

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

Appealing Agency	UNION OF HEALTH WORK COMMITTEES (UHCW)
Project Title	Improvement of the health conditions of children aged 3 to 5 years old in ARAs in Gaza Strip - OPT
Project Code	OPT-18/H/115650
Sector/Cluster	Health and Nutrition Cluster
Refugee project	No
Objectives	<p>To guarantee access to comprehensive health services to 1000 vulnerable children from 3 to 5 years old (boys and girls) living in ARAs along Gaza Strip governorates, in order to improve their health conditions and to mitigate risks, in respect to gender needs, right to health and community engagement.</p> <p>This objective links with the Health & Nutrition Cluster HRP 2018 strategic objectives No. 1 and 2.</p>
Beneficiaries	<p>Total: 26,052 Children from 3 to 5 years old (boys and girls) and their caregivers (men and women) in addition to volunteers from CBOs in ARAs in Gaza Strip</p> <p>Female: 13,520 Male: 12,532 Children (under 18): 2,000 Adult (18-59): 25,052 Refugees: 20,842 Other group: 24 PWD</p>
Implementing Partners	N/A
Project Duration	Jan 2018 - Dec 2018
Current Funds Requested	\$271,791
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	Jehan Al Aklouk, uhwcprojects@gmail.com, 00972 8 2895987
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 in Access Restricted Areas (ARAs) in Gaza Strip (GS) face challenges in accessing health services, as the distance to reach the nearest health facility is 2.5km for PHC services and 6km for secondary health services (HNA in ARA 2017), and this contributes to poor quality of their life and an increase in mortality, morbidity, disability and malnutrition problems among them, mainly children who are considered highly vulnerable than other population groups as they are dependent and need special care and nutrition.

The ARA assessment report highlighted the need to promote health initiatives within ARAs on a regular basis, at least one monthly initiative that takes into account the needs of the population for drugs, epidemiological screening, as well as the general screening of children on malnutrition, anemia and seasonal epidemics

Children < 5 are prone to chronic malnutrition and require treatment and follow up in order to avoid debilitating consequences such as impaired physical growth and cognitive development. Approximately, 140,000 children < 5 (51% M – 49% F) are in need every year for essential humanitarian intervention (HNO 2017), and according to MoH 2016 annual report, children < 5 represented 16.7% from GS population, and 11.2% from total communicable diseases' mortality rate are from this category.

Based on participatory approach, need assessment has been done on 17-18/10/2017 by UHWC's staff with 31 parents (M & F) through conducting focus groups in (Al Shoka & Khozaa), where they pointed that there is restricted access to health services and lack of awareness as well as inadequate specialties and shortages of medication. Consequently, their children frequently suffer from dermatology diseases, anemia, dental decay, gastroenterology and seasonal epidemics.

Accordingly, UHWC will expand its services to reach ARAs along GS's borders, through implementing 3 years program targeting the children aged 3 to 5 (M & F) through screening, prevention, intervention and follow up in term of ensuring their access to totally free of charge primary and secondary health services including providing them with needed medication and supplements, besides awareness services through active learning techniques in order to improve their health conditions.

The program activities will be repeated on annual basis, and this will guarantee the provision of the services to the new generations.

UHWC will enhance the protection principle during the implementation of the project as follows:

- Ensuring the access to health services including medication to the targeted group free of charge, as the cost will be covered through the project.
- No discrimination, gender equity and individual differences are respected in provision of services.
- Transportation will be available free of charge in order to facilitate the access of the children accompany with their caregivers to the services.
- The caregivers will be informed about the project activities, procedures of intervention and complaint measures
- The staff will include females in order to deal with the children's mothers
- The knowledge of the project team will be increased in protection context and HRBA
- Case management and referral system will be applied
- Confidentiality of information and privacy will be respected
- Community engagement and accountability will be ensured

Partnership with CBOs will be conducted in order to implement awareness sessions at their halls, and to contribute in building their capacity in first aid in order to strengthen communities' preparedness and resilience.

In the context of access to information, a cartoon film & brochure about nutrition & personal hygiene instruction will be published and distributed, along with preparing audio visual report about the project achievement.

The results and impact of the project will be touched immediately after the completion of the activities during the first year through a scientific research.

Activities or outputs

Output 1 Access to comprehensive health care services has been ensured to 1000 children (3 – 5 years old) from both sexes in ARAs in Gaza Strip

A1 Hiring project staff (62% are F) Project coordinator, GP, nutritionist, nurse, Lab. Technician, clerk, health educator, case manager (psychologist).

A2 Purchasing lists of needed medication, medical and lab. disposable and Fuel.

A3 Contracting a driver including (van, fuel and maintenance) in order to facilitate the access of the children and their caregivers to the services and to facilitate the reaching of the project staff to the targeted areas.

A4 Coordination with local community (CBOs, kindergartens, community leaders) in order to help us reaching the target group.

A5 Conducting awareness sessions by using active learning techniques with the children (boys and girls) and their mothers to provide them with information related to the project activities and to increase their knowledge regarding children's personal hygiene and nutrition, and to encourage them to attend to our clinics. (20 children with their mothers*50 awareness sessions). Hygiene kits will be distributed.

A6 Screening for 1000 children (3-5 from both sexes) and this will include (general check up by the GP, nutritionist and lab tests).

A7 Referring the children (M & F) who need special intervention to the specialists (ENT, Dental, urologist, dermatologist, internal medicine etc.) and this will include follow up if needed (estimated 350 children)

A8 Referring the children (M & F) who need surgical intervention to Al Awda Hospital - Jabalia or Al Awda Health Center - Rafah and this will include follow up if needed (estimated 105 children).

