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EA 20/2014 GAZA

Acts of violence on Gaza

EMERGENCY AND FIRST RECOVERY PROGRAMME

Launching date : 21st July 2014

Starting date :	21st July 2014
Duration :	6 months (plus 2 months reporting)
Budget :	EUR 1.130.855
Mid term report :	30th October 2014
Final Report :	28th February 2015



Data Sheet

Name and address of applicant

Caritas Jerusalem
Fr. Raed Abusahlia
General Director
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Name of project

Emergency Appeal for Gaza Strip (acts of violences on Gaza)

Name of implementing partner

Caritas Jerusalem

Type of emergency:

War on Gaza

Phase of emergency response covered by the application:

Emergency, early recovery

Duration of project:

July 2014 - December 2014

Sectors covered by the project:

- Health Sector-Provision of Medical Services, Medicines
- Food, NFIs (hygiene kits, blankets), Family Cash Support

Beneficiaries:

- Total affected population: 1.8 million Gaza residents
- Direct beneficiaries targeted by the project: 16,000 people
(2,000 food parcels, 2,000 cash; 3,000 blankets, 3,000 hygiene = 10,000 + 6,000 patients= 16,000).

- 4 Hospitals
- 1 Caritas Health Center
- 1 Caritas mobile clinic

- Indirect beneficiaries likely to benefit from the project: 96,000 persons
(the average family size is 6 so 16,000 * 6 = 96000)

Planned Reporting Schedule:

Regular situation reports

Midterm Report due on 30/10/2014

Final report due on 28/02/2015.

Total Project Budget in Euro

Total Budget: EUROS 1.130.855 (NIS 5.315.016). Exchange rate is 4.7

Contributions already secured

None

Bank Account Details for receipt of CI MO contributions:

Bank Name : Bank of Palestine P.L.C – Bethlehem BRANCH

Bank N° : 89

Swift Code: PALSPS 22

Iban N° : PS97PALS045003971770333000000 (EUR)

Account # : 397177

Beneficiary Name: Caritas Jerusalem

Branch No.: 450

Section I: Project Summary:

The project aims to alleviate the suffering of Gaza people through: (1) Medical services in the fields of Primary Health Care and Secondary; (2) urgently medical Supplies, Medicines to Gaza Hospitals, Caritas Health Center and Caritas mobile Clinic. (3) emergency humanitarian social assistance for the very poor (Food assistance, Blankets, Cash and hygienic supplies) e through this project.

Indeed, Gaza is in constant crisis. 37.6% of the population is living under the poverty level according to the Palestinian Central Bureau of Statistics (PCBS). The vast majority of the Gazans live from day to day without any reserved resources. Hundreds of thousands of families live from day to day. When there is war, these people cannot survive without outside help.

We then intend to achieve the following results in two phases:

Phase One: Emergency

1. Medical supplies, medicines will be delivered to Gaza hospitals, Caritas Health Center and Caritas mobile clinic.
2. Blankets will be distributed to Gazans.
This is for the displaced people who have to evacuate their houses in 30 seconds before they bomb them.
3. Food will be delivered to the Gaza Strip during the project period.
The items of food is the basic emergency food distribution (attached is the list of the food items).
4. Provide fuel for hospitals.
5. Psychosocial services and medical intervention (checkups) to displaced families.

Phase Two: Recovery

1. Financial support/ cash will be distributed to the effected families.
2. General check- ups will be conducted for the displaced Gazans.
3. Hygiene kits will be distributed to Gaza families.
4. Psychosocial intervention will be conducted in the affected areas.

Beneficiaries:

96,000 persons (indirect)

Project cost:

EURO 1.130.855 – (NIS 5.315.016), change rate is 4.7

Project duration:

July 2014- December 2014 (6 months)

Sectors of Interventions:

1. Health Sector

1.1 Medicines and Medical Supplies to:

1.1.1 Four public hospitals

- ❖ Beit Hanoun Hospital
- ❖ Kamal Edwan
- ❖ Al Shifa Hospital
- ❖ Al Ahli hospital

1.1.2 Caritas Medical Center in Gaza City and the mobile clinic

1.1.3 Psychosocial & health services.

2. Food, NFIs, Family Cash Support

1. Food parcels provision
2. Hygiene Kits and blankets
3. Family cash support
4. Fuel

Section II - Context

Tensions throughout Israel, Jerusalem, the West Bank and Gaza have steadily intensified since the disappearance of three Israeli teenagers near the West Bank town of Hebron on June 12th. A 2 ½ week search for the missing teens resulted in the deaths of 10 Palestinians and the arrests of over 400, as well as household searches, closures, curfews and restrictions on movement that affected Palestinians throughout the West Bank. The government of Israel blamed Hamas for the kidnappings and named two Hamas operatives living in the West Bank as suspects. Hamas has repeatedly denied involvement. On June 30th, the bodies of the three teens were found in a field northwest of Hebron, sparking anger, grief and calls for revenge throughout Israel.

