Ministry of Foreign Affairs

Activity: Medical Support for Palestinian Children (25-0001967)

Id	25-0001967
Date	29-10-2025
SAP application number	

Contents

Key data **4**

Activity basics 4

Activity details 4

Accounting data 4

Policy data **5**

Beneficiary location **6**

Policy Appraisal **7**

Policy relevance 7

Rationale 7

Contextual analysis 7

Added value 8

Lessons learned 8

Durability 8

Gender 8

Climate change 8

Cooperation, harmonisation and alignment 9

Digitalisation 9

Additional remarks (if applicable) 9

Results **10**

Humanitarian Aid 10

Migration 10

Support for Regional Refugee Responses 10

Monitoring and evaluation **11**

Monitoring 11

Evaluation 11

Finance **12**

Budget breakdown 12

Earmarking 13

Prepayments 13

Available resources 13

Grant with a repayment obligation, loans, equity investment or guarantee 13

Audit opinions 14

Key data

Activity basics

Type	Standard
Short name	Medical Support for Palestinian Children
Contract party	Save the Children Nederland (30013162)
ODA	Yes
Amount EUR	800000
Start date	15-10-2025
End date	14-10-2026
Full name	Lifesaving health support to forcibly displaced Palestinians in need in Egypt
Summary	Egypt hosts over 130,000 displaced Palestinians, including thousands of medical evacuees from Gaza, many with critical health needs and limited access to services due to unrecognized refugee status. The influx from Gaza and Sudan has overwhelmed Egypt's strained healthcare system, with shortages of beds, staff, resources, and medications, and long waiting lists. Children are most affected: 30% of Save the Children's 3,405-person waiting list are minors, with 1,256 urgently needing treatment. Through coordinated medical case management, Save the Children will provide surgery, oncology, chronic disease treatment, mental health care, prosthetics, and rehabilitation over 12 months, with a project team in Greater Cairo, targeting 600 displaced Palestinians and prioritizing critically ill and vulnerable children.

Activity details

Date of receipt of proposal	23-09-2025
Proposal's reference number	MINBUZA-2025.2541102
Budget holder	Ambassade Caïro (8251KAI)
Limit access	No
Related activity	

Accounting data

SAP application number	
Funds center	KAI EG Reception in region grant (1704U02040002)

Policy data

Cooperation modality	Project support
Technical assistance	Between 25% (inclusive) and 50% (exclusive) of the activity budget
CRS code	72010 Material relief assistance and services
Policy Keywords	
Refugees & host communities	Yes
Team Europe Initiative	No
Policy Markers	
__Trade & The Economy	Not targeted
_Security & Stability	Significant
Biodiversity	Not targeted
Climate change: adaptation	Not targeted
Climate change: mitigation	Not targeted
Desertification	Not targeted
Equality between men & women	Not targeted
Migration	Principal
Human rights	Principal
Rights of the child	Principal
Explain your choices	The project will target 600 children, including Palestinian medical evacuees, their accompanying family members, and other forcibly displaced Palestinians residing in Egypt. This group—especially children with critical medical needs—faces heightened vulnerability due to their uncertain legal status and limited access to essential services. By addressing these urgent needs, the project directly contributes to migration management, upholds human rights, and advances child rights policies by ensuring protection, healthcare, and equitable access to support for displaced populations.

Beneficiary location

Beneficiary location	Country
Country	Egypt
Location type	District
Specific location	Mostly Greater Cairo

Policy Appraisal

Policy relevance

- **What policy objectives, as set out in the annual plan, policy notes etc., will this activity contribute to?**

