Caritas Internationalis

APPEAL PROPOSAL TEMPLATE

RAPID RESPONSE APPEAL / EMERGENCY APPEAL / PROTRACTED CRISIS APPEAL

A. TYPE OF APPEAL

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

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

Select the type of Appeal you are submitting:

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

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

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

Important Note

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

B. GENERAL INFORMATION SHEET	
1.1 Programme title	**Mobile Medical Team Project in Gaza**
1.2 Programme holder	Name and address: Caritas Jerusalem Paratroopers St. 3 New Gate, Notre Dame Center, Jerusalem (HQ) Director: Sr. Bridget Tighe Email: srbridget@caritasjr.org Telephone / Mobile: 0543233415 Skype: bridget.tighe1 Caritas website address: www.caritasjr.org Contact person: Mr. Ramez Razzoukramezr@caritasjr.org Communication officer contact: Mr. HaroutBedrossianharoutb@caritasjr.org
1.3 Appeal Number	**EA 22 /2018 - Gaza**
1.4 Programme start & end dates:	Start date: October 1st, 2018 End date: March 30, 2019 Duration: Implementation phase of 6 months (maximum 2 for Rapid Response, 12 for Emergency Appeal or 36 months for Protracted Crisis Appeal) Final Report Due Date: (Within two months of the end of project): 1st June 2019
1.5 Reporting Schedule for quarterly and annual reports	N/A for Rapid Response Appeal 1st Quarterly report: [due within 4 weeks of the end of the quarter] 2nd Quarterly Report: 3rd Quarterly Report: 1st Annual Report for Protracted Crisis Appeal, due within 4 weeks of the end of the year **Qt : 1st February 2019** **Final : 1st June 2019**
1.6 Total Budget	Total Budget Local currency: NIS 526,166 Euros: **EUR 123,436** For the Protracted Crisis Appeal indicate annual totals: Contributions already secured and by whom: Local currency: Euro:

	Exchange rate used and source: **One EURO Equal 4.26265 NIS - OANDA Rate 25/07/2018**
1.7 Geographical focus	District(s)/province/city (Diocese/parish) Gaza, Palestine
1.8 Name(s) of implementing partner (s)	**Caritas Jerusalem**
1.9 Beneficiaries	Total number of direct beneficiaries (individuals)[1]: **6,000** (Reconcile with section 5) Number of indirect beneficiaries (individuals): 34,200 (Reconcile with section 5)
1.10Overall objective	State the Overall objective of the programme and the sectors of intervention[2] The overall objective of the project is **to provide basic primary health care services** to serve the vulnerable population in marginalized areas in Gaza strip in order to fill gaps in the health system and compliment the health work with the other health NGOs in Palestine.
1.11Compulsory documents to be attached	Annex 1)Log frame Annex 2) Budget Annex 3) Gantt Chart
1.12Recommended further documentation to be provided	a) Detailed Assessment Report b) Security Plan c) CI Mapping d) Caritas Annual Report
1.13Bank Details: **Please note that for each Appeal a separate bank account needs to be opened.**	**To be open in the coming days, bank account data will be provided.**

C. PROPOSAL

1. PROBLEM ANALYSIS(max. 2pages)

The Gaza strip has already a weak public health infrastructure that is overburdened by continuous conflicts, making **humanitarian response critical**.

The ongoing violence along the Israel/Gaza border, resulted in the deaths of Palestinians, and injured thousands of others among the thousands of Palestinians. Cf. CI Update 17 May 2018.

In Gaza, there is limited access to clean drinking water, power, and sewage disposal that combined with overcrowded housing carry grave risks for the spread of diseases. In the 2008 conflict, more than 40% of primary care clinics were damaged and most were understaffed, making the need of mobile medical team

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

outreach more critical in emergency situations. In their report on the 2008 conflict, the Palestinian Ministry of health reported that more than 1,300 people have died and approximately 5,300 were injured in Gaza. Displaced people during conflict were in search of protection and medical aid during the conflict.