Two days later, on July 2nd, a Palestinian teen was abducted near his home in East Jerusalem. Police found his burnt body in a forest hours later. News of the kidnapping and murder, widely believed to be a revenge killing, sparked riots, protests and clashes with police throughout East Jerusalem, the West Bank, and Israel. Six Jewish Israelis have subsequently been arrested for the abduction and murder of the teenager.

The steady escalation of events over the last four weeks in Jerusalem and the West Bank (particularly the re-arrest of hundreds of Hamas members who had been released in previous prisoner exchanges) has been mirrored by a similar intensification of cross-border fire between Israel and Gaza, with significant increases in the exchange of rockets from Gaza

and airstrikes from the Israeli Air Force. However on July 7th, following the first fatalities in Gaza, the tenor of cross-border hostilities changed dramatically.

Between July 7th-15th, hundreds of rockets were launched from Gaza and nearly 1000 missiles were fired from Israel – in addition to hundreds of mortar shells from both sides – resulting in at least 200 Palestinian deaths and over 1250 injuries (as of this writing, only minor Israeli injuries have been reported). For the first time since the escalation of hostilities in November 2012, long-range rockets have been launched from Gaza, setting off sirens in both Tel Aviv and Jerusalem. Israel has called-up 40,000 reservists and is amassing troops and tanks at the Gaza border, in preparation for a possible ground invasion.

The situation is still unfolding with additional damage and loss of life likely as Israeli airstrikes and Hamas rockets continue. The full extent of the humanitarian crisis will depend on the length of the escalation. If Israel decides to move forward with a ground operation, a significant increase in casualties is anticipated. Hospitals are currently reporting shortages of supplies, with the ongoing fuel crisis and closure of tunnels likely to affect the ability of the health care sector to care for the wounded if the conflict persists. The recent formation of a technocratic government, failure to pay government salaries for months, and the Palestinian Authority's tenuous control over government functions in Gaza will also exacerbate any humanitarian crisis.

In Gaza today, the list of zero-stock medicines (essential medicines with less than a month's supply) now stands at a shocking 139 items. That's almost a third of all essential medicines. As for medical equipment like breathing tubes, almost half – 400 items – are in dangerously short supply.

Today, with air attacks intensifying, the future of Gaza looks even bleaker. For the last seven years, its 1.8 million residents have been living under the crushing weight of Israel's blockade. Gaza's economy has been devastated. Basics like electricity and drinkable water are limited and costly. The health infrastructure is struggling to cope. And now, attacks by Israeli forces are now putting the health system under enormous additional pressure.

The health system is unable to keep up with the incoming wounded and having no utilities has been almost impossible for hospitals to operate properly.

We at Caritas Jerusalem plead that violence and the killing of innocent people will be stopped immediately and that intervention will be taken by the international community to stand up and speak out against the misuse of illegal war tactics and weaponry. There is no doubt that due to continued siege and shelling, Gaza residents are in dire need of urgent humanitarian aid and the difference we can make to individuals we reach is enormous.

Section III: Project Methodology & Description

Caritas Jerusalem will utilize its existing capacities and health facilities in Gaza to provide emergency assistance to the population affected by current military operations. Caritas has appointed an emergency team to carry out the project tasks and work on the response to Gaza emergency. The team consists of:

1. Project Manger
2. Finance Manager

3. Two Gaza Project Coordinators
4. Head of Social Department
5. Communication officer

This is the administrative team and we have the operational team on the ground mentioned below with their names

Due to the constant changes of the situation on the ground, the Caritas emergency team in cooperation and coordination with other stakeholders has set up a plan of intervention verifying activities as well as the period.