The project will contribute to the following policy objectives:
- MACS (2023-2026): "The Netherlands is supporting Egypt to protect and offer services to vulnerable migrants and refugees and support their inclusion in national systems. This is done via a number of consolidated programs (migration management through IOM COMPASS, education, employment and protection via the multi-partner PROSPECTS program and migrant human rights via PROMIS with UNODC) and support to local organizations, all in a gender-responsive manner and supporting host communities. Following the intensified migration partnership, these programs have been streamlined into a coherent, visible NL migration portfolio contributing to our migration diplomacy."
The project is also initiated as a response to debates in Dutch Parliament and the broader society about the need for additional support to children from Gaza. Some Palestinian children have been victimized, are currently in Egypt and in need of medical treatment and/or support. Sometimes it can be difficult for them to access appropriate healthcare due to a lacking insurance, specific needs or shortcomings in regular channels. This project will directly benefit these children, but also their accompanying family members, complementing the Egyptian Healthcare system. As such, this initiative is in line with and also further supports the Dutch governments broader goal to support victims from Gaza.

Rationale

- **What issue/problem will be addressed by the activity**

The overall objective of this intervention is to **strengthen the health response for displaced Palestinians in Egypt by enhancing access to essential healthcare.** In response, Save the Children will support 600 Palestinians residing in Egypt who require secondary or tertiary healthcare services in Egypt over the course of 12 months. Based on Save the Children's initial assessment of its existing caseload, the range of medical services provided to the 600 total Palestinians will include assistive devices; medication for chronic diseases; investigation and consultation; oncology; physiotherapy; and surgery. Save the Children will coordinate access to medical care for children with critical medical needs through its contracted network of both public and private healthcare providers, including pharmacies

- **Why does the activity help to address the issue/problem?**

The project addresses critical gaps in healthcare access for displaced Palestinians in Egypt, particularly medical evacuees. It tackles the shortage of specialized secondary and tertiary care, including psychiatric services and long-term treatment for complex war-related injuries, needs that remain largely unmet by other actors. By expanding Save the Children's existing response, the project provides a strategic extension to ensure sustained, comprehensive medical support.

- **For ODA activities over EUR 250.000, please explain the Theory of Change**

Due to the project's humanitarian nature, immediate life-saving assistance takes priority over long-term systemic change. The rapidly changing context and urgent needs do not allow for the development of a structured theory of change, as interventions must remain flexible and responsive rather than follow a fixed causal framework.

Contextual analysis

- **Who is/are the target group(s) and why?**

600 children and their families or accompanying adults
The project will focus on vulnerable populations primarily children then women, persons with disability, individuals with chronic illnesses, and those requiring critical lifesaving medical interventions. SC will make use of its waiting list of individuals already registered for medical services within this intervention.

- **Who are the other main stakeholders?**

SC will implement the project directly.
Yet, the project will expand and maintain a dependable network of public and private hospitals and specialized providers, selected through transparent contracting and negotiation.

- **To what extent have stakeholders been involved in formulating the proposal?**

Partially, because SC will make use of its waiting list of individuals already registered for medical services within this intervention. This reflects that those individuals have been consulted via previous programs and their needs are well taken when drafting this project.

- **Is the intervention aimed at a specific geographical location, and if so, why?**

The project will mostly be implemented in Greater Cairo as this is where most of the waiting list patients by Save the Children reside.

Added value

- **What is the added value of the Dutch government being involved in relation to other donors, the EU, NGOs and local authorities?**

The Netherlands is able to support victims from Gaza in a focused and timely manner through this project, supporting initiatives of other donors but also the local authorities. The added value of the Dutch government being involved is partly because NL already had a project with Save the Children, making a targeted additional project possible on a short term. Due to the context described above this is highly valuable.
Additionally, the Netherlands has a broad cooperation with Egypt on migration. Furthermore, the Netherlands footprint in humanitarian aid and access through a certain number of larger I-NGO's - of which Save the Children is part -is of added value through our expertise.

- **Are the recipients making an own contribution or co-participating in the activity, and if so, to what extent?**

Yes, Save the Children will contribute laptops itself. Additionally, SC will leverage the project to obtain additional funding to increase our reach and the service we can provide to the individuals.

