

Revised health sector assessment for the CAP 2006 in the occupied Palestinian territory

Several events since the preparation of the CAP in the last quarter of 2005 are affecting the humanitarian needs of the Palestinian people. In particular, the freeze of a) financial support to the Palestinian Authority (PA) and b) VAT transfer from Israel threaten to negatively affect current health care delivery and public health programmes:

- Civil servant salaries, including those of the Ministry of Health (MoH), have not been paid since March 2006. Most health workers are still going to work, however, the level of work attendance may drop should the situation continue;
- Stocks of medicines are running short. According to the MoH seventy-seven essential drugs are already out of stock. The MoH requires \$ 4.5 million per month in order to cover non-salary expenses, such as medicines, consumables and running costs;
- Health services are compromised, and the lack of fuel and other operating supplies is already affecting the capacity of the MoH and health civil servants to continue their normal operations. Large scale programs – for controlling epidemics such as the Avian Influenza – will be critically weakened should this crisis persist, with severe consequences not only for the Palestinian population but also for neighbouring countries.

The current situation in the oPt will lead to a severe deterioration in the provision of public health services and will compromise public health programs, in addition to the already existing access problems. As a consequence, the demand on UNRWA services may increase due to an influx of refugees who normally use MoH services. The selection of beneficiaries based on their refugee status – according to UNRWA's mandate – will create further inequity regarding access to health care.

Restriction of movements is affecting transportation of goods and medical patients within the West Bank and to and from Gaza, including the transfer of material at Karni crossing and the accelerated construction of the Barrier. It is expected to contribute to problems in utilization of services, difficulties with the referral system, and shortages of medical supplies. Restriction of movement and difficulties in transport will affect the attendance of approximately 12,000 MoH staff in the West Bank. Additional difficulties are caused by the deteriorating security situation, especially in the Gaza Strip.

A possible collapse of the MoH will affect the Palestinian population across all sectors of society. However, it is worth mentioning that the population already considered vulnerable at the end of 2005 will be more susceptible during the coming period. Vulnerable groups include patients affected by chronic diseases, in need of long term treatments – especially dialysis and cancer patients –, complicated cases of pregnancy and delivery and childhood illnesses. Equally, the concern about the exhausting coping mechanisms of vulnerable groups (i.e. poor and unemployed) becomes more relevant in this context. Also, concern remains for the areas traditionally affected by incursions: Northern West Bank and Hebron as well as the increased internal struggle mainly in the Gaza Strip.

At its current level of resources, the NGO sector does not have the capacity to absorb the huge demand for health care that would emerge from a lack of public services, even in the short term. Beyond the provision of services, the sudden absence of public authority and stewardship in ensuring key functions such as health status monitoring, sanitary controls, early detection and response to outbreaks, and effective health sector coordination will contribute to the rapid degradation of health services provision.

The international community – including the *Quartet* (European Union, United Nations, United States and Russian Federation) and WHO – is working to find alternative solutions to address health needs and to avert a public health crisis in the occupied Palestinian territory.

Revised Sector Strategy

The set objectives of the CAP 2006 seek to strengthen the public health system and improve the national capacity to deliver effective, high quality services. In that specific context, it was decided that humanitarian actions should complement larger development-oriented interventions, including policy development and health system reform. The withdrawal of financial support to the PA and the recent threat to public health system functionality mandates a reformulation of objectives for humanitarian actions by preserving the key outcomes and functions of the public health system while adopting an aid strategy that does not undermine the existing system.

In particular, the sector strategy is looking at:

- Supporting the MoH to guarantee universal coverage of health services, by ensuring availability of sufficient supplies and maintaining the MoH capacity to fulfil its stewardship role.
- Preserve the MoH capacity to maintain the provision of health services, its coordinating role, its capacity to monitor health status and to continue working in programmatic areas such as communicable diseases, non-communicable diseases, reproductive health, nutrition, vaccination programmes, environmental health and emergency preparedness and response.