Methodology

Medical supplies and Medications:

Caritas Jerusalem in coordination with its Gaza team will contact the Palestinian Ministry of Health (MoH) to identify the needs for the hospitals in Gaza. The needs are identified by the MOH through its emergency operating room. This list will be shared by all NGOs and organizations active in Gaza. After the intervention, another list would be supplied by the MoH showing the contributions and what is still needed in terms of disposables, medicines and medications. This procedure clarifies the positive effect of the donations given by the NGOs and the international world

According to this list, Caritas Jerusalem will select some items; then the Health Department of CJ will ask for quotations for cost and quantity. When the quotations are submitted from pharmaceutical agencies, our team in Gaza will compare the prices and the quality of the items and will send it to Jerusalem- to our main offices and a decision will be taken by the Health Manager and Caritas bidding committee.

PO (purchasing orders) will be prepared and sent to the suppliers. A sticker will be put on the boxes with the donor's name for visibility.

Fuel

The quantity of fuel needed for per hospital will be identified by the hospitals themselves and the recommendation of the MoH .This depends on the capacity of work of the hospitals and electricity cuts. Currently there is electricity only three hours a day; electricity is supplied to hospitals by generators which need fuel to operate.

Caritas will coordinate with a fuel company which we have already worked with in the past and are satisfied by the quality of their services.

Food parcel

According to the list of the Ministry of Social Affairs, Caritas Jerusalem will select families; Caritas Gaza team will ask for three bids from local suppliers; the local committees will arrange a spot- usually a store- to deliver the food parcel (delivery is included in the price) and a date would be set to collect the items. The store is part of local community contribution. The beneficiaries will come to collect their food parcels with their ID cards and sign their names. This list will be sent to the Ministry to avoid duplication.

Hygiene kit

The same process as for Food Parcel.

Cash distribution

Names will be checked by MOSA and Caritas Social Services department. The application files contain: names, family history, social status and source of income. After identifying the families, the cash will be transferred to their bank accounts at Bank of Palestine in Gaza. The beneficiaries will sign a receipt.

Psychosocial and health

Caritas team will visit the UNRWA schools (where thousands of families are living) to conduct primary health care services. The medical team which consists of two doctors and two health workers will be divided into two teams. Each team (a doctor and a health worker) will visit different UNRWA schools. Medicines will be distributed to patients in need.

The psychosocial team will visit the schools to conduct individual, group counseling and also organize activities with the children.

Cooperation - Emergency Operation room in Gaza

During the war different associations has launched humanitarian campaign to assist people in Gaza. The group who launched this campaign is Red Crescent, UNV (United Nations Volunteers) and Sharek association. Their role is to establish a big base for volunteers to help local and International NGO's in humanitarian actions in the field. Caritas Volunteers is part of that work.

Project

- **Phase One (3 months)**

First phase will last for three months and will cover the provision of urgent life-saving health services and supplies, food assistance and the distribution of blankets to vulnerable war-affected population in Gaza. The activities which are going to be implemented in the first phase are:

- Medical supplies& medicines to Hospitals, Medical Centers.
- Food parcels provision for 2,000 vulnerable families (*please find in annex the contents*)
- Provide 3,000 blankets. (ie. for 500 families)
- Provide 6,000 liters of fuel to hospitals.
Al Shifa hospital is the biggest and the central hospital in Gaza, it will get 2,000 l the others will get 1,000 each.
The duration of fuel will depend on the number of hours when they don't have electricity and have to operate on generators which need the fuel in order to keep on activating life saving machines.
The fuel could last for a week or a month we cannot predict the time period.
- Psychosocial services and medical interventions (*check up to displaced families*)

- **Phase Two (3 months)**

Second phase will take another three months of the project and will cover family cash support (food was done during Emergency phase as it is easier to distribute ; cash has to be transferred from the West Bank to Gaza through the bank and currently the banks are closed. distribution of hygiene kits and medical treatment and provision of psychosocial services.

The activities that are going to be implemented in phase two are:

- Family cash support to 2,000 vulnerable families
- Hygiene Kits for 3,000 families (the families are not the same than for the Emergency phase, they are different families; those families who get cash do not get the kit this is done with coordination with the main organizations (please find in annex the contents)
- Psychosocial services to 1,000 children in schools.
- Check-ups for displaced families

Direct Beneficiaries:

Caritas Jerusalem will be able to reach:

- 2,000 families will benefit from food parcels provision.
- 2,000 Families will benefit from Cash support.
- 3,000 families will benefit from blankets distribution
- 3,000 families will benefit from Hygiene kits.
- 4 hospitals from Gaza strip will receive medicines and medical supplies. Our estimate is 6,000 patients.

How were they identified?