In the 2014 conflict, primary healthcare services were also interrupted. This often-affected marginalized communities particularly in the Mid Area of the Gaza Strip, East Khan-Younis villages, and border areas in the North Gaza. The closure of primary healthcare facilities (PHCs) leads to poor accessibility of population to health care services in the affected areas, which are mostly located in areas where access to health services is limited[3]. Furthermore, internally displaced persons (IDPs) during and immediately after conflict often have limited access to health care facilities and health care services.

Poor access to healthcare is not limited to emergency situations because also during normal situations, people living in remote marginalized areas, and those with disabilities in particular, have poor accessibility to health care services and require traveling long distances to receive the needed services.

A chronic shortage of pharmaceuticals, supplies, spare parts and poor general maintenance led to a deterioration of quality of services in Gaza.

The Health Cluster Damage and Needs Assessment following the 2014 conflict observed that "nearly 50 per cent of Gaza's medical equipment is outdated and the average wait for spare parts is approximately 6 months". In 2014, the MoH Central Drug Store in Gaza reported that an average of 25.7% of medicines on the essential drug list (124 of 481 items) and 47% (424 of 902 items) of medical disposables were at or near zero stock for MoH facilities. (Zero stock = the number of items at or within 1 month of exhaustion). The main reason is an insufficient budget rather than security restrictions imposed by Israel.

The provision of basic services in Gaza remains a key humanitarian concern. Increasing electricity cuts are undermining basic services already depleted by the blockade, recurrent hostilities and restrictions on the import of goods considered "dual use". Surgeries are being delayed, some diagnostic services are being put on hold, and there has been a disruption in the delivery of primary healthcare (PHC) and secondary healthcare (SHC) services by the Ministry of Health (MoH). Health provision is also impeded by delays in the shipment of essential drugs and disposables from the PA Ministry of Health, which has also recently been delaying or suspending payment for the referral of patients for medical treatment outside Gaza. **The number of permit applications denied or delayed by Israel to access health care outside Gaza has also been on the increase, reaching 45 per cent of applications in October 2017**. (Occupied Palestinian Territory: Humanitarian Needs Overview 2018)

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

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

In Gaza CJ is providing primary health care in 10 locations along the Israeli border about 2Km from the fence from north to south. A Mobile Medical Team (MMT1) with a male and female doctor, male and female nurse, pharmacist, lab technician and driver visits one centre each day 5 days per week, so each centre is served once in 2 weeks. CJ provided that service since January 2018 but **funding will end in September**. Since the

3 Gaza Strip Joint Health Sector Assessment Report Prepared by the Health Cluster in the occupied Palestinian territory

violence along the border began numbers attending these clinics have doubled.

For the next two months or so, in addition to MMT1, CJ has 2 emergency Mobile Medical Teams (MMT2) in Shati Camp, in the north of the Gaza Strip, and east of Gaza city each with a surgeon and 2 nurses treating the less seriously wounded and those discharged early from hospital who need dressings, infection control and rehabilitation. Indeed, since the demonstrations and violence near the border began, Caritas Jerusalem got relatively small but very welcome grants from different organizations to run emergency trauma clinics for up to three months. Caritas Jerusalem also got a small grant for medicines from CRS and another from CAFOD for food and hygiene items for families of the wounded.

When the MMT2 emergency service ends there will be greater need than ever for the MMT1 service

Currently the Mobile Medical Team (MMT1) project implemented by Caritas Jerusalem and funded by the USAID for Gaza 2020 Health Matters Project and led by International Medical Corps (IMC) contributes in reducing some of the burdens at local primary healthcare facilities. The mobile medical team is an effective approach for bringing critical health services to the people where they live, especially in deprived areas, and conducting referrals for cases in need of comprehensive care.