Providing support to the MoH for logistics management and monitoring of the health emergency situation on access to quality services and the general health status of the Palestinian population will be a key part of the UN mission. Additionally, UN agencies have a pivotal role to play in advocating and conveying key health concerns to the international community.

Interventions aimed at strengthening areas such as maternal health and management of chronic diseases, which were previously seen within the development framework, are addressed in the revised strategy. However, it is important to consider that the proposed response can only be viable if the salaries of health care workers are paid.

SUMMARY OF WHO'S REVISED CAP PROJECTS

TITLE	FUNDS REQUESTED
Procurement of essential drugs, laboratory reagents, supplies and other items (fuel, food, stationary)	25,776,300
Improving the health sector preparedness and capacity to response to emergencies	255,409
Quality of Life Survey (<i>New</i>)	217,745
Strengthening Coordination and Information Management (<i>Revised</i>)	353,100
Effective Management of Communicable Diseases in complex emergencies (<i>Revised</i>)	164,780
Management of Non Communicable Diseases (NCD) in emergency (<i>Revised</i>)	100,045
Medical Waste Management (<i>Revised</i>)	129,470
Nutrition Surveillance System (<i>Revised</i>)	456,323
Mental Health Care and Social Support: Families associations, Public Education Activities, Training of Mental Health (MH) staff (<i>New</i>)	338,976
Development of a communication and Advocacy strategy for Health Access of the Palestinian population (<i>Revised</i>)	317,790
TOTAL	28,109,938

Appealing Agency:	WORLD HEALTH ORGANIZATION (WHO)
Project Title:	Improving the health sector preparedness and capacity to respond to emergencies (<i>Revised</i>)
Project Code:	oPt-06/H16
Main Sector:	Health
Objective:	To support the Ministry of Health in maintaining the health sector emergency preparedness and response capacity
Target Beneficiaries:	Palestinian population, health professionals, MoH
Implementing Partners:	MoH, PRCS
Project Duration:	July 2006 – December 2006
Original Requirements:	\$504,878
Revised Requirements:	\$255,409

Achievements January – May 2006

The project has not been funded and therefore remains as a need. The budget has been adjusted to match the implementation period of 6 months instead of 12 months.

Rationale

In the current situation, the increase of internal and external security problems requires the MoH to maintain and strengthen its capacity to deal with emergencies. In recent years, the situation has led to several coping difficulties in the health sector. Although the health sector seemed to respond well to the crisis which started with the *Intifada* in October 2000, the health sector capacity and training in dealing with trauma is limited.

Activities

Strengthening the capacity of national authorities in emergency preparedness and response through:

- Development of an integrated emergency health plan that covers areas of risk assessment, health intelligence, capacity building, community awareness as well as effective emergency response capability;
- Development of surveillance standards and Standard Operating Procedures (SOPs) in order to promote better health practice during humanitarian crisis situation;
- Capacity building for rapid health needs assessments following any emergency to ensure that the most vulnerable populations benefit from the humanitarian health relief programme;
- Setting up of an early warning system for alert and response to epidemic prone diseases following a natural disaster in the country;
- Strengthen the needs assessment and monitoring of the humanitarian situation of populations most affected by the separation barrier, including in East Jerusalem.

Outcome

- Improved skills and knowledge of health workers to manage major emergencies;
- Improved capacity for MoH and health sector to prepare for and respond to major emergencies;
- Improved system for emergency medical services;
- Partnerships and alliances strengthened to discuss health challenges in oPt (equity and access).

Monitoring Indicators

An updated situation analysis report is produced and disseminated; updated health sector contingency plan based on risks and threats; number of staff trained in the management of public health in emergencies; number of functional meetings with all stakeholders; number of staff trained on emergency medical management.