Lessons learned

- **What lessons learned (from previous or comparable activities, published evaluations, relevant publications) will be addressed by the activity?**

Mental health needs are significantly higher among displaced Palestinians. Previous assessments and service delivery experiences have revealed a disproportionately high burden of mental health conditions within this population. This insight led to the deliberate expansion of the project's scope to include specialized mental health care services.
In Save the Children's earlier medical interventions, some patients fell through the cracks due to unclear referral mechanisms and limited follow-up, resulting in delayed or incomplete treatment—particularly for complex cases. To address this, SC implemented a responsive medical case management system with continuous follow-up, ensuring that patients are supported throughout their care journey and that no one is left behind and this is continued throughout the proposed project.
Past experiences have also highlighted the risk of overlapping services and fragmented efforts when coordination mechanisms are weak. Although the current project operates in a context with few actors providing medical services specifically for displaced Palestinians, coordination- a central part of the proposed project- remains essential. It enables alignment of efforts and ensures that available resources are used efficiently to maximize impact and coverage.

Durability

- **How will the results of the activity be sustained after its end date? What is the exit-strategy?**

Sustainability is not a defining feature of this project, as it is designed as an urgent humanitarian response to provide life-saving medical support for Palestinian children in a context where the national health system is already overstretched and under severe pressure. The intervention relies on private healthcare providers to deliver timely treatment, making continued external financing essential to reach additional patients in the future. This approach prioritizes immediate impact and critical care over long-term self-sufficiency, reflecting the emergency nature of the response.

Gender

- **Does the proposal include a gender analysis? If yes, what are the main outcomes? If no, why not?**

No, a gender analysis was not included, as this project seeks direct provision of health services for displaced Palestinians in Egypt. Yet, the design of the project takes on the gender sensitivity of the outcomes and how women and girls' particular health needs might differ from those of men and boys.

- **Does the proposal justify the target group's gender-specific interests and needs (and why)? Please explain.**

Yes, the project places a strong emphasis on gender sensitivity by guaranteeing equitable healthcare and MHPSS access for women, men, girls, and boys. It prioritizes the specific needs of female caregivers and adolescent girls through access to female health professionals, dignity kits, and GBV referral pathways. Gender-disaggregated data will be collected and analyzed to inform all programming, which follows established gender-sensitive criteria, tools, and standards.

- **Have women and young people been included in the stakeholder analysis? Please explain.**

As indicated, SC has a ready waiting list with all patients needs, those with an urgent intervention will be prioritized. A special focus will be on children (boys and girls).

Climate change

- **Does the proposal include an analysis of the possible effects of climate change on the activity or its results?**
- **Does the proposal include any interventions to combat these effects (adaptation/mitigation)?**

Yes, the project adopts climate-conscious practices by utilizing electronic referrals (e-referrals) instead of establishing a physical referral hub. This approach, previously implemented by Save the Children, enables staff to coordinate directly with patients to assess needs and gather referral documentation digitally. By sending referrals electronically to SC's network of private hospitals, the project significantly reduces transportation-related emissions, paper usage, and electricity consumption that would otherwise be generated by operating a centralized hub and paper-referrals. This not only enhances operational efficiency and cost-efficiency

but also aligns with environmentally responsible programming by minimizing the project's carbon footprint. Additionally, all SC projects and proposals are evaluated using internal SC assessments to ensure they are climate friendly.

Cooperation, harmonisation and alignment

- **Does the activity involve cooperation with Dutch organisations, the EU or other donors (including delegated cooperation), local organisations or other parties?**

The project is in partnership with Save the Children Netherlands which in turn is cooperating with its country office in Egypt.

- **How does the activity contribute to harmonisation and/or multi-donor financing?**
- **What is the degree of (policy and financial) alignment?**

Digitalisation

- **Have proposed digital technologies been developed or chosen in collaboration with end-users?**

Yes, the project advances digitalization through an e-referral system that replaces a physical hub, enabling staff to assess needs and share referral documentation electronically with private hospitals.

- **Does the proposal include an analysis of the local digital ecosystem**?