The beneficiaries have been identified through:

- ❖ The Coordination with MOH,WFP, WHO , UNRWA, Red Crescent.

NB. The **The main organizations in Gaza are** the MoH, WHO, WFP, Ministry of Social Affairs and the Red Crescent.

- Ministry of Health- MoH- is responsible for the whole Palestine in providing health services to the Palestinians.
- World Health Organization- WHO- is responsible for food aid to the needy.
- Ministry of Social Affairs- is responsible for the social cases- people who live under the poverty line- the list, the history, the status all the information is with them.
- Red Crescent- is responsible on the ambulances, the evacuation of citizens from houses, transferring patients to hospitals.

Caritas Jerusalem works under the umbrella of these main organizations: when it comes to health services we coordinate with the MoH, when it comes to social aid we coordinate with the Ministry of Social Affairs so on and so forth.

- ❖ Mr. Ameen Sabbagh and Mr. Mahmoud Majdalawy our Project Coordinators in Gaza recommendations and feedback from the communities. (i.e. from our local coordinators, the committee members, the main organizations and other NGOs- through e-mail, phone, cell-phone....)
- ❖ Caritas Jerusalem social department criteria. The criteria is similar to the Ministry of Social Affairs: a family which consists of 5 members or more; with the breadwinner dead, wounded or unemployed; displaced families; families who live under the poverty line; a widow with children.

Were beneficiaries and other stakeholders involved in the design of the project?

Caritas stakeholders (municipalities, village councils, Ministry of Social Affairs, Committee Agents and Project team have participated in designing the project. Each party has participated in its fields of his experience. Doctors have participated in designing the activities that related to their part in the project. In addition local communities have addressed their needs and roles in the project as they are part of the implementation team by contacting us with their assessment and the needs that emerge on the ground.

How is the project design taking account of protection-related issues?

The health team in Gaza was paralyzed because it is not safe to venture out; but the team is in constant contact with other health providers and NGOs to set a plan for intervention. WHO and MOH are using special stickers, flags etc. for visibility. (stickers, logos that shows Caritas Internationalis is giving the aid and Caritas Jerusalem is implementing it).

Section IV: Project Management and Implementation

o What are the project implementation and management arrangements? (Attach an organizational chart if appropriate).

Caritas Jerusalem has appointed an Emergency management team for the project to carry out the responsibilities of the Project implementation. Each member of the team knows his/her duties in the planned activities. The roles of the team are:

- Project Manager:
 1. Monitor the implementation of the project.
 2. Coordinate among different actors and present reports with Caritas Jerusalem General Director.
 3. Approve all financial expenditures
 4. Prepare the work action plan and assign tasks to the team members.
 5. Prepare monthly and final reports in coordination with the project team.
- Financial Manager:
 1. Monitor all financial procedures
 2. Audit all financial expenditure with the project manager

3. prepare internal monthly financial report as a guidelines for the project team
 4. prepare final financial report
- Head of Social Department:
 1. Prepares list of beneficiaries in coordination with different stakeholders.
 2. coordinator with different local and international organization in order to avoid duplications
 3. help in any other tasks required by the project manager
 - Project Coordinators, Food Security and Health:
 1. implement action plans as requested
 2. prepare all bidding and supplying process
 3. provide feedback and help in preparing the actions plan
 4. prepare all financial documents needed
 5. prepare daily and weekly reports
 6. provide the needed support for the manager in preparing the final report
 - Communication officer:
 1. prepare media reports
 2. help in planning and in preparing the action plan
 3. Prepare weekly updates for the donors.
 4. Weekly updates on Caritas Jerusalem main websites.

The Procedures and polices taken to manage the project in an efficient and accountable way are:

- The tasks and activities has been divided between the members of the Team
- Each member has to set his/her action plan for implementing his/her tasks.
- All the action plans will be monitored by the Project Manager and followed up with the members on a weekly meeting.
- On the weekly meetings each member will present his action /her actions during the previous week and send a report to the Project Manager and communication officer.
- After editing the report a press release or short report will be sent to our partners to inform them about the situation.
- In the meeting every team member participates in the discussion and all will be informed of each others activities.

What human resources (number, type, skills/background, sex, nationality of staff etc) and material inputs (equipment, etc) are required for the project?

