



CONCEPT NOTE

Sustaining Al-Amal Medical Centre and Clinics

Al-Zawayda, Central Governorate – Gaza

Continuation of Essential Primary & Emergency Health Services

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Project Concept Note

Continuation of Kofof El Khair’s Al-Amal Medical Centre, Al-Zawayda – Gaza

(Active Conflict Context – Existing Facility & Staff)

1. Background

Since late 2023, Al-Amal Medical Center has been providing **primary healthcare, emergency and trauma stabilization, and basic mental health support** to conflict-affected communities in Gaza’s central governorate. The unit is strategically sited near three large IDP shelters and currently handles:

Indicator (Jan–May 2025 average)	Monthly Value
Outpatient & follow-up visits	1,050
Emergency/trauma stabilizations	70
Chronic-disease reviews	190
Deliveries/Prenatal contacts	55
Under-5 sick-child consultations	210

All infrastructure (facility, WASH block, solar lighting) is in place and fully functional. A 7-person local team—already trained in Basic Emergency Care, mass-casualty triage, and PFA—has been salaried by Kofof El Khair to date.

2. Purpose of the Grant

To sustain uninterrupted, life-saving health services for 8,000 conflict-affected residents and IDPs over the next 12 months by financing:

1. **Human Resources** – retain the experienced multidisciplinary team.



2. **Medicines & medical consumables** – replenish essential drug kits, emergency supplies, and lab reagents required for ≥13,000 consultations.
3. **Administrative contingency (5%)** – buffer for price spikes, security-related transport surcharge, and currency fluctuation.

Grant funds will chiefly underwrite monthly medicines and consumables, budgeted at approximately USD 4,000 per month—an amount that already covers the 5% administrative contingency and international transfer fees. Surplus funds will be used to contribute to the staffing costs to retain the experienced multidisciplinary team.

3. Target Population & Prioritization

- **Total catchment:** ~8,000 people (incl. ~3,500 IDPs)
- **High-priority groups**
 - Children < 5 years (18%)
 - Pregnant & lactating women (10%)
 - Elderly 60 + years (12%)
 - Patients with chronic diseases (20%)
 - Trauma victims from ongoing hostilities (variable surges)

Services remain free-of-charge and triage is strictly needs-based, in line with humanitarian principles.

4. Core Activities (July 2025 – June 2026)

#	Activity	Modality & Key Outputs
1	Continuous clinical service delivery	Minimum 6-day week; average 35 consultations/day; 24/7 on-call for mass-casualty events.



2	Essential medicines & consumable supply chain	Monthly resupply via a humanitarian corridor; buffer stock for 2 weeks; cold chain managed via a solar fridge.
3	Emergency/trauma stabilization	Triage, wound care, IV fluids, splinting, oxygen; referral coordination with Al-Aqsa & Al-Shifa hospitals.
4	Preventive & MHPSS activities	Immunization liaison, antenatal checks, health education, and Psychological First Aid sessions.
5	Monitoring & reporting	Weekly morbidity bulletins; monthly 4Ws to Health Cluster; donor financial reports.

5. Expected Results

Result Level	Indicator	Target (12 months)
Outcome	Crude consultation coverage	≥85% of estimated health-seeking events in catchment met by Medical Point
Output 1	Total consultations provided	≥13,000
Output 2	Trauma cases stabilized & referred	≥800
Output 3	Stock-out days for any tracer medicine	0
Output 4	Timely Health-Cluster reports submitted	12/12 (100%)

6. Risk & Mitigation

Risk	Probability	Mitigation
Supply chain interruption	High	Maintain a two-week buffer stock; share logistics with partner NGOs; pre-position kits in Rafah.



Escalation forcing evacuation	Medium	Rapid-move plan (<4 hrs) to alternate site; staff security protocols updated fortnightly.
Currency & price volatility	Medium	5% contingency; quarterly budget review and re-forecast.

7. Budget Summary (USD)

Budget Line	Unit Cost/Month	Months	Total (USD)
A. Staffing Costs			56,400
• Medical Doctor (1 × 1,100)	1,100	12	13,200
• Senior Nurse (2 × 600)	1,200	12	14,400
• Pharmacist (1 × 800)	800	12	9,600
• Community HWs (2 × 400)	800	12	9,600
• Admin/Coordination (1 × 800)	800	12	9,600
B. Medicines & Consumables	lump-sum	12	42,000
— Essential drug list, trauma kits, lab reagents, PPE	3,500	12	42,000
Sub-Total (A + B)			98,400
C. Administrative Contingency (5%)			4,920
Grand Total Requested			103,320

All equipment, utilities, and facility running costs are already financed through separate in-kind contributions.

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8. Implementation Timeline

Quarter	Key Milestones
Q1 (Jul–Sep 25)	First tranche of drug procurement; contract renewals; baseline report
Q2 (Oct–Dec 25)	Mid-term supply top-up; first semi-annual donor review
Q3 (Jan–Mar 26)	Contingency restock (winter respiratory surge)
Q4 (Apr–Jun 26)	Final procurement round; external evaluation; sustainability planning

9. Sustainability & Exit

Kotof El Khair is actively coordinating with the MoH and Health Cluster for eventual integration of the Al-Amal staff into the public system once security stabilizes. All medical records follow MoH formats to enable smooth handover.

10. Contacts

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