

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

Appealing Agency	WORLD HEALTH ORGANIZATION (WHO)
Project Title	Pre-positioning and provision of the WHO NCD kits during emergencies
Project Code	OPT-18/H/115375
Sector/Cluster	Health and Nutrition Cluster
Refugee project	No
Objectives	Ensure access to essential NCD health services as diagnostic equipment, core laboratory tests and essential NCD medication, prioritizing the national essential medicines list for management of the most common NCDs in the primary health-care system during any emergencies.
Beneficiaries	Total: 200,000 Acutely vulnerable NCD patients Female: 98,000 Male: 102,000 Children (under 18): 30,000 Adult (18-59): 161,000 Elderly (above 59): 9,000 Refugees: 140,000 IDPs: 8,500
Implementing Partners	Ministry of Health and UNRWA
Project Duration	Jan 2018 - Dec 2020
Current Funds Requested	\$1,700,000
Location	Projects covering just Gaza
Priority / Category	NOT SPECIFIED
Gender Marker Code	2a - The project is designed to contribute significantly to gender equality
Contact Details	Mohammad Yaghi, yaghim@who.int, 0598944649
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

Population ageing, increased life expectancy, widespread exposure to an unhealthy diet, tobacco use and lack of physical activity mean that Non-communicable diseases (NCDs) rather than infectious illnesses are now the leading causes of death and disability worldwide, including in low- and middle-income countries. On the other hand, the rapidly growing magnitude of NCDs affects people of all ages, gender, race and income levels, and further that poor populations and those living in vulnerable situations. As a result, NCDs are growing in importance as a major public health issue in humanitarian settings (WHO, 2014).

NCDs are common causes of preventable morbidity and mortality. Major NCDs include cardiovascular diseases, diabetes, cancer and chronic lung diseases. Other NCDs that may be important in emergency situations include dialysis-dependent kidney failure and epilepsy. Almost three quarters of all NCD deaths (28 million people) and the majority of premature deaths (82%) occur in low- and middle-income countries (WHO, 2014).

In 2013, NCDs were responsible for more than 50% of deaths in Gaza. In the Gaza context, with its severely constrained economic opportunities, a health system suffering chronic resource shortages and a society stressed by years of occupation and recurrent conflicts, the health, social and economic burdens resulting from NCDs may be particularly high.

The service delivery component for NCDs is relatively well-developed in Gaza. NCD care is widely available at primary health care level through the two main providers, MOH and UNRWA, who provide diagnosis, treatment and follow up for uncomplicated hypertension, diabetes mellitus, heart disease and chronic lung diseases. NCD care is also provided by NGOs.

According to MoH, in the last decade there are instability and continuous shortage of the essential drugs and consumables mostly the chronic diseases and cancer management drugs. On September 2017, the curve of the shortage reached the highest point where it was more than 42% of the total needs.

Humanitarian emergencies or crises can result from internal or external conflicts, natural disasters, epidemic or pandemic diseases, and complex emergencies (WHO, 2002). Emergencies can lead to an acute exacerbation or a life-threatening deterioration in the health of people with NCDs. Elderly people, women with cancer, in particular breast cancer, and children with type 1 DM and other nutritional and metabolic chronic diseases are particularly vulnerable during any emergency situation. The level of pre-crisis care for NCDs and remaining capacity of the existing health system needs to be assessed before considering any intervention in a humanitarian emergency. This allows to prioritize where and how to support best and tailor the response to the needs. Elements requiring assessment: health care structure, level at which NCDs are addressed, disease related policies and protocols, programs and activities, human resources at primary and secondary health care levels, (allocation and training), material resources, (supply and procurement system, price and affordability of care), access to care, referral mechanisms, patients' and families' perspectives and links with communities and community agencies (WHO, 2012).

Activities or outputs

Activities mentioned below will be done in one third of PHCs (60) in Gaza Strip gradually during whole project period which is planned to be 3 years. During the first year in 2018 the project will target 20 PHCs in various Governorates in Gaza Strip. The remaining PHCs are planned to be targeted in second and third years of the project.

The main activities of the project are the following:

1. Procurement and provision of essential diagnostic equipment, core laboratory tests to ensure ability of health care services to diagnose and manage the additional burden of new cases, including early detection of NCDs and preventive treatments (e.g. tobacco cessation).
2. Procurement and ensuring the availability of essential NCD medications and technologies, recommended in the WHO package of Essential NCD interventions (PEN) or the national essential medicines list will prevent NCD complications and which might lead to disability.
3. Promotion of HR capacity building to ensure proper clinical management / stabilization and/or appropriate referral for all common NCDs and through developing a clinical supervision system and referral protocols. Activities dedicated for this objective will benefit the health staff both males and females.
4. Ensure identification of the subgroup of NCD patients both males and females with special needs for which interruption of treatment could be fatal or critical (elderly people, women with breast cancer, dialysis patients, children with type 1 diabetes, transplant patients, patients with mechanical heart valves on anticoagulation, patients on controlled medications for whom sudden withdrawal can be dangerous).
5. Avoid sudden discontinuation of treatment and prioritize patient needs and management and pre-emergency planning.
6. Promotion and enhance of individual patient strategies for emergencies, including a backup supply of medications and instructions for emergency care, and promotion of community level preparedness among the population group with NCDs through awareness sessions targeting NCD patients and their families. Additionally, campaign targeting the whole community will be planned and implemented in line with the project objectives focusing on the more vulnerable groups such as disabled NCD patients, women suffering from common NCDs and in particular who are suffering from breast cancer and other cancers, and children with DM Type 1.

Indicators and targets

1. Number/percentage of primary health-care facilities that have clear standard operating procedures for referrals of patients with NCDs to secondary and tertiary care facilities (20 PHCs, 33% of the total ,60 PHCs)
2. Number/percentage of primary health-care facilities that have adequate medication to continue the pre-emergency treatment, including pain relief, of individuals with NCDs, and have essential services include preventive, curative and palliative interventions that aim to prevent and reduce excess morbidity, mortality and suffering from NCDs(20 PHCs, 33% of the total)
3. Number and percentage of health facilities that providing good quality of consultations and medications for NCD patients among the targeted PHCs
4. Number of PHCs equipped with NCD related equipment for diagnosis, screening and clinical management of the NCD patients (among 20 targeted PHCs)
- 5- Total number of NCD patients benefit from the services provided by the project in the targeted PHCs disaggregated by age and gender
- 6- Number of health staff trained through the HR capacity building disaggregated by gender
- 7- At least one campaign (including community awareness sessions) is implemented.

Indicator	Project target
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World Health Organization(WHO)	
Original BUDGET items	\$
Staff and other personnel costs	150,000
Direct inputs and services to beneficiaries (Supplies, Commodities, Materials, Services, and dedicat	1,400,000
General operating and other running costs	70,000
Indirect / Overhead Costs	80,000
Total	1,700,000

World Health Organization(WHO)	
Current BUDGET items	\$
Staff and other personnel costs	150,000
Direct inputs and services to beneficiaries (Supplies, Commodities, Materials, Services, and dedicat	1,400,000
General operating and other running costs	70,000
Indirect / Overhead Costs	80,000
Total	1,700,000