

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

<b>Appealing Agency</b>	<b>MEDICAL AID FOR PALESTINIANS (MAP)</b>
<b>Project Title</b>	Improving access to health care for patients in need for life-saving surgeries
<b>Project Code</b>	OPT-18/H/114950
<b>Sector/Cluster</b>	Health and Nutrition Cluster
<b>Refugee project</b>	No
<b>Objectives</b>	<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>Objective: To provide life-saving surgeries for patients with neurosurgical problems and women with breast cancer through visiting missions to reduce the need for referral outside of Gaza, and enhance patient safety and reduce mortality of Gaza patients.</p>
<b>Beneficiaries</b>	<p>Total: 513 30 - 40 women with breast cancer will be assessed, 27 - 33 women receiving BC surgeries, 70 - 90 neurosurgical patients will be assessed, 15 - 18 patients will have neurosurgery, 300 - 350 health professionals will attend medical training on neurosurgery and breast cancer (PER YEAR)</p> <p>Female: 225 Male: 288 Children (under 18): 36 Adult (18-59): 411 Elderly (above 59): 66</p>
<b>Implementing Partners</b>	Ministry of Health
<b>Project Duration</b>	Jan 2018 - Dec 2018
<b>Current Funds Requested</b>	<b>\$255,027</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**

It is indicated in the HRP 2017 that access of patients to life saving surgeries and referrals is a serious problem with 20,000 patients endangered because of this particular issue. The protracted blockade of Gaza has made the situation worse by limiting the knowledge and expertise from Gaza to pursue advanced training courses in specialised fields limiting the types of surgeries that could be performed inside of Gaza and relying heavily on referrals, in addition to limiting the availability of needed surgical equipment and consumables. This is a serious problem that is further exacerbated by the blockade and the chronic electricity situation where WHO (June 2017) has also reported that services in hospitals are reduced and generator power is saved for main functions in the hospital. The reduced services include but are not limited to: x-rays (including mammograms), CT Scans, and others. This all increases the suffering of the patient where OCHA (September 2017, ENT patients as an example) has reported that the average waiting for elective surgeries has risen from 5 months in January 2017 to 14 months in August 2017.

Among the top 10 categories of patients who are mostly in need for referrals are oncology (including breast cancer), and neurosurgery patients. However, neurosurgery, and oncology patients are second and third respectively in the list of those denied to access for treatment at Erez (WHO, April 2017 referral data). In addition, many of the stories of patients who died while waiting for referrals approval were women with breast cancer (WHO Right to Health, 2016).

This all should shift focus to the need to bring medical specialties to Gaza to save Gazans in need of life-saving surgeries and who cannot access treatment outside, and to the need to provide essential life-saving equipment and consumables to the health sector in Gaza.

MAP has been very active with medical missions since after the war in 2014 and we have had a very positive experience in the Limb Reconstruction (LR) project in which we managed to reduce the referrals of LR cases drastically reducing financial burden on MoH and creating the needed expertise inside of Gaza where currently 1 -2 surgeries of LR cases are performed weekly (LR evaluation report April 2017). This model is a success that we want to duplicate it for neurosurgery in Gaza Strip. A recent assessment we did in 2016 and finalised in January 2017 found that neurosurgeons lack the experience and confidence to conduct complex neurosurgeries and often refer these cases outside of Gaza, compromising the safety and surgical outcome of the patient; and that equipment is urgently needed to accommodate the expanding of case-mix (targeting cervical spine and posterior fossa/pituitary tumor surgery). We propose to bring three medical missions comprised of multi-disciplinary teams (neurosurgeons, neurologists, nurses, rehabilitation staff) to treat the patients of Gaza who are in urgent need and who cannot access treatment outside of Gaza, plus the provision of the needed equipment.

