Caritas Internationalis

APPEAL PROPOSAL TEMPLATE

RAPID RESPONSE APPEAL / EMERGENCY APPEAL / PROTRACTED CRISIS APPEAL

A. TYPE OF APPEAL

There are three CI funding mechanisms for emergency response: a Rapid Response, an Emergency Appeal and a Protracted Crisis Appeal. They are launched by the CI General Secretariat at the request of and on behalf of the national Caritas in the disaster-affected country. They provide a channel for CI MOs to express their solidarity to the affected population through financial support to the response.

Appeal requirement	**Rapid response appeal**	**Emergency appeal**	**Protracted crisis appeal**
Timing of proposal submission after onset of disaster	Recommended within 72 hours	Recommended within 2 weeks	Where relevant, link timing to the launch of the OCHA Humanitarian Response Plan.
Maximum funding request	250,000 Euros	N/A	N/A
Maximum timeframe	2 months	12 months	36 months
Evaluation required?	Real Time Evaluation only	Yes: Internal if the budget is under 250,000 Euros, or external if over 250,000 Euros.	
Audit required?	Yes	Yes	Yes
Final Report Due	Within two months of the end of project		

Select the type of Appeal you are submitting:

		Rapid Response Appeal
	x	**Emergency Appeal**
		Protracted Crisis Appeal

The proposal format indicates which sections are required for each type of appeal:

	BLUE = **required by all.** For Rapid Response Appeal, fill in sections in blue **only**.
	Green = Not required for Rapid Response Appeal. For Emergency Appeal and Protracted Crisis Appeal fill in all sections, ie both the black and red. (If you want feedback on a short draft, use the Concept Note Template, in

	the Toolkit under CI Appeal core templates and annexesEN/FR/ES.)

Important Note

This proposal format is the official form to be used by CI Member Organisations when submitting an appeal. In case funding partners need to present this information in a different format (upon request of institutional back-donors), they are kindly asked to extract it from the CI template while the national Caritas will remain at their disposal to provide complementary information, if needed.

B. GENERAL INFORMATION SHEET	
1.1 Programme title	**Mobile Medical Teamin Gaza**
1.2 Programme holder	Name and address: Caritas Jerusalem Paratroopers St. 3 New Gate, Notre Dame Center, Jerusalem (HQ) Director: Sr. Bridget Tighe Email: srbridget@caritasjr.org Telephone / Mobile: 0543233415 Skype: bridget.tighe1 Caritas website address: www.caritasjr.org Contact person: Mr. Ramez Razzoukramezr@caritasjr.org Communication officer contact: Mr. HaroutBedrossianharoutb@caritasjr.org
1.3 Appeal Number	EA 05/2019–Palestine
1.4 Programme start & end dates:	Start date: April 1st, 2019 End date:September 30, 2019 Duration:Implementation phase of 6months (maximum 2 for Rapid Response, 12 for Emergency Appeal or 36 months for Protracted Crisis Appeal) Final Report Due Date: (Within two months of the end of project): 1stDecember 2019
1.5 Reporting Schedule for quarterly and annual reports	N/A for Rapid Response Appeal 1st Quarterly report: [due within 4 weeks of the end of the quarter] 2nd Quarterly Report: 3rd Quarterly Report: 1st Annual Report for Protracted Crisis Appeal, due within 4 weeks of the end of the year Qt: 1stJuly 2019 Final: 1stDecember 2019
1.6 Total Budget	Total Budget Local currency: NIS 655,465.6 Euros: **EUR** 160445.3 For the Protracted Crisis Appeal indicate annual totals: Contributions already secured and by whom: Local currency:

	Euro: Exchange rate used and source: **One EURO Equal 4.08529NIS - OANDA Rate 25/02/2019**
1.7 Geographical focus	District(s)/province/city (Diocese/parish) Gaza, Palestine
1.8 Name(s) of implementing partner (s)	**Caritas Jerusalem**
1.9 Beneficiaries	Total number of direct beneficiaries (individuals)[1]: **6 000** 5,800 for MMT 1. 200 for MMT 2. (Reconcile with section 5) Number of indirect beneficiaries (individuals): 34,200 (Reconcile with section 5)
1.10Overall objective	State the Overall objective of the programme and the sectors of intervention[2] The overall objective of the project is **to provide basic primary health care services** to serve the vulnerable population in marginalized areas in Gaza strip in order to fill gaps in the health system and compliment the health work with the other health NGOs in Palestine in response to the emergency and non-emergency cases.
1.11Compulsory documents to be attached	Annex 1)Log frame Annex 2) Budget Annex 3) Gantt Chart
1.12Recommended further documentation to be provided	a) Detailed Assessment Report b) Security Plan c) CI Mapping d) Caritas Annual Report
1.13Bank Details: **Please note that for each Appeal a separate bank account needs to be opened.**	Name of Bank: Bank of Palestine PLC. Bank No.: 89 Bank Branch No.: 450 Address of Bank: Bethlehem Branch Tel.: +972-02-2756300 / Fax: +972-022765517 Account Holder: Caritas Jerusalem IBAN: PS13PALS045013790000333000014 (EUR) Swift: PALSPS 22 Sort code (when applicable):
C. PROPOSAL	
1. PROBLEM ANALYSIS(max. 2pages)	

[1] See section 5 in this document for definition of direct and indirect beneficiaries.
[2]The Overall Goal refers to the long-term expected impact that the programme contributes to, by definition not within the lifespan of the programme.

