

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

Appealing Agency	MEDICO INTERNATIONAL (MEDICO INTERNATIONAL)
Project Title	Improving access to essential primary health care services, protection and crisis preparedness of vulnerable communities and provision of medicines to social hardship cases in the occupied Palestinian Territories
Project Code	OPT-18/H/115215
Sector/Cluster	Health and Nutrition Cluster
Refugee project	No
Objectives	The project contributes to two of the three strategic objectives of the Humanitarian Response Plan 2018-2020 (HRP): To improve access to high-quality, cost-effective basic health services and to strengthen the resilience of vulnerable communities. The interventions include; Ensuring access to primary health care (PHC) services of the most vulnerable population in at least 46 locations in the district of Salfit, Tulkarem, Qalqilia, Nablus, Hebron, Bethlehem, Jericho, and vulnerable groups in East-Jerusalem, by the provision of equitable access to preventive and curative health services. Providing Social hardship cases with necessary medication in Gaza Strip and the West Bank. Ensuring access to Physiotherapeutic rehabilitation of people with disabilities as well as stroke, accident and postoperative patients in Gaza Strip. Improving community based emergency preparedness by training and establishing emergency response teams in vulnerable communities (West Bank and East Jerusalem).
Beneficiaries	Total: 34,993 Total population with emergency preparedness: 71993 Female: 17,217 Male: 17,776 Children (under 18): 15,957 Adult (18-59): 17,307 Elderly (above 59): 1,715 1360 Persons with special needs
Implementing Partners	Palestinian Medical Relief Society (PMRS)
Project Duration	Jan 2018 - Dec 2018
Current Funds Requested	\$1,200,000
Location	Projects covering both West Bank and Gaza
Gender Marker Code	2a - The project is designed to contribute significantly to gender equality
Contact Details	Dieter Müller, ho jlem@medico.de, +972 (0)54 653 9790
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

This project responds to the priorities identified in the HNO and the planned activities contribute to the achievement of two Strategic Objectives of the HRP acc. to the HNC Response Planning Template.

The Palestinian civil population in the West Bank and in parts of East Jerusalem (That are part of Jerusalem in administrative terms in the Israeli perspective but still are cut off from the city due to the separation wall) continues to suffer from severe restrictions of movement because of the wall, fixed and temporal (“flying”) checkpoints as well as under the temporal blockade of whole villages and the expansion of settlements. House demolitions, expropriations, eviction and military operations are still part of daily live under occupation. Some trends even reinforced: Tendering and planning of constructions of settlements as well as demolitions of Palestinian houses and violent actions of the Israeli army against Palestinians on the West Bank. The ongoing expansion of settlements will lead to further restrictions of the movement of Palestinians.

According to a report by the Palestinian Ministry of Health (MOH) and the World Health Organization (WHO) revealed that there is no access to primary health care in 24% of the villages in area C and seam zones. The members of Health & Nutrition Cluster (HNC) count 132 communities in area C (among others, persons in the Mount South Hebron, Jordan Valley and northern West Bank) as the most vulnerable population groups in the whole occupied territories. They are suffering from in adequate or missing access to primary health care, medical emergency services and psychological care. All communities that benefit from this project suffer from the growing fragmentation of the West Bank because of the continued settlement activities of the Israeli government or the toleration and promotion of illegal outposts.

Additionally, Palestinians from the West Bank and Gaza only get access to medical facilities in East Jerusalem if they have an Israeli permit. It is necessary to pass a complicated process in order to get a permit. Consequently, delays and refusals of needed treatments are common.

Repeatedly the HNO identified the need for rehabilitation of patients with disabilities or traumatic injuries and the provision of walking aids, wheelchairs, hospitals beds etc. for those groups (partly, they are victims of Israeli attacks). The rehabilitation of persons with traumatic injuries that led to physical impairments remains especially in Gaza highly problematic.

Hospitals and primary health care services in Gaza struggle to function without adequate stock and supply with lifesaving medicines. According to the MOH, in May 2017 33% of essential medicines (approx. 160 preparations) and around 380 types (31%) of medical disposables were no longer available in Gaza. Many of the missing material is preparations are lifesaving and their absence might result in death or permanent damage of patients. The resources the MOH sends from Ramallah are not according to a fixed regular proportion of available resources but are rather decided on an ad hoc basis and on what the MoH on the West Bank can spare.

Activities or outputs

Sub goal 1: Marginalized Palestinian communities in the districts of Bethlehem, Hebron, Tulkarem, Qalqilya, Nablus, Salfit, Jericho (Jordan Valley) and East Jerusalem have access to curative and preventive primary health care services and health education measures. Services will be provided by 5 mobile clinics, each includes: Two general practitioners, women health doctor, laboratory technician, three health workers and driver. All mobile clinics are equipped with medical equipment, laboratory supplies, medical disposables and drugs. Besides the curative services, and referrals. The (MC) will also perform preventive (screening) and health education sessions on reproductive health, healthy lifestyle, nutrition, NCD/infectious disease etc. MC will operate in accessible places, and ensure high standard privacy to encourage all patients esp. women to visit the MC, and victims of violence get the chance to report their cases.