No

- **Is data security guaranteed?**

Yes, to ensure strict data privacy, beneficiaries' personal information will remain fully confidential, with no names linked to any collected data. All data will be stored in a secure, password-protected database accessible only to authorized service staff. Analysis will be conducted in an aggregated format, preventing any identification of individual beneficiaries. In compliance with SC's data protection policies and donor requirements, all personally identifiable information will be permanently deleted within three years of project closure.

- **Are digital solutions locally sustainable/relevant?**

yes

- Is duplication avoided?

Additional remarks (if applicable)

Results

Humanitarian Aid

Effective and efficient international humanitarian aid provided to save lives, reduce human suffering, protect human dignity, and mitigate the effects of crises, conflicts, and disasters; enabled by Dutch multi-year, flexible financing to UN organizations, the Red Cross movement and the Dutch Relief Alliance and through subsidies to other partners.

Crisis Response: Humanitarian assistance reaches affected populations

Crisis response broadly includes any action aimed at saving lives and alleviating human suffering in relation to natural and conflict-related disasters and emergencies. The Netherlands is committed to principled and effective assistance and protection of the most vulnerable.

Learning questions
What have we learned from this activity for this result area?
Measurements:

Indicators
Number of people reached with humanitarian assistance
Measurements: Target: 600

Description how the activity contributes to the result area, Crisis Response
Measurements:

Extent and way of integration of MHPSS in the activity (Think about planning, monitoring, staff, budget, training
Measurements:

Migration

Support for Regional Refugee Responses

Monitoring and evaluation

Monitoring

- **Specify what reporting information is required for this activity, based on the activity analysis decision tree (see Help).**

Include the following elements:

- **Planning versus realisation: tracking progress against predetermined objectives as laid out in the project proposal.**
- **Performance and quality: checking relevance and appropriateness of the implementing organisation's performance based on key assumptions in the proposal and the outcomes of the risk analysis.**

Pay attention to the method and frequency of monitoring and describe the roles and responsibilities. For further information, see Help.

For Safeguarding: Beneficiaries can provide feedback through hotlines, feedback boxes in referral hospitals, and distributed hotline cards.Beneficiaries will receive leaflets and hotline cards detailing SC's reporting and accountability information. Additionally, SC ensures that all services provided under this project adhere to its global safeguarding standards. All hospitals, staff and specialized providers within SC's network are assessed prior to contracting to ensure their facilities are child-, family-, and disability-friendly. SC provides basic safeguarding training to hospital staff and orients them on SC's safeguarding policy. Regular monitoring visits and quality checks are conducted to ensure compliance, and feedback mechanisms are in place to capture patient experiences, including post-admission observation and satisfaction surveys.
The SC MEAL team will oversee project monitoring, evaluation, accountability, and learning to ensure transparency and quality implementation. At project start, staff and volunteers will receive MEAL and accountability orientation.
A **MEAL plan** and **Indicator Performance Tracking Table (IPTT)** will guide monitoring against outcomes and outputs.
Quality Benchmark Monitoring (QBM) will be conducted quarterly using tailored checklists to ensure quality of key activities.
Feedback sessions with beneficiaries will assess satisfaction and inclusivity.
Two **learning workshops**—midterm and at the start of quarter four—will review progress, challenges, and lessons learned.
Findings from accountability systems, QBMs, and workshops will inform adaptive management through a regularly updated **action tracker**.
The policy officer will participate in the 2 lessons learnt sessions (twice throughout the lifetime of the project) and attend some of the feedback sessions organized with the beneficiaries.
Additionally, 4 quarter meetings will be organized with the PO and SC to get updates on the progress and challenges and communicate back in a timely manner to the Hague (if need be).
The reporting is:

- ***A final narrative and financial report to be assessed.***
- ***the final report needs to document human success stories***

Evaluation

Describe whether a final evaluation and/or a mid-term review has been planned. If yes, state:

- **who will commission the final evaluation and/or mid-term review (for options, see Help);**

Save the Children will internally undergo an internal Health impact/documentation of impact and achievement.