The funding from USAID will stop end of September 2018, although the project's end date is at the end of November 2018. USAID has stopped most of its funding in the West Bank and Gaza recently. **As a result, Caritas Jerusalem is seeking funding to continue the health intervention in Gaza for the next 6 months (around 120 000 euros) where there is a huge need. Caritas Jerusalem, Gaza Health Centre Branch, is dedicated to providing high quality healthcare to patients of all ages in marginalized areas in the Gaza Strip.**

Caritas Jerusalem hopes that USAID funds will resume or that they find other donors. Meanwhile **Caritas Jerusalem request the financial support from the Confederation to respond to the needs of the most vulnerable people facing recurrent conflicts in Gaza which leads to a continuous critical humanitarian situation.**

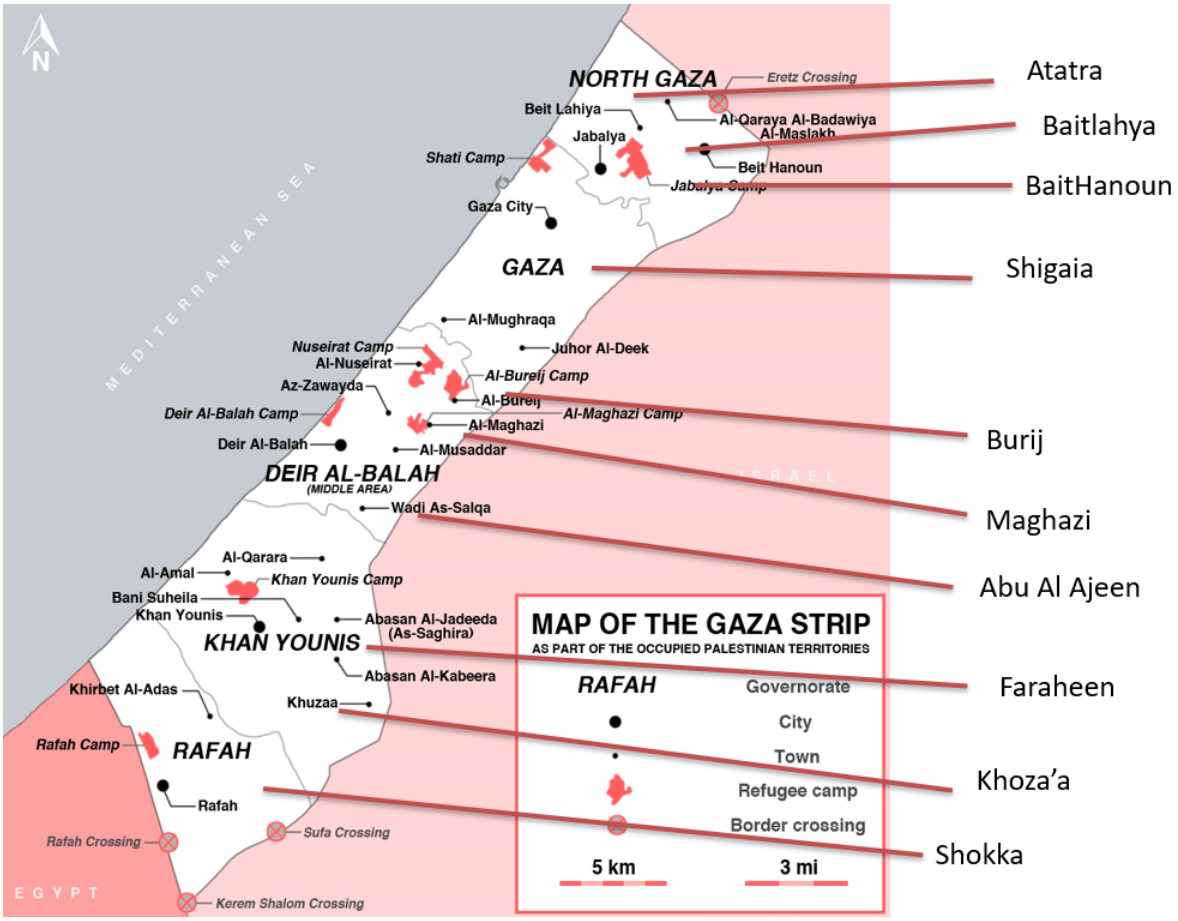
2. PROPOSED RESPONSE (max. 3pages)

A. Geographical Focus

- Name the geographical areas covered by the programme (include map of affected areas and project locations) as well as the administrative structures and dioceses.
- Justify the geographic targeting decisions.