The Gaza strip has already a weak public health infrastructure that is overburdened by continuous conflicts, making humanitarian response critical. In Gaza, there is limited access to clean drinking water, power, and sewage disposal that combined with overcrowded housing carry grave risks for the spread of diseases. Poor access to healthcare is not limited to emergency situations because also during normal situations, people living in remote marginalized areas, and those with disabilities in particular, have poor accessibility to health care services and require traveling long distances to receive the needed services. A chronic shortage of pharmaceuticals, supplies, spare parts and poor general maintenance led to a deterioration of quality of services in Gaza.

The Israeli government continues to enforce severe and discriminatory restrictions on Palestinians' human rights; restrict the movement of people and goods into and out of the Gaza Strip. The ongoing violence along the Israel/Gaza border, resulted in the deaths of Palestinians, and injured thousands of others among the thousands of Palestinians.

Since March 30, 2018, till end of December 2018 255 people have been killed, and the total figure of people injured stands at 26,405. Out of the 26,405 people injured, 12,333 were treated at the trauma stabilization points (TSPs) and immediately discharged. This has reduced the burden of casualties arriving at the hospitals by an average of 47%. (The following link refers to the latest WHO/Health Cluster Situation Report covering the period from 17 – 31 December 2018. http://bit.ly/2MiCaNC)

Since January 2019, USAID funding stopped in the occupied Palestinian territories which resulted in stopping ongoing projects that were designated towards health intervention in the West Bank and especially in Gaza where the need is great. This created more pressure on other health providers such as Caritas Jerusalem that in coordination with others is trying to fill gaps where the MOH lacks basic provisions. Thus, the need increased due to ongoing clashes but the resources decreased tremendously and in our new intervention, we will be having two mobile medical teams (MMT1 & MMT2).

Within MMT1, the services provided are primary health services for non-emergency cases targeting beneficiaries living in marginalized areas all over Gaza. Having male and female staff to facilitate the services according to the needs of these beneficiaries. In addition, the MMT2 medical team will provide services to beneficiaries that are considered emergency cases and are referred to us by the MOH or other health providers where the MMT2 will provide the needed wound care, dressing for simple injuries and post-operative cases, in addition we will provide them with the necessary medication.These are mainly the injured from the ongoing clashes that occur every Friday on the border. The capabilities of the national hospitals to deal with the huge number of injured people by the Israeli forces during the mass demonstration is very limited and Caritas Jerusalem wants to fill the gap by providing services to the moderate and mild injured people who are left unattended by available health providers in Gaza City. The MMT2 will contribute in treating the wounded who cannot get the needed treatments in hospitals due to shortage to human and medical resources in hospitals. Most of the injured need follow ups and additional dressings and medications in order to heal. This will reduce the risk of infections and further medical complications. Many of the injuries were life-changing, including hundreds of cases of severe soft tissue damage, some necessitating amputation of limbs. Most of the killings took place in the context of protests, where Israeli forces, following orders from senior officials, used live ammunition against people who approached or attempted to cross or damage fences between Gaza and Israel.

In November 2018, the Central Drug Store of the MoH in Gaza reported 39% of essential drugs at less than one month's supply. The 49 MoH primary healthcare clinics are critically impacted, with 57% of essential primary healthcare drugs at zero stock. In most cases the MOH lacks the needed medications to be provided for the patients. As a result, patients will either seek other health providers but most probably they will have to pay for them or that patients will not afford paying for the medication and will wait for the MOH free provision. UNRWA clinics that are present in Gaza do provide medical services and medication to refugees but due to shortage of funding, many clinics had to close.

The provision of basic services in Gaza remains a key humanitarian concern. Increasing electricity cuts are undermining basic services already depleted by the blockade, recurrent hostilities and restrictions on the import of goods considered "dual use". Surgeries are being delayed, some diagnostic services are being put on hold, and there has been a disruption in the delivery of primary healthcare (PHC) and secondary healthcare (SHC) services by the Ministry of Health (MoH). Health provision is also impeded by delays in the shipment of

essential drugs and disposables from the PA Ministry of Health, which has also recently been delaying or suspending payment for the referral of patients for medical treatment outside Gaza.

According to figures released by the World Health Organization (WHO), in 2018, Gaza residents submitted a total of 25,897 permit applications to travel via Erez Crossing for the purpose of receiving medical treatment in the West Bank or Israel; an average of 2,158 applications were submitted each month. Israel only approved 61 percent of the applications submitted during the year; 31 percent of the applications did not receive an answer in time for the applicants to reach their appointments for treatment outside the Strip, or never received an answer at all. Some 8 percent of the applications submitted were denied by Israel.

As the conflict continues in the Gaza Strip and with public secondary healthcare facilities beginning to discharge large numbers of patients in order to receive injured people, primary health care facilities are going to be critical to the ongoing care of the thousands of Palestinians who are injured in potential future conflicts. Major infrastructure damage and lack of physical and financial resources make it vital that systems are supported to help health primary healthcare facilities address the critical needs of Palestinian families including non-communicable diseases, and maternity and child health.

In Gaza, health NGOs operate mobile medical teams. Caritas Jerusalem coordinates with other health NGOs in order not to duplicate the work and implement health intervention in areas where there is no access or very limited access to healthcare. Through Caritas Jerusalem previous and continuous health service provisions, it has always coordinated with the MOH in order to fill gaps according to health protocols. In addition, Caritas Jerusalem has been working all over Gaza in coordination with local CBOs that are present in the areas in order to reach the most marginalized patients throughout the strip. Since Caritas Jerusalem presence in Gaza, it has been coordinating with different NGOs in Gaza as CRS, IMC, Red Crescent, WHO, in order to prevent duplication of interventions needed.

In Gaza CJ is providing primary health care in 10 locations along the Israeli border about 2Km from the fence from north to south. A Mobile Medical Team (MMT1) with a male and female doctor, male and female nurse, pharmacist, lab technician and driver visits one centre each day 5 days per week, so each centre is served once in 2 weeks. CJ provided that service by a project funded by CI but the funding will end in March.