With regards to oncology, MAP recently (September 2017) did an assessment of the situation for Breast Cancer and found that MAP is the only organisation that will intervene in terms of provision of life-saving, minimal invasive surgeries to women who have the disease such as sentinel node biopsy using blue dye technique and other surgeries. Other players in Gaza Strip focus on other aspects of the journey of the breast cancer patient but none perform surgeries and that is where MAP will come to the picture. MAP will bring two medical missions to perform surgeries on breast cancer patients, but will also provide the needed blue dye for Shifa, EGH, and Naser hospital, and will also provide equipment that is highly and urgently needed for the early detection of the disease immediately after the mammogram stage.

#### **Activities or outputs**

- 1.1 Deployment of three neurosurgical medical missions to Gaza per year.
- 1.2 Provision of medical equipment and consumables for neurosurgery.
- 1.3 Conduct three training on neurosurgery using case presentations and discussions

- 2.1 Deployment of two breast cancer medical missions to Gaza per year.
- 2.2 Provision of medical equipment (surgical and early detection) and consumables for Breast Cancer surgeries.
- 2.3 Conduct two training on breast cancer using case presentations and discussions

The medical missions will be multi-disciplinary. Missions will also include an on-job teaching aspect to try and maintain the skills taught within the Gazan doctors.

Neurosurgery patients will be from North and South of Gaza ensuring availability of the services provided. In addition the local medical teams will be from the two main units in Gaza, Shifa and EGH, with plan to increase focus in the future to other hospital professionals. To add, we will make sure that the local teams are containing female nurses to address the needs of female patients and to ensure privacy of the patients. However, the female vs. male ratios cannot be determined in advance due to the fact that this will be dependent upon actual presence of patients in clinics, which cannot be controlled by gender, but both genders will be served equally in the project.

The breast cancer aspect will focus on women with the aim to save their lives and to empower them to make informed decisions regarding their care.

**Indicators and targets**

- # of neurosurgical patients assessed by the medical missions (70 - 90)
- # of neurosurgery patients receiving life-saving surgeries from medical missions (target 15 - 18)
- # of breast cancer patients assessed by the medical missions (30 - 40)
- # of breast cancer patients receiving surgery from medical missions (target 12 - 15)
- # of unnecessary mastectomies avoided (6-9)
- # of health professionals attending training on case discussions and presentations (300 - 350)

Targets of neurosurgery mission will be males and females depending on diagnoses and cases.

MAP has established a sound M&E system for follow-up of its projects focusing on patient outcomes using validated tools (such as EQ-5D-5L tool), and via the continuous reporting from MoH to us and the internal reporting we have in the organisation. A specific and dedicated Project Officer(s) will be designated to this project to ensure smooth operations and they will link with the procurement, finance, and management directly.

With regards to the generic OPS health indicator selected from the list below "# of patients that have access to essential life-saving treatment as a result of the treatment being made available within Gaza", we selected 33 patients because the neurosurgery missions will operate on a selected few, but very critical and complicated surgeries with the purpose of live-saving and training. The numbers cannot be increased because member of the missions will spend only a week each visit given that they are volunteers and have to return quickly to their duties in the UK. The same applies for breast cancer. However, our own indicators written above do not have conservative numbers as these represent the activities and outputs, and are not limited to the OPS' selection.

Indicator	Project target
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<b>Medical Aid for Palestinians(MAP)</b>	
<b>Original BUDGET items</b>	<b>\$</b>
Deployment of neurosurgical teams	24,000
Provision of neurosurgical equipment and consumables	120,000
Deployment of breast cancer teams	18,000
Provision of breast cancer equipment and consumables	70,060
Direct costs	13,680
Overhead (7%)	9,287
<b>Total</b>	<b>255,027</b>

<b>Medical Aid for Palestinians(MAP)</b>	
<b>Current BUDGET items</b>	<b>\$</b>
Deployment of neurosurgical teams	24,000
Provision of neurosurgical equipment and consumables	120,000
Deployment of breast cancer teams	18,000
Provision of breast cancer equipment and consumables	70,060
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