

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

Appealing Agency	WORLD HEALTH ORGANIZATION (WHO)
Project Title	Right to Health Advocacy and Empowerment
Project Code	OPT-18/H/114843
Sector/Cluster	Health and Nutrition Cluster
Refugee project	No
Objectives	To promote protection of the right to health for all Palestinians in the West Bank and Gaza by all duty bearers and to promote the empowerment of Palestinian rights holders to attaining the right to health in the West Bank and Gaza.
Beneficiaries	Total: 11,389 Approximate number of patients denied or delayed access to health care in the West Bank and Gaza, 2016 Female: 5,353 Male: 6,036 Children (under 18): 2,961 Adult (18-59): 5,695 Elderly (above 59): 2,733 Refugees: 5,216
Implementing Partners	WHO
Project Duration	Jan 2018 - Dec 2018
Current Funds Requested	\$300,000
Location	Projects covering both West Bank and Gaza
Priority / Category	NOT SPECIFIED
Gender Marker Code	2a - The project is designed to contribute significantly to gender equality
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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 right to health in the oPt is protected under International Human Rights Law and International Humanitarian Law. Palestinians living under occupation face substantial barriers to the right to health, which incorporates access to health care, its availability, quality and acceptability, and addresses mechanisms for participation and non-discrimination in health care. The right to health also addresses underlying determinants of health, such as access to clean water and sanitation, healthy food, housing and an environment that promotes health throughout a person's life course.

In the oPt, there is a lack of adequate diagnostics and treatment. In Gaza, 36% of essential drugs were at zero stock in the second quarter of 2017 and 32% of essential medical disposables. The only facilities in the oPt for nuclear medicine diagnostics and radiotherapy, often required in the treatment of cancer, are at Augusta Victoria Hospital in East Jerusalem. Limited access to East Jerusalem for Palestinians in the rest of the West Bank and Gaza means many cancer patients in the oPt must gain security permits from Israel in order to access care. There has been a historical reliance on East Jerusalem hospitals in general, which received 26,850 referrals (44% of the total) from the rest of the West Bank and Gaza in 2016 alone.

There are also substantial barriers to accessing adequate health care. In Gaza, the closure of Rafah terminal has made patients reliant on exit for health care via Erez. The proportion of patients accepted to exit the Strip for health care via Erez has declined every year since 2012, from 93% in that year to 62% in 2016. As of September, the acceptance rate for 2017 is 54%. There were clear gender disparities for referrals in 2016. Women were less likely to apply for care (47% of applications were for girls and women), but more likely to be accepted for security approval than male counterparts (66% versus 59% respectively). Of all women, those aged 18 to 40 years were least likely to receive security permits to travel for health care (55% approved), while women over 60 years were most likely (82% approved). The lowest rate of approval overall was for men aged 18 to 40 (41% approved). Patients in the West Bank, too, must apply for security permits to access hospitals in East Jerusalem or for specialist treatment in Israel. In 2016, over 18% were denied access.

Barriers to accessing adequate health care impact on health outcomes. Timely access to life-saving treatment is critical for many patient groups, including those with cancer, who constitute approximately a quarter of referrals outside the West Bank and Gaza. Delays in treatment increase risk of tumour spread. Barriers to accessing health care also impact on patients socially, for example with mothers separated from their children and reliance on elderly relatives to accompany children.

The quality and acceptability of care are affected by occupation policies and linked to availability of medicines, equipment and access to adequate training for staff. Ten years of blockade of the Gaza Strip has impacted negatively on numbers of health staff, which are an indicator of health care quality, with a decline in the number of nurses and doctors per head of the population in Gaza from 2010 to 2016.

The social and political situation in the oPt also impacts on underlying determinants of health for Palestinians. A quarter of people were unemployed and a quarter of people live below the international poverty line. 7.4% of children under 5 are stunted. In Gaza, contamination of ground water prevents access to affordable drinking water and electricity shortages prevent adequate treatment of sewerage, increasing risk for communicable disease outbreaks. There are high rates of violence, including attacks of health facilities, personnel, patients and visitors, with 90 documented attacks on health care facilities, staff, patients and companions in 2016.

Activities or outputs

1. Capacity building for the Ministry of Health, health partners and civil society organizations to improve the integration of rights-based approaches in policies, standard procedures, service design and implementation.

- Technical support and training is provided to partners in the Ministry of Health, academia, health services and human rights organizations to promote and protect the right to health and to develop the health system and services, addressing access to health care; the availability, acceptability and quality of health services; health attacks; and the social determinants of health.

- Workshops planned for late 2017 with stakeholders will evaluate and address methods to improve the coordination of efforts to promote protection of the right to health for Palestinians. Particular attention will be paid to strengthening collaboration between legal and health partners to improve the situation for protection of the right to health.

2. Empowerment of rights holders, including high risk patient groups and vulnerable groups to encourage participatory care models, understanding of patients' right to health and claiming of those rights in law.

- Workshops are carried out with high risk patient groups, such as breast cancer patients in Gaza, and vulnerable groups specified in the health Humanitarian Needs Overview, such as persons with disability and women living in Gaza, Area C and East Jerusalem, to enhance the capacities of these groups as patient and community advocates to improve participatory models of care and to reduce the barriers to accessing acceptable and quality life-saving health care in the oPt.