- **whether the procedure and practical arrangements have been agreed on with the implementing organisation (for details, see Help).**

Save the Children will rely on data already available from recent assessments and existing medical waiting lists, which provide a clear and updated overview of the health and medical needs of the target population. The selection of patients will follow a structured assessment process based on established SOPs, ensuring that the most urgent and eligible cases are prioritized in a transparent and consistent manner, in line with the original purpose of the needs assessment.

Finance

Budget breakdown

- Include an overview of the activity budget, including overhead costs.

Budget Details - EUR						
Budget Line Description	Q'ty	Duration	UNIT COST (EUR)	%	Total Costs (EUR)	Budget Narrative
STAFF					**134,784**	
International					**18,437**	
Country Director	1	12	13,272	1%	1,592.66	Lead s Save the Children' s in Egypt, oversee s strategic direction to ensure impactful, accountable, and sustainable support for children and communities.
Director of Program Operations	1	12	8,076	1%	969.14	Lead s an all SC Programs and projects, acting as the main line of operational accountability for all projects
SC Netherlands Staff	1	12	1,340	100%	16,074.96	Responsible for the programmatic oversight and donor relations, financial monitoring and reporting, technical support and advice and lobby & advocacy.
National					**116,136.83**	
PSIFO OL					**26,827.97**	
Finance Staff	1	12	1,257	100%	15,082.26	Include s costs for Finance staff responsible for financial reporting, financial monitoring, payroll, as well as holding a crucial role in the financial assessments, reviews, and follow up with hospitals contracted through this project especially in relation to medical claims and hospital reimbursement revisions.
Admin Staff	1	12	164	100%	1,966.57	Accountable for leading all administrative tasks, with a central role **contributing** to **Output 3** of this project where the Admin staff hold contracts with hospitals as well as the administrative processes of finalizing medical claims
Awards Staff	1	12	207	100%	2,483.57	Oversees member communication, donor compliance and grant management support to the project manager. Heads the Awards team
PSIQ Director	1	12	3,838	3%	1,376.11	The position lead s SC's Monitoring, Evaluation, Accountability and Learning (MEAL) and program quality activities in country, including Technical Advisors.
Safety and Security Staff	1	12	1,674	3%	602.87	Oversees and implements strategies to ensure the safety of beneficiaries, personnel, assets, and operations, while managing risks and responding to incidents across the organization. Moreover, the S&S staff are a central part of Output 2 where they are members of the assessment committe evaluating new hospitals for safety standards before contracting with SC.
Risk and Compliance Staff	1	12	1,303	4%	625.32	Lead s efforts to identify, assess, and mitigate risks while ensuring compliance with internal policies, and donor regulations. Moreover, the R&C staff are a central part of **Output 2** where they are members of the assessment committe evaluating new hospitals for fraud, safeguarding and compliance standards before approving the contracting processes with SC. R&C staff also hold a central role in investigations should any SC or Fraud issues rise within SC or with partner facilities.
IT Staff	1	12	1,815	3%	606.95	The IT team manages and supports the organization' s technology infrastructure, ensuring smooth operation of systems, networks, and hardware while providing technical assistance and maintaining data protection standards.
HR Staff	1	12	976	3%	351.44	Responsible for handling the Talent Acquisition requisitions for the project, new and replacements and for onboarding new hires, working as an HR Business Partner for the Project.
Supply Chain Staff	1	12	130	100%	1,556.28	The supply chain team leads strategic procurement planning, supplier relationship management, and end-to-end supply chain optimization to ensure timely, cost-effective, and compliant delivery of goods and services including contracting with hospitals under **output 2**
ACCM Staff	1	12	181	100%	2,172.38	Accountable for all communications outputs from the programmes, including this project. This line include s visibility and communication team members.
Technical Experts POOL					**2,727.75**	
Technical Experts Staff	1	12	227	100%	2,727.75	The technical experts team oversees the technical lead for the project, providing guidance, supervision, and capacity building to project teams, while ensuring high-quality health services and programming in line with agreed standards and operational procedures (both MoPCS and Health technical experts are expected to contribute to the proposed project)