The project started in Octoberber 2018, a continuation of a same project funded by USAID but as USAID funding stopped for the occupied territories, the project stopped and further funding was requested from the Confederation to continue the intervention.Since the violence along the border began numbers attending these clinics have doubled.In addition to MMT1, CJ hasan emergency Mobile Medical Teams (MMT2) with a surgeon and 2 nurses treating the less seriously wounded and those discharged early from hospital who need dressings, infection control and rehabilitation. This project is funded by CAFOD and it will end in April. Thus, there will be no further funding for the wounded people. As a result, as the violence is ongoing, MMT2 was included in the project to cover the intervention for the emergency cases.

Currently the Mobile Medical Team project implemented by Caritas Jerusalem and funded by the Confedeartioncontributes in reducing some of the burdens at local primary healthcare facilities. The mobile medical team is an effective approach for bringing critical health services to the people where they live, especially in deprived areas, and conducting referrals for cases in need of comprehensive care and in addition to having dressing and wound care for the emergency beneficiaries.

As the project ends in March, Caritas Jerusalem is seeking funding to continue the health intervention in Gaza for the next 6 months (around 160 000 euros) where there is a huge need.

Caritas Jerusalem, Gaza Health Centre Branch, is dedicated to providing high quality healthcare to patients of all ages in marginalized areas in the Gaza Strip.Caritas Jerusalem request the financial support from the Confederation to respond to the needs of the most vulnerable people facing recurrent conflicts in Gaza which leads to a continuous critical humanitarian situation. Most work in Gaza is based on projects' basis.

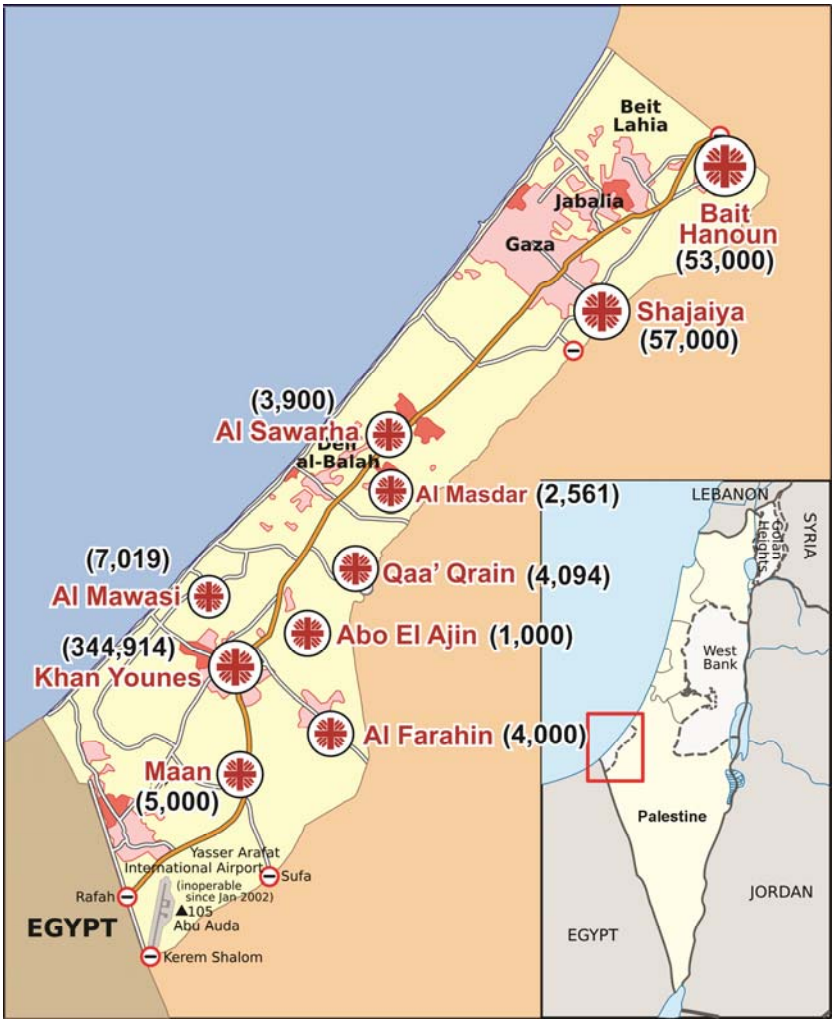
As a result, Caritas Jerusalem continuously seeks funding from Caritas sisters and other donors to be able to continue the needed health intervention in the occupied territories and mostly in Gaza where the big need is.

2. PROPOSED RESPONSE (max. 3pages)

A. Geographical Focus

Governorate	Targeted area
North Gaza	BaitHanoon
Gaza	Al Shajaiya
Middle	Al Sawarha, AL Masdar, Qaa Qrain
South Gaza	Al Mawasi, Abo El Ajin, Khan Younis, Maan, Alfarahin

The project will target all vulnerable people residing in those **ten marginalized areas**. The total populations in these areas are 482,488. The project **will provide basic primary healthcare services for males as well as females of all age groups**. History taking, clinical examination, basic lab tests, dressing and follow up will be performed. Prescribing and delivering of drugs and referral of patients in need of secondary healthcare. In addition to nutritional awareness sessions to patients.The ten areas will be accessed by both the MMT1 and the MMT2. A scheduled action plan will be set in coordination with the CBOs in order to have scheduled visits for both teams.



B. Security Situation

Describe the overall security situation and how it may affect the response.

The point of clash is on the border between Gaza and Israel. The security situation there is extreme and CJ is not operating directly from there. Further inside the Strip the situation is tense, there are occasional rockets targeted on tunnels and suspicious objects.

