

Appeal

Occupied Palestinian Territory

Support for Gaza and the West Bank – PSE121 revision 1

Appeal Target: US\$ 3'252'025

Balance Requested: US\$ 3'112'988

Geneva, 19 December 2012

Dear Colleagues,

On 14 November, Israel launched a new military offensive into Gaza. After 8 days of nearly continuous cross-border violence, a cease-fire was successfully brokered by Egypt. This has resulted in an aggravated protection crisis in Gaza with serious and negative humanitarian consequences. According to World Health Organization, 163 Palestinians were killed among them 42 children and 22 women. Moreover 1,269 persons were wounded including 431 children and 358 women.

The psychosocial and health condition, especially these of children living in Gaza, is a major concern which needs to be addressed. ACT members are planning to continue supporting the people most in need in terms of health and psychosocial, economic support and agriculture. In addition the work on advocating for ending the blockade to reduce and alleviate the suffering of the Palestinian people will also continue.

This revision 1 of the Appeal PSE121 contains a new component reflecting the situation in Gaza which has deteriorated drastically since mid November 2012. ACT members NCA, CA, MECC/DSPR and IOCC are requesting funds for a joint project to carry out humanitarian response activities in Gaza. Also revised was the DSPR part for food security in the West Bank. All changes are written in **blue**. The document on hand includes also components which remain the same as in the previous version of the appeal:

- DSPR/MECC - APF coordination
- DCA for APF - advocacy strategy implementation
- ELCJHL - psychosocial and educational support for students
- LWF - Support to Augusta Victoria Hospital for cancer patients referrals from Gaza

ACT Palestine Forum members are grateful for the financial support received through previous appeals and are ready to continue providing support to people in Gaza and the West Bank through the 12-month appeal on hand. For more information on the ACT Palestine Forum, its members and programmes, please visit the recently launched website at <http://actpalestineforum.org/>

Project Start/Completion Date: 1 April 2012 – 31 March 2013

Reporting schedule:

Reports due ACT Secretariat	
Interim narrative & financial	31 October 2012
Final narrative & financial	31 May 2013
Audit	30 June 2013

Summary of Appeal Targets, Pledges/Contributions Received and Balance Requested (US\$):

	DSPR Coordination	NCA Gaza	DCA	ELCJHL	LWF	DSPR WB	DSPR Gaza	CA Gaza	IOCC Gaza	Total
Appeal Targets	66'847	407'806	75'932	341'678	110'144	235'838	1'505'921	152'550	355'309	3'252'025
Less: pledges/ Contr Recd	35'000*	49'626	-	-	-	-	54'411			139'037
Balance Requested from ACT Alliance	31'847	358'180	75'932	341'678	110'144	235'838	1'451'510	152'550	355'309	3'112'988

*The 35,000 USD is a contribution raised locally by the APF for the annual meeting/workshop.

Please kindly send your contributions to either of the following ACT bank accounts:

US dollar

Account Number - 240-432629.60A
IBAN No: CH46 0024 0240 4326 2960A

Euro

Euro Bank Account Number - 240-432629.50Z
IBAN No: CH84 0024 0240 4326 2950Z

Account Name: ACT - Action by Churches Together

UBS AG
8, rue du Rhône
P.O. Box 2600
1211 Geneva 4, SWITZERLAND
Swift address: UBSWCHZH80A

Please also inform the Director of Finance Jean-Daniel Birmele (jbi@actalliance.org) and the Regional Programme Officer, Josef Pfattner (jpf@actalliance.org) of all pledges/contributions and transfers, including funds sent direct to the implementers.

We would appreciate being informed of any intent to submit applications for EU, USAID and/or other back donor funding and the subsequent results. We thank you in advance for your kind cooperation.

For further information please contact:

ACT Regional Programme Officer, Josef Pfattner (phone +4122 791 6710 or mobile +41 76 245 0667)
or
ACT Director of Quality Assurance, Identity and Learning, Barbara Wetsig (phone +41 22 791 6230)



Barbara Wetsig
ACT Alliance Director of Quality Assurance, Identity
and Learning and Acting Head of Office

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Description of the Emergency Situation

During 2011 and 2012, life in the occupied Palestinian territory (oPt) continued to be characterized by poverty, unemployment, forced displacement, lack of access to basic goods and services, impeded freedom of movement, aid dependency, food insecurity, confiscation, and inadequate access to healthcare, education, jobs and markets. Israeli military, settler, and Palestinian factional violence has continued and gradually increased.

On 14 November, Israel launched a new military offensive into Gaza. After 8 days of nearly continuous cross-border violence, a cease-fire was successfully brokered by Egypt. This has resulted in an aggravated protection crisis in Gaza with serious and negative humanitarian consequences, while the humanitarian situation in the West Bank and East Jerusalem continues to be critical.

Gaza November 2012

Following the assassination of the most senior military Hamas commander, an 8 day intensive military offensive involving hundreds of rockets fired from Gaza into Israeli territory and an intensive air, sea and ground Israeli bombardment of Gaza by Israel.

According to World Health Organization, 163 Palestinians were killed among them 42 children and 22 women. Moreover 1,269 persons were wounded including 431 children and 358 women¹.

Considerable material damage has been reported with at least 298 residential buildings sustaining either major damage or totally demolished. This refers to buildings that may consist of multiple housing units, so the number of families that are displaced due to shelter destruction may be two or even three times higher. The number of houses with minor damages has not been counted officially. Estimates range from 5,000 to 9,000, but without a proper assessment, these numbers cannot be verified. Also 8 governmental establishments, 13 security offices and police stations, and 2 bridges connecting the central Gaza Strip with the northern Gaza Strip were also destroyed. 6 media offices, 6 health institutions, 28 educational institutions and 22 civil and charity associations were also targeted by Israeli war planes.

¹ WHO oPt. Situation Report: Gaza. Issue 2, 22 November 2012.

Besides, Gaza is still suffering from the permanent electrical blackouts as a result of the Israeli imposed blockade on the Gaza strip with restrictions on the movements of people and goods including fuel. Power cuts vary from eight to ten hours daily, hospitals and clinics cannot sustain their operations without electrical generators.

The ongoing situation in Gaza

The current war together with the ongoing Israeli blockade has crippled the already fragile economy of Gaza. Due to the ongoing conflict, blockade, closing and razing of agricultural land, the agricultural sector has suffered greatly. More specifically the demolishing of agricultural infrastructure, losses in livestock, uprooting of trees and farmlands and wide spread damage of crops has increased the food insecurity and the loss of livelihoods in the Strip. The adjustment to the blockade announced by Israel in June 2010 has made only a minor improvement to the import of humanitarian supplies and reconstruction materials. It has had no overall effect on exports or, consequently, on the ability of Gaza's economy to recover.

While the current war has increased the humanitarian and economic hardship of the people, The main constraints of the Israeli occupation remain in place. The unemployment rate is now around 32% among the working force and about 60% of population are reliant on food assistance.

Serious limitations on access to essential services and levels of food insecurity continue to characterize the day lives of many Palestinians in Gaza. Livelihoods remained severely constrained by restricted access to the areas with the most viable agricultural and fishing prospects. Restrictions on the movement of goods and people into Gaza have created chronic problems in health services, education and water, sanitation and hygiene facilities².

There had been a limited easing of import restrictions by Israel in June 2010, but no further relaxation of access restrictions to and from Gaza via Israel was implemented during 2011. While imports have increased by over 70% since June 2010, they are still only at 40% of pre-2007 levels (i.e. before the start of the blockade). The blockade prohibits most exports and heavily restricts the entry of basic goods, including food, medicines and fuel. The UN and various aid agencies thus provide much of the food that enters Gaza³. The economy in Gaza depends in large part on smuggling through tunnels under the Egypt-Gaza border, but the food and goods entering in this way are sold at highly inflated prices, making much of it inaccessible to the population.

In March 2011, Israel closed a conveyer belt at the Karni crossing which was used for the transfer of aggregate for concrete and grain. Alternative facilities were developed at Kerem Shalom, which is now the only operating crossing for goods. The combination of the blockade imposed since June 2007 and the widespread destruction of homes and infrastructure during the Cast Lead operation in January 2009 have generated enormous housing and infrastructure needs. However, Israeli restrictions on imports of building materials through Kerem Shalom allows for the entry of only basic building materials for specific projects to be carried out by international organizations and supported by the PA.

In the first half of 2011, the real GDP in Gaza grew by 28% compared to the previous year. This growth reflects to a large extent, the increase in construction activities based on the smuggling of building materials through the tunnels, as well as the low base used for comparison (between 2006 and 2009, real GDP fell 30% cumulatively). The increased economic activity resulted in a significant decrease in the unemployment rate (World Bank includes job creation programs as employment), which, by the second quarter of 2011, stood at 25.6%—the lowest rate since the beginning of the second Intifada in September 200⁴. Although according to UNRWA, the unemployment rate in Gaza has continued to climb

2 World Bank Report, Sustaining Achievements in Palestinian Institution-Building and Economic Growth, 18 September 2011

3 WFP Report/Gaza/Eased or Un-Eased? Changes on Gaza Market and Household conditions following Israel's 20 June 2011 New Access Regime, June 2011

4 World Bank Report, Sustaining Achievements in Palestinian Institution-Building and Economic Growth, 18 September 2011

in 2011, reaching 45.4%⁵. Youth unemployment remains very high and given the growing youth population, presents a worrying potential for instability. The limited expansion of the productive base (e.g. the manufacturing sector) and falling wages, pose a fundamental challenge to future growth. Economic improvement is not yet reflected in a parallel decrease in food insecurity, which is still affecting over half of the population. Due to on-going restrictions on the import of construction materials, the lack of alternative employment opportunities, and huge housing and infrastructure needs, the tunnel economy continued. Between January and September 2011, OCHA ⁶ recorded 25 deaths (including one child) and 50 injuries (including two children) as a result of tunnel incidents including collapse, electrocution, gas explosion, flooding and Israeli airstrikes⁷.

Gaza is still suffering from shortage of fuel and electricity which negatively impacts all areas and sectors, and especially the utilization of water wells and the operation of the desalination plant, affecting the availability of clean drinking water, and waste treatment is also a problem. The result of these two issues is that, as of the end of 2009, 93% of water wells throughout Gaza were found to be polluted with levels of chloride and nitrates three times higher than the recommended World Health Organization safe levels⁸.

West Bank

In the West Bank, with a population of 2.5 million, saw continued displacement in 2011 due to eviction and home demolition, and confiscation, and lack of access to existing water resources, Israeli military and settler violence, settlement construction, ongoing construction of the separation wall, food insecurity, and insufficient access to land, jobs, basic services, healthcare and education.

The year 2011 was characterized by the absence of significant changes in the system of movement restrictions implemented by the Israeli authorities within the WB. This system has continued to hinder the access of the Palestinian population to livelihoods and basic services, including health, education and water supply. The number of obstacles, including checkpoints, roadblocks and other measures, stood at 521 at the end of August 2011, compared to 512 at the end of 2010⁹. Furthermore, no changes were observed in the other components of the system of movement restrictions, including the Barrier, the permit and —prior coordination regimes to access the Seam Zone, settlement areas or East Jerusalem, and the closure of areas for military training.

The separation wall is now almost completed. It continued to negatively impact Palestinian communities, severely curtailing agricultural activities and undermining rural livelihoods throughout the WB. Most movement restrictions, including the Barrier, are related to the Israeli settlements established throughout the WB in contravention of IHL.

West Bank residents often face threats to their lives and property. In 2011, at least 15 Palestinian civilians were killed by Israeli forces or settlers in the West Bank. Area C, where Israel maintains full security control and jurisdiction over building and planning, remains the main target of continuing demolitions and evictions. From January to September 2011, OCHA recorded 774 people, including 349 children, forcibly displaced in Area C—more than in all of 2009 and 2010 combined. Area C comprises over 60% of the West Bank, and is the only contiguous territory, containing the most significant land reserves for Palestinian development, as well as the bulk of Palestinian agricultural and grazing land. The Israeli Civil Administration (ICA) has heavily restricted Palestinian construction and development in Area C, with 70% of the land designated for the use of Israeli settlements or for the Israeli military. Restrictive planning regulations are applied in another 29%, making it virtually impossible for Palestinians to obtain building permits. This leaves 1% of Area C for Palestinian development. January to September 2011 has seen more than 387 demolitions of Palestinian residential and livelihoods-related structures. This figure

5 UNRWA spokesman Chris Gunness Feb 2011

6 OCHA report sep 2011

7 World Bank Report, Sustaining Achievements in Palestinian Institution-Building and Economic Growth, 18 September 2011

8 WHO Report 2010

9 UN Consolidated Appeal 2012

is more than double the demolitions carried out in the same period last year. Around two-thirds of the structures demolished in 2011 were located in Bedouin communities. While restricting Palestinian growth, the ICA has approved detailed plans for almost all Israeli settlements located in the WB, allowing for on-going expansion: since the end of the settlement freeze in September 2010 until July 2011, over 2,500 new housing units have begun in settlements¹⁰.

East Jerusalem

As of the end of August 2011, the number of people displaced by demolitions in East Jerusalem (EJ) was 57, including 34 children, compared to 116 displaced in all of 2010. 35% of EJ remains expropriated for Israeli settlements, 22% is designated as either —green areas or for public infrastructure, and another 30% is unplanned. Only 13% of the annexed municipal area is currently zoned for Palestinian construction, leaving many residents with no choice other than to build structures —illegally and risk demolition and displacement. There is also a chronic shortage of classrooms in EJ with pupils often accommodated in rented houses which do not meet basic educational and health standards. While in the past EJ was the focus for specialized medical care, university education, and economic activity, social and family relationships and for worship at the Muslim and Christian holy sites for the entire Palestinian population, the reporting period reflected a continuation of the separation of the city from the remainder of the WB. The Barrier continues to adversely affect EJ, with Palestinian neighbourhoods and suburbs divided from each other and walled out from the urban centre, and rural communities separated from their land in the Jerusalem hinterland. Settlement growth also continues within the annexed area: in September 2011, the Jerusalem Planning and Construction Committee approved the construction of 1,100 new housing units in the Israeli settlement of Gilo and in October 2011, the Committee advanced a plan for a new settlement with over 2,000 units in a nearby area¹¹.

Conclusions

Overall, in Gaza, West Bank, and East Jerusalem, Palestinians face an ongoing a crisis in the education, health and economic sectors as well as a crisis in the protection of civilians. In Gaza, the situation has become acute following the recent air and artillery attacks. Children and their families continue to face violence, poverty, and insufficient access to water, health care, and other basic services. Ultimately, only a resolution to the long running political conflict between Israel and the Palestinians will begin to address the root of these afflictions, but in the interim, it is the duty of the humanitarian community to address these new and ongoing humanitarian emergencies.

¹⁰ Peace Now, Report on construction in the settlements since the construction freeze (not including East Jerusalem), September 2011, available at: <http://www.peacenow.org.il/eng/ConstructionReport0911Eng>.

¹¹ UN Consolidated Appeal 2012

A. HUMANITARIAN RESPONSE TO GAZA – Joint Project NCA, CA, DSPR

I. REQUESTING ACT MEMBERS

The ACT Palestine Forum’s consolidated response to the humanitarian crisis in Gaza following the war in November 2012.

ACT Members: Norwegian Church Aid (NCA), Christian Aid (CA), Middle East Council of Churches/Department of Service to Palestine Refugees (MECC/DSPR), the International Orthodox Christian Charities (IOCC) and DanChurchAid (DCA)

NCA is an ecumenical non-governmental organization working to protect and uphold people’s rights. NCA has supported local organizations and institutions since the 1950s and has had an office in Jerusalem since 2005, which covers the Middle East including the Occupied Palestinian Territories (oPt).