Caritas Jerusalem has established an emergency administration. All the team is already on board and they are part of Caritas Jerusalem who are involved in different programs and projects. Currently, these people have stopped their usual activities due to the war and will be involved in this emergency appeal because it is the priority. Which is also the priority of the hospitals and the MoH- the hospitals are not accepting people who complain of a headache they are only concerned with the injured. Likewise, Caritas cannot run its usual projects but has to react to the emergency situation.

Team to better facilitate and implement this project; this team will closely work with operational:

Administration:

Name	Position	Sex	Nationality
Jameel Khoury	Project manager	Male	Palestinian
George Handal	Financial manager	Male	Palestinian
Mervat Naber	Head of social department	Female	Palestinian
Mahmoud Majdallawy	Project Coordinator- Gaza	Male	Palestinian
Ameen Sabbagh	Project Coordinator Health/Gaza	Male	Palestinian
Harout Bedrossian	Communication officer	Female	Palestinian

Operational: in Gaza

Name:	Position	Sex	Nationality	% working in the project
Dr. Hanai Al-Amash	General Physician	male	Palestinian	100%
Dr. Jibrie Al-Baroud	General Physician	male	Palestinian	100%
Asia Shomar	Village health worker	female	Palestinian	100%
Kholoud Hamlawy	Village health worker	female	Palestinian	100%
Maha Al-Omary	Psychosocial Counselor	female	Palestinian	100%
Issa Anton	Driver	male	Palestinian	100%

What other agencies are involved in the area where this initiative will take place, including for example, national governments, the UN international financial institutions, national civil society, [other churches] and how will you work with these organizations?

Caritas Jerusalem has established a strong communication network with different stakeholders and organization in the field. The main coordination efforts are with:

1. Non governmental and international organization
2. Local communities
3. Ministry of Health and Ministry of Social Affairs
4. Caritas community Agents

Non governmental and international organizations:

MOH: Caritas has strong relations with different hospitals especially Al Shifa and Kamal Edwan and other hospitals in Gaza and prior to this project we have contacted them and they have provided us with a list of their urgent needs.

There are many NGOs who are involved, but they all work under the main organizations already mentioned (MoH, WHO, WFP, Ministry of Social Affairs and the Red Crescent,...).

This is done in order to prevent duplication and to make sure that the aid is provided to the right person at the right time. For instance, if we want to distribute cash - we work with the Ministry of Social Affairs- they give us a list of families that didn't get any cash from other NGOs- be it CRS, other governments or other individual donors. Unfortunately, Gaza is well prepared in these arrangements for they have experienced a lot of wars and other environmental crises.

Caritas Jerusalem is a member of AIDA- Association of International Development Agencies- some of them are involved in Gaza- with different and varied projects and programs AIDA has more than 50 NGOs- not all are involved in Gaza and many do not intervene where Caritas Jerusalem is intervening.

Caritas Jerusalem is also a member of CCAO – Coalition of Catholic Charity Organizations- where Fr. Raed held a meeting with them this week and every member stated their role in the crisis.

Again, all of this is done in order to assure that the aid that is given to the Gazans is not duplicated by other organizations.

To sum it up, we work through the main organizations and we work through local and international organizations- we have a vast network and experience in the field.

What is the overall time frame for the project? (Include a bar or Gantt chart summarizing the main activities and timing if appropriate).

The project timeframe is 6 months, plus 2 months for reporting.

What is your logistical capacity to undertake the programmed at present: include an outline of the vehicles, warehousing and office space currently available to support the project]

Caritas Jerusalem and Caritas Gaza offices are fully supporting implementation of this project.

6 members emergency administration team are based in Jerusalem office while Gaza Coordinator will be working out of Caritas Gaza office.

In Gaza Caritas has 1 mobile clinic vehicle, premises for 6 medical points, one medical center building which has one apartment and two floors, one for clinic and other used for psychosocial work and coordinator office. Coordinator office has two computers, one laptop, two photocopiers and a fax machine.

Section V: Project Monitoring, Learning, and Dissemination

How do you intend to monitor and review the implementation of the project and assess its impact?

The project will be monitored through:

- PM regular reviewing of the planned activities with the operational team and compare it with the Original Action Plan.
- Caritas Operation team members will monitor distributions on the sites and visit the Stakeholders and discuss the achievements of the planned activities.
- Progress reports (weekly, Monthly, Midterm &Final) will provide qualitative and quantitative data on implemented activities of Caritas in the fields.

- Weekly Field visit by Gaza project coordinator to the area of implementation and weekly reports to PM in Jerusalem.
- Analysis of the data with the support of Caritas Medical consultant to improve project interventions and set the future strategy of our work when the situation becomes better .