MEAL POOL					**16,543.96**	
MEAL Staff	1	12	1,379	100%	16,543.96	This budget line includes the total MEAL staff costs where staff will be responsible for tracking project progress, orienting staff and hospitals on essential MEAL practices, conducting learning workshops to ensure the project is documenting and building upon lessons learned as well as leading the accountability framework and hotline serving this project.
Field Operations POOL					**2,288.98**	
S. Programme manager	1	12	3,179	6%	2,288.95	Oversees the refugees and migrants program, including this project. Accountable for PM's work and ensures that project managers are on track with project implementation and reporting.
Project Staff					**67,736.22**	
Health Project Manager - **Directly Contributing to outputs 1,2,3**	1	12	2,182	81%	21,884.56	PM supervises all project staff, acts as the main budget holder and is responsible for the smooth operations and compliance of the project
Sr Health Officer- **Directly Contributing to outputs 1,2,3**	1	9	1,421	40%	5,125.98	Provides technical leadership on health service delivery, supervises field teams, and ensures adherence to medical protocols.
Referral Coordinator (med lcal)- **Directly contributing to Output 1**	1	6	903	100%	5,416.91	1 Referral coordinator for the duration of 6 months. Manages the referral process, liaising with healthcare providers to ensure timely access to appropriate services. **Cost associated with output 1 where the referral coordinator will liaise on the CM system, referring patient to service providers, and other projects for other services such as protection, WASH, etc.**
Medical Claims Coordinator- **Directly contributing to Output 3**	1	9	903	100%	7,222.41	1 medical claims coordinator for the duration of 9 months. Verifies, processes, and tracks medical claims from service providers to ensure accurate and timely reimbursements. **Cost associated with output 3**
Healthcare Coordinators (medical) - **Directly contributing to Output 2 and 3**	4	6	903	100%	21,667.24	4 healthcare coordinators for the duration of 6 months (project phase - support case management by coordinating appointments, referrals, and service delivery across partner facilities. **Cost associated with output 2/3**
Healthcare Coordinators (medical)- **Directly contributing to Output 2 and 3**	1	9	903	100%	7,222.41	1 medical coordinator for the duration of 9 months. Supports case management by coordinating patient care, follow-ups, and service delivery across partner facilities. **Cost associated with outputs 2/3**
Program Activities (incl. Direct Implementation, Grt & Partners)					**510,053.91**	
Outcome 1: Ensure timely access to lifesaving secondary and tertiary healthcare services for displaced					**510,053.91**	
Output 1 : Displaced Palestinians are identified and assessed through a responsive medical case manag Output 1 : Displaced Palestinians are identified and assessed through a responsive medical case management that ensures equitable access and continuous follow up, including for mental health need						
						Refer to Project Staff budget chapter
Output 2: A network of contracted hospitals and specialized providers who deliver affordable, quality secondary and tertiary health services for displaced Palestinians, with negotiated service package including mental health are is established						
						Refer to Project Staff budget chapter
Output 3: Displaced Palestinians receive needed secondary and tertiary health services through a reliable, patient-centered referral and reimbursement system that minimizes financial and administrative barriers						
Provision of secondary and tertiary health services for Palestinian children	600	1	828	100%	496,574.63	This line covers the medical cost of provision of secondary and tertiary healthcare to patients- with an average unit cost that may increase/ decrease per patient based on their specific cases and needs
Health volunteers to support referral and follow-up	5	3	261	100%	3,920.48	This line covers 5 volunteers for a duration of 3 months to kick start the project. Volunteers will be responsible for supporting in the referral and follow up process with cases. The duration factors in the recruitment time for the remainder of the volunteers.
Health volunteers to support referral and follow-up	4	6	261	100%	4,832.64	This line covers 4 volunteers who will all be on board starting Q2 of the project and till the end to support with referrals and follow up
Transportation Costs for staff	1	1	2,213	100%	2,213.26	Covering transportation costs for staff and volunteers.