CA has been supporting local NGO partners in Israel and occupied Palestinian territory since the 1950s and is currently Co-Chair of the ACT Palestine Forum. CA provides funding, capacity building, monitoring, advocacy and assistance with project development for its partners in oPt. While CA funding is valued by partners (the on going nature of funding, and the non-restrictive terms on which it is offered) the true significance of CA’s partnership is in the trusted and longstanding relationship and the broader support specifically through advocacy that CA continues to provide.

MECC/DSPR is an ecumenical and Church-related organization which is an integral part of the Middle East Council of Church MECC; it was founded in 1950 following the 1948 Arab-Israeli War and the creation of the Palestine refugee problem. MECC/DSPR continues to operate in the Palestinian Territories (Gaza Strip and West Bank, including East Jerusalem), Jordan, Lebanon and Israel. MECC/DSPR has always been committed to working with Palestinian refugee communities and the neediest among them to promote acceptable living conditions. Based on Christian witness through direct support, awareness-raising, capacity building, and advocacy, DSPR seeks to guarantee that Palestinian refugees’ basic human rights are being realized and that they live in reconciliation with the larger communities in which they live. In Gaza DSPR works through the Near East Council of Churches Committee for Refugee Work in Gaza (NECC).

IOCC was established in 1992 as the official international humanitarian organisation of the Standing Conference of Canonical Orthodox Bishops in the Americas (SCOBA). IOCC, in the spirit of Christ’s love, offers emergency relief and development programs to those in need worldwide. IOCC’s field program office in Jerusalem has been active in the occupied Palestinian territories (oPt) since 1997. With the support of local Christian Orthodox churches and in partnership with ACT Palestine Forum (APF) members and many Palestinian NGOs, IOCC has focused its humanitarian assistance on vulnerable communities and groups throughout Gaza Strip, West Bank and Jerusalem.

DanChurchAid (DCA) was established in 1922 and is among the largest Danish NGOs working worldwide. It has been supporting work in the occupied Palestinian territory (oPt) since 1950. DCA is a member of both the VOICE and Concord NGO networks in Europe and has a Framework Partnership Agreement with ECHO holding a “P” partner status (the highest status). DCA is also HAP and SPHERE certified. DCA has decentralized offices in East Jerusalem and Gaza. At the time of issuing this appeal DCA and its partners, with financial contribution from NCA, have already engaged in an immediate response initiated during the conflict. DCA is now preparing a second phase response which will include in terms scholastic materials for pupils and psychosocial support to teachers. DCA coordinates closely with the health and protection cluster during the design and implementation of the approx. 300,000 USD project.

II. IMPLEMENTING PARTNERS

A. Implementing Partner for NCA

1. Al Ahli Arab Hospital: The Episcopal Diocese in Jerusalem through the Ahli Arab Hospital. Al Ahli is a general hospital of 100-bed capacity for medical, surgical, gynecology obstetrics and pediatrics. Currently and due to the hospital financial constraints there are only 50 beds in use. The hospital provides general medical, surgical, gynecology obstetrics and pediatric services, as well as several special programs: care for elderly women, with emphasis on cancer detection and prevention; mobile clinics that provide medical care and food for vulnerable children and women who lack the basic necessities and have no proper access to health services. The hospital also provides clinical education for medical students and special training courses for the new graduate nurses and medical doctors. All of these programs are threatened by the current circumstances.

B. Implementing Partners for Christian Aid

1. Culture and Free Thought Association (CFTA). Culture and Free Thought Association is a development community-based organization based in Khan Yunis and offers various services to children, women and youth in the southern governorates of the Gaza Strip including Middle Area, Khan Yunis and rural and marginalized areas. It was established in 1991 by a group of women leaders from the community. Although CFTA is a development organisation, it responded to several emergencies in Gaza since the blockade was imposed on Gaza in 2007. CFTA provided support to a local hospital and distributed food items and NFIs to internally displaced people and people who have been badly affected by Israel's operation cast lead and offered shelter to IDPs in its centres during the conflict.

2. PMRS. Formerly the Union of Palestinian Medical Relief Committees (UPMRC), the Palestinian Medical Relief Society has been providing healthcare to the rural poor and refugees of the West Bank and Gaza Strip since 1979. It runs 25 primary healthcare centres and has a comprehensive programme which has trained 30,000 first aid volunteers throughout the West Bank. It also works jointly with Physicians for Human Rights Israel to take mobile health clinics to West Bank villages deprived of access to healthcare.

C. Implementing Member DSPR/Gaza -NECC

In Gaza DSPR works through the Near East Council of Churches Committee for Refugee Work in Gaza (NECC) and in the West Bank through The Near East Council of Churches – International Christian Committee (ICC). NECC has operated a service program for Palestine refugees in the Gaza Strip since 1951. This program covers the fields of health (primarily through Mother and Child Primary Health Clinics), vocational training, relief and rehabilitation. NECC has handled five previous similar emergency appeals.

D. Implementing Partners for IOCC

Local Community-Based Organisations (CBOs) in the Gaza Strip including CBOs from North Gaza and Southern Gaza Governorates including the following:

- Beit Lahiya Development Association – Gaza North
- Bayader – Khan Yunis
- Livestock Association – Middle Area
- Yaboos Charity Society – Rafah

III. DESCRIPTION of the SITUATION in the AREA of PROPOSED RESPONSE

As mentioned above, 163 Palestinians were killed between 14 and 21 November, among them 42 children and 22 women. Moreover 1,269 persons were wounded including 431 children and 358 women¹².

The current assault has left many injured patients with different traumas; they are not only suffering the pain of their injuries but also living the fear of being handicapped in the future. Most of the victims including the children became in need of prolonged treatments for the different types of war injuries, cases such as orthopedic traumas, wound healing, multiple burns treatments, reconstruction and plastic surgeries, physical therapy and rehabilitation. A proper treatment for these cases will avoid future complication and deformities.

For over a week, the 1.6 million population in Gaza lived under the terror of explosions caused by air strikes, navy warships and continued shelling of tanks. Psychological impacts of the war especially on children and youth are already being observed and expected to extend to deep trauma if not immediately addressed as most of them witnessed such attacks for the second time. On November 25, members of the Child Protection Working Group reached 500 children living in the most affected localities, villages, refugee camps and neighborhoods. Initial findings indicate that a significant number of children are suffering from extreme fear and demonstrating symptoms of distress, including excessive crying, bed-wetting and screaming. The United Nations Committee on the Rights of the Child on Thursday 22/11/2012 expressed its deep concern at the devastating and lasting impact of the crisis in Gaza and Israel is having on children.

Large numbers of families in Gaza are relying on daily labor work which have become unavailable, farmers were unable to sell their products and some agricultural lands and produce were destroyed. At least seven water networks, one water well and two reservoirs were reported damaged. The Ministry of Agriculture reported that total damages as of 21 November 2012 amounted to around \$120million – direct losses of \$50 million (plantation and animal production sector), and indirect losses of \$70 million (lost harvest, damages in buildings and fishing equipment).

Given this situation, the ACT Palestine Forum has decided to intervene in three main areas; Health, psychosocial, food security, and Cash relief. Four ACT members will have a joint response to the humanitarian needs.

IV. TARGETED BENEFICIARIES

Targeted beneficiaries are the population of Gaza and more specifically people who have sustained physical or psychological trauma and people who are in urgent need of emergency assistance after the military offensive in November 2012. Staff of local partner organisations will also be targeted for psychosocial assistance.

Below is a more specific description of the targeted beneficiaries for the different APF members and their implementing partners in Gaza.

- A. Targeted beneficiaries for activities implemented by NCA/ Al Ahli Arab Hospital:
- 300 war related and other children with burns will receive outpatient treatment and physical rehabilitation.
 - 30 reconstruction and plastic surgeries related to war (inpatient)
 - 70 orthopaedic surgeries for war injuries (inpatient)

12 WHO oPt. Situation Report: Gaza. Issue 2, 22 November 2012.

- 300 poor ill in need of surgical and medical hospitalization
- 200 underweight and malnourished children will receive care
- 900 women, men and staff members will receive psychosocial support.
- 1200 vulnerable outpatients will receive free medical care through the free medical mission program twice weekly.
- 200 chronically ill women and men will receive free treatment.

B. Targeted beneficiaries for activities implemented by CA/ CFTA and PMRS

Culture and Free Thought Association (CFTA)

- Psycho-social support/session to 20 CFTA staff
- Repair of Al Shruq Wal Amal play area and WHC of Al Bureij
- Psycho-social support programme to at least 1,000 children (ages 6 to 12) and 120 youth
- Psycho-social support for at least 100 women and 100 families and hygiene kits for 600 women
- Outreach activities to 400 families

Palestinian Medical Relief Society (PMRS)

- 200 injured people to be provided with assistive devices
- Home and center-based training to persons with disability and their caregivers on using and maintaining assistive devices
- 100 caregivers receive intensive training on dressing wounds and receive needed materials and medical supplies to do dressing at home.
- 100 families to receive individual relief assistance

C. Targeted beneficiaries for the activities implemented by DSPR/ MECC

- 4,000 families in the Gaza Strip will benefit from cash support.
- 100 families in the Gaza Strip whose homes were damaged.
- Approximately 90 unemployed men and women will benefit from the generation of 5,000 working days in the fields of general medicine, pharmacy, lab assistance and office support.
- 10,000 patients (male and female) will benefit from partially covered medical services.
- 10,000 women, 170 men, 1500 children, and 220 students will benefit from psychosocial interventions and recreational activities.
- 100 male and female students will benefit from scholarships to continue their training at the NECC Vocational Training Centres.

D. Targeted beneficiaries for the activities implemented by IOCC

For the rehabilitation of water supply systems:

- 525 beneficiaries (70 households) in Gaza North
- 450 beneficiaries (60 households) in Gaza
- 450 beneficiaries (60 households) in Rafah

For the rehabilitation of agricultural land/ greenhouses damaged during the crisis:

- 300 beneficiaries (40 households) in Gaza North
- 75 beneficiaries (10 households) in the Middle Area
- 113 beneficiaries (15 households) in Khan Yunis
- 113 beneficiaries (15 households) in Rafah

Criteria for the selection

Criteria for selection of beneficiaries are either injured patients who seek medical assistance as well as people in acute need of psycho-social assistance. Cash relief and non-food items such as blankets, baby supplies, and shelter materials will also be provided to selected families and individuals who have been

displaced or have lost/damaged their assets during the conflict. More specific criteria can be resumed as follows:

- Injured and vulnerable patients who seek medical assistance.
- Children suffering from burns and malnourished children.
- Poor communities as well as staff of partner organisations in need of psychosocial support.
- Individuals who have been unemployed for at least six months and whose families are dependent on them.
- Female heads of household who seek employment and are unable to find work.
- Female graduates of specialized courses, schools or universities who have not yet joined the labour force but are searching for employment.
- Families with no source of income and with children in need of basic provisions, including nutritional and medical attention.
- Families experiencing unemployment who have no alternative source of steady income.
- Families with one or more members having special needs (e.g. medical, short-term rehabilitation, access and mobility, etc) and who have no or limited access to public or private help.
- Families with chronically ill members that cannot meet the recurring medical expenses of the chronic illness.

In the case of IOCC, selection will be based on advertisements of assistance with support from local CBOs in the targeted areas and completion of applications for assistance. Following applications, beneficiaries will be visited to assess needs and assistance needed. IOCC field staff together with partnering CBOs will make these home visits. The names of qualified applicants will be cross-checked with other APF partners and UN agencies, INGOs whenever possible to ensure that they are not receiving duplicate services.

Overall Objective: Palestinians in Gaza receive emergency needs in quality health care, food security, and cash for relief, to live in security and have reasonable living conditions.

Outcome 1: Injured poor and vulnerable patients have access to free medical and psychosocial treatment and rehabilitation.

Outputs:

- 1.1 Fuel, medicines, and supplies are acquired and levels maintained to assure hospital preparedness to meet the current crises needs.
- 1.2 Provide medical care for the injured in the out and inpatient as well as rehabilitation departments.
- 1.3 Provide hospitalization treatment for poorly ill.
- 1.4 Provide free medical missions twice a week for the deprived families.
- 1.5 Provide treatment and rehabilitation for malnourished and burn children
- 1.6 Provide psychosocial support for poor communities (Women and Men) As well as Ahli Staff.

Implementation Methodology

The outcome will be implemented by NCA partner Al Ahli Arab Hospital as follows:

1. Preparedness

The hospital will buy an adequate quantity of fuel and medical supplies to ensure:

- a) The continuity of the hospital ongoing operations at any circumstances.
- b) Continue providing the medical care with an adequate quality.
- c) Accomplish the goals of this proposal.

The Al Ahli management, accounting, and pharmacy staffs will oversee the location, purchase and acquisition of the necessary supplies. Under the conditions of the blockade, it is necessary to identify

sources for the needed supplies that understand and can accommodate to the conditions. As a medical institution of long standing, Al Ahli has such contacts.

2. Medical care for the injured as well as the Poor and the Vulnerable

The Al Ahli Hospital will provide medical care for the latest war injured cases in both out and inpatient departments. Highly qualified consultant physicians are hired by Ahli Management in the field of plastic, orthopedics, burns treatment and general surgeries to take care of the patients. The medical team will provide free medical consultation in the outpatient clinics, including examination, diagnostic procedures, free medications, hospital admission when needed, surgeries, follow-ups, dressings, and medicine and rehabilitation services. Psychosocial support also will be provided by Ahli team to each patient. Moreover, through the social unit Ahli will study the poor cases that are in need of hospitalization and have no financial means to cover their medical costs. The illegible beneficiary will be admitted to the hospital for inpatient surgical care.

As for the free medical missions, it will be assigned for the most marginalized communities that are directly affected by the Israeli bombardments and incursions. Through this program the hospital social unit will work with community-based organizations and identify the needs of the beneficiaries. The Ahli management will assign special week days for the treatment and medical care of the attendants. The medical team generally, consists of consultants in general surgery, general medicine, gynecology, obstetrics, urology, dermatology, orthopedics, pediatrics and health education. Through these missions the medical team will offer a full range of essential medical services, including examination, diagnostic procedures, free medications, hospital admission when needed. Moreover, the mission will be associated with a health educator who will work with the attendants with different health issues.

The program also transports patients (adults and children) from a nearby village each week, bringing them to the outpatient clinics at Al Ahli Hospital where they are seen by the social service, medical, and nursing staffs and special departments as needed (e.g. rehabilitation). After reception at the clinic, the patients will be provided lunch and transported back to their homes.

3. War burn care and underweight children

The hospital, through this program will provide medical care and treatment for war burns as well as children with burn whose families are poor and unable to pay the cost. Yearly, there are hundreds of children in the Gaza Strip suffering from burn-related injuries. Most of the cases received at Ahli during last year were the victims of home negligence and domestic injuries. Those patients require long periods of wound care, dressing, possible reconstructive surgeries, multiple skin grafts and physical therapy sessions.

If these patients are not properly cared for they can leave victims with lifelong physical and psychological trauma. The Ahli surgeon will work closely with other surgeons, nurse practitioner, highly qualified physical therapist and provide comprehensive medical burn treatment and rehabilitation. Moreover the hospital will provide social services for the patient, his/her family, and try to find solution to problems that affect good patient's care.

The hospital also will give special attention to underweight and malnourished children. Through this program the hospital is contracting a full-time pediatrician in order to assess, treat and follow up the cases five days a week at Ahli outpatient clinics. An additional general medical doctor and two nurses will work with the pediatrician. Comprehensive medical treatment and food will be given to the underweight and malnourished children. Nutritious and health education also provided to the mothers. The services are provided for 3 to 5 months each depending on the severity of the child case.