Sub goal 2: Supporting the further treatment of patients by referral to health centers in the West Bank. 4 health centers in Qalqilya, Tulkarem, Jiftlik in (JV) and Hebron will receive the transferred patients for further treatment/diagnosis. A general practitioner, a laboratory technician and health worker will be responsible for this in each center. A fifth center in Ramallah, the Non Communicable Diseases center, will serve the referred NCD patients from all MCs.

Sub goal 3: Providing social hardship cases with the necessary medication in the Gaza Strip and the West Bank. The procurement of medicines will cover immediate and acute medical needs of people who would not have access to these drugs and could not afford the treatment, especially in the current economic and supply crisis. This will guarantee their access to basic health care. The support is provided inter alia for patients with chronic or rare diseases in the Gaza Strip and the West Bank or persons with diseases that require expensive medications. The beneficiaries receive drugs upon submission of documentary evidence that confirm the needs on socio economic grounds.

Furthermore, the health teams conduct on site inquiries to confirm the needs. in reference to the following criteria: patients from families with no or low income, elderly people without financial support, people with disabilities and single mothers, families without head of household, and injured people. Taking into account that 80% of selected cases is without health insurance, while the other 20% are referred from MoH and URWA for lacking the required medication there. The whole mechanism is fully coordinated with MoH, UNRWA, and other health providers. Sub goal 4: Improved community based emergency preparedness on the West Bank including East Jerusalem. Community based crisis preparedness will be improved in 33 localities. For this purpose, new crisis volunteers will be trained in 15 communities in order to build up 15 new crisis preparedness teams. Adding to that a follow up training with 18 existing teams will be conducted on a yearly basis. The basic training takes place in intensive courses on several days. The course was created in cooperation with the Palestinian Civil Defence Authority, An Najah University Nablus and PMRS. Activities prepare communities to emergency that may occur as a result of natural events or a deterioration of the security situation. it will improve the initial reaction on the ground. Female membership ensures a suitable response for both genders.

Sub goal 5: Physiotherapeutic rehabilitation of people with disabilities as well as stroke, accident and postoperative patients in Gaza Strip. Receive access to qualified physiotherapy in the two PMRS rehabilitation centers, which might include home visits if necessary. Beneficiaries are selected according to medical and socioeconomic criteria (e.g. female head of household, families without or insufficient income, children, no access to other services etc.).

Indicators and targets

Sub goal 1:

- 12,000 patient benefited from curative medical measures
- 19,836 patient benefited from preventive services (screening and awareness sessions).

Sub goal 2:

- Approx. 2,500 patients received further treatment after referral to the four PMRS health centers and the Non-Communicable Diseases Center in Ramallah.

Sub goal 3:

- Medications for approx. 9,422 patient contacts (classified as social hardship cases) were procured, delivered to the central pharmacies of PMRS in Ramallah and Gaza and distributed to persons in need.

Sub goal 4:

- 15 new crisis response teams (107 community members living in 15 vulnerable communities in the West Bank and Gaza Strip) were formed, are ready to act and assure first lifesaving interventions if necessary. 80% completed the courses successfully (test pre and post course)
- 18 existing crisis response teams (243 community members living in 18 vulnerable communities) completed refresh training courses successfully and continue to assure lifesaving intervention when needed. 80% of the new formed teams finished the course successfully (final test).
- 3,300 persons received immediate assistance by 350 volunteers of the 33 crisis response teams through the first year of the project.

Sub goal 5:

- 120 persons (people with disabilities, patients after strokes, accidents and surgeries) were newly registered for physio therapeutic care.
- 75% of these patients improved their condition based on the rehabilitation scale used by PMRS, depending on the medical situation of each case (e.g. by two levels for stroke patients, by 60 % for accident patients and for postoperative rehabilitation).

Indicator	Project target
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Medico International(Medico International)	
Original BUDGET items	\$
Implementation Costs (Medical Drugs & Consumables, Medicines for Social Hardship Cases, Health Educa	1,118,000
Training & Capacity building	21,500
Visibility & Advocacy	8,500
Monitoring	2,000
Administration/Overheads	50,000
Total	1,200,000

Medico International(Medico International)	
Current BUDGET items	\$
Implementation Costs (Medical Drugs & Consumables, Medicines for Social Hardship Cases, Health Educa	1,118,000
Training & Capacity building	21,500
Visibility & Advocacy	8,500
Monitoring	2,000
Administration/Overheads	50,000
Total	1,200,000