FINANCIAL SUMMARY	
Budget Items	\$
Staff costs	75,000
Implementing costs	142,000
Programme coordination, monitoring and reporting	21,700
Programme support costs	16,709
Total	255,409

Appealing Agency:	WORLD HEALTH ORGANIZATION (WHO)
Project Title:	Procurement of essential drugs, laboratory reagents, supplies and other items (fuel, food, stationary) (New)
Project Code:	oPt-06/H28
Main Sector:	Health
Objectives:	To guarantee the availability of essential drugs, laboratory reagents, supplies and other items (fuel, food, stationary) for the functioning of the public health services
Target Beneficiaries:	Palestinian population
Implementing Partner:	MoH
Project Duration:	July – December 2006
Revised Requirements:	\$25,776,300

Rationale

Since the Palestinian elections and the victory of Hamas - which triggered an international response of freezing of funds and Value Added Tax (VAT) transfers to the PA - the MoH has not been able to pay regular salaries to its staff, has had difficulties allocating funds for running costs, drugs and supplies which are necessary for the functioning of the public health system. Due to the lack of funds and consequently of supplies needed, WHO in coordination with other leading agencies - (UNICEF and UNFPA, see related projects) - considers that the coverage of the MoH needs in terms of essential drugs, supplies, laboratory reagents and other items for the coming seven months as essential. This project will use the usual MoH central store mechanism for implementation.

Objectives

- Ensure the availability of essential drugs, laboratory reagents, supplies and other items (including fuel, food and stationary) in line with needs and international standards;
- Provide technical support for procurement, coordination and monitoring.

Activities

- Procurement of essential drugs, laboratory reagents, supplies and other items (fuel, food, stationary).

Expected Outcome

- Essential drugs, laboratory reagents, supplies and other items available;
- Drugs and supply system working efficiently under emergency circumstances

Monitoring Indicators

Availability of essential drugs, laboratory reagents, supplies, and other items.

FINANCIAL SUMMARY	
Budget Items	\$
Staff costs	300,000
Implementing costs and operating costs	21,600,000
Programme coordination, monitoring and reporting	2,190,000
Programme support costs	1,686,300
Total	25,776,300

Appealing Agency:	WORLD HEALTH ORGANIZATION (WHO)
Project Title:	Quality of Life Survey (<i>New</i>)
Project Code:	oPt-06/H29
Main Sector:	Health
Objectives	To assess and monitor the Quality of life (QOL) of Palestinians and to assess the relationships between health, well-being, and QOL, and to ascertain their social determinants
Implementing Partners:	PCBS, Birzeit University
Project Duration:	July - December 2006
Revised Requirements:	\$217,745

Rationale

The lack of adequate tools for the assessment of health outcomes and the quality of life of chronic exposure to violence has prompted the WHO to conduct a QOL study in the West Bank and Gaza.

Translation, adaptation, testing and validation of a worldwide used QOL instrument, the WHOQOL-Bref, was completed in 2005. An empirical pilot investigation followed and was completed on 25 December 2005, one month prior to the exacerbation of conditions in the country following 25 January 2006 Palestinian legislative Council Elections. Thus, the empirical pilot forms a baseline that allows to measure improvements or deterioration in QOL.

The pilot survey included 1008 adults randomly selected from a representative sample of Palestinian households in the West Bank and Gaza Strip. The findings of the study reveal a very poor life quality experienced by Palestinian people pointing to the political context and its consequences as important determinants.

Objectives

- To regularly measure the QOL of Palestinians conducted in 2005;
- To assess the relationships of health and well-being, and QOL, and ascertain their social determinants.

Activities

Implement and extend countrywide QOL survey involving a national representative sample of 10,000 people (15 year of age and above).

Expected Outcome

- A national survey conducted;
- Data analysed and compared with 2005 baseline data.