4. Psychosocial Care

The Ahli psychosocial team will continue providing psychosocial support sessions for the deprived families as well as Ahli staff members. The team will work with provide support services for adults (war

Women and men) who have experienced loss or trauma during the last war. And part of this program is to do debriefing and support to the beneficiaries. Support will be provided mainly through group counselling emphasizing life skills, self-care and care for others. The psychosocial activities will include home visits, and when needed, the referral of individuals requiring specialized support. Al Ahli's ToT team will also provide Al Ahli staff with staff-care through psychosocial support sessions.

Outcome 2: Response to the immediate and early recovery needs as well support longer rehabilitation and development needs of the affected populations in Gaza.

Outputs:

- 2.1 Provide psychosocial intervention to traumatized children, youth, and women.
- 2.2 Provide medical and psychosocial emergency relief and rehabilitation to those injured

Implementation methodology

The outcome will be implemented through Christian Aid partners as mentioned above. Christian Aid is prioritizing support for the immediate needs for medical and psychosocial interventions of the two partners, CFTA and PMRS, as reflected in the proposed budget. This forms part of a wider strategic response by Christian Aid which includes emergency and early recovery support to farmers and fishermen, additional psychosocial support and advocacy. Although, not included in the appeal this work complements the overall ACT response and provides enhanced opportunities for leverage of impact, co-ordination and influencing.

1. Psychosocial intervention – CFTA

- Support to CFTA Staff. As part of the community the staff of CFTA witnessed the attack on Gaza and they were badly affected. Some staff families survived critical injuries with some still under treatment. A number of staff had to leave their homes for three nights and four days and their houses partially damaged. It is urgently needed that all staff of CFTA receives psychological support and supervision. From previous experience it would be useful and more effective if the supervisor/psychologist is from outside Gaza Strip and has background on dealing with post war situation. Also, CFTA is planning to have one recreational day for the staff soon if fund is secured.
- Repair of facilities: The Al Shruq Wa Amal play area was damaged by airstrikes while the electricity network, phone lines and ceiling of the Women's Health Clinic in Al Burej also sustained significant damages.
- Psychosocial support for children and teens. CFTA intends to expand its existing psychosocial support programme to cover all children who are members at the three centres as well as children from schools nearby. This programme uses creative expressive art and drama as therapy on daily basis and is implemented with families, schools and CBOs in the respective areas. It includes two phases- immediate intervention and using empowerment tools to process healing in advocating for their own rights. Specific activities will include recreational activities inside and outside centres, puppetry and drama, art sessions, photography and exhibitions, recreational mobile activities, toys distribution, outreach activities and visits to hospitalised children.
- Support for Women. The intervention will include a series of recreational activities with women and young girls including open days and trips. It will also include distribution of hygiene kits, psychological support sessions, documentation of women's stories, and photography exhibitions.
- Youth intervention. As priority and focus goes to children in this disasters, youth and young people are most neglected from most of the proposed activities by CBOs and NGOs in Gaza Strip. CFTA is planning to work with its own targeted youth by providing the resources that are most suitable for them to get involved and overcome the feeling of helplessness which can lead to sever social

damages including immigration. Young people will be engaged in CFTA's emergency interventions and other psychosocial activities such as drama and theatre production as well as radio programmes and film production.

- Outreach activities. This will target remote areas of the south of Gaza Strip and Middle camps area where the CFTA's centres are located. It will include distribution of blankets to families, provision of recreational activities for children, support visits and open days with fire brigades, journalists, and medics working at the emergency department, and awareness and technical support to teachers at school specifically around psychosocial intervention.

2. Physical and Psychosocial Rehabilitation – PMRS

PMRS aims to provide urgent medical assistance in order to address early the physical and psychological consequences of those directly affected by the 8 days of assault in Gaza. It will provide medical services to those injured as well as physiotherapeutic and psychological services. It will ensure that persons with disability have access to emergency healthcare and comprehensive rehabilitation services. It will also ensure that injured people who are discharged from hospitals before completing treatment due to capacity have access to emergency healthcare services such as wound dressing. Non-food items such as blankets, baby supplies, and shelter materials will also be provided to selected families and individuals who have been displaced or have lost/damaged their assets during the conflict.

Outcome 3: Reduce suffering of the affected population and secure immediate needs in primary health, psychosocial, and livelihoods Through DSPR –NECC .

Outputs:

3.1 Enable families through cash grants and cash for work to cope with the on-going emergency situation in the Gaza Strip

Providing poor and needy families with cash support in the amount of \$100 per family, provide families whom houses were partially damaged with cash support in the amount of \$500 Per family, and creating 3,500 working days for individuals, who are unemployed, in the fields of mental health, psychosocial support, counselling and social work on a part time basis

3.2 Improve access to Primary Health Care services to underserved families living in the Gaza Strip

Provision of in part medical fees for patients, support the on-going operations of DSPR Gaza health centers by the appointment of 3 supervisors, 6 general doctors, 3 lab technicians and 10 nurses, and purchase of necessary medications for primary health care to be used by patients at the DSPR Gaza Health centers.

3.3 To help Palestinian children and women in Gaza Strip to recover from the after war stresses

Provision of recreational activities and group counselling at DSPR Gaza Health Centers, provision of capacity strengthening activities for social workers at the NECC Health Centers, design and printing of 30,000 information brochures about our psychosocial support service, conduct 3 summer camps, organise recreational, purchase and printing of 500 t-shirts and 500 hats for children attending the summer camps and recreational trips, purchase of children's toys to be used in summer camps and recreational activities, and conduct Staff training, capacity building and group meetings.

3.4 To empower and strengthen Palestinian youth living in the Gaza Strip

Provision of scholarships for 100 students to continue their training at the DSPR Gaza Vocational Training Centres, and supporting the on-going operations of the DSPR Gaza Vocational Training Centers through the appointment of instructors and supervisors (Priority will be given to the above outputs).

Implementation Methodology

The outcomes will be implemented by DSPR/ NECC in Gaza.

1. Cash grants and cash for work (Gaza).

Over 60 community-based organizations (CBOs) maintain lists of needy families from their communities, and provide these lists to NECC. Appointments for these families are arranged with NECC social workers who prepare a brief social study of each family. A file is established for each potential recipient which includes the social worker study, a copy of their ID, and a certificate from the referring CBO.

The beneficiary with his/her documents is then referred to the cashier who will verify approval status with the NECC Executive Director. Once approved, the beneficiary signs a receipt on which his/her ID number is also recorded and the cashier issues the cash assistance. The equivalent sum of a food package (USD \$100) will be given in cash to the head of household, irrespective of gender. If a married couple, efforts are made to notify both spouses of the cash assistance being provided for their family. In cases where the male head of household is incapacitated for any reason, his wife will be eligible to receive the relief assistance against a duly signed receipt.

2. Health and Psychosocial Support

The three clinics are now operating at full capacity. The three health care centers in Shija'ia, El Daraj and Kherbet Al Adas provide medical and health awareness service. The Health Support Program in the appeal includes assisting patients by covering part of the medical fees at a time when Gaza people most need it; in addition to the running costs of the three operating health centers.

NECC will also implement separate psychosocial activities which will be integrated into the operations of NECC's health clinics. Since the war has had a very severe effect on the psycho-social state of children in Gaza, there is a grave demand for social workers, psychological specialists, and other human resources in this field. The children have experienced scenes of death, blood, demolitions, family loss, injuries, and a general climate of fear and confusion. The psychosocial component in this appeal will mainly focus on working with women and children. Interventions will include support groups and the integration of art components such as theatre, drama therapy, handicrafts, and music that will empower children and increase their creativity, analytical skills, and motivation to find healthy solutions to their problems.

Community members are ready to provide the places where the summer camps are to be conducted, with no charges as this will be part of the communities' contribution towards this program for the welfare of the children living in the vicinities. Appropriate furniture and the needed tools will be moved to these places prior to the beginning of the summer activities.

Outcome 4: Response to the immediate food security and early recovery needs in the Gaza strip.

Outputs:

4.1 Rehabilitation of water supply systems for families affected by latest Gaza crisis.

Replacing damaged roof top water tanks (1 water tank of 1,500 L per Household) and providing short term CFW employment (Social Workers) in North Gaza (Beit Hanun and Beit Lahiya), Gaza Governorate (Gaza City) and Rafah Governorate (West and South Rafah). This activity will target 1425 (190) households.

4.2 Rehabilitation of Agricultural Land/Green Houses

Houses damaged during latest Gaza crisis, providing short term CFW employment in North Gaza (Beit Lahiya, Beit Hanoun). Middle Area Governorate (Al Nuseirat, Deir Al Balah). Kahn Yunis Governorate (Abasan, Khuza'a, Bani Suhaila, West Khan Younis). Rafah Governorate (Al Nasser, Ash Shoka and Kherbet Al Adas). This activity will target 600 (80) households/Green Houses

Implementation Methodology

The activities will be implemented through the previous mentioned partners.

Planning Assumptions, Constraints, and Prioritization

Security, access and movement inside Gaza remained restricted even before the recent escalation of conflict. Therefore, the major assumptions are that the current cease-fire will hold, that key people will be available for the proposed services and that the resources (fuel, medicines, food, etc), will be available.

The ACT Palestine Forum partners implementing this response have all had long-term presence and prior experience of humanitarian response as well as development assistance inside Gaza. The partners are therefore in a position to objectively assess the situation on the ground and make adjustments when necessary. In the event that this appeal is not fully funded, priority will be given to the activities under health and psychosocial assistance as a major immediate need .

Implementation Timetable

Ongoing activities in Gaza have been reconsidered and revised in light of the aggravated humanitarian situation. The revised plan for Gaza is valid till 31 March 2013. Given the volatile situation in Gaza, the planned activities might be object to further revisions.

Transition/exit strategy

As long as the political situation remains there is no prospect of resuming normal economic activities in Gaza. The need for support is expected to continue until the political situation is changed.

ADMINISTRATION AND FINANCE

Within this joint response, the ACT members NCA, CA, DSPR/MECC, and IOCC will have the overall responsibility for the project and will supervise and oversee the implementation by their partners mentioned previously. The ACT members mentioned above have a long-standing relationship with their partners extending over many years and several different support projects. The personnel of the four ACT members and their partners are well known to each other and are experienced in collaborating on the implementation of projects. The financial operations and procedures of the institutions are familiar, as are reporting requirements. The four ACT members will receive the funds from ACT and transfer them to their partners in instalments according to a contract signed between the ACT members and partners.

The final narrative report will be one joint report by the four members as per each outcome (each outcome is implemented by one ACT member), as well as for the final financial report. An internal memorandum of understanding will be signed among the four mentioned ACT members on how to work together, earmark funds, and set up priorities for this joint response.

MONITORING, REPORTING AND EVALUATION

The primary responsibility for monitoring the assistance provided by the Appeal, both financial and programmatic, resides with the four ACT members. However, the on-site monitoring will be incumbent upon the partners' management staff. The partners management will supervise and monitor the implementation of activities. The monitoring will ensure that family and individual beneficiaries meet the criteria for assistance, that services are delivered as planned, and that no duplication of services from other relief programs takes place.

Financial monitoring is the responsibility of partners management and the Accounting Department, but with oversight from three sources: the Accounting Department each partner, the Auditors of the partners, and ultimately from the four ACT members. The partners finance managers or accountants will also be responsible to monitor ACT funds, to ensure that they are used for their intended purpose, and

that this process is properly documented. At the end of the project, an independent certified auditor will audit the ACT related statement of revenues and expenditure and issue an Audit Report for each ACT member.

The reporting will adhere to the requirements of ACT. Primary responsibility for reporting to ACT will lie with the four ACT members. A final narrative and financial report will be delivered to ACT Alliance within 60 days of termination of the project, and a financial audit report will be delivered within 90 days of termination.

COORDINATION

The ACT members with their partners' Management staff and Social Service Departments will ensure coordination with other local community organizations and agencies to avoid duplication but also to assure that the neediest beneficiaries are identified and served. This includes coordination with the Palestinian Ministry of Health, United Nations (UNRWA), and other non-governmental and charitable organizations. The partners will work in conjunction with grassroots and community-based organizations. These organizations will help in identifying the most vulnerable beneficiaries. ACT members and their partners undertake to co-ordinate and cooperate with other ACT members to maximize the effects and benefits of this Appeal.

BUDGET

Description	Type	No.	Unit Cost	Budget
	Unit	Units	USD	USD
INCOME received by:				Status:31 Oct 2012.
A. Norwegian Church Aid (NCA)				49'626
B. Christian AID				-
C. DSPR/MECC				54'411
D. IOCC				-
TOTAL INCOME				104'037
A. Outcome 1: Injured poor and vulnerable patients have access to free medical and psychosocial treatment and rehabilitation- NCA Al Ahli Hospital				
DIRECT ASSISTANCE				
1.1 Emergency preparedness				
Fuel	Litter	20000	1,30	26'000
Medicaments				30'000
Sub total essential supplies				56'000
1.2 Medical Care for the injured and vulnerable				
Treatment of Different burns :				
Treatment of outpatient burns(for 300 patients for an average 7 sessions each)	session	2100	15	31'500
Constructive and plastic surgery for deformities and burns (for 30 patients)	patients	30	400	12'000
Other war related injuries				
Orthopedic war trauma for 70 patients	patients	70	600	42'000
Surgeries for poor &vulnerable	patients	300	300	90'000
Sub total				175'500
1.3 Hospitalization treatment for poorly ill				
Treatment for 200 chronic ill women and men (3 months at US\$ 68/month)	Patient	200	204	40'800
Sub total				40'800
1.4 Free medical clinic missions:				
Free medical clinic missions twice weekly (20Misssion)	patient	1200	30	36'000
Sub Total				36'000
1.5 Treatment and rehabilitation for malnourished and burn children				
Treatment for200 underweight and malnourished children (200*3Month*\$72)	patients	200	216	43'200
Sub Total				43'000
1.6 Psychosocial support for war victims				
Psychosocial support for women and Ahli hospital staff of 900 candidates)	Attendants	900	17	15'300
Sub Total				15'300
Adminsitration Staff and audit				
Admin Staff salaries				13'000
Finance Staff salaries				14'500
Audit				1'828

Sub Total				29'328
Total outcome 1				395'928
ACT ICF 3%				11'878
Total Expenditure				407'806
Outcome 1 Balance Requested- NCA Al Ahli Hospital				358'180
Outcome 2: Response to the immediate and early recovery needs as well support longer rehabilitation and development needs of the affected populations in Gaza.-Christian Aid				
2.1 Psychosocial intervention - CFTA				
Educational/ recreational outings/ arts and crafts workshops				5'000
Drama therapy				3'000
psychosocial workshops/arts for children				2'500
psychosocial workshops for mothers				3'600
Stationary and tools for activities				3'000
Volunters 2 persons x 6 months x\$350	2 people	4,5	\$350	3'150
materials for art workshops				3'500
Administration				12'000
Salaries for educators. 2 persons x 4.5 months x \$750	2 people	4,5	\$750	6'750
Sub total				42'500
2.2 Medical & Psychosocial Services - PMRS				
Assistive Device		200	£85	27'371
Recovery of wounds (dressing)		100	£50	8'050
Individual relief NFIs		100	£100	16'100
Physiotherapists 2 persons x 4.5 months	2 people	4,5	£590	8'549
Rehabilitation workers 2 persons x 4.5 months	2 people	4,5	£406	5'883
Sub Total				65'953
Needs Assessment and Beneficiary Selection				4'830
Documentation and Learning				7'245
Sub Total				12'075
TOTAL DIRECT COST				120'528
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT				
Staff salaries				
Salary for Project Officer (Christian Aid)	30% program officer	4,5	£35000/year	6'339
CA Emergency Consultant	1 person	4,5	\$18000/year	6'750
TOTAL INDIRECT COST: PERSONNEL, ADMINISTRATION & SUPPORT				13'089
AUDIT, MONITORING & EVALUATION				
Audit of ACT appeal				8'050
Monitoring & Evaluation				6'440
TOTAL AUDIT, MONITORING & EVALUATION				14'490
Sub Total				148'107
International Coordination Fee				4'443
TOTAL EXPENDITURE inclusive International Coordination				152'550