Having a well-trained team inside Gaza and working with CBOs our intervention will not be affected by the current conditions, unless it deteriorates and the clashes escalate in wider areas than they are now. In addition, the administration in Gaza Medical Center is in constant contact with local and international humanitarian organizations and is updated on any incidents that endangers the lives of the staff.

Indicate the appropriate security status below:

Extreme: Serious security risks; no or very limited access in target areas	
Tense: Varied security risks; may limit access to target areas at times	x
Normal: No significant security risks that may affect the response	

C. Response Objectives / Logical framework

Caritas Jerusalem is currently implementing the MMT project (EA 22-2018) since October 2018 and is serving vulnerable populations in marginalized areas in Gaza Strip, ending March 2019.

MMT team was able to conduct medical visits for each of the CBOs proposed for the MMT operation during the whole period successfully. Each month around 1000 patients are being treated. As March will be the last month of the current project, CJ is seeking funding by this proposal to continue serving the vulnerable population in the marginalized areas and for the emergency patients that need wound care and dressing and further follow up as they might need intervention for simple cases and cases coming out of hospitals. The EA 22-2018 project had intervention mostly for MMT1 with few cases being emergency as we are having another emergency project funded by CAFOD.

Within the current project, CJ will target the emergency and non-emergency beneficiaries all over Gaza through the CBOs at the marginalized areas.

Project Goal:

The Main aim of mobile medical team is to provide basic primary health care services to serve the vulnerable populations in marginalized areas in Gaza strip for non- emergency cases and this will be (MMT1) and to contribute in reduction of morbidities among the injured victims and help the health authorities by filling the gap in service provision for the emergency cases and this will be (MM2).

Methodology:

- There was prior mapping out of the areas of work with a focus on the marginalized areas of Gaza;
- The field project coordinator will coordinate with the CBOs and prepare schedules and ensure that every location is visited twice /month by the medical team so there will be 20 working days for them.
- An introductory visit, at the beginning of the project,will be conducted to the communities to be served making final arrangements regarding the dates, times and locations of the mobile clinics and the services that will be provided.
- A full logistics support is insured to the team including communication, power source, clean water and waste management.
- A proper storage, distribution, tracking and utilization of pharmaceuticals and medical supplies is

insured.
- Timely reports are provided on monthly basis is insured.
- Patient privacy and confidentiality of patient information is insured.
- National regulation for infection prevention & control is complied with for patient safety and medical waste disposal.
- The Mobile Medical Team for the non-emergency cases (MMT1) will be consisting of 2 general physicians (male and female), 2 nurses (male and female), a pharmacist, a lab technician, a health educator, a data entry operator and a driver and for the emergency cases(MMT1) will be consisting of a general physician, a nurse, a pharmacist, a lab technician,a data entry operator and a driver. Both teams will provide complementary health services at 10 marginalized areas in medically equipped rooms in CBOs. They will be driven from Caritas Health Center will they gather to the CBO scheduled for the day.
- As per the MOH regulations, the pharmacists should provide patients with needed medications.
- Any patient visiting the CBO will be provided with complimentary service including screening, lab tests and medications and in case of emergency immediate dressing and follow up.
- MMT1 and MMT2 will go to the same CBOs but on different date. There will be ten CBOs and two of the ten CBOs will be visited daily. The MMT1 will go to one CBO and the MMT2 will go to another CBO.
- Both MMT1 and MMT2 will have pre-scheduled program for the whole month so that patients, CBOs, MOH and other health providers will be aware of the schedule as for the MMT2, MOH and other health providers will refer patients to the CBOs where MMT2 is present.

At the beginning of the project, Caritas Jerusalem medical consultant will be conducting orientation sessions for the team on the following topics before starting the work. Cf. below. As we will have new members in the team the orientation will be done to the old and new member staff.

Treatment, management and referral protocols that cover the package of services which will include:

- NCDs (hypertension, diabetes and heart checks) including investigation, treatment and follow up
- Management of common injuries and wound management including: identification, triage, treatment and refer cases as needed
- Diagnoses and treatment of common acute illnesses
- Women health care and new born including investigation, management and referral as needed
- Advice on nutrition and healthy life style (e.g. risk factors of NCD, nutrition during pregnancy)
- Provision of essential medications

The Field Project Coordinator will:

- Establish good working relations with directors of the chosen CBOs.
- In consultation with the CBO directors, agree on how they will make the project known in their communities, liaise with the medical team leader, encourage patient flow and so on.
- Secure arrangements for the day and time for the team visits to each area.
- Make regular visits to each location where the project is being implemented.
- Address any problems that might arise in the field.

Expected result 1:A total of 6000 patients for the whole project period receive primary health care intervention (5800 MMT1 and 200 MMT2)

Activities:

- Screening of patients.
- Opening computerized medical files,
- Provision of Primary Health Care by the medical team including lab tests and medical screening and wound care and dressing for simple injuries and post-operative cases.
- Treating around 50 patients/ per visit with estimated total of 1000 beneficiaries per month.

The Common Cases/medical conditions seen in regular and routine days at MMT clinics include medical cases such as: Systemic Hypertension, Diabetes mellitus, Urinary tract infection, Acute Bronchitis, Acute Tonsillitis,

Musculoskeletal pain, Parasitic infestation, High risk pregnancy, Common Cold, Scabies, Otitis media, Acute gastroenteritis, Anemia mainly among children and pregnant women, Osteoarthritis, Bronchial asthma, Conjunctivitis plus emergency cases needing dressing for simple injuries and post-operative patients.

