (1999) enforcement (which ensured their right of rehabilitation services) & the absence of enforcement of the international roles and agreements in the Palestinian territories, such as human international law (IHL) & International human rights law (IHRL) which protect the people of disability rights around the world, PWD suffer from difficulty of getting care & rehabilitation services which they need because of the absence of the government role as a duty bearer in applying this law, when providing rehabilitation services restricted on community based organizations (CBOs) which doesn't implement these kinds of projects because of the limited fund, also CBOs don't always target boarder areas because of their security situation.

Activities or outputs

_Implement Home Care Evaluation Visits for 600 PWD & choose 400 according to NCCR criteria that priorities the most vulnerable groups,poor families & families with more than one disabled person.Opening initial files for cases baseline assessment &setting up Rehabilitation plans for PWD & their needs from assistive devices & medical supplies. Teams during the assessment will also identify & document cases that needs any modifications in surrounding environment for ex.House entrances,bathrooms,etc,they will examine the general conditions of the homes to be modified & the daily activities performed by PWDs residing in it. Quality of life & risk of falling will be measured using EQ5D5L which is a standardized instrument used to measure quality of life using five dimensions:mobility,self-care,usual activities,pain & discomfort,and anxiety & depression (EQ-5D-5L value sets.Rotterdam:EuroQoL Research Foundation;2014)

Note:NCCR home care team adopts a multidisciplinary approach in providing the needed care to PWDs. Team meet regularly to discuss care plans & activities given to patients & their families. This meeting is registered in an MDO file that stands for multidisciplinary organization,where every member writes down their input for follow up.

_Implement 4 needs assessment focus groups with participation of beneficiaries,Households & Community Figures.

_Carry out 2 meetings with Health Centers & hospitals near targeted areas in order to recognize the kind of services they provide, determine PWD needs & to set up a referral system of cases in need for advanced medical care.

- Carry out 2 meetings with Referral group established by Handicap International to set up a referral system from the group to the project

_Provide Medical Services (Nursing,Physiotherapy,Medical examination) & Psychological services for 400 PWD from all ages & both genders,Occupational Therapy services for almost 150 PWD & Speech therapy for almost 100 of the targeted group. Those multidisciplinary services will be implemented by two highly experienced home care teams where every team consists of (physician,physiotherapist,psychologist,occupational therapist,nurse & speech therapist). The work of these teams will be technically monitored by an expert supervisor.

Note:Teams will cover all boarder areas (within 1 kilometers);one team will cover Gaza & North Area,other team will cover the middle & south area.

_Provide in house training & psychological support services for 800 care giver of targeted PWD families,training will be about basics of home care services,as part of preparedness for emergencies & also to sustain the services for the PWD who needs intensive care;such as (Basic physiotherapy home exercises & dressing of bedsores),training will be carried out by home care teams.

_Modify the environment of PWDs including; adjusting houses entrances,bathrooms & furniture for almost 50 PWD from target group

_Provide Assistive Devices(Wheelchairs,Crutches,Walker, etc..) & other Medical supplies for almost 150 PWD from the target group

_Refer 50 cases of PWDs especially elderly people who needs immediate medical intervention by equipment's that are not available with the outreach home care team especially physiotherapy equipment & minor surgeries,the project will cover the transportation cost for the cases,as well as providing technical support to working staff in clinics &hospitals (Training on work)

_Conduct 8 monitoring &evaluation meetings with participation of a committee of PWDs & their care givers who will take part in those meetings;to find out the level of satisfaction from the services they received & giving feedback,in addition to setting a reachable Complaints boxes.

_ Produce 4 films &print 2000 guidebooks

Notes

-For the multi-year vision of the project,activities will be the same as first year for a new number of beneficiaries.

-Project objectives relate to Health cluster activities in the marked points below in the drop list.

Indicators and targets

- Indicator 1: # of PwD that benefit from home care baseline evaluation visits (target 400).
- Indicator 2: # of focus groups implemented for the purpose of needs assessment (target 4).
- Indicator 3: # of coordination meetings with health centers and hospitals (target 2).
- Indicator 4: # of PwD that benefit from Home Care multidisciplinary services (target 400).
- Indicator 5: # of PwD households members who benefit from In home training (target 800).
- Indicator 6: # of PwD who benefit from modifying environment (target 50).
- Indicator 7: # of PwD who benefit from assistive devices (target 150).
- Indicator 8: # of PwD who benefit from referral system (target 50).
- Indicator 9: # of monitoring and evaluation meetings held to monitor activities and get feedback (target 8).
- Indicator 10: # of media and printing publications (films and leaflets) (target 1500).

Feedback Indicators:

- Indicator 1: # of complaints raised from M&E meetings.
- Indicator 2: # of questionnaires (covering ; rehabilitation, modifications and medical supplies components) filled by beneficiaries and their families during M&E meetings.
- Indicator 3: # of complaints or feedback notes collected from Complaints boxes.

Indicator	Project target
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National Center for Community Rehabilitation(NCCR)	
Original BUDGET items	\$
Staff and other personnel costs	55,200
Direct inputs and services to beneficiaries	421,700
General operating and other running costs	23,400
Indirect / Overhead Costs (MAX 11%)	4,800
Total	505,100

National Center for Community Rehabilitation(NCCR)	
Current BUDGET items	\$
Staff and other personnel costs	55,200
Direct inputs and services to beneficiaries	421,700
General operating and other running costs	23,400
Indirect / Overhead Costs (MAX 11%)	4,800
Total	505,100