

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

Appealing Agency	UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES IN THE
Project Title	Emergency Health Program in Gaza
Project Code	OPT-18/H/116305
Sector/Cluster	Health and Nutrition Cluster
Refugee project	No
Objectives	<p>HRP Strategic Objective 2: 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>Health 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>UNRWA Strategic Objective 2: Palestine refugees enjoy their rights to critical services and assistance</p>
Beneficiaries	<p>Total: 1,366,435 Female: 674,397 Male: 692,038 Children (under 18): 793,730 Adult (18-59): 572,705 Refugees: 1,366,435</p>
Implementing Partners	N/A
Project Duration	Jan 2018 - Dec 2018
Current Funds Requested	\$4,900,000
Location	Projects covering just Gaza
Priority / Category	NOT SPECIFIED
Gender Marker Code	1 - The project is designed to contribute in some limited way to gender equality
Contact Details	Dr. Ghada Al Jadba, g.aljadba@unrwa.org, +972 599609521
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

As a result of the on-going blockade of Gaza, the protracted economic crisis and the limited capacity of public health-care providers, the humanitarian health needs in Gaza have substantially increased and the health status of refugees is becoming more fragile. Further, treatments for some conditions are unavailable in Gaza whereas many patients are prevented from travelling outside Gaza to access the necessary treatment due to movement restrictions. 55% of the 1,858 applications for exit permits by patients referred for medical treatment outside Gaza were approved by Israel; the vast majority of the rest were not answered on time, forcing patients to reschedule their medical appointment and re-start the application process, without guarantee of success (WHO, Sep 2017). In addition to the blockade, recurrent conflicts have led to widespread poverty, poor dietary diversity and 90% of water sources contaminated for human consumption, all of which severely impact refugees' health.

Prevalence of non-communicable diseases (NCDs) also remains high, with 78,717 (M 31426, F 47291) NCD patients in 2016. This represents an average of approximately 5% annual increase as 10 % out of them are new cases in the same year. As a consequence of the shortage of drugs and disposables in the public health sector and electricity shortage affecting public hospitals and clinics, refugees suffering from chronic diseases in Gaza face the risk of an interruption in treatment, deteriorated health status and increased mortality.

UNRWA core health activities are typically administered through the 22 Health centers located in Gaza. These include primary health care interventions. However, the increased health burden, which amidst the crumbling health sector in Gaza, has resulted in serious constraints on the flow of essential medical supplies, outdated medical equipment, budget shortfalls, disruption of critical services in hospitals, etc.

Family Health team lean towards encouraging men to be more involved in maternal health issues, through allowing and welcoming men to attend preconception care, family planning and antenatal care visits with their wives. In Q3 2017, 82 breast Cancer awareness sessions were conducted in the entire 22 health centers involving men. Men support is also a main part of community and family support for those who got breast cancer diagnosis.

In addition to relying on UNRWA primary health centres provision of health services, Refugees are increasingly seeking assistance from UNRWA to access secondary and tertiary care (the demand of Palestine refugees for secondary care has increased by 54% between 2013 and 2016). 16.4% of those were classified as abject poor according to UNRWA standards. Poor refugees, particularly vulnerable groups such as women with high risk pregnancies, poor refugee patients with chronic or life threatening illnesses often cannot afford medical fees, and may not be covered by the PA's insurance scheme. UNRWA needs to increase the offered co-funding subsidies scheme to at least 14,000 patients to support medical treatment at non-UNRWA facilities (private contracted hospitals in Gaza & subsidies for services outside Gaza), particularly for life-threatening illnesses.

Refugee children with special needs identified with generalized learning difficulties are another vulnerable group who face the same above-mentioned barriers to accessing the health care. UNRWA prioritizes its plan to cover 11,300 children with special needs for comprehensive medical examination to identify morbidities or impairments and give the timely treatment or assistance they need even beyond UNRWA scope of services. This has, potentially, extreme serious implications on their physical and social development. Even when diseases are diagnosed, gaps persist – for example- in the case of surgery to treat keratoconus, a common eye disease in the Mediterranean region, which may lead to blindness if children are not treated.

Activities or outputs

Funding will ensure that the Agency’s 22 HCs across Gaza are adequately supplied with life-saving emergency medical equipment and drugs such as insulin, insulin analogue for children and anti hyperglycemic drugs. This will compensate the chronic shortages faced by public health centers and maintaining an increased stock of lifesaving emergency medical equipment and supplies.

In order to address the needs of the most vulnerable groups among Palestine refugees, including persons with disabilities, UNRWA will provide health screenings for refugee students to identify and treat children with health conditions that might otherwise go undiagnosed and for which treatment outside UNRWA facilities may be unavailable. Under children with special needs initiative, it is expected that school health team screenings will cover approximately 93,683 students (48,079 males and 45,604 females) in the 2017 2018 scholastic year, including new entrants, first, fourth and seventh grade students. UNRWA medical teams will also conduct in-depth medical assessments for approximately 11,300 (5763 males and 5537 females) refugee students referred through school health team screenings or identified by UNRWA teachers as having possible learning difficulties. Subsequently, the Agency will provide students in need with medical treatment and assistive devices, such as hearing aids, artificial limbs, eye glasses, orthopedic shoes and psychosocial counselling, if required.

Secondary and tertiary care will be extended to cover 14,000 patients, either through referral to contracted hospitals or through reimbursement of claims. 2,134 of these cases are classified as Social Safety Net (SNN)/abject poor patients with high risk or life-threatening illnesses. To ensure that poor refugees are able to access secondary and tertiary care, UNRWA will offer subsidies to support treatment at non-UNRWA facilities. Poor refugees were supported with 95 per cent subsidies, as opposed to 75 per cent for non-poor refugees.

UNRWA will ensure that its 22 Health centers are adequately supplied with lifesaving drugs. Having well equipped and well-functioning health centers will also ensure that they remain a trusted entry point to other services, particularly in terms of protection services. UNRWA’s health centers function as a “one stop center” for Gender Based Violence (GBV) services available for survivors. A majority of GBV cases are detected by UNRWA health center staff, who refer cases to the case managers based in the health center. These Managers, later coordinate cases within the Gender Based Violence support system.

Indicators and targets

Number of poor refugee patients receiving secondary or tertiary health care
Target: 14,000

Percentage of UNRWA health centres with no “stock-out” of twelve tracer items
Target: 100%

Number of women attending breast cancer awareness sessions
Target: 1640

Number of breast cancer awareness sessions involving men
Target: 82

Number of students in UNRWA schools who receive medical screening in the school year 2017-2018
Target: 93,683 (48079 males and 45604 females)

Number of students who receive in-depth medical assessments
Target: 11,300 (5763 males and 5537 females)

Percentage of students who receive support (either treatment, devices or psychosocial support) as a result of in-depth medical assessments
Target: 100%

Indicator	Project target
-----------	----------------

United Nations Relief and Works Agency for Palestine Refugees in the Near East(UNRWA)	
Original BUDGET items	\$
Essential medical supplies and equipment	1,300,000
Special Children Special Needs	950,000
solar energy upgrades	664,414
Hospitalization subsidies	1,500,000
Program Support Costs	485,586
Total	4,900,000

United Nations Relief and Works Agency for Palestine Refugees in the Near East(UNRWA)	
Current BUDGET items	\$
Essential medical supplies and equipment	1,300,000
Special Children Special Needs	950,000
solar energy upgrades	664,414
Hospitalization subsidies	1,500,000
Program Support Costs	485,586
Total	4,900,000