Governorate	Targeted area
North Gaza	Bit-Lahya- elShaymaa& Aslan, Bit-Hanoon western.
Gaza	Al Shejaeya,
Middle	Almossaddar, El- Buraij
Khan Younes	Kozaa, El Farahen, Abo El Ajeen
Rafah	El Shoka

The project will target all vulnerable people residing in those **ten marginalized areas**. The total populations in these areas are 165,227. The project **will provide basic primary healthcare services for males as well as females of all age groups**. History taking, clinical examination, basic lab tests will be performed. Prescribing and delivering of drugs and referral of patients in need of secondary healthcare. In addition to nutritional awareness sessions to patients.



B. Security Situation

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

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

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

C. Response Objectives / Logical framework

Caritas Jerusalem in partnership with International Medical Corps, funded by USAID, through Gaza 2020 Health Matter Project, is currently implementing the MMT project since December 2017 and supposedly should last until end of November 2018.

The team is serving vulnerable populations in marginalized areas in Gaza Strip. MMT team was able to

conduct medical visits for each of the 10 CBOs proposed for the MMT operation during the whole period successfully. Each month at least 2000 patients are being treated. As funding from USAID has been stopped for the West Bank and Gaza areas, we cannot successfully continue this essential intervention after September 2018. Thus, CJ is seeking funding by this proposal to continue serving the vulnerable population in the marginalized areas.

Project Goal:

The Main aim of MMT is to provide basic primary health care services to serve the vulnerable populations in marginalized areas in Gaza strip during non- emergency and recovery period.

Goal: To provide basic primary healthcare services to serve the vulnerable population in marginalized areas in Gaza strip.

Methodology:

- There was prior mapping out of the areas of work with a focus on the marginalized areas of Gaza;
- The field project coordinator will coordinator with the CBOs and prepare schedules and ensure that every location is visited twice /month by the medical team so there will be 20 working days for them.
- An introductory visit was conducted to the communities to be served that provided them with information regarding 1the dates, times and locations of the mobile clinics and the services that will be provided.
- A full logistics support is insured to the team including communication, power source, clean water and waste management.
- A proper storage, distribution, tracking and utilization of pharmaceuticals and medical supplies is insured.
- Timely reports are provided on monthly basis is insured.
- Patient privacy and confidentiality of patient information is insured.
- National regulation for infection prevention & control is complied with for patient safety and medical waste disposal.
- The Mobile Medical Team consisting of 2 general physicians, 2 nurses, pharmacist, health educator provides complementary health services at 10 marginalized areas in medically equipped rooms in CBOs. The driver will take them from Caritas Health Center will they gather to the CBO scheduled for the day.
- As per the MOH regulations, a pharmacist should provide patients with needed medications.
- Any patient visiting the CBO will be provided with complimentary service including screening, lab tests and medications.

At the beginning of the project, Caritas Jerusalem medical consultant conducted orientation sessions for the team on the following topics before starting the work:

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

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

The Field Project Coordinator:

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

Expected result 1: A total of 6 000 patients for the whole project period receive primary health care intervention

Activities:

- Screening of patients.
- Opening computerized medical files,
- Provision of Primary Health Care by the medical team including lab tests and medical screening for 50 patients/ per visit with estimated total of 1 000 beneficiaries per month.

