

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

<b>Appealing Agency</b>	<b>MEDICAL AID FOR PALESTINIANS (MAP)</b>
<b>Project Title</b>	Life-saving care of newborns in the Gaza Strip
<b>Project Code</b>	OPT-18/H/114861
<b>Sector/Cluster</b>	Health and Nutrition Cluster
<b>Refugee project</b>	No
<b>Objectives</b>	<p>The project meets strategic and cluster objectives:</p> <p>Strategic objective 02: 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> <p>Cluster Objective 1: Ensure the availability, accessibility, acceptability and quality of essential lifesaving health services to vulnerable communities in Gaza and West Bank.</p> <p>The project's main two objectives are:</p> <p>1- Ensuring the availability of life saving items and essential infection control materials at the neonatal units. MAP aims to achieve the project's objectives in coordination with the Ministry of Health, UNFPA, UNICEF, WHO</p> <p>2- Improving the skills and competencies of staff at the neonatal units on neonatal life support, neonatal safe transport, and infection control</p> <p>In general this project will contribute to support neonatal units in the Gaza Strip and improve neonatal care management in order to contribute to reducing mortality, morbidity and long term disability among newborns.</p>
<b>Beneficiaries</b>	<p>Total: 4,200 4000 newborns will benefit from neonatal care services; 200 MoH staff members (114 female and 86 male) at the neonatal units will have their skills and competencies developed to support the care outcomes for the new born in Gaza</p> <p>Female: 2,114</p> <p>Male: 2,086</p> <p>Children (under 18): 4,000</p> <p>Adult (18-59): 200</p>
<b>Implementing Partners</b>	Ministry of Health
<b>Project Duration</b>	Jan 2018 - Dec 2018
<b>Current Funds Requested</b>	<b>\$448,886</b>
<b>Location</b>	Projects covering just Gaza
<b>Priority / Category</b>	NOT SPECIFIED
<b>Gender Marker Code</b>	2a - The project is designed to contribute significantly to gender equality
<b>Contact Details</b>	Fikr Shalltoot, fikr.shalltoot@map-uk.org, + 972 (0) 599 884459
<b>Cash transfer programming</b>	<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 HNO (2017), there are 1.2 million people of vulnerable groups across Gaza Strip, including 150,000 neonates and children under five, and 150,000 women who face the possibility of high risk pregnancies increasing mortality and morbidity. Furthermore, 4,000 neonates are vulnerable and in need of transfer neonatal intensive care units (NICUs) for specialised life-saving treatment. Neonatal morbidities and mortalities are considered as serious problems that mostly result in dramatic complications with heavy medical, social and economic burden on individuals, families, communities and government.

In September 2017, the evaluation done by MAP for its neonatal intervention confirms that whilst the infant mortality rate has steadily fallen since the project began in 2009, the last three years have seen a leveling off in the neonatal mortality rate and possibly even a very slight increase. There are many potential reasons for this finding that include: the limited availability of equipment, essential drugs and consumables with a peak of 40% shortage in zero-stock drugs; significant overcrowding of the available NICUs; and increasing difficulty/delay transferring critically ill babies outside Gaza. This problem is further exacerbated by the electricity shortages which strikes the NICUs hard considering the need of continuous electricity supply to support the lives of neonats and the burden this has on staff. In addition, the fact that staff still do not have access to quality training to upgrade their knowledge due to the blockade.

The project remains a life-saving priority, with 4,000 of the total 57,800 newborns in Gaza each year identified as high risk and in need of admission to NICUs, and sepsis clearly identified as the leading cause of morbidity and mortality in those NICUs.

With regards to the supply of essential drugs; it is impossible to assess the impact of these items, but the drugs supplied are invariably at zero-stock levels and babies would die unnecessarily if they were unavailable.

Same could be said about infection control supplies, whilst UNICEF and WHO make ad-hoc donations of infection control supplies to the MoH, MAP remains the only regular donor, and despite our support, these items are often at zero stock levels. Essential supplies remain inadequate in MoH delivery units. Based on MAP's recent regular surveillance; in July 2017, 19.7% of the newborn deaths are due to neonatal sepsis/infection, while the total number of neonatal deaths has remained stable. This suggests there is a need to continue the provision of supplies of infection control materials and training.

To address capacity at NIUCs, MAP will purchase equipment that is deemed necessary for the life-saving activities at the NIUCs such as incubators and ICU monitors.