Consultant	1	1	3,413	100%	3,412.86	Consultancy, Medical consultants for medical cases review including mental health
Monitoring, Evaluation & Audit Costs					**8,475.94**	
MEAL Orientation Session	1	1	235	100%	234.64	1 MEAL Orientation Session conducted at the begining of the project for all project staff and volunteers
Accountability Orientation Session	1	1	235	100%	234.64	1 Accountability Orientation Session conducted at the begining of the project for all project staff and volunteers
Learning session (mid project)	1	1	235	100%	234.64	1 Learning session conducted at mid project to capture best practices, challenges, lessons learned and the required actions for the rest of the project
Learning workshop	1	1	649	100%	639.32	1 Learning session conducted at end of the project to capture best practices, challenges, lessons learned and the required actions for future similar projects
Health impact/documentation of impact and achievements	1	1	6,148	100%	6,148.31	This budget line includes a budget for an external consultant to document impact of the project (Evaluation)
MEAL Communication Costs	3	12	3	100%	107.51	Communication costs for MEAL staff and volunteers to support the implementation of feedback collection, satisfaction surveys, and FGDs with beneficiaries who have received the required interventions
Monitoring activities (feedback and satisfaction surveys, FGDs,..)	4	15	9	100%	553.13	3 volunteers + 1 MEAL staff to support the implementation of feedback collection, satisfaction surveys, and FGDs with beneficiaries who have received the required interventions
Accountability boxes	3	1	19	100%	56.31	Ensure that project beneficiaries have access to accountability feedback mechanisms to share their feedback and submit complaints
Accountability leaflets	600	1	0	100%	127.98	Ensure that project beneficiaries have access to accountability feedback mechanisms to share their feedback and submit complaints
Accountability hotline cards	600	1	0	100%	127.98	Ensure that project beneficiaries have access to accountability feedback mechanisms to share their feedback and submit complaints
Supplies, Commodities, Visibilities and Materials					**519.84**	
Project Supplies	1	1.00	520	100%	519.84	Budget for project supplies
Office Running Cost					**16,480.13**	
country office running cost	1	1	1,373	100%	16,480.13	Country office running costs directly attributed to the implementation of the project
Sub-Total Direct Program Costs					**670,292.73**	
Country Shared Costs					**70,448.00**	
Country Office Shared Costs (CAM and Running Costs)	1	12	5,871	100%	70,448.00	Cost Allocation Methodology (CAM): Save the Children employs a Cost Allocation Methodology (CAM) to allocate shared costs across different awards in a fair, transparent, and donor-compliant manner—based on the benefit each award receives. This methodology is consistently applied across all Save the Children country offices and ensures that costs charged to donor-funded awards are reasonable, allocable, and allowable. The CAM calculates a fair portion of shared costs to be allocated to each benefiting award on a monthly basis using the following formula: CAM rate (per award) = (Direct Expenditures for each month for each award – distorting costs) / (Direct Expenditures for each month for all awards – distorting costs) The rate is automatically generated by our accounting software (Agresso) and certified by external auditors. The CAM rate is then applied to the shared cost pool and charged to the relevant award as a "simplified cost."
Sub-Total Country Shared Costs					**70,448.00**	
Total Direct Program and Shared Costs					**740,740.74**	
Indirect Costs Rate	1	1.00		8%	59,259.26	ICR refers to a standard percentage applied to project budgets to cover indirect costs that cannot be directly assigned to a single project. These include global and member office support functions such as compliance, risk management, policy development, and technical oversight. ICR enables Save the Children to maintain the systems, governance, and expertise necessary to support programs globally and safeguard donor funds. This includes, but is not limited to: 1. Costs of SCINI, that can't be charged directly to projects: a. General staff costs of SCINI. (overall management, secretariat, administration, communication); b. Office rent Head Quarters (The Hague); c. Office- and general costs of SCINI. (IT/office supplies, travel, ethics, external accountant, data management, membership Save the Children International). d. SCINI depreciation costs. 2. SC International overhead costs for HCIs in London and Regional Offices, that manage and support the Country Offices.
Total Direct Program and Shared Costs					**800,000.00**	