The Common Cases/medical conditions seen in regular and routine days at MMT clinics include medical cases such as: Systemic Hypertension, Diabetes mellitus, Urinary tract infection, Acute Bronchitis, Acute Tonsillitis, Musculoskeletal pain, Parasitic infestation, High risk pregnancy, Common Cold, Scabies, Otitis media, Acute gastroenteritis, Anemia mainly among children and pregnant women, Osteoarthritis, Bronchial asthma, Conjunctivitis.

Expected result 2: A total of 6 000 patients for the whole project period receive their needed medication

Activities:

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

Expected result 3:

A total of 6 000 patients for the whole project period get better control over their health

Activities:
Patients receive advice on nutrition and healthy lifestyle

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

D. Cross-cutting Issues

CJ has its **child protection policy** built with the support of CAFOD, used to acknowledge the rights of children. CJ has also provided training courses on child protection policy to all current employees in order to adopt it in their intervention when they are in contact with children.

CJ will provide primary health services to all vulnerable people regardless of their gender or age. CJ considers both genders to be victims of siege and post war having equal rights to access health services. Thus, Caritas is adopting an **active gender sensitivity approach**, acknowledging different needs and problems of all people regardless of their gender or age.

CJ has trained the medical team in the Gaza Clinic on a safety emergency evacuation measures, and installed emergency exit signs, fire extinguishers, water sprinkles, alarm -fire system to minimize the risk of fires and security cameras all over the Caritas premises, in case of natural or man-made disasters, to contribute in decreasing the loss of souls.
In addition, the medical team and key staff have been trained on advanced first aid, emergency and disaster management, to increase their capabilities in times of emergency.

3. ADVOCACY(max. 1 page)

THIS SECTION IS NOT REQUIRED FOR RAPID RESPONSE APPEALS.

Caritas through its network with local and international partners, and with the support of the communication department, have been for years advocating and raising awareness for the less fortunate people living in the marginalized areas. A bi-monthly newsletter was established years ago to highlight the current situation in those areas, and the need of intervention that escalates on and off.

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

In addition, Caritas Jerusalem will prepare a milestone report on a monthly basis in order to measure the progress of the project activities with some **case studies**. These reports could then be published on baobab website to show partners our intervention details.

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

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

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

Recently, the General Director of Caritas Jerusalem, Sr. Bridget Tighe, concerning the escalating tense on the borders of Gaza, has sent a letter to all our networks, churches, organizations, and international platforms, to indicate the importance of rapid intervention to support the affected and wounded people in Gaza. (annex 4)

Please also read about the (in particular health) situation in Gaza:
https://reliefweb.int/report/occupied-palestinian-territory/gaza-dg-echo-who-un-ocha-echo-daily-flash-11-july-2018
https://reliefweb.int/report/occupied-palestinian-territory/palestine-violence-gaza-and-increased-humanitarian-needs-dg
https://reliefweb.int/report/occupied-palestinian-territory/state-palestine-humanitarian-situation-report-january-june

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

Risk of insecurity

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

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

However, in case of increased insecurity, Caritas Jerusalem will make sure that the staff working on the

project is safe, and able to reach the areas of intervention, and will continue working cautiously, without risking the lives of the employees.

Scenarios:

In case of lack of funds for the whole amount we will reduce the period of intervention for the 10 locations and the activities are essential interventions and we cannot prioritize any locations or activities as they are all equally vulnerable.

5. BENEFICIARIES(max. 1 page)

5. a) Direct Beneficiaries

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

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

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

Total Number of Households: **6 000**
Average Number of Family Members per Household: **5.7**

Total Number of Beneficiaries (individuals): 6 000
Optional: (if secondary data available)

Women:	Children:
Men:	Elderly:
Disabled:	Others (please specify)

Beneficiary Selection

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

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

5. b) Indirect Beneficiaries

Note: Indirect beneficiaries are those, if any, who benefit from the programme but do not interact directly with it.
Total Number of Households: 6,000
Total Number of Indirect Beneficiaries (individuals): **32,400**
Optional: (if secondary data available)