Fee				
Outcome 2 BALANCE REQUESTED - Christian Aid				152'550
Outcome 3: Reduce suffering of the affected population and secure immediate needs in primary health, psychosocial, and livelihoods. DSPR-NECC				
3.1 DSPR Gaza - Cash Relief Assistance				
One time Cash grant to needy families	Family	4000	100,00	400'000
Rehabilitation of minor house damages	House	100	500,00	50'000
Sub total				450'000
3.2 DSPR Gaza - Health				
Medical Fees	Patients	10000	5,00	50'000
Medications	Lump			100'000
Rental 3 Clinics	Lump	1Year		11'000
Rental Mobile Dental Clinic (Garage)	Lump	1Year		1'000
Transportation and Gaz for cars 3 clinics	Month	12	1500,00	18'000
Water , Electricity , Fuel for 3 clinics	Month	12	1500,00	18'000
6 Doctors	Month	12	6184,05	74'209
3 Supervisors	Month	12	2535,70	30'428
10 Nurses	Month	12	6495,32	77'944
3 Lab Technician	Month	12	2401,50	28'818
Sub total				409'399
3.3 psycho-social program				
Staff salaries - social worker 4 average \$620	Individual	4	620,00	29'760
Local Tech. psychosocial consultant part time (50%)		1500	13	19'500
2 Brochure design and printing		30000,0	0,2	6'000
Secretary	Individual	1	620,00	7'440
Children's play tools	Lump			5'000
T-shirts		1000,0	7,0	7'000
Hats		1000,0	3,0	3'000
6 summer camps (10 days each)		3300,0	6,0	19'800
10 recreational trips (5 centers x 120 persons x 3 trips each centre / year)				18'000
Staff Training & Capacity Building & Group meetings	Lump			5'000
Sub total				120'500
3.4 DSPR Gaza - Emergency Job Creation				
5000 working days @ 18 Per day each	Working Days	5000	18,00	90'000
Education				
Support towards educational fees	Student	100	500,00	50'000
VTC Gaza				
1 Supervisor	Month	12	1284,00	15'408
6 Instructors	Month	12	4769,00	57'228
1 Store Keeper	Month	12	980,00	11'760
Rental	Lump	1Year		2'500
Electricity	Month	12	317,00	3'804
Consumable Supplies & Maintenance	Lump			10'000
Material Supplies	Lump			45'000
VTC Qararah - Gaza				
1 Supervisor	Month	12	1132,00	13'584
3 Instructors	Month	12	2043,00	24'516
Rental	Lump	1Year		2'000

Electricity	Month	12	60,00	720
Consumable Supplies & Maintenance	Lump			7'000
Material Supplies	Lump			4'000
Secretarial Studies - Gaza				
1 Typing Instructors	Month	12	600,00	7'200
Teachers	Month	12	650,00	7'800
Rental	Lump	1Year		10'000
Electricity	Month	12	170,00	2'040
Consumable Supplies & Maintenance	Lump			10'000
Material Supplies	Lump			2'000
Fuel for all centers	Lump			15'000
Sub total				391'560
Transport: Hire Vehicles and transportation expenses	Lump	1	3,000	3'000
Indirect Costs: Personnel, Administration, Operations & Support				
Staff salaries				
Chief Coordinator - Central Office	month	12	1,500	18'000
Finance Officer- Central Office	month	12	1,200	14'400
Secretarial & other Support- Central Office (2)	month	12	850	10'200
Chief Coordinator - Gaza	month	12	925	11'100
Finance Officer- Gaza	month	12	500	6'000
Secretarial & other Support- Gaza	month	12	400	4'800
Communication	month	12	800	9'600
Telephone, Fax & Postage, Stationary (Local Calls, Banks, internet Charges, International Calls)	LS	1	3,000	3'000
Internet Connection For Meeting	LS	1	3,000	3'000
Hospitality	LS	1	1,500	1'500
Sub-total Indirect Costs: Transport Personnel, Administration, Operations & Support				84'600
Audit	LS	1	6,000	6'000
Sub Total				1'462'059
ACT International Cordination fee (3%)	Percentage	1		43'862
Total Outcome 3				1'505'921
Outcome 3 Balance Requested DSPR-NECC				1'451'510
Outcome 4: Response to the immediate food security and early recovery needs in the Gaza strip-IOCC				
4.1 Rehabilitation of water supply systems for families affected by latest Gaza crisis.				
Water tanks	190	1	170	32'300
Pipes and Connectors	190	1	30	5'700
CFW Social Workers	5	40	25	5'000
Trucking & Loading/Unloading				9'000
4.2 Rehabilitation of Agricultural Land/Green Houses damaged during latest Gaza crisis				
Plastic Sheets	80	1	1800	144'000
Anti-Virus Nets	80	1	400	32'000
CFW Social Workers	3	40	25	3'000
CFW Skilled Labor	2	400	25	20'000
CFW Unskilled Labor	4	400	16	25'600

Personnel				
Field Coordinators/Agricultural Engineers	2	4	1600	12'800
Field Monitors	2	4	1200	9'600
Other Program Activities				
Community Based Organizations (CBOs)	4	4	350	5'600
Trucking & Loading/Unloading				9'000
Adminsitration Staff and Program Support				
Adminsitration Staff and Program Support				20'161
Finace Staff and Support				3'121
Office Operational Costs and Communications				4'078
Audit				4'000
Sub total				344'960
International Coordination Fee 3%				10'349
Total Outcome 4				355'309
Grand total expenditures for Gaza response (outputs 1-4)				2'421'585
Total requested Balance				2'317'548

B. COORDINATION/CAPACITY BUILDING

I. REQUESTING ACT MEMBER

Department of Service to Palestinian Refugees (DSPR) on behalf of ACT Palestine Forum (APF)

II. IMPLEMENTING ACT MEMBER & PARTNER INFORMATION

MECC/DSPR is an ecumenical and Church-related organization which is an integral part of the Middle East Council of Church MECC; it was founded in 1950 following the 1948 Arab-Israeli War and the creation of the Palestine refugee problem. MECC/DSPR continues to operate in the Palestinian Territories (Gaza Strip and West Bank, including East Jerusalem), Jordan, Lebanon and Israel.

Coordination of ACT members in the OPT and coordination of the ACT Appeal is the responsibility of the ACT Palestine Forum (APF). The APF was established in April 2008 and is composed of ACT members Middle East Council of Churches/Department of Service to Palestinian Refugees (MECC/DSPR), Lutheran World Federation (LWF), International Orthodox Christian Charities – Jerusalem, West Bank, Gaza (IOCC-JWBG), East Jerusalem-Young Men's Christian Association (EJ-YMCA), DanChurchAid (DCA), Christian Aid, Evangelical Lutheran Church in Jordan and the Holy Land (ELCJHL), Diakonia Sweden, and Norwegian Church Aid (NCA). Since its inception, APF has engaged in a range of activities including: improving the coordination and cooperation between member organizations, conducting needs assessments, emergency preparedness planning, conducting evaluations, capacity building activities, and strategic planning and recently we held a workshop on accountability in practice, do no harm, sphere and the project cycle.

The chairing of the Forum meetings rotates among the members. The present chair is DanChurch Aid and the co chair is Christian Aid.

Background of ACT Palestine Forum

Since its inception in April 2008 APF has met monthly, learning to work as a Forum, and identifying priorities to focus on in order to improve the functioning of the Forum and its members. The Israeli war against Gaza in December 2008/January 2009, forced APF to act quickly without having a preparedness plan in place. The APF agreed to a coordinated response to the Gaza emergency through ACT Appeal MEPL81.

From May 2009 till the end of March 2011, a local coordinator was appointed by NCA to coordinate and facilitate all issues related to the APF. In its last meeting in January 2012 APF asked DSPR to take over the role of coordinator, which DSPR accepted on behalf of all APF members. APF coordination comprises many tasks including coordinating the ACT appeals. This other tasks include arranging and facilitating meetings and workshops; circulating various documents, forms, and meeting minutes; and supporting an emergency preparedness planning.

It has been a challenge for many organizations, accustomed to working individually, to adapt to a collective response, especially in the midst of an emergency. It was clear to the Forum that an effective coordinated response requires a change in thinking and attitude from individual to collective action and profile. Despite these challenges the members are committed to moving towards a more effective coordinated response. The members believe that jointly they achieve much more and play a more important role when acting together than they are able to do as individual organizations.

In February 2009, the APF conducted a strategic planning process to strengthen the effectiveness of the Forum. Two workshops were held with the support of an external consultant. As a result of the planning the following priorities for the Forum were identified:

- Develop APF's and members' capacities on emergency preparedness and response
- Improve monitoring and evaluation systems.

The APF was able to achieve the first priority in Feb 2011, in which a workshop was conducted to finalize the Emergency Preparedness Plan (EPP), despite all obstacles related to movement and time constraints. The second priority will be tackled in 2012 as a major objective that the APF aims at achieving. Following the emergency in Gaza and the joint response by the Forum in 2009 and 2010 it is believed that it is essential to continue this coordination support through 2012. The geographical and political divide between Jerusalem, the West Bank and Gaza make coordination even more important although it is difficult. Since October 2009 regular video conferences between Jerusalem and Gaza have been arranged to enhance cooperation and coordination.

In February 2012, the APF conducted an accountability in practice workshop funded by FCA, with the support of an external consultant from Red R. As a result the participants were able to:

- Describe the background and purpose of three accountability initiatives: Do No Harm, the Red Cross, Red Crescent, NGO Code of Conduct and the Sphere Project.
- Apply principles of Do No Harm and the Code of Conduct for improving accountability in humanitarian work
- Explain the structure and content of the Sphere Handbook 2011
- Review how to use the Sphere Handbook at each stage of the project cycle

III. COORDINATION/CAPACITY BUILDING CONTEXT AND BACKGROUND

Emergency Preparedness and response

Based on the Gaza crisis of 2008-09 the development of an emergency preparedness plan is considered critical. A team of individuals from APF, led by the APF Coordinator, has been tasked with taking the lead in this process. The team has managed to finalize the Emergency Preparedness Plan which was distributed in May 2011. Further on and based on the revision of the ACT emergency response, APF will conduct a workshop in May 2012 in coordination with ACT Alliance Secretariat for which funds have already been raised locally.

The goal of the workshop is to equip participants with the knowledge, skills and attitude in order to respond to disasters as the ACT Alliance, following ACT policy, guidelines and tools. The workshop is targeting staff of ACT members who are involved in designing projects, writing appeals and administering funds. In addition, Fin Church Aid will provide a consultant to revise and facilitate the development and updates of the Emergency Preparedness plan.

Capacity Building

In 2011 APF developed an ongoing capacity development plan for APF members. Based on this plan a workshop was conducted on accountability in practice; Sphere, Do No Harm and Code of conduct. APF will revise, update and implement the capacity development plan in 2012 based on needs and priorities. The APF utilized the tools provided by ACT Capacity Development Initiative (CDI) for this effort. A concrete self assessment was conducted for MECC/DSPR supported by a consultant. Other members plan to, or have carried out, the self assessment individually.

Code of Conduct

The APF members are committed to integrating the Code of Conduct, participatory methodologies, and protection principles in all activities – in both emergency and post emergency phases. Essential mechanisms will be required throughout the implementation of the response. The APF is committed to the following 9 basic participation/protection principles and CoC mechanisms:

- All APF members have signed the Code of Conduct and the staff of all APF members are informed and knowledgeable of the Code of Conduct.
- Joint procedures and monitoring mechanisms will be agreed upon by APF members regarding the selection of beneficiaries and monitoring of beneficiary assistance with a specific focus on gender balance.
- Supporting female heads of households signing for food rations whenever possible.
- Informing beneficiaries about the Code of Conduct (CoC); designating CoC monitors (from within the APF members including a female representative); and informing beneficiaries of these monitors.
- Report on all complaints and CoC reports and relevant issues.
- Follow up on all complaints and CoC reports and relevant issues.
- Report to APF confirming these mechanisms and / or provide explanation if not implemented.
- To increase awareness and training on these mechanisms.

In the last training and workshop (Accountability in Practice) APF members have increased their awareness on this important topic.

Humanitarian Networks

It is important to engage in the various coordination mechanisms of the broader humanitarian and development community, especially, the NGO network Association of International Development Agencies (AIDA) and UN cluster meetings. AIDA is the principle coordination forum for international NGOs operating in the OPT. It has served and facilitated the work of its NGO members for over 30 years. AIDA's core functions are information provision, policy analysis, linkages with the relief and development assistance community, advocacy, security and training. Participation in AIDA and UN cluster networks in Jerusalem and Gaza will provide valuable information to ACT members and inform other AIDA members and UN agencies of the ACT response.

IV. PROPOSED IMPLEMENTATION OF COORDINATION/CAPACITY BUILDING

Goal

ACT members have the capacity to respond to emergency and long-term development needs in the OPT in a relevant, effective and coordinated manner, and which supports Palestinian society to cope effectively.

Objectives

1. The APF, its members and activities have been coordinated.
2. Monitoring and Evaluation mechanisms have been developed.
3. The capacities of APF and its members have further developed.

Activities

- 1.1 Plan and facilitate monthly meetings.
- 1.2 Conduct and facilitate the APF annual meeting that will coincide with the Emergency response Mechanism workshop on May 2012. Funds for this workshop will be raised locally but for reasons of transparency it is also reflected in this appeal.

Note: The annual meeting will be conducted abroad to allow participation of APF members in Gaza.

- 1.3 Maintain and distribute records of the financial status and implementation of Appeal activities.
- 1.4 Facilitate the development of the Appeal.
- 1.5 Communicate and liaise with ACT Alliance secretariat.
- 1.6 Assist in providing high quality humanitarian assistance in accordance with international standards; participation/protection principles and COC mechanisms.

- 1.7 Participate in and distribute relevant information from broader humanitarian and development network.
- 2.1 Each APF member will apply and utilize sphere standards for monitoring and evaluation within their programs and projects within the appeal.
Note: monitoring and evaluation training will be added to the capacity development plan.
- 3.1 Revise and update the capacity building plan based on needs and priorities.
- 3.2 Plan and organize training according to capacity building plan.
- 3.3 Conduct ACT Emergency response Mechanism.
 - 3.3.1 Conduct three days workshop including APF members from West Bank and Gaza.

Project Implementation Methodology

Due to the needs, scope of work and limited capacity of the members, the ACT Forum agreed to continue the engagement of a part time coordinator in Jerusalem.

Based on the experience in 2009, 2010, and 2011 the coordinator is expected to continue assisting members through enhancing coordination, cooperation and developing their response and capacity. External consultants will be involved to assist when needed. Forum meetings will be chaired by members on a rotational basis and decisions will be made by the Forum. The coordinator will assist in preparing meetings, and facilitating and implementing plans according to decisions made by the APF members. In addition, a Plan of Action is in the drafting process. It needs to be reviewed and approved by APF members.

Planning Assumptions, Constraints and Prioritisation

It is assumed that a Coordinator working at 30% of full-time will be able to provide the support needed as long as the APF members continue to be involved and cooperatively support the various activities listed above.

It is simultaneously acknowledged that much remains to be done in the context of an ongoing crisis and extremely difficult working conditions under occupation. Priority will be given to staffing for the Coordinator position in the event of insufficient funds.

Implementation Timetable

Implementation of coordination covers the period from 1 April 2012 to 31 March 2013. The APF Coordinator is already assigned by DSPR to start working in April 2012.