Expected result 2: A total of 6 000 patients for the whole project period receive their needed medication (5800 MMT1 and 200 MMT2)

Activities:

- Select suppliers to provide medications & medical supplies.
- Provide patients with needed medical supplies and medications

Expected result 3: Out of the 6000 patients, a total of 4000 patients for the whole project period get better control over their health

Activities:
Patients receive advice on nutrition and healthy lifestyle

The team will be consisting of field project coordinator, warehouse officer, general physician, nurse, pharmacist, health educator, data entry officer, driver.

Within the proposed project, we will have most beneficiaries being non-emergency cases, as the situation in Gaza is not extreme but rather having continuous clashes on a weekly basis. For MMT1, 5800 beneficiaries are being expected and for MMT2 around 200 beneficiaries are being expected. Unless the current situation deteriorates, the number of beneficiaries needing emergency intervention will stay almost the same. The process and time of having medical intervention for the emergency cases are more and the beneficiaries will need wound care and dressing which is time consuming.

During EA 22/2018, no major challenges or obstacles were faced as by sharing and receiving information, we provide the best intervention possible and enhance the coordinating actions and policies towards the affected population.

D. Cross-cutting Issues

CJ has its child protection policy built with the support of CAFOD, used to acknowledge the rights of children. CJ has also provided training courses on child protection policy to all current employees in order to adopt it in their intervention when they are in contact with children.When we have minors or vulnerable adults through the project, we have distinct and clear policies how to deal with them taking into consideration what the staff had been trained.

CJ will provide primary health services to all vulnerable people regardless of their gender or age. CJ considers both genders to be victims of siege and post war having equal rights to access health services. Thus, Caritas is adopting an active gender sensitivity approach, acknowledging different needs and problems of all people regardless of their gender or age.This is for all our beneficiaries regardless of our intervention. During EA 22-2018, our beneficiaries were mostly women (30% men, 70% women). In addition, the medical team for this project will include male and female general physician, male and female nurse that will assist in having protection mainstreaming towards beneficiaries which is the ideal arrangement for a conservative culture such as Gaza.

CJ has trained the medical team in the Gaza Clinic on a safety emergency evacuation measures, and installed emergency exit signs, fire extinguishers, water sprinkles, alarm -fire system to minimize the risk of fires and security cameras all over the Caritas premises, in case of natural or man-made disasters, to contribute in decreasing the loss of souls.

In addition, the medical team and key staff have been trained on advanced first aid, emergency and disaster management, to increase their capabilities in times of emergency.

3. ADVOCACY(max. 1 page) AND COMMUNICATION

How does Caritas plan to advocate on behalf ofaffected people when the authorities fail tofulfil their responsibilities?

Caritas Jerusalem through its network with local and international partners, and with the support of the communication department, have been for years advocating and raising awareness for the less fortunate people living in the marginalized areas. A bi-monthly newsletter including news about Gaza situation,and the need of intervention that escalates on and off, is being distributed to the partners and uploaded on the website and any updated are found on the Facebook page.

Caritas is also part of many clusters, that meets regularly to update each other on the situation of the people in those needy areas, and with the experience Caritas has gained through the years of work in Gaza Strip, many International and local platforms have been approaching us to update them and enlighten them on those current issues.

How will Caritas mobilise action by CI MOs, the Regions and the General Secretariat to influence key actors? Which partnerships has Caritas established (INGOs, NGOs, local Church etc) to protect rights and ensure relief?

The meetings and relations with different International Organizations (WHO, WFP, EU, UN…) and governmental bodies are essential to be taken into account to encourage the authorities to assume their responsibilities towards vulnerable people residing in marginalized areas.

Caritas during meetings with local partners discusses the escalating situation updates, raises any facing problems, challenges and obstacles in term of procedures and work mechanisms in order to give the best intervention possible and to enhance the coordinating actions and policies towards the affected population.

In response to the current unrest and war consequence in the neighbouring countries, CJ works on a rapid intervention plan and contingencies in cooperation with its partners, Gov. bodies, UN agencies and other NGOs, CBOs to address different turmoil that are expected in the region, in addition to raising the capacities and knowledge levels of staff and beneficiaries, employees, youth volunteers, stakeholders and Caritas beneficiaries.

Please find below the link to the latest WHO/Health Cluster Situation Report covering the period from 17 – 31 December 2018:

http://bit.ly/2MiCaNC

Communication

Within the proposed project, a field communication assistant will be recruited in Gaza, as per our new strategy Caritas Jerusalem will follow in having updated coverage of the current activities of the project, as well as the new incidents that might arise. In addition, CI recently arranged with CJ to hire a professional journalist in order to interview, beneficiaries, stakeholders and CJ general director in order to have more visibility and a neutral impact assessment on our actual work. The journalist worked for four days producing videos, photos, conducting deep interviews, and written stories, having the needed reflection, editing and translation.

The communication material edited by CI on 05th March 2019 to support this project can be found at : https://www.caritas.org/2019/03/gaza-health-crisis/

4. CONTINGENCY SCENARIOS(max. 1/2 page)

Risk of insecurity

Caritas Jerusalem will be able to implement and function in the marginalized areas assuming the political environment remains conducive for implementation. The situation in Gaza is critical and unstable which may lead to the riskin which the conflict might escalate into the interior parts of Gaza.

Currently, most clashes are at the borders where the security is considered extreme. In case there is a border closure due to clashes or a war on Gaza, the goods and medications, that's supposedly enters Gaza only through those borders might be delayed or cancelled for quite a time, which might affect the continuity of the intervention. In Case of a war arising, Caritas Jerusalem will not be able to continue this project with its current methodology of intervention and will react immediately to extreme emergency intervention and prioritize its areas of intervention accordingly.

In addition, the MMT1 will be working with MMT2 on the emergency and wounded cases and will be reallocated according to the safe and most needy areas.

However, in case of increased insecurity, Caritas Jerusalem will make sure that the staff working on the project is safe, and able to reach the areas of intervention, and will continue working cautiously, without risking the lives of the employees.