A9 Provision of medication and supplement to the needed children free of charge.

A10 Providing hearing and visual devices to the needed cases (10 children) .

A11 Detection children who suffer from psych. problems by the case-manger (psychologist) and referring the needed cases to other specialized clinics such as GCMHP in the context of case management and comprehensive health services.

A12 Re-assessment will be done before the end of the project to the 1000 children in order to measure the impact of our intervention on their health, all the above mentioned health services and referral will be done if needed.

Output 2 Improved knowledge and skills of the project staff and volunteers from the CBOs to deal with children in regular and emergency situation in professional way.

A1 Conducting training courses to 40 volunteers (50% F) at CBOs in first aid with special focus on children accidents, and distributing first aid kits (5 days/course * 6hours/day).

A2 Conducting training courses to the UHWC and project staff (12) (83% F) in child protection and HRBA (4 days*5 hours/day).

Output 3 Community engagement, access to information and accountability has been insured:

A1 Conducting 2 focus groups with the children's caregivers (M & F) (10persons/group) at the middle of project duration in order to improve quality and to reach the best services.

A2 Conducting 2 focus groups discussion at the end of the project with the children's caregivers (M & F) (10 persons/group) to have their evaluation and feedback about the provided services.

A3 Distributing satisfaction questionnaires to 40 children's caregivers (M & F) to measure their satisfaction about the provided services in addition to their suggestions and recommendations.

A4 Designing, printing and distributing 1000 brochures about children's sound dietary habits.

A5 Producing cartoon film about children personal hygiene to be displayed to children and published on UHWC website and social media.

A6 Preparing a research to measure the impact of our intervention on the children's health.

A7 Information about the complaint procedures will be disseminated to the children's parents.

A8 Preparing audio-visual report about the project achievement to be published across UHWC website and social media.

Indicators and targets

Output 1 Access to comprehensive health care services has been ensured to 1000 children (3 – 5 years old) from both sexes in ARAs in Gaza Strip

- I1: 8 project staff has been hired (62% are F).
- I2: # of medication, medical and lab. disposable and Fuel has been purchased.
- I3: # of children received free of charge mediation and supplements disaggregated by sex and age.
- I4: 1 van is available during the project duration for the project staff and the beneficiaries.
- I5: 1000 children between 3-5 from both sexes have been reached through coordination with CBOs, kindergartens and community leaders.
- I6: 1000 children (M & F) and their mothers increased their information about the project activities and children's personal hygiene and nutrition (20 children with their mothers*50 awareness sessions).
- I7: 1000 children (M & F) received Hygiene kits.
- I8: # of children benefited from the free of charge health services disaggregated by sex, age and type of service.
- I9: Statistics about the discovered diseases and malnutrition
- I10: # of children benefited from inside and outside referral services.
- I11: # of children who received hearing and visual devices.

Output 2 Improved knowledge and skills of the project staff and volunteers from the CBOs to deal with children in regular and emergency situation in professional way.

- I1: 2 training courses in first aid to the selected volunteers from CBOs have been conducted.
- I2: % of Knowledge and skills of 40 volunteers (50% F) at CBOs have been increased in first aid with special focus on children accidents.
- I3: 40 first aid kits distributed on the trainees.
- I4: % of knowledge and skills of 12 persons from the UHWC & project staff has been increased in child protection and HRBA.

Output 3 Community engagement, access to information and accountability has been insured:

- I1: 4 focus group discussions have been conducted with 40 from the children caregivers (M & F) (10 persons/group) to have their feedback about the provided services at the middle and the end of the project duration.
- I2: # of actions have been taken to improve the provided services upon the children's caregivers' recommendations.
- I3: % of the children's caregivers' satisfaction with the provided services.
- I4: 1000 brochures about children's sound dietary habits have been distributed on children's caregivers.
- I5: # of people who watched the cartoon film about children personal hygiene.
- I6: A research to measure the impact of our intervention on the children's health has been issued.
- I7: % of improvement in the targeted group's general health conditions.
- I8: # of people who watched the audio-visual report about the project achievement.

UHWC will conduct financial and administrative monitoring through the following tools:

Daily follow up: The project coordinator will be responsible to coordinate and monitor activities of the project on the ground on a daily basis through direct contact with project staff.

Regular field visits: To insure continuous flow of information on the progress of activities, and to see work on the ground.

The UHWC Project Coordinator will coordinate with the donor coordinator, for issues related to the implementation of the project and will accompany him/her during his/her field visits to the project locations.

Regular meeting: Will be conducted with the project staff, administration of UHWC facilities, Admin and financial managers to follow up data, procurement and financial issues.

Plans to be compared to the implemented activities:

- Financial plan: for the whole project duration and comparing the real expenses with the planed ones.
- Action plan: for the project activities and comparing it to the achieved ones.

Monthly data and list of beneficiaries segregated by gender and age will be sent by UHWC facilities managers to the project coordinator.

Community engagement will be insured during monitoring and evaluation through focus groups & questionnaires.

Indicator	Project target
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Union of Health Work Committees(UHWC)	
Original BUDGET items	\$
Staff and other personnel costs	9,100
Direct inputs and services to beneficiaries.	233,666
General operating and other running cost	10,000
Indirect / overhead costs (7%)	19,025
Total	271,791

Union of Health Work Committees(UHWC)	
Current BUDGET items	\$
Staff and other personnel costs	9,100
Direct inputs and services to beneficiaries.	233,666
General operating and other running cost	10,000
Indirect / overhead costs (7%)	19,025
Total	271,791