Transition or Exit strategy

As long as the political situation remains the same, there is no prospect of resuming normal economic activities in the occupied Palestinian territory, hence funding of an APF Coordinator is needed for several reasons: the relatively recent formation of APF, the many coordinated activities being undertaken at present, and the ongoing humanitarian crisis being addressed.

V. ADMINISTRATION AND FINANCE

DSPR will provide support to the implementation and monitoring of the coordination/capacity building through its regional office in Jerusalem. The funds will be managed and reported by DSPR.

DSPR Central Office will be responsible for signing the agreements for coordination and will also be responsible for the recruitment of external consultants in cooperation with APF members and the ACT office in Geneva.

The Finance Officer of DSPR Central Office will keep separate records for all expense and receipts for the coordination appeal, and will have the responsibility of following up all financial transaction and issuing periodic reports that adhere to ACT formats and guidelines.

VI. MONITORING, REPORTING & EVALUATION

The APF shares a collective responsibility for the monitoring of this component of the Appeal. This position is for the benefit and strengthening of the entire Forum. As such it is critical that all the members are engaged with these components throughout this Appeal.

Ultimately, however, monitoring and reporting to ACT is the responsibility of DSPR as the requesting agency. Reporting will be as follows:

- Interim report 31 October 2012
- Final report: 31 May 2013
- Audit report: 30 June 2013

An evaluation is not planned for this Appeal. An evaluation was carried out on MEPL81, and all results and recommendations have been circulated.

VII. CO-ORDINATION

The APF, in particular the monthly meetings, will be the primary mechanism to ensure that coordination and monitoring of the implementation of the Appeal and capacity building activities are carried out as planned. The APF Coordinator will need to take lead roles in keeping the APF apprised of developments and issues, and to keep various processes moving forward. The APF Coordinator will attend relevant meetings, clusters, and networks meetings to serve as an information link between those mechanisms and the APF.

VIII. BUDGET

	Type	No.	Unit Cost	Budget
	Unit	Units	USD	USD
INCOME - Cash and In Kind Donations Received Directly				
- Opening Balance 2012 (estimated)				0
INCOME PLEDGED (both through ACT Geneva and directly)				35,000
TOTAL INCOME				35,000
EXPENDITURE				
DIRECT ASSISTANCE				
<u>Appeal Coordination</u>				
Monthly meeting in West Bank and Gaza (include video conference)		Lump Sum		6,500
Annual Meeting and Emergency response mechanism workshop 30 APF participants		Lump Sum		35,000 ¹³
APF Coordinator salary (30%)	month	12	1,450	17,400
Laptop	1		1,500	1,500
Transportation	month	12	100	1,200
Communication	month	12	100	1,200
Stationary	month	12	50	600
Sub Total				63,400
TOTAL DIRECT ASSISTANCE				63,400
AUDIT & MONITORING				
Audit of ACT Funds	Estimate			1,500
TOTAL AUDIT & MONITORING				1,500
EXPENDITURE				64,900
ACT Geneva (fees) 3%				1,947
Total Expenditures				66,847
BALANCE REQUESTED				31,847

13 Approximate amount raised from international members within the ACT Palestine Forum

C. SUPPORT TO AI-AHLI ARAB HOAPITAL (NCA) included in joint Gaza component

This component is now reflected in the joint component on Gaza. NCA has requested previously under this component 750,997 USD in which 49 626 USD was covered. The Budget has been reduced to USD 395 928 in the joint component on Gaza under outcome 1. The outcome 1 in the joint component reflects the current needs and priorities in health and psychosocial.

D. IMPLEMENTATION OF THE JOINT APF ADVOCACY STRATEGY (DCA)**I. REQUESTING ACT MEMBER**

DanChurchAid (DCA) on behalf of ACT Palestine Forum (APF)

II. IMPLEMENTING ACT MEMBER & PARTNER INFORMATION

DanChurchAid (DCA) is among the largest Danish NGOs working worldwide. It has been supporting work in the occupied Palestinian territory (oPt) since 1950. DCA is a member of both the VOICE and Concord NGO networks in Europe and has a Framework Partnership Agreement with ECHO holding a “P” partner status (the highest status). DCA is HAP certified and is committed to the SPHERE standards. DCA has decentralized offices in East Jerusalem and Gaza.

III. DESCRIPTION of the EMERGENCY SITUATION**Background**

Since the inception of the APF, improvements have occurred within coordination and communication. The APF is now working more as network and/or group, which is an important step since many organisations, accustomed to working individually, have perceived this as a challenge. The 2010 and 2011 APF meetings revealed a strong commitment and a need to develop joint initiatives and projects. Advocacy was identified as a crucial area of intervention of each member and furthermore, as an area where the members will be capable of joining forces and agreeing on joint efforts.

As such DCA, during the previous appeals, dedicated human resources and revised the DCA contribution to the appeal into a project of developing an advocacy strategy. A consultant was hired, a study on the APF members’ perception of and work on advocacy was conducted, two work shops were held on developing a joint advocacy strategy, and a final draft was distributed to the APF members in early march. In addition, an action plan was developed for joint advocacy work which will be implemented both by each member, but also as a joint project with allocated staff.

Implementation was scheduled for 2011, but due to a need for additional coalition building, networking and trust-building especially with external actors, not from the APF members, the implementation was delayed. Instead, an extensive number of meetings were held within the advocacy committee of APF and the APF Advocacy Strategy was updated according to needs of all members. This strategy was accepted and approved by all stakeholders in March 2012. The implementation can now be carried out within and by the advocacy committee and the advocacy officer, who will be hired under this action.

The humanitarian space in the OPT is shrinking rapidly and the Israeli occupational policies in Area C especially is limiting if not precluding the work of all APF members as well as it violates every right of the Palestinian people. The UN recently published the Area C Humanitarian Response Plan, which criticizes

the Israeli's neglect to ensure the basic needs of the occupied population, which they are responsible for under international humanitarian law. Not only do they neglect their obligations but they do also, and this on an increased basis, prevent humanitarian aid and relief agencies to do their work. The increasingly worsened working environment of humanitarian agencies reveals a need for enhanced advocacy work targeting 3rd states and their responsibilities in the occupation. We as humanitarian agencies are currently forced to support the Israeli occupation financially and administratively by conducting the work which the state of Israel is obliged to do. This can only be justified if we coordinate our humanitarian work with strong an advocacy strategy targeting governments and publics abroad.

During the war on Gaza, the APF had significant information and communications needs. Various communication officers were engaged, both local and international, in order to meet the needs of international ACT members and media. Although the response was not based on a developed communication and advocacy strategy the information from the field was used to inform various audiences. It was also used to inform and lobby governments on behalf of the people of Gaza. Being more proactive and aggressive on advocacy will increase the effectiveness of the Forum since it will contribute to addressing root causes of both ongoing and acute emergencies in the OPT.

Though the humanitarian crisis in the OPT has been ongoing for decades, the international community does still not grasp the situation in the OPT, the humanitarian crisis and even more so, that the crisis is on-going and has been for more than 60 years.

The APF members all do their best to meet the needs of the Palestinian population, but without efficient advocacy with an end goal to end the occupation, we will distribute blankets, food, and cash for another 60 years. Advocacy is key for meeting the needs of our beneficiaries as well as for justifying our own presence here as humanitarian agencies.

Our added value on advocacy is our Christian identity and our strong network to strong partners locally and abroad. The APF advocacy efforts should and will be linked to partners such as APRODEV, Churches for Middle East Peace, WCC, EAPPI, international organisations and local allies. As such, the APF will act as an advocacy facilitator rather than organiser. All of the above aspects are included in the recent, comprehensive advocacy strategy developed by the forum. From an ACT Alliance perspective, the APF is the first local ACT forum to develop an advocacy strategy and head quarters as well as allies have shown interest in these innovative steps and initiatives from Act Palestine Forum.

A natural outcome of the implementation of the advocacy strategy is the 'branding' of ACT and the APF as an alliance, whom coordinates and cooperates. Very few know about ACT and the APF and several members have asked for branding strategies and initiatives. A joint website and local outreach as ACT as well as international cooperation as ACT will increase the knowledge and awareness of the APF, but also the ACT Alliance.

IV. PROPOSED IMPLEMENTATION OF THE APF ADVOCACY STRATEGY

Goal

To promote a global discourse on the Israeli-Palestinian conflict that lift up the work done to promote human rights and peace and address the human impact due to the occupation

- To promote access of individuals to resources and services as well as humanitarian access for goods and service delivery.

Objective

1. The APF has been established as an ecumenical partner, linking local communities with global constituencies and institutions
2. Empowerment mainstreamed into advocacy activities of ACT members
3. Local coalitions built to promote access for people and goods in the occupied Palestinian areas

Outcome

- 1.a Analysis of international partners prepared
- 1.b Cooperation agreements signed with at least 2 organisations
- 1.c ACT advocacy material prepared and available through APF's website

- 2.a Recommendations for further mainstreaming of empowerment into advocacy activities prepared and discussed by APF. Action plan developed accordingly
- 2.b Regular dialogue and mechanisms for transparency and feed back to communities established with 5 community groups.
- 2.c Regular dialogue established with 2-4 local journalists who may take an interest in APF's work

- 3.a MoUs/cooperation agreements formulated in cooperation with 1 – 2 local allies
- 3.b Unified messages formulated
- 3.c Specific advocacy material and documentation produced, based on constituencies' testimonies.
- 3.d Regular dialogue established with appropriate decision makers related to access

Activities

- 1.1 Development of the APF website and link it to ACT Alliance website. The website will include advocacy material, photos, documentaries, fact sheets and case stories.
- 1.2 Developing APF material (presentations, newsletters)
- 1.3 Developing formats for fact-sheets and case stories
- 1.4 Developing lines of communication
- 1.5 Analysis of the interests and agenda of potential allies
- 1.6 Selecting most relevant allies and developing cooperation agreements/MoUs

- 2.1 Conduct a study on what needs to be done, what is being done and by whom in terms of mainstreaming empowerment into APFs advocacy work
- 2.2 Meet with 15 communities to gather stories and inputs from for ACT's work and receive feed back
- 2.3 Inform communities about how their inputs have been used in the work of ACT through
- 2.4 Distribute 5 articles through existing magazines reaching a large number of local constituencies
- 2.5 Hold 4 meetings with ACT partners' coordinators
- 2.6 Conduct 2 TV and 2 radio interviews
- 2.7 Conduct one short film about the APF

- 3.1 Identify most relevant local allies related to access issues
- 3.2 Formulate cooperation agreements with allies
- 3.3 Data collection on access related issues and impact on people's lives based on ACT partners' community groups (see above)
- 3.4 Produce fact sheets and documentation in cooperation with inputs from local communities for ACTs webpage on access
- 3.5 Exploring best ways to be in contact with decision shapers from IDF/Civil administration etc.

Planning Assumptions, Constraints and Prioritization

It is assumed that the APF will be able to keep agreeing on the objectives of the advocacy strategy and how it should be implemented. Furthermore, it is assumed that sufficient funding in order to hire the advocacy officer and conduct the activities will be secured. It is also assumed that the APF will be able to find a qualified advocacy officer to hire for this project.

The major constraints of this project are as such resources (human and financial) and the possibility of disagreement within the forum itself.

To avoid these constraints, the APF has prioritized the activities and the advocacy working group has allocated human resources to implement the strategy, until an advocacy officer has been hired. As such, the action plan will be carried out by the APF until sufficient funding has been achieved. It should be noted, that in order to build both local and international coalitions and cooperation agreements, have a dynamic and updated website and respond when need be, it is of outmost importance to have an APF advocacy officer hired to work only on implementing APF advocacy.

The work of the advocacy officer will be overseen by the advocacy working group, whom will develop quarterly working plans and meet with the officer on a monthly basis. The advocacy officer will ensure close cooperation with ACT Geneva and with all of the local members as well, through bilateral meetings and the monthly APF meetings.

Implementation Timetable

Implementation of the developing and implementing an advocacy strategy is from:

1 April 2012 – 31 March 2013.

Transition or Exit strategy

The humanitarian crisis in OPT is the result of a political crisis rooted in occupation. As long as such conditions continue it is imperative that the Forum have an effective and active advocacy function. All local partners demand more efforts within the advocacy area. As one member put it; *“we have been distributing blankets for 60 years. Without political changes, we can continue these interventions for another 60 years”*. In other words, it is the opinion of the APF that we need to engage in advocacy and this until a viable solution has been established and agreed upon by the implemented partners.

V. ADMINISTRATION AND FINANCE

DCA will provide support to the implementation and monitoring of the advocacy strategy through its regional office in Jerusalem. The funds will be managed and reported by DCA. DCA will be responsible for the recruitment of external consultant(s) in cooperation with the APF. DCA finance officer will keep records and assist in processing payments and ensure accurate financial record keeping and adherence to the cooperative agreement. DCA will be responsible for signing the agreements for advocacy positions.

VI. MONITORING, REPORTING & EVALUATION

The APF shares a collective responsibility for the monitoring of this component of the Appeal. These functions are for the benefit and strengthening of the entire Forum. As such it is critical that all the members are engaged with these components throughout this appeal.

Ultimately, however, monitoring and reporting to ACT is the responsibility of DCA as the requesting agency. Reporting will be as follows:

- Interim report 31 October 2012.
- Final report: 31 May 2013.
- Audit report 30 June 2013

An evaluation is not planned for this appeal. An evaluation was carried out on previous ACT Appeals, the results and recommendations of which will help to implement the present appeal.

VII. CO-ORDINATION

The meetings of the advocacy working group and the monthly APF meetings will be the primary mechanism to ensure that advocacy coordination and activities are carried out as planned. The APF Advocacy Officer will need to take lead roles in keeping the APF apprised of developments and issues,

and to keep various processes moving forward. The APF Advocacy Officer will attend relevant AIDA meetings and UN clusters to serve as an information link between those mechanisms and the APF.

VIII. BUDGET

	Type Unit	No. Units	Unit Cost USD	Budget USD
INCOME - Cash and In Kind Donations Received Directly				0
INCOME PLEDGED (both through ACT Geneva and directly)				0
TOTAL INCOME				0
EXPENDITURE				
DIRECT ASSISTANCE				
<u>Appeal Coordination</u>				
Human resources				
Advocacy officer (monthly salary, starting July)		8	5.000	40.000
Travels				
International travels		3	1.100	3.300
Per diem		14	80	1.120
Accommodation		10	110	1.100
Transportation		3	400	1.200
Travel to Gaza		3	1.000	3.000
Local transportation		8	50	400
Production/communication				
Website		1	5.000	5.000
Advocacy material			2.000	2.000
Video		1	7.000	7.000
Office equipment				
Computer		1	1.000	1.000
Office furniture		1	1.500	1.500
Sub Total				66,620
TOTAL DIRECT ASSISTANCE				66,620
Personnel, Admin and support				
Office rent, taxes and insurance		8	700	5.600
TOTAL PERSONNEL, ADMIN AND SUPPORT				5.600
AUDIT & MONITORING				
Audit costs		1	1.500	1.500
TOTAL AUDIT & MONITORING				1.500
Sub-Total				73.720
International Coordination Fee (3%)				2,212
BALANCE OF FUNDS				75.932

E. SUPPORT TO STUDENT IN THE WEST BANK (ELCJHL)

I. IMPLEMENTING ACT MEMBER & PARTNER INFORMATION

The Evangelical Lutheran Church in Jordan and the Holy Land (ELCJHL)

ELCJHL has been engaged for more than 150 years in educational work. The ELCJHL is running various educational institutions in Ramallah, Beit Sahour, Bethlehem, Jerusalem and Beit Jala.