Scenarios:

In case of lack of funds for the whole amount we will reduce the period of intervention for the 10 locations and the activities are essential interventions and we cannot prioritize any locations or activities as they are all equally vulnerable.The whole intervention is important and the selected 10 locations are all needy. For instance, in case we will secure 50% of the total fund amount, we will intervene for 3 months instead of 6 originally planned and we will work on seeking further funding from other donors.

5. BENEFICIARIES(max. 1 page)

5. a) Direct Beneficiaries

Note: Direct beneficiaries are those who will directly receive assistance or protection. See Guidance on Beneficiary Definitions in the Toolkit under CI Appeal core templates and annexes EN/FR/ES.

If only the number of households is available, use the average household size to calculate the number of individuals (this is the figure which appears in the General Information Sheet).

Do not double count beneficiaries. If the same individual is a recipient of multi-sector assistance, this beneficiary should be counted only once. For example, a programme providing a combined package of shelter and WASH to 10,000 individuals has a total beneficiary number of 10,000. If shelter was provided in one area to 10,000 individuals and WASH was provided in another area to 10,000, the total beneficiary number would be 20,000.

Total Number of Households:6000 (5800 MMT1, 200 MMT2) .
Average Number of Family Members per Household:5.7

Total Number of Beneficiaries (individuals):6 000 (5800 MMT1, 200 MMT2) .
Optional: (if secondary data available)
Women: Children:
Men: Elderly:
Disabled: Others (please specify)

Beneficiary Selection

Please explain how direct beneficiaries will be selected. How will beneficiaries be involved in the selection process?

CBOs announce that dates for the mobile medical team to visit their area. All patients (male, female and all ages) are provided with complimentary primary healthcare. Residents in these areas are all poor, vulnerable

and living in marginalized location and have no access to primary health services nearby and cannot afford to go to the city where all major hospitals and clinics are located. Thus, no selection criteria is being made. CJ usually set selection criterial such as the low economic and social conditions of the families, members of family exceeding the average rate, war affected patients or murders from war…

As for MMT2, MOH and other health providers will refer patients to the CBOs where MMT2 is present.

5. b) Indirect Beneficiaries

Note: Indirect beneficiaries are those, if any, who benefit from the programme but do not interact directly with it.

Total Number of Households:6,000(5800 MMT1, 200 MMT2).
Total Number of Indirect Beneficiaries (individuals):32,400
Optional: (if secondary data available)
Women: Children:
Men: Elderly:

5. c) Beneficiaries by Sector
Here, list the number of individual direct beneficiaries by sector. Do not adjust for double counting (the total may exceed the total number of beneficiaries if some people are receiving more than one type of assistance).

Food & nutrition (incl. Cash transfers, cash for work)	
Water, sanitation, and hygiene	
Shelter and non-food items	
Health	**6,000**(5800 MMT1, 200 MMT2).
Livelihoods	
Protection[3]	
Education	
Capacity building / training	
Advocacy	
Peace building	
Other [please specify]	

6. MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING(max. 1 page)

Monitoring

Monitoring will be done at the following levels:

1. By the designated project coordinator to ensure that the different components are implemented.

2. By the health team to ensure that the medical educational and treatment components are implemented

[3]"Protection", or stand-alone protection, refers to activities implemented in response to specific protection risks. Activities might include family tracing and reunification; interim care for separated or unaccompanied children; or referrals for GBV, psychosocial or legal services. This differs from protection mainstreaming which is an approach, not a sector, and which focuses on the way in which assistance is provided.

professionally and to a high standard.

3. By the Administrator to ensure that stakeholders, including beneficiaries, are included and consulted and to receive feedback from them

4. By the Financial Manager to ensure that Caritas internal protocols are followed in regard to tenders, purchases, and all levels of financial accountability.

5. By the General Director who has oversight of all projects.

The field project coordinator will regularly visit the areas of intervention in order to meet the CBOs directors to assess the progress and eliminate any obstacles that might rise. Moreover, he/she will prepare a monthly milestone report, beneficiaries lists, pre & post database for health education and report, lab tests done, will be prepared in order to ensure the ongoing activities are as planned and implemented to reach the overall goal.

Data will be analysed through SPSS and results will be used in order to access the current work and enhance the intervention for the next period.

Evaluation:

An evaluation will be conductedto identify project achievements, identify lessons learnt and key challenges faced in the implementation, and develop recommendations to advise on the future development of health services and to assess the impact of various components of the project.

Five different types of information-gathering tools will be used including: Desk review of Project papers, in-depth interview with service providers, questionnaire, focus group, and field visit (observation).

The methodology will be based on a set of quantitative and qualitative methods, using several tools as field visits, questionnaires for beneficiaries who received the service, interviews, and focused groups.

The external evaluation team will review the stages of project implementation and obtain information and data on project plans and the basis and mechanisms adopted in the implementation of the project in administrative, technical and financial aspects.

Throughout the life of the project monitoring will be done by routine review of reports, registers, administrative databases, field observations, reports, progress reports, and project review meetings.

Accountability:

We work in CBOs and we advise our beneficiaries to speak with the directors of the CBOs if they have any concerns and complaints, and we receive all the feedback from our partners to enhance our services. In addition, we receive messages through our social media where beneficiaries are free to comment.

As the project is already ongoing, feedback has so far been received positively. It has allowed the Caritas response to be more responsive and appropriate to beneficiary needs over time. CJ highly recognizes the necessity and value of participation of beneficiaries/ target groups throughout the whole project. In this sense CJ depends on beneficiaries' participation in the design, planning, implementation and evaluation of its activities.