Women:	Children:
Men:	Elderly:

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

Food & nutrition (incl. Cash transfers, cash for work)	
Water, sanitation, and hygiene	
Shelter and non-food items	
Health	**6,000 ind**
Livelihoods	
Protection[4]	
Education	
Capacity building / training	
Advocacy	
Peace building	
Other [please specify]	

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

Monitoring will be done at the following levels:

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

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

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

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

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

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

Beneficiaries will be filling the pre-post health education questionnaires, in order to assess their current understanding of their health and to show the progress they reached after raising their health awareness.

Evaluation: (Ref. Section 2.8 – CI MS).

Even if not compulsory (budget inf. Euro 250 000) an **external evaluation** will be conducted after the project period to identify project achievements, identify lessons learnt and key challenges faced in the

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

implementation, and develop recommendations to advise on the future development of health services and to assess the impact of various components of the project.

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

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

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

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

Accountability: (Ref. Section 1.7. CI-MS.)

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

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

Learning:

Caritas Jerusalem has been working in health for almost 30 years and has gained the experience in managing minor and major scale projects including emergency projects as stated in section 9.

People in Gaza have witnessed many wars in their lives and they are living under siege which is continuous and no near hope of ending. Caritas Jerusalem has implemented different projects for different needs all over Gaza. With the people, we often experience the lack of hope that is all pervasive in Gaza. The question being answered here mentions "development stakeholders."

Many, perhaps most, funding agencies focus on development but in Gaza, an open prison subject to an 11-year old blockade and recent reduction and freezing of international aid, people are struggling to survive. They feel forgotten by the international community and have no hope. This is especially true of the youth who have lived through frequent wars, have never left the Gaza Strip, and many of whom have never seen or spoken to a non-Gazan. Their lack of hope is observed in their reckless willingness to die in the border clashes.

Through evaluation of previous projects, we become more aware of beneficiaries' real needs and best practices to be used in future projects. In order to keep better track, Caritas Jerusalem has installed computerized patients records system to achieve a holistic database to be used in analysis and decision making.

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

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

Our sustainability for this project will target the importance of raising health awareness and educating the

patients on health-related issues in order to decrease the opportunities of health complications in the future, and to work towards prevention of diseases when applicable. **Towards the end of the project, CJ will seek additional funding to continue the health services provision** and coordinate with other health providers and sectors to reach the real needy and vulnerable people and avoid duplication of work.

8. COORDINATION(max. 1/2 page)

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

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

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

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

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

Caritas Jerusalem has managed the below "big scale projects"