- Is the budget arithmetically correct?

Yes

- Are the amounts/rates in the budget acceptable?

After RNE discussed the budget lines with SC, its clear that SC has its own Cost Allocation Methodology which is explained in the proposal and also the CAM for auditors have been sent as annex to the proposal.

In the budget an amount of total euro 496.575 goes directly to the provision of secondary and tertiary health services. Staffing(134.764 + 13.479) M&E (8.476), project supplies and office running costs (17.000), country shared costs (70.448) and indirect costs (59.260).
The high staffing costs contribute to output 1 : Displaced Palestinians are identified and assessed through a responsive medical case management that ensures equitable access and continuous follow-up, including for mental health need and output 2: A network of contracted hospitals and specialized providers who delivers affordable, quality secondary and tertiary health services for displaced Palestinians.
We discussed the low percentage (64% of the budget) that goes directly to the provision of secondary and tertiary health services but SC explained (also in the proposal) how the other costs relate (sometimes indirectly) to the aim of the project.

- Briefly explain the structure of the budget.

The budget is divided into staffing, overheads and direct activities. See above for an elaboration.

- Are overheads proportional to outputs? What is included? What is recharged?

there is 8% indirect costs (overhead). There are country shared costs which have been explained in the an extensive document (see MINBUZA-2025.2553344)

- Is implementation conditional on the budget being amended in an inception phase? (Specify the requirements that the budget must satisfy and the date by which the budget must be amended)
  No

Earmarking

- Is the Dutch contribution to the programme earmarked (i.e. reserved for a specific purpose)? If so, specify the reasons why.

Yes - RNE is the only donor. The Dutch contribution is reserved for the activities and budget lines outlined in the submitted proposal and budget.

Prepayments

- Based on the prepayment decision tree (see Help), do the payments need to be entered as prepayments and why? In the case of a lump sum, assess this against the applicable criteria and give the reasons for your choice.
- What is the maximum percentage that can be paid as prepayment, and why?
- Which are the reporting obligations on the basis of which prepayments can be closed?

95% can be prepaid on base of the approved proposal. 5% (40.000 euro) will be paid after approval of the final report

Available resources

	Foreign currency	EUR
Implementing organisation's own contribution		0
Firm commitments by other donors (for each donor)		0
Dutch contribution		800.000
Total available resources		800.000
Budget needed		800.000
Still to be financed		0
Soft commitments by other donors (for each donor)		0
Uncovered balance		0

- **Are there any non-financial contributions relevant to implementation of the activity, such as deployment of volunteers, availability of buildings, materials, etc.**?
  Yes volunteers are mentioned as part of SC's team. Also SC will contribute their laptops to this project.
- **If there is an uncovered balance, how will this affect implementation of the activity (e.g. proportional reduction in outputs, omission of regions) and how will this affect the decision whether to fund this activity?**
  n.a.

Grant with a repayment obligation, loans, equity investment or guarantee

- Does the Dutch contribution take the form of a grant with a repayment obligation, a loan, an equity investment or a guarantee (either in whole or in part)? If yes, briefly set out the consequences for accounting and how correct processing in the financial records will be ensured. **NO**
- Are there revolving funds? If yes, please explain what will happen to any residual funds, how closure will take place and which agreements should be made. **NO**

Audit opinions

- Is an audit opinion required for the activity (see Help)? Briefly explain. **NO**
- Should the audit opinion be accompanied by an additional auditor's report (for example, on the risks set out above, or on monitoring that the organisation carries out on its prepayments to other organisations)?**N/A**