Learning:

Caritas Jerusalem has been working in health for almost 30 years and has gained the experience in managing minor and major scale projects including emergency projects as stated in section 9. People in Gaza have witnessed many wars in their lives and they are living under siege which is continuous and no near hope of ending. Caritas Jerusalem has implemented different projects for different needs all over Gaza.

With the people, we often experience the lack of hope that is all pervasive in Gaza. Many, perhaps most, funding agencies focus on development but in Gaza, an open prison subject to a 12-years old blockade and recent reduction and freezing of international aid, people are struggling to survive. They feel forgotten by the international community and have no hope. This is especially true of the youth who have lived through

frequent wars, have never left the Gaza Strip, and many of whom have never seen or spoken to a non-Gazan. Their lack of hope is observed in their reckless willingness to die in the border clashes. Through evaluation of previous projects, we become more aware of beneficiaries' real needs and best practices to be used in future projects.

In order to keep better track, Caritas Jerusalem has installed computerized patients' records system to achieve a holistic database to be used in analysis and decision-making.Within EA 22/2018, an evaluation is under progress, having recommendation that will be used in future interventions. As the proposed intervention is similar to the EA 22/2018, the recommended aspects will be highly valued and will be taken into consideration with the proposed project and future projects where needed.

7. SUSTAINABILITY AND EXIT STRATEGY(max. 1/2 page)

The situation in Gaza is very critical, and in continuous deterioration, the health of the Gazans is also a priority for Caritas, since the MOH in Gaza is short on staff, medical supplies, medications, and clinics in the marginalized areas. Therefore, the intervention of CJ is very much appreciated by the community, which offers primary health care services for the targeted areas. However, sustainability on health depends on continuous provision, and a government that is able to efficiently provide the needed health services for the people.

Our sustainability for this project will target the importance of raising health awareness and educating the patients on health-related issues in order to decrease the opportunities of health complications in the future, and to work towards prevention of diseases when applicable.

CJ applied for funding to an Irish NGO. The concept note was accepted and the proposal is under progress. If accepted it will allow this project to continue after this 6 months-project. If not, CJ will seek additional funding to continue the health services provision and coordinate with other health providers and sectors to reach the real needy and vulnerable people and avoid duplication of work.

8. COORDINATION(max. 1/2 page)

Through our previous and continuous health service provisions, we have always coordinated with the MOH in order to fill gaps according to their health protocols. In addition, we have been working all over Gaza in coordination with local CBOs that are present in the areas in order to reach the most marginalized patients throughout the strip.

Since our presence in Gaza, we have been coordinating with different NGOs in Gaza as CRS, IMC, Red Crescent, WHO, UN agencies, EU… and local parishes, in order to prevent duplication of interventions needed.

Through the years, we have trained and provided the expertise for all our local CBO's in order to adjust to emergencies rapidly, and be able to function and serve their local communities. However, those CBO's are in continuous need of support from Caritas Jerusalem to be able to function properly.

A coordination mechanism is present with the WHO cluster that meets regularly to exchange experiences and update the attendees on the mechanism of work in the intervention areas. The WHO cluster also communicates to avoid duplication of services provided for the vulnerable people.

Caritas Jerusalembeing a member in the health cluster of the WHO, is constant contact with the other health providers, where we share information and discuss ways to have a better impact on the locations that we intervene in, in order to avoid duplication. In addition, we share activities and results of project we implement, as for the EA 22/2018. Moreover, the MOH gives us the list of names that no other health providers give the services that we provide to the beneficiaries.

9. PROJECT MANAGEMENT AND CAPACITY (max. 1 pages)

Caritas Jerusalem has managed the below "big scale projects"

Project Name: Convenio - Prevention & Primary Health Care in West Bank & Gaza, funded by Caritas Spain & Spanish Government, 2009 – 2014, EUR 2,000,000
Results: Beneficiaries of the project were around 1 429 chronic patients for both West Bank and Gaza that received primary health care and psychosocial sessions. 730 Psychosocial meetings, 500 nutrition meeting and 1 330 home visits were conducted. In addition, 4 620 women were reached of which 1540 were antenatal & 245 were postnatal.

Project Name: Emergency Appeal for Gaza strip, funded by Caritas Internationalis, 2014, EUR 1,130,000
Results: 2 000 families received food, 500 families received blankets (3 000 blankets, 6 per each family), 2 000 families received cash, 3 000 families received hygiene kits, more than 7 000 patients including children received primary health services and medications.

Project Name: Phase 2 Emergency Appeal for Gaza strip, funded by Caritas Internationalis, 2015 – 2016, EUR 400,000
Results: 3 500 children were screened for anaemia and examined in the 10 districts during the project period and were given food supplements and medications as needed. Moreover, they received fortified milk and biscuits. 12000 children participated in the psychosocial group sessions.

Project Name: Integrated Healthcare and Protection Services for the vulnerable groups in Gaza Strip, funded by the Belgian Development Cooperation, 2016-2018, EUR 1,060,000
Results: At least 10 000 vulnerable persons affected by the blockade and war in the Gaza Strip had access to quality basic health, psycho-social, protection and medical support. Out of which, 800 malnourished children received clinical & nutrition assessment and were provided with treatment & appropriate milk & supplements, 2100 sick children received primary health care, 1200 pregnant women received antenatal & postnatal services and new born layettes, 1500 children received dental health services and health education, 1200 hypertensive & diabetic patients received a comprehensive healthcare, 120 people with disabilities received assistive devices, 2000 women & 4000 children had access to psycho-social support and 220 community leaders received training about child & women rights.