FINANCIAL SUMMARY	
Budget Items	\$
Staff costs	75,000
Implementing costs and operating costs	110,000
Programme coordination, monitoring and reporting	18,500
Programme support costs	14,245
Total	217,745

Appealing Agency:	WORLD HEALTH ORGANIZATION (WHO)
Project Title:	Strengthening Coordination and Information Management (<i>Revised</i>)
Project Code:	oPt-06/H12
Sector:	Health
Objective:	To maintain and develop mechanisms of coordination within the health sector. To maintain the health information management system by having up to date, accurate and reliable data on the health status in oPt.
Target Beneficiaries:	Health stakeholders in oPt (MoH, local NGOs, INGOs, UN agencies)
Implementing Partner:	MoH
Project Duration:	July – December 2006
Original Requirements:	\$314,820
Revised Requirements:	\$353,100

Achievements January – May 2006:

The project has not been funded and therefore the main objectives remain as a need.

Rationale

Within the new context of financial crisis at MoH in addition to political constraints that restrict donor-MoH communication, WHO is in the position to provide a link between donors and MoH and to provide independent, reliable and authoritative information for monitoring, coordination and appropriate response. However, additional funds are required to cope with this situation. Accurate and reliable data are essential to maintain a national health information system by improving the quality of and access to information for all health stakeholders. Health Inform tools (website, monthly health newsletter, meetings and workshops) will be used to share and disseminate health information which will enhance and strengthen coordination within the health sector.

Activities

- Coordination meetings for different stakeholders (local & international) on central and district level;
- Working with MoH for capacity building in information and coordination;
- Specific data collection;
- Website and monthly newsletter;
- Information support and coordination by geographic areas (district) and by theme;
- Monitoring and collecting information on the impact of the current financial crisis on the population's health status;
- Information on health facility network.

Outcome

A strengthened Palestinian Health Information Centre (PHIC) in MoH.

Monitoring Indicators

- Coordination improved, newsletter regularly published;
- Provision of regular and reliable data on the effects of the financial crisis on the health status, health services and health system;
- Website updated regularly;
- Health maps updated;
- Health facilities database and district profiles printed and distributed.

FINANCIAL SUMMARY	
Budget Items	\$
Staff cost	200,000
Implementing costs	100,000
Programme coordination, monitoring and reporting	30,000
Programme support costs	23,100
Total	353,100

Appealing Agency:	WORLD HEALTH ORGANIZATION (WHO)
Project Title:	Effective Management of Communicable Diseases in complex emergencies (<i>Revised</i>)
Project Code:	oPt-06/H14
Main Sector:	Health
Related Sectors:	Education
Objective:	Maintain and strengthen the national surveillance for communicable disease (CD) control as part of national health management information system
Target Beneficiaries:	All the population, health professionals
Implementing Partners:	MoH, UNRWA and key NGOs
Project Duration:	July 2006 – December 2006
Original Requirements:	\$221,540
Revised Requirements:	\$164,780

Achievements January – May 2006

The project has not been funded and therefore the main objectives remain as a need.

Rationale

Communicable diseases account for most deaths in complex emergencies. Factors promoting disease transmission interact, leading to high incidence rates of diarrhoea, respiratory infection, measles and other infectious diseases. During the last years the MoH has succeeded to prevent and control most of the infectious diseases. However, the epidemiological condition has been challenged by recent outbreaks of mumps and rubella in the West Bank, as well as by the recent Avian Flu outbreak in the Gaza Strip.

Objective

This project aims to maintain the capacity of the Palestinian MoH to respond to such outbreaks and to improve the existing surveillance systems.

Activities

- Assist the MoH in developing the national guidelines on CD surveillance and their dissemination;
- Training of health personnel in CD surveillance;
- Technical assistance for policy, planning and training;

Expected Outcome

- Improved capacity of MoH to respond to public health emergencies and to monitor, prevent and control outbreaks of communicable diseases;
- Printing of national guidelines.

Monitoring Indicators

- National guidelines on CD surveillance in place;
- Number of workshops organised;
- Number of personnel trained.

