

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

<b>Appealing Agency</b>	<b>ST. JOHN EYE HOSPITAL (SJEH)</b>
<b>Project Title</b>	Sustaining inclusive primary eye care services in the West Bank for prevention of blindness and visual impairments
<b>Project Code</b>	OPT-18/H/115439
<b>Sector/Cluster</b>	Health and Nutrition Cluster
<b>Refugee project</b>	No
<b>Objectives</b>	<p>The proposed three-year project aims at ensuring availability and accessibility to essential quality primary eye care services to the HNC predefined vulnerable communities in the West Bank. This is in-line with the HNC cluster's Objective #1.</p> <p>The proposed project will respond to the HNC objective that addresses the need for provision of Primary and level-two primary care through sustaining inclusive primary eye care to the predefined vulnerable people, including people with all types of disabilities, who approaches our static hospitals (&amp; clinics) and Mobile Outreach in the West Bank and East Jerusalem. The project will ensure sustainability to quality Eye Care services to targeted population by St. John Eye Hospital Group facilities in the West Bank being the single largest provider of eye care for the whole Palestinian population including vulnerable population groups.</p> <p>Also, through conducting awareness and education sessions, the project will contribute to changing the local perception of eye diseases where Palestinian culture still greatly undermines and stigmatizes people; in particular women and girls, with eye diseases and who wear thick spectacle which negatively affects their well-being.</p> <p>St. John Eye Hospital Group provides services to women equal to men and usually encourages women to seek eye care. Our mobile outreach clinic dedicates visits to women-based organizations to provide services to women, especially at primary level, as we do believe in the equal role of women. The expected number of female patients, according to historical values reaches to 8,890 annually, which constitutes 52% of the total target. Targeting women by 52% doesn't necessarily mean that women and girls do not face accessibility issues to health care (and eye care), since we still believe, despite the "good" number of women seen, some women and girls are culturally/socially not allowed to, for example, visit a doctor without being accompanied by a man.</p>
<b>Beneficiaries</b>	<p>Total: 51,300 Women, children under 18, men &amp; elderly patients in or from the HNC targeted geographical areas. Most of the targeted patients are people with different level of disability (visual) who seek treatment for prevention of complete disability</p> <p>Female: 8,892 Male: 8,208 Children (under 18): 4,788 Adult (18-59): 5,130 Elderly (above 59): 7,182 Refugees: 8,550 Host communities: 8,550</p>
<b>Implementing Partners</b>	St. John Eye Hospital
<b>Project Duration</b>	Jan 2018 - Dec 2018
<b>Current Funds Requested</b>	<b>\$683,400</b>
<b>Location</b>	Projects covering just West Bank
<b>Priority / Category</b>	NOT SPECIFIED
<b>Gender Marker Code</b>	2a - The project is designed to contribute significantly to gender equality
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<b>Cash transfer programming</b>	Is any part of this project cash transfer programming (including vouchers)?	No
	Conditionality:	
	Restrictions:	
	Estimated percentage of project requirements to be used for cash/vouchers:	0

### Needs

The situation in the occupied Palestinian territory is characterized by years of occupation, political stalemate, movement restrictions and persistent human rights violations. The very limited accessibility to and availability of eye care on the national level is the main factor that necessitate the provision of ophthalmic services by St. John Eye Hospital Group (SJEHG) as the main and single largest provider of eye care in Palestine. Accessibility to eye centers has been a real challenge for Palestinians especially the marginalized groups in rural areas, area C and other areas with high vulnerability rates. SJEHG's facilities in the West Bank see tens of thousands of patients with serious eye diseases and conditions that lead to permanent visual disability if not well treated. The challenge became more munificent with the construction of the separation wall in 2002. According to PCBS, after the construction of the separation wall, 41.6% of the Palestinian people were separated from health care centers in East Jerusalem.

Other than physical accessibility restrictions due to the chronic political challenges (check-points, settlements etc...), proper and timely accessibility to eye care services is very much affected by the lack of service provision by the national authorities. The Palestinian Authority's Ministry of Health and UNRWA are supposed to be the two largest providers of primary care to Palestinians, yet none of the them provides the minimum level of eye services. The P.A's MoH operates two very limited ophthalmic units in the West Bank (South) and (North)) but both combined do not provide care on a national level, hens the reason for the P.A to rely heavily on the services SJEHG provides, not only on the primary level, but also on secondary and tertiary levels. As for UNRWA, SJEHG is the sole provider of care to UNRWA referred patients. This adds to the financial burden since UNRWA refers thousands of patients with a minimal contribution that doesn't exceed 20% of the cost; SJEHG loses an average of \$500,000 annually as a result of the large number of UNRWA patients referred for all services.