Project Name: Mobile Medical Team Project in Gaza, EA 22/2018, 2018-2019, EUR 123436.3
Results:Around 6000 patients (men, women, children) receiving the health services, computerized medical files were opened. Medical screening and lab tests were done. The common cases/medical conditions seen in regular and routine days at MMT clinics included: dressing of wounds, follow up on wounded patients released from secondary health care providers, Systemic Hypertension, Diabetes mellitus, Urinary tract infection, Acute Bronchitis, Acute Tonsillitis, Musculoskeletal pain, Parasitic infestation, High risk pregnancy, Common Cold, Scabies, Otitis media, Acute gastroenteritis, Anaemia mainly among children and pregnant women, Osteoarthritis, Bronchial asthma, Conjunctivitis. Medications were distributed and health session were arranged.The Q#1 has been circulated. Final report will be circulated end of May 2019.

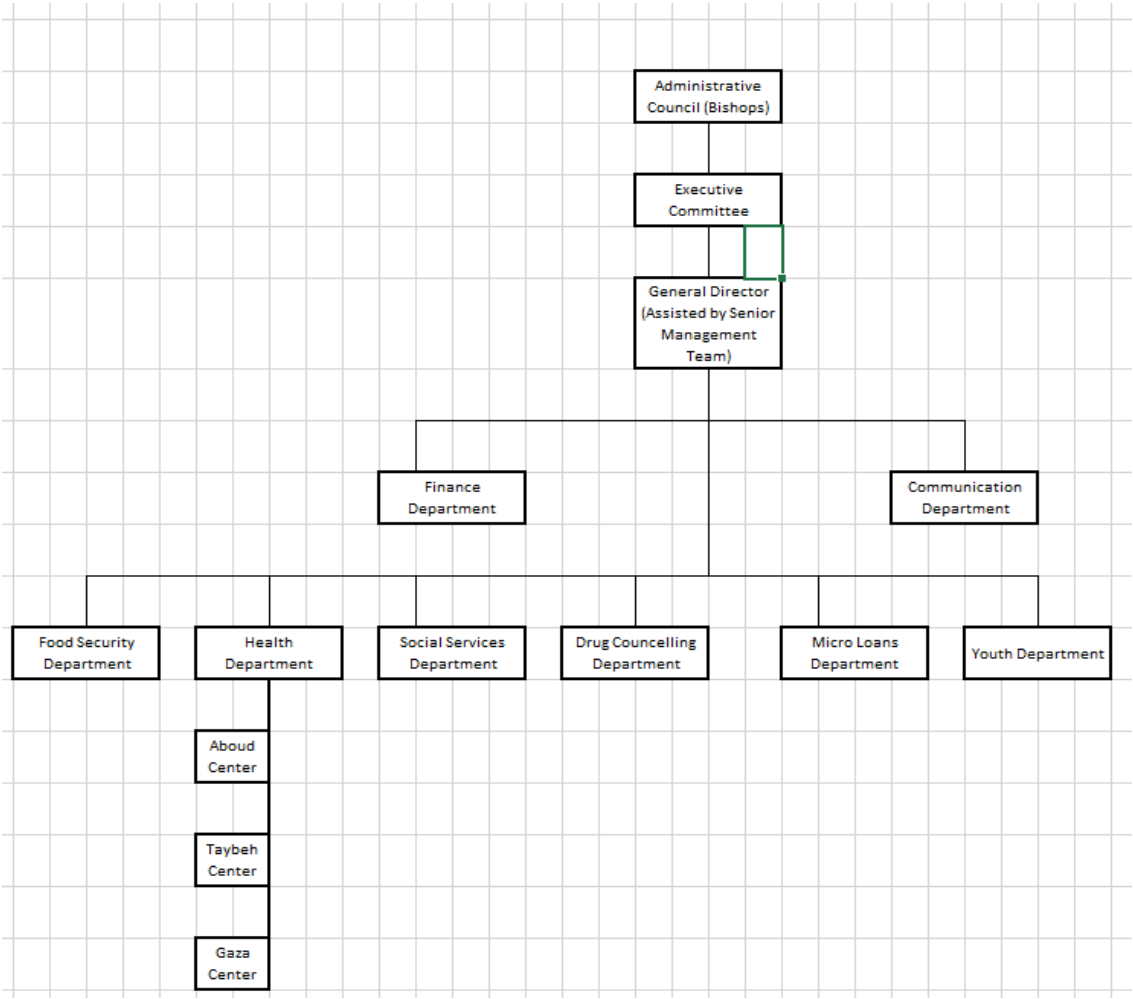
EA 22/2018 project ending end of March is considered as a base for the proposed project that will be implemented right after the end of the current project having no funding gaps.

Human resources

1	Project Coordinator - Part Time 40%	1
2	Accountant - Part Time 35%	1
3	Communication Officer - 15% Part Time	1
4	Administrator - Part Time 30%	1
5	Field Project Coordinator	1
6	Warehouse officer	1
7	Doctor (2 MMT1, 1 MMT2)	3
8	Nurse (2 MMT2, 1 MMT2)	3
9	Lab Technician (1 MMT1, 1 MMT2)	2

10	Pharmacist (1 MMT1, 1 MMT2)	2
11	Health Educator (MMT1)	1
12	Data Entry Operator (1 MMT1, 1 MMT2)	2
13	Driver (1 MMT1, 1 MMT2)	2
14	Field Communication Assistant	1

Caritas Jerusalem Organizational Chart



Currently, CJ has equipped each of the 10 CBOS with needed medical equipment in order to enable the medical team to provide a complementary primary healthcare services to patients of the marginalized areas.

10. BUDGET: FINANCIAL OVERVIEW AND BUDGET NARRATIVE

Complete the budget sheet according to the relevant template (separate templates for Rapid Response, Emergency Appeal and Protracted Crisis Appeal). Please make use of the guidance notes together with the comments column on the budget summary page to show how budget linesare calculated.