3. Improved data collection, analysis and reporting on the availability, accessibility, acceptability and quality of health care, to improve emergency preparedness and response operations and advocacy efforts to improve the health situation in the oPt, with disaggregation of data for age, gender, disabilities and a focus on vulnerable groups.

- Existing data collection, analysis and reporting on access to health care and health attacks will be strengthened to incorporate indicators on the availability, quality and acceptability of health care, as well as underlying determinants of health, with disaggregation by gender, age and for disabilities.

- Building on the 2017 review of right to health indicators, a database will be compiled to centralise data collection, analysis and reporting on the right to health and to improve the availability of right to health data to health, human rights and civil society partners. Where possible, data will be disaggregated by age and gender.

- Field research will be carried out to improve understanding of the barriers for Palestinian patients to available, accessible and acceptable health services, in particular for vulnerable groups and with attention to gender barriers, in East Jerusalem, the Seam Zone, Area C, H2 and Gaza. All field research designs will ensure practical recommendations are made for health partners and policy makers.

4. Advocacy activities, through private and public advocacy efforts, to promote protection of the right to health for Palestinians in the oPt, appealing to Israel as occupying power, to international duty bearers and participating in international accountability mechanisms, including reporting to the World Health Assembly and to special rapporteurs.

- Public advocacy efforts are strengthened through the definition and reinforcement of key messages and specific, achievable recommendations outlined and promoted in collaboration with health and human rights partners to promote and protect the right to health for Palestinians, with an emphasis on Gaza's chronic emergency context.

- Private advocacy efforts are maintained, including through participation in international accountability mechanisms, to promote and protect the right to health for Palestinians, with an emphasis on Gaza's chronic emergency context.

Indicators and targets

48% of expenditure allocated for human resources due to the human resource-intensive nature of advocacy work.

Core indicators within the Humanitarian Response Plan

- # of patients who faced no delay or disruption in accessing emergency healthcare services across checkpoints. Target: 2303 (based on 2016 figures for those denied or delayed direct access to emergency health care across checkpoints)

- # of patients permitted to access life-saving healthcare outside the West Bank. Target: 4250 (based on 2016 figure for patients accessing life-saving healthcare outside the West Bank, which was approximately 17,000, with an acceptance rate for referrals of approximately 80%)

- # of patients permitted to access life-saving healthcare outside of Gaza. Target: 7139 (based on 2016 figure for patients accessing life-saving healthcare outside Gaza, which was approximately 11,650, with an acceptance rate for referrals of 62%)

1. Capacity building to improve the integration of rights-based approaches in policies, standard procedures, service design and implementation

- # of partners participating in capacity building activities, with reporting disaggregated by gender. Target: 150

- # of meetings to facilitate coordination of advocacy efforts with health and human rights organizations. Target: 48

- # of targeted workshops with partners to build capacity on the right to health and a human rights-based approach. Target: 6

- # of workshops specifically on reporting rights violations and building a database for reporting. Target: 2

- # of workshops specifically to empower women working in health and human rights organizations to present and represent their organizations on panels and to facilitate workshops. Target: 2

- % of women facilitating workshops or presenting on panels for events organized by the Right to Health Advocacy and Empowerment Project. Target: 50%

2. Empowerment activities for rights holders

- # of patients and community members participating in empowerment workshops and activities, with reporting disaggregated by gender and with a focus on high risk and vulnerable patient groups. Target: 150

- # of women participating in empowerment workshops and activities. Target: 90

- # of targeted workshops for patient empowerment. Target: 6

- % of women facilitating or present on panels. Target: 50%

3. Improved data collection, analysis and reporting

- # of monthly reports on the right to health, with a focus on access barriers for patients and humanitarian health staff in Gaza, with data disaggregated by age and gender. Target: 12

- Database for right to health in emergency indicators compiled and information available to partners on request. Target: 1

- Annual report on the situation of the right to health for Palestinians in the West Bank and Gaza, with data disaggregated by age and gender and with a focus on vulnerable groups, including those in Gaza, Area C, East Jerusalem, the Seam Zone and H2. Target: 1

- # of field research studies to address barriers to the right to health in the oPt and possible effective interventions to improve the right to health. Target: 4

4. Advocacy activities

- # of public advocacy materials produced. Targets: case studies (12); infographics (6); videographics (2); photo stories (6); press releases and news items (15)

- % of public advocacy materials produced that explicitly address accessibility barriers for persons with disabilities. Target: 100%

- # of advocacy briefings to duty bearers. Target: 10

- Facilitation and contribution to reporting on the situation of the right to health for Palestinians in the oPt for the World Health Assembly. Target: 1

Indicator	Project target
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World Health Organization(WHO)	
Original BUDGET items	\$
Human resources	144,000
Capacity building and empowerment activities	55,000
Improved data collection, including the compilation of a database and field research	40,000
Public advocacy materials and events	25,000
Private advocacy briefings	15,000
WHO programme support costs (7%)	21,000
Total	300,000

World Health Organization(WHO)	
Current BUDGET items	\$
Human resources	144,000
Capacity building and empowerment activities	55,000
Improved data collection, including the compilation of a database and field research	40,000
Public advocacy materials and events	25,000
Private advocacy briefings	15,000
WHO programme support costs (7%)	21,000
Total	300,000