Since the establishment of those educational institutions, the ELCJHL has been providing her services to the whole community regardless of religious, denominational or social affiliation. The Lutheran schools are unique in a number of ways:

- They are inter-religious and ecumenically inclusive.
- They practice co-education.
- They contribute towards economic justice by offering support to needy children through scholarships.
- They promote peace, justice, reconciliation, coexistence, moderation & human rights in a multi-cultural and multi-religious society.

The ELCJHL operates its educational ministry within the difficult economic and political situation of the Israeli occupied West Bank. The ELCJHL schools, like many others in the occupied Palestinian territory live in an *on-going emergency situation*. The ELCJHL schools use methods that promote a holistic and innovative approach to education through the ongoing implementation and evaluation of clearly stated objectives within an established tradition that has offered quality education to both girls and boys since the mid-nineteenth century. The student body of the schools is about 50% Muslim and 50% Christian.

As an indigenous Palestinian church, the ELCJHL sees its role as that of peace-making and bridge-building in a society that has faced conflict for sixty years. The mission of the Schools and Educational programs reflects this spirit in a school community which includes Eastern Orthodox, Catholics, Anglicans, Lutherans, and Muslims. Ongoing negative political developments and their economic ramifications have imposed the more immediate goal of obtaining emergency economic relief in order to maintain economic sustainability and ensure that education, dialog, and intercultural cooperation can continue in these distressed communities in crisis.

Previous experience in emergency response:

- 2002 during the second Intifada. ELCJHL initiated a campaign to assist school children, their parents and many needy families in the Bethlehem and Ramallah regions. ACT International contributed the sum of US\$ 200.000 at that time.
- December 2008 / January 2009 during the Israeli Operation Cast Lead in Gaza. The ELCJHL, being an active APF member contributed to logistic issues and advocacy.

The relationship of the ELCJHL with ACT in emergency response as an implementing partner is obvious via its full involvement in Act Palestine Forum (APF)

The ELCJHL is aware of and committed to adhering to ACT policies, principles, and guidelines, the Humanitarian Code of Conduct and is willing to work according to the Sphere standards. The ELCJHL is furthermore a signatory of the ACT Alliance Code of Conduct and Code of Good Practice.

II. DESCRIPTION OF THE SITUATION RELATIVE TO PROPOSED RESPONSE

The political situation in Palestine and Israel is wreaking havoc on Palestine's economy. The main reason behind the current economic crisis is the general closure and separation policy imposed by Israel in March 1993, which has never been lifted since. In violation of international law, the closure is used as collective punishment against the Palestinian people, preventing West Bank and Gaza Strip (WBGS) residents from entering Jerusalem or Israel unless they hold an Israeli-issued permit. Any sustained Palestinian economic recovery will ultimately require the dismantling of the closure system.

Recent economic growth has been driven by donor support and did not alter the reality of private sector constraints (ongoing losses of Palestinian land and natural resources, isolation from global markets, fragmentation). The IMP estimates that had the pre-Oslo trend of productivity growth continued between 1994-2010, real GDP per capita in the WBGS would have been 88% higher than its 2010 level (*IMF, Macroeconomic and Fiscal Framework for the West Bank and Gaza: Seventh Review of Progress, April 2011*).

Growth is mainly due to services, while manufacturing and other sectors that depend on investment inputs and export markets remain suppressed due to persisting restrictions of movement and access. Among others, these prevent the establishment of Palestinian activities in some 70% in Area C, which is indispensable for the viability of a future Palestinian State (*UNSCO, Palestinian State-building: A decisive period, 2011*).

A study by the PA Ministry of National Economy and the Applied Research Institute Jerusalem (ARIJ) estimates the Israeli occupation cost of Palestinian economy around \$7 billion in 2010 (85% of Palestinian nominal GDP). Without the occupation and Israel's control of resources and access the Palestinian economy would be almost twice as large as it is and not depend on donor's aid (<http://www.arij.org/publications/Economic%20Cost%20of%20Occupation.pdf>).

The poverty rate fell slightly from 26.2% in 2009 to 25.7% in 2010 (WB: 18.3%, GS: 38%), while deep poverty rose slightly from 13.7% in 2009 to 14.1% (WB: 8.8%, GS: 23%). Social assistance reduced poverty rate by 16.8% and the deep poverty rate by 26.6%. Without it, poverty would rise to 30.9% (WB: 20.5%, GS: 48.2%) and deep poverty to 19.2% (WB: 11%, GS: 33%). Donor aid has clearly kept poverty rates significantly lower than they would otherwise be (*PCBS: Poverty in the Palestinian Territory – Main Finding Report 2009-2010, Sept. 2011*).

Due to this ongoing crisis parents are finding it increasingly difficult to pay tuition fees for their children to attend private schools. People want their children to have an excellent education but are no longer able to afford it. Funds are urgently needed to support the tuition fees of students most critically affected by the crisis.

Without the private schools, such as the ELCJHL's, 10% of the students in the West Bank will have no schools to go to. Public schools are overcrowded, ill equipped and possess very poor facilities. There is a lack of classroom space even with the existence of the private school system. The last thing the region needs under the prevailing conditions is a new generation which is poorly educated.

The political situation and the violence that often comes with it also necessitate programs to accommodate children who have experienced trauma, as so many young Palestinian children have. Many children have experienced or witnessed violence. Many more feel humiliated at the Israeli checkpoints throughout the West Bank. As the Separation Barrier continues to be built and human rights continue to be violated, the need for social workers in the schools is much greater than what is currently provided. Affected students experience stuttering, bed wetting, insomnia, attention disorders, nightmares, separation anxiety, phobias, depression, and behavioral disturbances due to the situation.

These are long-term issues and at least one full-time social worker is needed to help address these pressing and long lasting concerns in each school.

It is anticipated that students in the ELCJHL schools will graduate well-equipped to peacefully and creatively deal with the political and socio-economic situation. Through this response traumatized children will receive the attention they need to be able to function as fully integrated responsible members of society. These students will contribute to building a better society and a future filled with hope and higher expectations.

III. TARGETED BENEFICIARIES

Number and type

- 1213 students in the West Bank and Jerusalem
 - About 50% Christian and 50% Muslim
 - About 50% boys and 50% girls

Number of targeted beneficiaries according to proposed assistance

1. School Fees

- Approximately 600 students

2. Psychosocial Intervention

- 100% (1213) of the students benefit from group sessions held for each class individually at least once per month.
- About 45% (545) of the students benefit from individual therapy sessions.
- Around 10% (121) of the students with more complex cases are referred to experts or specialized institutions outside the schools.
- Approximately 126 teachers and staff will take part in awareness raising sessions.
- Approximately 300 parents of the children will participate in awareness raising sessions.

Location

- ELCJHL schools in the West Bank (1213 students)
 - The Evangelical Lutheran School of Hope, Ramallah (458 boys and girls);
 - The Evangelical Lutheran School in Beit Sahour (439 boys and girls);
 - The Evangelical Lutheran School of Dar al Kalima, Bethlehem (301 boys and girls);
 - Al Mahaba Kindergarten, Mount of Olives (15 boys and girls)

Criteria for the selection

The total cost per student is currently 7009 NIS. Approximately (4041 NIS) should be covered by the student tuition fees, if there is 100% coverage. The other half is subsidized by other funding sources. Nevertheless, the schools never cover 100% of the fees required.

About 50% of students receive tuition fee exemption on the basis of financial need. These tuition fees exemptions are decided and granted through each school's exemptions committee which consists of the local pastor, the Director of Education, the Principal, the Vice Principal, and a member of the local church elders. The applications for exemptions are comprehensive and are carefully reviewed before any decision is made. There is no outside pressure in the selection of the beneficiaries. On the contrary, it is done according to the most urgent need.

Given the worsening economic conditions resulting from the ongoing occupation it is anticipated that additional exemptions will be needed that average 1211 NIS per student. About 50% of the students,

especially in the Bethlehem area will be targeted for additional support in the midst of this crisis. The above mentioned exemptions committee will be responsible for identifying these students.

IV. PROPOSED EMERGENCY ASSISTANCE & IMPLEMENTATION

Goal / Mission of the ELCJHL Educational Ministries

The ELCJHL Schools and Educational Programs are the educational ministry of the ELCJHL, designed to meet the needs of the Palestinian children and youth as a whole. In embracing and empowering students and families in the region from all religious, economic and social backgrounds, the programs provide a valuable educational and life opportunities for many Palestinian students. As each person is created in the image of God, the freedom and dignity of each person is inviolate.

Objectives of Appeal

1. Help cover partial tuition fees so that parents are unable to pay so that children can continue to receive an integrated-holistic education that reinforces a culture of peace, moderation, tolerance and coexistence.
2. Support trauma affected children through expanding services of social workers and relevant programs and activities in the schools.

Activities/Methodology

1. Student fee support:

- Needy students receiving additional financial assistance will be identified as detailed above. Those students most acutely affected by the Israeli occupation and the resulting socio-economic stalemate will be given preference for this support.
- Those students will be notified and their fees will be subsidized accordingly.

2. Psychosocial Support

The social work program has been in place since the second intifada in 2000. Teachers and staff have received periodic trainings on a variety of issues including: child psychology, special education, learning disabilities, drama in teaching/learning, pedagogy, and leadership training. The institutional framework is already in place for the expansion of this social work program. This framework included a number of complimentary programs to support children . These were funded outside the annual running budget and include:

- A program sponsored by "Love thy neighbor", a US NGO, which runs summer camps that encourages accepting differences, dialogue, leadership skill training, and promotes non-violence and conflict resolution.
- A class-room based intervention program sponsored by Save the Children, which deals with trauma and similar effects. Experts train local staff to introduce targeted class-room activities that deal with traumatized students.
- Crisis Intervention Fund through which the current part-time social workers were hired.
- The NIR school project, sponsored by the Peres Center and a Palestinian NGO called MEDINOLA, which bring people of different ethnicity and backgrounds together.
- Peace through sports project sponsored by the International Sports League (ISL). Its goal is to bring unity to communities in conflict.

Psycho-social specialist (including FCA) have visited the schools and ELCJHL is following up on the recommendations made during the visits.

As of the beginning of the school year 2010/2011, social workers were appointed in full-time positions as they are found to have a lot of work to do with students, teachers/staff, and parents. Children are

experiencing a variety of learning, behavioral and mental health challenges as a result of trauma, family problems or personal struggles. These problems have been increasing since 2000 under the many effects of the occupation.

These social workers have facilitated a variety of interventions that have proved effective. They include individual student sessions, group therapy for students, and various information sessions for parents and teachers on the children's psychosocial needs. It is critical for parents and teachers to be well informed of the issues affecting the children and how to support them. It is also important that children with more serious issues are identified and referred to a relevant specialist.

These activities need to be continued and intensified to meet the growing challenges. Therefore, the ELCJHL has taken the decision to increase the load of the social workers and make them full-timers in order to meet these needs.

Apart from the previous activities that included:

1. Recreational activities for students and teachers.
2. Visits to students at their homes.
3. Therapy information sessions for students and teachers.
4. Referral of students to relevant specialists.

New activities are planned for the application period, which include among other things:

1. How to effectively and scientifically deal with undesirable student's behaviour under the prevailing conditions.
2. Sex education in a society where this is considered a taboo subject.
3. Involuntary urination (dealing with causes and remedial therapy).
4. Internal relations among students (communication and mediation techniques and skills).
5. Benefits & harms of the technology today.
6. Targeted voluntary work as a therapeutic activity.
7. Adolescence.
8. Self Hygiene.
9. Communication skills.
10. Citizenship education (rights and responsibilities).

A detailed schedule for the implementation of the above mentioned activities has been worked out for a period of six months at each school. The schedule can be made available upon request. In all the activities, the ELCJHL schools and institutions take into account the principles of the Humanitarian Code of Conduct, Code of Conduct on Sexual Exploitation, Abuse of Power and Corruption.

The ELCJHL, being an active member of APF is an integral part of the APF Emergency Preparedness Plan (EPP) and therefore acts accordingly.

Planning Assumptions, Constraints and Prioritisation

This appeal is based on the assumption that the economic situation in the West Bank will continue to be impacted severely by the occupation.

It is also assumed that the security situation will continue to allow children to travel to and attend school. In the event of increased conflict it is possible that Israel would further restrict movement in the West Bank making school attendance unpredictable. The current security and political climate, however, will allow the program to be implemented as planned. If less than the requested funds are received the amount of student fee support will be reduced by reducing the number of recipients and/or reducing the amount of support per student.

Implementation Timetable

Activities will be carried out from 1 April 2012 to 31 March 2013.

Transition or Exit strategy

The Educational Ministries of ELCJHL completed a strategic plan in early 2005 (available upon request). Under that plan the educational work aims towards self-sustainability through local income and other income-generating projects over the next five to seven years. According to the strategic plan the ninth goal, to be financially responsible, sets specific objectives and activities to reach this aim, taking into consideration means and ways to allow needy students to be sponsored financially.

Due to the fact that the ELCJHL is passing through real financial hardships, which are a result of:

1. The overall global financial and economic crisis.
2. The constant decrease in contributions / grants to the ELCJHL by the overseas partner churches / funding agencies
3. The drastic devaluation in recent years of the US Dollar, the EURO and other foreign currencies vis-s-vis the local currency, the Israeli Shekel.
4. The ongoing prevailing political and economic crisis in the Palestinian territory.
5. The high unemployment rate in the Palestinian territory which reached 30% in 2011.
6. The lack of income generation and investment opportunities.
7. The continuing sharp rise in the cost of living.

The ELCJHL Synod (the legislative body of the Church) last year deliberated seriously this situation and decided the following:

1. To take saving measures in regards to the operational expenses and reduction of staff, wherever possible.
2. To form a committee consisting of five experts with the aim to assist the Church Council (the executive body of the Church) to work out short term and long term investment plans with the aim to reach self-sustainability within a period of 10 to 15 years. Until this goal is reached, the ELCJHL will be dependent on foreign assistance.

It is worth noting that despite all the factors working against raising the educational work's income to expenditure ratio, this ratio has risen from a mere 0.19 ten years ago to 0.50 currently. This is attributed to several measures applied within the ELCJHL Educational Ministries over the past few years in an effort to achieve sustainability in accordance with the Strategic Plan's 9th Goal.

V. ADMINISTRATION & FINANCE**Administration & Finance**Psychosocial Program

Upon the receipt of approval and transfer of ACT Appeal funds, the Financial Officer will inform the Director of Education. Funding for the psychosocial program will be discussed amongst the Director of Education, his Assistants, School principals and the social counsellors in the schools as to how to use the funds in accordance with the funds available and upon the priority of needs and according to the set up plans.

Students' fees

The tuition fees exemptions to the needy students are decided and granted through each school's exemptions committee (defined above). As funds for student fee support are received, the Director of Education will alert the school principals and exemption committees to identify students in the most critical financial need. As students are identified funds will be spent according to the budget and valid procedures. The school administrators will be requested to provide a receipt voucher for each student.

Accountants of the ELCJHL central finance department visit the schools frequently where they conduct internal financial controls to ensure that funds are spent according to the budget and the appeal guidelines. The fees collection system is computerized in each school and linked by network to the ELCJHL main Finance Department.

Funding/co-operative agreements are signed by the ELCJHL Bishop. The ELCJHL follows the ACT guidelines and procedures.

VI. MONITORING, REPORTING & EVALUATIONS

The ELCJHL Educational Ministries are among the oldest in Palestine and have a long tradition of providing excellent education (holistic-integrated) to Palestinian children. There is extensive experience in administration, strategic planning, and project management. There are well-established structures in place to carry out these programs, including church bodies, boards, relevant committees, and individuals in key positions. Long experience in administration, planning, monitoring, supervision, evaluation, organization and management ensures that projects will be well-run and executed. The ELCJHL submits annual audit reports to all its supporters and partners, which are conducted by independent and registered auditors. The ELCJHL worked on implementing a mapping and scanning system to improve transparency and efficiency. This has been applied as of 1.1.2009

Interim and annual narrative and financial reports are submitted to the donors and partners based on the specific guidelines and regulations of each donor/partner.