FINANCIAL SUMMARY	
Budget Items	\$
Staff costs	70,000
Implementing and operating costs	70,000
Programme coordination, monitoring and reporting	14,000
Programme support costs	10,780
Total	164,780

Appealing Agency:	WORLD HEALTH ORGANIZATION (WHO)
Project Title:	Management of Non Communicable Diseases (NCD) in emergency (Revised)
Project Code:	oPt-06/H13
Main Sector:	Health
Objective:	To maintain the capacity of the Ministry of Health in proper management of chronic patient's needs during emergency
Target Beneficiaries:	Chronic diseases patients, health professionals
Implementing Partners:	MoH, UNRWA
Project Duration:	July 2006 – December 2006
Original Requirements:	\$198,220
Revised Requirements:	\$100,045

Achievements January – May 2006

The project has not been funded and therefore remains as a need. The budget has been adjusted to match the implementation period of six months instead of twelve months.

Rationale

Due to the lack of proper access to health services, the absence of a special entity responsible for chronic diseases and shortage of essential drugs, it is believed that the number of all types of NCDs in oPt is underestimated. Since national data on NCDs are not accurate, follow-up for risk factors and proper treatment of patients has been weak under normal circumstances and the financial crisis is expected to widen this weakness.

In oPt NCD are the main causes of death. Cardiovascular diseases 36.1%; prenatal conditions 9.9%; cancer 9%; accidents 8.8%. Trends of Diabetes Mellitus specific mortality rate show fluctuating figures: 10.1 per 100,000 in 2000, 15.2 in 2001, and 15.1 in 2002. In 2003, it decreased to 11.2 per 100,000. The mortality rate was higher among females (13.8%) than males (8.6%). In 2004, 1,041 persons died from cancer with a mortality rate of 28.6 per 100,000. This rate was 27.4 per 100,000 in the year 2000. Among all deaths from cancer, trachea, bronchus and lung cancer were the leading causes (13.9%) followed by breast cancer (11.6%).

Objectives and Activities

- Establishing a NCD thematic group, lead by MoH;
- Strengthening the NCD unit in the MoH;
- Assist MoH in establishing a NCD surveillance system;
- Set a national contingency plan for management of chronic patients during crisis;
- Production of guidelines for management of chronic diseases in emergency;
- Training of health professionals on early detection, prevention and emergency management of NCD patients.

Expected Outcome

- Improved capacity of MoH to manage chronic diseases during emergencies;
- Improved surveillance system of chronic diseases in place;
- Improved coordination between various stakeholders dealing with NCDs.

Monitoring indicators

Thematic group established and active; NCD surveillance system in place, guidelines for management of NCD patients during crisis in place; national contingency plan for management of NCD during crisis in place; and a number of health professionals trained.

FINANCIAL SUMMARY	
Budget Items	\$
Staff costs	35,000
Implementing and operating costs	50,000
Programme coordination, monitoring and reporting	8,500
Programme support costs	6,545
Total	100,045

Appealing Agency:	WORLD HEALTH ORGANIZATION (WHO)
Project Title:	Medical Waste Management <i>(Revised)</i>
Project Code:	oPt-06/H17
Main Sector:	Health
Related Sectors:	Local Authorities
Objective:	Reduce the health hazards of medical waste on the population
Target Beneficiaries:	Health workers and all population
Implementing Partners:	Ministry of Health, Municipalities, National Environment Authority
Project Duration:	July 2006 – December 2006
Original Requirements:	\$219,208
Revised Requirements:	\$129,470

Achievements January – May 2006

The project has not been funded and therefore remains as a need. The budget has been adjusted to match the implementation period of six months instead of 12 months.

Rationale

All studies conducted among health workers in oPt to identify and highlight the problem of medical waste management show the lack of an organised system for medical waste management. Health care workers lack certain knowledge hence current practices are inadequate. Medical waste often remains in the streets for long periods, exposed to the public (mainly the children and the poor). A wide programme for medical waste management is essential in oPt.