MAP has previously provided Neonatal Life Support (NLS) and Neonatal Safe Transport (NSF) training to health staff suffering from lack of access to outside quality training but MAP has also found that we need to focus on a new initiative of providing on-job NLS-NST monitoring and training of doctors and nurses within the 6 NICUs to insure the application of the inside the units.

The need to continue and expand this support is critical, if MAP was to stop or even reduce our support at this time, a gaping hole would be created that simply couldn't be filled by others, and that would endanger the lives of many neonats and their families.

The service will be accessible targeting all neonatal units in MoH, and it will take into consideration gender balance in terms of training for staff in the units and thus ensuring the sensitivity issues in the society of having female nurses along with male nurses.

With regards to community engagement, Meeting and focus groups were conducted with NICUs, HRDD, GNN, CDS, NLS instructors, and MAP's consultant for evaluation and future plans of next phase.

## **Activities or outputs**

In coordination with MoH, UNFPA, WHO and UNICEF, procurement of life saving neonatal drugs and consumables to be used for 4,000 at high risk new born babies/year including female and male babies admitted to neonatal ICU to benefit from the neonatal care project's interventions.

In coordination with MoH, UNFPA, WHO and UNICEF, procurement of infection control supplies to be used for 4,000 high risk new born babies/year including female and male babies admitted to NICU and who will benefit from the neonatal care project's interventions.

In coordination with MoH and NGOs, procure necessary equipment that is urgently needed to address the over crowding in NIUCs.

In coordination with MoH and NGOs, conduct three NLS and three Infection Control training courses for neonatal and obstetric department for 200 health professionals. 114 female and 86 male health professionals working at the neonatal and obstetric units of MoH will be targeted.

In coordination with the aforementioned parities, conduct three on job NLS training courses, and procure the needed equipment for the courses.

Please note that NLS and Infection Control training contribute to reducing the chances of neonats developing long-term disabilities. In addition, part of the equipment we will procure is for the early detection of ROP (retinopathy of prematurity).

Plus all the emergency services that we will provide will contribute to the reduction of disabilities in neonats as these babies are endangered and subject to die or develop long-term disabilities.

#### **Indicators and targets**

To ensure that the work is implemented according to the plan and to reach the goal of this project; MAP will include a rigorous monitoring and evaluation plan. It is worth mentioning that MAP has recently finished an evaluation for its intervention on neonatal units and this project serves to target some of the gaps that were identified in the report. To add, MAP supervises a monthly surveillance for sepsis cases admitted at NICUs, and this will continue with this project. At the start of the project, MAP will collect data for monitoring and reporting through a variety of project specific and outside sources to mark progress against each of the indicators and activities in the M&E Plan, including but not limited to: training reports, pre and post tests, on the job supervisor's checklists, and training evaluations; procurement tracking lists; project activity reports and assessments/evaluations; and management checklists and reports. The above data will help setup a baseline, and continuous M&E will insure that progress is measured against that baseline. The quality of data will be reinforced by engaging qualified project staff (dedicated project officer, procurement officer, finance officer, programme assistant); comprehensive systems for data recording, capture, and analysis (quarterly, financial, progress reports); mentoring and supervision; site visits; and regular data quality audits with follow up learning sessions post training.

# of neonates receiving lifesaving services at the 6 targeted NICUs.

# of staff members at NIUCs who increase their knowledge in NLS and infection control training.

NICUs report less overcrowding due to availability of additional incubators.

% improvement in the average scores of the learning skills test among trainees of NLS, NST, and infection control.

Target 30%

% improvement in resuscitation skills and infection control practices among NICUs staff.

Targets:

4,000 babies admitted to neonatal units (including males and females 50% each)

200 staff from neonatal and obstetric units (114 female, and 86 males)

Indicator	Project target
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<b>Medical Aid for Palestinians(MAP)</b>	
<b>Original BUDGET items</b>	<b>\$</b>
Provision of drugs and consumables	84,600
Provision of infection control supplies	100,000
NLS, On-job NLS, and infection control trainings	27,480
Provision of necessarily needed equipment	200,000
Direct costs	7,440
Overhead (7%)	29,366
<b>Total</b>	<b>448,886</b>

<b>Medical Aid for Palestinians(MAP)</b>	
<b>Current BUDGET items</b>	<b>\$</b>
Provision of drugs and consumables	84,600
Provision of infection control supplies	100,000
NLS, On-job NLS, and infection control trainings	27,480
Provision of necessarily needed equipment	200,000
Direct costs	7,440
Overhead (7%)	29,366
<b>Total</b>	<b>448,886</b>