ELCJHL will submit reports to the ACT Secretariat according the following schedule:

- Interim report 31 October 2012.
- Final report: 31 May 2013.
- Audit report 30 June 2013

VII. CO-ORDINATION

Co-ordination within the project

This project will be overseen by the ELCJHL Educational Department and implemented through the institutional programs of the ELCJHL Educational Ministries. The institutional hierarchy involved in maintaining these programs includes the Evangelical Lutheran School Board, the Director of Education, the Principals of the Schools and Directors of Educational Ministry Programs, the Schools' Local Advisory Committees, the Schools' Staff, the Parent-Teacher Councils and the Student Councils of the various schools.

Co-ordination with other ACT members

ELCJHL is a member of ACT Alliance and an active member of the ACT Palestine Forum (APF), attends meetings and participates in joint Forum activities.

Co-ordination with other organisations in the area of intervention

The Educational Ministries maintains good relations and communication with local educational and social institutions as well as the ministry and directorates of education of the Palestinian National Authority, and a number of international partners and friends. All of these organizations and individuals work in tandem to ensure that programs are implemented effectively. The ELCJHL schools are also active members of the League of Private Schools.

VIII. BUDGET

	Type Unit	No. Units	Unit Cost USD	Budget USD
TOTAL INCOME				
EXPENDITURE				
DIRECT ASSISTANCE				
<u>Crisis Phase (if applicable)</u>				
School Fees For MOST Needy				
Beit Sahour School		300	346	103 787
DAR Alkalima School		225	346	77 840
School of Hope		75	346	25 947
<u>Direct Programme Related Costs</u>				
Staff Cost 3 Social Workers Full Time	0,00	3	14 340	43 020
Recreational Activities targeted for Students and special activities				11 350
Recreational Activities for Teachers and special workshops				13 350
Visits to Students at their home				1 000
Therapy information sessions for students				3 000
Referral of students to relevant specialists				5 000
Various activities to be conducted by therapists, physiotherapists, doctors, nurses, freelancer trainers				10 800
TOTAL DIRECT ASSISTANCE				295 094
INDIRECT COSTS: PERSONNEL, ADMINISTRATION, OPERATIONS & SUPPORT				
<u>Staff salaries</u>				
Administration Cost				22 132
<u>Staff Travel</u>				
Travel & Transport				2 500
<u>Communications</u>				
Telephone and fax				1 500
<u>Other</u>				
Insurance and unexpected expenses				4 000
TOTAL PERSONNEL, ADMIN & SUPPORT				30 132
AUDIT & MONITORING				
Audit of ACT Funds	Estimate			4 000
Monitoring & Evaluation	Estimate			2 500
TOTAL AUDIT & MONITORING				6 500
TOTAL EXPENDITURE				331 726
International Coordination Fee 3%				9 952
BALANCE OF FUNDS				341 678

F. SUPPORT TO GAZA CANCER PATIENTS, LWF-AUGUSTA VICTORIA HOSPITAL (LWF)

I. REQUESTING ACT MEMBER INFORMATION

The Lutheran World Federation (LWF)

II. IMPLEMENTING ACT MEMBER AND PARTNER INFORMATION

LWF, through its program Augusta Victoria Hospital (AVH) in East Jerusalem, has been providing health care services and programs to refugees and other Palestinians in the West Bank and Gaza for over fifty years. LWF serves patients regardless of race, gender, religious belief, nationality, ethnic origin or political persuasion. It is a modern tertiary care facility that serves the most disadvantaged patients from Gaza and the West Bank and has a special historical relationship with the UN refugee relief services.

In 1997, it was reengineered to provide specialties otherwise unavailable to Palestinian patients. It promotes sustainability, medical excellence, professional and interfaith relations as main components to building a modern functional civil society. Its staff, both Christian and Muslim, are frequently trained in Israeli hospitals and the hospital is a partner in a large international network of hospitals that develop the capacities of the local staff. The hospital serves patients from the West Bank (including East Jerusalem) and Gaza, approximately 20% of them refugees.

In 1997, a team of local professionals took on the responsibility for day to day management of the hospital and a new operational and strategic plan was implemented. As a result AVH has become a major player on the national health care scene. It has developed several specialties previously unavailable within the Palestinian Health Care System.

Responding to community needs, in coordination with the Palestinian Ministry of Health, the hospital now has centres of excellence in: (1) Comprehensive Cancer Care (chemotherapy, radiotherapy, and cancer surgery for adults and children), (2) Comprehensive Diabetes Care, (3) Kidney Care and Dialysis, (4) Skilled Nursing and Long-term Care, (5) Ear, Nose, Throat and other Specialty Surgery, and (5) Gastroenterology Diagnosis and Treatment. It also supports several other clinical and non-clinical departments.

The AVH Cancer Centre

As a result of the strategic initiatives outlined above, AVH has become the leader in Cancer Care in the Palestinian territory. It provides a full range of treatment including surgery, radiation therapy and chemotherapy for cancer patients. The Medical Oncology unit was started in 2002 and the Radiation and Surgical Oncology units in 2005. It is the only facility in the Palestinian territory with a linear accelerator for radiation treatment and it has established a paediatric oncology unit to treat the 150 children with cancer who are referred to AVH annually.

Because the AVH Cancer Center has been operational for several years, it has now acquired an experienced team of oncologists, physicians, medical biophysicists, radiation therapists, oncology nurses and other personnel. AVH was the first hospital to be approved for a six year radiation oncology residency training program by the Palestinian Medical Council. The hospital also has a training program in medical oncology and is recruiting physics majors from local universities to train in the sub-specialty of Medical Biophysics. Oncology nursing is another main focus of the training programs at AVH. This core of skilled individuals provides a strong base on which to build further training capacity, particularly to add training programs for prevention, early detection and psychosocial care of cancer patients.

III. DESCRIPTION of the SITUATION in the AREA of PROPOSED RESPONSE

AVH is the only cancer center that can provide radiation therapy for the Palestinian people from the West Bank and Gaza. For those coming from Gaza, there is a need for treatment, accommodation and social support while they are away from home. The hospital has worked with the Palestine National Authority (PNA) and Israeli authorities and the Red Cross to facilitate the access of patients out of Gaza so that they can use public transportation to get to the hospital in Jerusalem.

Gaza patients cannot commute to Jerusalem on a daily basis for treatment, so need to have lodging in Jerusalem during their treatment. Many of these patients need a short session of radiation for a few minutes each day over a period of 8 to 10 weeks which often results in them becoming immune-compromised. Lodging at the hospital would further expose these patients to hospital-born infection. It is also expensive to house them as in-patients at Augusta Victoria Hospital where beds are in demand for other medical treatments and procedures.

In light of these various issues, AVH has arranged a contract with the Mount of Olives hotel in East Jerusalem to provide housing for these Gaza patients. The hospital provides transport for patients to and from the hotel to the hospital and, with the help of local social welfare organizations, provides Gaza patients with food and life necessities. This housing program has been critical to assuring the uninterrupted treatment of Gaza patients. The political situation is such that this program is critical to assure uninterrupted treatment protocols for these patients.

IV. TARGETED BENEFICIARIES

Number and type

Numbers are approximations based on previous experience.

- 303 patients (134 women; 133 male, 43 were below the age of 19)

Location

All services will be provided at AVH in Jerusalem.

Criteria for the selection

The targeted population includes children and adults with needs for specialty medical services, especially cancer care. It also includes children with kidney failure and those in need of specialized surgery of the head and neck. In the adult population, AVH focuses on women with breast cancer and, in men and women, with colon and lung cancer as well as other types of cancer that are common within the population.

Referring agencies, namely UNRWA and the Palestinian National Authority (PNA), select patients for treatment in close coordination with AVH. Each of the referring agencies has a committee that reviews the condition of the patients and recommends them for referral. These committees are made up of community professionals working in the field of cancer care. AVH senior staff are then consulted about the cases and where appropriate, referral for treatment at AVH is made and a full history of health status of the patient is provided.

Refugees and non-refugees in the Palestinian community are all covered by the PNA for the specialty services offered by AVH (excluding hotel lodging for Gaza patients). AVH provides medical services to all individuals regardless of race, gender, religious belief or political persuasion.

V. PROPOSED EMERGENCY ASSISTANCE AND IMPLEMENTATION

Goal

To assure and safeguard the lives of Gaza patients through provision of medical and human services without interruptions due to the political situation.

Objectives

- Provide cancer care to Gaza patients at the rate of roughly 2,100 radiation treatments (session) and 100 chemotherapy procedures per year.
- Treat children in Gaza suffering from kidney failure
- Treat Gaza patients in need of therapeutic endoscopy procedures and head and neck surgery
- Provide psychosocial support to patients and families from Gaza receiving treatment at AVH
- Provide hotel (housing) and life necessities to Gaza patients while at AVH for treatment

Activities

- Coordination of medical referrals and acquisition of permits for Gaza patients to access medical services at AVH.
- Provision of local transportation between hotel and hospital for Gaza patients at AVH for treatment.
- Medical and psychosocial services provided.

Project Implementation Methodology

- The Director of Nursing, Augusta Victoria Hospital, arranges permits for Gaza patients referred to AVH for treatment.
- AVH has a contract with the Mount of Olives hotel in East Jerusalem to house 30-40 patients at any one time. Funds for this contract have previously come from other agencies like Norwegian Church Aid through a development project for cancer but new sources of funds are needed to maintain this program.
- Patients travel to and from the Mount of Olives hotel to AVH either by taxi or AVH vehicle.
- The AVH Cancer Care center has all the necessary clinical and technical staff to provide treatment at the highest international standard. The staff includes three medical oncologists, three surgical oncologists, two oncology nurses, three radiation therapists, four radiation technicians, three medical biophysicists and a psychiatrist specializing in psychosocial care.
- The psychosocial support is provided by two full-time social workers. They arrange the patients stay in the hotel and manage their various medical appointments. They also provide regular individual and group counselling to cope with the change in environment, medical treatment, and dealing with their serious illness. They also link them up with Jerusalem and West Bank organizations that can provide them with additional support as needed. Finally, they plan and facilitate their discharge and return to Gaza.

Planning Assumptions, Constraints and Prioritization

It is assumed that the number of people from Gaza needing cancer treatment at AVH will continue to increase. The program assumes and depends on the continued issuance of permits by Israeli authorities for patients to leave Gaza as well as the continued payment for treatment by the PNA. While not expected, barriers to the issuance of permits by Israeli authorities or problems with PNA funding will affect the implementation of the program. If full funding for this appeal is not received AVH will use the available funding on a "first come first serve" basis until the funds are expended

Implementation Timetable

The application for funds is for 12 months of support to cover the period 1 April 2012 to 31 March 2013. The political situation that has resulted in restrictions of access to AVH for Gaza patients has remained unchanged since 2006. Financial support for the project outlined herein was initially provided by ACT in 2007 and then by Norwegian Church Aid from January 1, 2008 to 2011 through a development grant.

This grant had a finite term and ended in 2009. Hence, this appeal is needed to maintain this important program to provide uninterrupted cancer treatment to patients from Gaza.

Transition or Exit Strategy

The sustainable income for treatment comes through billing the PNA. AVH will be working with the PNA to include some reimbursement for lodging and psychosocial care, but until then, AVH will need emergency funds to treat and support Gaza patients. Up till now the PNA has not been able to secure funds for such support for patients.

An additional period of 12 months support will help AVH to continue to look for a sustainable solution to this emergency need resulting from the difficult political situation.

VI. ADMINISTRATION AND FINANCE

Appeal funds will be transferred to the LWF Headquarters in Geneva where they will be managed by the Department of World Service Finance Office in cooperation with the Finance Office in the Jerusalem Office. A separate account will be set up if it is required by the funding party/agency.

The Jerusalem Office will file a request to fund activities that are in the budget as presented to ACT. The Geneva office will then dispense funds in accordance with the request.

The steps and officers in the field who authorize the request are (in sequential order):

- The Chief Executive Officer (CEO) of AVH puts in the request to the Chief Financial Officer (CFO) of LWF Jerusalem for funds for the hotel program.
- The CFO prepares the necessary documentation as per the formats of ACT and presents it to the LWF Regional Representative.
- The request is sent to Geneva where it is reviewed and approved by LWF Department of World Service Finance Office.

Funds are transferred to LWF Jerusalem where expenditures are carried out according to LWF protocols. (Note: purchase orders/expenditures are based on competitive bidding and quality assurance standards. The contract with the Mount of Olives hotel for housing Gaza patients was derived using these procedures).

VII. MONITORING, REPORTING AND EVALUATION

Two monitoring functions will be carried out by the administrative and clinical staff of the hospital. The first will concern tracking the number of Gaza patients requiring hotel accommodation and transportation services in East Jerusalem while undergoing treatment at AVH. The second will concern reports on the budget items supported by the project.

Reporting Schedule

The CEO of AVH will prepare a report after six months that will indicate the number of patients from Gaza who are being cared for and will include a financial report summary prepared by the CFO of LWF Jerusalem with respect to funds dispensed for the project in relation to the budget. Final narrative and financial reports as well as the audit report will be submitted to the ACT Secretariat by:

- Interim report 31 October 2012
- Final report: 30 May 2013
- Audit report: 30 June 2013

VIII. COORDINATION

Coordination of the ongoing activities of the project is the responsibility of the CEO of AVH working in conjunction with the AVH administrators and clinical staff. The referral of patients from Gaza is coordinated by the CEO through a program with the PNA and UNRWA. This program has put in place a method of communication on various hospital projects between government organizations, non-government organizations and international organizations working in the same service and delivery area.

Permits for Gaza patients will continue to be coordinated through the Director of Nursing at AVH in communication with appropriate Israeli departments. The coordination with the LWF headquarters for the project is carried out by the Regional Representative for LWF Jerusalem in cooperation with the CFO and CEO of AVH. LWF is a member and active participant of the ACT Palestine Forum.

IX. BUDGET

	Type Unit	No. Units	Unit Cost USD	Budget USD
EXPENDITURE				
Non Food Relief Assistance				
1. Gaza transport & lodging for cancer patients and their care companions	Bed days	3,000	24	72,000
2. Psycho-social support and counseling				
2.1: Psychiatrist (part Time)	Month	12	1,300	15,600
2.2: Social Worker (Part Time)	Month	12	600	7,200
Sub Total				94,800
Administration, Audit, Coordination				
Administration				7,500
Audit	Lump sum	1	5,000	5,000
ACT International Coordination Fee (3%)	Percentage	3		2,844
Sub Total Administration, Audit, Coordination				15,344
BUDGET TOTAL				110,144

G. ECONOMIC, EDUCATION, HEALTH AND PSYCHOSOCIAL SUPPORT (MECC/DSPR) West Bank (Gaza included in joint component)

The Gaza response in DSPRs proposal is included in the joint component on Gaza. The WB activities are adjusted as follows:

MECC/DSPR – Food Security West Bank

I. REQUESTING ACT MEMBER INFORMATION

Middle East Council of Churches/Department of Service to Palestine Refugees (MECC/DSPR)

II. IMPLEMENTING ACT MEMBER & PARTNER INFORMATION

MECC/DSPR is an ecumenical and Church-related organization which is an integral part of the Middle East Council of Church MECC; it was founded in 1950 following the 1948 Arab-Israeli War and the creation of the Palestine refugee problem. MECC/DSPR continues to operate in the Palestinian Territories (Gaza Strip and West Bank, including East Jerusalem), Jordan, Lebanon and Israel.