Objectives and Activities

- Assist the Palestinian Authority in establishing an authorised body within the MoH responsible for all aspects of medical waste management and develop an adequate policy;
- Assist in the creation of database information, risk analysis and disposal methods;
- Provide a medical waste incinerator to be installed in a pilot area;
- Develop health education, not only for health workers but also for the community, about the hazards of medical waste and how to minimise them;
- Promote coordination between the different ministries concerned with medical waste.

Outcome

- An established body within MoH to deal with waste management;
- Health education provided to health workers and population;
- A coordination mechanism between the relevant public entities.

Monitoring Indicators

- A case reduction of nosocomial infection;
- Guidelines for medical waste management produced and disseminated.

FINANCIAL SUMMARY	
Budget Items	\$
Staff costs	20,000
Implementing costs	90,000
Programme coordination, monitoring and reporting	11,000
Programme support costs	8,470
Total	129,470

Appealing Agency:	WORLD HEALTH ORGANIZATION (WHO)
Project Title:	Nutrition Surveillance System (<i>Revised</i>)
Project Code:	oPt-06/H15
Main Sector:	Health
Objective:	To support the Ministry of Health in monitoring the trend of health and the nutrition situation of the country and early identification of any potential health and nutritional crises.
Target Beneficiaries:	Palestinian Population
Implementing Partners:	Ministry of Health
Project Duration:	July 2006 – December 2006
Original Requirements:	\$233,200
Revised Requirements:	\$456,323

Achievements January – May 2006

The project has not been funded and therefore the main objectives remain as a need.

Rationale

In view of the absence of a nutrition surveillance system in the oPt, and considering the importance of an effective nutrition surveillance system, WHO has initiated a project to support the MoH in establishing a comprehensive national nutrition surveillance system. Continuation of the nutrition surveillance system with quality data is the key to monitor the trend of the nutrition situation and to early identification of any potential health and nutrition crisis. Currently, additional funds are required to cope with needs that arise from the financial crisis of the MoH. Within the new context there is a need to establish a system of periodic nutritional data collection at household level, particularly focusing on vulnerable groups (children and pregnant/lactating women).

Objectives and Activities

- Training programme (both basic and refreshers) for different cadres of staff involved in the surveillance system e.g. health workers/nurses, programme managers, and statisticians;
- Support to sentinel surveillance to support data collection through routine service delivery points;
- Essential equipment and supplies;
- Support appropriate MoH body (e.g. Nutrition Department) in the management and proper utilisation of nutrition surveillance data;
- Organise workshops to disseminate nutrition surveillance reports to all stakeholders;
- Review the system periodically and take appropriate follow-actions for improving the system;
- Development of two surveys focusing on vulnerable groups (children and pregnant/lactating women).

Expected Outcome

- Trained and appropriately skilled personnel available at all levels;
- All relevant health facilities are well equipped;
- Regular and reliable surveillance reports are produced and disseminated;
- Two surveys conducted.

Monitoring Indicators

Number of staff trained; number of health centres fully equipped for surveillance data collection; number of monthly surveillance reports produced; number of workshops convened to disseminate surveillance data; number of surveys done.

FINANCIAL SUMMARY	
Budget Items	\$
Technical assistance	30,000
Equipment and material	357,700
Programme coordination, monitoring and reporting	38,770
Programme support costs	29,853
Total	456,323

Appealing Agency:	WORLD HEALTH ORGANIZATION (WHO)
Project Title:	Mental Health Care and Social Support: Families associations, Public Education Activities, Training of Mental Health (MH) staff (New)
Project Code:	oPt-06/H33
Main Sector:	Psychosocial
Related sector:	Health
Objectives:	To increase the awareness of the general public as well as specific target groups on mental health issues and to initiate training initiatives on community mental health.
Target Beneficiaries:	The patient's visitors, their families, general public, health workers of different categories in all districts of West Bank and Gaza. These will serve around 35,000 persons suffering from illnesses.
Implementing Partners:	MoH Community Mental Health services, NGOs involved in psychosocial activities, MoE, MoSA
Project Duration:	July– December 2006
Original Requirements:	\$338,976
Revised Requirements:	\$338,976