Poverty in the oPt also plays a major role in lack of primary health services' accessibility as high poverty rates restricts patients from seeking services. With a population of 4.68 million, poverty rates skyrocketed to 26% while 13% live in extreme poverty (PCBS, 2013). St. John remains the only charitable provider of national eye care to Palestinians especially due to the lack of essential, national-wide, service provision by the government. Adding to that, the local authority and UNRWA, being the largest providers of health care to Palestinians, both are suffering from permanent deficit in their budget to maintaining the minimum level of primary care for Palestinians with lacking sufficient capacity to provide such services. The International Monetary Fund (IMF) estimates that, in 2016, the Palestinian authorities had a budget deficit of ca. 380 million USD. The level of financial support rendered by the international community to the country is falling steadily and according to the UNDP report in 2015, external support decreased significantly from 2009 to 2014.

All of the above, and much more, creates a reality that the essential, affordable and quality services provided by St. John Eye Hospital Group is significantly important and covers (and has been covering for decades) a national gap in ophthalmic service provision, which makes it indispensable and urges the international community to support it to significantly contribute to the prevention of blindness and visual impairments in Palestine.

### Activities or outputs

Output 1: Vulnerable population in the West Bank, as predefined by the WHO HNO Cluster including refugees and people with disabilities, are provided with primary and referral eye care services through St. John's mobile outreach clinic and 2 static ophthalmic centers in the West Bank.

Output 2: Refer positively diagnosed patients for advanced diagnostic services and secondary & tertiary treatment

Output 3: Health awareness of the targeted beneficiaries in the West Bank has been strengthened

To expand more on the Mobile Outreach Clinic, St. John has been operating a mobile outreach program since the 1980s and it has been the only mobile outreach program that targets patients with eye conditions and diseases. Throughout the years, we have been changing localities and style of service provision in light of the dynamic political and socioeconomic variables. We operate the mobile outreach program (which includes 2 mobile outreach teams) in areas lacking the minimum level of primary eye care provision and the most troubled/poor localities in Area C, Refugee Camps, Area B and seam zone; unless need is evidently proven, we tend to avoid main cities and area A. The reason for providing services in are B and rarely in area A is because the MoH, which is the national provider of health care to Palestinians, does rarely provide primary comprehensive eye care services accessible to all Palestinian's equally within its primary care system. Even on the secondary and tertiary level, the MoH provides limited services, with specific eye conditions and disease, and the majority of all the rest is referred to St. John Eye Hospital Group. We are proud to be the main and largest referral center for ophthalmic cases to the Palestinian Authority and we always seek development in what we jointly provide for the best benefit of Palestinians people. We examine and clinically treat between 8,000-10,000 vulnerable patients with a single outreach team. We always attempt to serve various localities with areas of need in all West Bank governorates; to give examples, we visit localities such as Jiftlek, Marj AlGhazal, Ein Al Sultan (Jericho), Bani N'em, Sai'r, Imneizil, Al 'Arrub Camp (Hebron), Habla, Izbat Salman, Azzoun Itmeh (Qalqiliya). The average number of localities' visits ranges from 170 – 192 visits each mobile outreach per year during which we see between 40-70 patients per visit. We usually don't revisit localities in less than 3-6 months in order to see more patients in various localities in need. The budget allocated for this project is for one mobile outreach, and depending on the funding we get from other donors, we may include both outreach teams either in full or in part.

The Mobile Outreach component of the project compliment the work of all health care providers and NGOs, i.e MoH, PMRS, UNRWA mobile clinics etc..., as none of the provider cover primary eye care in their program. As St. John doesn't replicate any of the existing service provision, there hasn't been a necessity or urgency to coordinate our medical activities with other general primary care providers. For this project, we will start discussion with other mobile health service providers to identify ways of cooperation to enhance the provision of care and most importantly referral mechanisms.

### Indicators and targets

Output Indicator 1.1: 8,892 women receive primary eye care and referral services

Output Indicator 1.2: 4,788 female and male children receive primary eye care and referral services

Output Indicator 1.3: 8,550 refugees receive primary eye care and referral services

Output Indicator 2.1: 20-30% of the targeted group is referred to advanced diagnostic services and secondary & tertiary treatment

Output Indicator 3.1: 1,250 beneficiaries benefit from group health awareness sessions conducted by St. John teams

Indicator	Project target
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<b>St. John Eye Hospital(SJEH)</b>	
<b>Original BUDGET items</b>	<b>\$</b>
Personnel and related costs	540,000
Medication and medical supplies	125,000
Mobile outreach vehicle related costs	17,000
Awareness raising and visibility material	1,400
<b>Total</b>	<b>683,400</b>

<b>St. John Eye Hospital(SJEH)</b>	
<b>Current BUDGET items</b>	<b>\$</b>
Personnel and related costs	540,000
Medication and medical supplies	125,000
Mobile outreach vehicle related costs	17,000
Awareness raising and visibility material	1,400
<b>Total</b>	<b>683,400</b>