MECC/DSPR has always been committed to working with Palestinian refugee communities and the neediest among them to promote acceptable living conditions. Based on Christian witness through direct support, awareness-raising, capacity building, and advocacy, DSPR seeks to guarantee that Palestinian refugees' basic human rights are being realized and that they live in reconciliation with the larger communities in which they live.

ICC is a service institution that has operated since 1949. It undertakes programs in the fields of community service and infrastructure, land reclamation and rehabilitation with refugees.

MECC/DSPR and all of its local partners uphold the principles of the Code of Conduct of the International Red Cross and Red Crescent Movement, ACT Vision, Mission and Values and to the Code of Conduct on Sexual Violence, Abuse of Power, and Corruptive Behaviour. MECC/DSPR also upholds the Humanitarian Charter and Minimum Standards in Disaster Relief (SPHERE) and will follow these standards in implementing all the activities and programs of this emergency appeal.

III. DESCRIPTION of the SITUATION in the AREA of PROPOSED RESPONSE

Location for your proposed response

Since 1967, the land available to the Palestinians has steadily decreased due to the construction and expansion on the West Bank of settlements and the barrier. According to OCHA "in the West Bank, Israeli settlement activity accelerated in 2011, with an almost 20 percent increase in new "building starts" for housing units (excluding East Jerusalem), compared to 2010. This came along with a range of governmental and legislative initiatives aimed at "legitimizing" unauthorized settlement outposts, many of which are built on private Palestinian land. Israeli settlement policies are not only illegal under international law but are also the root cause of much of the humanitarian vulnerability of Palestinians".

DSPR's projects in the West Bank will support vulnerable men and women farmers engaging in sustainable farming to address their food security crisis.

IV. TARGETED BENEFICIARIES

Number of targeted beneficiaries according to proposed assistance

- 50 farmers (male and female) in the West Bank will benefit from food security activities.
- 140 men and women farmers will benefit from capacity building sessions on agricultural knowledge.

Location

The majority of the activities for this appeal will take place in the northern West Bank, governorate of Tulkarem – target areas are AlNazla Alsarqiya (pop.3,500), Aqaba (pop.500) and Qaffine (pop.9,000).

Criteria for the selection

The beneficiary selection criteria are based on the premise that beneficiary families and individuals have become further impoverished due to the increased emergency situation.

- Individuals who have been unemployed for at least six months and whose families are dependent on them.
- Female heads of household who seek employment and are unable to find work.
- Families experiencing unemployment who have no alternative source of steady income.
- Families with one or more members having special needs (e.g. medical, short-term rehabilitation, access and mobility, etc) and who have no or limited access to public or private help.
- Families on lists of the very needy maintained by municipalities, village and town councils, governorates, charitable organizations and community groups.

V. PROPOSED EMERGENCY ASSISTANCE & IMPLEMENTATION

Goal: To reduce suffering and improve livelihoods of the affected population;

Objectives

1. To enable rural households in the West Bank to engage in domestic farming in a sustainable way; and
2. To enhance the capacities and agricultural knowledge of targeted farmer households in the West Bank.

Activities

1. Food Security (West Bank)

- 1.1 Preparing 3,600m² land (soil preparation-Internal drip irrigation system-fertilizers) and installing 50 small plastic greenhouses;
- 1.2 Providing 100 sheep.
- 1.3 Providing sheep feed for 100 days
- 1.4 Providing 500 chickens
- 1.5 Providing chicken feed for 100 days
- 1.6 Providing 500 fruit trees
- 1.7 Providing seeds and seedlings.

2. Agricultural Knowledge (West Bank)

- 2.1 Conducting capacity building 5 modules of 15 hours/module for 140 beneficiaries or 8 groups of 18 EA

Project Implementation Methodology

Food Security

ICC's food security intervention will provide direct and indirect assistance to 35 households in Tulkarem. Actions will be labor intensive and will require not less than 10,000 skilled and unskilled job opportunity throughout the set-up phase.

The community has been selected because of the severe economic and social hardships that they have undergone during the past years. The selecting of the community and the planning of activities was done in collaboration with community organizations, such as municipal committees and village councils.

First, ICC identifies under-served or marginalized communities that are below the standard of living relative to other areas of the West Bank. As the northern and the southern West Bank bear a higher percentage of households below the poverty line, ICC choose impact areas from these regions. Within these regions, particular attention is made to avoid areas where there is a concentration of PNA and development agency activity and resources. By avoiding these areas, ICC avoids the likelihood of duplication and the waste of resources. Through this intervention, ICC is able to contribute to a socio-economic balance in the West Bank.

A socio-economic profile is conducted in the community. This profile charts the socio-economic condition the village - including income sources and levels, the availability and status of agricultural lands, the structure of local governance (local village council), and what development projects, if any, have been conducted in recent years.

Initial information regarding the vital statistics and resources of the village is obtained from relevant PNA Ministries. After the initial evaluation of this information, a detailed needs assessment is obtained through direct contact with the communities. ICC field workers conduct interviews with the local village council, as well as various target groups such as women, farmers, etc. In this way, the extent of the lack of basic services is assessed and familiarity with those services that do exist would be gained. The individual area profile is then evaluated and categorized, with consideration given to the ability of the area to share resources and services.

ICC will be the direct implementer of the "food security" program. It will be responsible for undertaking and completing the activities outlined above.

ICC's local partners are community members, Village Councils and Municipalities. Community participation is a major component of the ICC development strategy and, as mentioned, the community is involved from the very beginning of the project. Full community participation fosters a sense of ownership over projects and greatly contributes to sustainable human development. In the strategy of ICC, the target group not only assesses its own needs but is also requested to commit resources to the completion of the project.

The value added element of the ICC is the nature of relationship with communities. We chose to "accompany" people in setting and prioritizing their needs.

Planning Assumptions, Constraints and Prioritisation

It is also assumed that the situation in the West Bank will continue to suffer under the reality of occupation, the separation wall, and settlement expansion, negatively impacting livelihoods, food security, and human dignity. In the event that this appeal isn't fully funded priority will be given to the health objectives and activities in Gaza.

Implementation Timetable

Activities in this appeal will take place during a period from 1 April, 2012 – 31 March, 2013.

Transition or Exit strategy

As long as the political situation remains the same, there is no prospect of resuming normal economic activities in the Occupied Palestinian Territories. All parties involved in emergency relief have repeatedly asked the question of how the intervention relates to the sustainable economic activity of beneficiaries. As various studies have pointed out, the economic malaise of the Palestinian Territories is caused primarily by the continuing Israeli occupation. Internal political division among Palestinians exacerbates the situation yet even if this division were resolved but occupation measures continues as at present, then the dire economic and social conditions affecting a majority of Palestinians will not change - except perhaps for the worse.

An exit strategy, in the context of political turmoil and instability, will continue to be the focus of ongoing discussions among NGOs, public institutions and international agencies and partners. The ACT Palestine Forum has proposed a study on intervention strategies that can be tied to some sustainability in terms of individual and family economic independence.

The Food Security Program of DSPR West Bank would be sustainable in that the families and households involved should be able to produce their own fruits and vegetables within the first six months and barter the rest for cash. It is expected that within 14 months these families would also become self sufficient in dairy products. But this example of sufficiency or sustainability is always subject to the macro factors, particularly those military and political factors (such as land confiscation, settler violence, settlement expansion, home demolition, and movement and access restrictions) that remain decisive in constraining the hoped-for overall sustainability of intervention strategies to combat induced poverty. Thus, together with emergency intervention, there is a need for a strong advocacy program that would insist on the need to end Israeli military occupation and all of its inhibiting measures and obstacles.

Despite these challenges, MECC/DSPR is keen to link development and sustainability of projects with emergency intervention so that our work will provide needed aid to people and, at the same time, foster their self-reliance rather than their aid-dependence.

VI. ADMINISTRATION & FINANCE**Administration & Finance**

MECC/DSPR's experience in issuing and implementing ACT Appeals began well before October 2000. The success of MECC/DSPR in carrying out multiple appeals is credited in part to the fact that there is no interference of Area Committees of NECC and ICC or the Central Committee of DSPR with the Appeals and their implementation. Usually, the Central Office together with the Executive Director and Staff of West Bank initiate discussion of the emergency situation and carry forward the process of planning for the appeal and its eventual implementation, supervision and evaluation. The Area Committees (ACs) and Central Committee (CC) are informed of the ACT appeal and of the progress done at each stage. Audited statements together with periodic reports are given to the ACs and CC for their review and comments. The ACT evaluation report and recommendations was also discussed with the CC of MECC/DSPR since it remains the highest authority for MECC/DSPR and it is empowered to step in if the situation warrants.

The Area Committee are the board of MECC/DSPR in the West Bank. Board members hail from different church families and are mostly professionals such as medical doctors, teachers, tourist agents, pharmacists, etc. The practice is the Area Committee forms subcommittees (such as a project subcommittee, loan and finance subcommittee) which meet more regularly and supervise activities related to the overall program as well as to specific ACT Appeals. In the West Bank, the project and other

subcommittees work in a supervisory manner and monitors activities and plans of work. Overall there are nine employees, five core and four in the field on a part-time basis. The Central Committee of MECC/DSPR is the ultimate overseeing body and is composed of five delegates from the various Area Committees of MECC/DSPR and four members at large nominated by the four families of Churches. The Central Committee reviews and approves individual budgets, including ACT Appeal budgets, and makes recommendations and binding decisions on planning and implementation.

Distribution of Roles and responsibilities:

- The Finance Officer of the Central Office; of ICC in the West Bank will keep separate ACT appeal balances and issue, in cooperation with coordinators, the proper bids/tenders for food supplies and other materials. The finance officer of ICC and Central Office has also the responsibility of following up all financial transactions and issuing periodic reports.
- Responsibility for the Food Program is the charge of the Executive Secretary, the Engineer, the local part-time staff, including two on-site engineers, who all have been working on food security related issues for at least the last five years.
- Executive director of West Bank will have overall responsibility to oversee the process of screening according to criteria of eligibility. He will also authorise dispensing of cash and funds for purchase of food and other commodity supplies and to keep updated financial and narrative records, together with lists of names of families who benefited from this appeal. The final responsibility on the implementation of the Appeal falls within the competency of the executive directors and staff
- MECC/DSPR program development officer. DSPR Central office Executive Secretary stress the fact that work in the office should be done in the spirit of a team, the finance officer and program development officer with the executive secretary work in unison over the appeal and related issues. MECC/DSPR Central Office, in coordination with APF is contemplating having a communication officer who will coordinate reporting on the various activities of APF as well as DSPR activities and will attend the meetings of APF and if possible travel also to Gaza to report from the field there.

VII. MONITORING, REPORTING & EVALUATIONS

The Area Committee together with the Executive Director of the MECC/DSPR Central Office will have the responsibility to monitor ACT assistance. In the West Bank ICC constantly monitors the implementation of the activities through field visits and meetings with the beneficiaries. ICC's Project Manager is responsible for planning the activities in a timely manner and ensuring that activities are being implemented accordingly.

The Central Office receives periodic narrative reports together with monthly financial reports. The Finance Officer and Program Development Officer are responsible for report writing. At the end of the appeal period, the external auditor assigned by MECC/DSPR Central Office will verify the process and prepare the report.

MECC/DSPR Central Office - On an ongoing basis, the Central Office Finance Officer monitors all financial transactions related to the appeal by receiving and reviewing a monthly backup of the accounting system of the West bank. The Finance Officer also reviews all of the internal control procedures in both localities. At the end of the appeal the External Auditor coordinates with the Central Office Finance Officer in issuing the Audit Report for the appeal after a series of reviews and in-depth verification of the accounts.

A special separate external audit will be done for the ACT funds within the prescribed period of time required by ACT. The MECC/DSPR Central Office Finance Officer together with the Executive Secretarie

of the West Bank and his respective accountant will ensure the timely release of this audit report. The Executive Secretary of the Central Office will oversee the process.

An evaluation is not planned for this appeal. An evaluation was carried out on previous ACT Appeals, the results and recommendations of which will help to implement Appeal MEPL81. It is our recommendation that an evaluation be conducted for this appeal as it is the first time that the APF members have jointly made an ACT Appeal.

VIII. CO-ORDINATION

Activities are coordinated within the project area. Staff directly related to the appeal activities will be appointed and will report to the Executive Director of NECC-ICC. Plans of action will be revisited once funding arrives, and implementation of activities starts taking place. The Central Office is always in the picture through periodic reports and photos. Moreover, the progress of appeal activities is always on the agenda of the APF meetings for discussion and sharing experiences and information.

Coordination with other organizations depends on the nature of the activity undertaken. In the West Bank, activities related to the food security program are coordinated with the village CBOs, with local village councils and the Ministry of Agriculture.

MECC/DSPR is an active participant in the ACT Palestine Forum. Forum members meet almost once a month to follow up on appeal activities and other issues related to coordination. Forum members have conducted a joint Strategic Planning Process, created an Advocacy plan, and will soon be undertaking the process of preparing an Emergency Preparedness Plan.

ICC are constantly coordinating with local NGOs that are working on the ground in the same field. Moreover, participate in the relevant UN Clusters and are in contact with other INGOs.

IX. BUDGET

Budget	Type	No.	Unit Cost	Revised Budget as of 23-11-2012
	Unit	Units	USD	USD
INCOME - Through ACT Geneva				
INCOME - Cash and In Kind Donations Received Directly				
INCOME PLEDGED - directly for West Bank Food Security Program				
TOTAL INCOME received and pledged				
EXPENDITURE				
2012 APPEAL ASSISTANCE: 01 APRIL - 30 MARCH 2013				
DIRECT ASSISTANCE				
DSPR West Bank -				
West Bank - Food Security Initiatives				
Project Direct Cost				
50 Small plastic Green House overspace area of 3,600 m ² with irrigation system and land preparation	EA	50	1,375.46	68,773.00

100 sheep supplied	EA	100	588.85	58,885.00
Feed for Sheep for 100 days (4 bags for 50 HH at USD30) Chicken is 2 bags for 50 HH at USD 27	Days	100	91.35	9,135.00
500 chickens with feed	10 EA	1000	4.54	4,540.00
Fruitful trees	10 EA	500	3.46	1,732.00
Diversity of seeds and seedlings	180 EA	9000	0.27	2,448.00
Capacity building 5 modules of 15 hours/module for 140 beneficiaries or 8 groups of 18 EA	Beneficiaries	144	17.74	2,554.00
Project Indirect Cost				
Project Manager Supervision	Months	12	2,000.00	24,000.00
1 Site Engineer	Months	12	1,500.00	18,000.00
TOTAL DIRECT ASSISTANCE DSPR West Bank				
				190,067.00
Transport: Hire Vehicles and transportation expenses	Lump	1	2,500	2,500.00
Indirect Costs: Personnel, Administration, Operations & Support				
Staff salaries				
Chief Coordinator - West Bank	month	12	925	11,100.00
Finance Officer- West Bank	month	12	613	7,356.00
Secretarial & other Support- West Bank	month	12	533	6,396.00
Communication CO	month	12	400	4,800.00
Telephone, Fax & Postage, Stationary (Local Calls, Banks, internet Charges, International Calls)	LS	1	2,000	2,000.00
Internet Connection Vedio Conference	LS	1	2,500	2,500.00
Hospitality	LS	1	750	750.00
Sub-total Indirect Costs: Personnel, Administration, Operations & Support				
				37,402.00
Audit	LS	1	1,500	1,500.00
ACT International Coordination fee (3%)	Percentage	1		6,869.00
Total Requested Budget				
				235,838

H. HUMANITARIAN SUPPORT FOR THE WEST BANK AND GAZA (IOCC) **WB removed, Gaza in joint component)**

IOCC has removed this project and joint the response for the Gaza component. Previously IOCC requested an amount of 609.930 USD, in which not income was obtained. In the joint Gaza response IOCC is requesting USD 344 960 through outcome 4.