Summary

The current socio-political crisis has an adverse impact on the mental health of the Palestinian population. In this context, vulnerable persons are often isolated or socially marginalised, and don't receive the social support necessary for prevention and recovery from mental health problems. Families' Associations provide support, education and advocacy opportunities to families of those suffering from mental health problems – leading to better support and understanding for the patients and better overall family functioning. Public education/awareness raising campaigns work to educate and sensitise the general public (and more specific target groups) to issues associated with mental health and illness, leading to greater understanding, acceptance and support in the community for those suffering from mental health difficulties. The needs for training of different categories and upgrading the capacities of mental health workers is as essential as public education for improving the holistic care and appropriate referral of those seeking MH treatment (including clinical supervision).

Objectives and Activities

- To set up and facilitate ten Families' Association groups through existing Community Mental Health Centres (CMHCs) in each District of West Bank and Gaza;
- To raise awareness on factors associated with mental health amongst the general public and specific target groups;
- To design and organise Community Mental Health training initiatives;
- To create a structure of supervision, support and coaching within the health service's sector;
- To develop anti-stigma campaigns (materials and activities) targeting the general public and different groups in the community;
- To develop and implement Mental Health trainings, according to priority needs;
- To monitor and evaluate the outcome of the above activities.

Expected Outcome

- Ten family associations developed and functioning;
- Materials and television spots which tackle mental health related matters are printed and disseminated/broadcasted;
- Health professionals and other target groups are trained.

FINANCIAL SUMMARY	
Budget Items	\$
Staff costs	84,000
Implementing and operating costs	204,000
Programme coordination, monitoring and reporting	28,800
Programme support costs	22,176
Total	338,976

Appealing Agency:	WORLD HEALTH ORGANIZATION (WHO)
Project Title:	Development of a communication and Advocacy strategy for Health Access of the Palestinian population (Revised)
Project Code:	oPt-06/CSS04
Main Sector:	Coordination
Related Sectors:	-NA-
Objective:	To develop advocacy activities in order to promote the right to health and unconditional access to health services in oPt and to seek support from media, donors and public opinion.
Target Beneficiaries:	Palestinian population, MoH
Implementing Partners:	Health service providers and the MoH.
Project Duration:	July 2006 – December 2006
Original Requirements:	\$209,880
Revised Requirements:	\$317,790

Achievements January – May 2006

The project has not been funded and therefore the main objectives remain as a need.

Rationale

The project addresses the need of Palestinians to have safe and unconditional access to health services. The communication and advocacy strategy project proposes to develop advocacy activities in order to promote the right to health. More specifically, the project will proactively raise awareness on the health situation in oPt, and support and communicate strategic priorities to key audiences concerning the deterioration of the humanitarian situation and health access related to problems. Media, donors and public opinion will be specially targeted.

Additional funds are required to cope with needs that arise from the current financial crisis of the MoH, in order to advocate for the right to health and to reconcile epidemiological, technological and economic pressures in health with ethical imperatives, including equity of access to health care.

Objectives and Activities

- Set procedures for periodical monitoring of access to health services;
- Increase and monitor media coverage on the health situation in oPt, targeting international and national media;
- Organise joint media field visits, cultural events, round tables, workshops and/or press conferences;
- Publish joint statements and articles in local and regional newspapers;
- Create partnerships with Israeli and international organisations to organise debates and presentations to disseminate the current difficulties faced by Palestinians when in need to access a health facility.

Outcome

- Better access to essential health services ensured.

Monitoring indicators

- Number of activities organised;
- Number of publications in local and international media on health issues.

FINANCIAL SUMMARY	
Budget Items	\$
Staff costs	120,000
Implementing costs and operating costs	150,000
Programme coordination, monitoring and reporting	27,000
Programme support costs	20,790
Total	317,790