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

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

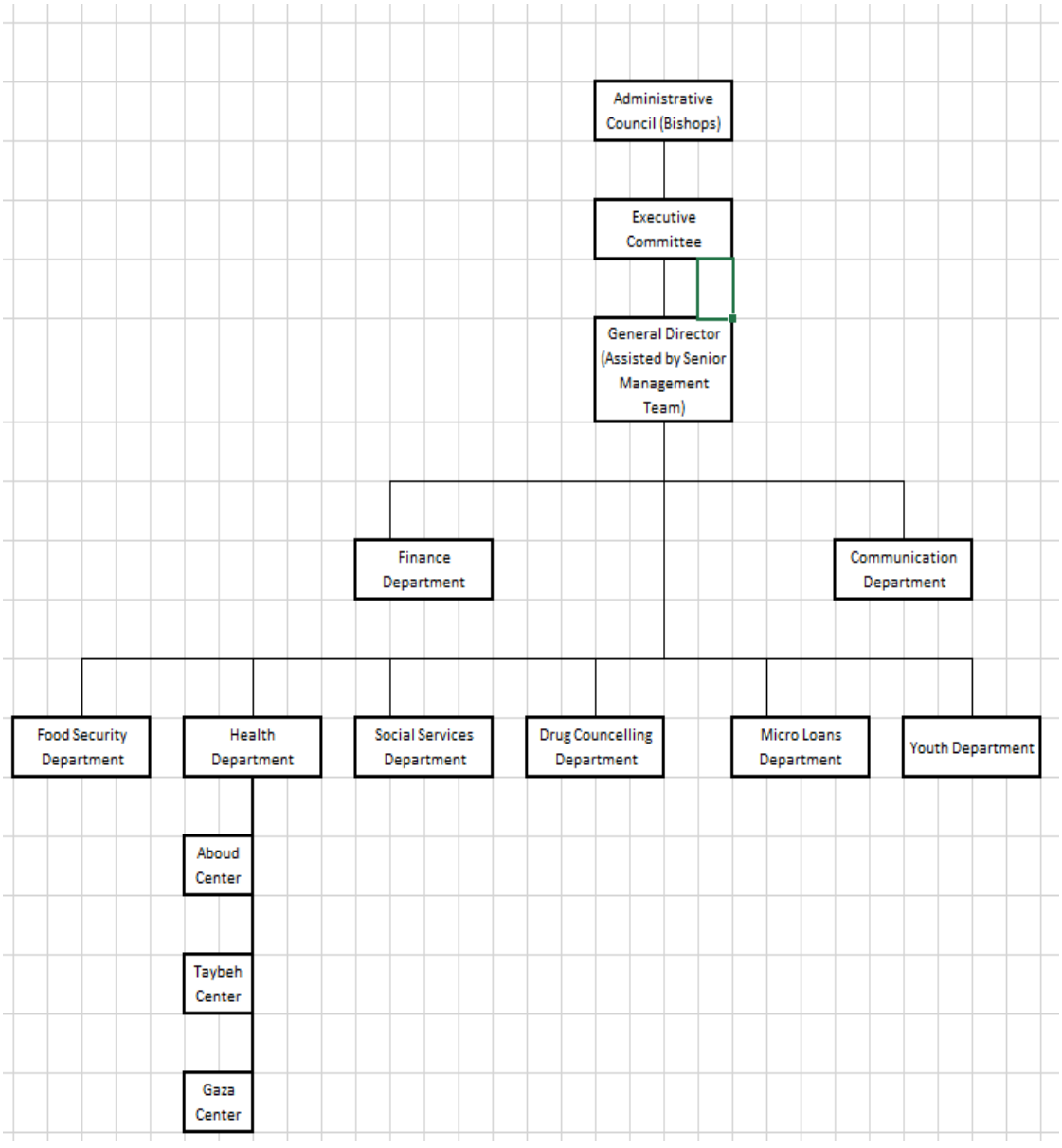
Project Name: Phase 2 Emergency Appeal for Gaza strip, funded by Caritas Internationalis, 2015 – 2016, EUR 400,000
Results: 3 500 children were screened for anaemia and examined in the 10 districts during the project period and were given food supplements and medications as needed. Moreover, they received fortified milk and biscuits. 12 000 children participated in the psychosocial group sessions.

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

Human resources

1	Project Coordinator - Part Time 40%	1
2	Accountant - Part Time 30%	1
3	Communication Officer - 15% Part Time	1
4	Administrator - Part Time 30%	1
5	Field Project Coordinator	1
6	Warehouse officer	1
7	Doctor	2
8	Nurse	2
9	Pharmacist	1
10	Health Educator	1
11	Data Entry Operator	1
12	Driver	1

Caritas Jerusalem Organizational Chart (next page)



	Currently, CJ has equipped each of the 10 CBOS with needed medical equipment in order to enable the medical team to provide a complementary primary healthcare services to patients of the marginalized areas.
10. BUDGET: FINANCIAL OVERVIEW AND BUDGET NARRATIVE	
	Complete the budget sheet according to the relevant template (separate templates for Rapid Response, Emergency Appeal and Protracted Crisis Appeal). Please make use of the guidance notes together with the comments column on the budget summary page to show how budget lines are calculated.