What arrangements have been/will be made to involve beneficiaries and other stakeholders in monitoring and evaluation?

The stakeholders (municipalities, village councils, hospitals) will fill in reports about the services and goods that they have received. Also they will fill a Questionnaire describing whether the needs have been met, quality of coordination with Caritas and benefit from the project activities.

How do you intend to report on the progress of the project? Please set out the type of reports we can expect to receive and the frequency.

- Weekly news flashes will be sent to all Caritas partners (sitreps).
- A Mid-term narrative report with financial report (3 months report)
- A final Narrative and financial report 2 months after the program ending

How do you intend to share the experience of this initiative with you and your partner(s), internally and externally, during the project and at its end? What publications/communications/media will you use?

- Midterm and Final reports.
- Announcements on project progress and news reports in local newspapers.
- Weekly news flashes will be send to all Caritas partners
- Regular update section on Caritas Jerusalem Website with project implementation details and human interest stories from beneficiaries.

Is the proposal likely to have multiplier effects? (Including scope for replication and extension of the outcomes and dissemination of information)

Yes, we do believe that such an emergency project will have a long term effect, through our medical center we will provide any medical treatment needed after the completion of this project.

The medical team will continually provide medical and psychosocial support for patients affected by the Israeli aggression. Caritas previous experience in the field of Emergency in the years 2008 and 2012 helped us to develop the project design and methodology and avoid past mistakes by lessons learned. Caritas is able to quickly activate and utilize its existing field network to respond to additional needs and beneficiaries in Gaza.

Gantt Chart

Activities	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Responsible
Coordination with UNRWA-WFP-MOH cluster other NGO's to identify the Gazans needs									Gaza Coordinators-project manager

Identify Hospital Needs through health cluster										Gaza Coordinators- project manager
Identify beneficiaries list for food distribution ,blankets,hygiene, Cash distribution										Gaza Coordinators- project manager
Ask for quotation for Food distribution-Blankets, Hygiene, medical & medications										Gaza Coordinators- project manager
Distribute food and blanket to beneficiaries										Gaza Coordinators- project manager
Distribute hygienic items to beneficiaries										
Distribute medical supplies & medications and fuel to hospitals										Gaza Coordinators- project manager
Conduct Psychosocial individual and Group activities at the UNRWA schools										village health worker - Psychsocial counselor
Conduct Check up for people staying at UNRWA schools										Health team
Transfer cash for affected familes										financial manager & project manager & gaza coordinator
Update news										Coomunication Officer
Mid term and Final reports										Project Manager
Follow up meetings caritas team										
Audit										
Evaluation										

Section VI: Risks and Assumptions

What are the main risks that could affect the project's success?

- Further deterioration of the situation in Gaza
- Inability to send money in Gaza (failure of banking system in Gaza)
- Denied Humanitarian Access to Gaza this inability to deliver supplies to beneficiaries
- Continuing bombardment on Gaza

What are the main assumptions underlying the project design?

- Availability of Funding
 - Cooperation of local communities
 - Cooperation of local Hospitals
 - Ability to send medical and food supplies from the West Bank to Gaza.
- All these are assumptions but through our coordination with the different parties concerned we will manage to implement our intervention

- Ability to move in and within Gaza
- Functioning banking system in Gaza (as it does not work on a regular basis)

Annex 1

FOOD PARCEL

HUMANITARIAN ASSISTANCE	Specifications	quantity
Food items		
Flour	Pack	5
Rice	Bag/1kg	5
Sugar	Bag/1kg	5
Tomato sauce	Can/.58 kg	6
Meat	Can /800gm	2
Can of Tuna	Can/.17	10
Spaghetti	Packet/350 gm	12
Lentile	Packet	1
Halawah,	Can	2
Soybean	Can	2
Chickpeas	Can	2
Milk	Packet/.09 gm	3
Sesame cram	Can	1

Annex 2**HYGIENE KITS**

HUMANITARIAN ASSISTANCE	Specifications	quantity
Hand soap	piece	12
Dishwashing formula	Liter	2
Washing powder	Bag/1KG	3
Body shampoo	Gallon/3litres	2
Hair Shampoo	Bottle /750ml	3
Toothpaste	Tube	5
Tooth brush	Piece	5
Floor cleaner	Bucket /l KG	1
Body towels	Piece/70cm*130cm	5
Dishwashing sponge	Piece	24